

<b>Subject:</b>	<b>Ministerial Strategic Group Review of Progress with Integration of Health and Social Care – Self-Evaluation</b>
<b>Purpose:</b>	To benchmark the North Ayrshire HSCP position against the proposals published in the final report relating to the review of progress with the Integration of Health and Social Care.
<b>Recommendation:</b>	The IJB approves the completed self-evaluation and actions identified for improvement and remits this to the Scottish Government as required. The actions will be monitored through the Performance and Audit Committee and an overall progress update report will be provided to the IJB later in 2019.

<b>Glossary of Terms</b>	
HSCP	Health and Social Care Partnership
MSG	Ministerial Strategic Group
COSLA	Convention of Scottish Local Authorities

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group (MSG) for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament. Following the review, the final published report was considered by the IJB on the 14 February 2019, the report highlighted the main conclusions and proposals for consideration. A number of proposals to ensure the future success of integration are included in the report and the IJB were advised of the intention to benchmark the North Ayrshire HSCP position against the proposed areas for improvement and that an evaluation and action plan would be brought to the IJB for approval.
1.2	The MSG report noted an expectation that every Health Board, Local Authority and Integration Joint Board will undertake an evaluation their current position in relation to the MSG report findings and the Audit Scotland report and take appropriate action to make progress. The process of self-evaluation and the proposals in the report should extend beyond the statutory partners and include local colleagues in the third and independent sector, and other partners. The Scottish Government issued a self-evaluation template to support consistency in evaluation, the template is to be completed by IJBs and submitted to the Scottish Government. The collation of the self-evaluations across IJBs will allow the MSG Integration Leadership Group to gain an insight into progress locally and allow a comparison to be made across Scotland.
1.3	The IJB has been asked to rate progress against the key features and principles using the following criteria – not yet established, partly established, established and exemplary and to identify improvement actions. The completed self-evaluation

	<p>template for North Ayrshire HSCP is included as Appendix 1. The template has been completed collaboratively by the IJB including all stakeholder groups and statutory partners have been consulted. The IJB are asked to approve the completed template and remit this to the Scottish Government. Thereafter improvement actions will be monitored through the Performance and Audit Committee and a follow up progress update will be brought back to the IJB later in 2019.</p>
<b>2.</b>	<b>BACKGROUND</b>
2.1	<p>At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group (MSG) for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament. The final published report was considered by the IJB on the 14 February 2019 and this was to be followed up with benchmarking of the North Ayrshire HSCP position against the report proposals be undertaken.</p>
2.2	<p>The Scottish Government issued a self-evaluation template to support consistency in evaluation, the template is to be completed by IJBs and submitted to the Scottish Government. The collation of the self-evaluations across IJBs will allow the Leadership Group to gain an insight into progress locally and allow a comparison to be made across Scotland. The completed self-evaluation template for North Ayrshire HSCP is included as Appendix 1.</p>
<b>3.</b>	<b>PROPOSALS</b>
3.1	<p>The report outlines a number of proposals reflecting joint and mutual leadership responsibility to improve the pace and success of integration.</p> <p>The MSG group identified a total of 25 proposals for improvement all with implementation timescales over the next 6 to 12 months. The proposals are grouped under the 6 main features identified to support integration, illustrated below:</p> <div data-bbox="287 1326 1439 1821" data-label="Diagram"> <p>The diagram is titled "Features supporting integration" in a dark blue rounded rectangle at the top. Below the title, there are six circular icons arranged horizontally, each connected to a text label underneath. The icons and their corresponding labels are:</p> <ul style="list-style-type: none"> <li><b>Icon 1:</b> Two hands shaking. <b>Label:</b> Collaborative leadership &amp; building relationships</li> <li><b>Icon 2:</b> A calculator. <b>Label:</b> Integrated finances and financial planning</li> <li><b>Icon 3:</b> A checklist with a checkmark. <b>Label:</b> Effective strategic planning for improvement</li> <li><b>Icon 4:</b> A hierarchical organizational chart. <b>Label:</b> Agreed governance &amp; accountability arrangements</li> <li><b>Icon 5:</b> Three people icons connected by lines. <b>Label:</b> Ability &amp; willingness to share information</li> <li><b>Icon 6:</b> A person icon with a circular arrow around them. <b>Label:</b> Meaningful &amp; sustained engagement</li> </ul> </div>
3.2	<p>In support of these proposals the MSG expect that:</p> <ul style="list-style-type: none"> <li>Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer.</li> </ul>

	<ul style="list-style-type: none"> <li>Partnerships to initiate or continue the necessary “tough conversations” to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place.</li> <li>Partnerships to be innovative in progressing integration.</li> </ul>
3.3	The IJB has been asked to rate progress against the key features and principles using the following criteria – not yet established, partly established, established and exemplary and to identify improvement actions. The completed self-evaluation template for North Ayrshire HSCP is included as Appendix 1. There are no areas that have been identified or rated as not yet established. There are a number of areas where further work is required to fully establish arrangements or move to a position of exemplary practice.
3.4	The IJB are asked to approve the self-evaluation and remit to the Scottish Government for consideration by the MSG Integration Review Leadership Group.
3.5	<b><u>Anticipated Outcomes</u></b>
	The self-evaluation of progress and the identification of improvement actions locally will support increasing the pace of delivery of the integration of health and social care, and improving people’s outcomes in the delivery of services.
3.6	<b><u>Measuring Impact</u></b>
	Following approval, the self-evaluation and identified improvement actions will be taken forward with progress monitored and reported through the Performance and Audit Committee, a follow up report will be presented to the IJB later in 2019.

#### 4. IMPLICATIONS

<b>Financial:</b>	There are financial proposals as part of the review focus on developing an integrated partnership budget.
<b>Human Resources:</b>	There are no workforce proposals as part of the review. However this issue should be a key focus for statutory and non-statutory partners taking forward integration
<b>Legal:</b>	No legal amendments to the existing legislation will be made as a result of the review.
<b>Equality:</b>	The integration of health and social care seeks to improve the equalities outcomes of the people of North Ayrshire.
<b>Children and Young People</b>	There are planning proposals which will impact on all service areas as part of the review.
<b>Environmental &amp; Sustainability:</b>	There are proposals to support HSCP sustainability, through increased pace of implementation.
<b>Key Priorities:</b>	The review proposals and improvement actions will aid the delivery of the HSCP strategic plan.
<b>Risk Implications:</b>	The improvement actions will support the mitigation of strategic risks.
<b>Community Benefits:</b>	N/A.

<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	x
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>5.</b>	<b>CONSULTATION</b>
5.1	Consultation has taken place with the HSCP Partnership Senior Management Team, NHS Ayrshire and Arran and North Ayrshire Council and our independent and third sector partners to inform the self-evaluation and improvement actions. The IJB has been consulted and involved with the self-evaluation being undertaken collaboratively with IJB members.
<b>6.</b>	<b>CONCLUSION</b>
6.1	<p>The proposals from the review and the previously published Audit Scotland report provide an opportunity to improve the pace and effectiveness of integration. This provides an opportunity for partnerships to benchmark progress in key areas, supporting shared learning of best practice and improvement across Scotland.</p> <p>It is recommended that Members approve the completed self-evaluation and proposed improvement actions and remit this to Scottish Government for consideration by the MSG Integration Leadership Group.</p>

**For more information please contact:**

**Steven Brown** on 01294 317723 or [sbrown@north-ayrshire.gov.uk](mailto:sbrown@north-ayrshire.gov.uk),  
**or Caroline Whyte** on 01294 324954 or [carolinewhyte@north-ayrshire.gov.uk](mailto:carolinewhyte@north-ayrshire.gov.uk)

NORTH AYRSHIRE HSCP – MSG INTEGRATION REVIEW LEADERSHIP GROUP SELF EVALUATION SUMMARY				
Feature supporting integration	Not yet established	Partly Established	Established	Exemplary
<b>1. Collaborative leadership and building relationships</b>				
1.1: All leadership development will be focused on shared and collaborative practice			√	
1.2: Relationships and collaborative working between partners must improve			√	
1.3: Relationships and partnership working with the third and independent sectors must improve			√	
<b>2. Integrated finances and financial planning</b>				
2.1: Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration			√	
2.2: Delegated budgets for IJBs must be agreed timeously			√	
2.3: Delegated hospital budgets and set aside budget requirements must be fully implemented		√		
2.4: Each IJB must develop a transparent and prudent reserves policy			√	
2.5: Statutory partners must ensure appropriate support is provided to IJB S95 Officers.				√
2.6: IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.		√		
<b>3. Effective strategic planning for improvement</b>				
3.1: Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.			√	
3.4: Improved strategic planning and commissioning arrangements must be put in place.		√		
3.5: Improved capacity for strategic commissioning of delegated hospital services must be in place.		√		
<b>4. Governance and accountability arrangements<sup>√</sup></b>				
4.1: The understanding of accountabilities and responsibilities between statutory partners must improve.			√	
4.2: Accountability processes across statutory partners will be streamlined.			√	
4.3: IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.			√	
4.4: Clear directions must be provided by IJB to Health Boards and Local Authorities.		√		
4.5: Effective, coherent and joined up clinical and care governance arrangements must be in place.			√	

NORTH AYRSHIRE HSCP – MSG INTEGRATION REVIEW LEADERSHIP GROUP SELF EVALUATION SUMMARY				
Feature supporting integration	Not yet established	Partly Established	Established	Exemplary
<b>5. Ability and willingness to share information</b>				
5.1: IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.			√	
5.2: Identifying and implementing good practice will be systematically undertaken by all partnerships.				√
<b>6. Meaningful and sustained engagement</b>				
6.1: Effective approaches for community engagement and participation must be put in place for integration.				√
6.2: Improved understanding of effective working relationships with carers, people using services and local communities is required.				√
6.3: We will support carers and representatives of people using services better to enable their full involvement in integration.				√

# 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 4<sup>th</sup> 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.

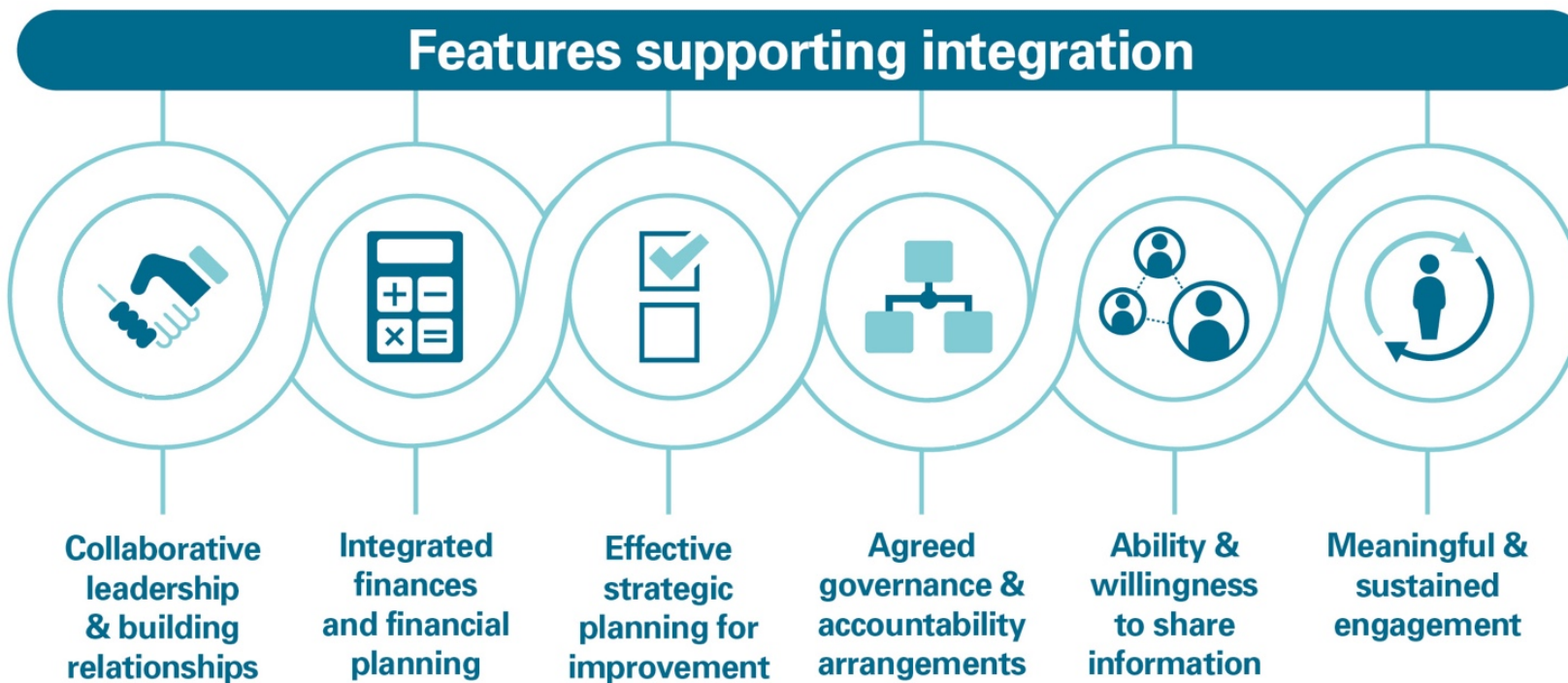
In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also 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 15<sup>th</sup> May 2019 – by sending to [Kelly.Martin@gov.scot](mailto: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**





<b>Name of Partnership</b>	North Ayrshire HSCP
<b>Contact name and email address</b>	Caroline Whyte, <a href="mailto:carolinewhyte@north-ayrshire.gov.uk">carolinewhyte@north-ayrshire.gov.uk</a>
<b>Date of completion</b>	18 <sup>th</sup> April 2019

Key Feature 1 Collaborative leadership and building relationships				
Proposal 1.1 All leadership development will be focused on shared and collaborative practice. (6mths)				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> <li>Joint Inspection (Adults) effectiveness of strategic planning in NAHSCP published in March 2019 graded leadership and direction that promotes the partnership as 'good', highlighting that: <ul style="list-style-type: none"> <li>- the vision is evident, widely understood and supported across the partnership</li> <li>- at a senior level there is collaborative leadership and involvement in decision making at a pan-Ayrshire level</li> </ul> </li> <li>Senior Partnership Operational Group (SPOG) supports approach to collaborative leadership across Ayrshire</li> <li>NAHSCP senior leaders and professional leads are represented on national groups, providing opportunity for networking, collective work on priorities and shared learning</li> <li>Some support services are within the partnership, including Business Administration, Planning, Performance, Social Care Finance, however there remains a significant resource of corporate support services outwith the HSCP that the partnership rely on to support the day to day service delivery and the improvement agenda, this can lead to conflicting priorities</li> <li>Locality forums and links with CPP localities (geographical areas aligned), currently undertaking a pilot in Arran to merge the LPF and CPP forums</li> </ul>			
Proposed improvement actions	<ul style="list-style-type: none"> <li>SG and COSLA to undertake an audit of existing national leadership programmes to identify gaps and areas of synergy to support the integration of health and social care, further work to be delivered on cross-sectoral leadership development and support</li> <li>NAHSCP Workforce Development Strategy includes an action for the partnership to develop succession planning for key leadership positions</li> </ul>			

	<ul style="list-style-type: none"><li>• Review of support service arrangements, including opportunities to bring support within the HSCP and to formalise the support arrangement between the HSCP and Council/Health Board</li></ul>
--	---

<b>Proposal 1.2</b> <b>Relationships and collaborative working between partners must improve (12mths)_</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Inclusive approach – information sharing, present at members seminars part of wider Council Chief Officers leadership group</li> <li>• Established CPP structures enhanced with other forums for collaborative working</li> <li>• CPP agreed and supported Fair for All Strategy to tackle shared priority of promoting equality across our residents</li> <li>• Examples of areas of shared investment, eg Trindlemoss development for Learning Disability and Mental Health services supported by capital and revenue investment by both the Council and Health Board</li> <li>• Co-location of staff, shared property portfolio and Joint Property Group in place to manage shared interests</li> <li>• Consistent representation and attendance from a range of partners and stakeholders at the SPG and IJB</li> <li>• Clear links with other service areas outwith HSCP, including for example Economies and Communities and Housing in relation to the Strategic Housing Investment Plan and need in relation to supported housing</li> <li>• Challenge Fund established in 2017-18 by Council and HSCP to invest in new models of care, recognising need to test new models and double run investment to deliver real transformational change</li> <li>• Constructive relationships with funding partners in relation to meeting cost and demand pressures and recognising financial challenges facing HSCP, led to supportive budgets being agreed with pressures being funded and any savings being in line with the delivery of the Strategic Plan</li> <li>• IJB Chief Officers and Chief Financial Officers engagement in budget discussions with Council and Health Board</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Establishing more routine cross party meetings HB/Council outwith the budget process</li> </ul>			

<b>Proposal 1.3</b>				
<b>Relationships and partnership working with the third and independent sectors must improve (12mths)</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	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.
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Representation of Third and Independent Sector at IJB, Strategic Planning Group and on Locality Planning Forums</li> <li>• Significant financial support provided to partnership enablers, involved and fully support the work of the partnership</li> <li>• Established network of social care provider forums to share information, knowledge and gain feedback from providers</li> <li>• Reflection in Joint Inspection (Adults) effectiveness of strategic planning in NAHSCP that the partnership approach to developing a mixed economy of care in consultation with the third and independent sectors was not well defined and the partnership need to invest more time in developing stronger relationships with the sectors</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Third and Independent sectors will be allocated a dedicated space as part of the partnership Organisational Development programme during 2019 ("Thinking Different, Doing Better")</li> <li>• Actions aligned to the Joint Inspection of strategic planning</li> <li>• Greater involvement of third and independent sector in the development of commissioning strategies, commencing with the Older People's Care Home Strategy</li> <li>• Scottish Government requested to consider the longer-term sustainability of Independent Sector/Third Sector representation on IJBs and a funding model to support this</li> </ul>			

Key Feature 2 Integrated finances and financial planning				
<b>Proposal 2.1</b> <b>Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration (by 1<sup>st</sup> April 2019 and each year by end March)</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	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.	<p>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.</p> <p>Improved longer term financial planning on a whole system basis is in place.</p>
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Integrated budget management report presented to the IJB, shared with NHS and Council Directors of Finance and Chief Executives to ensure both partners are fully sighted on the overall financial position</li> <li>Dedicated HSCP Finance Manager and CFO provide advice and support to the partners and IJB in an integrated way, taking account of impact of service change proposals and pressures across the whole system</li> <li>Financial plans are aligned to the Strategic Plan delivery taking a whole system approach to the impact</li> <li>Agreed during 2018-19 a shared position between IJB/Council/HB around the Scottish Government conditions attached to the 2019-20 budget settlement, the principle of an integrated approach to balancing the IJB budget for 2018-19 and a plan to address the outstanding debt to North Ayrshire Council for previous year overspends. These areas were all successfully negotiated and agreed across the 3 parties during the year with the impact for each party being clearly understood</li> <li>Ayrshire Finance Leads Network established, providing a forum for the CFOs and senior finance managers from the 3 Ayrshire partnerships to share information, best practice and to support a framework of financial governance in relation to pan-Ayrshire services and service developments</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Medium Term Financial Plan for 2019-22 to be developed by summer 2019, follow this up with a longer term financial outlook</li> <li>• There is a notable cultural difference between the approach to budget setting in the Council and Health Board, with the plans for service change and implications for Health services generally being less developed at the time of budget setting. This means the implications and potential impact of NHS funding decisions is less clear at the start of the year, clarity will be sought around future timescales for NHS budgets to allow any financial risks to be incorporated as part of the IJB budget setting process.</li> <li>• Scottish Government finance directorate will be requested to review the methodology for the significant allocation of in-year budget allocations to Health Boards. Due to timing of allocations the implications of any reductions to this resource are not clearly understood as part of the budget process and also many in-year funding allocations are not part of the baseline funding uplifted which means with rising costs the impact of the investment is eroded or reduced in future years (specific IJB examples being MH Action 15, PCIF and ADP).</li> </ul>
-------------------------------------	--

<b>Proposal 2.2</b> <b>Delegated budgets for IJBs must be agreed timeously (by end March 2019 and thereafter each year by end March)</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	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.	<p>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.</p> <p>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.</p>
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• 2019-20 IJB budget set by 31<sup>st</sup> March 2019, this was the first time the budget was set before the start of the new financial year</li> <li>• Setting the budget by 31 March was in advance of the Health Board setting their budget and was reliant on approval of the HB budget after the IJB. There were some difficulties in achieving this deadline, mainly due to a protracted period of negotiation over the financial settlement following the Scottish Government budget and the conditions re funding levels for IJBs, if this was resolved sooner this would have enabled more focus on the implications and service change requirements.</li> <li>• Medium Term Financial Plan in place, does require to be updated based on more recent developments in terms of Scottish Government funding directives to partners and priorities for investment</li> <li>• Information in shared with partners on financial pressures and service change proposals during the year, although these timescales and requirements do not align for between the Council and Health Board</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Updated Medium Term Financial Plan to be presented to IJB by summer 2019</li> <li>• IJB led budget process for 2020-21 onwards, planning will commence earlier and concurrently for both social care and health to enable an integrated approach to resource allocation and to ensure the IJB will be in a position to approve a balanced budget by 31 March each year</li> <li>• Scottish Government finance directorate will be requested to review the methodology for the significant allocation of in-year budget allocations to Health Boards, specifically for allocations passed through to IJBs. Due to timing of allocations the implications of any reductions to this resource are not clearly understood as part of the budget process and also many in-year</li> </ul>			



	funding allocations are not part of the baseline funding uplifted which means with rising costs the impact of the investment is eroded or reduced in future years (specific IJB examples being MH Action 15, PCIF and ADP).
--	---

<b>Proposal 2.3</b> <b>Delegated hospital budgets and set aside budget requirements must be fully implemented (6mths)</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	<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>
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Have a notional set aside value of resources based on NRAC share, currently no mechanism for transfer of resources or to commission services differently</li> <li>• Early work started pan-Ayrshire to develop plans to support planning for future requirement of acute hospital services</li> <li>• Investment options are in development, including the pan-Ayrshire investment in an Intermediate Care and Rehab Care model predicated on a reduction in acute bed usage and savings from set-aside resources funding the investment, current work underway to develop a similar business case for end of life/palliative care</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Ayrshire and Arran identified as a pilot Board area to develop set aside arrangements, North Ayrshire are supporting this work</li> <li>• Timescales to be established to progress development of pan-Ayrshire approach to Directions</li> </ul>			

<b>Proposal 2.4</b> <b>Each IJB must develop a transparent and prudent reserves policy (3mths)</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Approved Reserves Policy in place since partnership formed (needs reviewed)</li> <li>• Have not held reserves to date (currently negative balance) and therefore cannot yet evidence approach to clear timescales etc however this is all outlined in the policy and would be implemented if reserve balances created</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Reserves Policy to be reviewed as part of routine review of governance documents, expectation that earmarked reserve balances will be established at the end of 2018-19</li> </ul>			

<b>Proposal 2.5</b> <b>Statutory partners must ensure appropriate support is provided to IJB S95 Officers.(6mths)</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating				√
Evidence / Notes	<ul style="list-style-type: none"> <li>• Dedicated Chief Financial Officer for IJB in place since July 2019, new appointment to partnership and no conflict of interest, interests are those of the IJB</li> <li>• Social Care Finance Team transferred from the Council corporate finance team to the HSCP under the CFO in October 2018, full operational and strategic responsibility for social care services</li> <li>• Integrated financial management reports are provided at each IJB meeting</li> <li>• CFO role part of HSCP Partnership Senior Management Team and involved in all material business decisions</li> <li>• Finance and Transformation role is combined acknowledging the two are inextricably linked, CFO is also responsible for the Change, Planning and Performance Teams in the HSCP</li> <li>• The financial position of the IJB has improved during 2018-19, this is in part linked to the renewed focus on the financial position and transformational change programme</li> </ul>			

<b>Proposed Improvement actions</b>	<ul style="list-style-type: none"><li>• Only potential area of improvement would be the delegation of operational responsibility for the Health finance function, unclear on how this would operate practically due to the scale of the resource</li></ul>
-------------------------------------	--

**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. (from 31 Mach 2019 onwards)**

Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Integrated financial management reports to IJB</li> <li>• High level directions issued re financial allocations, when setting the budget, to cover any in-year variation and for the final year-end position</li> <li>• Budget preparation process to date focussed on balancing Health and Social Care budgets independently</li> <li>• 2018-19 financial year clear agreement from Council and Health Board that IJB permitted to move resource across partners, anticipate a health underspend will in part offset social care overspends</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Pan Ayrshire workshops being held to develop approach to Directions, Scottish Government supporting this work</li> <li>• Medium Term Financial Plan to be developed with a view to balancing the budget on an integrated basis</li> </ul>			

**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. (12mths)**

Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Chief Officer is a member of both Council and Health Board Executive Leadership and Corporate Management Teams</li> <li>• Well established HSCP senior management team (PSMT) supported by an Extended Management Team structure</li> <li>• Addition of dedicated Chief Financial Officer role to support Chief Officer in undertaking IJB financial governance responsibilities</li> <li>• Whilst some support service functions are devolved to the partnership and under full direction of the Chief Officer there remain a number of areas where capacity is required, including NHS Finance, NHS acute performance analysis, communications and engagement, complaints and FOI resource, Commissioning and information governance and systems management.</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Review of support service arrangements, including opportunities to bring support within the HSCP and to formalise the support arrangement between the HSCP and Council/Health Board</li> <li>• More clarity of partnership role in partner body governance structures, to avoid duplication and maximise impact and input of Chief Officer</li> <li>• Develop succession planning for key leadership roles</li> <li>• Develop the use of data to support the Chief Officer in decision making and service improvement (Inspection recommendation)</li> </ul>			

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



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

<b>Proposal 3.4</b> <b>Improved strategic planning and commissioning arrangements must be put in place. (12mths)</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	<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		√		
Evidence / Notes	<ul style="list-style-type: none"> <li>• Strategic Planning and Performance Teams within the HSCP, gap in terms of operational commissioning support which remains with partners</li> <li>• North Ayrshire HSCP Joint Inspection (Adults) reporting in March 2019 a number of strengths in operational and strategic planning arrangements, including clear evidence of an integrated approach to planning development and delivery of services, particularly in relation to MH, LD and drug and alcohol services, noting that plans for older adults are less robust</li> <li>• Gap in performance and activity information and data analysis for acute services, impacting on ability to move forward with set-aside with confidence in the data</li> <li>• Lead arrangements with HSCPs across A&amp;A Health Board area lack formal governance arrangements in terms of formally commissioning services, service change plans and delivery currently led by lead HSCP</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Develop a clear commissioning strategy for older adults services, starting with the Care Home Commissioning Strategy</li> <li>• Engage with the local LIST analysts, performance team and support form Scottish Government to develop commissioning plans for unscheduled care (has to be on a pan-Ayrshire basis)</li> <li>• Internal Audit review of lead partnership services will inform improvement plan</li> <li>• Clearer links to be evidenced between the Strategic Plan and financial plans</li> <li>• Integrated Workforce Plan to be presented for IJB for approval</li> <li>• Further develop performance reporting, with more frequent updates on progress with delivery of Strategic Plan objectives</li> </ul>
-------------------------------------	---

<b>Proposal 3.5</b> <b>Improved capacity for strategic commissioning of delegated hospital services must be in place. (12mths)</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	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.	<p>Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements.</p> <p>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.</p>	<p>Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets.</p> <p>There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.</p>
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Delegated Acute Hospital Services remain within a set-aside budget</li> <li>HSCPs feed into the NHS Transformation Leadership Group and the programme of work on models of care, this has recently led to the investment in an Intermediate Care and Rehab model by the Health Board, however with no direct release of resources from acute set aside</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>Ayrshire and Arran identified as a pilot Board area to develop set aside arrangements, will be taken forward with Scottish Government support</li> <li>Look to other areas and the Scottish Government for examples where this has been implemented successfully</li> <li>Establish process for ongoing monitoring of set-aside arrangements and progress</li> </ul>			

Key Feature 4 Governance and accountability arrangements				
Proposal 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve. (6mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	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.	<p>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.</p> <p>The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.</p>
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Since the inception of the partnership and the IJB, the IJB has taken all decisions in relation to service change and approved the annual budget</li> <li>• Budget process from Health Board bottom up approach in previous years, moved away from this with final agreed settlement for 2019-20</li> <li>• Clear Governance Structure of IJB and supporting sub-committees</li> <li>• Updated Terms of Reference for key governance groups, including Performance and Audit Committee and Strategic Planning Group, with roles refocussed</li> <li>• Strong Pan-Ayrshire relationships and partnerships established, for example lead partnership arrangements for delivering services, the established SPOG and finance leads networks and joint meetings with Chief Executives</li> <li>• North Ayrshire HSCP report to both Council and Health Board committees and the Chief Officer and other HSCP officers attend, this is in addition to the formal reporting of the Annual Performance Report, Strategic Plan and operational performance reports.</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Standing orders, and key governance documents to be updated, including financial regulations, reserves policy</li><li>• Induction programme to be developed for IJB members</li><li>• Ongoing development programme for IJB members based on skills gap analysis</li></ul>
-------------------------------------	--

<b>Indicator 4.2</b> <b>Accountability processes across statutory partners will be streamlined. (12mths)</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	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.
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Well established arrangements for reporting across statutory partners, with regular reporting to Council and Health Board Committees, attendance and contribution at workshops and regular briefings for IJB members of matters of interest in addition to frequent IJB meetings (every 6 weeks)</li> <li>Inclusive approach to IJB membership, meetings well attended</li> <li>Performance and Audit Committee (PAC) is not a public meeting and therefore papers are not available in the public domain</li> <li>PAC reports to the IJB and via this information is available to the public</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>Explore ways of making performance information more publicly available and accessible (currently integrated report reviewed at non-public Performance and Audit Committee meetings)</li> </ul>			

<b>Proposal 4.3</b> <b>IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis. (12mths)</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Open and inclusive approach to IJB, members have deputies to encourage attendance, attendance levels are very good particularly as the IJB meets relatively frequently</li> <li>• Wider representation on IJB than the required minimum, includes Carers, Third and Independent Sectors and the Chairs of Locality Planning Forums (to ensure a link to communities)</li> <li>• Established Locality Partnership Forums</li> <li>• Interactive thematic presentation before formal business at the IJB</li> <li>• Briefing sessions delivered to target particular areas of interest or to provide more detailed update on issues to IJB, for example budget development sessions</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Induction programme to be developed for IJB members and a programme of ongoing development for existing members</li> <li>• Improve planning for meetings to ensure a whole system approach to decision making.</li> </ul>			



<b>Proposal 4.4</b> <b>Clear directions must be provided by IJB to Health Boards and Local Authorities. (6mths)</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	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.
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Currently limited use of directions, used to communicate at a high level decisions taken by the IJB to partners</li> <li>• Directions are logged and referenced</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Ayrshire and Arran HSCP Directions workshops have been established, looking to progress Primary Care and acute set-aside directions first</li> <li>• North Ayrshire HSCP will develop an approach for MH services which we lead and take sample Directions for approval at the pan-Ayrshire workshops</li> <li>• NAHSCP will engage in any SG consultation on revised statutory guidance</li> </ul>			

<b>Proposal 4.5</b> <b>Effective, coherent and joined up clinical and care governance arrangements must be in place. (6mths)</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>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.</p> <p>Necessary clinical and care governance arrangements are not well established.</p>	<p>There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making.</p> <p>Arrangements for clinical and care governance are not clear</p>	<p>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.</p>	<p>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.</p> <p>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.</p>
Our Rating			√	
Evidence / Our Notes	<ul style="list-style-type: none"> <li>• Clinical and Care Governance Committee established, reports to IJB</li> <li>• IJB members (Carers rep) are also represented on the Clinical and Care Governance Committee</li> <li>• Professional leads attend IJB for advice and guidance</li> <li>• Service impact including any clinical and care governance impacts are included as part of any budget or service change proposals</li> <li>• Pan Ayrshire Adverse Events Review Group established for a number of years, to provide governance and lessons from harm or near harm events, this approach has been replicated in North Ayrshire with a local AERG now in place to incorporate the wide range of care services delivered by the HSCP</li> <li>• Learning summaries used for a more structured approach to organisational wide learning, ensuring learning is formalised, clearly understood and transparent, fostering a culture of quality improvement</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Improvements to link to strategic commissioning and also to any actions taken to address financial overspends, for example more reporting of impact of waiting times for services (as noted as an area of improvement through Joint Inspection), being clear about statutory and non-statutory targets</li> <li>• Feedback from performance reports to inform and direct areas of improvement</li> </ul>
-------------------------------------	---

**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. (by publication of reports in July 2019)**

Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	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.
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>As one of the first formed partnerships NAHSCP has shared progress and learning with other areas on request</li> <li>Annual Performance Report is well developed, is produced in collaboration with partners, stakeholders and services and is promoted widely, the report has been developed to be an accessible user-friendly document. The report is presented to the IJB and to statutory partners</li> <li>Chief Officer actively engaged with Chief Officers Network and will support any work through the Network to undertake any benchmarking</li> <li>No formal benchmarking undertaken of the NA IJB report to other areas by the partnership but officers involved in the co-ordination and input to the report do review other area reports to ensure we reflect best practice and all guidance is followed in relation to statutory requirements.</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Reflect on local actions required following any review or benchmarking undertaken by the Chief Officers Group</li></ul>
-------------------------------------	---

<b>Proposal 5.2</b> <b>Identifying and implementing good practice will be systematically undertaken by all partnerships. (6-12mths)</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.</p>	<p>Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.</p> <p>Better use could be made of inspection findings to identify and share good practice.</p>	<p>The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.</p> <p>Inspection findings are routinely used to identify and share good practice.</p>	<p>Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.</p> <p>Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.</p> <p>All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.</p>
Our Rating				√
Evidence / Notes	<ul style="list-style-type: none"> <li>• Good practice examples contained throughout APR, this will continue</li> <li>• HSCP representation on national groups and forums to share best practice and ensure HSCP aware of initiatives and programmes in other areas</li> <li>• Inspection findings noted and action taken where appropriate</li> <li>• Requests from other areas to visit North Ayrshire to see our examples of good practice, including Intermediate Care &amp; Rehab, Café Solace, AERG</li> <li>• HSCP visit other areas of best practice, for example visit to Wigan Council which has supported local implementation</li> <li>• Learning from mistakes or things that haven't worked so well, quality improvement culture, tests of service change supported through Challenge Fund</li> <li>• Mental Welfare Commissioning benchmarking exercise</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Evaluate the impact of inspection report and agree action plan</li> <li>• Consideration of adopting a systematic approach to canvass IJB reports to allow evaluation and identification of good practice</li> </ul>
-------------------------------------	--

<b>Proposal 5.3</b>				
<b>A framework for community based health and social care integrated services will be developed. (6mths)</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<b>NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE</b>			



**Key Feature 6**  
**Meaningful and sustained engagement**

**Proposal 6.1**  
**Effective approaches for community engagement and participation must be put in place for integration. (6mths)**

Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	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.
<b>Our Rating</b>				√
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• HSCP Participation and Engagement Strategy approved and in place</li> <li>• Locality Planning Groups aligned to the CPP areas, refocused role of LPGs during 2018, communication and engagement pilot underway and LPGs have identified key priorities for each area</li> <li>• Public documents are designed to be accessible for communities</li> <li>• Community engagement is carried out in less formal way to get valuable feedback, for example the What Matters to You conversation</li> <li>• Mental Health Strategy consultation carried out at service user population level to ensure meaningful engagement, Carer's Card an example of meaningful engagement and support</li> <li>• Tailored approach to engagement for communities, eg engagement as part of Arran and Cumbrae reviews</li> <li>• Participatory budgeting approaches undertaken</li> <li>• Evidence of consistent engagement for service change and improvement</li> <li>• Chairs of Locality Planning Forums have formal membership of SPG and IJB, updated ToR for LPGs to support engagement</li> <li>• Joint Inspection (Adults) Strategic Commissioning concluded it was evidenced there is "a commitment to involving stakeholders and using feedback from communities, service users and their carers to inform strategic planning"</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Communities will be invited to be involved in the HSCP Organisational Change programme being undertaken during 2019 for all staff “<i>Thinking Different, Doing Better</i>”</li> <li>• Further consideration of how to meaningfully engage with hard to reach/less visible populations</li> </ul>
-------------------------------------	--

<b>Proposal 6.2</b> <b>Improved understanding of effective working relationships with carers, people using services and local communities is required. (12mths)</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	<p>Work is required to improve effective working relationships with service users, carers and communities.</p>	<p>Work is ongoing to improve effective working relationships with service users, carers and communities.</p> <p>There is some focus on improving and learning from best practice to improve engagement.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place.</p> <p>There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.</p> <p>There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.</p>
<b>Our Rating</b>				√
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• HSCP engagement network is established with key partners</li> <li>• Joint Inspection (Adults) Strategic Commissioning concluded that “a commitment to involving stakeholders and using feedback from communities, service users and their carers to inform strategic planning”</li> <li>• Established network of commissioned care providers forums, as a mechanism for providers to also share engagement with carers and communities</li> <li>• Carer’s representative member of IJB, Carer’s Act and local implementation presented to IJB</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Build on examples of best practice and joint working</li> <li>• Ensure governance and support for key messages and communication to support consistency</li> </ul>			

<b>Proposal 6.3</b> <b>We will support carers and representatives of people using services better to enable their full involvement in integration. (6-12mths)</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	<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 issues raised.</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 services input and involvement is fully optimised.</p>
<b>Our Rating</b>				√
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• NA IJB meets frequently, about every 6 weeks, papers are issued one week before</li> <li>• IJB members are open to raise any issues at the meeting or outwith and do so</li> <li>• Joint Inspection (Adults) Strategic Commissioning concluded that “members of the IJB has developed very positive constructive relationships with opportunities for questioning and challenge”</li> <li>• Carers are supported to attend the IJB and reasonable expenses are reimbursed</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Benchmark NAHSCP against other partnerships</li> </ul>			