

Feedback from the informal Health and Wellbeing Board held 8 November 2016

25 people attended the workshop and were placed across four tables. Each table were provided with a copy of the full results from the questionnaire (shown in Appendix A) and were asked to discuss two sections from Module A and two from Module B. The information from the session has been collated and is summarised below.

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.. 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.

Shared Commitment in Lincolnshire

- Need for genuine commitment, across all organisations, to work differently so there is greater emphasis on individual/patient and less focus on the organisation.
- Need for shared understanding and knowledge of organisational drivers and opportunities.
- Agree shared objectives across the health and care system that includes all stakeholders.
- Agree that personal, social and community responsibility must be a fundamental principle behind delivering 'integration/graduation'.

Shared Leadership in Lincolnshire

- Perspectives vary, so there needs to be greater awareness, openness and engagement in agreeing the 'right' solution.
- When agreeing priorities, identify all stakeholders that might impact on that and involve them early in discussions on delivery – this needs to include Housing.
- Who needs to be involved – have we got the right people around the table and are they being involved in the right way at the right time.
- Need to build trust – with partners, stakeholders and the public.
- Need to be open and honest by adopting a genuine partnership approach which avoids blame
- Keep it simple – don't make the 'system' too big.
- Work with all relevant organisations to develop clear pathways and criteria – we also need to learn from what is working well and share best practice.

Shared Accountability in Lincolnshire

- What do we mean by the 'health and care system' – there is currently no shared understanding on what this term means nor how all stakeholders are involved.
- Need to develop a shared message so that 'Lincolnshire' can collectively lobby for flexibilities on national policy.
- Seek single accountability upwards to NHS England (NHSE) & NHS Improvement (NHSI) so all Trusts and CGGs in Lincolnshire report progress once and to one place.

- Need to focus on delivery – locally developed and agreed action plans which are measurable and monitored to demonstrate improvements.

Getting it done in Lincolnshire

- Greater focus on delivery
- Need for a shared common language which avoids clinical jargon.
- Join together Disabilities Facilities Grants with small aids and adaptations work.
- More joined up commissioning and joint working to ensure resources are used more effectively across the system.
- System wide health literacy programme to support personal and social responsibility.
- Need for better shared communication – both to staff and the public.

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.

Our Shared Vision

- Need a clear understanding on how future resources will be allocated – Lincolnshire needs to be creative.
- Not all partners understand their role or how they fit into the health and care system therefore need to ensure there are opportunities for joint discussions, e.g. informal health and wellbeing board meetings, where wider partners can engage.

Shared Decision Making

- Legislation as well as local governance limits the ability of local system leaders to make binding decisions (e.g. a decisions by the SET will still require sign off by the all Trust and CCG boards as well as NHSE & NHSI). A memorandum of understanding and specific delegated powers from trust boards and the Executive to both the Health and Wellbeing Board and the SET would simply decision making.

Shared Systems – models

- Neighbourhood teams are the agreed care delivery model that is being rolled out across Lincolnshire. More needs to be done to celebrate the success of neighbour teams including better communication and awareness of what is happening in localities and more sharing of what is working well.

Shared Systems - enablers

- Need to stop duplicating roles and resources – need a new way of working which makes it easier to share resources and staff.
- Workforce – need a shared vision/approach on how across the system we are going to address some of the workforce gaps.
- Links need to be made with the growth agenda to ensure a holistic approach which ensures the right key infrastructure is in place to attract key workers in the county.
- More joined up approach to the One Estate Programme and the co-location of services/teams.
- Implementation of the Care Portal will make it easier to share information/data across the health and care system.