

Date: 26 April 2019
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Board Member

EAST RENFREWSHIRE INTEGRATION JOINT BOARD – 1 MAY 2019

Please find attached the undernoted items marked “to follow” on the agenda for the meeting of the Integration Joint Board on Wednesday 1 May 2019.

Yours faithfully

Anne-Marie Monaghan

Chair

Undernote referred to:-

Item 10 – Care in the home Commissioning Arrangements (copy attached, pages 3 – 12),

Item 15 – Ministerial Strategic Group for Health & Community Care – Self-Evaluation for the review of progress with integration of health and social care (copy attached, pages 13 – 56).

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	10
Title	Care in the Home Commissioning Arrangements
<p>Summary</p> <p>This report informs the Integration Joint Board about issues arising from our current contractual arrangements for care at home. It proposes moving into a Strategic Partnership to work with providers and local people to develop more locally sustainable models for delivering care in the home.</p>	
Presented by	Candy Millard, Head of Adult Health and Social Care Localities
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ approve the development of a strategic partnership approach to support delivery of our strategic priority ▪ recognise the need to enter into interim contractual arrangements to sustain local provision ▪ direct East Renfrewshire Council to establish strategic partnership arrangements for care in the home ▪ direct East Renfrewshire council to put in place interim contractual arrangements 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input checked="" type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

1 MAY 2019

Report by Julie Murray, Chief Officer

CARE IN THE HOME COMMISSIONING ARRANGEMENTS

PURPOSE OF REPORT

1. To inform the Integration Joint Board about workforce and sustainability issues arising from our current contractual arrangements for care at home and discuss some of the commissioning opportunities moving forward.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - approve the development of a strategic partnership approach to support delivery of our strategic priority
 - recognise the need to enter into interim contractual arrangements to sustain local provision
 - direct East Renfrewshire Council to establish strategic partnership arrangements for care in the home
 - direct East Renfrewshire council to put in place interim contractual arrangements

BACKGROUND

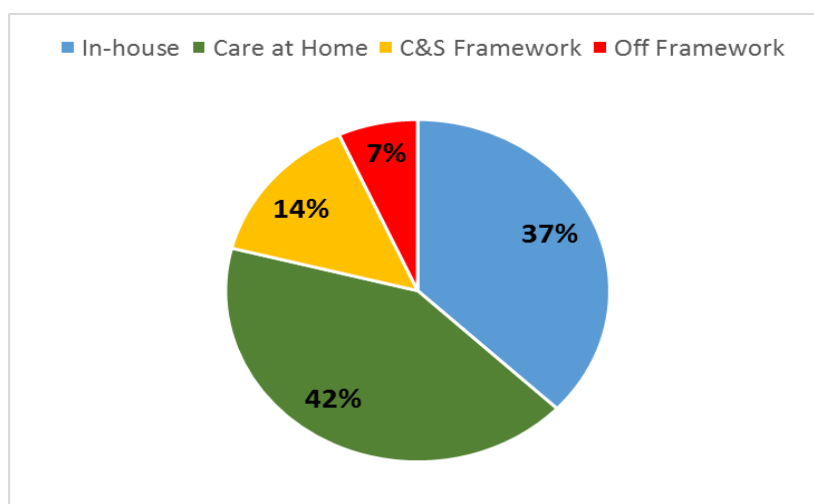
Current Contractual Arrangements

3. A Care at Home Framework was subject to a formal tendering process and was awarded to Allied Health Care, Careline, Christina's Homecare, Clyde Homecare, Constance Care and HRM Homecare in July 2016. The contract was for 2 years with the potential to extend for a further year.
4. The use of CM2000 was a new mandatory requirement for providers as part of this new framework. The system was introduced to improve data on quality and performance in areas such as continuity, punctuality and duration of visits. External Provider Home Carer are expected to use the service users' landline to phone a free phone number when they start and end the visit to 'log in' and 'log out' with CM2000 or to use a compatible call monitoring system.
5. Visit durations are rounded to the nearest minute, this means:
 - a visit with a duration of 16 minutes and 29 seconds is rounded down to 16 minutes
 - a visit with a duration of 16 minutes and 30 seconds is rounded up to 17 minutes.

6. Payments to providers are calculated on each visit time using the following bandings:

Bandings	Paid Duration
1 minutes to 23 minutes	15 minutes
24 minutes to 37 minutes	30 minutes
38 minutes to 52 minutes	45 minutes
53 minutes to 67 minutes	60 minutes

7. Although there is a significant amount of care at home provision with the independent sector, under the current contract partner providers do not have guaranteed levels of business and have been expected to respond to ad hoc requests to provide care packages across the whole of East Renfrewshire.
8. As reported to the Integration Joint Board on 20 March 2019, our partner providers find this contractual model difficult to sustain, and are often not able to provide staff to deliver new packages or additional hours of care and support. This has led to the HSCP having to ask providers on the Care and Support Framework or on occasion off framework providers to provide care. These providers are not subject to the same CM2000 business rules as the care at home providers. Based on weekly hours called up (i.e. planned not actual) the current market share can be seen as:



National and Regional Issues

9. In February 2019 the Scottish Government published the report Fair Work in Scotland's Social Care Sector 2019, prepared by the Fair Work Convention. The Fair Work Convention's role is to provide advice on Fair Work to Scottish Government, policy makers and wider Scotland and advocate for Fair Work across Scotland.
10. The report states that current method of competitive tendering based on non-committal framework agreements has created a model of employment that transfers the burden of risk of unpredictable social care demand and cost almost entirely onto the workforce.

11. It found that the significant use of zero–hours, low–hours and sessional contracts in the social care sector is largely an outcome of the way care is purchased. Too often care provider organisations do not know how many support hours are required on a day to day basis. This type of commissioning in turn impacts on the type of contracts offered to staff, with flexibility benefitting the employer and burdening the social care worker with unpredictable working hours and unstable earnings.
12. It explains that commissioning agencies under budget constraints are only willing to pay for the actual amount of time that direct care services are delivered (rather than paying for a sufficient number of people to be engaged to deliver the service). Employers then pass this risk on to staff by placing them on contracts that maximise employer flexibility. This can mean workers having their shifts cancelled where demand falls, or being asked to do extra hours at a moment's notice where demand increases, leading to feelings of being always 'on-call'. Workers struggle to manage their lives around frequently changing and/or unpredictable work schedules, while many managers report spending most of their time managing rotas, covering gaps and meeting new requests, rather than supporting and developing their teams.
13. This in turn leads to in problems recruiting and retaining staff. Recruitment challenges in social services, particularly in the adult social care sector, have been regularly highlighted (e.g. SSSC Workforce Skills Report). Recruitment challenges have been linked to low pay, difficulties finding people to work anti-social hours, perceptions of the sector and the emotional stress of care work.
14. The National Health and Social Care Workforce Plan Part 2 – a framework for improving workforce planning for social care in Scotland confirms that we need a social care workforce which is skilled and valued and which works collaboratively to empower, support and protect people, with a focus on prevention, early intervention and enablement. It identifies some of the challenges involved in addressing these priorities including:
 - How to support and equip the workforce to work in multi-disciplinary teams to ensure people get the right support at the right time;
 - How to support the workforce in responding to policies which demand greater autonomy for the social care workforce and more innovation in models of support that are personalised for individuals;
 - How to improve career opportunities that recognise the variety of responsibilities and skills required in social care roles and that provide flexible career pathways which give personal job satisfaction while supporting the retention of staff.
15. Scotland Excel in collaboration with the Scottish Government scheduled three specification development events held on 20th November in Glasgow, 22nd November in Dundee and 29th November in Stirling. The purpose of the events was to consider, and advise, what should be included in a care and support tender specification, using the National Health and Social Care Standards as the basis. Attendees included Local Authorities/Health and Social Care Partnerships (HSCPs) commissioning and procurement staff (including East Renfrewshire; provider representative organisations, CCPS and Scottish Care, Scottish Government and the Care Inspectorate and an extensive representation of provider organisations.

16. Attendees voiced the importance of Fair Work practices section within a national specification for care and support services and linked to the Scottish Government wider national reform programme. In particular they made reference to:
- Requirement to demonstrate an approach which meets SSSC requirements;
 - Clear policies and procedures linked to equality and diversity, staff recruitment and retention;
 - No inappropriate use of zero-hour contracts;
 - Greater balance of risk between Local Authority/HSCP and provider;
 - Ethical Care Charter;
 - Consider wider employee benefits packages;
 - Fairly linked to pay and considering travel time;
 - Scottish Living Wage implications and impact on job roles within provider organisations;

REPORT

Strategic Direction

17. One of our strategic priorities is working together with people to maintain their independence at home and in their local community. Care at home is fundamental to supporting people to remain at home. Our current model of commissioning care at home is not sustainable and does not support delivery of our strategic priority.
18. The HSCP recently engaged with a broad spectrum of local and national stakeholders to develop our commissioning intentions. This exercise highlighted the commitment of a range of stakeholders to work differently in our localities, including a willingness to work in a place based approach; to developing and working with local assets building on digital opportunities and to reimagine 'care in the home'.
19. Working together we would like to move to develop locally sustainable teams, with a clear focus on recruiting, retaining and training locally. We would like to explore the opportunities offered by personalised Technology Enabled Care solutions alongside Burrzorg and other models being tested elsewhere, in order to develop locality based solutions that support our strategic priority. We consider that this is best achieved through adopting a Strategic Partnership Approach.

Developing a Strategic Partnership approach

20. The National Guidance on the Procurement of Care and Support Services 2016 states that:
- "The procurement of care and support services should promote partnership working across sectors. Successful partnership working must be built upon openness and transparency, mutual respect and a joint understanding of the roles and responsibilities of each partner and the challenges that they face. To achieve this, as best practice, a public body should:*
- *recognise service providers' contributions to achieving positive outcomes for people who use services;*
 - *involve service providers in the development of local commissioning strategies and local policies and procedures for the procurement for care and support services;*

- *be proactive in involving service providers in service design and the development of service specifications; and*
 - *in doing so, continue to ensure compliance with the procurement rules – for example by ensuring that there is no conflict of interest which could distort competition or prevent the equal treatment of bidders.”*
21. *“A public body may seek ... a strategic partner or partners to redesign and achieve major changes in the delivery of a service and/or the use of resources. For example, it may decide to work with a service provider or providers to determine what could be provided across a range of services within the available resource, rather than tendering for particular services. In this situation, the choice of strategic partner(s) should be on the basis of a transparent and competitive process in accordance with the public procurement rules.”*
22. If this way forward is agreed by the Integration Joint Board we will work with East Renfrewshire council to issue a procurement Prior Information Notice to seek expressions of interest for the Strategic Partnership.
23. Following consultation with East Renfrewshire council legal series we have agreed that in the interim we will enter into spot purchasing arrangements to last for not longer than 12 months. After which we will either move to local commissioning arrangements as designed through the partnership or purchase under Scotland Excel's National Care and Support Framework, which should be in place in 2020.

CONSULTATION AND PARTNERSHIP WORKING

Recent local stakeholder engagement

24. The HSCP has a longstanding Care at Home provider's forum through which it has seen the willingness of stakeholders to work cooperatively with the HSCP on tests of change and openness to working with the Council's employability partnership (WorkER) to develop programmes to support local people into care as a career. They have consistently reiterated their commitment to working in partnership to develop a more outcome focused model of care.
25. We are a named learning partner for East Ayrshire HSCP in their successful bid to the Technology Enabled Care Programme. The East Ayrshire Pathfinder aims to use TEC as a key enabler to fully transform health and social care provision for people aged 65 and above and those with long term health conditions living in the Irvine Valley. The citizens of the Irvine Valley will be able to access personalized TEC solutions to support them to live at home, improve their capacity to self-manage and achieve their personal outcomes. This bid builds on East Ayrshire's existing sector leading peer mentor model so that their workforce are confident and supported to 'think TEC first'.

IMPLICATIONS OF THE PROPOSALS

Finance

26. The current budget 2018/19 spend on care at home is £9million, with approximately £4million on our in-house service, and £5million to the external market.

Risk

27. There are risk associated with our current model of commissioning and the impact of this on workforce and availability of care in the home. The proposed strategic partnership will look at how these risks can be mitigated across the whole care at home system.

Directions

28. This report recommends two directions to East Renfrewshire Council.

CONCLUSIONS

29. Care at home is fundamental to supporting people to remain in their communities. The current model of commissioning services is not sustainable and does value the workforce who provides this essential service. It is important that we take time to develop solutions that will work for local people and reflect the needs within our localities. This work needs to be undertaken in partnership local people and providers.
30. It is proposed that in the interim we move to a contract based upon a spot purchase agreement. This would give the Integration Joint Board and Council contractual certainty whilst developing an approach that is fit for purpose and fit for the future.

RECOMMENDATIONS

31. The Integration Joint Board is asked to:
- approve the development of a strategic partnership approach to support delivery of our strategic priority
 - recognise the need to enter into interim contractual arrangements to sustain local provision
 - direct East Renfrewshire Council to establish strategic partnership arrangements for care in the home
 - direct East Renfrewshire council to put in place interim contractual arrangements

REPORT AUTHOR AND PERSON TO CONTACT

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Candy Millard, Head of Adult Health and Social Care Localities
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Chief Officer, HSCP: Julie Murray

April 2019

BACKGROUND PAPERS

Procurement of care and support services: best practice guidance

<https://www.gov.scot/publications/guidance-procurement-care-support-services-2016-best-practice/>

Unison's Ethical Care Chapter

<https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220142.pdf>

Fair Work in Scotland's Social Care Sector 2019

<https://www.fairworkconvention.scot/wp-content/uploads/2018/11/Fair-Work-in-Scotland's-Social-Care-Sector-2019.pdf>

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	15
Title	Ministerial Strategic Group for Health and Community Care – Self-evaluation for the review of progress with integration of health and social care
<p>Summary</p> <p>A draft self-evaluation of Integration arrangements in East Renfrewshire is required to be submitted to the Ministerial Strategic Group for Health and Community Care Integration Review Leadership Group by 15 May 2019.</p>	
Presented by	Julie Murray, Chief Officer
<p>Action Required</p> <p>Members of the Integration Joint Board are asked to:</p> <ul style="list-style-type: none"> ▪ Review the draft self-evaluation, comment upon the evaluation ratings and improvement actions ▪ Remit the Chief Officer to review with the Chief Executives of NHS GGC and East Renfrewshire Council to reach a consensus view. ▪ Submit to the Integration Review Leadership Group by 15 May 2019. 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

1 MAY 2019

Report by Chief Officer

**MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE –
SELF-EVALUATION FOR THE REVIEW OF PROGRESS WITH INTEGRATION OF
HEALTH AND SOCIAL CARE**

PURPOSE OF REPORT

1. A draft self-evaluation of Integration arrangements in East Renfrewshire required to be submitted to the Ministerial Strategic Group for Health and Community Care Integration Review Leadership Group by 15 May 2019.

RECOMMENDATION

2. Members of the Integration Joint Board are asked to:
 - Review the draft self-evaluation, comment upon the evaluation ratings and improvement actions
 - Remit the Chief Officer to review with the Chief Executives of NHS GGC and East Renfrewshire Council to reach a consensus view.
 - Submit to the Integration Review Leadership Group by 15 May 2019.

REPORT

3. A review of integration was commissioned by the previous Cabinet Secretary for Health and Sport. COSLA and the Scottish Government published the final proposals in February of this year and there is an expectation that Health Boards, Local Authorities and Integration Authorities evaluate their current position in relation to the findings of the review.

Given the parallel process of preparing for our Strategic Inspection this self-evaluation has been 'light touch' and developed by the Chief Officer following discussion with the IJB Chair, Vice-Chair, Third Sector and Carer representatives and Chief Financial Officer.

When the IJB is satisfied with the evaluation, the Chief Officer will discuss with the Chief Executives of NHS and East Renfrewshire Council in an attempt to reach a consensus on the evaluation ratings and any improvement actions.

RECOMMENDATIONS

4. Members of the Integration Joint Board are asked to:
 - Review the draft self-evaluation, comment upon the evaluation ratings and improvement actions
 - Remit the Chief Officer to review with the Chief Executives of NHS GGC and East Renfrewshire Council to reach a consensus view.
 - Submit to the Integration Review Leadership Group by 15 May 2019.

REPORT AUTHOR AND PERSON TO CONTACT

Julie Murray, Chief Officer, IJB
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0141 451 0746

April 2019

BACKGROUND PAPERS

None

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.

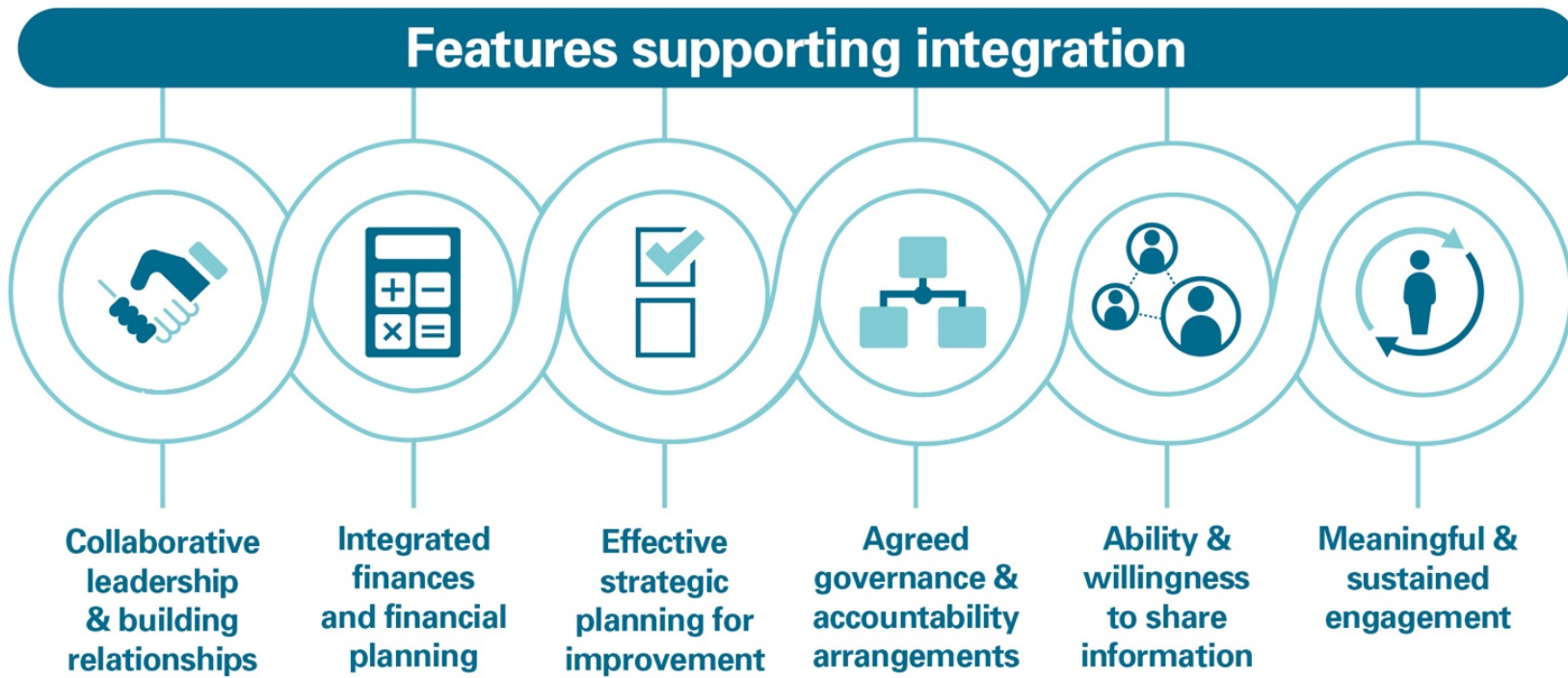
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

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	East Renfrewshire Health and Social Care Partnership
Contact name and email address	Julie Murray, Chief Officer julie.murray@eastrenfrewshire.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 Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating			√	
Evidence / Notes	<p>We have a long history of collaborative leadership in East Renfrewshire and consider this to be well established with some exemplary features. We have had organisational development and leadership development programmes for staff and for IJB members. Our integrated workforce have the opportunity to access NHS GGC & East Renfrewshire Council Leadership Development programmes and many have completed 'Ready to Lead' and 'Leaders for the Future' over the last four years.</p> <p>We collaborate well with the third sector and have co-produced new approaches to service delivery in our Strategic Planning Group and our Community Led Support Steering Group. We have an integrated management structure with clear lines for professional leadership. We collaborate well with other HSCPs in NHS GGC to share learning and good practice.</p> <p>There have been good opportunities for leaders to develop within the NHS Corporate Management Team and also within the ERC Corporate Management Team, but fewer opportunities for public sector leaders across the whole system.</p> <p>(<i>Evidence:</i> Leadership events; Draft ERHSCP Learning and Development Plan; Staff engagement activity – Adult Localities; Fit for the Future, Designing the Future - Managers Presentation.)</p>			

Proposed improvement actions	The development of a collaborative leadership approach across the HSCP, Council and NHS Board, potentially across GGC areas.
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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			√	
Evidence / Notes	<p>We consider our rating to be established with some exemplary features.</p> <p>There has been a long history of collaboration and integration in East Renfrewshire, where NHS GGC and East Renfrewshire Council established a Community Health and Care Partnership in 2006. There has been long standing political support for this approach over the years and good relationships are evident. Joint performance meetings with the HSCP senior team and the Chief Executive of NHS GGC and ERC have helped to share understanding of pressures and priorities and grow trust.</p> <p><i>(Evidence: 6 monthly joint performance reports and presentations to NHSGGC and ERC.)</i></p>			
Proposed improvement actions	Further discussion to improve visibility of financial pressures across the Council and NHS Board to improve shared understanding of future challenges.			

Proposal 1.3				
Relationships and partnership working with the third and independent sectors must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating			√	
Evidence / Notes	<p>We have strong relationships with both third and independent sectors and active contribution from them on our IJB, sub committees and Strategic Planning Group. We have a close relationship with our third sector interface organisation. Voluntary Action East Renfrewshire, who had led and co-produced several developments with us and for us. We developed a Carers collective to take forward our work on the Carers Act and the Carers Centre staff are 'trusted assessors'. We have Providers forums and have used innovative approach to commissioning which value the contribution and creativity of our providers and partners.</p> <p>The HSCP has a strong and productive approach to partnership working within the full range of services for adults. Examples include our Public Social Partnership (PSP) for learning disability (a collaborative partnership of 12 third sector organisations) and our multi-agency group, led by Recovery Across Mental Health (RAMH), working with people experiencing mental ill health and their carers.</p> <p>(Evidence: Learning Disability PSP Evaluation Report 2018; RAMH Mental Health PSP Briefing Paper)</p>			

**Proposed
improvement
actions**

Further develop relationships with neighbourhood and community groups.

DRAFT

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	<p>The IJB Chief Financial Officer provides the lead for all financial matters and has a good working relationship with peers in both partner bodies. The sharing of finance reports mean that both partners have an overview of the IJB position. All reporting to the IJB focusses on our consolidated position, but we also provide separate reports to East Renfrewshire Council and the Health Board periodically.</p> <p>The IJB and the Council both have medium term financial plans.</p> <p>Our robust IJB budget setting process links to both of our partners. In addition to regular budget update reports to the IJB, IJB seminars are used to feedback on partner budget setting issues and inform these discussions. The budget process involves identifying and making the case for cost pressure funding, identifying savings proposals for the IJB and ensuring sustainability. Our engagement with East Renfrewshire Council takes account of demographic pressures.</p>			

	<p>We have introduced financial reporting to our 6 month performance meeting but have not yet had detailed three way collaborative discussion about the respective financial positions of partner bodies and implications for the IJB.</p> <p>(<i>Evidence:</i> IJB Budget Report, Jan 19; IJB Revenue Budget Update, March 19; IJB Seminar Paper, Sept 17; 6 monthly joint performance reports and presentations to NHSGGC and ERC)</p>
Proposed improvement actions	Establish a tri partite discussion on the respective financial places of parent bodies and implications for the IJB.

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Proposal 2.2 Delegated budgets for IJBs must be agreed timeously				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
Our Rating			√	
Evidence / Notes	<p>The IJB finance seminars include scenario planning and the IJB has a medium term financial plan. The budget contributions from ERC are agreed prior to 31 March with the NHS budget set on an indicative/verbally agreed position pending the NHS Board meeting which confirms the position (this year mid April). The longstanding history of integration within East Renfrewshire gives the IJB assurance and allows a pragmatic solution to this issue.</p> <p>Financial reporting is shared with each partner. There are two different approaches to budget setting. Within the Council budget setting process the HSCP has an opportunity to identify pressures, both demographic and policy related, which are considered by the Council's Budget Strategy Group. For the NHS the approach to budget settlement is currently the historic flat cash budget settlement uplifted each year in line with the uplift received by the NHS Board.</p> <p><i>(Evidence: IJB Budget Report, Jan 19; IJB Revenue Budget Update, March 19; IJB Seminar Paper, Sept 17)</i></p>			

Proposed improvement actions	For the Health Board to make a formal budget offer before the end of March at the conclusion of a process which enables discussion about IJB demographic and other pressures.
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Proposal 2.3				
Delegated hospital budgets and set aside budget requirements must be fully implemented				
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	There is an agreed financial framework in place which reflects current use of acute services by the East Renfrewshire population and planning group has been established across GGC. However there has yet to be an agreed position for the 'starting point' of the set aside budget and no agreed mechanism for the full implementation of the set aside arrangements.			
Proposed improvement actions	An agreed mechanism for full implementation of set aside budget to be agreed between NHS GGC and all six HSCPs.			

Proposal 2.4 Each IJB must develop a transparent and prudent reserves policy				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating				√
Evidence / Notes	<p>A reserves policy for the IJB was approved in 2015. The IJB has agreed to the creation and use of reserves to support service change through 'bridging' finance. Transparent reporting of reserves to the IJB and partners is included in all revenue monitoring and annual accounts. There is clear identification of earmarked reserves, their purpose and application. As an example, reserves have supported the phasing of our FFTF programme, recognising that the scale of this saving would take time to deliver. We have also negotiated funding to establish a transition reserve to support the redesign of our Learning Disability bed model.</p> <p>(Evidence: Reserves Policy)</p>			
Proposed improvement actions	Continue to review the level of general reserve.			

Proposal 2.5				
Statutory partners must ensure appropriate support is provided to IJB S95 Officers.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating				√
Evidence / Notes	<p>The CFO is responsible for both strategic and operational finance functions. The CFO has an integrated finance team who report directly to her. The relationship with partner bodies works well and all six CFOs within NHS GGC partnerships work collectively where appropriate.</p> <p>The CFO also represents the HSCP as part of the national CFO section and is also a member of the section executive group. The CFO has developed a good working relationship with partner peers and routinely shares, debates and discusses financial matters. In addition to local work, the CFO is also a member of LASAAC (Local Authority (Scotland) Accounts Advisory Committee) as a practitioner representative.</p>			

Proposed Improvement actions	To develop a fully integrated finance role as currently Accountants, whilst in the same team, are responsible for either NHS or Council reporting.
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Proposal 2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.				
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	<p>The focus of the IJB is on the consolidated financial position and our medium term financial plan also relates to the consolidated position. Our financial directions reflect the application of the budget not the source.</p> <p>However, two ledgers and separate reporting make it difficult for the money to truly lose its identity. The set aside budget is not fully delegated.</p> <p><i>(Evidence: IJB Budget Report, Jan 19; IJB Revenue Budget Update, March 19; IJB Seminar Paper, Sept 17)</i></p>			
Proposed improvement actions	<p>Partner bodies to work with the IJB CFO to establish how oversight and accountability for spend could be satisfied by an integrated financial position.</p> <p>Scottish Government should consider supporting this by integrating statutory returns, rather than, continuing to request separate reporting.</p>			

Key Feature 3				
Effective strategic planning for improvement				
Proposal 3.1				
Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
Our Rating			√	
Evidence / Notes	<p>The Chief Officer is a member of both the NHS GGC and East Renfrewshire Council Corporate management teams and has leadership roles across the Council and the NHS Board and the Community Planning Partnership in addition to her role within the IJB/HSCP.</p> <p>There is a view from non statutory partners on the IJB that the complexity of the role, accountable directly to the IJB, but also operationally to the two Chief Executives could lead to confusion and potentially conflict of interest.</p>			
Proposed improvement actions				

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

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

Proposal 3.4				
Improved strategic planning and commissioning arrangements must be put in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
Our Rating			√	
Evidence / Notes	<p>The HSCP has produced two strategic plans, in reviewing our first strategic plan we considered our performance using the national outcomes and indicators over the period of the plan. We sought feedback from our communities through national and local surveys. Our engagement activity was co-led by our third sector interface. We reviewed our strategic priorities for the second plan. Through the Fit for the Future change programme the HSCP reviewed commissioning arrangements and have embedded commissioning capacity in operational locality teams to support local market shaping.</p> <p>Whilst ERC and NHS GGC provided procurement support, the commissioning and contract management function are operationally managed by the Chief Officer.</p> <p>(<i>Evidence:</i> HSCP Strategic Plan 2015-18; HSCP Strategic Plan and Implementation Plan 2018-21; Draft Commissioning Plan; Joint Strategic Needs Assessments 2015 and 2017)</p>			

Proposed improvement actions	To further develop the commissioning plan to further develop a market facilitation approach.
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Proposal 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
Our Rating		√		
Evidence / Notes	Refer to 2.3			
Proposed improvement actions	Review commissioning capacity as set aside budgets are fully integrated and devolved.			

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			√	
Evidence / Notes	<p>There is clear understanding of the availability of the IJB in relation to strategic planning, priority setting and commissioning of delegated functions. There is strong collaboration with NHS GGC and the six IJBs to ensure alignment to Moving Forward Together – the NHSGGC-wide strategy.</p> <p>There is less clarity on the ‘operational oversight’ role of the IJB and that of the partner bodies and therefore the potential for parallel performance reporting.</p> <p>There is a view from the non statutory partners that voting members do not always distinguish their role as elected members/non-executives from their role as an IJB member where they do not ‘represent’ their partner bodies.</p>			

Proposed improvement actions	Refresh development work with IJB members to ensure understanding of their role is clear. Review performance reporting arrangements to avoid duplication.
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Indicator 4.2				
Accountability processes across statutory partners will be streamlined.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating			√	
Evidence / Notes	<p>Our rating for this indicator is established with some exemplary features.</p> <p>There is fully aligned accountability and public reporting in place. East Renfrewshire Council recognises the distinct role and responsibility of the IJB and describes the HSCP as part of the wider Council 'family'. Governance structures are streamlined. East Renfrewshire Council operates a Cabinet system and there was no social work committee prior to the establishment of the CHCP Committee in 2006 and the IJB in 2015. One area for potential duplication was the role of the Council Audit and Scrutiny Committee with the role of the IJB Performance and Audit Committee. There was an agreement to co-opt a member of the Council Committee to the IJB Committee to offer reassurance on the level of scrutiny offered by the IJB Performance and Audit committee in an attempt to minimise duplication.</p> <p>Within the more complex system of NHS GGC which relates to six integration authorities, there is still some work to do to clarify accountability and more opportunity to align or streamline arrangements.</p> <p><i>(Evidence: Strategic Performance Reports and Service Related Reports to Performance and Audit Committee)</i></p>			

Proposed improvement actions	Continue to review structures to ensure accountability is clear and there is minimum duplication.
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Proposal 4.3				
IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating			√	
Evidence / Notes	<p>There are regular meetings between the IJB Chair, Vice Chair and the Chief Officer and the senior team to ensure the Chair is briefed and supported. The Chair is also supported by the Council's Democratic Services Manager to ensure IJB standing orders are adhered to.</p> <p>Our IJB Chair and Vice Chair have also participated in national development events.</p> <p><i>(Evidence: Chief Officers Brief August 2017)</i></p>			
Proposed improvement actions	As we have a newly appointed Chair and new Board member joining shortly we will refresh our seminar programme and go back to basics to refresh understanding of roles and the priorities/pressures for the IJB.			

Proposal 4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating		√		
Evidence / Notes	<p>The IJB's use of directions requires further development. The IJB issues directions when the budget has been agreed, but more recently has issued directions after deciding to substantially change or develop a service.</p> <p>Within a multi partnership Health Board it will be important to collaborate when using directions to the NHS Board.</p> <p>(Evidence: IJB Paper Bonnyton & Mearns Kirk November 2018)</p>			
Proposed improvement actions	The IJB will review its use of directions and develop them in collaboration with other NHS GGC integration authorities.			

Proposal 4.5				
Effective, coherent and joined up clinical and care governance arrangements must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making. Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
Our Rating			√	
Evidence / Our Notes	<p>We consider our clinical and care governance arrangements are established with some exemplary features.</p> <p>As a longstanding partnership, the HSCP has developed, reviewed and refined our clinical and care governance arrangements which have been in place since 2006. We have recently changed the status of our Clinical and Care Governance Committee which is a public meeting to a more informal group to enable fuller discussion and learning following significant case reviews and incidents. The Clinical and Care Governance Committee has a lead role in quality improvement and assurance, including: shared learning of complaints; individual case reviews; review of adverse incidents; workforce assurance; public protection; risk management; and continuous learning and improvement, with the aim of ensuring safe, effective and person-centred services across all aspects of integrated service delivery. The Clinical and Care Governance Committee links and reports to a range of governance structures.</p> <p><i>(Evidence: Care Governance Sub-Committee 2007; CCGC 2016 Papers; Clinical & Care Governance Diagram; Clinical Care Governance Workshop; SMT CCGG Terms of Reference)</i></p>			

Proposed improvement actions	Review arrangements when national guidance is published.
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Key Feature 5 Ability and willingness to share information				
Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating			√	
Evidence / Notes	<p>The partnership has produces two annual reports which were intended to support public understanding of integration planning and delivery principles in action and which benchmarked HSCP performance against the Scottish average. We participate in the Strategic Commissioning and Improvement Network (SCIN) to share and develop best practice in reporting.</p> <p>The Partnership scrutinises its performance against relevant indicators in the Local Government Benchmarking Framework and benchmarks local performance against others in relation to the core suite of integration indicators and the MSG unplanned hospital care indicators.</p> <p>(Evidence: ERHSCP Annual Performance Report 2016-17 and 2017-18; LGBF Cabinet Report Paper 2017-18; UCC Monitoring Data Template 2019)</p>			

Proposed improvement actions	We will continue to participate in the SCIN and will adapt our annual report structure in line with national recommendations to enable better comparison and learning.
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Proposal 5.2				
Identifying and implementing good practice will be systematically undertaken by all partnerships.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	<p>Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.</p> <p>Better use could be made of inspection findings to identify and share good practice.</p>	<p>The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.</p> <p>Inspection findings are routinely used to identify and share good practice.</p>	<p>Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.</p> <p>Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.</p> <p>All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.</p>
Our Rating			√	
Evidence / Notes	<p>See 5.1</p> <p>There is shared learning across NHS GGC and emerging national learning through Health & Social Care Scotland and Scottish Government in relation to delayed discharge practice. A recent collaboration with Health & Social Care Scotland and the Care Inspectorate enabled shared learning from colleagues across Scotland who had dealt with sudden Care Home closures.</p> <p>(Evidence: UCC Monitoring Data Template 2019; Delayed Discharge Presentation, April 2019)</p>			

Proposed improvement actions	Continue to collaborate with NHS GGC wide and national initiatives.
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Proposal 5.3				
A framework for community based health and social care integrated services will be developed.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating			√	
Evidence / Notes	<p>The HSCP has a well established process for community engagement. We have a 'Your Voice' group which was previously our Public Partnership Forum. 'Your Voice' is a group of people with lived experience of both health and social care and their carers. It is the formal mechanism for the selection of user and carer representatives on the IJB and its sub-groups and committees.</p> <p>Engagement is ongoing and not just when service change is proposed. We regularly engage with a variety of fora to test ideas and develop proposals. We have ongoing 'community conversations' as part of our Strategic and Locality planning processes.</p> <p><i>(Evidence: Your Voice Terms of Reference 2019; Engagement Update to Strategic Planning Group)</i></p>			
Proposed improvement actions	Further development of locality planning groups to delegate decision making on priorities to locality level.			

Proposal 6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	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.
Our Rating			√	
Evidence / Notes	There are well established and strong relationships and structured engagement with our Carers Centre, Self Directed Support Forum and a variety of organisations which support and advocate for people who use our services. We are commissioning 'Your Voice' to undertake further engagement on our behalf. Some service areas regularly seek feedback from people who use our services, this is particularly strong in Additions and Mental Health Services. (Evidence: Your Voice Terms of Reference 2019; Community Mental Health Team Patient Summary)			
Proposed improvement actions	We will develop a more systematic approach to quality assurance and feedback from people who we support, care for, or treat.			

Proposal 6.3				
We will support carers and representatives of people using services better to enable their full involvement in integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating			√	
Evidence / Notes	We recently commissioned our third sector interface – Voluntary Action East Renfrewshire, to lead a collaborative approach to our response to the Carer’s Act. The Care Collective was formed as a consequence. We work very closely with our Carers Centre and their staff are ‘trusted assessors’ for carers assessments. We regularly meet with Carers Groups, and their representatives have a strong presence on our IJB, Clinical and Care Governance and Strategic Planning Groups. We engage with people who we support in a variety of ways. - See 6.2.			
Proposed improvement actions	We will develop a more systematic approach to seek users and carer feedback and will update our participation and engagement plan in partnership with ‘Your Voice’.			

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