
Report To: Inverclyde Integration Joint Board **Date:** 14 May 2019

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership **Report No:**
IJB/35/2019/HW

Contact Officer: Helen Watson
Head of Service **Contact No:**
01475 715285

Subject: DRAFT INTEGRATION REVIEW SELF EVALUATION

1.0 PURPOSE

- 1.1 The purpose of this report is to provide a draft self-evaluation for the review of progress with integration of Health and Social Care for IJB members to make comment and provide feedback, prior to submission to the Scottish Government.

2.0 SUMMARY

- 2.1 The IJB is requested to discuss and agree the process for submitting the self-evaluation document outlining Inverclyde's review of their progress on the Integration of Health and Social Care.

3.0 RECOMMENDATIONS

- 3.1 That Board Members note the draft self-evaluation and process for developing final submission and submit comments to the Chief Officer and Head of Strategy and Support for inclusion in the evaluation.
- 3.2 That it be agreed that the Chair of the Integration Joint Board signs off the final submission on behalf of IJB.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 In November 2018, Audit Scotland published its review of Health and Social Care Integration in Scotland. That review was considered by the Ministerial Strategic Group (MSG) for Health and Community Care which developed a number of specific proposals in light of the Audit Scotland recommendations. The MSG also requested that each Health Board, Local Authority and Integration Joint Board should undertake a self-evaluation of their progress in relation to those proposals, using a template designed for that purpose.
- 4.2 Officers in the HSCP have been working with key partners such as the local authority; NHS; CVS; Your Voice and the advisory network; Carers Centre and the Providers' Forum, to create a draft assessment for discussion.
- 4.3 The self-evaluation is due for submission to the Scottish Government on 15 May, however it is important that the IJB approves the assessment and that the Chief Executives (Council and NHS), as well as staff side are comfortable that the assessment is accurate and that the actions coming from the proposals are doable within the prescribed timescales. The Scottish Government have been notified that it will be 31 May before the evaluation can be submitted.
- 4.4 The evaluation outlines a number of areas that show positive progress and some development work required, particularly focused on finance. Out of a total of 25 proposals, 4 are required to be actioned by the Scottish Government and the other 21 carry responsibilities for IJBs, so these have been the focus for completion.
- 4.5 The completion exercise has been carried out by a series of meetings as not all questions relate to each group involved. However all who participated have been free to comment on any section of the evaluation. From that process, officers have determined that of the 21 proposals, most have been established. This puts Inverclyde in a strong position moving forward. The final sign-off of the submission should be delegated to the Chair of the IJB.

5.0 IMPLICATIONS

FINANCE

5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

5.2 There are no specific legal implications arising from this report

HUMAN RESOURCES

5.3 There are no specific human resources implications arising from this report.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

The purpose of integration is to deliver the National Wellbeing Outcomes, therefore this report supports all nine outcomes.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

7.0 CONSULTATION

- 7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

- 8.1 None.

Ministerial Strategic Group for Health and Community Care

Integration Review Leadership Group

Self-evaluation

For the Review of Progress with Integration of Health and Social Care

March 2019

Draft 03.05.19

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG) REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4th February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also identify the evidence or information you have considered in reaching your rating. Finally, to assist with local improvement planning please identify proposed improvement actions in respect of each proposal in the box provided. Once complete, you may consider benchmarking with comparator local systems or by undertaking some form of peer review to confirm your findings.

We greatly appreciate your assistance in ensuring completion of this self-evaluation tool on a collective basis and would emphasise the importance of partnership and joint ownership of the actions taken at a local level. **Please share your completed template with the Integration Review Leadership Group by 15th May 2019 – by sending to Kelly.Martin@gov.scot**

It is our intention to request that we repeat this process towards the end of the 12 month period set for delivery of the all of the proposals in order that we can collectively demonstrate progress across the country.

**Thank you.
Integration Review Leadership Group
MARCH 2019**

Features supporting integration



Name of Partnership	Joint response from - Inverclyde IJB, Inverclyde Council and NHSGG&C
Contact name and email address	Louise Long Louise.long@inverclyde.gov.uk
Date of completion	May 2019

**Key Feature 1
Collaborative leadership and building relationships**

**Proposal 1.1
All leadership development will be focused on shared and collaborative practice.**

Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating				
Evidence / Notes	COSLA/SCOTTISH GOVERNMENT TO DELIVER			
Proposed improvement actions				

Proposal 1.2				
Relationships and collaborative working between partners must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating			Established	Exemplary (CVS)
Evidence / Notes	<p>Collaborative leadership and building honest transparent relationships are key to the success of the integration. Inverclyde shared understanding and commitment across Council and NHS GGC. Strategic 5 year and financial plan so good understanding of the pressure. The Strategic Plan explicitly links to the NHS GGC Moving Forward Together programme and the Inverclyde Local Outcomes Improvement Plan.</p> <p>Positive relationships within Community Planning Partnerships support whole system approach to public health.</p> <p>Inverclyde HSCP employs third/private sector facilitator with local CVS to help support providers.</p>			
Proposed improvement actions	None			

Proposal 1.3				
Relationships and partnership working with the third and independent sectors must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating			Established	Exemplary (CVS)
Evidence / Notes	<p>Relationships between the Inverclyde IJB and its third and independent sector partners are good, as evidenced by the routine involvement of third and independent sector partners in the following.</p> <ul style="list-style-type: none"> • Active membership of and participation in the Strategic Planning Group (SPG) and IJB membership by CVS Inverclyde and Scottish Care • SPG development sessions are open to wider third and independent sector partner attendees • The successful, extensive consultation process around the 2019-24 Strategic Plan. • Our market facilitation work and our commissioning plan is being developed in conjunction with our third and independent sector partners • Our people plan (workforce plan) includes the workforce across all care sectors within Inverclyde and has linkages to third and independent sector partners • Our work with Your Voice widens our user network of over 4000 people in Inverclyde including hard to reach groups • Our regular governance and liaison meetings with Providers, and an active Providers' Forum <p>The IJB and SPG work hard to maintain these effective working relationship.</p>			

**Proposed
improvement
actions**

We will undertake self-assessment with the provider forum to assess if any further support work is required.

Responsible Officer(s): CVS/ Head of Strategy & Support Services

Due: Autumn 2019

Key Feature 2 Integrated finances and financial planning				
Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating			Established	
Evidence / Notes	The position in Inverclyde is a positive one with both partners generally understanding and appreciating the IJB position and pressures and taking advice from the Chief Officer and her Senior Management Team when making decisions that will impact on the IJB and its services			
Proposed improvement actions	<ul style="list-style-type: none"> Health Board Finance papers taking account of all IJB pressures rather than just the universal/central ones reflected presently <p>Responsible Officer: NHSGG&C Director of Finance Due: By 31 March 2020</p>			

Proposal 2.2				
Delegated budgets for IJBs must be agreed timeously				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
Our Rating		Partly Established - Health budget not confirmed by 31 March		
Evidence / Notes	<p>In Inverclyde the IJB sets an indicative budget in March each year which is then formalised once the contribution offers are formally received from both partners. The indicative budget is based on extensive discussion and consultation with senior finance representatives from each partner so is broadly in line with the final offer. Since inception of integration, every year the IJB has known the offer by 31st March although it has not been formally confirmed until later in the year.</p> <p>The Council confirms its formal contribution offer before 31 March every year.</p> <p>The Health Board provides an indicative offer by 31 March due to budget setting timelines in the NHS, and confirms the offer early in the new financial year. On that basis it has been assessed as partly established, until the budget setting timeline for the NHS changes.</p>			

**Proposed
improvement
actions**

Health Board to provide formal contribution offer to the IJB by 31 March each year

Responsible Officer/(s): NHSGG&C Director of Finance Due: 31 March 2020

Proposal 2.3				
Delegated hospital budgets and set aside budget requirements must be fully implemented				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance. The set aside budget is being fully taken into account in whole system planning and best use of resources.
Our Rating		Partly Established		
Evidence / Notes	<p>This is a very ambitious timeline for this proposal.</p> <ul style="list-style-type: none"> • Agreed financial framework in place which reflects actual usage/budgets/actuals, • planning data in place to support allocations, • planning group in place as part of the Financial Improvement Plan work which is looking at Commissioning Plans 			
Proposed improvement actions	<ul style="list-style-type: none"> • 3 above elements to be brought together to develop a mechanism for fully implementing Set Aside arrangements • 2014/15 actual set aside activity and costings to be developed • Due diligence exercise will be required as part of this overall process to address the significant financial gap identified by figures already provided by the Health Board <p>Responsible Officer(s): Chief Officer, IJB CFO, Health Board Director of Finance and Chief Executive</p> <p style="text-align: right;">Due: By 31/03/2020</p>			

Proposal 2.4				
Each IJB must develop a transparent and prudent reserves policy				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered to.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating			Established	Exemplary (Council)
Evidence / Notes	<p>Inverclyde's IJB has an approved Reserves Policy in place. From the Council perspective, the IJB Reserves Policy is exemplary with a clear statement of reserves, and a clear statement as to why reserves are held and when they will be spent.</p> <p>Earmarked Reserves are held for a specific purpose with specific timescales and are not built up unnecessarily. Reserves are reported to the IJB as part of the IJB monitoring reports throughout the year.</p> <p>External Audit advice will be sought on the current reserves arrangements in Inverclyde and changes made in line with the new proposals if required.</p>			
Proposed improvement actions	<p>External Audit advice will be sought and recommended changes implemented as required</p> <p>Responsible Officer/(s): IJB CFO Due By: 30 September 2019</p>			

Proposal 2.5				
Statutory partners must ensure appropriate support is provided to IJB S95 Officers.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating		Council - Partly Established		NHS - Exemplary
Evidence / Notes	<p>There are differing views from NHS and Council perspectives. Regular in-year reporting and forecasting is already in place to support the management accounts process of the IJB budget as a whole.</p> <p><u>NHS</u> The IJB CFO has both operational and strategic responsibility for Health finance with appropriate resources to deliver this.</p> <p><u>Council (Social Care)</u> For Social Care the Council currently retains operational responsibilities and all finance staffing. Reports on the budgets delegated to the Council by the IJB are prepared for the Council's Health & Social Care Committee 5 times per year. The IJB CFO gets a copy of this and re-presents this to include all social care spend (including the £17m Resource Transfer from the NHS for Social Care). Projections to the IJB for the resources delegated to the Council by the IJB are therefore based on the Council CFO</p>			

	<p>projections.</p> <p>The different approaches to reporting by the Council and IJB can lead to movements in out-turn at the year end and action to improve this was highlighted by Audit Scotland in the 2017/18 IJB Annual Accounts, with a process agreed to improve the timely nature of the information reported.</p> <p>Regular meetings take place between the two CFOs with the IJB primary contact being the Health & Social Care Finance Manager.</p> <p>Limited other information is provided to the IJB CFO by Council Finance staff outwith the monitoring reports and year end accounts.</p> <p>The current arrangements are considered to be a pragmatic response to the different roles and responsibilities of the organisations within the context of there being a single Finance team operating within the Council. The resources delegated by the Council in 2019/20 represent 26% of the Council budget whilst the Health element represents 7% of the NHSGG&C budget for Inverclyde.</p>
<p>Proposed Improvement actions</p>	<p>Work will continue to consider ways of improving the timeliness and consistency of financial information provided by the Council to the IJB.</p> <p>Responsible Officer/(s): Inverclyde Council/IJB Chief Financial Officers</p> <p style="text-align: right;">Due: By 31 March 2020</p>

Proposal 2.6				
IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating		NHS – Partly Established	Council - Established	
Evidence / Notes	<p>There are differing views and the wording within the assessment template makes it difficult assess as partly established. Officers from both Council and NHS do not agree with the assessment that: <i>The totality of the budget is not recognised nor effectively deployed</i>. Neither party perceives that their resource is not deployed effectively. However there are still developments to be undertaken to support finance losing its identity.</p> <p><u>Budget Setting</u> For budget planning purposes Inverclyde arrangements are good. The CFO and CO meet regularly with Council and HB Finance reps to discuss the anticipated funding and budget pressures for the coming year. The HSCP works to both the Council's and Health Board's budget timelines</p> <p>HSCP officers are fully involved in the Council's budget processes with all HSCP savings proposals relating to Social Care going past a Council Members Budget Working Group MBWG before being agreed.</p> <p><u>Budget Monitoring</u> Some progress through use of transformation fund to fund initiatives that support integration. The Council and Health Board still</p>			

	<p>expect to have some oversight of where their investment is being spent. The IJB monitoring reports and budgets contain separate Social Care and Health sheets which support this.</p> <p>Inverclyde Council still separately monitors and reports to the H&SC Committee on the Council spend in relation to social care in line with the responsibilities retained by the Council CFO.</p> <p><u>General</u></p> <ul style="list-style-type: none"> • Two ledgers and separate reporting makes it difficult for the money to ever really lose its identity • Set Aside not fully delegated <p><u>Statutory Reporting and Benchmarking</u></p> <ul style="list-style-type: none"> • Scottish Government returns/benchmarking should request integrated figures not health and social care separately • Statutory returns should be for IJBs not LFRs and Health Returns
<p>Proposed improvement actions</p>	

Key Feature 3
Effective strategic planning for improvement

Proposal 3.1
Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
Our Rating			Established	
Evidence / Notes	Chief Officer active member of Council and NHS Corporate Management Team. Good governance in place that allows Council and NHS GGC to be sighted on IJB decisions. Established through committee there is routine scrutiny and review, regular elected members' briefings and regular non executives' briefings to ensure the Chief Officer and partners have full ownership of Inverclyde IJBs Strategic Plan. There are capacity issues for co working within two organisations given the nature of role this is unavoidable.			
Proposed improvement actions				

Proposal 3.2				
Improved strategic inspection of health and social care is developed to better reflect integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE			

Proposal 3.3				
National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Proposal 3.4				
Improved strategic planning and commissioning arrangements must be put in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
Our Rating		NHS – Partly Established	Council – Established	
Evidence / Notes	<p>Although we have agreed our MSG targets for 2019/20, we have still to fully develop our locality planning arrangements and how they influence our commissioning. Our engagement with communities and staff during the development of our new Strategic Plan has highlighted the need for significant changes to our approach, processes and presentation, to ensure that our plans are meaningful and accessible to local people. It has also highlighted the need for additional capacity and capability to:</p> <ul style="list-style-type: none"> • support proper and meaningful engagement and influence • develop measures and recording systems for outcomes-focused indicators and commissioning • develop local reporting that aligns with and adds value to the national requirements • increase data analysis capacity and capability to fully implement market facilitation plan and requirements of the strategic needs assessment • partner facilitator employed through CVS Inverclyde to support the third sector with strategic planning 			

Proposal 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
Our Rating	NHS	Partly Established		
Evidence / Notes	<p>There needs to be clarity about future strategic plans for acute healthcare infrastructure, at both local and regional levels.</p> <p>We are currently working to reduce demand on acute hospital services, as evidenced through the MSG targets and indicators, and our associated activity to deliver these. However there needs to be a strategic vision defining the future provision of hospital services as an integral part of the overall health and social care infrastructure. Individual partnership strategic commissioning plans are unlikely to deliver the necessary shift in the balance from hospitals to community without a decisive and transparent overarching plan for acute sector provision that underscores the need to move away from hospital care in favour of community-based care.</p>			

**Key Feature 4
Governance and accountability arrangements**

**Proposal 4.1
The understanding of accountabilities and responsibilities between statutory partners must improve.**

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
Our Rating			Established	
Evidence / Notes	<p>The template for IJB reports has been amended to include a specific section detailing directions to Health Board, Council or both.</p> <p>The Health and Social Care Committee remains in place, to oversee some specific functions that are not delegated by the legislation (e.g. corporate parenting responsibilities; MHO responsibilities and the role of the CSWO) it also receives reports on quality of services. There also remains a legislative requirement to report to the Council on complaints relating to social work services, and this is done through the Health and Social Care Committee. Reports to the Health & Social Care Committee are generally of interest and relevance to the IJB as well, so therefore go to both bodies. HSC committee focus on quality and assurance for the Council. It also holds an important function ensuring elected members have ownership/oversight of HSCP.</p> <p>While some functions remain with Council or NHS and others are fully delegated to IJBs, the understanding of accountabilities and responsibilities between statutory partners will most likely continue to be shaped by the quality of relationships between the</p>			

	partners. However in governance terms there is potentially real value in partner bodies retaining some of the functions, particularly to support the Chief Social Work Officer and the Clinical Director, in ensuring that they have an arms-length constituency of support and influence, outwith the scope of the IJB.
Proposed improvement actions	

Indicator 4.2				
Accountability processes across statutory partners will be streamlined.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating		NHS – Partly Established	Council - Established	
Evidence / Notes	<p>CSWO reports annually to the Council on statutory functions of social work. Inverclyde has an integrated Clinical and Care Governance Forum which considers learning and best practice from all practise disciplines within the HSCP, and considers significant incidents and lessons from complaints. The clinical and care governance forum links to NHS Board governance and multi-disciplinary chief officers group chaired by the Chief Executive of the Council.</p> <p>Financial governance is highlighted at section 2.</p> <p>Staff governance is aligned through our Staff Partnership Forum, and the NHS Staff Governance Standards have been adopted by Council Trade Unions.</p>			
Proposed improvement actions	Any further alignment needs to be taken forward at national level.			

Proposal 4.3				
IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating			Established	
Evidence / Notes	<p>Regular Development Sessions/ Seminars to allow more in-depth discussion on specific topics. Induction packs for all IJB members. Annual self-assessment and associated improvement plan for the IJB.</p> <p>Good quality of support from governance and monitoring officer.</p> <p>Good management of the agenda and of meetings.</p> <p>Good quality chairing supports high quality discussions.</p>			
Proposed improvement actions				

Proposal 4.4				
Clear directions must be provided by IJB to Health Boards and Local Authorities.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating		NHS – Partly Established	Council - Established	
Evidence / Notes	<p>There are strong relationships and regular liaison between the Chief Officer and SMTs of both the Council and Health Board that allow sufficient scope to effectively plan for and implement any actions flowing from the IJB decision making process in advance of the issuing of directions.</p> <p>Inverclyde's IJB will implement any recommendations within the new directions guidance once issued. In the meantime Inverclyde has updated its IJB reporting templates to include a Directions table to ensure directions are being considered/issued appropriately</p> <p>Recent internal audit review was carried out on the IJBs of use of Directions. Recommendations from that review have been implemented in full.</p>			

**Proposed
improvement
actions**

Implement relevant recommendations from new directions guidance once published

Responsible Officer/(s): IJB Standards Officer/Head of Strategy & Support Services Due: Within 3 months of guidance publication

Proposal 4.5				
Effective, coherent and joined up clinical and care governance arrangements must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making. Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
Our Rating			Established	
Evidence / Our Notes	<p>Inverclyde has an integrated Clinical and Care Governance Forum. The main function of the CCF is to ensure that that structures and processes are in place which assure the Integration Joint Board, the Health Board and the Council that these structures and processes are effective in providing confidence that our services are safe, effective and responsive to need. Our systems of clinical and care governance promote and empower clinical and care staff to contribute to care improvements, to deliver quality, and enhance the lives and health of the service users within our community. The group is co-chaired by the Chief Social Work Officer, the Clinical Director and the Chief Officer. The Forum membership includes staff-side and reports to relevant committees in the NHS Board and Council as required.</p> <p>We produce an annual Clinical and Care Governance report and have recruited a Clinical & Care Governance facilitator shared with another IJB. This post supports sharing of good practice and progression of the clinical and care governance agenda. A</p>			

Proposed improvement actions	Clinical Care Governance work plan is being developed to ensure all areas link seamlessly to Clinical Care Governance processes. <i>Evidence_ - Minutes of CCF; development work undertaken within Children and Families Service, and programme for development session with the CCF scheduled in June 2019.</i>
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Key Feature 5 Ability and willingness to share information				
Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating			Established	
Evidence / Notes	This is already in place and supported by ISD Scotland and the National Strategic Commissioning and Improvement Network. Progress on the 23 national indicators is required to be included in all annual reports, and data is provided by ISD Scotland to ensure consistency of methodology and interpretation. The format of reporting needs to be responsive to local preferences, and a requirement for all reports to look the same would not be in keeping with a responsive approach to engaging communities with the data. However it remains important and desirable to ensure consistency of content, with regard to the national indicators.			
Proposed improvement actions	Organisational performance reviews have recently been established to look at performance beyond the statutory indicators. These are co-chaired by the NHS GGC and Council Chief Executives. The effectiveness of this process will be reviewed by the two Chief Executives			

	Responsible Officers: Chief Executives Council & Health Board	Due: 31/03/20

Proposal 5.2				
Identifying and implementing good practice will be systematically undertaken by all partnerships.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	<p>Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.</p> <p>Better use could be made of inspection findings to identify and share good practice.</p>	<p>The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.</p> <p>Inspection findings are routinely used to identify and share good practice.</p>	<p>Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.</p> <p>Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.</p> <p>All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.</p>
Our Rating		NHS – Partly Established	Council - Established	
Evidence / Notes	<p>The arrangements described at 4.5 and 5.1 above support identification and sharing of good practice and lessons learned. We also support learning through publishing inspection reports and reporting them to the IJB. We also undertake regular governance meetings with Providers, and report these to IJB. A number of partnerships across Scotland have visited Inverclyde to discuss Delayed Discharge, Compassionate Inverclyde and young people's services.</p> <p>Social Prescribing the highly valued work of the community link workers and community connector is good example of Inverclyde testing new innovative ways to support people. Inverclyde Your Voice users' network is involved in a Scotland/Ireland pilot for social prescribing and will share the findings across Scotland.</p> <p>Delayed Discharge - we have shared our approach to keeping people at home through our Home 1st Approach. Inverclyde HSCP staff work with all other sectors in Inverclyde including Acute staff to ensure where appropriate people stay at home or return home</p>			

	<p>from hospital with appropriate support to maximise their re-ablement potential and increase confidence to remain at home. This approach has minimised delays in hospital for older people and ensures people go home with a package of support that fits with their level of need and meets positive outcomes identified within their support plan. We have also shared our approach with Scottish Government staff with responsibility for Delayed Discharge.</p> <p>The Implementation Plans that underpin our new Strategic Plan will be delivered over the duration of the new plan. We have applied additional focus to the completion of anticipatory care plans, and anticipate that this will promote confidence to have palliative and end of life care delivered in the community rather than hospitals. Compassionate Inverclyde will be continued, to support active community engagement and ownership of 'No-one Dies Alone'; back home boxes and 'High Five' (community acts of kindness).</p>
<p>Proposed improvement actions</p>	<p>We are undertaking detailed analysis of hospital usage patterns, considering demand versus need, and also High Resource Individuals with a view to reviewing and setting up more proactive care planning. Our Choose the Right Service campaign will be evaluated to ascertain if it has supported any shift in demand patterns.</p> <p>Responsible Officer(s): Chief Officer</p> <p style="text-align: right;">Due: 31/03/2020</p>

Proposal 5.3				
A framework for community based health and social care integrated services will be developed.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating			Established	
Evidence / Notes	Inverclyde undertook extensive community engagement in the development of our Strategic Plan 2019-24, and have explicitly reported back to constituencies about the changes that their inputs brought about. We commissioned a write up of our engagement processes and activities, and this is being published alongside our new Strategic Plan, to enable comments and suggestions about further improvements going forward. We have noted that a neighbouring authority has a good track record for empowering and engaging communities in the development of their locality plans, so we have commissioned that authority to lead the development of our locality plans, taking an inclusive approach and using some of the best practice we employed during the development of our Strategic Plan 2019-24.			
Proposed improvement actions	Moving forward, we aim to build in participatory budgeting to our locality planning arrangements, and sustain the engagement processes we have established, so that they become part of an ongoing dialogue rather than being related to a specific piece of work. We will be offering communities the opportunity to have officers attend their meetings.			
	Responsible Officer(s): Head of Strategy & Support		Due: Autumn 2019	

Proposal 6.2				
Improved understanding of effective working relationships with carers, people using services and local communities is required.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	<p>Work is ongoing to improve effective working relationships with service users, carers and communities.</p> <p>There is some focus on improving and learning from best practice to improve engagement.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place.</p> <p>There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.</p> <p>There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.</p>
Our Rating			Established	
Evidence / Notes	<p>Inverclyde has a well-established Inverclyde Carers Centre which has worked in close partnership with the HSCP to ensure the effective local implementation of the Carer (Scotland) Act 2016. This has included specific focused carer engagement to develop a local Carer Eligibility Criteria, Adult Carer Support Plans, Young Carer Statements and a Short Break Statement.</p> <p>We have an HSCP Short Breaks Bureau. In addition the Carers Centre has access to a range of creative short breaks. The Carers' and Young Carers' Strategies have been in place since 2012. The strategy was led by the Carers Centre and is currently under review to ensure that the statutory duty around hospital admission and discharge planning is included. The Carers Centre led on the development of the Short Break Strategy as part of the Carers Act Implementation. Carers are explicitly involved on our Strategic Planning Group, and we have a Carers' Representative as part of the IJB membership. Carers Centre is leading the delivery of Carer Awareness and Carers Act Training which is being rolled out across staff groups in the HSCP and partner agencies across Inverclyde.</p>			

Proposal 6.3

We will support carers and representatives of people using services better to enable their full involvement in integration.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating			Established	
Evidence / Notes	Carers are actively involved in all major service redesigns, as well as SPG and IJB. As part of the Inverclyde Learning Disability Redesign we have used a range of assistive communication tools and aids to ensure inclusion and effective engagement. This has been evaluated against the national Community Engagement Standards			
Proposed improvement actions	See previous comments in 6.2.			