Report

Ministerial Strategic Group Update Edinburgh Integration Joint Board

24 May 2019



Executive Summary

1. The purpose of this report is to update the Edinburgh Integration Joint Board (EIJB) on the partnership self-evaluation against the Ministerial Strategic Group (MSG) for Health and Social Care progress review.

Recommendations

- 2. The Edinburgh Integration Joint Board is asked to:
 - a. note the findings of the self-evaluation for the review of progress with integration of Health and Social Care which is attached as appendix 2
 - note that this self-assessment has been completed as a single partnership submission for all statutory partners within Edinburgh; the EIJB, City of Edinburgh Council and NHS Lothian and that 3 sector partners were also contributors to this; and
 - c. note that Partnerships were required to submit to the Scottish Government by the 15th of May and that due to these timescales prior approval of the IJB was not possible; and
 - d. agree to the self assessment and actions set out within this and ask the Chief Officer to develop the action plan with partners for implementation and report on this before the end of March 2020.

Background

3. The "Health and Social Care Integration – Update on Progress" report from Audit Scotland published on 15 November 2019, and the Ministerial Strategic Group (MSG) review report published in February 2019 both highlighted some good progress being made with integration across Scotland. However, both reports also highlighted that there remain challenges that need to be resolved if progress is to be accelerated. These include improvement in relation to financial planning,





- governance, strategic planning and leadership capacity. The review report from MSG made several proposals with estimated timescale to improve the progress and pace of integration.
- 4. The MSG group for Health and Sport Committee will drive forward and support implementation of the findings and action from the review report and has developed a self-evaluation template to support shared learning and insight. All Integration Authorities have been asked to complete the self-evaluation template and submit to the Scottish Government by 15 May 2019.

Main report

- 5. The self-evaluation template is based on the 25 proposals made in the MSG review report on progress with integration published on 4 February and covers the following key areas:
 - a. Collaborative leadership and building relationships
 - b. Integrated finances and financial planning
 - c. Effective strategic planning for improvement
 - d. Collective understanding of governance and accountability
 - e. Information sharing in relation to frameworks and good practice and
 - f. Meaningful engagement of communities supported people and carers
- 6. To support completion within the timescales advised by Scottish Government, the Chief Officer has undertaken a virtual partnership completion of the template to ensure that a single partnership assessment was completed. This has been developed with input from all statutory partners and with consultation and input from the Third Sector led by EVOC.
- 7. Attached is a summary rating table is included at Appendix 1 and highlights that 0 were rated exemplary: 10 were rated established: 12 were rated partly established and 0 not yet established.
- 8. Some of the main themes coming through from the self-evaluation are:
 - Collaborative leadership and building relationships are established, however recognising that there is work needed to push the Partnership into the exemplary category
 - b. A recognition that further work is needed to fully integrate finances and financial planning with most headings rated as partly established, however

- recognising that the Partnership is empowered to use the totality of resources at their disposal which is established.
- c. In terms of effective strategic planning for improvement, this is established but further progress is needed in relation to improving capacity for strategic commissioning of delegated hospital services
- d. Further work is needed in some areas of governance and accountability arrangements recognising that accountability between partners are established, with further work needed in support for chairs, clear directions and a more coherent clinical and care governance arrangement
- e. It was acknowledged that performance reports are benchmarked to allow a better understanding of performance data, however further development is needed to identify and implement good practice.
- f. Further work is needed to embed meaningful and sustained engagement, recognising the Partnership has partly established a mechanism for engagement however further development is needed
- 9. Work is ongoing to scope out those actions that are for the EIJB to take forward and an action plan is being developed that takes account the proposals / recommendations from both the MSG report and Audit Scotland report.

Key risks

10. There is a risk that further progress within the IJB and its partners in delivering better outcomes through integrated approaches is not achieved should these recommendations not be actioned.

Financial implications

11. There are no immediate financial implications arising from this report however some aspects of the action plan may need funding or may be being funded through other IJB approvals.

Implications for Directions

12. There are no implications for directions immediately arising from this report.

Equalities implications

13. The proposals outlined are intended to ensure that the views of people who use adult health and social care services are heard and their input helps shape services going forward.

Sustainability implications

14. There are no sustainability implications arising from this report.

Involving people

15. The proposals outlined in this report will ensure that the views of carers and people who use services are involved in the decision making of the EIJB.

Impact on plans of other parties

16. There are no impacts on the plans of other parties arising from this report.

Background reading/references

17. None.

Report author

Judith Proctor

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: Judith Proctor, Chief Officer

E-mail: Judith.proctor@edinburgh.gov.uk | Tel: 0131 553 8201

Appendices

Appendix 1	Summary Evaluation Sheet
Appendix 2	Self- evaluation for the review of progress with integration of health and social care

SUMMARY RATING TABLE

Feature supporting integration	Not yet established	Partly Established	Established	Exemplary
Collaborative leadership and building relationships				
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			✓	
Integrated finances and financial planning				
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.				
Effective strategic planning for improvement				
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.				
Governance and accountability arrangements				
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.				

Feature supporting integration	Not yet established	Partly Established	Established	Exemplary
Ability and willingness to share information				
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.				
Meaningful and sustained engagement				
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 4th February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

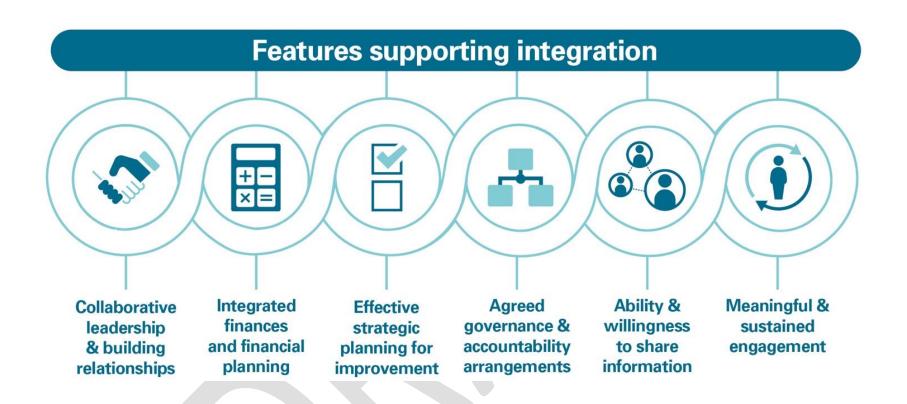
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

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

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

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

Thank you.
Integration Review Leadership Group
MARCH 2019



Name of Partnership	Edinburgh
Contact name and email	Judith Proctor, Chief Officer Edinburgh IJB
address	Judith.proctor@edinburgh.gov.uk
Date of completion	

Key Feature 1 Collaborative leadership and building relationships Proposal 1.1 All leadership development will be focused on shared and collaborative practice. Rating Not yet established Partly established Established Exemplary **Descriptor** Lack of clear Leadership is Leadership in place has Clear collaborative leadership is in place. Indicator leadership and developing to had the ability to drive supported by a range of services including HR, support for support integration. change with collaboration finance, legal advice, improvement and strategic evident in a number of key commissioning. All opportunities for shared integration. areas. Some shared learning across partners in and across local learning and collaborative systems are fully taken up resulting in a clear practice in place. culture of collaborative practice. **Our Rating** Evidence / Review of the Integration Joint Board (IJB's) governance has been undertaken supported by the Good Governance Notes Institute. The IJB has agreed to implement the findings from the Governance Handbook and, when finalised this will support EIJB in collective leadership development Discussion on wider leadership development in Edinburgh Health and Social Care Partnership (EHSCP) in relation to its Change Programme is a work in progress – with an initial focus on the collaborative leadership capacity and capability of the wider management team and also in support of collaboration across the 3rd and Independent Sectors and with Housing • Leadership development is part of the developing '3 Conversations' model and this will roll out across operational sectors in the Health and Social Care Partnership (HSCP) as the programme spreads

invited.

Integrated Care Forum has been established and will support wider collaborative leadership across: IJBs, HSCPs, Councils and NHS Lothian. An initial meeting which focussed on the Audit Commission report took place in November 2018 with a formal meeting taking place in April 2019. Meetings are now scheduled across the year with all partners

	The 'Playing to Your Strengths' leadership development programme across Lothian supports staff from HSCPs to participate from both NHS and Local Authority backgrounds NHO Letting to Your Strengths' leadership development programme across Lothian supports staff from HSCPs to participate from both NHS and Local Authority backgrounds
	 NHS Lothian have commissioned and are delivering a Corporate Management Team development programme which has focussed on collaborative leadership. Next stage of this widens the membership of future sessions to operational teams and will therefore encompass health and social care managers from across the partnership.
	 In terms of the City of Edinburgh Council (CEC), the Wider Leadership Team (Top 100 managers) includes EIJB senior staff as members
	 Community Partnership includes all partners including third sector organisations
	 There is joint Local Authority / NHS Lothian and IJB work in diabetes established as part of regional plans
	The Third Sector Strategic Group and IJB/EHSCP developed a statement of principles, which is also underpinned by
	the role of the Edinburgh Compact in supporting and promoting cross sector working
Proposed improvement	 Implement GGI review recommendations and support leadership development for collaboration within the IJB across all members and sectors
actions	 Work with MSG Review Group's findings in relation to the support to the Chair and Vice Chair of the IJB in undertaking
	their roles effectively and as collaborative leaders in the health and care economy in Edinburgh and Lothian
	 Build on cross sector leadership development across partners to build capacity to work collaboratively
	Collaborative leadership programmes to be inclusive of 3 rd and independent sectors
	 The Partnership will explore opportunities to deliver collaborative leadership development in all future development programme commissioning
	 Future leadership and building relationship programmes are tested in terms of third sector collaboration, third sector leadership and meaningful involvement of communities

Proposal 1.2 Relationship	Proposal 1.2 Relationships and collaborative working between partners must improve						
Rating	Not yet established	Partly established	Established	Exemplary			
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.			
Our Rating			1				
Evidence / Notes	 A Budget Setting Protocol is in place and has enabled discussions on budget setting to take place across the year. This includes agreements on the timeous sharing of information and developing transparent processes to enable these discussions A process is in place to identify the set aside budget in terms of how this applies to the Edinburgh Integration Joint Board EIJB and this features in the budget discussions across the year and the EIJB There is good shared working around estates/capital planning in support of the developing IJB model, strategic plan and capacity requirements and there are clear routes to agree investment and development programmes which allow the IJB's priorities to be addressed There are regular partnership performance meetings which include the Chief Executives, the Chief Officer, s95 Officers, Head of Operations and Strategy. These enable a focus on the HSCP's performance, improvement and provide an opportunity to discuss aspects of the wider partnership that support or hinder that work. It provides a useful platform also to discuss the different working practices between partners and, where necessary, support the development of solutions to these where they are a barrier to better joint working and progress The Chief Officer is a member of both the Council's Corporate Leadership Team and the NHS Lothian Corporate Management Team A Lothian Chief Officer group is in place and works actively to support shared approaches where practicable or raise shared challenges / barriers where these get in the way of integrated working 						

	 An Integrated Care forum has now been established with each of the IJBs, Councils and Lothian Health Board members of this. The intention of this forum is that it provides a platform to address significant, shared issues to make the greatest positive impact for the citizens of Lothian. Issues in the initial discussion include how partners will work together to support improvement in relation to unscheduled care. There is a view from our third sector partners that the potential role of the sector should be explored in this wider Lothian Forum.
Proposed improvement actions	 A review of the budget setting process will be undertaken, and lessons learnt applied in preparation for 2020/21 to ensure delivery for 20/21 Partners will continue to participate in the Lothian Integration Forum Partners will evaluate the first year of operation of the Lothian Forum and apply lessons learnt in year 2 Consider the role of the 3rd sector in wider Lothian Integration Forum in recognition of the role of the sector and community
	groups in transformational change

Proposal 1.3 Relationship		•	ndependent sectors must im	prove	
Rating	Not yet established	Partly established	Established	Exemplary	
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.	
Our Rating			✓		
Evidence / Notes	of integration 3rd and independ the change prog The partnership participation There was signif process and in s Participation in the respect of the Called Scottish Care suffigured in the control of the Called Scottish Care suffigured in the called Scottish Care sufficient in the called Scottish Care suffigured in the called	 3rd and independent sector participation is built into a number of the partnership's forums and will be embedded in work on the change programme, '3 conversations' working and the community investment programme The partnership provides funding support to the third sector Interface and Independent Sector to enable their leadership and 			

Proposed
improvement
actions

- 3rd and independent sector participation will be built into the structure and delivery of the IJB's development of its Change Programme
- A Community Investment programme has been initiated by the IJB and this will provide a vehicle for further developing local engagement and participation of the sectors
- Wherever possible support the sectors to engage and participate effectively
- The IJB will undertake an annual evaluation of its engagement utilising a robust methodology
- Develop a more consistent approach to investment in communities



Key Feature 2 Integrated finances and financial planning

Proposal 2.1

Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to

integration

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating		_		
Evidence / Notes	Budget setting –	processes / workshops	as set out at 1.2	
Proposed improvement actions	 Need for longer term financial planning forum to build trust and better understanding of relative positions and three wider financial engagement sessions agreed as follows: 1. Late summer discussion on planning parameters for the next year. Agenda items: a. Session for all parties on set aside budget to ensure common understanding of the issues b. Finance department resource to support IJB Chief Finance Officers (CFO) c. Impact of best value on IJB's 			

- 2. End of Autumn catch-up
- 3. Scottish Budget post settlement
 - a. Strategic capital projects and impact on mutual services to be better understoodb. Share SPICE and COSLA briefings
- Better shared management information, real time data that can be drilled into

Proposal 2.2 Delegated bud	lgets for IJBs must be a	agreed timeously			
Rating	Not yet established	Partly Established	Established	Exemplary	
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.	
Our Rating		✓			
Evidence / Notes	 NHS Lothian is unable to conclude its final budget until the end of March with Board sign off at first meeting in April. Further allocations throughout the year makes the position more fluid Cycle of negotiation following budget offers creates further delays in the system. 				
Proposed improvement actions	 Budget setting – processes / workshops as set out in 1.2 Ongoing engagement of all three partners will continue across the year Links between strategic planning and availability of resources need to be strengthened through development of a medium-term financial strategy. 				

Proposal 2.3 Delegated hos	spital budgets and set a	side budget requirem	ents must be fully implemen	ted	
Rating	Not yet established	Partly Established	Established	Exemplary	
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance. The set aside budget is being fully taken into account in whole system planning and best use of resources.	
Our Rating					
Evidence / Notes	 Clear process for calculation of set aside budgets and associated costs, however all parties recognise that there is still some way to go in terms of planning the services with any degree of sophistication Performance relative to other organisations is recognised as being superior, however arrangements could not be said to be highly effective Recognition of positive desire to work together to deliver something that supports strategic planning, unscheduled care 				
Proposed improvement actions	 Partner will participate in the pan Lothian Integration Forum Lessons learnt process from this year's budget setting A series of workshops with NHSL is planned on budget Work underway on a methodology to accurately reflect utilisation of resource across four IJBs Focus on forward look on demographics and role of Primary Care and social care to mitigate growth Specific piece of work within the Lothian Integration Forum on the use of set aside EIJB members have ongoing briefings and information to help support their understanding and decision making 				

Proposal 2.4 Each IJB mus Rating	t develop a transparent Not yet established	and prudent reserves Partly Established	policy Established	Exemplary	
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.	
Our Rating		-			
Evidence / Notes	 Reserves are regularly discussed in budget updates and budget setting as can be evidenced from recent IJB meetings A Reserves Policy is in development and will come to the IJB for approval in 2019 				
Proposed improvement actions	 Focussed discus 			g streams can best be used to support the strategic	

Proposal 2.5	Proposal 2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers.					
Rating	Not yet established	opriate support is prov	Established	Exemplary		
Itating	Not yet established	I altry Established	LStabilisticu	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	 Some good examples but limits in this, there is a joint recognition that the IJB CFO role can be a very challenging one, and recognition of the need to support the CFO with wider collective assistance Recognition that an overview of the financial position and working across two finance teams can be difficult. Also, whilst support from partner bodies is positive there is recognition that the terms of support and engagement could be reset to ensure this is more effective The IJB s95 Officer (CFO) relies on support from both City of Edinburgh Council and NHS Lothian finance teams The s95 is given good support however we believe this could be strengthened by embedding finance colleagues from our partners within a HSCP finance team and co-locating them with the CFO. This would build an even greater shared understanding of the different working practices and pressures on each partner, and enable the development of faster solutions and implementation of smoother processes across the partnership CFO is a member of the national CFO network 					

Proposed
Improvement
actions

- Keen to establish clarity on the roles and support to the CFO and ensure the CFO has reliable advice and support to undertake role and function
- Develop a wider team for the CFO and physically co-locate finance support within the CFO's base
- Four Lothian IJB'S CFOs to present options in June to forum referenced at 2.1.



Proposal 2.6				
•		totality of resources a	t their disposal to better mee	et the needs of their local populations.
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating			/	
Evidence / Notes	 Previous and existing directions have reflected the IJB's budget as a single budget rather than having focussed on specific health or social work aspects We have good examples of health funding being invested in social care in support of improving care capacity in the community which has driven improvement in our delayed discharge performance, waits for care and waits for referral. This was agreed across all partners and directed by the IJB A medium-term financial plan is under development and will come to the May IJB. This will set out the IJB's medium term ambitions for the most effective use of its budget in support of our priorities Strategic Planning and commissioning intentions in relation to future models of health and care are focussed on early intervention, wellbeing and independence. New community models will be developed utilising the totality of the resources available to the IJB regardless of the original source of the funding The process for agreeing and setting directions is being reviewed in line with the most recent guidance and will continue to reflect this position 			

	 We are setting out a process of business planning linked to directions as part of the refreshed IJB Governance and decision making following a formal review of our Governance and it similarly will reflect this position Increasingly the financial position is considered and reported across the partnership, as opposed to separating the two Council" and "NHS" elements IJB wide savings and recovery programme has been developed
Proposed improvement actions	 Implement review of directions and ensure that these reflect the use of funding regardless of its source toward IJB's strategic planning objectives and priorities Investment and commissioning plans and the medium term financial plan will reflect this feature and business cases will evidence that we are utilising the totality as required Joint commitment to support the public pound losing its identity in future change and directions IJB to implement revised process of business plan approval linked to directions

Key Feature 3 Effective strategic planning for improvement

Proposal 3.1

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

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	The Chief Officer is not fully recognised as pivotal in providing leadership. Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners. Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
Our Rating		their comerceant.	√	
Evidence / Notes	 The Chief Officer is a full member of both the Council's Corporate Leadership Team and the NHS Lothian Corporate Management Team A senior management team has recently been established and posts recruited to across Operations and Strategy. This is becoming embedded with postholders (including the CFO) seen as effective members of both the NHS and Council's wider leadership teams also Shared reporting and shared performance review for the Chief Officer is in place and this isn't duplicated in NHS Lothian and the Council but is a single 2-1 discussion between the Chief Executives and the Chief Officer The range of support to the Chief Officer and HSCP Management Team is varied across NHS Lothian and City of Edinburg Council and there is a need to establish the baseline in terms of the support the HSCP and Chief Officer require for them to 			

become high functioning and high performing as a partnership. This should include consideration being given to: business and administrative support, Organisational Development Support, Strategic Planning functions, health and care intelligence and insight.
• A review of the range of current support against future needs will be undertaken by the Chief Officer, supported by the wider
Partnership



	Proposal 3.2 nproved strategic inspection of health and social care is developed to better reflect integration.					
Rating	Not yet established	Partly Established	Established	Exemplary		
Indicator						
Our Rating						
Evidence / Notes	NOT FOR LOCAL COM	MPLETION - NATIONAL	L INSPECTORATE BODI	ES RESPONSIBLE		

Rating	Not yet established	Partly Established	Established	Exemplary	
Indicator					
Our Rating					
Evidence / Notes	NOT FOR LOCAL COM	MPLETION - NATIONAL	L BODIES RESPONSIBLE		

Proposal 3.4		amicolonina arror som	onto muot ha nut in place		
Rating	Not yet established	Partly Established	ents must be put in place. Established	Exemplary	
Indicator Our Rating	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.	
.					
Evidence / Notes	recruited into on The Executive M strategic planning health and social services and the Some aspects of other Council de	rtners agreed to establish the post of Head of Strategic Planning and Performance and this has recently been ed into on an interim basis in the first instance recutive Management team of the HSCP are undertaking an overview of the current capacity and capability within ic planning and commissioning and plan to align resources to the new strategic planning landscape arising from and social care integration. Specifically, we recognise some gaps in relation to strategic planning in relation to acute and the set aside and plan to address this as part of the overview work aspects of service which support strategic planning and commissioning are provided into the HSCP but sit out with in council departments or within NHS Lothian. These will be reviewed as set out in 3.1 to ensure best alignment and to the HSCP in undertaking its functions.			

Proposed
improvement
actions

- With partners, review current and future needs in relation to strategic planning and commissioning and implement any recommendations
- Partners to specifically address gaps in capacity and capability in acute health service planning



Proposal 3.5 Improved cap	acity for strategic comi	missioning of delegate	d hospital services must be	in place.	
Rating	Not yet established	Partly Established	Established	Exemplary	
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.	
Our Rating					
Evidence / Notes	 As per 3.4 Integrated Care Forum is in place and working to establish potential cross system activity in this area 				
Proposed improvement actions	• As per 3.4				

Key Feature 4 Governance and accountability arrangements

Proposal 4.1

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

Rating	Not yet established	Partly Established	Established	Exemplary	
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.	
Our Rating			V		
Evidence / Notes	 A Lothian Integration forum has been established and will support the partners in developing robust understanding of each partners' accountabilities and responsibilities This is established but under review as our processes and the IJB matures A governance review within the EIJB was commissioned and undertaken by the Good Governance Institute (GGI) and the IJB has agreed to implement its recommendations alongside further development work. This will enable further clarity on lines of accountability and reporting which the Partnership anticipates will further streamline arrangements and reporting an reduce any residual duplication in reporting which remains in the system 				

Proposed
improvement
actions

- Implementation of the GGI review recommendations and Good Governance Handbook
- In developing the governance review, ensure due focus is given to wider, complex issues of community and third sector representation
- Partners participate fully in the Lothian Integration Forum in support of improving understanding of responsibilities and accountabilities



Rating	Not yet established	Partly Established	Established	Exemplary		
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped, and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.		
Our Rating			•			
Evidence / Notes	 As per 4.2 in relation to the IJB's Governance Review and its implementation Within CEC a recent paper was presented to CEC's Governance, Risk and Best Value Committee (GRBV) which provided an opportunity to clarify relationships across the wider partnership There are regular joint performance meetings between NHS Lothian, City of Edinburgh Council and the HSCP and these provide a helpful platform for discussing governance and reporting issues There have been joint meetings across Audit and Risk activities which have included Audit and Risk representatives from the Council, NHS and IJB and which sought to ensure clarity of audit responsibilities and reporting 					
Proposed improvement actions	 Implement governance review recommendations Refresh of IJB governance is an opportunity to review governance arrangements across wider partnership and create governance, assurance and escalation framework that are safe, effective, transparent and robust City of Edinburgh Council will annually review the guidance arrangements as part of their own plans 					

	ust be better supported			ctive decisions on a collective basis.	
Rating	Not yet established	Partly Established	Established	Exemplary	
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making	
O Datina				powers and responsibilities.	
Our Rating					
Evidence / Notes	 An IJB Induction in place for all new members of the IJB – voting, non-voting and advisory roles A Governance Handbook is under development in support of the IJB and its members in working toward exemplary practice and this is being implemented as part of the IJB's Governance Review implementation programme A series of developmental workshops have taken place across the previous financial year and are planned across 2019/20. In 2018/19 these have included sessions which have focussed on; demographic growth and impact on strategic planning, the developing IJB Change Programme and a recent Webinar session was held which focussed on housing Governance Review and implementation plan supports a revised new structure for governance and the ongoing support and development of the Chair and all members of the Board and its committees The IJB's standing orders are reviewed regularly to ensure these enable clear decision making and remain fit for purpose 				

Proposed improvement actions

- Implementation of the Governance review action plan and Good Governance Handbook
- Further refinement of the induction programme to take account particularly of the changes that occur, and support provided over the course of local government elections
- Induction programmes and recruitment processes pay particular attention to the support and needs of carer and service user representatives to ensure they can fulfil this role while balancing care or other commitments
- Review of the Integration scheme including, as set out above to take account particularly of the changes that occur, and support provided over the course of local government elections
- Regular development sessions planned across the year with a focus on the IJB's strategic ambitions and priorities and to support forward thinking and robust decision making
- The Chair, Vice Chair, Chief Officer, CFO and other post holders and office bearers will be supported to ensure we maximise membership of groups including; CoSLA, Health and Social Care Scotland, Social Work Scotland, National CFOs' Group and Chairs' / Vice Chairs' network
- City of Edinburgh Council will include IJB membership as part of their induction process.
- The IJB will consider its visibility and engagement in and with communities, including meeting in a wider range of venues in local communities
- The Third Sector Strategic Group will be supported to provide an induction to new IJB members on the role, capacity and purpose of the Third Sector

Proposal 4.4 Clear direction	Proposal 4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities.						
Rating	Not yet established	Partly Established	Established	Exemplary			
Indicator	No directions have been issued by the IJB. Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not Directions are issued end of a decision-more process involving structure are issued for all demande by the IJB, are focused on change.		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			
Our Rating		√					
Evidence / Notes	 The IJB has set directions and there is a directions tracker in place A review of extant directions has been undertaken and this will be reported initially into the Strategic Planning Group and forwarded to the IJB This review will support a refreshed format to be agreed by the IJB with a clear process, aligned to the most recent national guidance and linked to business cases where appropriate 						
Proposed improvement actions	Regular (at least	and implement direction annual) reporting on di	rections to the IJB	is is aligned to national guidance the IJB as part of their planning processes			

Proposal 4.5 Effective, coh	nerent and joined up clin	ical and care governa	nce arrangements must be i	n place.	
Rating	Not yet established	Partly Established	Established	Exemplary	
Indicator	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making. Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.	
Our Rating		✓			
Evidence / Our Notes	 A Quality Assurance and Improvement Group (QAIG) in place. This is multi-disciplinary and spans HSCP services and those we commission and purchase from external providers such as care homes and care at home provision As per the Governance Review set out elsewhere – the implementation plan includes commitment to develop clear Clinical and Care Governance processes and lines of reporting A group has been convened to develop this with a clear expectation that this will be in place and operating – including reporting to an IJB Clinical and Care Governance Committee – by the end of summer 2019. This work will include ensuring appropriate lines of reporting and accountability to CEC and NHS Lothian and clarify these while reducing any duplication Professional Advisory Group (PAG) in place but the role is undefined in the context of Clinical and Care Governance. There is a clear role for clinical and care professional input to this structure and we will define this as part of the governance review implementation 				

Proposed
improvement
actions

- Clinical and Care Governance Committee to be developed with clear accountabilities as well as a clear escalation and assurance map
- Refine professional and clinical leadership within this
- Clarity of arrangements with partners and ensuring clear lines of assurance and reporting will be set out in the Good Governance Handbook and implemented
- We will more define more clearly the involvement of the third sector



Kev 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. **Established** Rating Not yet established Partly Established **Exemplary** Indicator Work is required to Work is ongoing to Integration Authority annual Integration Authority annual reports are well further develop reports are well developed developed to reflect progress and challenges in further develop **Integration Authority** Integration Authority to reflect progress and local systems, to ensure public accessibility, and to annual reports to annual reports to challenges in local systems, support public understanding of integration and demonstrate its impact. The annual report well and ensure all statutory improve consistency improve consistency in reporting, better in reporting, better required information is exceeds statutory required information is reported on. Reports are consistently well presented and reflect progress and reflect progress and reported on, by July 2019. challenges in local challenges in local Some benchmarking is provide information in an informative, accessible underway and assisting and readable format for the public. systems, and ensure systems, and ensure all statutory required all statutory required consistency and information is reported information is presentation of annual

Evidence / Notes

Our Rating

on by July 2019.

- An annual performance report has been published each year since the IJB has been in place and these have set out performance aligned to national measures and requirements
- We recognise that we want to develop this further toward exemplar and have been undertaking benchmarking across other annual reports to develop further our 2019 report

Proposed improvement actions

• The IJB will undertake further benchmarking of good practice

reported on, by July

2019.

HSCP senior managers leading the work will participate in National performance forums

reports.

Proposal 5.2	d implementing good n	ractica will be system	atically undertaken by all par	rtnorchine		
Rating	Not yet established	Partly Established	Established	Exemplary		
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice. Better use could be made of inspection findings to identify and share good practice.	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked. Inspection findings are routinely used to identify and share good practice.	Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice. Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice. All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.		
Our Rating		*				
Evidence / Notes	 A performance working group has been established across the HSCP and with partners across the NHS, CEC and ISD to develop the format for our next Annual Performance Report A review of other Reports from across Scotland has been undertaken to consider best practice and its application in the EIJB 					
Proposed improvement actions	 Revise format and presentation of the Annual Report Apply any future guidance or structure arising from the review set out at 5.1 					

Proposal 5	posal 5.3						
A framewo	amework for community based health and social care integrated services will be developed.						
Rating	Not yet established	Partly Established	Established	Exemplary			
Indicator							
Our Rating							
Evidence / Notes	NOT FOR LOCAL COM	MPLETION - NATIONAL	BODIES RESPONSIB	LE			

Key Feature 6 Meaningful and sustained engagement

Proposal 6.1

Effective approaches for community engagement and participation must be put in place for integration.

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating		V		
Evidence / Notes	 Plan. Platforms a An engagement The HSCP is devisupporting our lo Many examples overy locally wher within our wider of We recognise that 	and relationships have be and participation plan a veloping a participation ocalities, teams and staff of local engagement be be the knowledge and ca communications strateg at we still undertake engat example, our Communit	neen built which can be expanded in place and has been agreed and engagement team which if across Edinburgh in developing led by our locality managed apacity is – we're seeking to be gagement during service chan	work which will now be incorporated into the Strategic ded in support of effective community engagement sed by the IJB will increase our capacity in doing this work and in ing effective engagement and participation work ers and their teams – building stronger collaborations wild on this and develop and highlight these examples ge but are ambitious to make significant progress with will have a locality focus and be aligned to our wider

Proposed
improvement
actions

- Development of engagement and participation team
- Review of our current engagement and participation plan in the context of this proposal and against examples of good practice elsewhere
- Implementation of the governance review



Rating	Not yet established	Partly Established	Established	Exemplary		
Indicator Our Rating	Work is required to improve effective working relationships with service users, carers and communities.	Work is ongoing to improve effective working relationships with service users, carers and communities. There is some focus on improving and learning from best practice to improve engagement.	Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.	Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. 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.		
Evidence / Notes	 Good examples of engagement over the course of developing our carers' strategy and strategic planning work but we recognise this is distinct and different from 'working relationships with service users and families' We can evidence learning from comments, complaints and compliments Our developing work on the '3 conversation model' is predicated on developing more effective relationships with people at the centre and as experts in their own lives. Our initial innovation sites will go live in the early summer of 2019 					
Proposed improvement actions	 Roll out of our 3 Conversations work, evaluation and spread of learning in relation to this as an approach to improving the 					

Proposal 6.3 We will support carers and representatives of people using services better to enable their full involvement in integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to	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.
			allow engagement with other carers and service users in responding to issues raised.	Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating		✓		
Evidence / Notes	 We have good examples where we have involved carers and representatives of people using services in the development of specific aspects of our planning work This has been specifically seen in relation to the development of our carers' strategy and our strategic planning work We support those carers and service users that sit on our board and provide an induction and point of contact for them in support of their role We have established engagement and participation groups in place and these are active forums for involvement However, we recognise that we have further to go in relation to ensuring this is clearly linked to the IJB and its decision making and that we need to support our carer and user representatives 			
Proposed improvement actions	We will review our carer and user involvement plans and ensure the widest possible engagement at Board and planning groups			