North Lincolnshire
Health and Wellbeing Board

Suite of documents to support the implementation of integration

(Refreshed January 2016)

NHS
North Lincolnshire
Clinical Commissioning Group

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



NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD
Integrated Working For Better Outcomes

Contents

Foreword

Achieving integration will require established conditions for success. Under the auspices of the Health and Wellbeing Board Integration Statement, partners have agreed the conditions for successful integration.

As a means of fostering a common understanding and shared culture, a suite of documents has been developed to demonstrate our commitment to building strong foundations for 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

Additionally, to further reflect our commitment of the Integration Statement, we have also developed additional supporting documents in relation to:

- Collaboration and Engagement
- Culture Tool
- Equality and Diversity statement



1. Common Language - Glossary of Definitions *(alphabetised)*

DEFINITION	EXPLANATION
Adolescent Lifestyle Survey (ALS)	Survey undertaken in secondary phase schools as a consultation exercise to elicit the views and perceptions of young people in relation to their health and wellbeing and that of their peers. The outcomes are extensively used to inform planning and commissioning.
Adult Protection	Adult protection is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific individuals/adults who are suffering, or are likely to suffer, significant harm. See also 'safeguarding adults'
Asset based	Using the strengths of communities as a means for sustainable development and for people. This builds on the skills and knowledge of individuals and acknowledging them as the experts in their own lives and the power of local associations, the supportive functions of local institutions and the support functions of local organisations. Asset based communities draws upon existing community strengths to build stronger, more sustainable communities for the future. See also 'strengths based approaches'
Assessment	This refers to the process by which children, young people, adults and families are assessed to ascertain their level of need and the resultant need for services, support and intervention. Types of assessment include early help assessment, adult social care assessment, community care assessment etc.
Child protection	Child protection is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. See also 'safeguarding children'
College Lifestyle Survey (CLS)	Survey undertaken in colleges and 6th forms as a consultation exercise to elicit the views and perceptions of young people in relation to their health and wellbeing and that of their peers. The outcomes are extensively used to inform planning and commissioning.
Commissioning	Commissioning is 'the cycle of identifying the needs and priorities for our area, developing policy direction, service models and the market to meet the needs, acquire them in the most cost effective way and continually evaluate the impact and outcomes'.

Co-ordinated Care	Co-ordinated care (or joined up care or integrated care) should be person centred and co-ordinated at the point of delivery. Co-ordinated care focuses on the needs of, and outcomes for, the people who use services and it must be designed and evaluated with them, their support networks and local communities. From a person centred perspective, co-ordinated care involves: • Enabling individuals to lead their care and support • being kept informed about next steps • being signposted to relevant sources of advice (including local and national support organisations) as part of a plan • professionals working together as a team around individuals • having a single point of contact who can answer questions and help pull everything together • receiving comprehensive and timely information • being as involved, along with their carer, in discussions and decisions about their care and treatment as they want to be • developing a care plan with their main professional contact and knowing who to contact if things change • having these care plans clearly entered on their record and respected by each service used
Direct Payment	A direct payment is money that is given to a child, young person, vulnerable adult or their parent/carer to pay for a service instead of the local council arranging that service on their behalf. People who get this money must use it to arrange services to meet the assessed need. It is not extra income to be spent as they choose. Who can receive a direct payment? • A disabled person aged 16 to 17-years-old may receive a direct payment to purchase their own services. • A person with parental responsibility for a disabled child may receive a direct payment to purchase services to meet the needs of the child. • A carer of a disabled child may receive a direct payment to purchase services to meet their needs as a carer. • A disabled child or their carer is eligible for direct payments if he/she is assessed as being eligible for a service either through a disability assessment or a carer's assessment. • An adult who is assessed as being eligible for care support. See also 'personal budget'
Early Help	Working Together 2013 provides the statutory basis for providing early help which is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges at any point during the life of the child, young person or family. Effective early help relies

	upon local agencies working together to identify those who would benefit from early help, undertaking an assessment of the need for early help and providing targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Those providing services to adults with children need to have a role in identifying emerging problems and to share information with other professionals to support early identification and assessment. The North Lincolnshire Early Help Safeguarding Strategy provides the basis for our local arrangements in relation to early help. Weblinks: https://www.gov.uk/government/publications/working-together-to-safeguard-children http://www.northlincslscb.co.uk/professionals/policies/early-help/ See also 'wellbeing principle'
Families are Safe, Supported and Transformed (FaSST)	The North Lincolnshire FaSST programme is part of the National Government Initiative called Troubled Families, which is a multi-agency partnership approach to working with the whole family in a new, different and challenging way. The FaSST programme brings partners together to build upon families' strengths to break the cycle of disadvantage and develop stronger and more cohesive communities. It supports families to reduce crime and anti-social behaviour, improve school attendance and attainment and to support adults to gain employment.
Health and Wellbeing Board (HWB)	The HWB is a partnership of professionals, chaired by the People Cabinet Member, who are responsible for improving the health and wellbeing of the people of North Lincolnshire across all life stages. Statutory partners include the Local Authority, Clinical Commissioning Group and Healthwatch. Other partners represented on the board include NHS England, voluntary and community sector, health care providers, North Lincolnshire Homes, Primary and Secondary Phase representative, college representative, Humberside Police, Probation Services, Job Centre Plus, Humberside Fire and Rescue Service and young people and adult representatives. The HWB works within agreed governance and accountability partnership framework and it is responsible for the development of the JSNA and implementation of the Joint Health and Wellbeing Strategy. The board encourages a joint commissioning approach (as appropriate) and promotion of integrated working. http://www.northlincs.gov.uk/people-health-and-care/shaping-services/health-and-well-being-board/health-and-wellbeing-partnerships-board/
Health Inequalities	Health inequalities are the differences in health status or in the distribution of health determinants between different population groups. For example, differences in road accidents, smoking and mortality rates between people from different social classes. Sir Michael Marmot's review into health inequalities 'Fair Society Healthy Lives' proposed that an evidence based strategy was required to address the social

	determinants of health, the conditions in which people are born, grow, live, work and that there is proportionate action across the social gradient to improve health for all and reduce inequalities. Locally, we have responded to this via the North Lincolnshire Joint Health and Wellbeing Strategy which outlines partners' commitment to working in partnership to improve health and wellbeing and reduce inequalities in the area.
Healthy Child Programme (HCP)	The HCP focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting. The HCP: • Is a national public health programme for children and young people from 0-19 • Provides a robust evidence based framework and sets out good practice for prevention and early intervention services • Identifies Health Visiting and the school nursing service as crucial to the effective delivery of the HCP (0 - 5 and 5-19) • Assists local areas to ensure services are based on robust needs assessment; utilise effective practice and prioritise evidence based programmes and make best use of their workforce • Recommends how health, education and other partners working together across a range of settings can significantly enhance a child's a child's or young person's life chances.
Integrated Commissioning Partnership (ICP)	The ICP is established to develop existing joint commissioning arrangements (where they remain fit for purpose) and identify further opportunities for joint commissioning, where they will deliver added value. This partnership, chaired by the Chief Officer, Clinical Commissioning Group, reports into the HWB, and has an approved terms of reference which highlights its key functions. Membership is representative of HWB statutory members (with key commissioning responsibilities) (Local Authority and Clinical Commissioning Group and NHS England). The Finance Working Group supports the HWB to achieve its objectives and reports to the ICP.
Integration	One of the key functions of the Health and Wellbeing Board is to encourage and promote integration across partners to improve health and wellbeing outcomes and to reduce inequality. It is a statutory duty for the Local Authority, Health and other partners to co-operate in relation to integration. In its most simplest form, integration can be best described as: "When more than one organisation works together to achieve a shared outcome".
Integration Priorities	There is a commitment to whole system integration/integrated ways of working, though priority workstreams have been identified as areas of focus. The current priorities are conception to two years, young people who are vulnerable to risk taking behaviours aged 13 to 19 and the frail and frail elderly.

Integration Statement	The statement has been agreed by all partners across the Health and Wellbeing Board and it sets out the strategic intent to work together more collaboratively in order to improve outcomes for the most vulnerable in our society. It forms the basis of our shared commitment and outlines the ambitions, principles and outcomes that we expect to see.
Joint Health and Wellbeing Strategy Delivery Plans	Under the auspices of the strategic priorities, the Joint Health and Wellbeing Strategy identified five priority areas for partnership action. Each priority action has a more detailed underpinning delivery plan which has been developed in line with OBA methodology. A lead officer and HWB champions have been identified to ensure that progress is made against each priority action.
Joint Health and Wellbeing Strategy Priority Actions	The outcome focussed priority actions have been agreed as follows: 1. Babies get the best start in life 2. People in North Lincolnshire can lead lives free from poverty 3. People in North Lincolnshire have the ability to lead a meaningful life 4. People can have a good night out in North Lincolnshire 5. People in North Lincolnshire lead fulfilling and healthy lives
Joint Health and Wellbeing Strategy Strategic Priority Outcomes	The Joint Health and Wellbeing Strategy overarching strategic priority outcomes across the life stages have been agreed as follows: 1. Safeguard and protect – people feel safe and are safe in their home and protected in their community 2. Close the Gaps – inequalities are reduced across all life stages and all communities 3. Raise Aspirations – people are empowered to make positive choices to help them be the best they can be 4. Prevention of Early Deaths – early detection, prevention and behaviour change linked to the big killers are addressed 5. Enhance Mental Wellbeing – good mental health and emotional wellbeing enable people to fulfil their potential 6. Support Independent Living – people are supported and enabled to live independently to improve quality of life
Joint Health and Wellbeing Strategy	The Health and Social Care Act 2012, provides the statutory basis for the development and responsibilities of HWBs. A key role for the HWB is to assess local needs (via preparation of the JSNA) and to develop a Joint Health and Wellbeing Strategy to address identified need. This strategy is one of the ways that we will work together to make sure services meet the health and wellbeing needs of people in North Lincolnshire. http://www.northlincs.gov.uk/people-health-and-care/shaping-services/health-and-well-being-board/health-and-wellbeing-partnerships-board/

Lead Professional	A lead professional is often referred to as a lead worker, key worker, key professional, accountable professional. Please refer to page 24 (section Lead Professionals) for further explanation.
Life stages	The recognised life stages which are a key focus in the Joint Health and Wellbeing Strategy are: • Starting well • Growing well (or developing well) • Living and working well • Ageing and retiring well • End of life
Locality Working	Locality working is the term used for service activity in localities where resources are focussed on a defined community in order to address local need and disadvantage. Examples of locality working in North Lincolnshire include Integrated Locality Teams, Children's Centres and Wellbeing Hubs.
Making Every Contact Count (MECC)	MECC encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the social determinants that influence all our health. MECC is relevant for everyone who comes into contact with members of the public as they have the opportunity to have a conversation to improve health and wellbeing. http://www.makingeverycontactcount.co.uk/
Outcome	These are particular conditions of wellbeing for our local populations. We can only achieve these outcomes through effective partnership working and no one organisation is responsible for achieving outcomes on their own.
Pathway	The 'pathway' describes the means by which people move from one level of service to another, usually via an assessment process. This is sometimes described as 'step up' and 'step down'. Clinical pathways are a multidisciplinary management tool based on evidence based practice for a specific group of patients with a predictable clinical course. They describe how an individual's care should be managed to achieve the best outcomes.
Personal budget	Personal budgets are an allocation of funding given to service users after a social services assessment of their needs. Service users can either take their personal budget as a direct payment, or, while still choosing how their care needs are met and by whom, leave councils with the responsibility to arrange or commission the services. Third parties can also help to arrange services. See also 'direct payment'
Personal health budget	Personal Health Budgets are an allocation of funding given to people with long term conditions and disabilities to enable them to have greater choice, flexibility and control over the health care and support they receive.

Personalisation	Personalisation is an approach which means that every person who receives support, whether provided by statutory services or funded by themselves will have choice and control over the shape of that support in all settings. While it is often associated with direct payments and personal budgets, under which service users can choose the services they receive, personalisation also entails that services are tailored to the needs of every individual, rather than delivered in a one-size-fits-all fashion.
Pooled Budget	A pooled budget is where two or more partners pool their funding into one budget.
Population	The resident population of North Lincolnshire is 168,400 (as at 2012). From a supply and demand perspective, there are two parallel populations: 1) people who require support and services here and now and 2) those who require early support and services now to prevent them from requiring more targeted and specialist interventions in the future. The registered population of North Lincolnshire CCG is those that are registered with one of the 21 GP practices who are members of the CCG, this therefore includes some people who are not resident in North Lincolnshire and some residents will be registered with GP's in other CCG areas.
Primary Lifestyle Survey (PLS)	Survey undertaken in primary phase schools as a consultation exercise to elicit the views and perceptions of children in relation to their health and wellbeing (and that of their peers). The outcomes are extensively used to inform planning and commissioning.
Referral culture	The term 'referral culture' is used as a means of describing the way in which agencies choose to refer issues on rather than dealing with them at the earliest point. In North Lincolnshire, we are committed to the 'right service, at the right time in the right place'.
Resilience	Resilience is the term used for flexible and resourceful adaptation to external and internal stressors. Recognising and building on people's strengths can help to build resilience and enable them to overcome difficulties, barriers and challenges and respond more positively in the future. See also 'asset based' and 'strengths based'
Safeguarding adults	Safeguarding adults covers everything that assists a vulnerable adult to live a life that is free from abuse and neglect and which enables them to retain independence, well-being, dignity and choice. It is about preventing abuse and neglect, as well as promoting good practice for responding to concerns on a multi agency basis. http://www.northlincs.gov.uk/people-health-and-care/information-for-professionals/safeguarding-procedures/safeguarding-adults-board/ See also 'adult protection'
Safeguarding (and promoting the welfare of children)	Safeguarding is the action taken to promote the welfare of children and young people and protect them from harm, including: • Protecting children from maltreatment • Preventing impairment of children's health or development

	• Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and • Taking action to enable all children to have the best life chances Safeguarding is everyone's responsibility and everyone who comes into contact with children and young people and their families/carers have a role to play. http://www.northlincslscb.co.uk/
Single Access Point (SAP)	The SAP within Children's Services enables a discussion between the qualified social worker in the SAP and the person making contact – which could be a member of the public, any agency or the child or young person themselves. The social worker will take time to listen and offer advice and guidance. They will take the relevant information needed to clarify the nature of the contact to determine what happens next.
Service User Voice (also known as citizen voice)	There is a commitment to ensuring the people are at the centre of all that we do and as part of this, there is a commitment to engaging with people at an individual, service and strategic level. This level of engagement ensures that the voice of service users is appropriately represented and that they can help to shape and influence their own individual plans and strategic planning and commissioning.
Single plan	There is a commitment to the development of a 'single plan' for a child/young person/family that can incorporate statutory roles and functions e.g. special educational needs and child protection. The ethos of the single plan is about families having a clear understanding of their plan, that it is customer focussed and that it has clear outcomes with supporting actions and timescales. We will work toward fewer adults doing more to support the child and family and reduce those who do not offer a service or whose involvement is not a priority at this moment in time. This will hopefully enable families to manage the support, be clear about who is supporting them and help them make a positive difference. Organisationally, we should experience less staff doing more and therefore more staff will be available to help and support as required.
Signs of Safety	Signs of Safety is an innovative, strengths based, safety organised approach to assess children and young people's safety and formulate an appropriate children centred intervention. The approach is grounded in risk assessment analysis and management to ensure children's needs are appropriately identified and the best possible outcomes achieved. The approach is collaborative and builds on family strengths whilst communicating honestly and directly about child protection concerns.
Strengths based approaches	There is a commitment to using strengths based, solution focussed approaches to maximise the contribution of the family, circle of friends and the community to support people in the community. Recognised evidence based strengths based parenting programmes include Solihull, Positive Parenting, Family Links and Strengthening Families: Strengthening Communities. See also 'asset based'

Vulnerable adult	A vulnerable adult is a person over 18 who may be eligible for community care services whose independence and wellbeing would be at risk if they do not receive appropriate health and social care support. This includes adults with physical, sensory and mental impairments and learning disabilities and older people in need of assistance because of age related issues.
Wellbeing conversation	Wellbeing conversations are available universally to people over the age of 75 years to identify where early help may be required. The conversation is structured around seven areas i.e.: Independent, Confident in the future, Involved, Respect, Healthy, Safe and 'In control'. Where a need is identified, hub staff work with the service user, facilitating services to ensure appropriate support is offered and available at the lowest possible level.
Wellbeing hubs	The Community Wellbeing hubs deliver the wellbeing offer to a range of service users across North Lincolnshire. Universal services are accessible to everyone and are delivered by a range of providers in response to identified needs in local communities. Services may include café facilities, drop-in's, arts and craft, reading groups, physical activity sessions etc. For those in need of more Targeted services, timely support is available at an individual level, to empower and enable people to live independently and safely for as long as possible. Service users who have more complex or longer term needs can access services in their local community from the Wellbeing hub, supported by staff who have specific skills to meet their needs.
Wellbeing principle	Section 1 of the Care Act establishes the 'wellbeing principles' – an overarching approach that local authorities should take when exercising their responsibilities under the Act. This principle recognises the range of services that are needed to achieve wellbeing which covers a range of outcomes such as physical and mental and emotional wellbeing. It also covers participation in work, education and training and social and economic wellbeing.
Whole System Integration	As Health and Wellbeing Board partners, we have committed to 'Whole System Integration' across: • life stages (starting well, growing well (or developing well), living and working well, ageing and retiring well and end of life), • the levels of need (universal, targeted and specialist) • workforce sectors (public, private, independent, voluntary (paid and unpaid)



2. Common Knowledge and Skill Set

Achieving integration requires established conditions for success. Under the auspices of the Health and Wellbeing Board, partners have agreed the conditions for successful integration. As part of this, we are committed to ensuring our staff have the common core knowledge and skills and that they are deployed in the right way at the right level to make a difference.

What are common core?

This describes the basic knowledge and skills that everyone across the children and adults workforce are expected to have if they work with people across the life stages. We have identified key areas of knowledge and skills which are outlined on the next page.

Why do we need a common core?

Our children and adults workforce includes people from different professional backgrounds with specialist skills who work with the people in our area to support children, young people, families, carers and vulnerable adults. The agreed common core gives us an agreed common set of basic knowledge and skills that help us to work together better, speak a common language and support people more effectively.

Who is the common core for?

The common core is for everyone across our children and adults workforce. This includes people who work in statutory and non statutory services including the voluntary and community sector whose work involves contact with people in the area for some or all of the time.

How would people use the common core?

Everyone across our children and adults workforce should use the common core in a way that is relevant to their work. It can also be used to inform the way that training and development is structured and how job descriptions are written, particularly for roles that are deployed in integrated and co-located teams and work using integrated approaches.

COMMON CORE KNOWLEDGE AND SKILLS FOR THE CHILDREN AND ADULTS WORKFORCE

There are 9 key areas of knowledge and skills that have been identified across the children and adults workforce:

1 - Effective communication and engagement

Good communication is central to establishing trust and making sure information is shared and received in the way that is intended to encourage openness and transparency. This key area highlights the importance of knowing how to listen, empathise, explain, consult and seek support. Engagement should focus on seeing the individual as having expertise in their own needs, being asset and strengths based and solution focussed, whilst recognising that at times people may need protecting.

2 - Information sharing

Knowing when and how to share information is an essential part of delivering better services for children, young people, adults and older people. The skills and knowledge in this area include understanding and respecting the legislation and ethics surrounding confidentiality and security of information. As well as information sharing in relation to individuals and families, agency representatives at key groups and partnerships will be expected to take responsibility for disseminating key information and communication messages across their individual services and agencies which supports a common understanding and shared culture leading to improved outcomes.

3 - Supporting people's development and transitioning through the lifestages

Understanding the developmental changes that children, young people, adults and older people go through can be key to interpreting their behaviour and it can have a profound effect on their health and wellbeing. This area of expertise helps the children and adults workforce to understand what makes children, young people, adults and older people to think and act in the way they do and to encourage us to respond to and support their needs and they emerge. It also helps us to identify transitions, understand their likely impact and support as appropriate.

4 - Safeguarding and promoting the welfare of children, young people and vulnerable adults

This set of skills centres on keeping children, young people and vulnerable adults safe and knowing how to recognise safety and protection concerns and how to identify if they are suffering significant harm. They also help us to see that when people are not fulfilling their potential and help us to ensure their health, wellbeing and quality of life.

5 - Promoting wellbeing

This set of skills centres on everyone recognising the breadth of the concept of wellbeing and their responsibility in promoting individuals wellbeing.

6 - Ownership at the point of contact

People on the frontline engage with individuals and families. This contact provides opportunities to 'own the whole' and treat everyone in that context as the customer. This set of skills requires everyone to have enough knowledge outside their professionalism and area of expertise, to help/assess and signpost where appropriate to ensure appropriate interventions at the point of contact ensuring that they 'make every contact count' and avoiding an unnecessary referral culture.

7 - Multi agency and integrated working

This key area describes the skills that we need to work together effectively with people from different professional backgrounds. It highlights the importance of valuing individual expertise and of understanding the tools and processes that support multi agency and integrated working.

8 - Risk management

Working with children, young people, adults and older people will require those across the children and adults workforce to look at 'balanced risk' or being 'risk sensible'. The willingness, confidence and ability to assess risk and make decisions in conditions of uncertainty is a core skill requirement.

9 - Assessment Skills

There is a requirement to have robust assessment skills including communication, listening, observing, analytical and critical thinking and reflection. This core skill highlights the importance of being able to engage with people to develop their trust and undertake a meaningful assessment to inform decision making based on need which will positively affect their outcomes.

These are fundamental areas of knowledge and skills that are expected across the children and adults workforce, though they are not exhaustive and should built on as part of individual services/agencies workforce development arrangements.



NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD
Integrated Working For Better Outcomes

3. Information and Data Sharing

Achieving integration requires established conditions for success. Under the auspices of the Health and Wellbeing Board, partners have agreed the conditions for successful integration.

As part of this, there is a commitment to information and data sharing as this is the vehicle to delivering better, more efficient public services that are co-ordinated around the needs of the individual. It is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all.

There is a need to ensure that people remain confident that their personal information is kept safe and secure and that privacy is maintained whilst sharing information to support improved outcomes and deliver better services. It is therefore important that information can be shared appropriately on a day to day basis and that it is shared with confidence. Sharing intelligence on individuals does not require information sharing agreements.

There are seven **golden rules** for information sharing:

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement and consent, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case, however remember that you can share information without consent if you have concerns about the safety and protection of a child, young person and adult or if you have concerns regarding a serious crime.
5. **Consider safety and well-being**: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure**: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

These principles and approaches to information sharing endorsed across health and wellbeing partners do not negate the need for specific agreements for particular services.

Information Sharing Checklist

Question 1:	Is there a clear and legitimate purpose of sharing information?	
Question 2:	Does the information enable a living person to be identified?	
Question 3:	Is the information confidential?	
Question 4:	Do you have consent to share?	
Question 5:	Is there sufficient public interest to share information?	
Question 6:	Are you sharing information appropriately and securely?	
Question 7:	Have you properly recorded your information sharing decision?	

Extracted from 'Information Sharing Guidance for Practitioners and Managers' http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationdetail/page1/dcsf-00807-2008

As part of the common core competencies, staff are continually supported and receive relevant training to know when and how to share information.

Under the auspices of the Integration Statement, we are also committed to information and data sharing in line with **Caldicott principles 'To Share or Not to Share',** which focuses on the need to protect personally identifiable information and maintain confidentiality, as follows:

1 Justify the purpose(s)

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing usage regularly reviewed, by an appropriate guardian.

2 Don't use personal confidential data unless absolutely necessary

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s)

3 Use the minimum necessary personal confidential data

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

4 Access to personal confidential data should be on a strict need-to-know basis

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

5 Everyone with access to personal confidential data should be aware of their responsibilities

Action should be taken to ensure that those handling personal confidential data — both clinical and non-clinical staff — are made fully aware of their responsibilities and obligations to respect patient confidentiality.

6 Compliance with the law

Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should have designated responsibility for ensuring that the organisation complies with legal requirements.

7 The duty to share information can be as important as the duty to protect patient confidentiality

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

Other relevant information

Humber Information Sharing Charter

The Charter provides a framework for effective and secure sharing of information in accordance with legal requirements, ethical boundaries and good practice across the Humber region. The Charter:

a) Sets out rules about how local organisations share information. It helps them and local people to understand those rules and relevant laws. It explains what organisations can and cannot share, and says with whom, how and for what purposes they can share information

b) Helps keep information sharing correct and secure. It will enable organisations to be open about how they protect information and let others see what they have done. It also tells people about the rules governing which details the organisations can make public and how people can get hold of that information.

c) Is organised according to three aspects of information sharing: why it is done and the basic beliefs governing this, what the organisation will use the information for and how people can share the information, and with whom it will be shared.

http://www.humberdataobservatory.org.uk/legal

The governance arrangements for the charter are through the four Humber authorities and they are ultimately responsible for reviewing the charter. They are supported by a wider partnership, which includes all signatory organisations. Each authority across the Humber region has an allocated local authority lead for the charter and for encouraging and supporting local organisations to sign up. Locally, the lead is Phillipa Thornley, Principal Information Governance Officer phillipa.thornley@northlincs.gov.uk

Data Sharing Agreement(s)

Tier 2 Data Sharing Agreements set out the details for the secure and confidential sharing of personal information in accordance with the principles defined in the Humber Information Sharing Charter. There is an expectation that partners develop tier 2 Data Sharing Agreements to ensure that services share information in a secure way, in order to meet responsibilities and duties under data protection and Caldicott. These agreements are developed to meet the information sharing needs of specific service delivery and projects i.e. The Families Initiative.

North Lincolnshire Data Observatory

The North Lincolnshire Data Observatory provides access to information on a wide range of themes collected from national and local data sources and can be analysed and reported on by Local Authorities, Partner Agencies and members of the Public. This website provides easy access to key statistics and area profiles using interactive maps, dynamic charts and tables to provide a clearer understanding of areas within North Lincolnshire.

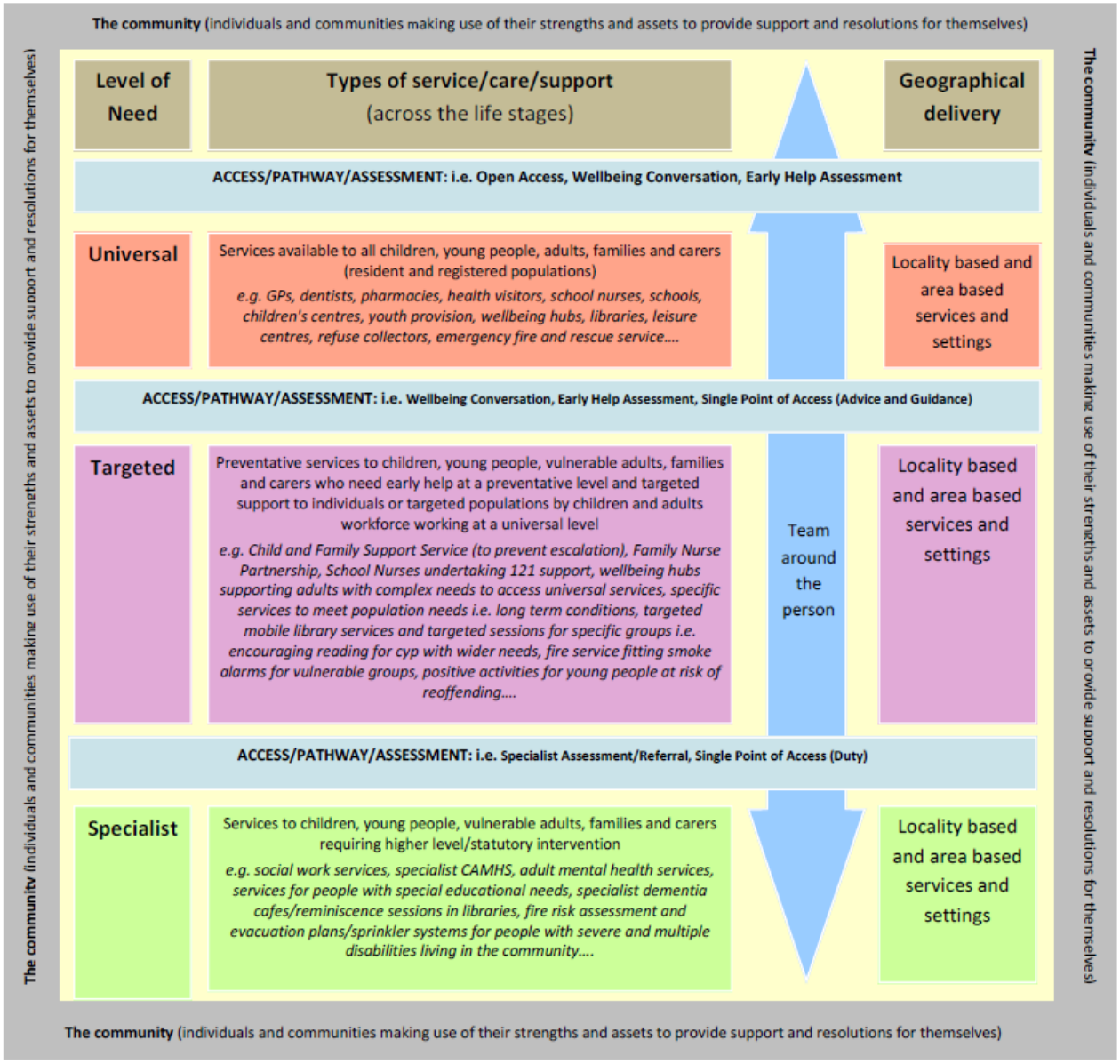
http://nldo.northlincs.gov.uk/IAS_Live/



NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD
Integrated Working For Better Outcomes

4. Single Organisational Model

Achieving integration requires established conditions for success. Under the auspices of the Health and Wellbeing Board, partners have agreed that the single organisational model provides the basis on which interventions or services are organised on levels of need (universal, targeted and specialist).



This model represents a framework to describe the level of need that children, young people, vulnerable adults and their parents/carers may have and the nature of services that are available at each level. The level of need and service provision will be designed to meet need and will enable alignment and integrated approaches at all levels, vertically and horizontally.

The model is based on the premise of organising services around need in order to ensure that more children, young people, families, carers and vulnerable adults are able to be self-supporting without the need for unnecessary intrusion into their lives. The model enables specialist services to be provided at the point of need.

Something that describes that a service may provide interventions/packages of care and support/service responses at all levels to meet the needs of an individual or group of individuals.

When describing services in general terms, population based services are universal if they are open to all with no specific eligibility criteria, some of those services/providers may then operate at a targeted level or specialist level for certain individuals or groups to meet specific needs that have been identified through an assessment process, when identified as having eligible need etc

What do we mean by community?

This refers to the individuals and communities making use of their strengths and assets to provide support and resolutions for themselves.

What do we mean by the levels of need?

Universal (level of need)
Services available to all children, young people, adults, families and carers (resident and registered population) e.g. GPs, dentists, pharmacies, health visitors, school nurses, schools, children's centres, youth provision, wellbeing hubs, libraries, leisure centres, refuse collectors, emergency fire and rescue service….

Targeted (level of need)
Preventative services to children, young people, vulnerable adults, families and carers who need early help at a preventative level and targeted support to individuals or targeted populations by children and adults workforce working at a universal level e.g. Child and Family Support Service and Children's Centres, to prevent escalation, Family Nurse Partnership, School Nurses undertaking 121 support, wellbeing hubs supporting adults with complex needs to access universal services, specific services to meet population needs i.e. long term conditions, targeted mobile library services and targeted sessions for specific groups i.e. encouraging reading for cyp with wider needs, fire service fitting smoke alarms for vulnerable groups, positive activities for young people at risk of reoffending….

Specialist (level of need)
Services to children, young people, vulnerable adults, families and carers requiring higher level/statutory intervention e.g. social work services, specialist CAMHS, adult mental health services, services for people with special educational needs, specialist dementia cafes in libraries and wellbeing hubs, reminiscence sessions in libraries, fire risk assessment and evacuation plans/sprinkler systems for people with severe and multiple disabilities living in the community….

Example: Refuse Collection
Universal: Bins distributed to all households, households display their bins which are collected by refuse collectors
Targeted: Refuse collectors collect bins directly from some households where they have been assessed as requiring additional support i.e. immobile older people
Specialist: Specialist bins are provided and collected for toxic waste i.e. bandages

Example: Libraries

Universal: Libraries are open to the public
Targeted: Specific sessions are arranged at the libraries for specific groups of people
Specialist: Dementia café available in specific libraries

What is a pathway?

The 'pathway' describes the means by which people move from one level of service to another, usually via an assessment process. This is sometimes described as 'step up' and 'step down'.

Clinical pathways are a multidisciplinary management tool based on evidence based practice for a specific group of patients with a predictable clinical course. They describe how an individual's care should be managed to achieve the best outcomes.

What do we mean by assessment?

This refers to the process by which children, young people, adults and families are assessed to ascertain their level of need and the resultant need for services, support and intervention. Types of assessment include early help assessment, adult social care assessment, community care assessment etc.

Early Help Assessment

The Early Help Assessment can be used by a single agency to shape their preparation and thinking, build upon family strengths, shape intervention to assessed need and collaborate on solutions with children, young people and families. It is an assessment tool in its own right and is not a tool that should be used as a referral mechanism. It can however, be utilised to support a referral to social work services in relation to a child in need of a child in need of assessment.

http://www.northlincslscb.co.uk/professionals/policies/early-help/

Wellbeing Conversation

Wellbeing conversations, as a form of early help assessment, are available universally to people over the age of 75 years to identify where early help may be required. The conversation is structured around seven areas i.e.: Independent, Confident in the future, Involved, Respect, Healthy, Safe and 'In control'. Where a need is identified, hub staff work with the service user, facilitating services to ensure appropriate support is offered and available at the lowest possible level.

What do we mean by area based services?

Services are often described as being offered 'area wide'. This refers to the whole of North Lincolnshire.

What do we mean by localities?

There are five recognised geographical localities within North Lincolnshire, these are:

- Barton and district (includes Winterton)
- Brigg and district
- Isle
- Scunthorpe North
- Scunthorpe South

Service provision may span more than one geographical locality area dependent on need and available resources. Examples of locality working include Integrated Locality Teams, Children's Centres and Wellbeing Hubs.



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5. Risk Management Principles

Those involved in working with people and communities have to support children, young people and adults to live independently, to stay in their own home and community and where necessary be supported to do so. This will involve a balanced risk assessment framework. Therefore we need to look at 'balanced risk' or being 'risk sensible'. These principles have been adapted from the Association of Chief Police Officers with the aim of being a step towards encouraging a more positive approach to risk by openly supporting decision-making and building confidence in our staff in taking risks.

1. Maintaining or achieving the safety, security and well-being of individuals and communities is a primary consideration in risk decision making.
2. The standard expected and required of those working in our communities is that risk decisions are consistent across the services and professions and consideration is given to ensuring that risks are not just passed to other services to take responsibility.
3. Harm cannot be totally prevented it is the quality of the decision making that a person is judged on.
4. Good risk-taking should be identified and celebrated and staff that make decisions consistent with these principles should be encouraged and supported.
5. All partners agencies should consider and assess their decisions and impact on other services/agencies before action is taken and inform partners of strategic decisions
6. There should be openness and transparency in decisions that impact on others



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6. Lead Professionals

Achieving integration requires established conditions for success. Under the auspices of the Health and Wellbeing Board, partners have agreed the conditions for successful integration, one of which refers to the need to identify lead professionals.

What is a 'lead professional'?

A lead professional is often referred to as a lead worker, key worker, key professional, accountable professional.

Under the auspices of the Better Care Fund, there is a requirement to have an agreed process to allocate an **accountable professional**.

Accountable professionals for integrated assessment and packages of care – there will be a co-ordinator and one point of contact for people who require this ensuring that people tell their story only once and support is co-ordinated in and around the community.

Accountable professionals are available in all localities with clear links via Care Co-ordination roles through to the Locality Teams. They will also have the ability to ensure the right assessments take place and the right care level is mobilised.

The Children Act 2004 sets out clear expectations for the implementation of the role of **Lead Professional.** Lead Professional is not a job title or a new role, but a set of functions to be carried out as part of the delivering of effective integrated support. These functions are to:

- Act as a single point of contact for the child or family
- Co-ordinate the delivery of actions agreed by practitioners involved
- Reduce overlap and inconsistency in the services offered to families

The specific professional identified can be from any agency, but must be competent to deliver the functions of the role. Good practice requires that the lead professional be identified in consultation with the family.

Local information regarding the role of lead professional can be accessed via chapter 1 of the LSCB policy and procedures: http://www.northlincs.gov.uk/people-health-and-care/information-for-professionals/safeguarding-procedures/safeguarding-procedures-and-guidelines/

What tasks the role involves

The lead/ accountable professional may be required to carry out a number of tasks, which will be a normal course of action, including:

- Building a trusting relationship with the individual or family to secure their involvement in the process
- Being the single point of contact for the individual or family and as sounding board for them to ask questions and discuss concerns
- Being the single point of contact for all practitioners who are delivering services to the individual or family
- Co-ordinating the effective delivery of a package of solution focussed action and establishing a process for reviewing process

Any practitioner taking on this role will naturally have strongly developed strengths in communication and they will draw on relevant skills pertinent to bringing about positive outcomes for that particular individual or family.

Line Management and Supervision Requirements

Managers of lead/ accountable professionals benefit from being fully aware of the lead/ accountable professional functions and the time and workload commitment. Lead/ accountable professionals will need supervision and their training needs should be supported. Training is usually accessed through local areas.

One of the factors to be taken into account when agreeing the lead/ accountable professional role will be any administrative support that might be needed in a particular case. This may be provided within the lead/ accountable professional's home agency, or from support provided elsewhere within the multi-agency team.

Another factor to take into account is the availability of the lead/ accountable professional including cover arrangements in the case of absences. For example, a school-based lead/ accountable professional is not available during school holidays and should plan ahead with other agencies to ensure there is formally agreed 'cover' to support the family.

Benefits of taking on the lead/ accountable professional role

- Helps to access services in a swift and timely manner, therefore preventing avoidable escalation
- Provided the opportunity to work more closely with the individual or family in a different way
- Enabled the professional to develop valuable skills for their own career development



7. Shared Performance Framework

Achieving integration requires established conditions for success. Under the auspices of the Health and Wellbeing Board, partners have agreed the conditions for successful integration, one of which refers to a shared performance framework.

Outcome Based Accountability (OBA)

The Joint Health and Wellbeing Strategy delivery plans have been developed using the OBA 'turning the curve' methodology which has been adopted by the Health and Wellbeing Board, example as follows:

Desired outcome:

Target population:

Outcome indicators:
- X
- X
- X
- X
- X

Data development agenda:
- X
- X
- X
- X
- X

How are we doing?

Partners:

Story Behind the baseline:
- X
  X
  X
  X
  X
  X
- X
- X
- x

Summary of Actions:
- X
  X
  X
  X
  X
  X
  x
- X
- x

The OBA 'turning the curve' approach starts with a focus on outcomes and provides a framework for planning and performance managing services. Key explanations within the approach include:

Outcomes

These are particular conditions of wellbeing for our local populations. We can only achieve these outcomes through effective partnership working and no one organisation is responsible for achieving outcomes on their own.

Outcome indicators

These are the measures we use to help quantify the achievement of an outcome and they give us insight into how well we are doing.

Performance accountability

This is about the wellbeing of a client population i.e. the individuals served by a specified service, project or programme. This is the means by which individual services make a contribution to the population level outcomes

Performance measures

These are used to evaluate how well a service, project or programme is working. They are designed around three questions - How much did we do? How well did we do it? Is anyone better off?

Population accountability

This is about the wellbeing of whole populations, such as the people of North Lincolnshire

Turning the curve

This is a process for turning talk into action. It starts with baseline measurement information and invites partners to explore the story behind this information, the partners we need moving forward and the knowledge of what works in order to inform the development of an action plan.

Outcomes Frameworks

The overall framework for the Joint Health and Wellbeing Strategy comes from three national outcomes directives in the form of Public Health Outcomes Framework, NHS, Children's and Adult Social Care outcomes frameworks. As part of the delivery plans, linked indicators have been identified as a means of measuring progress against the priority actions and outcomes.



8. Joint Commissioning

Achieving integration requires established conditions for success. Under the auspices of the Health and Wellbeing Board, partners have agreed the conditions for successful integration, one of which refers to joint financial governance, joint commissioning and pooled budgets where required. This reflects on the key functions of the Health and Wellbeing Board which is to encourage joint commissioning to improve health and wellbeing outcomes and to reduce inequality.

Our local definition of commissioning

*Commissioning is "the cycle of identifying the needs and priorities for our area, developing policy direction, service models and the market to meet those needs, acquire them in the most cost-effective way and continually evaluate the impact and outcomes". *1*

Commissioning Principles

- All commissioned services are outcome focused and places the child and family, carers and vulnerable adults at the centre
- Joint commissioning is undertaken where there is added value from working together.
- We will actively encourage service user engagement and involvement throughout the commissioning cycle.
- We will commission services that are accessible acceptable and available to support prevention and to meet assessed need for those requiring support at a targeted and specialist level.
- We will take a balanced approach to commission for vulnerable groups as well as commissioning for whole populations to reflect economies of scale
- We will commission services that work in partnership to wrap support around children, young people and their families, carers and vulnerable adults
- People have the right skills in the right place with the right management to enable effective commissioning

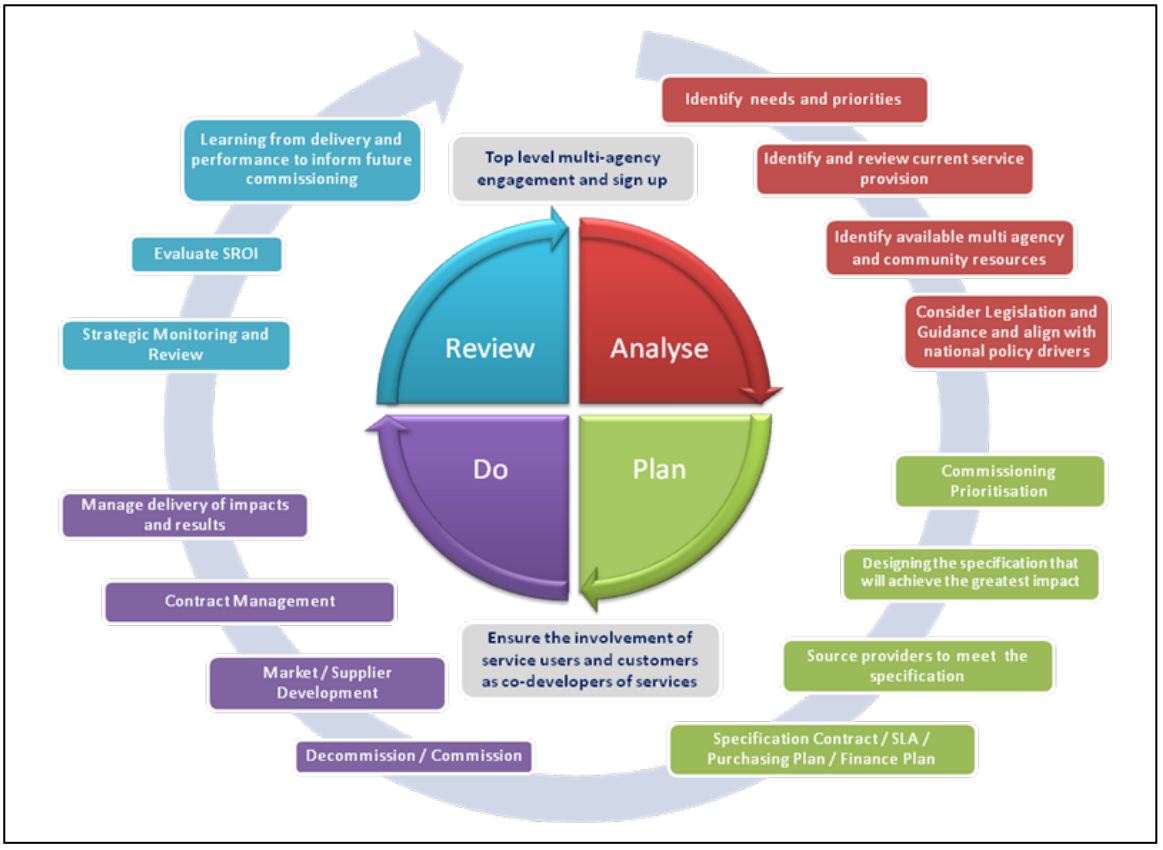
Therefore we expect to see services that:

- are targeted towards children, young people, vulnerable adults, families and communities with the greatest need.
- support improved outcomes.

**1 - The Joint Strategic Needs Assessment (see below for further explanation) is fundamental to the commissioning cycle and can be located via the data observatory: http://nldo.northlincs.gov.uk/IAS_Live/*

- identify needs early on with early interventions reducing the risk of needs becoming engrained and complex.
- informed by research and are evidenced based.
- can demonstrate better value for money and a social return on investment.
- maximise and value the skills and experience of the staff group.
- support and deliver statutory requirements
- support our strategic priorities
- are delivered more efficiently and effectively
- minimise and manage risks and costs in the long term

Commissioning Cycle



The four stages of the commissioning cycle are demonstrated below with example activities that are considered for each.

Analyse – Understand needs and priorities

- Identify local needs, priorities and outcomes;
- Identify and review current service provision;
- Consider available evidence (performance data, customer feedback, value for money profiles etc);
- Talk to children, young people and families, carers and vulnerable adults;
- Involve communities;
- Talk to providers;
- Understand the existing market and identify gaps;
- Identify available multi agency and community resources;
- Understand localities and build local knowledge.
- Consider legislation and guidance and align with national policy drivers

Plan – What do we need to do?

- Agree the vision;
- Commissioning prioritisation;
- Map out potential new ways of doing things, including service redesign;
- Continue to involve individuals, families, providers and communities in the planning process;
- Assess the different options;
- Design the specification that will achieve the greatest impact;
- Source providers to meet the specification;
- Plan workforce requirements and identify gaps;
- Support service areas and local authority officers with robust advice and guidance to ensure best practice procurement is followed;
- Produce service specification contract including budget allocation.

Do – Meeting need, how will we do it?

- Make decisions to secure better outcomes;
- Commission/Decommission
- Make investment decisions based on the most appropriate action identified in the plan, within affordability constraints;
- Purchase what has been agreed at the planning stage (procurement);
- Ensure efficiency, effectiveness and value for money;
- Develop and manage the market/supplier development;
- Support providers with robust advice and guidance to ensure best practice procurement is followed
- Contract management
- Manage delivery of impacts and results.

Review – Have we met need?

- Monitor service delivery against expected outcomes to ensure they are being achieved;
- Ensure performance management measures can evidence improved outcomes;
- Evidence:
    - Has the service made a difference?
    - Is anyone better off?
    - How will we know?
- Evaluate Social Return on Investment;
- Agree actions for improvement;
- Contract management and compliance;
- Monitor to check resources and outcomes are sustainable;
- Learn from delivery and performance to inform future commissioning.

Examples of joint commissioning arrangements include:

- Provision of volunteer service to local families
- Specialist service provision to children and young people experiencing trauma following abuse
- The provision of support to parents of disabled children

Other relevant information

North Lincolnshire Strategic Assessment

The North Lincolnshire Strategic Assessment is an integrated process which aligns key needs assessments to develop a single story with a supporting evidence base about North Lincolnshire. It promotes and integrated approach to commissioning intelligence, reduces duplication of data processing and analytical effort, eliminates inconsistencies, improves quality of reported data in partnership reports and provides a platform for agencies to engage with communities about their local areas, strengths and needs.

The North Lincolnshire Strategic Assessment can be located on the North Lincolnshire Data Observatory: http://nldo.northlincs.gov.uk/IAS_Live/

Joint Strategic Needs Assessment (JSNA)

The JSNA is a process through which North Lincolnshire Council services (both the People and Places directorates) work together with health services (North Lincolnshire Clinical Commissioning Group) to assess the health and social needs of the North Lincolnshire population and determine priorities for commissioning services and is part of the overall North Lincolnshire Strategic Assessment.

The JSNA attempts to answer the questions:

- What does health and wellbeing in North Lincolnshire look like?
- What should we be doing?
- What are we doing?
- What can we do better?
- What more do we need to know?

The JSNA is incorporated into the North Lincolnshire Strategic Assessment which can be located on the North Lincolnshire Data Observatory: http://nldo.northlincs.gov.uk/IAS_Live/

Aligned budget

An aligned budget is when budget holders agree to use their funding to achieve the same objectives. However, with aligned budgets, individual partners maintain control over their own budgets. Aligned budgets should not be used instead of a pooled budget if a pooled budget would help improve outcomes more effectively and efficiently. Aligned budgets may be underpinned by a formal written agreement.

Pooled budget

A pooled budget is where two or more partners pool their funding into one budget. This provides the scope to combine and concentrate money more effectively to shape local services around needs and secure better outcomes. Managed by one of the partners, a pooled budget also has the potential to generate economies of scale and to bring about efficiencies. Legislative powers are in place to enable public sector organisations to pool money and other resources (for examples S10 of the Children Act 2004 and S75 of the NHS Act 2006). Examples of pooled budgets include; mental health and support to people with learning disabilities, the Better Care Fund, where the budget will be used to support service redesign, service provision and commissioning of a range of services to keep the frail and frail elderly safe, healthy, independent and well, to support people to remain in their homes, avoid unnecessary hospital admissions, to reduce delayed transfers of care and to promote reablement.



NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD
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9. Collaboration and Engagement

'Nothing About You Without You' – Our Pledge to You

As partners across the Health and Wellbeing Board, we have agreed that we will work together to make sure that the support and services that we offer are based on what you need, which you've told us is:

- **Vigilance** – to have people notice when things are troubling you and/or when things aren't going well
- **Understanding and action** – for us to understand what is happening to you, for you to be heard and understood and to have that understanding acted upon
- **Stability** – for you to be able to develop an ongoing stable relationship of trust with those helping and supporting you
- **Respect** – that you are treated with the expectation that you are competent rather than not and as adults that you are the experts in your own lives
- **Information and engagement** – that you are informed about and involved in everything that affects you i.e. procedures, assessments, decisions, concerns, plans
- **Explanation** – that you are informed out the outcomes of assessments and decisions and reasons when your views have not met with a positive response
- **Support** - that you are provided with relevant support, in your own right as well as a member of your family
- **Advocacy –** that you have access to advocacy to assist you in putting forward your views (where appropriate)

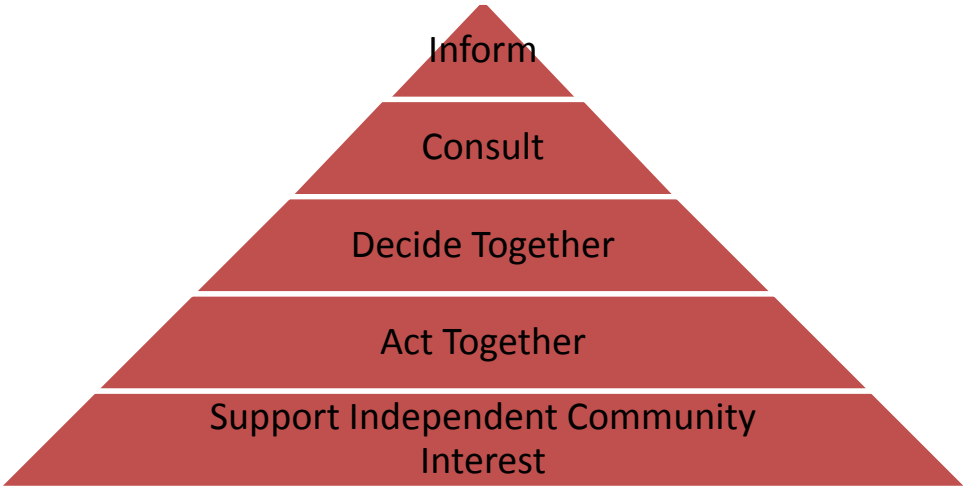
We want to engage with you and work together to improve your health and wellbeing. We are committed to our service user engagement principles and expectations (appendix 1) and as part of this, we will engage with you at every level, we will enable participation and we will:

- Work towards co-design and co-production so that you are involved in all decisions that affect your lives
- Talk to you as early as possible so we can work together to take action as soon as possible
- Make sure that everyone is in agreement with the goals to be achieved or if not steps are taken to understand why and consider alternatives
- Be clear about what action needs to be taken, by whom and by when
- Build and maintain your trust
- Take the lead when necessary but support you to lead as required
- Communicate in the best way to meet your needs
- Talk to our colleagues and share information so you don't have to tell your story over and over again

- Encourage and support you to find your own solutions
- Work with you as equals and respect your point of view
- Be open, honest and transparent
- Encourage you to contribute to things that affect you
- Be positive and offer constructive feedback
- Listen and learn from each other and share information about what works and what doesn't work
- Make the best use of the money and staff we have available to ensure that the support and services we offer meet your needs
- Find out the needs in the area and ask you what you think
- Make sure that we feedback outcomes of engagement so you know what has happened as a result of you giving your views

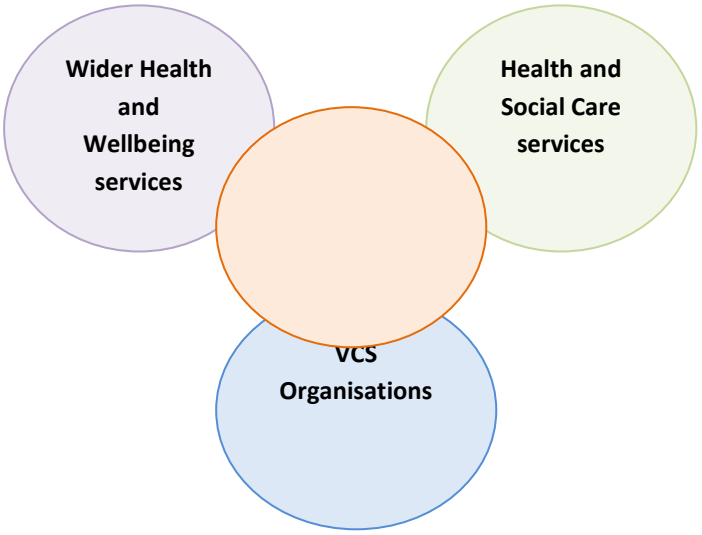
What we mean by engagement and collaboration:

There are different levels of engagement and collaboration, these include:



- **Inform –** tell you what is being planned and what is likely to or may happen
- **Consult –** let you know what the issues are, make some suggestions about options and encourage you to give us feedback
- **Decide together –** encourage you to provide some additional ideas and options and help us to decide the best way forward
- **Act together –** decide together about the best way forward and work together to make it happen
- **Support independent community interest –** we help you to do what you want within the resources that are available and within the law

Who is involved in engagement and collaboration?



People and the Public: People's views are valued. The role of the partners is to listen to people's views and to ensure that they know how the information they have shared has been used and how it has led to improvements in services.

VCS (Voluntary and Community Sector) Organisations: Their expertise in connecting with and representing service users is invaluable. Their views are important because they represent service users and have an overview of the different services accessed by their clients.

Health and social care services: Specialists in their field and collect and collate a wealth of information about their services and provision.

Wider health and wellbeing services: Services and agencies that provide services across the health and wellbeing system spectrum.

Routes to Engagement:

There are various ways to gather public views, either directly through services, via independent voice representatives or via established citizen groups and networks. These include:

Citizen Groups and Networks

- Youth Council
- Children in Care Council
- Parents Involvement Partnership
- Learning Disability Partnership
- Carers Advisory Partnership
- Older People's Forums
- Mental Health Collaborative Group
- Autism Partnership
- Dementia Steering Group
- Physical Disability Partnership/Networks
- Children's Centres Parents Forums

Healthwatch

- Provides an independent consumer voice for the people of North Lincolnshire on health and social care services and an Independent Health Complaints Advocacy Service

NHS Clinical Commissioning Group

- GP practice Patient and Participation Groups (PPG's); and
- Embrace – Patient Network

Others i.e. Voices (Mind)

- VOICE of Service Users (Scunthorpe and District Mind)



NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD
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APPENDIX 1

SERVICE USER ENGAGEMENT STATEMENT PRINCIPLES AND EXPECTATIONS

As an individual level, we must:

- Ensure that every person has a voice at a universal level and challenge barriers
- Ensure people are involved in operational, day to day decision making
- Ensure individuals and parents/carers have the opportunity to feedback at a case work level
- Use every contact with service users to gain views and feedback about practice and build in to annual reviewing and reporting arrangements
- Collaborate with service users to co-design their own plans
- Be considerate of and flexible to the needs of service users when making contact to ensure accessibility and enable engagement
- Contribute to training and development of children, young people, vulnerable adults and their parents/carers to ensure they are sufficiently skilled and confident to participate in recruitment and commissioning processes

At service level, we must:

- Ensure the collective views of service users are routinely fed into service reviewing and planning regimes
- Routinely link into citizen partnerships and engagement networks to ascertain their views in relation to their experiences and perceptions of local services, support and interventions
- Include service users and citizen representatives in recruitment and commissioning processes in an innovative, creative way
- Ensure that people are informed of any decisions and/or outcomes arising from their feedback and involvement

At a strategic level, we must:

- Ensure the outcomes of needs assessments and surveys are used in priority setting, planning and commissioning processes (as a minimum the Joint Strategic Needs Assessment, Lifestyle Surveys and Let's Talk)
- Use a range of approaches to engage service users/citizen representatives in commissioning processes
- Use service users as experts to inspect, challenge and scrutinise services
- Support citizen partnerships and engagement networks to develop their representation and involvement in partnership governance processes
- Empower and support people to use their own power and influence

- Enable citizen groups to set their own plans and priorities and support and empower them to undertake specific pieces of work
- Hold regular events to celebrate and engage with service users/citizen representatives
- Show evidence of engagement and consultation at every point in the decision making process

To enable engagement at every level, we must:

- In collaboration with individuals, families and communities, ensure communications are fit for purpose and cover a range of mediums to meet their needs
- Ensure written communications are fit for purpose and make use of 'Plain English' and easy read approaches where necessary
- Ensure there are opportunities for people to access self help information to empower them to help themselves and build their resilience
- Encourage engagement groups to be representative of the wider population and empower them to develop best practice
- Ensure relevant people are involved at each stage of the commissioning process 'analyse, plan, do and review'
- Ensure we, as the workforce, are suitably skilled in engaging people, particularly seldom heard and seldom seen groups
- Monitor and review engagement at every level and share (and evidence) effective practice
- Challenge and support each other as partners (including commissioners and providers) to work within our engagement principles



10. Culture Tool

Achieving integration requires established conditions for success. Under the auspices of the Health and Wellbeing Board, partners have agreed the conditions for successful integration, one of which refers to the commitment to promoting, nurturing and creating a culture of innovation to achieve integration.

It is acknowledged that the vision for integration can only be realised if it is supported by the culture of the organisation.

"Culture is the way you think, act and interact"

Research into highly innovate organisations in both the public and private sector indicates that there are seven dimensions of organisational culture that are most closely related to the level of innovative output over time.

The seven dimensions are:

1. Risk Taking
2. Resources
3. Knowledge
4. Goals
5. Rewards
6. Tools
7. Relationships

These dimensions form a framework that can be used to assess the culture for innovation within organisations (and across organisations). The framework identifies areas for consideration under each of the dimensions as follows:

"Top Tips" for creating a culture of innovation

31 practical tips have been identified for leaders across the health and wellbeing workforce, who want to contribute positively to the culture for innovation.

1 – Risk Taking

- ✓ Share widely how your organisation and system has taken reasonable risks on new ideas in the past
- ✓ Establish a process to publicise and learn from ideas that 'fail'
- ✓ Go out of your way to provide emotional support for staff who are trying something different
- ✓ Stop talking about the worse case scenarios every time an idea is discussed. Practice building on and experimenting with new ideas.
- ✓ Role model personal, courageous risk taking in order to learn more about how to improve the culture
- ✓ Don't use humour to lighten the mood when discussing the risks associated with an idea – it almost never works and often has the opposite effect
- ✓ Feed the rumour mill to positive effect

2 – Resources

- ✓ Reinforce the expectation that individuals and teams should feel they have permission to do things differently. Ask them why if this isn't the case
- ✓ Turn strategically important ideas into formal organisational projects with allocated resources
- ✓ Link new ideas to waste reduction techniques that free up resources
- ✓ Seek resources from non-traditional channels

3 – Knowledge

- ✓ Start a 'not invented here' programme where leaders, managers and staff are supported to seek out knowledge and ideas from outside health care that can be adapted to address key organisational challenges
- ✓ Encourage staff to look for and share new ideas from other health care organisations, internal departments, or partners along pathways
- ✓ Regularly share and celebrate ideas that are already happening in your organisation or system
- ✓ Share Board/Governing Body information more widely and use knowledge from the workforce to support the Board/Governing Body
- ✓ Open the knowledge widow for staff by linking with national or other resources

4 – Goals

- ✓ Identify and publicise widely the strategic issues where there is a clear case for the need for innovation and where an extension of the current way of working is clearly inadequate to meet the need
- ✓ Set out organisation or system wide challenge topics that call for new ideas in specific areas of need
- ✓ Articulate stretch goals in the language of "How might we…?"
- ✓ Consider goals, contracts, annual appraisals, personal development plans, or job descriptions that require people to try out a number of innovative ideas annually and report back on what they have learned
- ✓ Review current goals & targets and remove over-prescriptive ways of achieving them
- ✓ Asking staff where they think new ideas are most needed

5 – Rewards

- ✓ Keep it simple and sincere
- ✓ to understand and work with what intrinsically motivates your ideas people
- ✓ Set up structures and processes to enable peer, patient and carers to provide recognition to those who come up with great change ideas
- ✓ Reward and recognise 'failed' attempts where you can celebrate learning
- ✓ Grand prizes and competitions create a few winners, but also lots of losers – instead seek to reward all legitimate innovations and attempts

6 – Tools

- ✓ Distinguish between and channel truly new ideas and good practice from elsewhere for adoption
- ✓ Develop your people so they can facilitate creative thinking and innovation processes
- ✓ Continually push ideas to be even more innovative
- ✓ Plan to introduce new tools or methods for creating and testing ideas – spread their use widely in simple ways that help everyone see how they might use them, and publicise their many applications

7 – Relationships

- ✓ Create many opportunities for diverse individuals to work together and learn more about each other's ways of thinking
- ✓ Use one of the many personal style instruments as a way to get people to honour differences between themselves and others as refreshing and useful
- ✓ Start an ongoing dialogue about what 'teamwork' or 'a trusting and open environment' means and what it really looks like
- ✓ Bring in non-traditional team members precisely fortheir potentially very different points of view
- ✓ Increase the use of job shadowing, short-term work rotations and longer-term secondments to increase Individuals' awareness and valuing of different ways of thinking and working

Further information regarding these culture tools can be found as follows:

- Creating the Culture for Innovation – A Practice Guide for Leaders
- Creating the Culture for Innovation: Guide for Executives
- www.nhsiq.nhs.uk



11. Equality and Diversity Statement

Did you know:

- that North Lincolnshire has a BME population of 7.3%
- the North Lincolnshire residents born outside the UK and Ireland is 6%
- that 14% of the working population are disabled
- and that an estimated 6% of the population are gay, bisexual or lesbian
- that 11% of the under 5 year group registered with GPs' are White European
- that 16.1% of people under 65 have a common mental health disorder
- than 19% of people over 65 have mobility problems
- that 7.2% of people over 65 have dementia

We each have our own unique needs, skills and abilities. Health and Wellbeing Board partners value equality, diversity and inclusion and are committed to ensuring equal opportunities. A consistent approach will help us to meet the needs of our whole population and our workforce. We are committed to actively working to engage, identify and remove barriers and we will not unfairly discriminate on any grounds.

We strive to provide an inclusive working environment, supporting equal opportunities and a diverse workforce. It is our ambition to embed diversity at all levels in our policies, systems and practice, and that we deliver accessible services.

Equality Act 2010 and Human Rights Act 1998

The Equality Act 2010 is designed to address unfair discrimination, harassment and victimisation. It also aims to ensure equal opportunities and promote good relations between people who share a protected characteristic and those who do not. The nine protected characteristics are:

1. Age
2. Disability
3. Gender reassignment (transgender)
4. Marriage and civil partnership
5. Pregnancy and maternity
6. Race
7. Religion and belief
8. Sex (gender)
9. Sexual orientation

The Human Rights Act 1998 protects the rights and freedoms of all individuals regardless of their nationality and citizenship to maintain a fair and civilised society.

Health and Wellbeing Board partners are committed to ensuring that all services are provided in line with these Acts.

Responsibilities

All staff across the children, young people and adults workforce are responsible for reducing harm, risk and vulnerability. This includes those working in the voluntary and community sector. Staff are expected to work in a way that shows respect and consideration for others, removes barriers and avoids unfair disadvantage or discrimination. We also have responsibilities as employers to treat our staff fairly and ensure they have access to relevant training.

How will we meet our responsibilities?

We will meet our responsibilities through shared objectives in respect of equality and diversity. Our objectives are:

- To make sure that services are open to everyone, identify gaps and provide services designed around the individual.
- To understand what our communities look like and make sure that we are working to promote their health, safety and wellbeing.
- To identify gaps in interpreter and sign language services and look into sharing these services to improve access.
- To make it easy for communities to let us know what they think and use their feedback to improve services.
- To make sure all staff understand the different needs of our communities and promote equality, diversity and inclusion.
- To make sure that we have staff from minority groups to accurately represent our communities and that employment opportunities are equal.
- To have shared staff training to make sure our workforce is well equipped to serve our communities.

Progress on these objectives will be fed back to the Health and Wellbeing Board.

This statement should be read in conjunction with partner agencies' diversity policy statements, strategies and underpinning action plans. For further information on equality and diversity please contact diversity leads in partner organisations.

This is a dynamic suite of documents which will change as required to take account of local and national drivers in order to ensure we continue to transform as part of our integration journey. If you have any further contributions or amendments or further clarity is required, please refer any comments to julie.poole@northlincs.gov.uk

The suite of documents can be accessed via the following link and will be updated, distributed and re-published as required: http://www.northlincs.gov.uk/people-health-and-care/shaping-services/health-and-well-being-board/health-and-wellbeing-partnerships-board/integrated-working/

Full Suite of Documents Endorsed at HWB: December 2014 (refreshed January 2016)
Formal Review Date: December 2016