

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

Integrated Working

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To seek to review the Health and Wellbeing Board (HWB) Integration Statement consider local arrangements for integrated working.
- 1.2 The HWB agreed and published an Integration Statement for North Lincolnshire in December 2013.
- 1.3 One of the HWB statutory functions is to encourage and promote integrated working and joint commissioning across agencies. In order to assess how the board is fulfilling this duty a new tool has been published.
- 1.4 The Board is asked to consider utilising this tool to ascertain progress.

2. BACKGROUND INFORMATION

- 2.1 The board agreed and published the North Lincolnshire Health and Wellbeing Board Integration Statement in December 2013 (Appendix 1). This was followed by the publication of the Integration Suite of Documents. This sets out the conditions for successful integration focussing on:

- A common language
- Common knowledge and skill set
- Information and data sharing
- Single Organisational Model
- Risk Principles
- Lead Professionals
- Shared Performance Framework
- Joint Commissioning
- Collaboration and Engagement
- Culture Tool
- Equality and Diversity statement

- 2.2 A great deal of work was undertaken to progress integrating services, via the Health and Wellbeing Board's sub-committees, the Integrated Commissioning Partnership and the Integrated Working Partnership and more recently through the Better Care Fund.
- 2.3 A new integration self-assessment tool 'Stepping Up To The Place' has been developed by the Local Government Association, Association of Directors of Adult Social Services, NHS Clinical Commissioners, and others to provide Health and Wellbeing Boards with a framework to test local integration. It is recommended that the Board undertake a short piece of work to assess the current position, taking any actions as appropriate.

3. OPTIONS FOR CONSIDERATION

- 3.1 Agree a revision of the Integration Statement.
- 3.2 Promote the Integration Suite of Documents across partners' workforce.
- 3.3 Establish a task and finish group to consider self-assessment tool (Appendix 2) and develop an action plan for the board in respect of further integration.

4. ANALYSIS OF OPTIONS

- 4.1 The revision of the Integration Statement reflects current priorities and joint working across the partnership and enables newer members of the board and the workforce to understand the commitment from the Health and Wellbeing Board to integration and integrated ways of working.
- 4.2 The need to further integrate services supports the NHS transformation journey at a place level. The recent Sustainability and Transformation Plan for the Humber, Coast and Vale area states that, for 'place-based' areas such as North Lincolnshire, joined up delivery is key to achieving the desired outcomes. The Better Care Fund has integration as a national condition and the development of Care Networks through an Accountable Care Partnership model requires a clearly defined mandate which support integrated ways of working.
- 4.3 The tool poses four overarching questions for consideration by Health and Wellbeing Boards:
 - Do you have the essentials for the integration journey?
 - How ready for delivering integration is your health and care system?
 - What is effective governance for delivering integration?
 - What is effective programme management for delivering integration?

Each of these questions is then broken down into a number of further tests of the local situation.

5. **RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

5.1 The self-assessment could be undertaken within existing resources. There would be no financial implications, a Lead Officer would need to be identified.

6. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

6.1 Not completed, although any recommendations arising from the work may require the completion of an Integrated Impact Assessment.

7. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

7.1 None.

8. **RECOMMENDATIONS**

8.1 That the Board agree the revised Integration Statement and promote the Integration Suite of Documents within their organisations.

8.2 That the Board consider establishing a task and finish group to test current and future integration arrangements within North Lincolnshire, feeding back to the Board at its next meeting.

ASSISTANT DIRECTOR PREVENTION AND COMMISSIONING

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Background Papers used in the preparation of this report :

Reports to the Health and Wellbeing Board in June, October and December 2013.
Integration Suite of Documents

North Lincolnshire
Health and Wellbeing Board

Our Commitment to Integration
2013 to 2018





PREFACE

The Health and Wellbeing Board is responsible for the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy, to encourage joint commissioning and ***to encourage and promote integration across partners to improve health and wellbeing outcomes and to reduce inequality.***

There is a history of integrated working across partners in North Lincolnshire and there are examples of good practice already in place. Further progress has been made since the inception of the Health and Wellbeing Board in April 2013 and this document outlines partners' strategic commitment to 'whole system integration' and provides the basis on which to further develop across the health and wellbeing workforce.

INTEGRATION STATEMENT

DEFINITION

When organisations work together to achieve a common goal.

AMBITION

'The Right Service, at the Right Time, in the Right Place, with the Right Management'

Our collective ambition is to transform services so that:

- people have help to look after themselves and be more independent
- people play a part in their community
- people have a choice and can get services when they need them
- we can improve how services are bought to provide good value for money

We are in agreement that by transforming and changing together, we will be able to take our organisations in a new direction and to a different level of effectiveness. Integration is central to this.

HOW

Locally we have agreed that the 'Single Organisational Model' provides the basis on which services can be organised (appendix 1). Using this model services will integrate:

- across all levels in organisations
- based on need
- across the whole area or smaller areas

This will apply to services provided by all organisations for people of all ages.



**NORTH
LINCOLNSHIRE BOARD**
HEALTH AND WELLBEING
Integrated Working
For Better Outcomes

WHAT

We are working towards 'whole system integration' though between 2013 and 2015, our focus will be on:

- children aged -9 months to 2 years
- vulnerable young people aged 13 to 19 years
- people who are frail and elderly

PRINCIPLES

We will work together to ensure:

- we focus on the people we provide services for
- needs are identified early and support is offered as soon as possible
- services are right for people's needs and delivered nearby
- we work with service users to make decisions and plan services that are right for them
- all plans focus on people's outcomes
- we use people's experiences to shape and improve services (Experience Led Commissioning)

CULTURE AND APPROACH

We are committed to promoting, nurturing and creating a culture where:

- staff can work differently if it helps to achieve better outcomes
- we help families to help themselves
- we manage risks as early as possible
- there is a common purpose and direction and everyone is working towards the same goals
- we allow others to check that we are carrying out our duties properly
- all staff take responsibility for their own work
- elected decision makers are supportive and involved
- we are well led, well managed and well supported
- we plan, buy and pay for services to make them better for service users while providing value for money
- we work together to improve outcomes and reduce inequalities for the people of North Lincolnshire and deliver against our priorities



CONDITIONS FOR SUCCESS

To make integration work, we will have:

- a common language
- common knowledge and skill set
- arrangements for information and data sharing (in line with Caldicott principles)
- the single organisational model
- rules for managing risks as early as possible
- identified lead professionals
- shared performance monitoring that is based on outcomes
- joint processes for monitoring finances, buying services and organising our money

OUTCOMES

As a result of integration, we expect that:

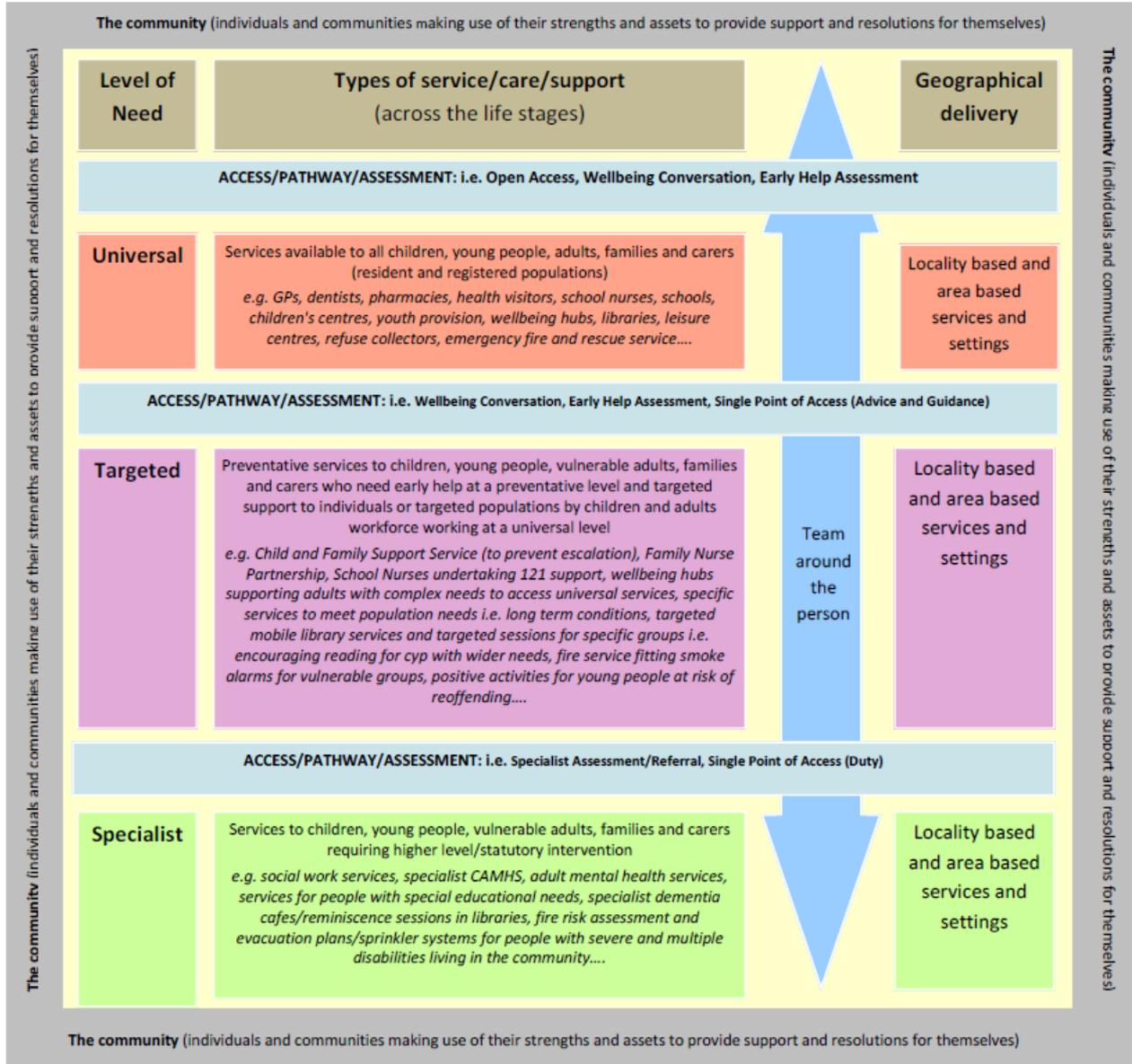
- all people have improved health and wellbeing outcomes
- people get the right care and support as early as possible
- solutions are designed with people and their needs are met
- there is better value for money and lower costs
- people can help themselves by building on their strengths
- people have a choice, stay independent and can access support as soon as possible
- money, staff and skills are used in the best possible way
- children, young people, vulnerable adults, families and carers are **safe** and **supported** and have **transformed** lives

ENDORSEMENT

Approved by Health and Wellbeing Board Members on 10 December 2013

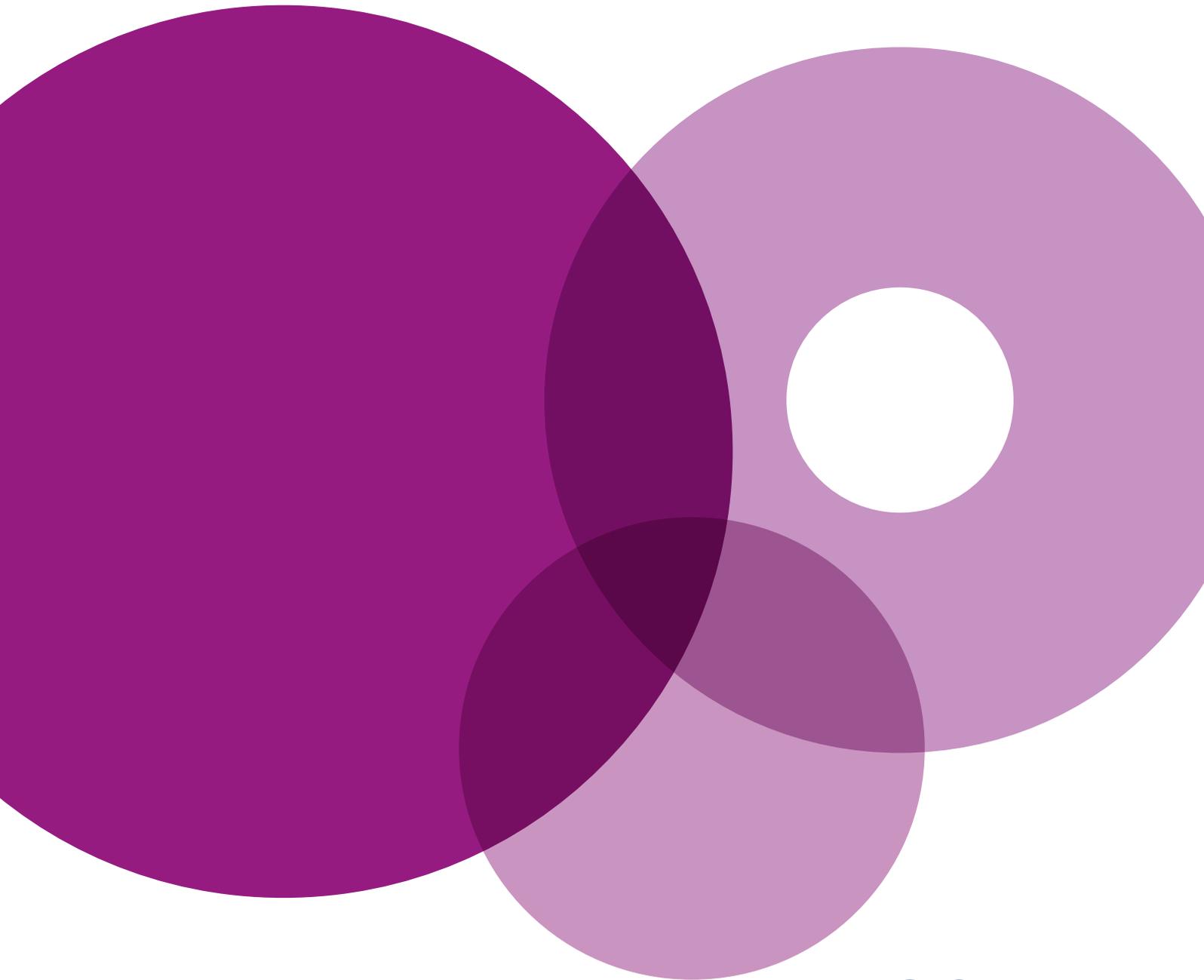
Revised March 2014 and March 2015

APPENDIX 1 - Single Organisational Model



Stepping up to the place:

Integration self-assessment tool



Introduction

Bringing together health and social care to provide high-quality and sustainable services to improve health and wellbeing outcomes has been a constant and dominant policy theme for the past decade. Many places around the country are already demonstrating the potential to transform health and social care services so that they are person-centered and focused on the needs of the local area.

Integration, however, is not an end in itself, or a panacea for the system's financial challenges. Its primary purpose is to shift the focus of health and care services to improving public health and meeting the holistic needs of individuals, of drawing together all services across a place for greatest benefit, and of investing in services which maximise wellbeing throughout life.

At a local level, many leaders across health and care systems are assessing their present effectiveness and making the improvements needed to be fit for the future. The evidence base shows that integrated systems can take many forms, depending on local need and circumstance. Transformation, where successful, is iterative and requires trial and error, incremental change, and sustained effort and commitment. Nevertheless, there are key elements and characteristics that need to be addressed in order to succeed.

This self-assessment tool is designed to support local health and care leaders through health and wellbeing boards (HWBs) to critically assess their ambitions, capabilities and capacities to integrate services to improve the health and wellbeing of local citizens and communities.

It focuses on the key elements and characteristics needed for successful integration, offering insight into where you are now and the right way forward for you.

Stepping up to the place: The key to successful health and care integration

The Association of Directors of Adult Social Services (ADASS), Local Government Association (LGA), NHS Clinical Commissioners and NHS Confederation have come together to describe what a fully integrated, transformed system should look like based on what the evidence tells us.

This vision – published as 'Stepping up to the place: The key to successful health and care integration' built on our existing joint work over many years, and takes it to the next level – to call on local and national players to work together to ensure integration becomes integral to a transformed system. In short, to be seen as business as usual.

The vision, plus supporting evidence and essential questions for local and national leaders to consider are available at http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Stepping%20up%20to%20the%20place_Br1413_WEB.pdf

Stepping up to the place: The key to successful health and care integration – self-assessment tool

Who is the self-assessment for?

The self-assessment tool is for HWBs and place-based local health and care systems wishing to improve their capability to integrate health and care services. Wherever a local health and care system is on its journey of integration, the tool offers an opportunity to self-assess the present state of readiness across the key elements and characteristics needed for success and to identify areas for improvement. The tool focuses on four questions:

- A) Do you have the essentials for the integration journey?**
- B) How ready for delivering integration is your health and care system?**
- C) What is effective governance for delivering integration?**
- D) What is effective programme management for delivering integration?**

How to use the integration self-assessment tool

This tool is available from the following organisations:

[ADASS](#)

[LGA](#)

[NHS Clinical Commissioners](#)

[NHS Confederation](#)

The benefit of the tool is likely to be enhanced by working through it in collaborative facilitated sessions, such as in the context of HWB meetings and events. Each of the above organisations can be contacted for advice on hosting facilitated sessions.

The Care and Health Improvement Programme (CHIP) will provide facilitation for this tool. We will work with you to understand your local system before running the workshop and aim to co-design it with you to ensure it meets your needs. Please contact caroline.bosdet@local.gov.uk

While the CHIP team is ready to arrange facilitation, we also recognise that some areas may wish to engage their own facilitator to help them with the assessment process. The tool is also designed to be used as a standalone tool for local health and wellbeing system leaders.

The tool outlines a series of questions to frame discussions locally.

The tool also includes references to the evidence base which underpins 'Stepping up to the place: The key to successful health and care integration', including signposting to available learning and best practice from leading localities.

The tool has two core modules and two optional modules and an action planning template:

Core modules

A) Do you have the essentials for the integration journey?

This module considers the broad characteristics of systems capable of turning shared ambitions for integration into reality for local people.

B) How ready for delivering integration is your health and care system?

This module assesses the practical arrangements required across a health and care system for securing sustainable and transformed services.

Optional modules

C) Effective governance for delivering integration

This tool offers an opportunity to take a deeper look at effective system wide governance arrangements.

D) Effective programme management for delivering integration

This module provides an opportunity to take a deeper look at effective programme management arrangements.

Action planning template

The template provides a simple grid to capture actions whilst working through the tool.

Core modules

Module A) Do you have the essentials for the integration journey?

This module is the starting point for the integration journey and explores the essential elements that need to be in place for integration ambitions to be achieved. It explores whether or not your system has a shared culture, and trust between individual organisations, as well as the shared commitment and agreement to redesigning the health and social care landscape together, decommissioning ineffective services as well as creating new ones. Shared culture and trust, as well as a shared purpose, are essential to create a resilient system that is able to cope with the practical challenges of transforming services.

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 finally, this module prompts leaders to consider whether the system has the right governance and leadership to achieve its integration ambitions.

1. Shared commitment

	Comments
Is there agreement and a shared understanding on the objectives of integration and prevention, and what needs to change in order to achieve these objectives?	
Have system leaders created a shared purpose, which sets a clear vision of how to improve local people's health and wellbeing?	
Do leaders understand the benefits and challenges of integration, from both public and organisational perspectives?	
Have leaders taken responsibility for their contribution to improving health and wellbeing?	
Is there a shared and demonstrable commitment to a preventative approach, which focuses on promoting food health and wellbeing for all citizens?	
Have your system leaders gained commitment from all stakeholders to make the changes required for transformation?	
Are services and the local system designed around individuals and the outcomes important to them?	

2. Shared leadership

	Comments
Do local leaders have the right relationships, shared values and behaviours to work together for the public good?	
Do leaders have the honest conversations about challenges facing the whole system and its component parts?	
Have leaders been able to reach shared solutions?	
Is there a willingness to put the needs of the public before the needs of individual organisations?	
Is there trust between leaders and organisations?	

3. Shared accountability

	Comments
Are roles and responsibilities clear, set out in terms of reference, and do they match the decision-making authority?	
Does the health and care system have arrangements in place for organisations to be held to account for delivery?	
Is business only done in the right places?	
Are links to each other's organisations statutory decision-making responsibilities clear?	
Does the system share data?	
Are there agreed key metrics and benefits?	
Is there clear governance for accounting to partners for progress?	
Is there open communication?	
Is the right information provided to the right people to enable them to carry out their roles and responsibilities?	

4. Getting it done

Comments	
Is there the capability and capacity to deliver integration?	
Given the scale and scope of the integration, are there appropriate arrangements and transactional skills in place to deliver across the health and care system?	
Are governance arrangements able to make binding decisions, and are they at the right place and pace required?	
Have you agreed the processes to bring about change locally which will meet the tests of law for public bodies: public consultation? Procurement? Competition?	
Have leaders agreed a change model for the whole health and care system?	
Is there strong joint programme management to align resources and tasks?	

Module B) How ready for delivering integration is your 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.

1. Your shared vision

	Comments
Do leaders have a clear picture of future resources?	
Do leaders have a clear evidence-based assessment of future demand for services?	
Is there local variation in outcomes, service quality and standards?	
Do leaders have a clear understanding of gaps in capacity and resources?	
Have they agreed how to address gaps in capacity and resources?	
Does your local case for change reflect the national analysis of challenges?	

2. Shared decision-making

	Comments
Have you agreed the governance for local system-wide working?	
Are the right stakeholders involved and can binding decisions be taken?	
Do you recognise, engage and harness local energies to lead integration?	
Are all relevant partners – local authorities, CCGs, NHS England, providers and community and voluntary sector leaders engaged and committed to playing their part?	
Are system leaders engaging with communities and stakeholders to secure their engagement in what, why, and how change needs to happen?	
Are services and the local system developed with the people who use and provide services, and your communities?	
Are you clear that you have the right decision making footprints agreed for planning and delivering the integration improvement needed?	

3. Shared systems – models

	Comments
Have you critically assessed and agreed which modern care delivery models would best improve the outcomes you need to address locally?	
Have you appraised and agreed which organisational models may better support delivery of your modern care delivery models?	
Have you appraised and agreed how financial resources could be deployed to best effect?	
What financial models, contracting methods and risk sharing would best achieve the outcomes you wish to improve by integration?	

4. Shared systems – enablers

Are you integrating resources for:	Comments
Information and technology – at individual and population level, shared between relevant agencies and individuals?	
Workforce – across the whole system to ensure supply, adequate training and development of a multidisciplinary approach?	
Estate – are you maximising access and efficiencies?	

Optional modules

Optional Module C) Effective governance for delivering integration

Many health and care systems delivering integration may experience governance as a particular challenge to delivery. If in looking at your own system in the core modules you identified governance as a challenge, this optional module is intended to explore further governance arrangements and to identify steps to move forward.

1. Decision making authority	Comments
Do committees and groups have the appropriate legal authority to make decisions?	
Can binding decisions be secured at the right level and at the pace required?	

2. Clear roles and responsibilities	Comments
Are roles and responsibilities clear and set out in terms of reference?	
Do roles and responsibilities match the decision making authority?	

3. Engaging stakeholders	Comments
Are the right stakeholders engaged in the right places and at the right times?	
Do committees and groups include membership from all the organisations which will need to make decisions?	

4. Managing interfaces	Comments
Is business only done in the right places?	
Are links to each organisations' statutory decision making responsibilities clear?	

5. Information flow	Comments
Is the right information provided to each committee and group to enable it to carry out its role and responsibilities?	

Optional Module D) Effective programme management for delivering integration

Effective programme management for the whole system is essential to putting shared ambitions and commitments into practice. If when using the cored modules there is any uncertainty over the clarity of programme shaping and delivery arrangements, then this module is designed to look closer into identifying the requirements for effective programme management.

Setting out the shared vision	Comments
Describe the ambitions of the local health and care system	
What is the present state of the local health and care system? What sources will you use?	
What are the system challenges?	
Have you agreed what needs to be done?	
What action is needed to move the system forward?	
What changes are needed to develop shared culture and behaviour?	
How will you hold everyone to account for the changes and outcomes?	

Programme planning	Comments
Is there an appropriate programme plan to transform your local health and social care system and make it sustainable?	
When will it happen?	
Who will lead what? And who will be involved?	
When will decisions be taken?	
When will ambitions be delivered?	
Have you agreed clear milestones and checkpoints?	

Planning footprints	Comments
What are the planning footprints for the services being improved?	
Who is the population which will benefit from the plans agreed?	
Which organisations within the planning footprint will be engaged?	
How do the local delivery footprints or localities align with other existing strategic planning footprints?	

Programme interdependencies	Comments
Are the interdependent strands of the programme recognised and aligned?	

Monitoring progress	Comments
How will progress be appropriately assessed and reported?	
How will you ensure reporting is insightful into reasons for status?	
How will you ensure expectations are proactively identified and managed?	

Action planning

This action planning grid can be used to capture key actions when working through the modules of this tool which are necessary for your system to make progress on integration. Actions should be specific, with responsible stakeholders to lead on the actions, and include projected timelines, staff and financial resources and the outcome you want to achieve from the action.

10 Key actions	Who is responsible?	When will this be done?	Resources	Outcome
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				



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