



Item No. 11

Meeting Date

Wednesday 22 February 2017

**Glasgow City
Integration Joint Board
Finance and Audit Committee**

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UPDATE AUDIT ACTION PLAN HEALTH AND SOCIAL CARE INTEGRATION

Purpose of Report:	To provide an update on the actions taken to meet the recommendations from the December 2015 and March 2016 reports produced by Audit Scotland into Health and Social Care Integration in Scotland.
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Recommendations:	The Integration Joint Board Finance and Audit Committee is asked to: a) note the progress made to address the two sets of audit recommendations.
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Implications for Integration Joint Board:

Financial:	Audit Scotland make a number of recommendations in relation to budgeting and financial planning
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Personnel:	Audit Scotland make a number of recommendations in relation to workforce planning
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Legal:	Audit Scotland's recommendations relate directly to the statutory functions of the Integration Joint Board
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
Equalities:	None
Risk Implications:	None
Implications for Glasgow City Council:	The Audit Scotland reports contain a number of recommendations that apply to the Council.
Implications for NHS Greater Glasgow & Clyde:	The Audit Scotland reports contain a number of recommendations that apply to the NHS.

1. Purpose of Report

- 1.1 To provide an update on the actions taken to meet the recommendations from the December 2015 and March 2016 reports produced by Audit Scotland into Health and Social Care Integration in Scotland.

2. Background

- 2.1 In late 2015, Audit Scotland carried out the first audit of Health and Social Care Integration in Scotland. Findings from the audit were published on 3 December 2015 and the full report is available on Audit Scotland's website at:
<http://www.audit-scotland.gov.uk/report/health-and-social-care-integration>
- 2.2 In March 2016 Audit Scotland published a second audit, Changing Models in Health and Social Care. Findings on the audit were published on 10 March 2016 and the full report is available on Audit Scotland's website at:
<http://www.audit-scotland.gov.uk/report/changing-models-of-health-and-social-care>
- 2.3 **The December 2015 report** provided a progress report during the transitional year for integration, 2015/16. Audit Scotland reviewed progress at this relatively early stage with the intention of providing a picture of the emerging arrangements for setting up, managing and scrutinising Integration Authorities as they became formally established. The report made a number of recommendations as to areas which Audit Scotland considered needed to be addressed to ensure that the integration of health and social care is a success.
- 2.4 **The March 2016 report** set out the view that a new model of health and social care is required if integration authorities are to achieve the ambitious vision for health and social care set out by the Scottish Government set out in its 2020 Vision. The key messages are that the Scottish Government should

provide strong leadership by providing a clear framework to guide local development and consolidate what works; set measures of success by which progress can be monitored; and model how much new investment is needed in new services and new ways of working, and where this can be achieved through existing ways of working. Funding should be focused on community based models and workforce planning to support new models.

- 2.5 The recommendations from these two audits were outlined in a report to this committee on 26th April 2016, with an action plan, which was updated with timescales and approved by this committee on 17th June 2016.

3. Update on Audits' Action Plans

- 3.1 The attached appendix provides an update on actions undertaken to address the 16 recommendations from the December 2015 audit and the 11 recommendations from the March 2016 audit. Where the recommendations made were to the Scottish Government, an update has been provided on Partnership actions and engagement as appropriate.

4. Recommendations

- 4.1 The Integration Joint Board Finance and Audit Committee is asked to:
- a) note the progress made to address the two sets of audit recommendations.

December 2015 Audit Scotland Report

Recommendation to	Recommendation	Glasgow City Integration Joint Board Actions	Update February 2017	Owner (for IJB)
The Scottish Government	<p>1) work with Integration Authorities to help them develop performance monitoring to ensure that they can clearly demonstrate the impact they make as they develop integrated services.</p>	<p>Continue to engage with Scottish Government in development of format of statutory annual performance report</p>	<p>The HSCP Performance Framework which has been developed and is being implemented for IJB reporting has been informed by Scottish Government Guidance. The template for the first Annual Performance Report has also been informed by the final Scottish Government guidance on Annual Performance Reports which the HSCP contributed to the consultation upon. Officers have also attended various national events run by the Scottish Government / Information Services Division (ISD) and are currently liaising with Harry Burns and feeding into his review of national indicators. Engagement also taken place with NHS / Council Transitions / Chief Officers.</p>	<p>Chief Officer: Finance and Resources</p>
	<p>2) work with Integration Authorities to resolve tensions between the need for national and local reporting on outcomes so that it is clear what impact the new integration arrangements are having on outcomes and on the wider health and social care system</p>	<p>Continued engagement with Scottish Government, Glasgow City Council and NHS Greater Glasgow and Clyde on reporting frameworks and requirements</p>	<p>As recommendation 1.</p>	<p>Chief Officer: Finance and Resources</p>
	<p>3) monitor and publicly report on national progress on the impact of integration. This includes: (a) measuring progress in moving care from institutional to community settings, reducing local variation in costs and using anticipatory care plans (b) reporting on how resources are being used to improve outcomes and how this has changed over time (c) reporting on expected costs and savings resulting from integration</p>	<p>Consider likely requests for information from Scottish Government in development of local performance frameworks</p>	<p>The HSCP Performance Framework enables us to measure progress against agreed strategic priorities and includes indicators relating to shifting the balance of care and anticipatory care plans. Further aspects of performance including resource usage and savings are regularly monitored and will be incorporated into the Annual Performance Report</p>	<p>Chief Officer: Finance and Resources</p>

	<p>(4) continue to provide support to Integration Authorities as they become fully operational, including leadership development and sharing good practice, including sharing the lessons learned from the pilots of GP clusters.</p>	<p>Await further information from Scottish Government</p>	<p>Officers from the HSCP continue to engage with the Scottish Government e.g. in the review of the Out of Hours Services, reported to IJB on 9 December 2016; and the Safer Consumption Facility and Treatment Service Pilot, reported to IJB 31 October 2016 and 22 February 2017. GP clusters are now established, quality leads in place, training and networking opportunities established and early priorities being discussed. Cluster Quality Leads are playing directly into local priority setting and citywide through primary care steering group. Development session held in South Locality of Senior Management Team and Cluster Quality Leads with a number of areas agreed for development and closer working including the unscheduled care agenda. For example the deployment of 6 GPs as part of Deep End Pioneer Project within Glasgow; these additional GPs free up time in deprived practices for innovative approaches to care.</p>	<p>Chief Officer</p>
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Recommendation to	Recommendation	Glasgow City Integration Joint Board Actions		Owner (for IJB)
	<p>5) provide clear and strategic leadership to take forward the integration agenda; this includes: (a) developing and communicating the purpose and vision of the IJB and its intended impact on local people (b) having high standards of conduct and effective governance, and establishing a culture of openness, support and respect</p>	<p>(a) Regularly review Strategic Plan which outlines the purpose and vision of the Integration Joint Board</p> <p>Develop a communications strategy for the Integration Joint Board which allows the IJB to articulate its purpose and vision further.</p> <p>(b) Establish a Code of Conduct in line with national guidance.</p> <p>Clear and transparent governance arrangements established including Schemes of Delegation</p> <p>Continued Organisational Development activity to support further embedding of shared values among all board members</p>	<p>a) First review of Strategic Plan aligned with performance report publication; Updated communications strategy approved by IJB 18 January 2017</p> <p>b) Code of Conduct approved IJB of 9 December 2016; governance arrangements in place including Scheme of Delegation (approved 21 March 2016) and Standing Orders (latest version approved 31 October 2016); Ongoing programme of IJB development sessions throughout 2016 and into 2017</p>	<p>Integration Joint Board Members, Chief Officer</p>

Integration Authorities

<p>6) set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity about who is ultimately responsible for the quality of care and scrutiny. This includes:</p> <p>(a) setting out a clear statement of the respective roles and responsibilities of the IJB (including individual members), NHS board and council, and the IJB's approach towards putting this into practice</p> <p>(b) ensuring that IJB members receive training and development to prepare them for their role, including managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB</p>	<p>(a) Addressed via Schemes of Delegation and IJB Code of Conduct</p> <p>(b) Significant Organisational Development activity has been ongoing with the IJB during the shadow period and will continue in line with the developing Organisational Development strategy for the Glasgow City HSCP</p>	<p>a) Code of Conduct approved IJB of 9 December 2016, Scheme of Delegation approved 21 March 2016</p> <p>b) Governance / role of IJB member included as theme of IJB development session 10 January 2017. Ongoing programme of IJB development sessions throughout 2016 and into 2017</p>	<p>Chief Officer</p>
<p>7) ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public. This includes:</p> <p>(a) setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required.</p> <p>(b) ensuring relationships between the IJB, its partners and the public are clear so each knows what to expect of the other</p>	<p>(a) Regularly review IJB Standing Orders and Schemes of Delegation to Committees and Officers to ensure compatibility with relevant legislation.</p> <p>(b) Develop a Participation and Engagement Strategy and a Communications Strategy in line with legislative requirements and agreements made in the Integration Scheme</p>	<p>a) Standing Orders amended twice by IJB (in June 2016 and October 2016) in response to learning via application. No substantive changes made to relevant legislation which would require an amendment to Schemes of Delegation since they were approved in March 2016</p> <p>b) Participation and Engagement Strategy approved by the IJB 31 October 2016</p>	<p>Integration Joint Board Members, Chief Officer, Chief Officer: Finance and Resources</p>
<p>8) be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny, including:</p> <p>(a) developing and maintaining open and effective mechanisms for documenting evidence for decisions</p> <p>(b) putting in place arrangements to safeguard members and employees against conflict of interest and put in place processes to ensure that they continue to operate in practice</p> <p>(c) developing and maintaining an effective audit committee</p> <p>(d) ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints</p> <p>(e) ensuring that an effective risk management system is in place</p>	<p>(a) Routinely publish outcomes of consultation activity, IJB papers, minutes and agendas</p> <p>(b) Addressed via Code of Conduct</p> <p>(c) Committee established by IJB with clear terms of reference</p> <p>(d) Complaints handling approach is in place, subject to further development given pending changes to complaints legislation at a national level</p> <p>(e) Risk management system in place and subject to regular review</p>	<p>a) All IJB papers and supporting documentation published online ahead of each meeting</p> <p>b) Code of Conduct approved 9 December 2016</p> <p>c) IJB Finance and Audit Committee established and schedule of meetings / workplan agreed</p> <p>d) Complaints process in place, subject to revision from spring 2017 following revisions to national guidance / legislation</p> <p>e) IJB Risk Register and Risk Management Strategy in place, to be reviewed by IJB in spring 2017 and at 6 monthly intervals</p>	<p>Chief Officer: Finance and Resources</p>

<p>9) develop strategic plans that do more than set out the local context for the reforms; this includes: (a) how the IJB will contribute to delivering high-quality care in different ways that better meet people’s needs and improves outcomes (b) setting out clearly what resources are required, what impact the IJB wants to achieve, and how the Integration Authority will monitor and publicly report their progress (c) developing strategies covering the workforce, risk management, engagement with service users and data sharing, based on overall strategic priorities to allow the Integration Authority to operate successfully in line with the principles set out in the Act and ensure these strategies fit with those in the NHS and councils (d) making clear links between the work of the Integration Authority and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act</p>	<p>(a) & (b) Addressed via the Strategic Plan and development of Performance Framework (c) All relevant strategies as required by legislation and the Integration Scheme are in development. Continue to consider the principles of the Act and relevant strategies of parent bodies while developing and later reviewing these strategies (d) Addressed via the Strategic Plan</p>	<p>a) & b) Strategic Plan, Locality Plans and Performance Framework in place. All documents focus on delivery of the National Health and Wellbeing Outcomes. c) Risk Management Strategy & Participation and Engagement Strategy in place, Workforce Plan in development and due to be presented to IJB in spring 2017. Information Sharing agreement under review by officers from HSCP and awaiting input from the Council, d) Children's Services are delegated to Glasgow IJB and linkages between IJB and relevant Children's legislation considered to be made in that way. Community Empowerment and work of the CPP referenced in the IJB's Strategic Plan. IJB has also received a number of updates re ongoing developments in Community Planning as a result of new legislation.</p>	<p>Chief Officer: Finance and Resources</p>
<p>10) develop financial plans that clearly show how Integration Authorities will use resources such as money and staff to provide more community-based and preventative services. This includes: (a) developing financial plans for each locality, showing how resources will be matched to local priorities (b) ensuring that the IJB makes the best use of resources, agreeing how Best Value will be measured and making sure that the IJB has the information needed to review value for money and performance effectively</p>	<p>(a) Framework and process for locality budgeting and local financial planning in development (b) Performance management arrangements, including monitoring of financial performance and Best Value in development</p>	<p>a) HSCP Finance Managers aligned to localities, locality elements incorporated within regular budget monitoring and planning processes b) Performance framework in place. Specific mention of Best Value included within template for IJB Annual Performance report to be presented in summer 2017</p>	<p>Chief Officer: Finance and Resources</p>
<p>11) shift resources, including the workforce, towards a more preventative and community-based approach; it is important that the Integration Authority also has plans that set out how, in practical terms, they will achieve this shift over time.</p>	<p>Addressed via Strategic Plan and Workforce Development Plan (currently in development)</p>	<p>Clear focus on this objective within the Strategic Plan and Transformation Programme. Further detail on future workforce plans to be outlined within Workforce Strategy to be presented to IJB in spring 2017</p>	<p>Chief Officer: Finance and Resources</p>

Recommendation to	Recommendation	Glasgow City Integration Joint Board Actions		Owner (for IJB)
	<p>12) recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the chief officer and the chief executives of the NHS board and council negotiate their roles in relation to the IJB early on in the relationship and that a shared understanding of the roles and objectives is maintained</p>	<p>Liaise with Council and Health Board in development of governance, accountability and scrutiny arrangements between IJB and the Council and Health Board respectively Ensure that arrangements put in place are practical, compliant with relevant legislation and provide sufficient levels of accountability and assurance to each party</p>	<p>Governance relationship between IJB and Council / Health Board in place and operational for approx. 1 year since IJB establishment. No substantive issues in that time. Clear process for directions from IJB to be communicated to Council and Health Board (via Chief Officer to 2x Chief Executives). Council has established Integration Transition Board to monitor its own delivery of functions under direction of the IJB.</p>	<p>Chief Officer</p>
	<p>13) review clinical and care governance arrangements to ensure a consistent approach for each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and councils</p>	<p>Continue to develop and implement clinical and care governance arrangements in line with agreements made within the Integration Scheme, relevant legislation and the requirements of the IJB, Council and Health Board respectively</p>	<p>Integrated Clinical and Professional Governance Group established and arrangements agreed by IJB in May 2016. Governance Assurance Statements regularly reported to IJB.</p>	<p>Chief Officer: Strategy, Planning and Commissioning and Chief Social Work Officer</p>

Integration Authorities, Councils and NHS Boards	14) urgently agree budgets for the Integration Authority; this is important both for their first year and for the next few years to provide Integration Authorities with the continuity and certainty they need to develop strategic plans; this includes aligning budget-setting arrangements between partners	Continue to engage with Council and Health Board financial planning structures	Paper to IJB in June 2016 re need to co-ordinate and align financial planning activity across Council, Health Board and IJB and implement a longer-term approach and view. Paper to IJB in December 2016 re indicative allocations and financial planning for 2017/18	Chief Officer: Finance and Resources
	15) establish effective scrutiny arrangements to ensure that councillors and NHS non-executives, who are not members of the IJB, are kept fully informed of the impact of integration for people who use local health and care services	Liaise with Council and Health Board in development of governance, accountability and scrutiny arrangements between IJB and the Council and Health Board respectively Co-ordinate regular scrutiny sessions focussing on IJB performance for stakeholders and interested parties beyond the membership of the IJB	Governance relationship between IJB and Council / Health Board in place and operational for approx. 1 year since IJB establishment. No substantive issues in that time. Clear process for directions from IJB to be communicated to Council and Health Board (via Chief Officer to 2x Chief Executives). Council has established Integration Transition Board to monitor its own delivery of functions under direction of the IJB Scrutiny Sessions proposal outlined in Participation and Engagement Strategy. Proposals for sessions to be developed later in 2017	Chief Officer
	16) put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland.	Continue to liaise with Council and Health Board to review existing data sharing agreements and amendments or expansions required	ISD information routinely accessed and incorporated into the HSCP Performance Framework. Discussions in relation to involvement in the Source project have not concluded.	Chief Officer: Finance and Resources

March 2016 Audit Scotland Report

Recommendation to	Recommendation	Glasgow City Integration Joint Board Actions		Owner (for IJB)
The Scottish Government	1) provide a clear framework by the end of 2016 of how it expects NHS boards, councils and integration authorities to achieve the 2020 Vision, outlining priorities and plans to reach its longer-term strategy up to 2030. This should include the longer-term changes required to skills, job roles and responsibilities within the health and social care workforce. It also needs to align predictions of demand and supply with recruitment and training plans	Continue to engage with Scottish Government on development of longer-term strategy.	The HSCP Performance Framework which has been developed and is being implemented for IJB reporting has been informed by Scottish Government Guidance. The template for our first Annual Performance Report has also been informed by the final Scottish Government guidance on Annual Performance Reports which we contributed to the consultation upon. We have also attended various national events run by the Scottish Government / Information Services Division (ISD) and are currently liaising with Harry Burns and feeding into his review of national indicators. Engagement also taken place with NHS / Council Transitions / Chief Officers.	Chief Officer
	2) estimate the investment required to implement the 2020 Vision and the National Clinical Strategy	Publication of annual financial statements as required by statute Engage as required with Scottish Government financial planning structures	Paper to IJB in June 2016 re need to co-ordinate and align financial planning activity across Council, Health Board and IJB and implement a longer-term approach and view. Paper to IJB in December 2016 re indicative allocations and financial planning for 2017/18. Annual Finance Statement to be published alongside Annual Performance Report.	Chief Officer: Finance and Resources

	<p>3) ensure that long-term planning identifies and addresses the risks to implementing the 2020 Vision and the National Clinical Strategy, including:</p> <p>a) barriers to shifting resources into the community, particularly in light of reducing health and social care budgets and the difficulties councils and NHS boards are experiencing in agreeing integrated budgets</p> <p>b) new integration authorities making the transition from focusing on structures and governance to what needs to be done on the ground to make the necessary changes to services</p> <p>c) building pressures in general practice, including problems with recruiting and retaining appropriate numbers of GPs. The role of GPs in moving towards the 2020 Vision should be a major focus of discussions with the profession as the new GP contract terms are developed for 2017</p>	Continue to engage with Scottish Government on identification of risks	<p>a) Paper to IJB in June 2016 re need to co-ordinate and align financial planning activity across Council, Health Board and IJB and implement a longer-term approach and view. Paper to IJB in December 2016 re indicative allocations and financial planning for 2017/18</p> <p>b) a range of reports to IJB in respect of service changes and developments presented to IJB throughout 2016 and 2017. Reports on transformation projects presented to February and March IJBs</p> <p>c) GP contract now agreed with Scottish Government with a commitment for significant additional investment in primary care. Pharmacists are in post in a number of practices, discussions started with Cluster Quality Leads considering options for what can be switched off in practices to free up GP time with specific involvement with in the GP Pioneer project and the Govan SHIP (Social and Health Integrated Partnership, that is developing a new model of care in General Practice).</p>	Chief Officer Chief Officer: Finance and Resources
	<p>4) ensure that learning from new care models across Scotland, and from other countries, is shared effectively with local bodies, to help increase the pace of change. This should include:</p> <ul style="list-style-type: none"> – timescales, costs and resources required to implement new models, including staff training and development – evaluation of the impact and outcomes – how funding was secured – key success factors, including how models have been scaled up and made sustainable 	Review and consider any learning shared by Scottish Government or identified through existing networks	The Partnership participates in a range of national networks and events at which good practice is shared. It has also invited leading academics and health professionals to present to senior managers and share learning from across the UK, in order to inform the development of new integrated care models locally. The developments referred to in recommendation 8 below have also been in relation to the use of the Change Fund and Integrated Care Fund.	Chief Officer Chief Officer: Finance and Resources Chief Officer: Strategy, Planning and Commissioning
	<p>5) work to reduce the barriers that prevent local bodies from implementing longer-term plans, including:</p> <p>a) identifying longer-term funding to allow local bodies to develop new care models they can sustain in the future</p> <p>b) identifying a mechanism for shifting resources, including money and staff, from hospital to community settings</p> <p>c) being clearer about the appropriate balance of care between acute and community-based care and what this will look like in practice to support local areas to implement the 2020 Vision</p> <p>d) taking a lead on increasing public awareness about why services need to change</p> <p>e) addressing the gap in robust cost information and evidence of impact for new models.</p> <p>☐</p>	Continue to engage with Scottish Government on requirements for longer-term vision, funding clarity, communication and cost-benefit / impact analysis	Awaiting direction / action from Scottish Government in a number of key areas relating to this recommendation. Officers from HSCP continue to engage with Scottish Government through e.g. giving evidence to parliamentary committees.	Chief Officer
NHS Boards and Councils	6) carry out a shared analysis of local needs, and use this as a basis to inform their plans to redesign local services, drawing on learning from established good practice	Ongoing analysis of local needs through locality and strategic planning arrangements	Local needs identified in Strategic Plan and locality plans. Plans used to inform service development activity within localities, alongside findings from local engagement	Chief Officer: Operations Chief Officer: Finance and Resources Chief Officer: Strategy, Planning and Commissioning

	7) ensure new ways of working, based on good practice from elsewhere, are implemented in their own areas to overcome some of the barriers to introducing new care models	Review and consider any learning shared by Scottish Government or identified through existing networks	Local intelligence gathering, participation in a range of national networks, and securing external advice and support enables the Partnership to ensure that local developments are informed by good practice and learning from elsewhere.	Chief Officer: Strategy, Planning and Commissioning
	8) move away from short-term, small-scale approaches towards a longer-term approach to implementing new care models. They should do this by making the necessary changes to funding and the workforce, making best use of local data and intelligence, and ensuring that they properly implement and evaluate the new models	Further development of long-term vision as outlined in Strategic Plan Develop financial and workforce plans based on reasonable assumptions of future funding allocations from Scottish Government	The Change Fund and Integrated Care Fund have supported the piloting and subsequent mainstreaming of a number of care models across Glasgow including intermediate care, supported living, anticipatory care and community based models of respiratory and palliative care.	Chief Officer Chief Officer: Finance and Resources
	9) ensure, when they are implementing new models of care, that they identify appropriate performance measures from the outset and track costs, savings and outcomes	Development of integrated approach to performance management (ongoing)	This is undertaken routinely . For example, the new models supported by the Change Fund and Integrated Care Fund were required to develop project plans and regularly report on progress. reported to IJB June 2016. Plans were also evaluated with the support of a dedicated researcher appointed to the NHS Board Public Health Department.	Chief Officer: Operations Chief Officer: Finance and Resources
	10) ensure clear principles are followed for implementing new care models, as set out in Exhibit 9 (page 30 of report).	Ensure alignment of new models with National Outcomes and vision articulated in Strategic Plan	See recommendation 9 above.	Chief Officer: Strategy, Planning and Commissioning
Information Services Division (ISD)	11) ensure it shares and facilitates learning across Scotland about approaches to analysing data and intelligence, such as using data to better understand the needs of local populations.	Review and consider any learning shared by ISD	Partnership representatives have attended a number of conferences and development sessions organised by ISD. Resources have also been provided by ISD to support local data analysis and intelligence gathering and further links will be explored.	Chief Officer: Finance and Resources