'Lincolnshire Health and Wellbeing board is taking the lead for better health in our county'

# Lincolnshire Health and Wellbeing Board

Development tool evidence and action plan

Dimension - VISION

Progress towards being a mature Health and Wellbeing Board for the **Vision dimension** is currently at **9** %

	Cl	haracteristics	Evidence	Owner	Status	Direction of Travel	Development need
бг	1.	The HWB has a clear vision, shared by all partners in the system, which outlines its core purpose and values and its role in the local health and care system.	Vision statement agreed by the Board in September 2013		+		To be reviewed & reaffirmed in September 2014
Young	2.	The HWB has sought, heard and listened to the views of local communities and citizens and this is reflected in the HWB vision.	Consultation for JHWS has informed an element of the Board's choice of vision.  An extensive consultation and engagement plan is being developed as part of Lincolnshire Health & Care (LHAC) and feedback from this will need to be reflected in future reviews of the HWB vision.			û	

	3.	The HWB has a planned approach to define its membership as well as stakeholder engagement and management.	Board membership is agreed as required by statutory regulations. LCC membership is agreed by Full Council as part of the Constitution.  However there are no defined approaches to stakeholder engagement and management.		<b></b>	To be reviewed June 2014
	4.	Stakeholders and partners understand the vision, values and core purpose of the HWB. There is an understanding of the opportunities and constraints of partnership and joint leadership within the HWB.	Too early to clearly evidence, however blueprint for LSSR (now LHAC) agreed at December 2013 Board meeting and ongoing work in clinical design groups has begun the process of understanding	?		
Established	5.	The HWB understands and can articulate the shape of the local health and care system that is required in order to deliver its own vision, and how it will work with partners to achieve this.	See above	?		
	6	Partners, providers, users and wider stakeholders agree there has been meaningful engagement in the development and delivery of the vision.	Not clearly evidenced	?		

	7 The vision is rooted in local evidence data and voice – and politicians support the vision and purpose of the HWB.	Not clearly evidenced	3	?	
	8 All strategies and actions from the strategic plan directly align with the vision of the HWB.	Too early to clearly evidence	*		
	9 Local communities, citizens, service providers and service users 'get' the vision and purpose and feel they have shared ownership of it.	Not clearly evidenced	**		
Mature	refer to the vision in their own	Not fully evidenced, however more partners are now linking their commissioning plans to the strategy, but not everybody. Further work required to ensure it is a vision for the 'local place'		<b>\$</b>	
	11 The vision is revisited regularly as part of an ongoing strategic plan review with members challenging the vision in light of changing circumstances.	Review still to happen in September 2014 in light of LHAC		Û	

	12 The decisions and actions of the HWB are entirely driven by the shared vision. The HWB is strategically aware, a social innovator, a partnership that makes a difference in all it does.		
Exemplar	13 The HWB is supported by all the partners who have a stake in it and the communities that it serves.		
	14 The leadership of the HWB has a relentless focus on its vision to improve health and wellbeing services and outcomes for local people.  There is a shared clinical and political resolve to deliver the vision.		

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# Lincolnshire Health and Wellbeing Board

Development tool evidence and action plan

**Dimension – STRATEGY** 

**KEY** 

Fully 

Evidenced 

Partially 

Evidenced 

Too early to 

evidence 

Improving 

Static 

Static

Progress towards being a mature Health and Wellbeing Board for the **Strategy dimension** is currently at 16 %

 Characteristics	Evidence	Owner	Status	Direction of Travel	Development need
The HWB has a compelling narrative describing its purpose and ambitions for its local community. The narrative sets out 'where we are now' and is underpinned by intended outcomes. The strategy can demonstrate how it has taken account of the public voice.	A JSNA and JHWS are completed for Lincolnshire. The JSNA is available for all stakeholders and the general public to view through the Lincolnshire Research Observatory website.  An annual stakeholder survey is conducted for the JSNA. JHWS theme specific workshops have been organised and held.		+		

	Char	acteristics	Evidence	Owner	Status	Direction of Travel	Development need
	2.	All members of the HWB can articulate the strategy.	Board Sponsors have a good understanding of their own themes but there is limited evidence of wider understanding of other themes outcomes.  The Assurance Report, to be presented at June 2014 meeting, will help inform with understanding of the strategy outcomes.			仓	
Young	3.	The strategy is reflected in partner strategies and commissioning plans. Service providers are engaged and have contributed to the strategy.	There are some partners who have reflected the strategy in commissioning plans but the Board needs to ensure/challenge that this continues across all theme outcomes.			仓	
	4.	A shared communications strategy is in place that includes visible engagement and articulation of the strategy to the public and stakeholders. It is easily accessible on a dedicated HWB website, and is embedded in the web-presence of partners and related partnerships or networks.	There is a partially developed communication strategy and plan but this has yet to be approved by the Board. However, this will need to be revisited in light of LHAC developments.  HWB has a web presence hosted on LCConnects, however this is not a dedicated HWB website.  Limited evidence of it being embedded in partners/partnership networks.		?		

	Char	racteristics	Evidence	Owner	Status	Direction of Travel	Development need
	5.	The strategy has been refined and refreshed in light of feedback and new intelligence.	It is a 5 year strategy but it is reviewed annually with the refresh of the JSNA evidence and commentaries		+		
hed	6.	Stakeholders and partners, including providers, can articulate the strategy.	Not clearly evidenced.				
Established	7.	The strategy is having a demonstrable impact on commissioning plans with clear measurable outcomes upon which the HWB can hold itself to account.	Evidence is limited; some work has been undertaken, particularly around a HWB 'dashboard' of indicators which forms part of the Assurance Report. However, further work is required.		•	亡	
	8.	Regular reports articulate progress of the strategy, celebrating success and identifying blockages.	Process still in development. The first Assurance Report is being presented to the Board in June 2014.		•	Û	
	9.	The HWB regularly assesses its delivery against the strategy, refining and regaining a momentum, where needed.	Will be reviewed in June 2014 following presentation of Assurance Report.		?		

	Characteristics	Evidence	Owner	Status	Direction of Travel	Development need
	10. The HWB can describe what it has achieved, the changes made for local people and future improvement plans ('where we are going').	Will not be able to describe activity until it has been in operation for 18 months to see demonstrable changes		?		
Mature	11. There are clear links and interdependencies with other relevant plans and strategies. Reconfiguration and decommissioning has been handled professionally and transparently from strategy to implementation with strong shared clinical and political support.	There is strong evidence of political and clinical support and many of the proposed change will result LHAC which is still the early engagement phase.			仓	
	12. The community can describe how the HWB has made a difference	Process still to be developed		?		
Exemplar	13 The HWB has a demonstrable and recognised track record for leading improvements in outcomes and service change. It systematically identifies and addresses systemic issues and drives integration of health and social care.					

Characteristics	Evidence	Owner	Status	Direction of Travel	Development need
14 There are examples and evidence of system transformation and whole system benefits.					

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Dimension - LEADERSHIP

**KEY** 

Fully 

Evidenced 

Partially 

Evidenced 

Too early to 

evidence 

Too early to 

evidence 

Too early to 

evidence 

Static

Progress towards being a mature Health and Wellbeing Board for the **Leadership dimension** is currently at 20 %

	Char	racteristics	Evidence	Owner	Status	Direction of Travel	Development need
Young	1.	HWB members understand and work towards achieving shared system leadership, involving all statutory core members plus other members of the HWB.	There is some evidence that the Board is moving towards shared system leadership and that all statutory core members are involved in developing that understanding.			仓	
	2.	The HWB has a code of conduct which is explicit about expectations of behaviour and the values it aspires to and has an agreement about minimum attendance at meetings.	TOR, terms of conduct, members roles and responsibilities agreed in September 2013		+		To be reviewed in June 2014
	3.	Trust has been established, constructive challenge is the norm, and a conflict resolution process is in place.	The Board has agreed Terms of Reference which sets out that all decisions are agreed by consensus.		+		

	Characteristics		Evidence	Owner	Status	Direction of Travel	Development need
	4.	The HWB understands its own development needs and has plans in place to address these.	Still in development		?		
	5.	The HWB has brought together Councillors, local Healthwatch representatives and CCG members in an informal setting and spent time on HWB team building and development .	Using informal meetings to work through practical resolutions of problems as a tool to develop working relationships of the board.		+		
	6.	The HWB is viewed as an entity in its own right and stakeholders understand and appreciate its system leadership role.	Growing understanding between the core partners about the Board's role but further engagement with stakeholders is needed to ensure it is fully embedded.		•	$\Leftrightarrow$	
Established	7.	Leadership influence is distributed among many members and individual team members may lead at different times depending on their skills and knowledge.	Board Sponsors have started the journey providing Theme updates at the Informal Meeting in May 2014. They will also be reporting individually to Lincolnshire Health Overview and Scrutiny Committee.		•	兌	
	8.	There is a 'can do' culture HWB members look for win-win solutions focused on beneficial outcomes for the community.	Too early in Board development to clearly evidence a 'can do' culture.				
	9.	The HWB is able to	Too early to clearly evidence		?		

	Characteristics	Evidence	Owner	Status	Direction of Travel	Development need
	demonstrate mature dispute resolution. Major risks and issues are discussed openly and honestly, without members leaving the table.					
	10. HWB members understand the culture of individual member organisations and support each other to pursue shared priorities. Relationships enable members to influence beyond their own organisations. Regular development sessions are the norm.	Will take time to develop		?		
	11. The HWB and its vision and strategy has withstood political challenge and political change. Leadership succession planning is in place. Local organisations seek to contribute to the work of the HWB.	Too early to clearly evidence		?		
Mature	12. The HWB has led on contentious issues (e.g. service decommissioning) without activities that would undermine shared leadership	As above		?		

	Characteristics	Evidence	Owner	Status	Direction of Travel	Development need
	<ol> <li>All members take responsibility for unforeseen risks / problems and credit for success. Board members view each other as leaders and peers.</li> </ol>	As above		?		
	14. The HWB is a beacon of excellence in relation to equality and diversity and can show positive outcomes for the health and wellbeing of minority groups.	As above		?		
	15. The HWB shares good practice with others.	The Board Chair regularly attends regional events but these networks are also in early stages of development.		•	仓	
lar	16 Leadership is strong across the HWB and resolution to challemges is achieved quickly and without negative impact on the work of the HWB. All core members feel that they are allowed to contribute to the success of the HWB					
Exemplar	17 Transformation has taken place at scale and pace					

Characteristics	Evidence	Owner	Status	Direction of Travel	Development need
18 Leadership is distributed across all members of the HWB					
19 The leadership of the HWB proactively seeks out excellence in all it does and the way it operates and is relentlessly focused on delivering improvements, with and for, local people.					

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Static

Improving

## Lincolnshire Health and Wellbeing Board

KEY

Development tool evidence and action plan

Dimension - NEEDS ASSESSMENT AND MANAGEMENT OF PRIORITIES

Too early to

Partially

Progress towards being a mature Health and Wellbeing Board for the Needs assessment and management of priorities dimension is currently at 46 %

	Characteristics	Evidence	Owner	Status	Direction of Travel	Development need
	The JSNA and JHWS are jointly developed in line with legislative requirements and formally agreed with all partners. Individual CCG and LA commissioning plans are being aligned.	JSNA and JHWS published. JSNA Topic commentaries in the process of being updated by topic owners. Overview report to be published late 2013. Annual JSNA stakeholder survey undertaken. Support consultants in advice to CCG around the 3 local priorities for inclusion in their plans.		+		
Young	2. The JSNA and JHWS explicitly recognise the needs of vulnerable people and hard to reach groups; priorities are designed to tackle health inequalities.	JHWS themes: 1) Promoting Healthier Lifestyles 2) Improve the health and wellbeing of older people 3) Delivering high quality systematic care for major causes of ill health and disability. 4) Improve health and social outcomes for children and reduce inequalities. 5) Tackling the social determinants of health. The priorities within these themes are aimed at tackling health inequalities across the County.		+		

3.	The JSNA and JHWS consider the needs of all age groups across the population, and recognise key transitions.	The JHWS has themes and priorities that consider the needs of groups of people across the County. The JSNA has a range of indicators that considers a range of age groups and populations.	+	
4.	The HWB has agreed a realistic set of specific priorities through robust debate and challenge and the process included community engagement. A process exists for managing priorities. Prioritisation considers where the greatest impact can be made within available resources.	The JHWS has themes and priorities that consider the needs of groups of people across the County.  The JSNA has a range of indicators that considers a range of age groups and populations.  Prioritisation tools were developed to include impact in relation to certainty as well as within resources available	+	
5.	Priorities balance the short, medium and long term and balance issues across physical and mental health and wellbeing. They are linked to clear measurable outcomes.	The JHWS has themes and priorities that consider the needs of groups of people across the County. The JSNA has a range of indicators that considers a range of age groups and populations. Each priority has agreed and shared measures of success across Public Health, Adult Care and NHS	+	

	6.	The JSNA and JHWS are embedded in plans of service providers.	Some evidence that they have been referenced in CCG commissioning plans and Public Health Service Reviews	•	仓	
0	7.	The JSNA and JHWS are kept under constant review and revised regularly. They are realigned with commissioning plans to reflect changes.	JSNA topic reviews are annual conducted by the topic owners.	+		
Established	8.	A wide range of evidence, including data and voice (e.g. service user and patient stories) are systematically assessed to determine priorities.	A draft Health and Wellbeing Board Dashboard has been created to monitor the indicators in the JHWS.  Work is underway with VCS to embed their community level evidence into the JSNA evidence base.  But currently there are no service user or patient stories.		仓	
	9.	All priorities directly align with the vision of the HWB and there is constructive challenge of plans to make this happen.	Too early to clearly evidence	?		

	10.	The HWB has put in place lines of accountability and decision making to enable it to have a grip on the things only it can do.	The Board is a formal committee of LCC and has agreed Terms of reference on how decisions will be made by the Board. However, the lack of national guidance/steer on the things that only the Board can do has given the Board a lack of focus.		仓	
	11.	The HWB has achieved some of its shared priorities and can demonstrate improvements it has made to outcomes and services for local people.	Too early to clearly evidence	?		
	12.	The JSNA process improves iteratively, learning from previous experience and best practice elsewhere.	Topics are currently refreshed annually, latest 2014	+		
Mature	13.	The HWB has a track record of delivering its priorities and is able to communicate to communities about how it has made a difference to improving services and outcomes for local people	Too early to clearly evidenced	?		
	14.	Priorities have been robustly challenged and reviewed and this can be demonstrated with new priorities coming forward as previous priorities have been achieved or revised.	Too early to be clearly evidenced	?		

	15. JHWS and commissioning plans are aligned with those of neighboring HWBs where relevant (e.g. meeting specialised needs where HWBs may need to plan across a larger population or tackling service re- configuration across a larger geography).	Still in development	?	
	16 Local communities and citizens recognise the priorities of the HWB as their own			
Exemplar	17 The HWB can demonstrate long term buy in to, and achievement against its priorities.			
Ш	18 The HWB has a track record of enabling efficient, effective and integrated commissioning of services, working across administrative boundaries where appropriate.			

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Dimension - GOVERNANCE, RISK SHARING AND ASSURNACE OF OUTCOMES

KEV	_	Fully	4	Partially	2	Too early to	ᄼ	Improving	7	Static
KET	•	Evidenced		Evidenced		evidence	Ш		√->	

Progress towards being a mature Health and Wellbeing Board for the Governance, risk sharing and assurance of outcomes dimension is currently at 36%

	Characteristics	Evidence		Status	Direction of Travel	Development need
	1. HWB membership, governance, operational structures, scheme of delegation and mechanisms for engaging partners are clear, transparent and accessible to the public. Partners are clear about their individual and collective roles, responsibilities and accountabilities.	TOR and procedural rules, members roles and responsibilities agreed at Sept 13 meeting		+		Review TOR at AGM in June 2014
Salloy	2. The HWB understands its accountabilities in relation to other partnerships. HWB accountabilities are incorporated into partner governance arrangements	Still in development		?		

 Char	racteristics	Evidence	Owner	Status	Direction of Travel	Development need
3.	The HWB has dedicated and skillful officer support, available to all members of the HWB	Senior Manager has role as Health and Wellbeing Board Advisor to work with all members of the board and partners. Support is also provide by Democratic Services.		+		
4.	The HWB has an agreed set of outcome measures, matched to its priorities.	Not clearly evidenced. Health and wellbeing board dashboard being developed, which tracks the indicators included in the JHWS.		+		
5.	Local Healthwatch is empowered to act as an independent and effective voice for users, communities and the public.	Healthwatch representative sits on board as a core member and is part of all development activity of the Board		+		
6.	The relationship between scrutiny and external regulators is agreed and an initial effectiveness review has been completed.	Scrutiny review process is still in development		?		
7.	A clear framework exists for deciding on contentious issues. Decisions of the HWB are accepted and acted on by all member organisations.	TOR details meeting protocols and decision making		+		

	Chai	racteristics	Evidence	Owner	Status	Direction of Travel	Development need
	8.	HWB partners are able to have honest discussions about budgets and financial positions.	Informal meetings are programmed throughout the year to enable 'honest' discussions about budgets and financial positions		+		
q	9.	The HWB invites peer scrutiny and works constructively with regulators and scrutiny bodies. The HWB reviews itself regularly against benchmarks and adapts plans as necessary	Process still in development, some of which will be informed by national developments.  However, the completion of this matrix demonstrates the Board understands the importance of self-review.		•	仓	
Established	10.	The HWB receives regular and timely updates on progress against indicators and takes corrective action if necessary.	Process still in development, first Assurance report being presented to the Board in June 2014.		•	Û	
	11.	The HWB can demonstrate it has considered and acted upon the views of local people, feedback obtained from the community and evaluation of citizen experience.	The only evidence currently is in process for the development of the JSNA and JHWS		?		
	12.	The HWB seeks assurance on progress towards integrated care.	The current LHAC project will develop HWB assurance of integrated care		+		

	Char	acteristics	Evidence	Owner	Status	Direction of Travel	Development need
	13.	The wider system understands how the HWB and related structures operate.	Still in development		?		
	14.	Reporting and governance is evaluated across partners and streamlined where appropriate.	Still in development		?		
Mature	15.	Systems are in place to ensure decisions result in direct action across the partnership.	Still in development		?		
	16.	Resources are pooled where appropriate, whether in back office functions or integrated commissioning, with good governance.	Evidence is not clear		?		
	17.	Barriers to achieving priorities are identified and reviewed, and plans are in place to overcome/minimise these.	Evidence is not clear		?		

	Characteristics		Evidence	Owner	Status	Direction of Travel	Development need
	18.	The HWB regularly demonstrates and communicates its achievements of outcomes.	Still early in development of HWB and its activities		?		
	19.	Whole system safeguarding mechanisms are in place, including accountabilities.	Still in development		?		
	20	Integrated decision making, commissioning and governance are the 'norm' for the HWB.					
Exemplar	21	The HWB has an integrated 'whole system' (rather than individual organisation measures) outcomes framework of high level indicators supported by a 'dashboard' across the Health and Wellbeing system.					
	22	Budget planning is open and resources are directed to support agreed priorities and improvements for local communities. Risk sharing agreement exists between the LA, CCG's and other relevant parties.					

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**Dimension - INFORMATION AND INTELLIGENCE** 

Progress towards being a mature Health and Wellbeing Board for the Information and intelligence dimension is currently at 15%

	Characteristics		Evidence	Owner	Status	Direction of Travel	Development need
	1.	The JSNA provides a clear population profile and identification of health and wellbeing needs of all local communities and identifies inequalities.	The JSNA has a range of indicators that considers different age groups and populations. Some of these indicators inform the JHWS.		+		
Young	2.	Services and provision are mapped against local need and assets.	Not clearly evidenced.Initial Asset Assessment work undertaken but further work being done with VCS currently JSNA to develop to support all aspects of the commissioning cycle including service provision, access and utilisation data sets		0	仓	
	3.	Engagement structures are mapped and include and build on partners' own processes, e.g. Healthwatch.	Still in development		?		

	Characteristics		Evidence	Owner	Status	Direction of Travel	Development need
	4.	The HWB shares information and intelligence across members.	Not clearly evidenced. Partially for some areas		?		
	5.	The JSNA is in the public domain and a 'real time' document and the engagement of local people is clearly evident in its development.	The JSNA is uploaded to the Lincolnshire Research Observatory website. An annual JSNA stakeholder survey is conducted, with topic reviews currently being conducted.		+		
Established	6.	The HWB understands the power of, and utilises, quantitative and qualitative 'voice' data, for examples, from service users, patients, carers and communities, alongside data from other sources to give a full picture of local needs and resources.	Limited evidence		?		
	7.	Shared population data is used in individual partner organisations' business planning and feeds commissioning strategies.	Some references are made to the use of data Work undertaken in some localities to map the county level priorities within JHWS to the local population to support for local level prioritisation. Board need assurance that partners are using the JSNA as the shared evidence base.		•	仓	

	Characteristics		Evidence	Owner	Status	Direction of Travel	Development need
	8.	HWB partner organisations have aligned their engagement structures and plans around key priorities so that there is a coordinated approach to involving and engaging communities and citizens.	Not clearly evidenced.		?		
	9.	The HWB recognises where there are gaps in the intelligence base in the local population and has a strategic approach to ensuring that the information is understood.	The HWB has some awareness of the gaps in intelligence but are still developing the commissioning plans so the evidence gaps are not clear yet.		•	<b>⇔</b>	
	10.	HWB informed by real-time intelligence, demonstrating improved outcomes, quality and efficiency across the health and wellbeing system.	Currently in development		?		
Mature	11.	Integrated information available to GPs, politicians and services users.	Currently in Development		?		

	Characteristics	Evidence	Owner	Status	Direction of Travel	Development
	12. Effective data and intelligence sharing across partners drives the development of shared strategies and commissioning plans.	Still in development		?	or rraver	need
	13. HWB monitors evidence of the outcomes from and impact of its strategy, and uses this to update JSNA and JHWS	Still in development		?		
	14 The HWB has the ability to aggregate data to CCG, district level and below (e.g. locality)					
Exemplar	15 The HWB has shared data resources accessible to all partners, which brings together all needs assessments and the wider determinant of health and wellbeing (e.g. housing, justice, child poverty, citizens views)					
	16 The HWB understands the communities and their needs, has a single clear population profile across all partners and all services. It knows the total spend invested in an area and the extent to which that investment is being directed to meet the identified needs.					