

Paper no: MSGHCC/117/2019
Meeting date: 29 May 2019
Agenda item: 3

Purpose:
FOR DECISION

Title:	Integration Review – Progress Update
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Key Issues:	<p>This paper:</p> <p>Provides a brief update on actions to progress the proposals set out in the Ministerial Strategic Group review of progress with integration. Each proposal is listed along with a brief description of work underway. The full review report can be accessed here: https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/.</p> <p>Provides a brief overview of the self –evaluation exercise undertaken by Health Boards, Local Authorities and Integration Joint Boards with respect to their local position on each of the review’s proposals.</p> <p>Includes the high level delivery plan developed by the Review Leadership Group responsible for providing an oversight role to drive and support delivery of the review proposals.</p>
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Action Required:	<p>The Ministerial Strategic Group is invited to:</p> <ul style="list-style-type: none"> a. approve the high level Delivery Plan appended at Annex A; b. note the progress made in taking forward actions at a national level and co-ordinated by the leadership group; c. note the self-evaluation work underway across local systems and the plans for how this information will be used by the leadership group; d. note that a further self-evaluation process will be undertaken at the end of the 12 month period to see progress from initial self-evaluations;
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MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE

	<p>e. note that the Director of Delivery will lead on providing improvement support to a grouping of Integration Authorities;</p> <p>f. receive regular updates on progress with delivery at a national and local level.</p>
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Introduction

1. At its meeting on 23 January the Ministerial Strategic Group for Health and Community Care (MSG) endorsed the findings of the Audit Scotland review of health and social care integration. It also considered in detail the proposals developed by the review leadership group, aimed at increasing the pace and scale of integration and on 4 February published its review of progress with integration.
2. The MSG review report sets a challenging and ambitious agenda for Integration Authorities, NHS Boards and Local Authorities, working with key partners, including the third and independent sectors to make progress with the implementation of integration over the next 12 months.
3. The MSG also agreed that the integration leadership group, which is jointly chaired by Malcom Wright, Director General for Health and Social Care and Chief Executive of NHS Scotland, and Sally Loudon, Chief Executive of COSLA, would continue to meet and would have an oversight role to drive and support delivery of the proposals. The leadership group is meeting every six weeks and has developed a delivery plan, which is appended at Annex A. Approval of this high level delivery plan is requested from MSG.

Update on progress with review proposals

4. The following section provides a brief update on actions made to progress each of the 25 proposals set out in the MSG review of progress with integration. The leadership group has been provided with regular updates and will continue to receive these.
5. Besides maintaining an overview of progress, the leadership group is keen to ensure a continued focus on our joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland and is developing plans to support local systems, involving national improvement bodies. The recent secondment of David Williams as the Director of Delivery will provide additional impetus and leadership capacity for this.

Section 1: Collaborative leadership and building relationships

1. (i) All leadership development will be focused on shared and collaborative practice

Project Lift is a new approach to recruit, retain, develop and manage talent within Health and Social Care in Scotland. There are 4 key strands to the approach: values based recruitment; performance appraisal; talent management; and leadership development.

In terms of governance, we are in the process of establishing a Talent Management Board (TMB) with responsibility for overseeing the national implementation of Project Lift to support consistency of approach and messaging. The first meeting of the TMB will take place before Summer recess.

Current activity covers:

- We have an active communications strategy to create a common language of compassionate leadership in Health and Social Care in Scotland.
- Given the focus on self-directed participation, we will continue to place a strong emphasis on raising awareness/understanding of Project Lift – both its purpose and participation routes - and promoting/maintaining engagement, with a particular focus on accessibility for and inclusion of colleagues in Social Services.
- Community events will be key to our engagement activity. We have commenced a procurement process to secure expertise to support this work and build capacity within the Project Lift team.
- In conjunction with SSSC, we are working to promote participation by colleagues from Social Care, prioritising participating by Chief Social Work Officers in the first instance. Discussions are taking place to identify cross-sector executive leadership development opportunities.

More generally, we are establishing an overview of national leadership programmes to ensure that development recommendations are aligned with the current context.

1. (ii) Relationships and collaborative working between partners must improve.

This action is primarily for Integration Authorities, NHS Boards and Local Authorities working with other partners.

1. (iii) Relationships and partnership working with the third and independent sectors must improve.

The self-evaluation work undertaken is the first step in ensuring each partnership critically evaluates the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and takes action to address any issues identified.

Section 2: Integrated finances and financial planning

2. (i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.

Work is underway in local systems to understand each other's positions.

2. (ii) Delegated budgets for IJBs must be agreed timeously.

We will write to partnerships shortly seeking clarity on how these proposals are being progressed locally.

2. (iii) Delegated hospital budgets and set aside requirements must be fully implemented

Christine McLaughlin wrote to Integration Authority Chief Officers and NHS Board Chief Executives on 12 April 2018 requesting progress on implementing the set aside arrangements and plans to take them forward in 2018-19. Partnerships are at

different stages of implementing these arrangements and there have been recent examples of local partnerships taking further action to support implementation, for example in the three Ayrshire partnerships and in Aberdeen.

Further work is planned with NHS Directors of Finance specifically, and also with representatives from Local Authorities, Integration Authorities, to identify and share areas of good practice. Later in the year we will send a follow-up letter to partnerships to understand what further steps have been taken in the year since the letter from Christine McLaughlin and what action is planned next.

Where there are known issues emerging or where there is unwillingness or inability to take this proposal forward locally, closer engagement and scrutiny will be undertaken by Scottish Government and COSLA, where this is appropriate.

2. (iv) Each IJB must develop a transparent and prudent reserves policy.

A meeting with Scottish Government Officials and Audit Scotland colleagues will take place in advance of the year-end audits, where discussion on the use of reserves will take place. We anticipate that Audit Scotland will review this proposal as part of their audit of Integration Authorities and indicate where a transparent or prudent policy is not in place.

2. (v) Statutory partners must ensure appropriate support is provided to IJB S95 Officers.

This action is primarily for Integration Authorities, NHS Boards and Local Authorities to progress locally. Many already have appropriate support arrangements. We will review with the Chief Finance Officer network where there appears to be insufficient support and will work with partners to address local issues.

2. (vi) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

Where the other proposals are being taken forward as intended, this proposal should, as a result, follow naturally. Our wider work on leadership development work with Integration Authorities will also support this proposal.

Section 3: Effective Strategic Planning for improvement

3.(i) Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.

The self-evaluation work will provide a baseline of where local systems believe themselves to be in relation the Chief Officer and their senior team. This will help guide subsequent work for improvement.

3.(ii) Improved strategic inspection of health and social care is developed to better reflect integration.

The Care Inspectorate and Healthcare Improvement Scotland are working on a new methodology for strategic inspections that takes better account of integration and evaluates impact.

3.(iii) National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.

A meeting is planned with all of the national improvement bodies, in the first instance allowing them some preparation time amongst themselves to discuss how they plan to address the proposal.

3.(iv) Improved strategic planning and commissioning arrangements must be put in place.

The self-evaluation work will provide a valuable baseline of where local systems believe they are on strategic planning and commissioning. We will undertake a review of current plans, covering 2019-2022, by August 2019.

3.(v) Improved capacity for strategic commissioning of delegated hospital services must be in place.

Our review of strategic commissioning plans will help us to establish how IJBs are tackling this work and identify support requirements.

Section 4: Governance and accountability arrangements

4.(i) The understanding of accountabilities and responsibilities between statutory partners must improve.

The self-evaluation work will provide a baseline of where partnerships believe themselves to be in relation to decision making and improved understanding of accountabilities and responsibilities. This will help guide subsequent work for improvement.

4.(ii) Accountability processes across statutory partners will be streamlined

We expect the self-evaluation work to provide some useful reflections on this proposal that can be used to inform subsequent developments.

4.(iii) IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.

A review of NHS corporate governance, carried out by John Brown and Susan Walsh was completed in September 2018. The outputs of the review and work completed in NHS Tayside led to the development of a 'Blueprint for Good Governance' which aims to achieve greater consistency across governance in all NHS Boards. It has been agreed that there is potential for this framework to highlight and explain the role of integration and non-executive members within IJBs and make any learning materials/opportunities also available to Councillors on IJBs.

We intend that learning from IJBs, which have adopted an inclusive approach to decision making is used as part of this development work. Useful discussion on this was taken forward at a recent national development session with IJB Chairs and Vice Chairs.

4.(iv) Clear directions must be provided by IJBs to Health Boards and Local Authorities.

Draft revised statutory guidance on the use of directions was widely circulated and discussed in the autumn/winter of 2018. It was agreed at a review reference group meeting that scenario planning work with a multi-partnership NHS Board area would be undertaken to help inform the guidance. This led to work with the Ayrshire partnerships, which are exploring how to develop agreement on set aside budgets and associated directions. This work is currently focusing on data that shows activity and resource use across the three partnerships.

4.(v) Effective, coherent and joined up clinical and care governance arrangements must be in place.

This work is being taken forward by a small SG working group comprising of:

- professional advisers in nursing, allied health, medicine and social work
- policy advisers from nursing, social work and quality improvement
- as required advice from Integration Implementation team

The initial work is being informed by engagement work with HSCPs about clinical and care governance undertaken in 2018. It is drawing upon examples of best practice from across Scotland and the UK, and on existing professional governance standards together with relevant cross-governmental policy advice

Outputs from the self-evaluation will also be used to inform the guidance and support for implementation.

Section 5: Ability and willingness to share information

Work on data and sharing data at a local and national basis is underway as reported in the paper MSG is considering as a separate agenda item.

5.(i) IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.

A workshop took place on 29 April with Integration Authority performance leads on annual reports. This was delivered by ISD and SG with input on the overview of annual reports undertaken by the Integration Team and considered by MSG in October 2018. A similar overview report is planned for this year's annual reports and Chief Officers have requested individual feedback on their reports. COSLA also attended the workshop. A number of actions were agreed by the performance leads to take forward to improve consistency of approach.

5.(ii) Identifying and implementing good practice will be systematically undertaken by all partnerships

Improvements in the consistency of information and data contained in annual reports together with case studies and strong examples of impact will assist in delivering this proposal. Annual reports might over time provide a means of reporting how partnerships have adapted and used good practice from other areas. This was discussed at the workshop referred to in 5 (i). Inspection reports will also have a clear focus on identifying and sharing good practice. The self-evaluation work will be useful to identify other possible means of sharing and implementing good practice

5. (iii) A framework for community based health and social care integrated services will be developed.

This work is underway, focussing in the first instance on identifying good practice with a review of Annual Performance Reports, Strategic Plans, Primary Care Improvement Plans and material from the self-evaluation will also be considered. Initial site visits to review learning from existing service models have commenced and will continue until at least end of June 2019. The framework will have a strong focus on facilitating the sharing and implementation of good practice referred to above.

Section 6: ‘Meaningful and sustained engagement’

6.(i) Effective approaches for community engagement and participation must be put in place for integration.

A working group has been established – co-chaired by COSLA and SG – to develop new statutory guidance for community engagement and participation. Membership is as follows: COSLA; SG; Scottish Health Council; Care Inspectorate; Healthcare Improvement Scotland Public Partners; Scottish Community Development Centre; NHS Borders; The Third Sector Collaborative; and Representative of the Chief Officers Group.

6.(ii) Improved understanding of effective working relationships with carers, people using services and local communities is required.

This action is primarily for Integration Authorities, NHS Boards and Local Authorities working with other partners. The self-evaluation material will provide insights to local progress.

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

Activity at a local level will be carried forward by Integration Authorities with progress reported through the self-evaluation template. At a national level, COSLA and the Scottish Government are engaged with carers organisations and COSLA is reinstating carers representatives on its Health and Social Care Board (with an item focusing on carers on the May 2019 HSC Board agenda).

Self-evaluation process

5. The MSG review report contained an expectation that “every Health Board, Local Authority and Integration Joint Board will evaluate their current position in relation to thesis report and the Audit Scotland report, and take action to make progress”. On 25 March Malcolm Wright and Sally Loudon wrote to all local systems reminding them of this expectation and providing a self-evaluation template focused on the 25 proposals in the review report.
6. Local partners were invited to complete and return the template on a collective basis by 15 May, ensuring that the process for completing it was undertaken on a collaborative basis and extending beyond statutory partners to include local colleagues in the third and independent sectors and other partners. The self-evaluation template was intended to assist local partners not only in fulfilling the expectation outlined above but also as a means of developing a collective understanding from across local systems to deliver integration.
7. The self-evaluation template invited local partners to rate themselves against 4 rating descriptors for each of the proposals. These were: not yet established; partly established; established; and exemplary. For each proposal an indicator descriptor was provided to assist partnerships in determining their ratings. Partnerships were also asked to provide evidence to support their ratings and to identify proposed improvement actions.
8. The leadership group considered the template thoroughly prior to issuing and wanted to ensure completing it would have a clear local value as well as enabling the leadership group to gain an insight into local progress. We understand from informal feedback that some local systems found undertaking the self-evaluation and the process of agreeing collective responses to be a useful one while others found this more challenging. A variety of approaches to completing the template were adopted and the leadership group will look to discern what worked well and share this with partnerships.
9. The leadership group has already indicated to partnerships that it is its intention to request that the process is repeated towards the end of the 12 month period set for delivery of all of the proposals in order that we can collectively demonstrate progress across the country.
10. We have received completed templates from all areas, although 8 of these are still draft and subject to minor changes as they move through local governance routes for agreement and final sign off. The returns are currently being fully analysed and detailed analysis will be provided to the leadership group.
11. Initial analysis suggest that most areas are rating themselves in the middle, i.e. as partly established or established. There are very few not yet established ratings and a smattering but encouraging number of exemplary ratings. The fuller analysis underway will consider the evidence identified to support these ratings.
12. This report outlines progress made in taking forward actions at a national level and the self-evaluation material will greatly assist in obtaining information about local

activity and progress. It will also provide useful information for identifying areas where specific partnerships need improvement support, or where specific proposals are challenging to most partnerships and more general support is required. One of the review proposals is to ensure a more co-ordinated approach to improvement support and the analysis of the self-evaluations will provide a focus and evidence to direct such support.

13. In addition, we will identify where partnerships have rated themselves as established across a number of proposals and will be particularly interested to consider those that have rated themselves as exemplary in order to extract any learning and good practice from these partnerships to help inform improvement for partnerships that are more challenged.

14. We intend that David Williams in his role as Director of Delivery for integration will lead on this improvement support. We will look to identify a number of partnerships that are a combination of challenged and not progressing well with integration and partnerships that are progressing well and have much to offer in terms of learning and practice in, for example, models of care and delivery, leadership, integrated culture and so on. We will also seek to include in this initial grouping an NHS Board multi-partnership area to develop a model improvement support for other areas. The intention is that over time all 31 Integration Authorities, together with their partners are provided with improvement support.

Recommendations

15. MSG is invited to:

- a. approve the high level Delivery Plan appended at Annex A;
- b. note the progress made in taking forward actions at a national level and co-ordinated by the leadership group;
- c. note the self-evaluation work underway across local systems and the plans for how this information will be used by the leadership group;
- d. note that a further self-evaluation process will be undertaken at the end of the 12 month period to see progress from initial self-evaluations;
- e. note that the Director of Delivery will lead on providing improvement support to a grouping of Integration Authorities;
- f. receive regular updates on progress with delivery at a national and local level.

Integration Division
May 2019

Ministerial Strategic Group for Health and Community Care

Integration Review Leadership Group

Delivery Plan

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

This Delivery Plan will be updated as work progresses



	Proposal Outcome	Timescale for completion	Lead/s	Key contributors	Proposal detail	Actions	Progress measures (data and evidence) and milestones
1 - Collaborative leadership and building relationships							
1(i)	All leadership development will be focused on shared and collaborative practice.	6 months	Scottish Government and COSLA SG official: David Caesar	Improvement Service All partners	> Audit of existing national leadership programmes to identify gaps and areas of synergy to support integration of health and social care > Cross-sectoral development and support	Initial meeting with Dave Caesar 21 st Feb and monthly meetings set up.	Audit completed (check with JW) Wider access to Project Lift Self-evaluation material
1(ii)	Relationships and collaborative working between partners must improve.	12 months	Statutory partners		> Seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working		Self-evaluation material Shared leadership opportunities
1(iii)	Relationships and partnership working with the third and independent sectors must improve.	12 months	Chief Officers	Third and independent sectors	> Critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors; and > Take action to address any issues	Third Sector Collaborative has made contact with the Improvement Service to discuss how critical self-evaluation can be taken forward.	Self-evaluation material

	Proposal Outcome	Timescale for completion	Lead/s	Key contributors	Proposal detail	Actions	Progress measures (data and evidence) and milestones
2 - Integrated finances and financial planning							
2(i)	Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.	By 1st April 2019 and thereafter each year by end March	In each partnership area: Health Board Chief Executive, Local Authority Chief Executive, Integration Joint Boards Chief Officer SG officials: Richard McCallum/Alison Taylor	NHS Directors of Finance, Local Authority S95 Officers, IJB S95 Officers	> Chief Executives of Health Boards, Chief Executives of Local Authorities and Chief Officer of IJB (Leads): while considering the service impact of decisions, should together request consolidated advice on the financial positions as it applies to their shared interests under integration from the NHS Directors of Finance, the Local Authority S95 Officers and the IJB S95 Officers		Self-evaluation material Include in statement of internal control. (Discuss at meeting with Audit Scotland).
2(ii)	Delegated budgets for IJBs must be agreed timeously.	By end of March 2019 and thereafter each year by end March	Statutory partners SG officials: Richard McCallum/Robert Peterson/Eilidh Love/Paul Leak	IJB S95 officers	> Place requirement on statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year (to support planning ahead, as per financial framework expectation of moving away from annual budget planning processes towards more medium term arrangements)		IJB budgets agreed. Monthly return from CFO section.
2(iii)	Delegated hospital budgets and set aside requirements	6 months (in time for Integration Authorities to plan their	Each Health Board SG officials: Richard	Local Authorities and IJBs	> Fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with June	Series of scenario planning sessions with Ayrshire partnerships in place	Self-evaluation material Six key steps from statutory guidance

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	must be fully implemented.	use of their budgets in 2019/20)	McCallum/Robert Peterson/Eilidh Love/Paul Leak		2015 statutory guidance Note – the set aside arrangements are key to delivering the commitment in the Scottish Government Medium Term Financial Framework which includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement.		have been adopted and implemented.
2(iv)	Each IJB must develop a transparent and prudent reserves policy.	3 months	IJB S95 officers All IJBs SG official: Eilidh Love	CIPFA Audit Scotland	> Ensure reserves are identified for a purpose and held against planned expenditure, with timescales identified for their intended use, or held as a general reserve as a contingency to cushion the impact of unexpected events or emergencies Note – reserves must not be built up unnecessarily.	Regular meetings with Scottish Government and Audit Scotland agreed. Discussions with IJB S95 officers underway	Self-evaluation material Develop model policy and agree with CIPFA. Adaptation and adoption of policy by IJBs.
2(v)	Statutory partners must ensure appropriate support is provided to IJB S95 Officers.	6 months	Statutory partners SG officials: Alison Taylor/ Richard McCallum	IJB S95 Officers	> Health Boards and Local Authorities to provide staff and resources to provide appropriate support to IJB S95 Officers > Amend existing statutory guidance by removing the last line in paragraph 4.3 recommendation 2 (thereby	Discussions with IJB S95 officers underway	Self-evaluation material Amend and issue guidance. Implement guidance.

					ensuring a consistent approach across the country to ensuring that conflicts of interest for IJB S95 Officers are avoided; their role is to provide high quality financial support to the IJB)		
2(vi)	IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.	From 31st March 2019 onwards	Local auditors of Health Boards and Local Authorities	IJBs Audit Scotland	<p>> Ensure that local audits of the Health Board and Local Authority take account of the expectation that money will be spent differently; IJB resources should be a single budget, focussed on outcomes rather than original identity</p> <p>Note – this does not take away from the need for the IJB to be accountable for these resources and their use.</p>	<p>Regular meetings with Scottish Government and Audit Scotland agreed.</p> <p>Discussions with IJB S95 officers underway</p>	<p>Self-evaluation material</p> <p>Include requirement in statement of internal control.</p> <p>Discuss at Audit Scotland meeting.</p>

	Outcome	Timescale for completion	Lead/s	Key contributors	Proposal detail	Actions	Progress measures (data and evidence) and milestones
3 - Effective strategic planning for improvement							
3(i)	Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.	12 months	Statutory partners in each Health Board and Council SG official: David Williams	Chief Officers	<p>> Health Boards and Local Authorities to provide staff and resources to ensure Chief Officers are effectively supported and empowered to act on behalf of the IJB</p> <p>> Recognise Chief Officers as pivotal in providing the leadership needed to make a success of integration; recruit, value and accord due status to Chief Officers, in order that they are able to properly fulfil this “mission critical” role</p> <p>> Consider the capacity and capability of Chief Officers and their senior teams to support the partnership’s range of responsibilities</p> <p>Note – Chief Officers balance competing demands between statutory delivery partners and IJB business.</p>	<p>Discussions with Chief Officers underway.</p> <p>Secondment of David Williams as Director of Delivery will assist with this.</p>	<p>Self-evaluation material</p> <p>Chief Officers provide regular updates.</p>
3(ii)	Improved strategic inspection of health and social care is developed to better reflect integration.	6 months	Care Inspectorate and Healthcare Improvement Scotland (Kevin Mitchell/Alistair Delaney)	SG Sponsor Divisions	> Scrutinise strategic planning and commissioning processes, and ensure strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people	Regular meetings between Integration Team and CI in place – have extended	HIS and CI to provide assurance on revised inspection regime.

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			SG official: Christina Naismith		<p>> Ensure joint strategic inspections examine the performance of the whole partnership (Health Board, Local Authority, IJB, non-statutory partners) to integrated arrangements, individually and as a partnership</p> <p>> Ensure a more balanced focus across health and social care is ensured in strategic inspections</p>	these to include HIS.	
3(iii)	National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work	3-6 months	<p>Healthcare Improvement Scotland, Care Inspectorate, Improvement Service, NHS National Services Scotland</p> <p>SG official: David Williams/Alison Taylor/Christina Naismith</p>	Jason Leitch	<p>> Ensure that improvement support will be more streamlined, better targeted and focused on assisting partnerships to implement our proposals.</p> <p>As part of this, include: > Consideration the models for delivery of improvement support at a national and local level > A requirement to better meet the needs of integration partners</p>	<p>Meetings with Jason Leitch to agree way forward.</p> <p>Meeting being scheduled with national agencies with follow up workshop to include COs</p>	National improvement agencies to provide integrated plan and assurance on revised arrangements.
3(iv)	Improved strategic planning and commissioning arrangements must be put in place.	12 months	<p>Each Integration Authority, Health Board and Local Authority</p> <p>SG officials: Christina Naismith/Eilidh Love</p>		<p>> Partnerships to critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and capability for this</p> <p>> Health Boards and Local Authorities to ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this is a key responsibility of Integration</p>	<p>Workshop delivered by SG and Audit Scotland for Strategic Commissioning Managers network on 07/02/2019.</p> <p>Workshop proposed for</p>	<p>Self-evaluation material</p> <p>Chief Officers provide regular updates.</p>

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					Authorities	a range of stakeholders to input (AGL)	
3(v)	Improved capacity for strategic commissioning of delegated hospital services must be in place.	12 months	Each Integration Authority NHS Acute Sector COOs SG officials: Christina Naismith/Eilidh Love COSLA		> Develop strategic commissioning for the purpose of achieving full delegation of the delegated hospital budget (in line with the implementation of proposal 2(iii)), with a focus on: - planning delegated hospital capacity requirements - close working with the acute sector and other partnership areas using the same hospitals Note – this should evolve from existing capacity and plans for those services.	Joint workshop delivered as above.	Self-evaluation material Six key steps from statutory guidance implemented.

	Outcome	Timescale for completion	Lead/s	Key contributors	Proposal detail	Actions	Progress measures (data and evidence) and milestones
4 - Governance and accountability arrangements							
4(i)	The understanding of accountabilities and responsibilities between statutory partners must improve.	6 months	Statutory partners, in particular Health Boards and Local Authorities SG officials: Alison Taylor/ Christina Naismith		Note - Responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB. Such decisions do not require ratification by the Health Board or Local Authority, both of which are represented on the IJB. > Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions are reviewed to ensure: a) there is clarity about the decision making responsibilities of the IJB b) decisions are made where the responsibility resides > Existing committees and groups should be refocused to share information and support the IJB		Confirmation that existing arrangements have been reviewed and refocused. Chairs/VC network to provide assurance.
4(ii)	Accountability processes across statutory partners will be streamlined.	12 months	Scottish Government and COSLA SG and COSLA	Carmel Sheriff	> Scope current arrangements for each statutory partner and identify opportunities for better alignment (with a focus on better supporting integration and transparent public reporting); ensure different rules are not being applied to different parts of the system,	COSLA and Scottish Government undertaking scoping work.	Initially: Scope current arrangements. Self-evaluation material

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			officials: Alison Taylor John Wood		particularly in circumstances of shared accountability		
4(iii)	IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.	12 months	Scottish Government/ COSLA SG officials: Robert Kirkwood	Improvement Service and other National improvement bodies Sharon Miller, NHS Education for Scotland	Note – there are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors > Support shared learning to assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations	Recent development session with Chairs and Vice Chairs explored options for national development.	Report to Chairs and Vice Chairs network. Next meeting 8 th May. Membership of IJBs increased beyond statutory minimum. Self-evaluation material
4(iv)	Clear directions must be provided by IJBs to Health Boards and Local Authorities.	6 months	Scottish Government IJBs SG official: Christina Naismith	Health Boards, Local Authorities	> Revise statutory guidance on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners > Recognise directions as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring deliver in line with decisions	Draft guidance shared widely. Agreed scenario planning with Ayrshire to take account of process for multi partnership NHS Board areas.	Revised guidance completed issued and adopted. All IJBs issuing directions that clarify expected delivery and identify related finance.
4(v)	Effective, coherent and joined up clinical and care governance	6 months	Scottish Government SG officials: Iona Colvin/Fiona	Dale Mellor	> Revise statutory guidance based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors; understand, coordinate and utilise fully the key role of clinical and professional leadership in supporting the IJB to make	3 workshops held across Scotland last year. SG internal reference	Revised guidance completed issued and adopted.

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	arrangements must be in place.		McQueen/Craig White		decisions that are safe and in accordance with required standards and law	group established. Work under way on revised guidance	Effective representation of clinical and professional leads on strategic planning groups, IJBs and locality groups.
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	Outcome	Timescale for completion	Lead/s	Key contributors	Proposal detail	Actions	Progress measures (data and evidence) and milestones
5 - Ability and willingness to share information							
5(i)	IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.	By publication of next round of annual reports in July 2019	IJB Chief Officers	SG Integration Team Julie Rintoul Integration Authority Performance Leads	> Work together to consider individually and as a group whether their IJB annual reports can be further developed to: - improve consistency in reporting - better reflect progress and challenges in local systems - ensure that, as a minimum, all statutorily required information is reported upon	Workshop held with performance leads, led jointly by Scottish Government and ISD.	Self-evaluation material Increased consistency in reporting performance in annual reports. SG provide an overview report for Chief Officers and MSG.
5(ii)	Identifying and implementing good practice will be systematically undertaken by all partnerships.	6 - 12 months	IJB Chief Officers	Care Inspectorate/HIS SG Integration Team	> Develop IJB annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked > Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice (based on implementation of the framework outlined in 5(iii) and the national health and social care standards)	Workshop held with performance leads, led jointly by Scottish Government and ISD.	Annual Performance reports more consistent as above. Inspection reports identify examples of good practice/good practice guides. SG overview report summarises good practice from annual performance reports.

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5(iii)	A framework for community based health and social care integrated services will be developed.	6 months	Scottish Government and COSLA SG Official David Rowland	Richard Foggo Chief Officers, other key partnership staff Third and independent sectors	> Develop a framework for community based health and social care integrated services; this will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings (firmly focused on improving outcomes for people)	Secondment of David Rowland to Integration Team to lead this work. Work is underway and David is making contact with local systems and national leaders to develop this work.	A co-designed framework is in place.
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	Outcome	Timescale for completion	Lead/s	Key contributors	Proposal detail	Actions	Progress measures (data and evidence) and milestones
6 - Meaningful and sustained engagement							
6(i)	Effective approaches for community engagement and participation must be put in place for integration.	6 months	Scottish Government and COSLA SG officials: Joanna Swanson / Christina Naismith/Craig White COSLA official: John Wood;	Scottish Health Council/ Third Sector Collaborative/SCLD/Care Inspectorate/IJB Chief Officers	> Revise statutory guidance on local community engagement and participation based on existing good practice, to apply across all health and social care bodies Note – meaningful engagement is central to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.	Initial workshop to start process 26 th Feb and subsequent meeting schedule agreed. Outline plan agreed for producing guidance. Chief Officers collating information about their approaches to community engagement and participation	Guidance completed issued and implemented. Self-evaluation material
6(ii)	Improved understanding of effective working relationships with carers, people using services and local communities is required.	12 months	Chief Officers/ Carers Leads/IJB members	Coalition of Carers People-led Policy Panel coordinated by Inclusion Scotland	> Critically evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities > Adopt a focus on continuously improving and learning from best practice to maximise meaningful and sustained engagement		Self-evaluation material Review current arrangements; and implement improvements.

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6(iii)	We will support carers and representatives of people using services better to enable their full involvement in integration.	6 -12 months	Chief Officers/IJB reps for people using health and social care services/Carers Reps on IJBs	Carers and representatives of people using health and social care services Coalition of Carers People-led Policy Panel coordinated by Inclusion Scotland	> Support carers and representatives of people using health and social care services to enable meaningful engagement with their constituencies including input to IJBs, strategic planning groups, and locality arrangements for integration Note, this would include: - Receipt of IJB papers with enough time to engage other carers and people using other services in responding to issues raised - Paying reasonable expense for attending meetings		Evidence of improved arrangements for meaningful engagement of service users, carers and local communities. Carers' Coalition annual report provides evidence that there have been improvements.
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