

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



Scottish Government
Riaghaltas na h-Alba
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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.

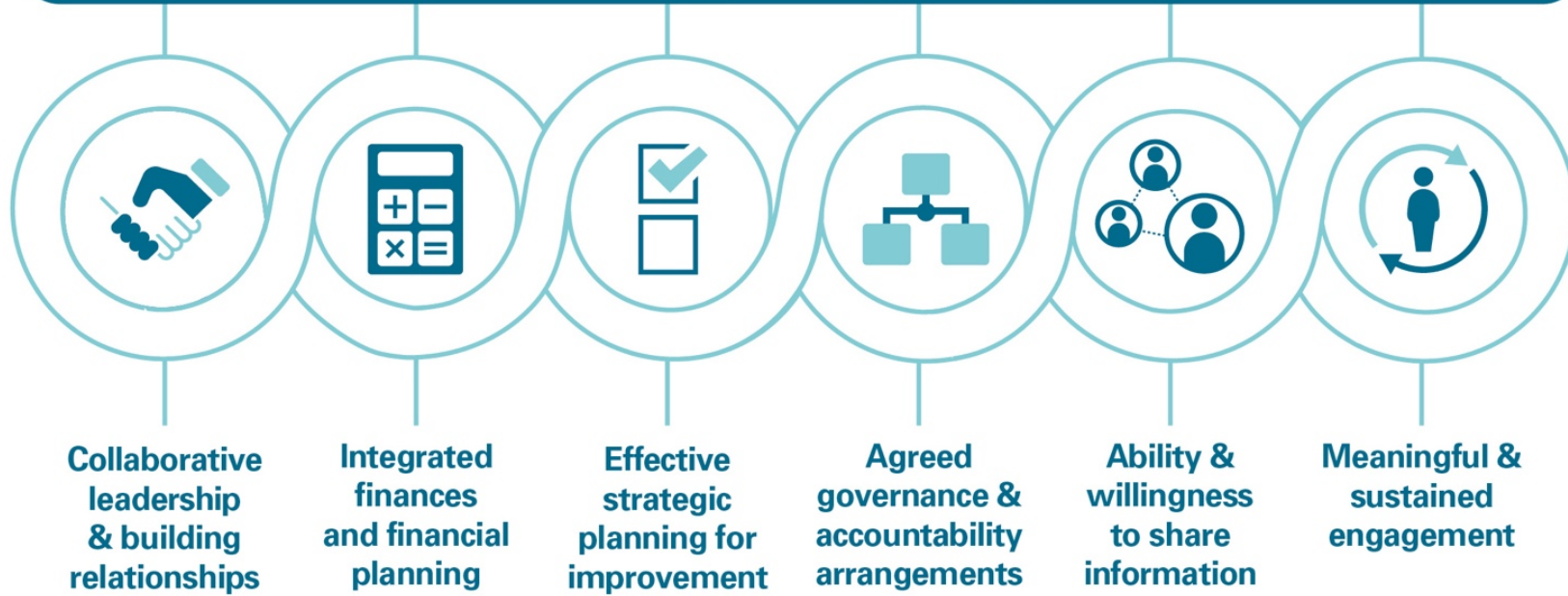
In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also 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	South Lanarkshire Health and Social Care Partnership
Contact name and email address	Craig Cunningham, Head of Commissioning and Performance
Date of completion	30 April 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			X	
Evidence / Notes	<p>The examples of successfully achieving partnership outcomes as a result of shared and collaborative practice include the following:</p> <ul style="list-style-type: none"> • An integrated locality senior management structure is in place. • Progress has been made across the MSG indicators associated with Delayed Discharge, Unscheduled Care Bed Days and the proportion of the last six months of life spent at home or in a community setting. • A ward in a community hospital was closed and the funding was reallocated across the whole system. • A community hospital was re-designated. • Palliative care services were reviewed. • Some integrated teams have been developed. • A prioritisation policy has been introduced. • The primary care implementation plan has been introduced. • The modernisation of care facilities is being progressed. • Leadership across locality planning groups is evolving and developing. 			

	<ul style="list-style-type: none"> A dedicated resource to provide an appropriate environment for three people with very complex needs has been established.
Proposed improvement actions	<p>We are jointly committed to continuous improvement over the next twelve months and a comprehensive action plan will be agreed by the end of July 2019.</p> <p>Relationships and collaborative working between partners must improve</p>
Rating	<p>Not yet established Partly established Established Exemplary</p> <p>Two key priorities which will be included in the action plan to develop this proposal are as follows:</p>
Indicator	<p>Lack of trust and understanding of each other's working practices and business pressures between partners</p> <p>Shared leadership, understanding of each other's working practices and business pressures, opportunities to further strengthen the support arrangements across the Partnership, Information Management and Technology Services, Finance Services, Property Services and Legal Services, are being identified and will be implemented as appropriate following consultation with the partners.</p> <p>Statutory partners are developing trust and understanding of each other's working practices and business pressures</p> <p>Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together</p> <p>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.</p>
Our Rating	X
Evidence / Notes	<p>There is a clear understanding across the Partnership of the priorities. Joint problem solving is very good and reflects the involvement of a consistent approach. There is a commitment and willingness to work with others to address challenges and the understanding of different cultures, procedures and policies is developing.</p> <p>There is a view that the voting members of the IJB understand that their role on the IJB is secondary to their role on the Council or NHS Board.</p>
Proposed improvement actions	<p>Two key priorities which will be included in the action plan to develop this proposal are as follows:</p> <ol style="list-style-type: none"> Assurance mapping will be jointly undertaken across the partnership to identify opportunities to reduce areas of duplicate reporting whilst still maintaining effective governance arrangements for both partners and the IJB. The current programme of organisational development work will continue to be progressed across all levels of the partnership. This programme will also build on the planned outcome of the review of support arrangements across the key 'enabling' functions.

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			X	
Evidence / Notes	<p>The examples of effective partnership working with the third and independent sectors include the following:</p> <ul style="list-style-type: none"> • There is a strong commitment to developing the third and independent sector and this is recognised by the IJB and both partners. • The Third Sector Interface is represented on the IJB, the Strategic Commissioning Group and the Locality Planning Groups. • Third Sector representatives are actively involved in a wide range of HSCP engagement activities and have been crucial in working with communities to support and realise change. • There is an aspiration to embed the community capacity building programme and the assets based approach to the development of community services across the localities and this work is progressing. • The IJB has a good relationship with the independent sector providers who are represented on the IJB, the Strategic Commissioning Group and the Locality Planning Groups. 			
Proposed improvement actions	<p>Three key priorities which will be included in the action plan to develop this proposal are as follows:</p> <ol style="list-style-type: none"> 1. The opportunity to further develop an early intervention and prevention strategy through the commissioning of the third and independent sector will be further assessed as part of the medium to long term financial strategy. This will be influenced by the financial landscape and the availability of funding to support this ambition. 			

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| | <ol style="list-style-type: none"><li data-bbox="338 140 2210 212">2. Further opportunities to increase the involvement of the Third Sector in operational activity will be explored and included in performance data around HSCP delivery.<li data-bbox="338 248 2210 323">3. The contribution of both the Third and Independent Sector partners to the achievement of the health and well being outcomes will be maximised. Through consultation and agreement, barriers to achieving this will be identified and addressed. |
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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			X	
Evidence / Notes	Financial advice is available from both Partners to the Chief Officer and the IJB and takes account of the impact of strategic decisions, albeit predominantly within respective budget areas. Financial reporting arrangements to the senior management team and the IJB are in place and effective.			
Proposed improvement actions	Two key priorities which will be included in the action plan to develop this proposal are: 1. The financial monitoring arrangements for the IJB will continue to be developed to support the implementation of the strategic commissioning plan and the directions. 2. Increase awareness of all IJB members - and wider elected members/senior officers – of overall financial issues pertinent to both partners.			

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			X	
Evidence / Notes	<p>The budget for the IJB for the forthcoming year is agreed before 31 March. This has been achieved each year since 2016.</p> <p>To date, it has not been possible to agree budgets earlier in the financial year or for a longer term period (i.e. more than one year). This current budget setting timeframe reflects the one year financial settlement from the Scottish Government and the uncertainty of funding beyond that. As a result, the status quo in respect of funding allocations tends to be maintained between the partners to maintain service continuity and stability. Both partners have complied with the Scottish Government requirement to pass on new funding and both partners have striven to maximise the funding allocations to the IJB and minimise the savings expected from the IJB. The identification of savings by each partner has predominantly been considered within the partner's respective budget areas.</p> <p>Medium to longer term financial planning arrangements are in place for each partner as appropriate. The IJB places reliance on these existing arrangements and the Chief Financial Officer is developing forecasts for consideration by the IJB in consultation with both partners.</p>			

Proposed improvement actions	1. Based on each partner's assessment of their future financial landscapes as set out in their medium term financial plans, a consolidated medium to long term financial strategy is being developed for consideration by the IJB which will include scenario planning and inform the future budget setting process for the partners and the IJB.			
Proposal 2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented	2. Without 3 year financial planning which includes more specificity re year on year budgets, it will not be possible to do completely.			
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			X	
Evidence / Notes	<p>The set-aside concept is difficult. The ISD activity information is useful reference data, which informs the notional set-aside budget, but as it is 18 months to 2 years out-of-date limited reliance can be placed on this for future service modelling. Notwithstanding this, a significant amount of work has been undertaken to identify and agree the notional set-aside budget and a transparent approach has been adopted to this.</p> <p>There are examples of the transfer of resources from the set-aside budget e.g. the closure of a ward within a community hospital and the re-allocation of the funding across the whole system. The approach to adjusting budget followed the approach used in previous developments in community services, e.g. 'Same as You' funding. The funding was re-allocated following a review of the actual direct current costs recorded through the financial ledger and a forward looking financial assessment of the impact of the operational changes in service delivery. No reference was made to the notional set-aside budget as the ISD information was too far in arrears and it therefore lacks the transparency in its cost allocations that would be needed if it were to be linked back to releasable units of input.</p>			

	<p>Significant progress has been made through the establishment of the pan-Lanarkshire strategic groups of the Unscheduled Care and Delayed Discharge Improvement Board and the Bed Modelling Steering Group. These groups provide evidence of collaborative planning in relation to both partnership and delegated hospital services and have coordinated a shift in the balance of care through off-site bed reductions and site closures.</p> <p>While this presents a proven and effective format for collaborative working, further development is required to broaden the scope of this approach to cover all delegated hospital services.</p>
<p>Proposed improvement actions</p>	<ol style="list-style-type: none"> 1. The transparent whole system approach adopted to service redesign across the partnership will continue to be adopted and refined. This will be led through the Unscheduled Care Board and other joint working arrangements. 2. In consultation with ISD, NHS Lanarkshire will progress the pilot work at a local level which will help to develop the understanding at both a local and national level of the set-aside concept including the practical challenges and the competing funding priorities.

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 too.	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			X	
Evidence / Notes	<p>A reserves policy is in place and the ring-fenced and ear-marked reserves are transparent.</p> <p>The level of the contingent reserve balance is not sufficient. It will however be challenging to increase this within the current financial climate. A judgement call requires to be made between spending resources to meet demand today and investing resources as a contingency for tomorrow's cost pressures.</p>			
Proposed improvement actions	<p>One key priority which will be included in the action plan to develop this proposal is as follows:</p> <ol style="list-style-type: none"> 1. The scope to incorporate a realistic target to increase the IJB contingency reserve within the IJB Financial Plan will be assessed in consultation with each partner as part of the future budget setting process. 			

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		X		
Evidence / Notes	<p>The IJB Chief Financial Officer is responsible for the strategic financial planning for two IJBs circa £1 billion.</p> <p>The Health Board and Local Authority Directors of Finance are responsible for the operational finance functions within their respective partner organisations.</p> <p>Regular monthly reports are provided and the format and content has been refined based on experience to date.</p> <p>The interface between the strategic and operational finance functions requires to be further developed as the partnership matures.</p>			

Proposed Improvement actions	One key priority which will be included in the action plan to develop this proposal is as follows:			
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.	1. The options to improve the interface between the strategic and operational finance functions in line with the MSG proposal are being explored. In consultation with both partners, this will include consideration of IJB CFO capacity and a review of roles and responsibilities across the finance functions to further develop the financial support arrangements for the Chief Officer and the senior management team across the partnership.			
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		X		
Evidence / Notes	<p>Budgets are agreed at the outset of the financial year and it is possible to plan for budgetary change as part of the plan for the year.</p> <p>The budgets are aligned but, for the most part, are treated as separate health and social care budgets as each partner requires to manage financial pressures as a result of operational demands within their respective area of the budget and in line with their financial and technical regulations. Notwithstanding this, there are examples of joint partnership working where opportunities emerge to deploy new funding across the whole system e.g. ICF monies as well as some specific examples of existing funding e.g. Udston,.</p> <p>The governance arrangements across the three organisations require to be complied with. The development of service redesign proposals and the consultation arrangements can be complex and lengthy and may result in decisions which impact on IJB delegated services being ratified by the IJB at the end of the development stage.</p>			

Proposed improvement actions	<p>Two key priorities which will be included in the action plan to develop this proposal are as follows:</p> <ol style="list-style-type: none"><li data-bbox="336 207 2210 287">1. The strategic commissioning intentions will be further developed to promote the involvement of the IJB and the partners at the appropriate stages of service development where maximum beneficial impact can be achieved.<li data-bbox="336 319 2210 399">2. In order to further improve the deployment of budgets in line with the MSG proposal, best practice examples in relation to the management of budgets by other partnerships will be identified and evaluated.
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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			X	
Evidence / Notes	The CO is a key member of the CMT of both organisations and makes a vital contribution to partnership working. The Chief Officer is well respected and has gained a reputation for achieving successful outcomes. She is pragmatic, committed to taking people with her on the journey and exercises sound professional judgement. The requirement to strengthen the support from the enablers across the partnership in delivering on the integration outcomes has been recognised.			
Proposed improvement actions	Two key priorities which will be included in the action plan to develop this proposal are as follows:			
	1. Development sessions to promote the statutory role and strategic responsibilities of the Chief Officer and the IJB across the partners will continue to be undertaken. This will include consideration of responsibility for strategic decision-making.			

	2. The resources available to take forward the integration agenda will be reviewed and additional resources agreed with partners to progress transformational change as necessary.
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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			X	
Evidence / Notes	<p>There is strong evidence of effective strategic planning, grounded in public, service user and staff consultation and engagement.</p> <p>The Strategic Commissioning Plan for 2019/2022 takes account of a robust needs assessment which links to locality planning and future directions.</p> <p>There is scope for greater detail in the commissioning directions issued to the partners such that greater operational oversight can be undertaken by the IJB.</p>			

Proposed improvement actions	Three key priorities which will be included in the action plan to develop this proposal are as follows:			
Proposal 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place.	1. The capacity of the HSCP Planning, Performance and Strategy Team will be increased to ensure the significant transformational change programme is successfully implemented. This will include consideration of administration support and system development.			
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 on-going 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		X		
Evidence / Notes	There is transparency over the notional set-aside budget allocations which is directly attributable to the approach and commitment of the Director of Finance of NHSL. Following consultation with the NHSL Director of Acute Services, there are examples of transferring resources from hospitals to community services. It is however difficult to continue to make the set-aside concept "real" and implement the further transfer of resources in the face of ongoing financial pressures which require to be managed. The line management of the set-aside still remains with Acute Services who take responsibility for the management of cost pressures. Further work is required to fully understand how the delegated hospital budgets are used and, importantly, agreeing opportunities to influence change in relation to same.			

Proposed improvement actions	<p>One key priority which will be included in the action plan to develop this proposal is as follows:</p> <ol style="list-style-type: none">1. A whole system approach to service redesign and the utilisation of the notional set-aside budgets will be further developed. This will take into consideration emerging thinking on the implementation of the set-aside concept across partnerships. This approach will also build on greater visibility of, and involvement in, the planning proposals associated with all unscheduled care, including end to end clinical pathways and the utilisation of resources to support the patient journey.

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			X	
Evidence / Notes	<p>Whilst there is some duplication across committees of the IJB and those of the 2 partners, there is understanding of where the ultimate decision making lies in relation to the respective service areas. The challenge in this area lies in the understanding of strategic and/or operational responsibilities which may on occasion be integral to the service area being considered.</p> <p>There is a clear recognition of the accountabilities and importance of clinical support and care governance. This is developing effectively across the partnership.</p>			

Proposed improvement actions	As highlighted in respect of the MSG proposal 1.2, the following key priority will also contribute to the development of this proposal: 1. Assurance mapping will be jointly undertaken across the partnership to identify opportunities to reduce areas of duplicate reporting whilst still maintaining effective governance arrangements for both partners and the IJB.			
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		X		
Evidence / Notes	Each partner has maintained their existing governance and accountability responsibilities in order to continue to comply with their own statutory responsibilities and regulations. Some progress has been made in a few service areas to streamline accountability processes e.g. the integrated substance misuse team.			
Proposed improvement actions	As highlighted in respect of the MSG proposal 1.2, the following key priority will also contribute to the development of this proposal: 1. Assurance mapping will be jointly undertaken across the partnership to identify opportunities to reduce areas of duplicate reporting whilst still maintaining effective governance arrangements for both partners and the IJB. This action will be extended to assess the benefit of reporting social work activity information to the South Lanarkshire IJB (Performance and Audit) Sub Committee.			

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			X	
Evidence / Notes	<p>The Chair is provided with full support to undertake the role and has access to information and support from the officers of the HSCP.</p> <p>There are a range of competing demands which the Chair, Vice Chair and Voting Members require to manage. In particular, it has been challenging to commit to IJB development sessions in addition to core responsibilities for the IJB and the partner bodies.</p>			
Proposed improvement actions	<p>One key priority which will be included in the action plan to develop this proposal is as follows:</p> <ol style="list-style-type: none"> Further support and development opportunities will be explored to ensure the Chair, Vice Chair and Voting Members are equipped to fulfil their responsibilities. It is anticipated the involvement of the Chair and Vice Chair on the national group will support achievement of this MSG proposal. 			

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			X	
Evidence / Notes	Directions are issued at the start of every financial year to reflect the key strategic priorities of the IJB. These have expanded over the lifetime of the IJB and there are now 33 directions. In addition, a process exists to ensure directions are issued to implement strategic policy developments emerging in-year. The financial envelop to support the implementation of each direction requires to be further detailed.			
Proposed improvement actions	<p>There a range of actions set out in respect of the MSG proposals at section 2 which will also contribute to the development of this proposal. A further key priority which will be included in the action plan is as follows:</p> <ol style="list-style-type: none"> 1. Work will be undertaken over the next 12 months to align the performance and financial monitoring reports with each of the directions to provide the IJB with oversight of the implementation of the Strategic Commissioning Plan 2019/2022 by each partner. 			

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			X	
Evidence / Our Notes	Clinical and care governance arrangements are in place. Reporting across all public protection arrangements is in place. Further work is planned to embed the clinical and care governance framework throughout localities as integrated teams continue to develop.			
Proposed improvement actions	Two key priorities which will be included in the action plan to develop this proposal are as follows: 1. The clinical and care governance arrangements will be further embedded across the localities to strengthen integrated partnership working.			

	2. The clinical and care governance reporting arrangements to the South Lanarkshire IJB (Performance and Audit) Sub-committee will be considered as part of the planned assurance mapping exercise.
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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			X	
Evidence / Notes	The Annual Performance Reports are produced timeously with the statutory information embedded therein. The Annual Performance Report is also shared with other partnerships. Benchmarking exercises are undertaken across all key performance areas. The outcome of the MSG indicators and the health and well being indicators are routinely reported to IJB. The Chief Social Work Officer report is also produced annually and presented to the IJB.			
Proposed improvement actions	One key priority which will be included in the action plan to develop this proposal is as follows: 1. A review with comparable partnerships will be undertaken to share learning opportunities.			

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.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice. Better use could be made of inspection findings to identify and share good practice.	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. Inspection findings are routinely used to identify and share good practice.	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. Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice. All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
Our Rating			X	
Evidence / Notes	The HSCP has shared various examples of good practice at national events and information sharing sessions with COs including a presentation to the Cabinet Secretary for Health and Sport. Inspection findings are shared and discussed at SMT and continuous improvement opportunities are cascaded as appropriate.			
Proposed improvement actions	As highlighted in respect of the MSG proposal 5.1, the following key priority will also contribute to the development of this proposal: 1. A review with comparable partnerships will be undertaken to share learning opportunities.			

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				X
Evidence / Notes	<p>There has been significant community engagement in the compilation of the Strategic Commissioning Plan for 2019/2022 and the associated locality plans. There is a strong track record of a local engagement particularly in respect of sensitive decisions which have been made by the IJB and the partnership. There is a dedicated communications officer and a communications strategy to maximise local engagement and awareness of HSCP activity and progress. The IJB has a dedicated website with information flow across a range of mediums.</p> <p>A consultation and engagement strategy is in place. Bi-annual meetings are held with all Elected Members to ensure they are aware of the HSCP activity in particular within their respective local areas. Public representatives are routinely involved in locality developments. There is a dedicated Health and Social Care Forum which involves public representation. This Forum and Carers are both represented on the IJB, the Strategic Commissioning Group and the Locality Planning Groups and are pro-actively engaged and committed to progressing the integration outcomes. The IJB is represented on the wider community planning partnership and is involved in each of the four PIPs.</p>			

Proposed improvement actions	Two key priorities which will be included in the action plan to develop this proposal are as follows:			
Proposal 6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required.	<ol style="list-style-type: none"> Additional engagement activities will be identified with individuals and local communities, further progressing the ethos and aspirations of the Building and Celebrating Communities approach. Mechanisms to capture feedback from the public and key stakeholders in real time will be established. 			
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			X	
Evidence / Notes	Exemplary examples of public engagement are set out in response to the MSG proposal 6.1 and examples of work with carers are set out in response to the MSG proposal 6.3. The Communications Officer is actively engaged with local groups to support their own engagement strategies and maximise the involvement of the public in supporting the development of local health and care services. There has been extensive and ongoing community engagement as part of the care facilities modernisation programme.			
Proposed improvement actions	Two key priorities which will be included in the action plan to develop this proposal are as follows:			
	<ol style="list-style-type: none"> A training programme will be implemented to further develop the role of patient representatives to increase awareness of structures and ensure the range of concerns and priorities of all patients are captured and effectively communicated. Joint working opportunities with other bodies will be identified to maximise community engagement with the public, carers and voluntary organisations. 			

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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			X	
Evidence / Notes	Carers are actively involved in the IJB, the Strategic Commissioning Group and the Locality Planning Groups. The Carer representatives on the IJB in particular play a very active role representing the interests of all carers. Well established and effective local work with Carers is also in place including conferences and work with young Carers. Carers and the Health and Social Care Forum are well engaged in the Locality Partnership Groups and both make a significant contribution to the achievement of outcomes. There continues to be active engagement as part of consultation events in support of the strategic commissioning intentions. A wide range of engagement activities have been undertaken to develop the action plan to enact the new Carers (Scotland) Act 2016. Funding is also allocated to support carer activities.			

Proposed improvement actions	One key priority which will be included in the action plan to develop this proposal is as follows: <ol style="list-style-type: none"><li data-bbox="324 207 2210 287">1. The Carers' Strategy will be further developed to ensure the effective implementation of the Carers (Scotland) Act 2016 and the achievement of local priorities.
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