

North Lanarkshire Integration Review

May 2019

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1. Foreword

As Chair and Vice Chair of the North Lanarkshire IJB, we are pleased to receive this report, - North Lanarkshire Integration Review – and in turn to present it to our partner bodies, North Lanarkshire Council and NHS Lanarkshire.

In doing so, we would thank all our colleagues in the Health and Social Care Partnership for their objective appraisal of our progress to date and the clarity of their recommendations for continuing improvements to our governance and services.

At the heart of the report there are underlying themes – a universal acceptance of the Nine Outcomes embedded in the 2014 Act for improving the quality of life experience for our population; our underpinning vision and the shared ambitions in We Aspire (The place to live, learn, work, invest, visit); and the aims in Achieving Excellence (the development of an integrated health and social care system designed to ensure that patients are able to stay healthy at home, or in a community setting, as long as possible, with hospital admission occurring only where appropriate).

The recommendations in the report are comprehensive, appropriately challenging, but they also demonstrate our already high level of performance and partnership – of which we can all be proud. Subject to the approval of the report, we look forward to contributing to its implementation.

Finally, we would note to the reader the constant themes in the report around collaboration and leadership. It is tribute to all involved in the integration agenda that diverse cultures have come together successfully to drive improvement. It is also worth adding the word ‘compassionate’ to our leadership vocabulary, as increasing recognition of the value of this style in driving up positive culture and energised workforce is being felt throughout Scotland. As someone wiser than we said, this is not a soft option, but an effective way to relate as leaders across the system. Day to day, we already see this in our local leaders at all levels and we are proud and humbled to be one part of our shared work.

We commend the Report and thank the strategic leadership team in particular for bringing us to this pivotal point.

Avril Osborne, IJB Chair and NHS Lanarkshire Non-Executive Director

CLlr Paul Kelly, IJB Vice Chair and Depute Leader of North Lanarkshire Council

2. Introduction

Since 2016, work has been underway across Scotland to integrate health and social care services with the aim of creating seamless delivery, enabling people to live independently with the support and care they require provided at the right time and in the right setting.

The Public Bodies (Joint Working) (Scotland) Act 2014 set out the legislation governing health and social care in Scotland with the intention of improving outcomes for the population. The legislation set out options for Local Authorities and Health Boards and in North Lanarkshire, as in most of Scotland, the decision to opt for a “body corporate” model was taken. This required the formation of the Integrated Joint Board (IJB) with delegated functions from both the Health Board and Local Authority that were set out in an Integration Scheme, which was formally enacted on 1st April 2016.

In September 2018 North Lanarkshire Council set out a new vision for the future direction of the council in ‘We Aspire’. The plan detailed a proposal to revise the Integration Scheme and transfer the discretionary delegated functions for children, families and justice social work services to the newly reshaped Education and Families service within the council.

Section 44 of the Act states that *“the local authority and the Health Board must carry out a review of the integration scheme before the expiry of the relevant period for the purpose of identifying whether any changes to the scheme are necessary or desirable”*. The legislation clarifies the *“relevant period”* as *“the period of five years beginning with the day on which the scheme was approved”*.

Given the changes proposed in the ‘We Aspire’ report, the partnership agreed it presented an opportune moment to expedite the review, building on the learning to date and agreeing the best direction of travel moving forwards.

Audit Scotland’s Best Value Assurance Report positively reflected some of the performance improvements that have taken place through integration to date and the joint plans in place to undertake this review. The report highlights the willingness of the Council and wider partners to undertake self-evaluation programmes and service reviews and reminds of the importance to ensure such exercises result in clear actions, which this report is cognisant of.

In April 2019, the Cabinet Secretary approved the updated North Lanarkshire Integration Scheme to reflect the move of Children & Families and Justice Social Work Services to the new Education and Families service in North Lanarkshire Council. It is anticipated that the Integration Scheme will be further updated following the outputs of the review and re-submitted for approval.

North Lanarkshire has a long history of partnership working, with examples of integrated teams and planning structures pre-dating the Act. The Joint Inspection of Adult Services in North Lanarkshire in 2018 found that *“there is a shared vision and collective commitment to the development of the integration of health and social care in North Lanarkshire with the aim of supporting community capacity building and improvement in personal outcomes.”*

In the new context of integration, there has been strong collaboration between the five local partners of the Local Authorities, Health Board and IJBs, focused on developments across the whole-system.

This review report reaffirms the commitment of North Lanarkshire Council and NHS Lanarkshire to the delivery of integrated health and social care services to improve the outcomes of the local population. Ultimately, only through this commitment will we be able to redesign and improve local services with the focus on prevention, quality and sustainability required to meet future demands.

3. Progress to date under integration

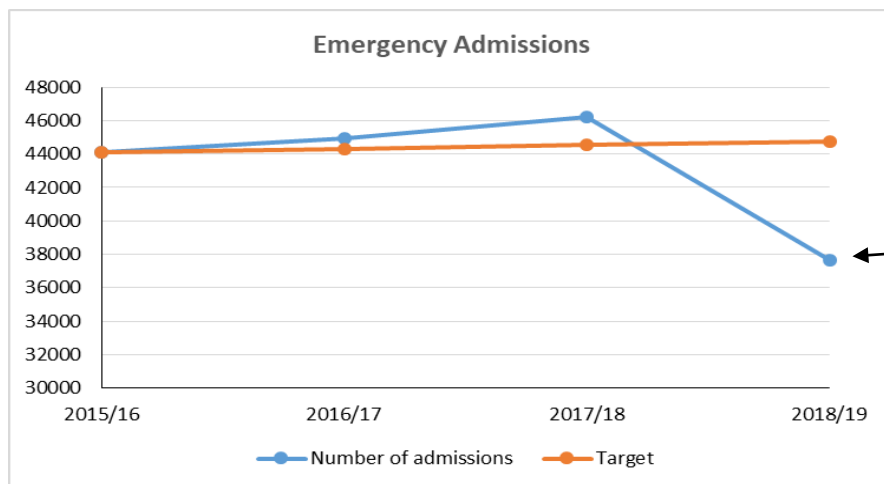
Since the inception of Integration Joint Board, good progress has been made in improving the health and social care system and outcomes for individuals.

In 2017, the Scottish Government, in conjunction with integration authorities, introduced the Measuring Performance Under Integration performance framework, as a means of providing a consistent approach to understanding the impact of integration on the health and social care system across a small number of indicators. These indicators focused on:

1. Emergency admissions
2. Unscheduled bed days
3. A&E Attendances
4. Delayed Discharge
5. End of Life Care
6. Balance of Care

Emergency Admissions

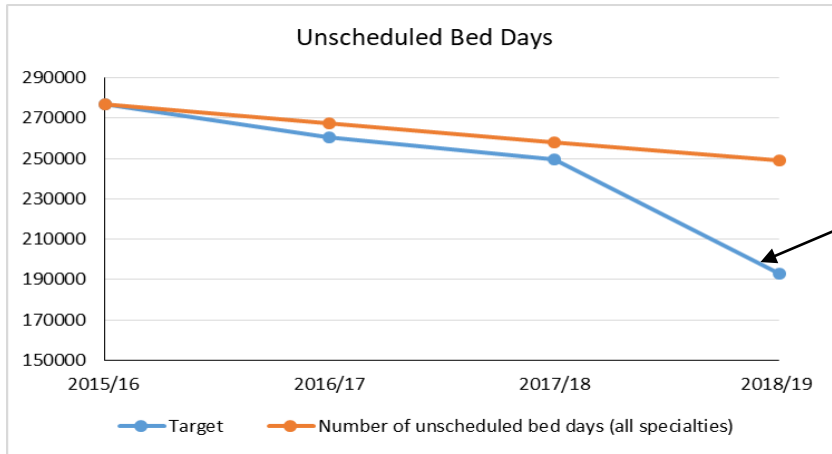
Our improvement objective is to reduce the annual rate of increase in emergency admissions to 0.5% per annum by March 2019. We used 2015/16 as our baseline, and the improvement objective came into effect from April 2017. During 2018/19, the number of admissions has shown a small reduction on the previous year, and year-to-date performance (up to January 2019) demonstrates a 2.8% reduction on the same period of the previous year.



*Please note figures up until end of January 2019

Unscheduled Bed Days

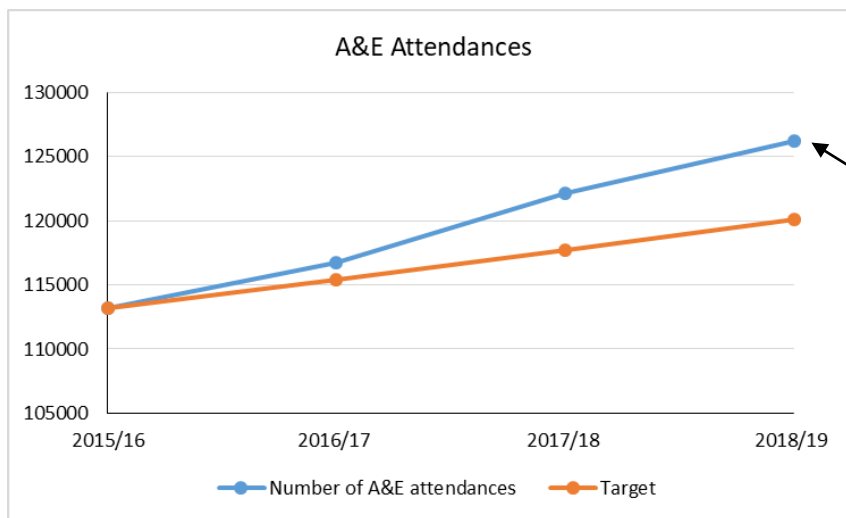
Our improvement objective is to reduce the number of unscheduled bed days (all specialties) by 10% by March 2019 (against a 2015/16 baseline). The number of unscheduled bed days has reduced year-on-year since 2015/16 and we are on track to surpass our improvement objective by the end of March 2019.



*Please note figures up until end of January 2019

A&E Attendances

Our improvement objective is to reduce the annual rate of increase in A&E attendances to 2% per annum by March 2019. This has been a challenging area across Scotland, with the number of attendances in 2016/17 and 2017/18 increasing beyond our 2% objective. This rate of increase has continued in 2018/19.



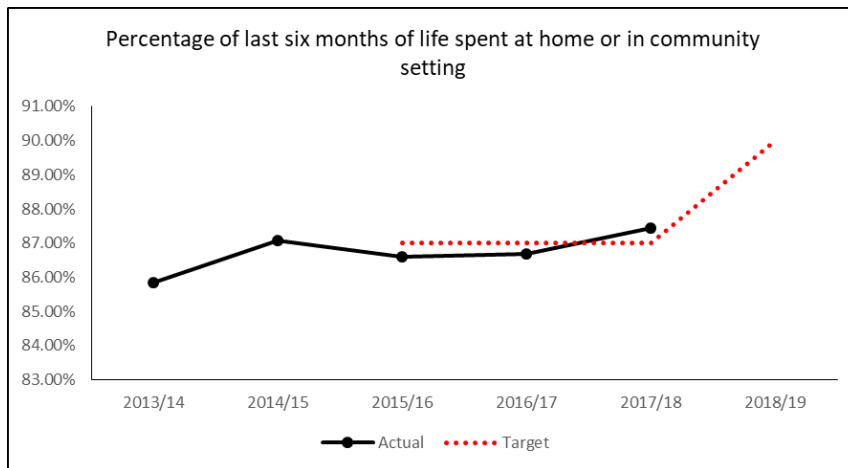
*Please note 2018/19 is a projected out-turn

Delayed Discharge Bed Days

From July 2015 to March 2016, the average number of delayed discharge bed days (excluding code 9s) per month in North Lanarkshire was 2,735. Our improvement objective is to reduce the monthly number of bed days to 2,000 by March 2019. This has proved to be an ambitious aim, however, progress has been made. In 2017/18, the average number of bed days due to delayed discharge reduced to 2,571 and reduced further in 2018/19 to 2,519.

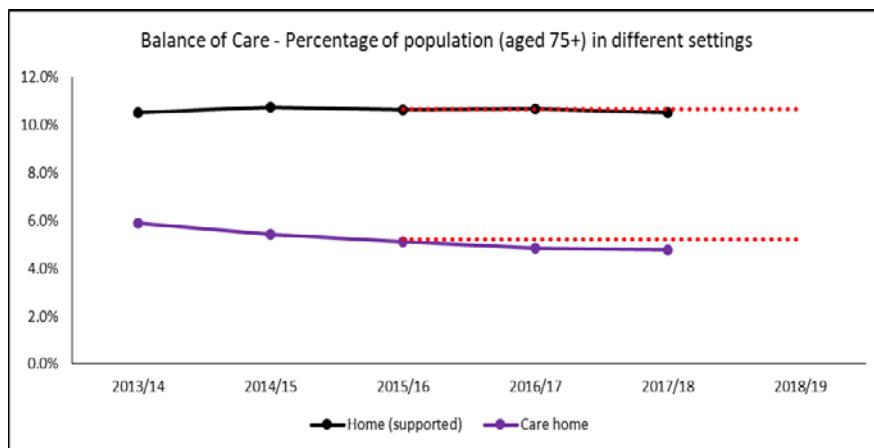
End of Life

Our improvement objective is to increase the percentage of the last 6 months of life spent in community settings from 86% to 90% by March 2019.

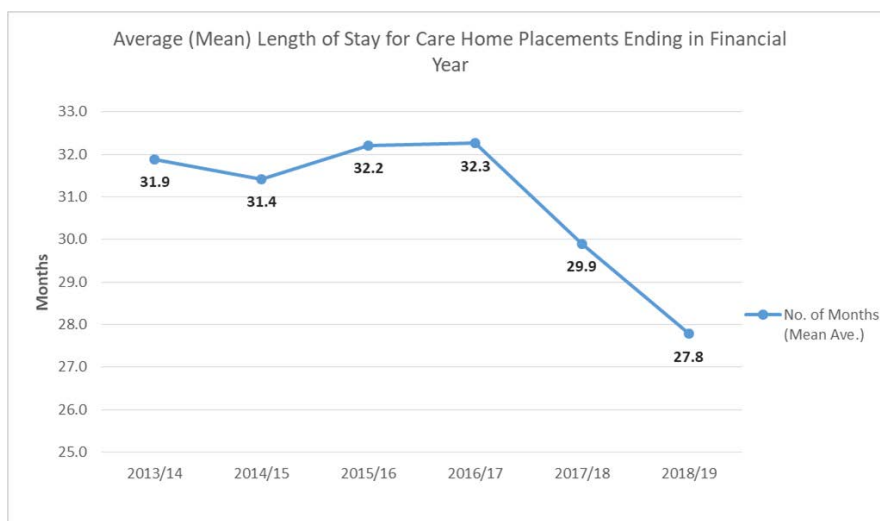


Balance of Care

Our improvement objective is to sustain the percentage our population aged 75 and over who are supported at home or supported within a care home setting.



Progress on the balance of care is further demonstrated in the reduction in length of stay or Care Home placements in recent years:



Health & Social Care Academy

The Health and Social Care Academy has recently been established with a view to developing and promoting a range of entry routes into health and social care roles that offer valued, sustainable and satisfying jobs with many opportunities and progression pathways. Membership of the Health and Social Care Academy include NHS Lanarkshire, North Lanarkshire Council, Third and Independent Sector, Further Education and Higher Education organisations.

A Health and Social Care Academy has been established within the Coltness High School campus providing curriculum opportunities linked to the health and social care sector to young people in the senior phase of learning from the nine secondary schools in the south locality.

It allows pupils to gain qualifications as well as work related learning experiences which will assist them in gaining employment and will assist in meeting the workforce requirements of this sector, particularly in the areas of health and social care, general nursing and allied health professions.

The Health and Social Care Academy curriculum is overseen by the Head Teacher of Coltness High School and supported by school staff, FE and HE staff, employers and other partners including Skills Development Scotland and the Prince's Trust.

From August 2018 the Health and Social Care Skills Academy has offered:

- Skills for work Level 4/5 Health and Social Care
- Skills for Work Level 4/5 Early Education and Childcare
- Foundation Apprenticeship Social Services and Health Care
- Foundation Apprenticeship Social Services Children and Young People
- Prince's Trust Get Into Health and Social Care

The health and social care portal is a single entry point for those seeking a career in health and care allowing them to connect them to existing online resources. It also highlights further and higher education opportunities and volunteering opportunities within North Lanarkshire.

NHS Lanarkshire has an established partnership with a number of Higher Education establishments such as University West of Scotland to proactively recruit newly qualified Registered Nurses from them. A test of change to host a Recruitment Fair at New College Lanarkshire at the end of May 2018. The event was attended by nearly 200 students graduating from the Collages Health and Social Care Programmes in June 2018 as well as those going onto to do a higher level qualification who will graduate in June 2019.

The event will be repeated in May this year and will include interactive workshops. It is being coordinated by Health and Social Care North Lanarkshire in partnership with New College Lanarkshire and the third and independent sector with the aim of recruiting to a range of vacant posts. The intention is to evaluate the impact thereafter.

Making Life Easier

Making Life Easier (MLE) is a self-assessment platform which provides a consistent approach of advice, signposting and support to individuals living in North Lanarkshire. This unique, easy to use and accessible resource means that early intervention and prevention is a reality for the people of North Lanarkshire. MLE provides personalised responses to individuals following their completion of a self-assessment. It provides a gateway to advice in the form of hints and tips, signposting to local services and when required simple equipment provision.

North Lanarkshire is seen as an exemplar for guided self-management in Scotland. Many organisations from Health and Social Care across Scotland visit NL to see the impact of Making Life Easier.

Last year, of the 4379 assessments completed 1629 of them had a potential of signposting the individual to a resource. Of these, 539 resulted in a personalised solution and the individual being directed to a service. The rest provided advice and support meaning direction into service only when essential.

In addition, the local Information section which is the directory of resource was viewed 5384 times. The top 5 most viewed modules were; Addiction, Carers, Hearing, Mind and Memory.

A national group, led by a Lead Officer from Scottish Government helps support other areas of Scotland to develop similar systems using the same technology. North Lanarkshire as pioneers, have supported national development and have shown ongoing commitment and support to other H&SC partnership areas.

Integrated Rehabilitation Teams

In September 2017, the partnership introduced a demonstration site in the Motherwell locality bringing together therapists from the acute sector, community and local authority in an integrated community team using a unique joint system of triage and prioritisation. The demonstration site ensured service users received timely access to the appropriate service and practitioner and reduced overlap and duplication of provision, while placing rehabilitation and reablement principles at the heart of social service and care delivery.

The Motherwell demonstrator project has realised the potential to achieve these ambitions, beginning with one small integrated therapy team that has now evolved over a 20 month period to Integrated Rehabilitation Teams in all six HSCNL localities. The overarching aim is to develop and strengthen rehabilitation services within HSCNL by shifting 25% of capacity into community provision. This redirection of resource will allow service users to be seen by the right person, at the right time in the right place and will allow for greater focus on early intervention and prevention strategies. Achievement of this aim should help balance the increasing demands required with an ageing, frailer and more expectant population.

The roll out across all 6 Localities was accomplished due to a tremendous team effort from multi-disciplinary colleagues: Human Resources, Finance, IT, Trade Unions, Admin Team and Senior Management.

The work in Motherwell has shown significant service benefits, particularly around shorter waiting times and increased coordination of activity, in line with our aspirations for creating a single service from the point of view of the service user which we anticipate over the next few months and years the other localities service users and staff will also benefit from this way of working.

Third Sector

Community Capacity Building and Carer Support (CCB&CS) is Health and Social Care North Lanarkshire's well established Third Sector delivery branch. Through the CCB&CS Strategy the Third Sector's contribution is co-ordinated, robustly monitored and works to the regional logic model based on a series of programme outcomes. The CCB&CS work is based on co-production (which includes co-commissioning at a community level); giving people choice and control and connecting people to their communities.

The programme has a devolved budget of approximately £1.1million which is directly invested in a wide range of organisations and community groups with countless others receiving support through other means. The governance arrangements ensure that best value is achieved by approving and monitoring investment, large or small, based on its clear contribution to the programme outcomes.

This investment has allowed the structure to leverage significant additional funding each year as well as additional in-kind contributions from key partners.

Each year the programme is able to evidence tens of thousands of individuals' outcome achieved across a range of programmes.

CCB&CS have recently undergone a review facilitated by the Improvement Service at which key strengths were identified in Strategic Planning; Focus on Outcomes and Impact (working in partnership achieving more than could have be achieved individually).

Four improvement actions were agreed:

- Engaging with HSCNL structures to share community informed qualitative data
- Work through existing HSCNL Governance to apply better funding processes including CCB&CS governance; longer term funding and realignment of other, existing Third Sector Investment.
- The branding of Community Capacity Building and Carer Support including renaming the programme through a process of co-production
- Supporting the exploration of a dedicated communications resource for the Programme

Care Home Continence Improvement Project

During 2017/18, the Care Home Continence Improvement project set out to improve approaches to continence care across two care homes in North and South Lanarkshire, Summerlee House in Coatbridge and David Walker Gardens in Rutherglen. The initiative allowed care home staff to improve the quality of care through better recording of processes and introducing small changes including medication reviews and reducing caffeine intake.

The outcomes of the project have led to improvements including a reduction in falls by 65%, urinary infections being halved and skin damage reduced by one third. The project has also significantly reduced the amount of continence pads used at the homes.

The pilot was developed by teams in and North and South Lanarkshire's Health and Social Care Partnerships, NHS Lanarkshire and NHS National Services Scotland and work is underway to explore rolling the project out across Lanarkshire.

The project celebrated success in the UK-wide GO Awards which recognise excellence in public procurement, winning the top prize in the innovation category.

Integrated Service Review Board

In 2017/18, the partnership established the Integrated Service Review Board. The Board's remit was to review all services within the partnership with a view to optimising the use of all available resources and coordinating developments on a whole system basis.

At the core of the Board's remit was the wish to identify how to invest and disinvest from current service provision to maximise the outcomes of people in our communities. This included proposing structural opportunities for service delivery that would maximise the impact of integration and ultimately recommend a transformational programme of service model redesign.

Over the course of three months, the board reviewed the wide range of health and social care services considering their operation, the challenges they face and most importantly the opportunities that exist to integrate and improve. The Integrated Service Review Board report was approved by the IJB in November 2017, setting out the basis for the partnership's commissioning intentions for delivery in 2018/19 and beyond. The Integration Review conducted in 2019 has used much of the findings and key learning points from the work of the ISRB, in setting out the future direction for the strategic and operational management of the health and social care partnership.

New Model of Home Support

In March 2018, the Integration Joint Board agreed to adopt a new model for home support focusing on five major elements:

- Integrated Model (Discharge to Assess in Localities)
- Same Day Response/Reablement/First Support (Intensive and time limited)
- Specialist Teams (e.g. supporting people with frequently changing needs and end of life / Palliative Care)
- Ongoing Paid Support (allocation of an individual budget to deliver individual outcomes as part of SDS)
- Quality Assurance (improving standards of care)

The new model of Home Support is a key element of the future integrated model in North Lanarkshire. Implementation of the new model will improve the outcomes that the service is able to deliver to people, improve system performance, meet requirements as they relate to relevant acts, policies and guidance and reduce projected increases in cost.

The roll out of the SDS approach for those requiring ongoing paid support will create a more person centred approach in North Lanarkshire, where younger adults and families of children with a significant disability are already supported with an individual budget. As the uptake of older adult SDS increases, the balance of support and care that will be provided through the in-house or other providers, will determine the level of recruitment of staff required in either sector. This is now being rolled out in a systematic basis from the beginning of April.

We continue to increase the capacity of our reablement teams in each of our localities working towards all new service users and those with significantly increased packages of care going through reablement. The service is currently meeting the target of 50% of service users going through reablement no longer requiring a service at the end of their reablement period. This is one of the main strategies for managing demand on the service. During 2018/19, we supported more people through the reablement process than in previous years.

Breastfeeding

NHS Lanarkshire has had full UNICEF accreditation for many years, this together with a specialised breastfeeding support service and clinic, has improved practice, reducing attrition rates thereby increasing sustainment of breastfeeding.

Maternity and Health Visiting services across Lanarkshire are currently accredited as a Baby Friendly service with UNICEF. At the recent Health Visitor reaccreditation UNICEF recommended that we progress to become accredited as a Gold Baby Friendly Service which focuses on achieving sustainability of standards. This award is designed as the next steps for those accredited services whose audit results are consistently showing that the Baby Friendly standards are largely being met.

The work that requires to be undertaken to achieve the Gold Award acts as an incentive for services to properly embed the achieving sustainability standards, consolidating and protecting the work

undertaken to date. The award recognises that the service is not only implementing the baby friendly standards but that we have the leadership, culture and systems to maintain this over the long term.

Lanarkshire Breastfeeding Group has been established, providing strategic support to make breastfeeding the norm in Lanarkshire, enabling our babies to have the best possible start in life.

Two projects have been funded through Programme for Government.

1. To improve the quality and meaning of antenatal conversations
2. To achieve Neonatal Unit (NNU) breastfeeding accreditation through recruitment of an infant feeding advisor

North Lanarkshire Council is also committed to supporting our efforts and has agreed to embed supporting and enabling breast feeding within their day to day business. This includes supporting staff returning from maternity leave to continue to breast feed, building breast feeding into the education curriculum from nursery through to secondary school, ensuring all public facing NLC buildings are breast feeding friendly, inclusion within the education curriculum from nursery to high school as well as ensuring development of local community infrastructure including the £500 million community investment delivers breast feeding friendly environments throughout North Lanarkshire as standard practise.

4. Integration Review Process

The local integration review process was established to assess the progress made to date and identify the strengths and challenges within the current system, with the overall aim of ensuring the continued focus on improving the health and care outcomes for the population of North Lanarkshire.

The review aimed to describe how the Integration Joint Board and the Health and Social Care Partnership could be organised to ensure that the partnership demonstrably adds value and avoids duplication or confusion about roles and tasks, simplifying decision making processes and increasing responsiveness and flexibility with the system.

Alongside the local review, Audit Scotland's second update on the progress of health and social care integration was published in November 2018 and building on this, the Ministerial Strategic Group for Health and Community Care published its review of progress in February 2019. Both reports contain a number of recommendations and proposals that have been built into the local review.

To support the process, a wide-ranging engagement exercise took place involving all key stakeholders including: IJB Board; Elected Members; NHS Board; North Lanarkshire Council and NHS Lanarkshire Corporate Management Teams; senior managers; clinical and professional leads; frontline staff; Strategic Planning Group; Third and Independent Sectors; and service user and carer organisations (see appendix 1).

The local review was coordinated by a Programme Board consisting of:

- North Lanarkshire Council Leader and Chief Executive
- NHS Lanarkshire Board Chair and Chief Executive
- Integration Joint Board Chair, Vice Chair and Interim Chief Officer

The review consisted of three main elements: thematic workstreams; the Ministerial Strategic Group for Health and Community Care self-evaluation; and an operational workstream reviewing future structures.

Thematic Workstreams

Six thematic workstreams were formed, each led by the senior responsible staff in North Lanarkshire Council and NHS Lanarkshire with a remit to review the current arrangements, identifying strengths and barriers, benchmarking against other areas and identifying supportive actions moving forwards to enable the continued development of integrated services.

The six workstreams were as follows:

- Finance
- ICT/Digitisation
- Strategic Planning
- Governance
- HR and workforce
- Performance

Each workstream compiled a report to support the compilation of the review.

Self-Assessment

On 25th March 2019, the Scottish Government issued a self-evaluation document from the Ministerial Strategic Group for Health and Community Care, covering the key recommendations and proposals from the national review and second Audit Scotland report.

An online questionnaire was created and shared with the Health and Social Care Partnership's Core Senior Leadership Team to support the development of an early draft, which was then shared with the wider management team in the partnership. Further sessions took place with the Corporate Management Teams of North Lanarkshire Council and NHS Lanarkshire, plus the Integration Joint Board, to develop a collective position statement, which was submitted to the Scottish Government on 15th May 2019.

The key outputs and actions identified within the self-evaluation report are summarised throughout the review. The full self-evaluation document is attached in appendix 3 for information.

Operational Workstream/Structure Exercise

A workstream was led by the Heads of Health and Adult Social Work Services to review the operational structures and processes within the partnership. This involved a significant programme of engagement with managers, professional leads and frontline staff to create proposals for future structures within the partnership, covering the future structure of Locality and area-wide services as well as supporting strategic, professional and operational management meeting structures.

The review findings have been structured against the six key features supporting integration identified by Audit Scotland to ensure a consistent approach with the national review and self-evaluation.

Hosted Services

Health and Social Care North Lanarkshire hosts some large pan-Lanarkshire health services including Mental Health and Learning Disabilities and Children's Health services along with several smaller services. Integration has supported the continuation of joint planning and governance arrangements for these services at a partnership level. While hosted services arrangements were deemed outwith the scope of this project, further development work is required to ensure the arrangements are as efficient and effective as possible, with a review of the Hosted Services Steering Group already underway.

5. Review Findings

5.1 Collaborative leadership and building relationships

There is a long history of collaborative working in North Lanarkshire, which was identified within the Joint Inspection of Adult Services, which noted “There was evidence of a shared and explicit commitment to integrating services and locality working within North Lanarkshire.”

The inspection noted positive and valuing relationships across the partnership and that there was a clear, concise and easy to understand vision that informed strategic planning and was widely recognised by staff.

At a senior level, there is a strong commitment to partnership and integrated working between North Lanarkshire Council and NHS Lanarkshire, which can be evidenced across a range of key work programmes as well as within the context of the Community Planning Partnership and its range of workstreams and subgroups.

Since the inception of integration in North Lanarkshire, there has been an integrated organisational development plan covering a range of settings including the Integration Joint Board voting members, Senior Leadership Team, Locality and service management teams and hosted and area-wide services. While this has provided a strong focus for the partnership, further evaluation of impact is required, particularly as the relational aspects within the health and social care team are a key requirement for success.

Since 2018, the King’s Fund have been commissioned to lead this development with strong feedback from staff at all levels on the value of the programme. The remainder of this programme should be reviewed and focused on strengthening the health and social care team.

There are a number of whole-system strategic and operational groups in place, which demonstrate the collaborative approach within the area. For example, the third sector interface and acute sector are both represented on the partnership’s Senior Leadership Team and the care group Partnership Board groups contain representation from all aspects of the system, including service user and carer representatives. There are also numerous examples of collaborative working with community planning partners and Council services, such as developments around the poverty agenda.

HR and Workforce

A workstream around HR and Workforce was convened to review the current systems in place to support improved joint working in this area. Learning to date has identified that there are relatively few integrated posts within the system, for example, the recently established Integrated Rehabilitation Teams in the six Localities have only six Integrated Team Leader posts. However, these posts are vital to the developing approach and it has been recognised that the process for creating integrated roles has been a challenging and lengthy process to date, despite everyone’s best efforts.

It is proposed that a Joint HR and Workforce Planning Forum be established as a subject matter reference group, to support the implementation of such posts in future, whilst maintaining the recruitment procedures and protocols that recognise the integrity of employer status. This will create a consistent and quicker approach for any future integrated appointments.

In addition, a joint Trade Union/Staff Side group has been established to support engagement between senior managers and staff side on an ongoing basis. Engagement with Trade Unions and partnership representatives has been an area of focus within the partnership which we aim to

continue to develop moving forwards to ensure positive relationships with employees at all levels of the organisations.

Another key area for focus is the need to ensure Information Technology is not a barrier for integrated management arrangements for staff, supporting access to key management systems within both organisations for those who manage both health and social care staff.

Engagement with Third and Independent Sectors

Since the establishment of the Reshaping Care for Older People Programme, North Lanarkshire has developed very strong relationships with its third sector interface, Voluntary Action North Lanarkshire; Scottish Care; other umbrella bodies; as well as individual third sector organisations. The Community Capacity Building and Carer Support programme is a long established delivery branch of the partnership, supported by a delegated budget of £1.141m to meet outcomes around prevention and early intervention. The funding is governed through a partnership structure delivering on a five-year commissioning plan, which includes a locality micro-funded programme that builds on a genuine co-production approach.

Through this structure, there are third and independent sector representatives as active and equal participants across all of the partnership's planning groups and the third sector interface is represented on the partnership's management team and IJB.

The Community Capacity Building and Carer Support programme was recently reviewed with support from the Improvement Service, with key strengths identified in partnership, delivery of outcomes and use of resources. Improvements identified included a re-branding and updated communication strategy to ensure the public understood the role of the group and the provision of further qualitative data as part of the evaluation framework.

Actions identified:

A number of improvement actions have been identified as follows:

- Review the remaining King's Fund OD programme to ensure it is fully focused on developing the relational aspects of the health and social care team;
- Creation of a Joint HR and Workforce Planning Forum as a subject matter reference group;
- Continued development of the Joint Trade Union/Staff Side Group;
- Sharing of the review of the Community Capacity Building and Carer Support Programme as a model of good practice;
- Re-branding and updated communications framework for the Community Capacity Building and Carer Support Programme.

5.2 Integrated finances and financial planning

The Finance thematic workstream reviewed the progress made to date and the key areas for focused development moving forwards, in line with the recommendations set out within the national review.

Financial advice is available from both partners to the Chief Officer and the IJB, which takes account the impact of strategic decisions within respective budget areas and robust financial reporting arrangements are in place to the Senior Leadership Team within the partnership and IJB. While the joint understanding of the respective financial positions has definitely improved, wider awareness raising for all IJB members and wider elected members and senior officers of the overall financial issues pertinent to both partners would be a useful next development.

Since 2016, the budget for the IJB for the forthcoming year has been agreed by 31st March. The 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.

There are elements of inconsistency in approach that remain between the two partners, such as the fact that demographic growth projections are built into forward planning assumptions in Social Work services, but historically this has not taken place within health. Overcoming these such issues and developing the finance information utilised within the partnership's management team meetings will ensure openness and transparency to enable the team to make the inevitable difficult decisions in years to come through integrated financial planning.

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.

The set-aside concept remains difficult. The ISD activity information, which informs the notional set-aside budget, is 18 months to 2 years out-of-date. 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.

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 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 which had been laboriously calculated, was retrospective and included indirect overheads.

A reserves policy is in place and the ring-fenced and ear-marked reserves are transparent. However, due to the ring-fenced nature of a number of workstreams, much of the existing reserves remain ring-fenced leaving the level of the contingent reserve balance insufficient. Within the current financial climate, it will be challenging to increase the contingent reserves in coming years. 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.

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. Alcohol and Drug Partnership Funding. Ultimately, it is the aim of the partnership to reach a stage where all financial decisions are able to be taken on a whole-system basis, supporting broader prioritisation of service delivery to the benefit of the local population.

Actions identified:

A number of improvement actions have been identified as follows:

- The financial monitoring arrangements for the IJB will continue to be developed to support the implementation of the strategic commissioning plan and the directions;
- Focused developments within the health and social care management team to ensure consistent and transparent processes that will support genuinely integrated financial planning;
- Increase awareness of all IJB members and wider elected members/senior officers of overall financial issues pertinent to both partners, so that all are fully aware of the financial challenges being faced across the whole system;
- 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;
- The transparent whole system approach adopted to service redesign across the partnership will continue to be adopted and refined and extended to include acute hospital services more fully. This will be led through the Unscheduled Care Board and other joint working arrangements;
- 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;
- 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;
- 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;
- 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;
- 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.

5.3 Effective strategic planning for improvement

The thematic workstreams around strategic planning and performance reviewed existing strategies, policies and plans as well as strategic group structures and associated performance management arrangements.

In February 2018, the Joint Inspection of Adult Services in North Lanarkshire rated the partnership's operational and strategic planning processes as 'Good' noting the positive direction of travel in developing Locality Planning Groups and the strategic approach to service planning and development. The report evidenced areas of strength including detailed and comprehensive strategies supporting the agenda; a shared vision and collective commitment to the development of health and social care with the aim of supporting community capacity building and improvement in personal outcomes; and well-embedded Locality structures.

Planning Landscape

Within North Lanarkshire, there has been a strong collaborative approach to strategic planning, with an evidenced consistency across the key strategies:

- IJB: Strategic Plan, Strategic Commissioning Plan and Commissioning Framework
- North Lanarkshire Council and the Community Planning Partnership's 'The Plan' for North Lanarkshire the place
- NHS Lanarkshire's healthcare strategy, 'Achieving Excellence'
- Community Planning Partnership's Children's Services Plan and Community Justice Plan

The complexity of the planning landscape is clear, arising from the wide range of legislative and policy directions, both nationally and locally, which impact directly on the work of the partnership as a whole. This is further emphasised by some of the different strands of planning:

- Locality planning – the importance of Locality-based planning has been threaded through the Strategic Commissioning Plan, with supporting structures in place through the Locality Planning Groups, which include both frontline staff and service user and carer representatives
- Strategic planning – there are a number of strategic level planning groups covering different care groups and services. The focus remains on a whole-system approach through the existing Partnership Boards and other key planning forums such as the pan-Lanarkshire Unscheduled Care and Delayed Discharge Improvement Board.
- Regional planning – particularly from the NHS component of the partnership, regional planning is an increasing element. While this has not been developed as fully as it may have been around the Health and Social Care Partnership agenda to date, the partnership is full committed to working within the West of Scotland regional planning framework to develop relevant regional systems of health and social care.

Despite the complexity, there is strong evidence of a whole-system approach, with clear synergies across the local strategies in place. This has included shared processes such as the Strategic Needs Assessment, with one exercise undertaken to support the development of all local strategies, ensuring an efficient and consistent approach. While the Chief Officer is able to access supports within both organisations, it must be recognised that the support resource has reduced significantly in recent years due to budgetary pressures, which can be a limiting factor across the whole system.

One area that has consistently posed a challenge is the wider understanding of the roles of the IJB and the Health and Social Care Partnership in integration. The IJB is the independent body created with the responsibility for the planning of health and care services, with the full power to decide how to use resources and direct the delivery of delegated services to improve service quality and people's outcomes. The Health and Social Care Partnership is the integrated partnership between North Lanarkshire Council and NHS Lanarkshire for the operational delivery of community health and social care services. The acceptance of the legislation is now embedded as are the key IJB duties and responsibilities.

Delegated Hospital Services

The strategic commissioning of delegated hospital services remains an area for development, however, 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.

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.

Performance

Since the inception of the IJB, the performance management arrangements for the partnership have evolved significantly, embedding a genuine performance culture across the area. Following review, it is felt the current system is fit for purpose and already has a continuous improvement programme in place. The IJB and its sub-committee receive quarterly reports on performance, as well as six-monthly updates on the Measuring Performance Under Integration dataset. The operational committees in North Lanarkshire Council and NHS Lanarkshire receive quarterly updates on performance, as well as more detailed reporting on any service areas that are causing concern. Operational quarterly reviews are held jointly by both Chief Executives and the Health and Social Care Partnership team hold six-monthly face to face formal reviews across all service areas. While some benchmarking has been undertaken around performance, the national IJB performance metrics are predominantly adult focused.

Following a review of internal and external audit reports across the Health and Social Care Partnership and both organisations, the use of performance data to drive improvement emerged as a clear action. While some progress has been made in this area, a consistent approach is required to create SMART action plans to drive improvement and support informed decision making in respect of strategic planning and commissioning.

Actions identified:

A number of improvement actions have been identified as follows:

- Review of key roles and responsibilities to ensure clarity of all stakeholders in planning, objective setting, commissioning and service delivery. This includes a review of all partnership strategic groups to streamline processes and provide clarity and consistency of decision making;
- Engagement with staff, service users, carers and communities should be as joined up as possible to ensure local empowerment (see section 4.6);
- Extend the proven collaborative planning approach to cover all delegated hospital services;
- Review the partnership's continuing improvement structures to maximise the use of the data available to drive improvement.

5.4 Agreed governance and accountability arrangements

Clinical and Care Governance

A national clinical and care governance framework for health and social care integration was published in October 2015, which supported the development of the partnership's Support, Care and Clinical Governance Group, replacing previous separate groups within the old Community Health Partnership and Social Work.

Throughout 2018/19, an extensive development programme has taken place with the Support, Care and Clinical Governance Group, involving group members and wider management and clinical/care leads within the partnership. Key products from the development sessions have included a SWOT analysis of arrangements, the completion of a Psychological Safety questionnaire for all members and the development of a strategy map and draft 5 year step plan (see appendix 2).

The partnership has also participated in national sessions, with the Nurse Director and Chief Social Work Officer attending to reflect on the purpose of Support, Care and Clinical Governance arrangements and learning from good practice elsewhere. A national review of the statutory

guidance for clinical and care governance will report in September 2019, highlighting the need to revisit and potentially further revise local arrangements on its conclusion.

A number of changes have been identified from the local review, including the introduction of an annual work programme; development event and annual report; the strengthening of the sub-structure (see appendix 2 for the updated structure chart); and the enhancement of social work and social care data presented to the group. The frequency of the group has moved from quarterly to bi-monthly reflecting the scope of business. Following the change in the Integration Scheme, Children & Families and Justice Social Work Services will no longer report directly or be subject to consideration within the Support, Care and Clinical Governance Group, except as part of cross-cutting Social Work or multi-agency matters, such as joint reviews, inspections or protocols.

Reporting arrangements from the Support Care and Clinical Governance Group have also been clarified, feeding into the Adult Health and Social Care Committee in North Lanarkshire Council and the Healthcare Quality Assurance and Improvement Governance Committee in NHS Lanarkshire.

Operational Governance

While one of the aims of the local review was to simplify the arrangements for strategic planning and operational governance across the system, the review has reaffirmed that the ability to do so is somewhat limited. Within North Lanarkshire, both North Lanarkshire Council and NHS Lanarkshire have operational committees in the Adult Health and Social Care Committee and the Population Health and Community and Primary Care Committee respectively. The IJB Sub-Committee also has a role in operational oversight. However, at a session with Chief Officers, Chief Social Work Officers and Audit Scotland around the second progress report, it was noted that some partnerships had removed their operational committees but it was viewed as a retrograde step, leaving gaps in operational governance within the delivering body.

Moving forwards, the aim is to continue with the three committees, but creating a much clearer understanding of the roles and responsibilities of each across the system. The two operational committees continue to hold the key role around operational scrutiny of service delivery and governance, while the IJB sub-committee will continue with its role around operational oversight to ensure directions are delivered, monitor the impact and drive the strategic planning process.

While the functioning of the hosted services arrangements were deemed outwith the scope of this review, they are nonetheless an important area for future development moving forwards, with challenges noted in consistent financial planning and ensuring synergy with the direction of travel in both partnerships.

IJB Board Governance

An internal audit on IJB board governance was published in May 2019, highlighting substantial assurance on the adequacy and effectiveness of the processes in place to enable the IJB to review and assess its governance arrangements against expected good practice and to review and monitor the implementation of any improvement actions previously identified in Annual Governance Statements. As part of the process, the IJB undertook a self-assessment in respect of its compliance with the principles outlined in the CIPFA Delivering Good Governance Framework.

One area identified for review was the important roles of IJB Board members in feeding back on the developments and discussions taking place in the IJB to their respective organisations. This is particularly important for the North Lanarkshire Council members on the Board, as there are 4 voting members representing the 77 Elected Members of North Lanarkshire, though it is worth

noting the positive local decision to ensure cross-party representation on the IJB. Wider awareness raising of the role of the IJB would be a positive venture across both organisations.

Directions

The use of directions is an area for development in North Lanarkshire. While some progress has been made with report templates updated to include information on directions required and a direction tracker created to coordinate all directions, the practice is not yet fully embedded.

Updated guidance is awaited from the Scottish Government on the use of directions, which will require to be followed through, but ultimately the aim is to fully embed the process of issuing directions, with associated budget, following each meeting of the IJB.

There is a commitment across the partnership that the issuing of a direction should constitute the end of a collaborative planning process. No directions should be issued that would come as a surprise to the delivering organisation and the IJB is fully committed to only issuing legal directions that fully encompass the clinical/care, financial and staff governance requirements of both organisations.

Actions identified:

A number of improvement actions have been identified as follows:

- Update the terms of reference of the Support, care and Clinical Governance Group and its linked committees;
- Update the Integration Scheme to reflect the new arrangements;
- Further review the Support, Care and Clinical Governance arrangements on publication of the new national guidance in September 2019;
- Work with the Participation and Engagement Steering Group to strengthen the profile of the patient/service user voice within the Support, Care and Clinical Governance arrangements;
- Develop an OD programme to clearly define the roles and responsibilities of the operational committees and the IJB Sub-Committee with members and wider staff groups;
- Letters of direction will be issued after each IJB meeting, with associated finance clearly defined;
- Develop the directions process in line with the anticipated updated national guidance.

5.5 Ability and willingness to share information

A significant amount of development has taken place with the IJB's Annual Report as it offers the opportunity to highlight the positive work undertaken within the partnership. An inclusive approach has been developed, involving the wider engagement of a range of stakeholders including service users and carers, to ensure the report demonstrates the wide range of developments undertaken throughout the year.

The partnership is well represented by senior staff on the national Strategic Commissioning and Improvement Network, which is working to ensure that Annual Reports better reflect the progress being made, identifying challenges and sharing best practice across Scotland. The Chief Officers group has also committed to developing new ways of sharing information between partnerships.

Internal Information Sharing

The IT and digitisation workstream reviewed the progress made to date, with an IT Federation Project running throughout 2018/19 to support shared access to global address lists, Skype federation and remote working from partner buildings.

The main clinical systems in both Health and Social Work are coming to end of life, with NHS Lanarkshire rolling out the MORSE clinical system in community teams in 2019/20 and North Lanarkshire Council reviewing the potential replacements for the ageing Social Work Information System (MySWIS). The ultimate aim is to create mobile and flexible systems that provide efficiencies within services and support further developments such as dynamic scheduling that will be key enablers to new ways of working.

There is an established inter-agency messaging system in place between health and social care partners in Lanarkshire, eCare, which allows the exchange of electronic assessment information as well as child and adult protection alerts. The eCare system has recently been updated with further work ongoing to support the development of the Homecare module for sharing of information around homecare visits and wider activity.

Digitisation

Across health and social care, there needs to be significant and meaningful change to the way services are delivered and service users and carers connected. Service users, carers and employees have increasing expectations around online, agile and flexible ways to engage and work with services and doing so presents a range of opportunities around improving both service quality and efficiency.

North Lanarkshire Council is currently rolling out the DigitalNL programme, which is an ambitious plan to use technological advancement such as ultra-fast broadband, artificial intelligence and next generation smart devices to redesign services around the needs of communities and businesses.

NHS Lanarkshire has recently published its Digital Strategy for 2019-26, which sets out significant transformational change, including the development of Electronic Patient Records, smart infrastructure and real time data and analytics.

Traditionally, the focus on IT development has been around hospital and clinical or case systems, but the future requires a much greater focus on supporting residents to take an active role in managing their own wellbeing and care. Developments such as the Making Life Easier system and Home Health Monitoring are local exemplars of this type of approach.

Actions identified:

Improvement actions are identified as follows:

- Continue the development of the IJB's Annual Report to ensure the sharing of best practice and learning from other areas;
- Ensure the continued development of the eCare system and its consistent use across health and social care teams through the Lanarkshire Data Sharing Partnership Board annual programme;
- Develop systems to support integrated managers to access management systems within both organisations;
- Continue the developments around digitisation within both organisations, supporting integrated approaches wherever possible;
- Undertake a strengths/weaknesses analysis of key systems, such as scheduling tools, to build a consistent approach of IT development across the partnership.

5.6 Meaningful and sustained engagement

Community engagement and participation has been subject to a significant programme of development since the inception of integration in North Lanarkshire. A Participation and Engagement Strategy was approved by the IJB in 2017 and was subject to a further review in 2018 to maximise the impact of engagement and participation across the partnership in line with the

national standards for community engagement. The 2018 review took a particular focus on the Coalition of Carers Report 'Equal, Expert and Valued', with a number of actions identified to further expand the positive engagement with carers in the area.

Key principles have been developed to guide all participation and engagement activities:

- Services are developed in partnership and planned in a way which engages with the community and local professionals;
- All stakeholders are treated fairly, equally and with respect;
- All health and social staff have a role to play in supporting user involvement.

Representation has been reviewed at all strategic forums across the partnership, including at Locality Planning Groups, which had previously been identified as a gap. Another key development has been around the Partnership for Change User and Carer Engagement and Representation Forum, which supports representatives from the wide range of groups to come together to share learning and develop a wider understanding of issues to take back to the key strategic groups.

The Strategic Planning Group in North Lanarkshire has been created with around 70 members, run six-monthly in a 'world café' format to provide as wide an opportunity as possible for engagement with the third and independent sectors, service users, carers and frontline staff. While strong progress has been made in developing the group, further work is required to ensure the voices of children and young people are fully heard.

The Participation and Engagement Steering Group has been established to implement a wide-ranging action plan to further this area of work and maintain its focus. The IJB and partnership as a whole are committed to the continued development of service user and carer engagement, recognising the significant role this has played in a wide range of service improvements to date.

Actions Identified:

The improvement actions identified are:

- Deliver the Participation and Engagement Steering Group actions;
- Ensure the full roll out of the identified actions from the Coalition of Carers Report 'Equal, Expert and Valued' as part of this approach;
- The membership of the Strategic Planning Group should be reviewed to ensure the voices of children and young people are fully heard.

5.7 Operational and structural review

Review of meeting structures

One of the early areas identified through the review process was the complexity of the internal meeting structures within the partnership, often leading to hand-offs and delays in decision making. To combat this and the distance between the senior team and direct operational leads, a new meeting structure has been developed, with fortnightly Senior Leadership Team meetings extended to include Health and Social Work Managers and Care Group Leads, bringing greater consistency and engagement between operational and professional leads.

Further work is ongoing to review the existing strategic groups within the partnership, to streamline the structure as far as possible, whilst ensuring clarity of roles and remits across these. It is vital that moving forwards there is clear governance and accountability within the Health and Social Care Partnership structure, creating clarity and consistency in decision making to support greater professional and operational grip. The core values of transparency, trust and respect need to be the bedrock for these developments.

Structure Review

Engagement with frontline staff alongside experience gained from implementing integrated teams formed prior to the Public Bodies Act and since then with the development of integrated rehabilitation teams in North Lanarkshire in 2018/19, has set the blueprint for future structural redesign. Critical to this process is staff engagement, whilst recognising the need for differing levels of integration within and across teams to meet satisfactory clinical/professional standards and statutory duties. This bottom-up focus on integration of operational service delivery has established the approach the partnership will maintain going forwards.

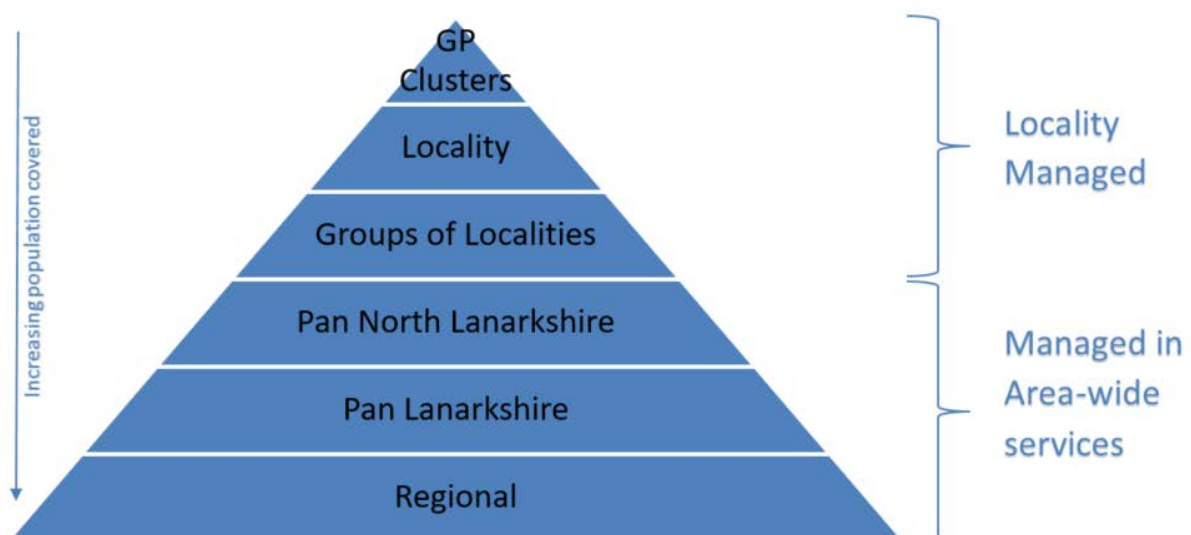
The roll out of integrated teams commenced with a demonstration project in one Locality, with learning then spread across the remaining five Localities to support the broader roll out. Through this process, the integrated teams identified the need for integrated Team Leader posts, which have since been created.

With this in mind, the review of integration provides an opportunity to evaluate the overarching structure to ensure it is best able to maximise the flexibility and opportunities for frontline integration of service delivery.

A variety of engagement sessions involving frontline staff, Trade Unions and Staff Side have taken place to:

- Explore successes and challenges of the existing operational service model and management structures
- Identify key responsibilities and tasks for operational managers
- Analyse findings and formulate comments and recommendations for future service delivery and operational management structures

The aim of the exercise was to create the basis for as flexible a model as possible, to support the most resilient and efficient service model across all areas. A tiered service model was identified as the key aim of the exercise:



Following a wide range of engagement, a preferred service model has been identified across both Locality and Area-Wide services.

Senior Structure

No changes have been proposed within the senior structure at second tier level reporting to the Chief Officer. This will see the retention of the posts of Head of Health and Head of Adult Social Work Services.

Disaggregation of Social Work Services

The structure exercise requires to fully align with the disaggregation of Children & Families and Justice Social Work services, looking at the realignment of budgets and current integrated and joint social work service functions, including areas of management; business and administrative supports; planning, performance and quality assurance including complaints management, contracting, monitoring and commissioning; IT support; and other frontline services such as areas of management, out of hours Home Support, Community Alarms and Emergency Services. At the same time, it is vital that we maintain professional identity, joint accountability and responsibility, positive transitions, a consistency of communication and management, and services that continue to acknowledge family and community components for all.

Professional Social Work Capacity

Following the introduction of the six operational Health and Social Work Manager posts at the outset of integration, there was a significant loss of professional capacity and contribution through the deletion of the six Community Social Work Manager posts. This has significantly increased the professional roles for Heads of Service in terms of high risk decision making, professional supervision and quality assurance.

Within the updated structure, it is vital that the appropriate professional capacity is in place to meet all statutory and professional requirements.

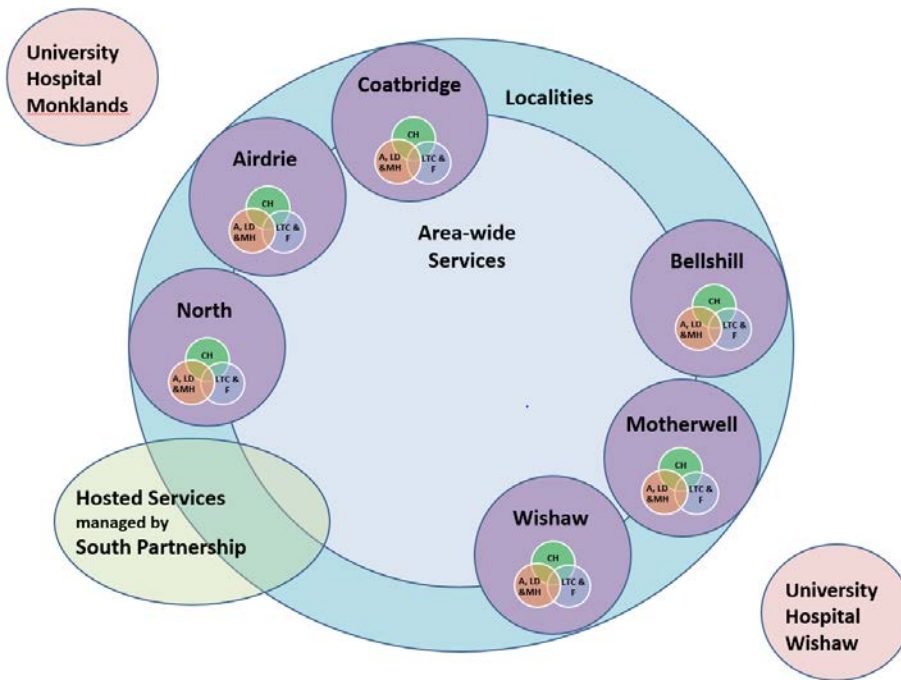
Locality Model

The preferred model will see the creation of two teams of three Localities, creating greater flexibility in service models and strengthening links with the hospital sites. The development of Locality service delivery will be progressed to ensure better use of community hubs, using shared space with all local partners including third sector and community organisations. It is important that the two teams have a clear identity and focus on integrated service delivery.

It is suggested that services continue to operate on a locality basis wherever feasible, however, the aim of the updated structure is to allow flexibility to support service delivery at different levels, acknowledging that economies of scale, resilience and statutory duties may lead to some services being delivered on a team or authority-wide basis in future.

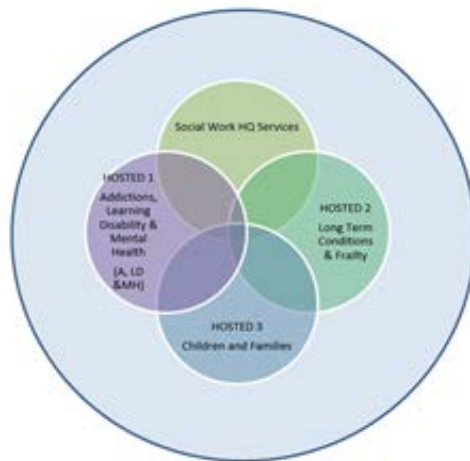
A professional leadership group involving the Locality Lead GP, Locality Senior Nurse, Locality Social Work Manager and other relevant senior staff will provide a focus for each Locality, including leading the Locality Planning Groups for the delivery of services at that level.

The health 'hosted services' that currently sit within Locality management, alongside Home Support management, will be placed into the Area-Wide Services structure, to gain greater autonomy, oversight and synergies. Integrated Addictions Services and Social Work Locality Support Services will move in the opposite direction to be Locality delivered.



Area-wide Services Model

As a first phase, the aim will be to create four Area-Wide groupings, maintaining a separate Social Work Area-Wide service grouping to support the work around disaggregation of Social Work support services and some realignment of existing functions to progress change programmes in terms of Home Support delivery and assessment and planning. In future, it is anticipated that a broader integrated Long Term Conditions and Frailty grouping could be established as a second phase.



Area wide 1 MH, LD & Addictions	Area wide 2 LTC & Frailty	Area wide 3 Children & Families	Area wide 4 SW area-wide
Addictions	Osteoporosis	Paediatrics	IEAS
MH Hub	H@H	School Nursing	Home Support
Prisoner healthcare	Care Home Liaison	Immunisations	Community Alarms
	Continence	CAMHS	Carers' Support
	Podiatry	CC Nursing	SDS
	Dietetics		Locality services
	SLT		
	Sexual Health		

The four groupings vary in size and scope, which require to be considered in developing the future management structure. The development of the First Point of Contact and its operational alignment is also a key consideration for the process.

Following approval of the proposed structure through this review process, an implementation plan will require to be completed alongside employee relations and Trade Unions/staff side representatives, in line with the organisational change policies of the respective organisations. A small project structure, in parallel with the disaggregation of Social Work services, will monitor progress against the key milestones and timescales for completion.

It is vital that this process is moved forward swiftly for all staff involved and certainly to be completed within the summer months.

Actions Identified:

The improvement actions identified are:

- Roll out of the updated strategic group structures across the partnership, including updated terms of reference;
- The posts of Head of Health and Head of Adult Social Work Services are retained in the senior structure;
- A collaborative process is agreed to manage the disaggregation of Social Work Services, with a focus on retaining professional identity and linkages between the services;
- Agree the proposed Locality and Area-Wide Service structures for implementation;
- An exercise be undertaken to review the tier 3 management posts in line with the new structure of two teams of three Localities and 4 Area-Wide Service groupings;
- Create an implementation plan for the establishment of the new structures in conjunction with employee relations and Trade Unions/Staff Side;
- Establish a small project structure in conjunction with employee relations and Trade Unions/Staff Side to manage the process and monitor progress against key milestones and timescales.

6. Conclusions

The local review of integration has offered a welcome opportunity to stop and reflect on the progress made to date and the challenges that need to be addressed. While the Measuring Performance Under Integration dataset demonstrates some significant performance improvements, there is a need to step up the pace of integrating health and social care services to maximise the benefits for our local residents.

This review and the actions contained within will provide greater clarity of the roles of the IJB and Health and Social Care Partnership and their respective relationships with the Local Authority and Health Board. The whole-system approach detailed in this report will provide maximum benefit where the roles and responsibilities of each part of the system are clear and aligned towards the common goal. This is equally true of the internal Health and Social Care Partnership structures and arrangements.

The focus moving forwards needs to be on integrating frontline service delivery from the bottom up around our key service groupings of Long Term Conditions and Frailty and Mental Health and Addictions, supporting frontline staff to lead the way as full partners in change.

The structural changes proposed aim to create a flexible model that aims to maintain Locality-based planning and delivery wherever possible, whilst acknowledging that economies of scale, resilience and statutory duties may lead to some services being delivered on a team or authority-wide basis in future.

The focus around Locality delivery and leadership remains a key priority for the partnership, supporting close links with our local communities and third and independent sector colleagues. The ultimate aim is to create welcoming communities and active citizens through a focus on social inclusion; quality housing; community supports; communication and information; transportation; social participation; and formal services and supports where required.

The key theme that runs through the report is that of collaborative working. To truly transform the whole system, we require to work collectively, adapting, compromising and supporting each other to deliver for the local population. The continued collaboration across all five local partners in Lanarkshire remains central to this approach.

We already have a number of positive examples of such approaches from the recent developments around the Rapid Rehousing Transition Plans to the joint developments around off-site bed modelling across health and social care in Lanarkshire.

There is a long history of partnership working in the area and the clear message from this review is the continued commitment of all partners to make integration work for the residents of North Lanarkshire remains.

The review has progressed looking at both the local context along with the outputs of the national MSG review and self-assessment and in line with the national process, a review of progress against all actions will take place in twelve months. An implementation plan from the review will be progressed immediately to ensure pace in implementation. Part of this process will include a commitment to undertake a series of Locality and service roadshows to communicate the outputs of the review and ensure frontline staff continue to be engaged in the process.

6. Summary of recommendations

Report Section	Improvement Actions Identified
Collaborative leadership and building relationships	Review the remaining King's Fund OD programme to ensure it is fully focused on developing the relational aspects of the health and social care team
	Creation of a Joint HR and Workforce Planning Forum as a subject matter reference group
	Continued development of the Joint Trade Union/Staff Side Group
	Sharing of the review of the Community Capacity Building and Carer Support Programme as a model of good practice
	Re-branding and updated communications framework for the Community Capacity Building and Carer Support Programme
Integrated finances and financial planning	The financial monitoring arrangements for the IJB will continue to be developed to support the implementation of the strategic commissioning plan and the directions
	Focused developments within the health and social care management team to ensure consistent and transparent processes that will support genuinely integrated financial planning
	Increase awareness of all IJB members and wider elected members/senior officers of overall financial issues pertinent to both partners, so that all are fully aware of the financial challenges being faced across the whole system
	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
	The transparent whole system approach adopted to service redesign across the partnership will continue to be adopted and refined and extended to include acute hospital services more fully. This will be led through the Unscheduled Care Board and other joint working arrangements
	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
	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
	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
	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
	In order to further improve the deployment of budgets in line with the MSG proposal, best practice examples in relation to

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Report Section	Improvement Actions Identified
Effective strategic planning for improvement	the management of budgets by other partnerships will be identified and evaluated
	Review of key roles and responsibilities to ensure clarity of all stakeholders in planning, objective setting, commissioning and service delivery. This includes a review of all partnership strategic groups to streamline processes and provide clarity and consistency of decision making
	Engagement with staff, service users, carers and communities should be as joined up as possible to ensure local empowerment (see section 4.6)
	Extend the proven collaborative planning approach to cover all delegated hospital services
	Review the partnership's continuing improvement structures to maximise the use of the data available to drive improvement
Agreed governance and accountability arrangements	Update the terms of reference of the Support, care and Clinical Governance Group and its linked committees
	Update the Integration Scheme to reflect the new arrangements
	Further review the Support, Care and Clinical Governance arrangements on publication of the new national guidance in September 2019
	Work with the Participation and Engagement Steering Group to strengthen the profile of the patient/service user voice within the Support, Care and Clinical Governance arrangements
	Develop an OD programme to clearly define the roles and responsibilities of the operational committees and the IJB Sub-Committee with members and wider staff groupS
	Letters of direction will be issued after each IJB meeting, with associated finance clearly defined
	Develop the directions process in line with the anticipated updated national guidance
Ability and willingness to share information	Continue the development of the IJB's Annual Report to ensure the sharing of best practice and learning from other areas
	Ensure the continued development of the eCare system and its consistent use across health and social care teams
	Develop systems to support integrated managers to access management systems within both organisations
	Continue the developments around digitisation within both organisations, supporting integrated approaches wherever possible
Meaningful and sustained engagement	Deliver the Participation and Engagement Steering Group actions
	Ensure the full roll out of the identified actions from the Coalition of Carers Report 'Equal, Expert and Valued' as part of this approach
	The membership of the Strategic Planning Group should be reviewed to ensure the voices of children and young people are fully heard
Operational and structural review	Roll out of the updated strategic group structures across the partnership, including updated terms of reference
	The posts of Head of Health and Head of Adult Social Work Services are retained in the senior structure

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Report Section	Improvement Actions Identified
	A collaborative process is agreed to manage the disaggregation of Social Work Services, with a focus on retaining professional identity and linkages between the services
	Agree the proposed Locality and Area-Wide Service structures for implementation
	An exercise be undertaken to review the tier 3 management posts in line with the new structure of two teams of three Localities and 4 Area-Wide Service groupings
	Create an implementation plan for the establishment of the new structures in conjunction with employee relations and Trade Unions/Staff Side
	Establish a small project structure in conjunction with employee relations and Trade Unions/Staff Side to manage the process and monitor progress against key milestones and timescales
Conclusions	An action plan will be created for approval by July 2019
	A series of Locality and service roadshows will take place to communicate the outputs of the review

Appendix 1 – Engagement Plan

INTEGRATION REVIEW STAKEHOLDER ENGAGEMENT

Date	Group Consulted	TOR/Purpose	Issues consulted on	Membership
Jan-May 19 25.03.19 06.05.19	Strategic Leadership Team (SLT)	Ensure a more consistent and regular engagement between Operational and Professional leads for the partnership	Integration review and structures Provide updates on the engagement sessions	CAO, Heads of Service, Senior Operational Managers and Professional Leads
29.04.19	Core SLT	Ensure a more consistent and regular engagement between Heads of Service	Integration review and structures	Consists of CAO, Heads of Service,
Bellshill 21/03/19 Wishaw 24/04/19 Coatbridge 29/03/19 Motherwell 04/04/19 North 15/05/19 Airdrie 11/04/19 & 22/05/19	Locality and Service Management Teams	Locality Management teams, Area wide and Hosted Services including Clinical Leads	Progress update and opportunity to input on key themes of the review	Locality Management teams, Area wide and Hosted Services
20/03/19	Health and Social Work Managers (HSWM's)	To meet with the Integrated post holders to evaluate current arrangements for service delivery and management of internal services	Integration review and structures SWOT analysis and significant factors	6 locality HSWM's
03/04/19	Care Managers and Associate Directors of Nursing	To meet with a wide range of staff to discuss the review of integration	Integration review and structures SWOT analysis and significant factors	Social Work Managers – Adults, Younger Adults, P&QA Health Improvement Managers Associate Directors of Nursing

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Date	Group Consulted	TOR/Purpose	Issues consulted on	Membership
03/04/19	Locality Management Hosted and Area Wide services	To meet with a wide range of staff to discuss the review of integration	Integration review and structures SWOT analysis and significant factors	Health service Managers Locality Social Work Managers Hosted and AW Services Mangers Clinical Leads Trade Unions
09/04/19	Front line staff from Integrated Teams (ART, IRT, IDS and CMHT)	Focus group with front line staff to use a SWOT analysis to evaluate current arrangements for service delivery	Integration review and structures SWOT analysis	Front line staff from Integrated Teams (ART, IRT, IDS and CMHT)
23.11.18 02.05.19	Strategic Commissioning Planning Group (SCPG)	This group develops the strategic plan, makes decisions out with its strategic plan, reviews and replaces the strategic plan.	Nov session: wide overview of We Aspire, Section 44 review and Integration Review, with feedback on what's working well and areas of challenge. May session: engagement on draft review findings	CAO, Heads of Service, Health and Senior Operational Managers and Professional Leads Service User, Carer, Public and Service representation
19.03.19	Long Term Conditions and Frailty Partnership Board	This Care Group Board oversees the work concerning LTC&F for HSCNL.	Progress update and opportunity to input on key themes of the review	Long Term Conditions & Frailty leads, third and independent sector reps and service users, carers
17.04.19	Partnership for Change (PforC) Service User Assimilation	Partnership for Change (PforC) is a service user and carer led organisation, which aims to support meaningful engagement and participation of service users and carers within the integration of health and social care across North Lanarkshire.	Progress update and opportunity to input on key themes of the Integration review and Community Alarms	1) local organisations operating in the six localities across North Lanarkshire, 2) branches of large national organisations providing services in North Lanarkshire and 3) smaller organisations supporting specific care groups not currently involved in the existing engagement mechanisms of the Integrated Joint Board (IJB)
24.04.19	PPRC	NHS Board Planning Performance and	Integration Review progress	NHS Board members

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Date	Group Consulted	TOR/Purpose	Issues consulted on	Membership
		Resource Committee		
07.03.19 30.04.19	IJB Liaison	ad hoc meeting of the IJB Board members to raise awareness and support learning around upcoming topic areas	Progress update and opportunity to input on key themes of the review	Voting 8 of the IJB and members of SLT dependant on the topic/issue
13/05/19 14/05/19	NHSL CMT NLC CMT	Corporate Management Teams	Self-evaluation	Directors/heads of service
02/05/19	Elected Member Briefing Session	Elected Members full session	Progress update and opportunity to input on key themes of the review	All 72 of the NLC Elected Members
29/05/19	Care Managers and Associate Directors of Nursing	To meet with a wide range of staff to give an update on the review of integration	Review of integration report and plan	Social Work Managers – Adults, Younger Adults, P&QA Health Improvement Managers Associate Directors of Nursing
29/05/19	Locality Management Hosted and Area Wide services	To meet with a wide range of staff to give an update on the review of integration	Review of integration report and plan	Health service Managers Locality Social Work Managers Hosted and AW Services Mangers Clinical Leads Trade Unions
30/05/19	Clinical Leads	To meet with a wide range of staff to give an update on the review of integration	Review of integration report and plan	GP Leads Children’s Services Leads Mental Health Leads Sexual Health Leads AHP Leads

Appendix 2 - Support, Care and Clinical Governance Strategy Map, Step Plan and Governance Structure

SCCG STRATEGY MAP – SUPPORTING DELIVERY OF NHSCP ANNUAL OPERATING PLAN - 2019/20 V0.2					
Social Services In Scotland	Socially Just		Empower, Support & Protect People	Prevention, Early Intervention & Enablement	
National Quality Ambitions for the NHS	Person Centred		Safe	Effective	
Health & Social Care North Lanarkshire’s Vision The People Of North Lanarkshire Will Fulfil Their True Potential					
We Aspire	Improve health & care in community	Support children to meet full potential	Improve NLC relationship with communities & 3 rd Sector	Improve NLC resource base	Improve economic opportunity & outcome
NHS Lanarkshire’s High Level Outcomes	Shifting the Balance of Care	Continuously Improve experience and outcomes	Person Centred, Safe & Sustainable Services	Achieve Best Outcome and Value for Money	Excellence in Employment, Engaged & Partnership Working
Right Support, Right Time, Right Place Delivered By A Skilled And Valued Workforce					
KPI Themes   	Statutory Responsibility Legislative Requirements Locality and Health Improvement Plans Population Health/ Screening Transformational expansion of Early Years Strategic Commissioning	Support for Young People Innovation and Research Capacity /Capability Plans Feedback, Comments, Concerns and Complaints ALLIP and Spiritual Care Strategy Clinical Service Strategies Public Protection Reablement Self Directed Support	Infection Prevention & Control Transforming - Primary Care/ Mental Health / Patient Safety /Framework for Clinical Excellence/ Quality of Care Safety and Quality of the Estate/Duty of Candour	Workload and Workforce Planning eHealth & Technology Agency Use Integrated Planning Objective setting	iMatters/TURAS Leadership Transforming Roles Missed Care Psychological Safety E-Enabled Outcome Star / DAISY

North SCCG 5 Yr Strategic Enhancement Plan (STEP Diagram) 2019/20 V0.2

Colour Code:
Process
People
Product

2024 Vision: There will be an expanding cohort of strong & confident H&SC Leaders at all levels driving a culture change focused on continuously improving the delivery of safe, person centre effect support & care using agreed mechanisms. NLC & NHSL assured

Gap
Quality systems/ data interconnectivity
Improvement - Skills & Competencies Collaborative and Integrated

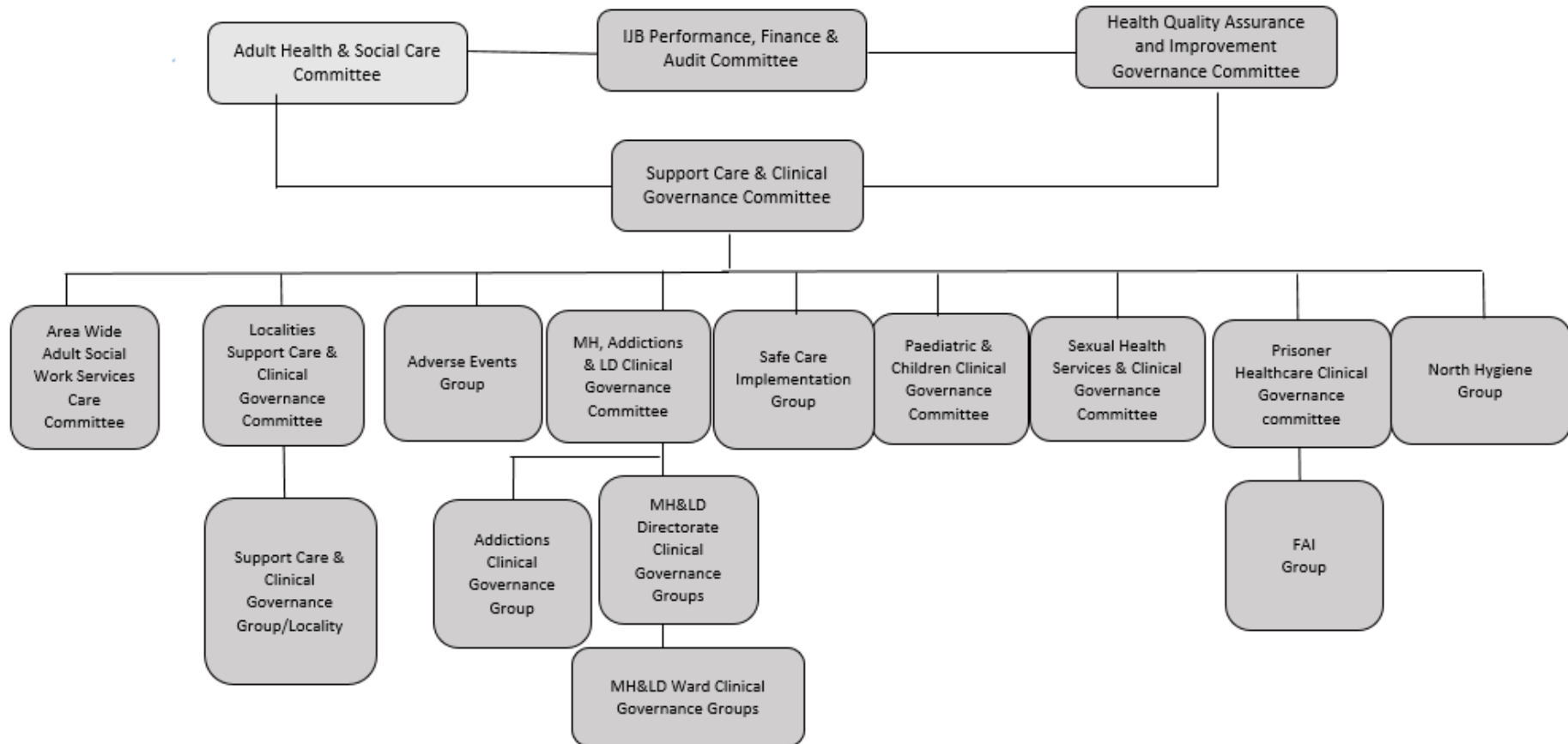
Current Situation:
Workforce committed to improving quality with varying skills & competency in quality improvement. Varying awareness, risk thresholds, escalation processes & understanding of governance processes across health and social care reducing visibility and opportunity to recognise & improve practice across services & disciplines developing a psychologically safe culture

WE ASPIRE
2019/2020:
Transforming Support Care & Clinical Governance

2023/24 Competent & Confident H&SC Leaders	<ul style="list-style-type: none"> Accurate, timely health & social care data available to support decision making and utilised to evidence improvement and effective governance Staff are maximising their impact by articulating clearly their leadership roles, improvement plans proposed impact and development needs Impactful collaborative model of support care and clinical governance is being embedded supported and evident.
2022/2023: Evidencing Individual Accountability	<ul style="list-style-type: none"> Data increasingly supports the delivery of high standards of support, care and services Staff at all levels confidently exercise their accountability by recognising and being able to clearly articulate their needs, value and impact within a health and social care setting. Staff co produce support care and clinical improvement plans for their services utilising improvement skills and competencies to address needs
2021/2022: Realising Potential	<ul style="list-style-type: none"> Revised systems, processes are embedded - delivering continuous improvements Staff supported in evidencing individual commitment, compassion, impact, improving perceived levels of psychological safety and missed support / care by exercising their individual accountability and feeling increasingly valued within a health and social care setting to do the right thing. utilisation of data for improvement and patient / client feedback increasingly evident in the development and delivery of support and care - Individuals are happy with the support, care and services provided in response to their chosen outcome/need
2020/21: Evaluating Impact	<ul style="list-style-type: none"> Increased levels of qualitative and quantitative individual and staff data to determine impact, and the level of quality and safety Staff increasingly experience a positive work environment - Evidenced by enhanced levels of ownership in addressing perceived causes of low psychological safety and missed care through service change and redesign utilising data to support improvement and share good practice New collaborative and integrated support care and clinical governance mechanisms are tested and evaluated - to identify benefits in the provision of person centred support, care and services
<ul style="list-style-type: none"> Enhance improvement & quality assurance systems, processes and governance arrangements ensure staff are engaged in and include improvement within objective setting and performance reporting – enabling their voice to be heard and organisational learning to be evidenced across health and social care. Increase the level of understanding of staffs perceptions of governance, escalation & reporting processes developing a culture openness, respect, transparent and psychologically safe by building a culture of psychological safety by exhibiting authentic/genuine person centred leadership through staff engagement/dialogue & ownership Develop & implement effective collaborative & integrated model of support care and clinical governance for use across health & social care to support delivery of modern, safe and effective care. 	



**Health & Social Care North Lanarkshire
Proposed Support Care and Clinical Governance Structure**



Appendix 3: 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

**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.

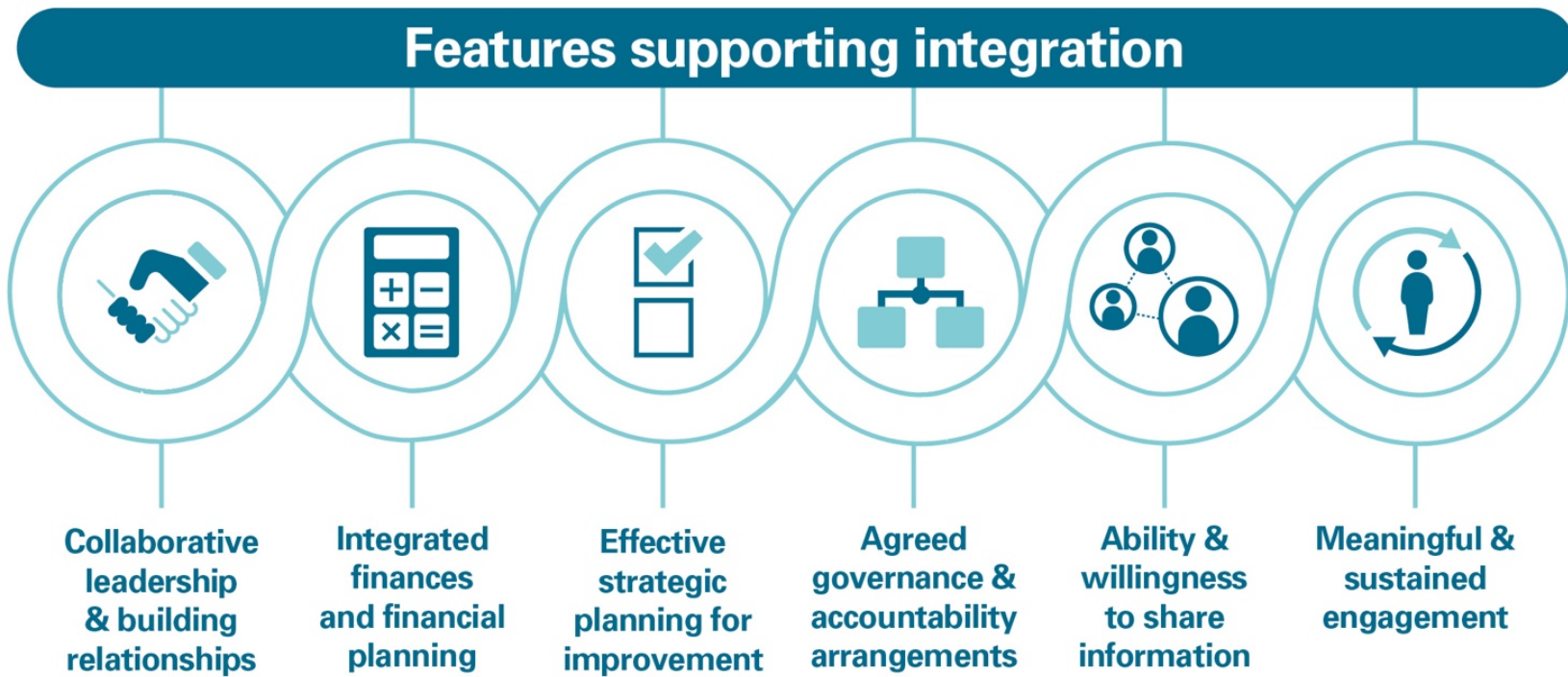
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

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**



Name of Partnership	Health and Social Care North Lanarkshire
Contact name and email address	Ross McGuffie (CO) Ross.McGuffie@lanarkshire.scot.nhs.uk
Date of completion	15.05.2019

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	<ul style="list-style-type: none"> • Long history of collaborative working in North Lanarkshire • Joint Inspection of Adult Services noted “There was evidence of a shared and explicit commitment to integrating services and locality working within North Lanarkshire.” • Inspection also noted positive and valuing relationships across the partnership and that there was a clear, concise and easy to understand vision that informed strategic planning and was widely recognised by staff • The inspection further noted that the Integrated Joint Board and senior leadership shared a clear vision and commitment to developing integration of health and social care services, with detailed strategies to support this, demonstrating a strong focus on individual outcomes and local areas • An Integrated organisational development plan covers a range of settings including the Integration Joint Board voting members, Senior Leadership Team, Locality and service management teams and hosted and area-wide services • King’s Fund were commissioned in 2018 to lead a further 2 year development programme which has resulted in strong feedback from staff at all levels on the value of the programme • The third sector interface and acute sector are both represented on the partnership’s Senior Leadership Team and the care group Partnership Board groups contain representation from all aspects of the system, including service user and carer representatives 			

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<p>Proposed improvement actions</p>	<ul style="list-style-type: none"> • The Kings Fund Leadership Programme will continue for the next 2 years to continue leadership development support for the leadership team in North Lanarkshire • The investment in the Senior Leadership Team and development of the relationship between Locality Management Teams, hosted and Area Wide structures will continue to mature and develop • Development of a 3 year Commissioning Strategy for 2020 – 2023 will increase the opportunity for longer term planning and commitment to change informed by on wide stakeholder consultation, updated locality profiles and performance information
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<p>Proposal 1.2 Relationships and collaborative working between partners must improve</p>				
Rating	Not yet established	Partly established	Established	Exemplary
<p>Indicator</p>	<p>Lack of trust and understanding of each other's working practices and business pressures between 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>
<p>Our Rating</p>			<p>X</p>	
<p>Evidence / Notes</p>	<ul style="list-style-type: none"> • Long history of collaborative working in North Lanarkshire • Joint Inspection of Adult Services noted “There was evidence of a shared and explicit commitment to integrating services and locality working within North Lanarkshire.” • Inspection also noted positive and valuing relationships across the partnership and that there was a clear, concise and easy to understand vision that informed strategic planning and was widely recognised by staff • The inspection further noted that the Integrated Joint Board and senior leadership shared a clear vision and commitment to developing integration of health and social care services, with detailed strategies to support this, demonstrating a strong focus on individual outcomes and local areas 			

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	<ul style="list-style-type: none"> • An Integrated organisational development plan covers a range of settings including the Integration Joint Board voting members, Senior Leadership Team, Locality and service management teams and hosted and area-wide services • King's Fund were commissioned in 2018 to lead a further 2 year development programme which has resulted in strong feedback from staff at all levels on the value of the programme • The third sector interface and acute sector are both represented on the partnership's Senior Leadership Team and the care group Partnership Board groups contain representation from all aspects of the system, including service user and carer representatives
Proposed improvement actions	<ul style="list-style-type: none"> • Continue to develop full and wide understanding of roles and responsibilities of the IJB / NHSL / NLC structures and processes • The Kings Fund Leadership Programme will continue for the next 2 years to continue leadership development support for the leadership team in North Lanarkshire • The investment in the Senior Leadership Team and development of the relationship between Locality Management Teams, hosted and Area Wide structures will continue to mature and develop • Development of a 3 year Commissioning Strategy for 2020 – 2023 will increase the opportunity for longer term planning and commitment to change informed by on wide stakeholder consultation, updated locality profiles and performance information

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

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<p>Evidence / Notes</p>	<ul style="list-style-type: none"> • Very strong, long standing relationships with its third sector interface, Voluntary Action North Lanarkshire, Scottish Care and other umbrella bodies as well as individual third sector organisations. • Third and independent sector representatives as active and equal participants across all of the partnership’s planning groups and the third sector interface is represented on the partnership’s management team and IJB. • The Community Capacity Building and Carer Support programme is a long established delivery branch of the partnership, supported by a delegated budget of £1.141m to meet outcomes around prevention and early intervention. • The CCB&CS fund is governed through a partnership structure delivering on a five-year commissioning plan, which includes a locality micro-funded programme which involves a genuine co-production approach. • The CCB&CS programme was recently reviewed with support from the Improvement Service, with key strengths identified in partnership, delivery of outcomes and use of resources. Improvements identified included a re-branding and updated communication strategy to ensure the public understood the role of the group and the provision of further qualitative data as part of the evaluation framework. • The relationships with commissioned independent sector providers builds on years of partnership working. Framework agreements reinforce the importance of collaboration in ensuring a wide range of choice for people in North Lanarkshire. • A market facilitation plan and engagement strategy have recently been published through a Commissioning Framework agreed through the IJB in March 2019 • Care Home Continence work is an excellent example of collaborative working https://www.youtube.com/watch?v=REOx5PNGTX4&feature=youtu.be
<p>Proposed improvement actions</p>	<ul style="list-style-type: none"> • The re-branding of the Community Capacity Building and Care Support work will continue to strengthen the focus on whole system approach, connection and inclusion, enhancing identity and profile of the work and outcomes achieved • Improved communications, including success stories in key messages and in accessing key documents • More qualitative locality data to be fed to HSCNL structure

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	<ul style="list-style-type: none"> 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	<p>Action plan to be develop to include:</p> <ul style="list-style-type: none"> The financial monitoring arrangements for the IJB will continue to be developed to support the implementation of the strategic commissioning plan and the directions. 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	<ul style="list-style-type: none"> • The budget for the IJB for the forthcoming year is agreed before 31 March. This has been achieved each year since 2016. • 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. • 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. 			

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<p>Proposed improvement actions</p>	<p>Action plan to be develop to include:</p> <ul style="list-style-type: none"> • 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. • Without 3 year financial planning which includes more specificity re year on year budgets, it will not be possible to do completely.
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<p>Proposal 2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented</p>				
<p>Rating</p>	<p>Not yet established</p>	<p>Partly Established</p>	<p>Established</p>	<p>Exemplary</p>
<p>Indicator</p>	<p>Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.</p>	<p>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.</p>	<p>Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements.</p> <p>The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.</p>	<p>Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance.</p> <p>The set aside budget is being fully taken into account in whole system planning and best use of resources.</p>
<p>Our Rating</p>			<p style="text-align: center;">X</p>	
<p>Evidence / Notes</p>	<ul style="list-style-type: none"> • 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. • 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 			

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	<p>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> <ul style="list-style-type: none"> • 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. • 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>Proposed improvement actions</p>	<p>Action plan to be develop to include:</p> <ul style="list-style-type: none"> • 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. • 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.

<p>Proposal 2.4 Each IJB must develop a transparent and prudent reserves policy</p>				
<p>Rating</p>	<p>Not yet established</p>	<p>Partly Established</p>	<p>Established</p>	<p>Exemplary</p>
<p>Indicator</p>	<p>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.</p>	<p>A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.</p>	<p>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.</p>	<p>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.</p>
<p>Our Rating</p>			<p>X</p>	

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<p>Evidence / Notes</p>	<ul style="list-style-type: none"> • A reserves policy is in place and the ring-fenced and ear-marked reserves are transparent. • 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>	<p>Action plan to be develop to include:</p> <ul style="list-style-type: none"> • 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.

<p>Proposal 2.5</p>				
<p>Statutory partners must ensure appropriate support is provided to IJB S95 Officers.</p>				
<p>Rating</p>	<p>Not yet established</p>	<p>Partly Established</p>	<p>Established</p>	<p>Exemplary</p>
<p>Indicator</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>
<p>Our Rating</p>		<p style="text-align: center;">X</p>		

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<p>Evidence / Notes</p>	<ul style="list-style-type: none"> • The IJB Chief Financial Officer is responsible for the strategic financial planning for two IJBs circa £1 billion. • The Health Board and Local Authority Directors of Finance are responsible for the operational finance functions within their respective partner organisations. • Regular monthly reports are provided and the format and content has been refined based on experience to date. • The interface between the strategic and operational finance functions requires to be further developed as the partnership matures.
<p>Proposed Improvement actions</p>	<p>Action plan to be develop to include:</p> <ul style="list-style-type: none"> • 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.

<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.</p>				
<p>Rating</p>	<p>Not yet established</p>	<p>Partly Established</p>	<p>Established</p>	<p>Exemplary</p>
<p>Indicator</p>	<p>Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>
<p>Our Rating</p>		<p>X</p>		

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<p>Evidence / Notes</p>	<ul style="list-style-type: none"> • 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. • 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,. • 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>	<p>Action plan to be develop to include:</p> <ul style="list-style-type: none"> • 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. • 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.

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.	The Chief Officer is not fully recognised as pivotal in providing leadership. Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners. Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	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. 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.
Our Rating			X	
Evidence / Notes	<ul style="list-style-type: none"> • The planning landscape is complex, wide range of legislative and policy directions nationally and locally • Competing strands of planning at different levels: <ul style="list-style-type: none"> • Locality planning – Locality-based planning has been threaded through the Strategic Commissioning Plan, with supporting structures in place through the Locality Planning Groups, which include both frontline staff and service user and carer representatives • Strategic planning – focus remains on a whole-system approach through the existing Partnership Boards and other key planning forums such as the pan-Lanarkshire Unscheduled Care and Delayed Discharge Improvement Board. • Regional planning – particularly from the NHS component of the partnership, being developed around the Health and Social Care Partnership agenda. • Strong evidence of a whole-system approach e.g. Strategic Needs Assessment, with one exercise undertaken to support the 			

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	<p>development of all local strategies, ensuring an efficient and consistent approach</p> <ul style="list-style-type: none"> • Chief Officer is able to access supports within both organisations, all be it from reduced capacity due to budgetary pressures • Chief Officer is a full member of both Corporate Management Teams for the Health Board and North Lanarkshire Council
Proposed improvement actions	<ul style="list-style-type: none"> •

Proposal 3.4				
Improved strategic planning and commissioning arrangements must be put in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.</p>	<p>Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements.</p> <p>The Local Authority and Health Board provide some support for strategic planning and commissioning.</p>	<p>Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements.</p> <p>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.</p>	<p>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.</p> <p>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.</p>
Our Rating			X	
Evidence / Notes	<ul style="list-style-type: none"> • The Joint Inspection noted that there was evident that the partnership was strongly committed to implementing the integration of health and social care and improving personal outcomes with a focus on local need and priorities. • It had made significant progress in developing the building blocks, such as strategic plans and establishing operational structures to support integrated working. • Services were already being commissioned and contractual agreements monitored. 			

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	<ul style="list-style-type: none"> Commissioning framework agreed through the IJB in March 2019 sets out the market facilitation plan and engagement strategy Work has started to develop a three year commissioning strategy for 2020 - 2023
Proposed improvement actions	<ul style="list-style-type: none"> The IJB approved additional resource into the Commissioning team, creating additional capacity to support the commissioning of services and the quality assurance function to monitor performance, staff are recently in post to deliver this enhancement Review of key roles and responsibilities to ensure clarity of all stakeholders in planning, objective setting, commissioning and service delivery; Engagement with staff, service users, carers and communities should be as joined up as possible to ensure local empowerment; Extend the proven collaborative planning approach to cover all delegated hospital services; Review the partnership's continuing improvement structures to maximise the use of the data available to drive improvement.

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.

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Our Rating		X		
Evidence / Notes	<ul style="list-style-type: none"> • The strategic commissioning of delegated hospital services remains an area for development • Progress has been made through the establishment of the pan-Lanarkshire strategic group of the Unscheduled Care and Delayed Discharge Improvement Board • The Bed Modelling Steering Group has co-ordinated a shift in the balance of care through off-site bed reduction and site closures • Further development work is needed to broaden the scope of this work to cover the delegated hospital services 			
Proposed improvement actions	<ul style="list-style-type: none"> • While the Unscheduled Care and Delayed Discharge Improvement Board and the Bed Modelling Steering Group present 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. 			

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	<ul style="list-style-type: none"> • There are strong working relationships between and among voting members and senior officers. • The senior leadership team has a representative from the third sector as a full member of the team and we saw evidence of their active participation in the leadership team meeting. • Housing is also represented on the IJB and the strategic planning group. • There is evidence of learning from other partnerships and of work taking place to develop robust joint governance arrangements for the delivery of care. • Throughout 2018/19 an extensive development programme has taken place with the Support Care and Clinical Governance Group • Annual Work Programme has been introduced along with annual reporting • Within the two partner organisations there are operational committees, the Adult Health and Social Care Sub Committee in NLC and the Population Health Committee Care Committee in NHS Lanarkshire. The operational committees have a key role 			

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	<p>around operational scrutiny of service delivery and performance</p> <ul style="list-style-type: none"> • The IJB subcommittee has had a strong programme of development, providing an operational oversight role on performance and audit • Audit Scotland commented on the importance of maintaining operational committees during the recent session with Chief Officers and Chief Social Work Officers.
Proposed improvement actions	<ul style="list-style-type: none"> • Update the terms of reference of the Support, Care and Clinical Governance Group and its linked committees; • Update the Integration Scheme to reflect the new arrangements; • Further review the Support, Care and Clinical Governance arrangements on publication of the new national guidance in September 2019; • Work with the Participation and Engagement Steering Group to strengthen the profile of the patient/service user voice within the Support, Care and Clinical Governance arrangements; • Develop an OD programme to clearly define the roles and responsibilities of the operational committees and the IJB Sub-Committee with members and wider staff groups; • Letters of direction will be issued after each IJB meeting, with associated finance clearly defined; • Develop the directions process in line with the anticipated updated national guidance.

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.
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<p>Evidence / Notes</p>	<ul style="list-style-type: none"> • There is transparent public reporting of IJB, IJB Sub Groups, Health Board and Local Authority Groups. • Within the two partner organisations there are operational committees, the Adult Health and Social Care Sub Committee in NLC and the Population Health Committee Care Committee in NHS Lanarkshire. The operational committees have a key role around operational scrutiny of service delivery and performance • The IJB subcommittee has had a strong programme of development, providing an operational oversight role on performance and audit • Audit Scotland commented on the importance of maintaining operational committees during the recent session with Chief Officers and Chief Social Work Officers.
<p>Proposed improvement actions</p>	<ul style="list-style-type: none"> • Improved understanding of remits of Population Health, Local Authority and IJB Sub-groups • New Support Care and Clinical Governance (SC&CG) structure being established • New HSCNL meeting structure to streamline

<p>Proposal 4.3 IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.</p>				
<p>Rating</p>	<p>Not yet established</p>	<p>Partly Established</p>	<p>Established</p>	<p>Exemplary</p>
<p>Indicator</p>	<p>IJB lacks support and unable to make effective decisions.</p>	<p>IJB is supported to make effective decisions but more support is needed for the Chair.</p>	<p>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.</p>	<p>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.</p>
<p>Our Rating</p>			<p style="text-align: center;">X</p>	

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Evidence / Notes	<ul style="list-style-type: none"> • The North Lanarkshire IJB had an extensive OD programme on its instigation, which has continued into regular IJB Liaison sessions, to support Board members in their role. • The IJB Liaison sessions have evolved to support information sharing on key issues to support a shared understanding of issues • The IJB is very clear on its role and responsibilities and very positive relationships have been developed between members
Proposed improvement actions	<ul style="list-style-type: none"> • Create a formal induction programme for new IJB Board members • Develop a wider organisational understating of the role of the IJB for elected members and non-executive board members

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	<ul style="list-style-type: none"> • Directions are an area for development in the North Lanarkshire IJB. • While some progress has been made, with report templates now updated to include information on directions required and a direction tracker in place to coordinate all directions, the practice is not yet fully embedded. • Work is also required to ensure directions are linked to finance. • Updated guidance is anticipated around the directions from Scottish Government and this will require to be followed through as part of the development process. 			

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Proposed improvement actions	<ul style="list-style-type: none"> • Ensure letters of direction are completed after each IJB meeting • Directions require to be clear on finance • Implement new process in line with soon to be announced National Guidance.
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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	<ul style="list-style-type: none"> • Support Care and Clinical Governance arrangements within North HSCP have continued to evolve since 2016 with a series of development sessions aimed at embedding and strengthening arrangements taking place in March 2018, October 2018 and March 2019 with the latter session in particular informing the related workstream within the current Integration Review. • Additional discussions have also taken place between the Chief Social Work Officer, Nurse Director and Medical Director. 			
Proposed improvement actions	<ul style="list-style-type: none"> • Current review of Support, Care & Clinical Governance taking place • A number of areas have been identified as requiring further discussion in order to continue to develop and improve SCCG arrangements including: <ul style="list-style-type: none"> ○ Strengthening the profile of the patient/service user voice within the SCCG arrangements ○ Clarifying the interface with other workforce and professional governance for a ○ Developing the sub-structure within services 			

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| | <ul style="list-style-type: none">• In addition the detailed terms of reference and reporting arrangements will require to be adjusted to take account of structural or other changes within the partnership which may arise from the other workstreams of the Integration Review and will also require to be revisited when new national guidance is published. |
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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	<ul style="list-style-type: none"> • The process for creating the Annual Report is now embedded, including wider engagement with a range of stakeholders. This is seen as a key opportunity to highlight the positive work undertaken within the partnership and an inclusive approach has been adopted to ensure this captures the wide range of developments throughout the year. • The Partnership has linked into the New Integrated Managers Network to align the Annual Review with national proposals and looks forward to continuing this process to support greater sharing of practice across Scotland. 			
Proposed improvement actions	<ul style="list-style-type: none"> • Work with other HSCPs via the Strategic Commissioning & Improvement Network to establish means by which partnerships can share their areas of best practice and benchmark performance information where appropriate. • Continue to implement wider stakeholder engagement in production of annual report 			

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	<ul style="list-style-type: none"> • The partnership is well represented at the Strategic Commissioning and Improvement Network with senior managers Meeting • The partnership's Chief Officer is a regular attendee at the Chief Officers Group and the partnership is participating in the current developments around sharing best practice • There are a range of joint developments in place with the partnership in South Lanarkshire and we regularly share learning between the two partnerships • The partnership's Building Better Practice group, its continuous improvement forum, routinely reviews inspection reports 			

Proposed improvement actions	<ul style="list-style-type: none"> • Work with other HSCPs via the Strategic Commissioning & Improvement Network and participate in the national developments to establish means by which partnerships can share their areas of best practice and benchmark performance information where appropriate.
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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	<ul style="list-style-type: none"> • A Participation and Engagement Strategy was approved by the IJB in 2017 and was subject to a further review in 2018 to maximise the impact of engagement and participation across the partnership in line with the national standards for community engagement. The 2018 review took a particular focus on the Coalition of Carers Report 'Equal, Expert and Valued', with a number of actions identified to further expand the positive engagement with carers in the area. • Key principles have been developed to guide all participation and engagement activities: <ul style="list-style-type: none"> • Services are developed in partnership and planned in a way which engages with the community and local professionals; • All stakeholders are treated fairly, equally and with respect; • All health and social staff have a role to play in supporting user involvement. • Representation has been reviewed at all strategic forums across the partnership, including at Locality Planning Groups, which had previously been identified as a gap. • Another key development has been around the Partnership for Change User and Carer Engagement and Representation Forum, which supports representatives from the wide range of groups to come together to share learning and develop a wider understanding of issues to take back to the key strategic groups. 			

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	<ul style="list-style-type: none"> The Strategic Planning Group in North Lanarkshire has been created with around 70 members, run six-monthly in a ‘world café’ format to provide as wide an opportunity as possible for engagement with the third and independent sectors, service users, carers and frontline staff. The Participation and Engagement Steering Group has been developed to implement a wide-ranging action plan to further this area of work and maintain its focus. The IJB and partnership as a whole are committed to the continued development of service user and carer engagement, recognising the significant role this has played in a wide range of service developments to date and the importance of developing this further into the future.
Proposed improvement actions	<ul style="list-style-type: none"> Participation and Engagement Action Plan to be implemented Review of engagement by Community Planning partnership in order to improve efficiency and maximise opportunity for engagement

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 on-going 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>
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<p>Evidence / Notes</p>	<ul style="list-style-type: none"> • As detailed above, a wide range of engagement mechanisms have been established across the partnership • A Project Worker has been supported in the partnership to coordinate a range of engagement activity, which includes quarterly assimilation meetings that bring together service user and carer reps from across the area to keep everybody up to speed on the range of developments taking place and able to input to the agenda • The Participation and Engagement Steering Group has a cooperative focus, supporting a range of actions to be taken forward to support better engagement at all levels, building on the existing strong relationships within the area • The Strategic Planning Group has been an additional welcome layer to the approach and has had very strong attendance and participation, with positive feedback on the format and ability to input from participants. As an example, service users and carers presented at the last session on progress in the Participation and Engagement Steering Group • The Public Partnership Forum remains a primary mechanism for engagement with the wider community, providing linkage back to the Locality Community Forums • Health and social work managers attend the local area partnership / public forum where information is shared with regard to the IJB priority improvement plan and delayed discharge to increase public awareness and shared vision of IJB.
<p>Proposed improvement actions</p>	<ul style="list-style-type: none"> • Participation and Engagement Action Plan to be implemented • Review of engagement by community planning partners in order to improve efficiency and maximise opportunities for engagement

<p>Proposal 6.3</p>				
<p>We will support carers and representatives of people using services better to enable their full involvement in integration.</p>				
<p>Rating</p>	<p>Not yet established</p>	<p>Partly Established</p>	<p>Established</p>	<p>Exemplary</p>
<p>Indicator</p>	<p>Work is required to improve involvement of carers and representatives using services.</p>	<p>Work is on-going to improve involvement of carers and representatives using services.</p>	<p>Carers and representatives on the IJB are supported by the partnership, enabling engagement.</p> <p>Information is shared to allow engagement with other carers and service users in responding to</p>	<p>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.</p> <p>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</p>

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			issues raised.	services input and involvement is fully optimised.
Our Rating			X	
Evidence / Notes	<ul style="list-style-type: none"> • Partnership for Change (PforC) is a service user and carer led organisation, which supports meaningful engagement and participation of service users and carers within the integration of health and social care across North Lanarkshire. • It was established by the following four founding members: <ul style="list-style-type: none"> • Voice of Experience Forum (VoEF), a network for older people • Lanarkshire Links (LL), an organisation that involves people with Mental Health problems • NL Carers Together (NLCT), an umbrella organisation for carers • NL Disability Forum (NLDF), a network for people with disabilities • Membership of PforC is expanding to: <ol style="list-style-type: none"> 1) local organisations operating in the six localities across North Lanarkshire 2) branches of large national organisations providing services in North Lanarkshire 3) smaller organisations supporting specific care groups not currently involved in the existing engagement mechanisms of the Integrated Joint Board (IJB) • The following 10 organisations have joined PforC as new group members (as at December 2017) – Alzheimer Scotland, Lanarkshire Association for Mental Health (LAMH), Scottish Personal Assistance Employers Network (SPAEN), Wishaw, Murdostoun & Fortissat Community Forum, Lanarkshire Deaf Club (LDC), Phoenix Futures, the Lanarkshire Ethnic Minority Action Group (LEMAG), Equals Advocacy Partnership, The Health and Wellness Hub and Cornerstone House Centre (Family Hub) • PforC support active participation in the formal meeting structures of the IJB, IJB Sub, Partnership Boards and Locality Planning Groups 			
Proposed improvement actions	<ul style="list-style-type: none"> • Deliver the Participation and Engagement Steering Group actions • Ensure the full roll out of the identified actions from the Coalition of Carers Report 'Equal, Expert and Valued' 			