



# Item No. 18

Meeting Date **Wednesday 18<sup>th</sup> September 2019**

## Glasgow City Integration Joint Board

**Report By:** **Susanne Millar, Interim Chief Officer**

**Contact:** **Allison Eccles, Head of Business Development**

**Tel:** **0141 287 6724**

### SELF EVALUATION OF INTEGRATION ARRANGEMENTS 2019

<b>Purpose of Report:</b>	The purpose of this report is to update the Integration Joint Board on the development of an Improvement Action Plan for Glasgow City IJB in relation to the proposals made by the Ministerial Strategic Group (MSG) for Health and Community Care in its national 'review of progress of integration'.
<b>Background/Engagement:</b>	At the IJB on <a href="#">26th June 2019</a> Board members were provided with an update on the development of an Interim Improvement Action Plan and further activity to enable Members to review and suggest changes to the Plan in advance of re-submission of a final draft Plan to the Scottish Government.
<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>a) note the final draft Improvement Action Plan submitted to the Scottish Government on behalf of the IJB, Glasgow City Council and NHS Greater Glasgow and Clyde; and</li> <li>b) note the intention to keep the Improvement Action Plan under review to ensure progress.</li> </ul>

#### Relevance to Integration Joint Board Strategic Plan:

The Ministerial Strategic Group report and its proposals are relevant to the IJB's strategic vision for health and social care services in Glasgow City as outlined in the Strategic Plan, and in particular through designing and delivering services around the needs of individuals, carers and communities and by showing transparency, equity and fairness in the allocation of resources.

## OFFICIAL

### Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	The Ministerial Strategic Group report and its recommendations/proposals directly relate to what Integration Authorities are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. Therefore all nine National Health and Wellbeing Outcomes are encompassed.
<b>Personnel:</b>	Whilst workforce issues were not a specific focus in the MSG report, reference is made to the importance of workforce considerations for IJBs. A joint three-year <a href="#">IJB Workforce Plan (2019-21)</a> was approved by the IJB at its March 2019 meeting.
<b>Carers:</b>	The MSG report makes recommendations/proposals to continue to improve how local communities are involved in planning and implementing services that will have a positive impact on engagement with and services delivered for patients, service users, carers and communities.
<b>Provider Organisations:</b>	The MSG made a recommendation about the need to improve relationships and collaborative working between partners and with the third and independent sectors.
<b>Equalities:</b>	No EQIA carried out as this report does not represent a new or revised plan, policy, service or strategy.
<b>Fairer Scotland Compliance:</b>	By ensuring that the integration arrangements are operating effectively in pursuit of the National Health and Well Being outcomes and delivering the Strategic Plan the IJB is better placed to reduce the impact of deprivation and socio-economic disadvantage.
<b>Financial:</b>	The MSG report makes recommendations/proposals in respect of integrated financial management and planning to provide better outcomes for people requiring support.
<b>Legal:</b>	The MSG report makes recommendations/proposals in respect of the legislative requirement to implement integrated hospital/set aside budgets.
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	Prevention, quality and sustainability are identified within the MSG report as a key focus for the delivery of integration.

OFFICIAL

**OFFICIAL**

<b>Sustainable Procurement and Article 19:</b>	None	
<b>Risk Implications:</b>	None	
<b>Implications for Glasgow City Council:</b>	The MSG reports makes a number of recommendations/ proposals that are relevant to the Council and NHS in the delivery of health and social care services.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The MSG report makes a number of recommendations/ proposals that are relevant to the Council and NHS in the delivery of health and social care services.	
<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

## 1. Purpose

- 1.1 The purpose of this report is to update the Integration Joint Board on the development of an Improvement Action Plan for Glasgow City IJB in relation to the proposals made by the Ministerial Strategic Group (MSG) for Health and Community Care in its national 'review of progress of integration'.

## 2. Background

- 2.1 The MSG made 25 proposals (22 to be taken forward directly by Integration Authorities), with specific and ambitious timescales, under the following headings:
- Collaborative leadership and building relationships
  - Integrated finances and financial planning
  - Effective strategic planning for improvement
  - Governance and accountability arrangements
  - Ability and willingness to share information and
  - Meaningful and sustained engagement
- 2.2 At the [IJB on 26th June 2019](#) Board members were provided with an update on the development of an Interim Improvement Action Plan and further activity to enable Members to review and suggest changes to the Plan in advance of re-submission of a final draft Plan to the Scottish Government.

## OFFICIAL

2.3 This follows previous reports to the IJB providing updates on activity to generate a tripartite Improvement Action Plan on behalf of the IJB, Glasgow City Council and NHS Greater Glasgow and Clyde following the self-evaluation exercise previously undertaken. An interim Improvement Action Plan was developed and submitted to the Scottish Government in May 2019 and it was agreed that IJB Members and substitutes would have the opportunity to review the Action Plan in advance of the final draft being re-submitted to the Scottish Government.

### 3. Review of the Interim Improvement Action Plan

3.1 Following the IJB in June the Interim Improvement Action Plan was circulated to IJB members and substitutes seeking their view on the improvement actions that had been identified by officers on behalf of the IJB with input from members of the senior management teams of the Council and Health Board.

3.2 No significant changes or additions to the actions were suggested by Members with only minor alterations to the wording requested. The final draft of the Action Plan presented in [Appendix 1](#) for noting therefore reflects what has been presented to date and has been shared with the Scottish Government, on the proviso that as the partners work collaboratively to progress the actions revisions may be required to reflect any changes to the approach taken.

3.3 In addition to the activity underway within Glasgow City with our partners, a separate exercise is underway on behalf of the Chief Officers Group looking at the Action Plans submitted by HSCPs across the Board area, with a draft Pan-Partnership Action Plan being developed to ensure any activity that requires to be undertaken across Partnerships is co-ordinated effectively. The Tripartite Improvement Action Plan at Appendix 1 will therefore be kept under review to ensure harmonization with that Action Plan once it is complete.

3.4 As part of the exercise to complete the final draft, the Action Plan was reviewed to establish the current status of the actions within it to enable an update to be provided to Members. [Appendix 2](#) contains a table that summarises the Actions agreed by Members, the current status of work to progress the actions, and where it is felt that actions will be reflected in the Pan-Partnership Plan referred to above.

3.5 On the 22nd August the Health Board held a development session attended by Chief Officers and Health Board members to consider the impact of the MSG proposals at Board level and any actions required by the Board to ensure the effectiveness of existing arrangements and increase the pace of integration.

3.6 Of the 25 proposals for consideration in the MSG report actions were developed for 20 of them, with two requiring no action due to an "Exemplary" rating and three requiring no action because they are being progressed by the Scottish Government. The 20 actions can be summarised as follows:

- One is Complete (action 2.4 in relation the reserves policy)
- Ten are In Progress

## **OFFICIAL**

- Three have Not Started (it is felt that these will be taken forward via the Pan-Partnership Action Plan)
- Six have Not Started

### **4. Recommendations**

4.1 The Integration Joint Board is asked to:

- a) note the final Improvement Action Plan submitted to the Scottish Government on behalf of the IJB, Glasgow City Council and NHS Greater Glasgow and Clyde; and
- b) note the intention to keep the Improvement Action Plan under review to ensure progress.

# 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



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

## **MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG) REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION**

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4<sup>th</sup> February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

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

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

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

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**

## Features supporting integration



<b>Name of Partnership</b>	Glasgow City HSCP (combined HSCP, NHSGGC and Glasgow City response)
<b>Contact name and email address</b>	Craig Cowan: Business Development Manager Glasgow City HSCP craig.cowan@glasgow.gov.uk
<b>Date of completion</b>	17 July 2019 (initially completed 08 May 2019)



<b>Key Feature 1 Collaborative leadership and building relationships</b>				
<b>Proposal 1.1 All leadership development will be focused on shared and collaborative practice.</b>				
<b>Rating Descriptor</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	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.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• There's a general awareness of what we're trying to achieve through Health and Social Care Integration</li> <li>• There's a commitment to support Health and Social Care Integration</li> <li>• IJB/HSCP is given full delegated responsibility for the strategic planning and monitoring of health and social care services and empowered and supported to 'get on with it'; however, there need to be more reflection by the Council and partners on proposals that are considered and approved by the IJB and how the partners can support Integration</li> <li>• There can be a different general focus on how outcomes are defined/measured between the statutory partner bodies (Council and Health) – for example, a focus on quantitative outcomes such as timescales compared to a focus on qualitative outcomes such as quality of life and improving general health and wellbeing.</li> <li>• It still feels like we have two quite distinct 'parent' organisations, largely each with their historical focus</li> <li>• Lack of clarity as a substitutes role</li> <li>• Leadership as evident in meeting behaviour and papers is collaborative. Less easy to know about extent of shared learning at least at officer level- or indeed quite what is meant here.</li> <li>• The position is much stronger now than it was two years ago. Examples of good practice is evident in the development of the out of hours hub model and is definitely moving in the right direction.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Shared development days and seminars are very positive but there are still trust and cultural issues that will take time to improve and the benefits realised</li> <li>• Shared planning documents such as the strategic Plan for H&amp;SC as well as the development and change work within MFT are evidence of this, as is Drug consumption facility</li> <li>• Clearly leadership in terms of governance processes is in place and is robust. It is not however evident to non-statutory partners whether, and to what extent, leadership is driving effective change and improvement in partner activity and behaviours as we get no feedback on this, and there don't seem to be any neutral or independent mechanisms for measuring and reporting on this</li> <li>• In reality it's not clear how this happens. Budgets are key, yet remain two separate processes. The general view of IJB by elected members of the council is that decisions are remote and "not our problem"</li> <li>• Internal leadership is establishing itself but is both better supported and much more evident in services originally provided by the Council</li> <li>• There is room for greater collaboration with non-statutory Sector partners, including those with 'lived experience'</li> <li>• There is clear leadership and support by a range of services. Opportunities for shared learning across partners &amp; local systems. The IJB still new and evolving structure.</li> </ul>
<p><b>Proposed improvement actions</b></p>	<p>Develop processes and systems of shared learning across the partners, to enable a greater level of reflection by partners on proposals that are considered and approved by all parties and how the partners can support delivering Integration. A greater emphasis should be given to collaboratively exploring how the three Partners' decisions impact on each other and on Integration generally.</p>

<b>Proposal 1.2</b>				
<b>Relationships and collaborative working between partners must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
<b>Our Rating</b>		<b>X</b>		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• HSCP brings together circa 12,000 staff from two separate employing organisations (Council and Health)</li> <li>• The statutory partner bodies have their own cultures and ways of working with differences</li> <li>• There needs to be more of an understanding of each of the statutory partner bodies to develop better ways of working together</li> <li>• This should link more to working better together with other statutory partner bodies (e.g., Community Planning)</li> <li>• There needs to be an improved understanding of what is happening within Health Improvement (both Council and Health), and how resources can be used more effectively in partnership to deliver better outcomes</li> <li>• Having a clear understanding and doing something different about it though are two quite different things - we are there with the former but not the latter</li> <li>• Still a lack of join up working</li> <li>• In some areas of the business this appears more developed than others- e.g. in children's services. In older peoples services, despite many years of partnership working, there are still gaps in understanding of working practices and system pressures</li> <li>• There is an understanding of each others' working practices and business pressures</li> <li>• There is some evidence of collaborative working with individual partners to deliver on strategic objectives. However there is limited evidence of partners working collaboratively either together and or collectively with the IJB to deliver on the IJB's strategic objectives and goals. Major decisions are still taken in isolation by Partners, with limited, and in some instances, no consideration of the implications for the wider system. A recent example of this would be the budget setting process for 2019/20</li> </ul>			

	<ul style="list-style-type: none"> <li>• Scope for Councillors not on IJB to have better understanding of formal role of IJB, its working context and practices and reasons for decisions taken, and more generally to see advantages in integration. Lack of sense of ownership/trust from some such councillors impacts on Council budget decisions and attitude to IJB</li> <li>• This is a work in progress but the delayed discharge pressures is where there is good evidence of a degree of understanding of the pressures and the whole system approach is obvious. The progress is going in the right direction (even though the DD pressure isn't) but at least there is a collaborative approach to trying to tackle this pressure. The performance reporting against the various national targets with report on actions to improve is useful to display joint collaboration across both H&amp;SC services.</li> <li>• Managers from both establishments are taking the time to share good practice and work together but it is taking time for cultures to change and work in more depth together</li> <li>• The Council accepts that a service that has been delegated is to be directed by the IJB. The Health Board has not accepted that position</li> <li>• This is seen to be a work in progress and that further efforts should be made to have a greater understanding that decisions/actions to assist one (for example, Statutory Sector) Partner in the HSCP can have adverse effects on a non-Statutory Sector partner, for instance in an imminent major recruitment drive for Statutory Sector Home Care staff</li> <li>• More work required here, particularly around budget processes including timings &amp; procedures. I believe there is a willingness to explore &amp; develop further collaboration as it progresses.</li> </ul>
<p><b>Proposed improvement actions</b></p>	<p>Explore options to progress the understanding of the roles and working practices of the respective organisations with a view to improving collaborative working practices between partners and other relevant/statutory partner bodies.</p>

<b>Proposal 1.3</b>				
<b>Relationships and partnership working with the third and independent sectors must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• The IJB/HSCP has clear, fit-for-purpose structures in place to fully involve the third and independent sectors in the strategic planning and commissioning of health and social care services</li> <li>• There are examples of commissioning activity that involve the third and independent sectors, focus on outcomes and there is a shared responsibility where they are part of the solutions (e.g., Alliance Commissioning)</li> <li>• Third and independent sectors are currently an integral part of health and social care service delivery</li> <li>• Evidence of good practice, but the next step is to share it and scale it up with partners</li> <li>• The active involvement with third sector providers in the test of change activity and the joint work around children and families and Housing First approaches and commissioning arrangements gives impressive examples of this but there is always room for improvement in other key strategic areas/care groups</li> <li>• The third and independent sector have varying demands on the services. One service feels more important than the other.</li> <li>• There appears to be a real mismatch in Glasgow between the aspirations of the HSCP and the Third Sector in relation to what an appropriate level of engagement should be</li> <li>• Lack of meaningful engagement and influence is a major concern for the Third Sector who are being under-utilised in delivering change</li> <li>• There is rarely an indication that 3rd /independent sectors are key partners</li> <li>• Scope to enable a fuller understanding of the part the sector plays/could play in informing/shaping and delivering the objectives of the HSCP particularly around the preventative agenda</li> </ul>			

	<ul style="list-style-type: none"> <li>• Further work needs to be undertaken to consolidate and further develop relationships and a closer partnership approach, not least in the area of Older People's services</li> <li>• There is scope to develop partnership working and co-production where applicable.</li> </ul>
<p><b>Proposed improvement actions</b></p>	<p>Glasgow City HSCP is reviewing its participation and engagement structures and arrangements. As part of this we will ensure that levels of engagement and structures for meaningful collaboration with third and Independent sector partners is developed/clarified and shared with partners. Opportunities to share information and the benefits of previous collaboration/coproduction will be considered as part of that review.</p>

<b>Key Feature 2 Integrated finances and financial planning</b>				
<b>Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	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.
<b>Our Rating</b>		<b>X</b>		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Differences between how finances work in the statutory partner bodies (Council and Health)</li> <li>• Current relationship and working tends to be between the Council and the Chief Officer, Finance and Resources (IJB S95 Officer) and between Health and the Chief Officer, Finance and Resources (IJB S95 Officer); there needs to be more of a collaborative and consolidated approach to financial planning between the three partners</li> <li>• Need to move towards a more collective use of resources/financial contributions from the statutory partners bodies (Council and Health) where they consistently act together (and become a collective resource focussed on delivering and achieving outcomes)</li> <li>• Appears to be problematic at times-possible lack of understanding of role and remit leading to confusion/conflict</li> <li>• The HSCP when offering advice will present a consolidated position in relation to the financial position as it relates to integration. It also reports individually to each Partner Body in relation to financial performance in relation to the budgets which have been delegated by each Partner Body. A Medium Term Financial Outlook as been developed this years which looks across the whole system for the next three years. Longer term planning is not recommended for an organisation which is still in the early days of its conception.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Budgets for LA and Health for new financial year known so late in previous on that this seems difficult to achieve even with goodwill</li> <li>• This has been an area of tension and continues to be so with the issues of overall budget pressures. There are issues of trust around this and a need for improved and honest transparency and conversation</li> <li>• Financial reporting systems are clearly robust. The financial reporting within the IJB papers is complex, high-level, consolidated, highly-aggregated and opaque in its presentation</li> <li>• The most recent LA budget process had inadequate advice on the financial position of IJB until last minute. We do not have adequate means of assessing the impact of decisions because the IJB requests a cut budget from the LA, which is taken to mean they are fine with the reduced allocation, whether this may or may not be the case</li> <li>• Think there is scope for closer working. Papers are presented at both council and IJB level on budgets, strategic priorities and financial positions on a regular basis.</li> </ul>
<p><b>Proposed improvement actions</b></p>	<p>A series of regular and scheduled meetings aligned to the budget setting process between the respective Section 95 officer and Directors of Finance to ensure earlier understanding of the financial positions of partners and to inform the consideration of the service impact on financial decision making.</p>



<b>Proposal 2.2 Delegated budgets for IJBs must be agreed timeously</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	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.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• The timetable for financial planning and budget setting is different between the statutory partner bodies (Council and Health). For Local Government, it is tight as settlement figures from the Scottish Government may not be confirmed until February of each year, and then there are only 5 weeks from then to plan how they are used. Within Health, consideration and clarity comes later</li> <li>• There needs to be more alignment in financial planning between the statutory partner bodies, and earlier discussions between the Council, Health and IJB (via the IJB S95 Officer) about shared priorities before allocations General view that Proposal 2.2 is more established in the Council and we are less clear that it is established in Health</li> <li>• Medium term financial reports have been produced and positive progress is being made with practice improving year on year</li> <li>• Timescales are too tight to allow sufficient discussion at IJB meeting. Medium term financial planning appears to be the direction of travel, but has not yet been properly established.</li> </ul>			

<b>Proposed improvement actions</b>	A series of regular and scheduled meetings aligned to the budget setting process between the respective Section 95 officer and Directors of Finance to ensure earlier understanding of the financial positions of partners and to inform the consideration of the service impact on financial decision making.
-------------------------------------	--

<b>Proposal 2.3</b>				
<b>Delegated hospital budgets and set aside budget requirements must be fully implemented</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	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.
<b>Our Rating</b>	<b>X</b>			
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Difficult to plan what can be done with unscheduled care and community-based responses/supports as the set aside budget for it is tied up in the hospital budget</li> <li>• Needs to be more partnership approach to the use of the set aside budget between <u>all</u> partners Health, Council and IJB, especially to develop and invest in community-based responses/supports. Currently estimated that this should be in the region of 40%</li> <li>• To date we have been provided with data in relation to budgets and activity, however there are no specific plans on how all partners will fully implement the set aside requirements in line with legislation. The financial year 2019/20 has already commenced and if a part year implementation is delivered this year it will restrict the IJB's ability to support budget planning of this budget in 2019/20</li> <li>• There is still dispute/tension about amounts/interpretations but it has improved greatly over the last two years and with issuing of letters to effect after discussion with COs and again it is heading in the right direction.</li> </ul>			

<b>Proposed improvement actions</b>	Develop a more partnership-based approach to the use of the set aside budget between <u>all</u> partners (Health, Council and IJB), especially to develop and invest in community-based responses/supports. The next iteration of this action plan will consider timescales for progressing this action.
-------------------------------------	--

<b>Proposal 2.4</b> <b>Each IJB must develop a transparent and prudent reserves policy</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• There is a clear reserves policy for the IJB in place</li> <li>• The Council's Reserves Policy needs to acknowledge and reflect that the IJB has one</li> <li>• Officers need to work more with Elected and Health Board Members for them to understand that IJB reserves are not 'free' reserves at the disposal for the Council and Health Board to access and use but are for the IJB to hold against planned spend and contingencies</li> </ul>			
<b>Proposed improvement actions</b>	<p>Ensure officers work more closely with Elected and Health Board Members to promote understanding that IJB reserves are not 'free' reserves at the disposal for the Council and Health Board to access and use but are for the IJB to hold against planned spend and contingencies.</p> <p>We will continue to promote a shared and agreed understanding of the reserves policy and the use by the IJB of general and earmarked reserves.</p>			

<b>Proposal 2.5</b>				
<b>Statutory partners must ensure appropriate support is provided to IJB S95 Officers.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	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.
<b>Our Rating</b>				<b>X</b>
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Glasgow City IJB has a dedicated, independent S95 Officer separate from Council and Health Financial Officers to ensure all conflicts of interest are avoided</li> <li>• This is appropriate for the scale of health and social care integration in Glasgow City</li> <li>• Reports received cover whether spend will be within budget. Could look at what in year trends imply for future years</li> <li>• GCC budgetary processes currently do not offer enough support to IJB S95 officer. This year's process was disjointed, and evidenced with the last minute nature of budgetary alterations</li> <li>• Am not aware what the IJB S95 Officer is or does</li> <li>• Confusion as to lines of responsibility with Board's Accountable Officer holding to role as primus inter pares.</li> </ul>			

<b>Proposed Improvement actions</b>	None required
-------------------------------------	---------------

<b>Proposal 2.6</b>				
<b>IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
<b>Our Rating</b>		<b>X</b>		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Need to move towards a more collective use of resources/financial contributions from the statutory partners bodies (Council and Health) where they consistently act together and become a collective resource focussed on delivering and achieving outcomes</li> <li>• This largely hasn't happened due to separate systems (e.g., ledgers) and the need to follow the public pound. Need to move to the next step where there is a partnership approach to the use of finance</li> <li>• This is undermined by Partners requests to report financial performance/budget monitoring for their share of the budgets to Partner Body Committees/Boards which prevent budgets from losing their identity. The budget setting process for the Council also prevents the budget losing its identity with saving proposals requested to support budget discussions of the Council. Partner Bodies have also tried to stipulate how funds are used through their funding offers this year which also undermines the ability to use the totality of resources.</li> </ul>			



<b>Proposed improvement actions</b>	Ensure that other actions in relation to Integrated Finance and Financial Planning are progressed to improve the rating of the IJB in relation to this measure.
-------------------------------------	---

<b>Key Feature 3</b>				
<b>Effective strategic planning for improvement</b>				
<b>Proposal 3.1</b>				
<b>Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of recognition of and support for the Chief Officer's role in providing leadership.	The Chief Officer is not fully recognised as pivotal in providing leadership.  Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.  Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.  There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• This is set out in Glasgow City's Integration Scheme, which is the agreement between the Council and Health Board for integrated arrangements in Glasgow</li> <li>• Some governance issues around the boundaries and interface between the organisation exist but I think these will be flushed out in due course as they emerge and then require a solution or at least a workable agreement. There is no concern that issues will not be resolved as they emerge.</li> </ul>			
<b>Proposed improvement actions</b>	Continue to ensure the Chief Officer is effectively supported and empowered to act on behalf of the IJB, whilst developing the understanding of partner organisations of the capacity and capability of the Chief Officer and the senior team.			

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

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

<b>Proposal 3.4</b>				
<b>Improved strategic planning and commissioning arrangements must be put in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	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.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• There are structures in place for the strategic planning and commissioning of health and social care functions and services, including staffing and resources that are managed by the Chief Officer</li> <li>• Further work on system wide planning will be required going forward</li> <li>• There is still work to be done in this area but again it is moving in the right direction and hopefully will speed up</li> <li>• There could be further development in analysing and evaluating the effectiveness of strategic planning and to a greater extent in commissioning arrangements. Non-statutory partners in the HSCP should be invited to be involved in this, for example, in seeking to agree both commissioning approaches to be employed and the core issues contained with service contracts.</li> </ul>			
<b>Proposed improvement actions</b>	Glasgow City HSCP is currently reviewing its Strategic Planning structures and will propose improved strategic planning and commissioning arrangements following the review. This needs to ensure that there is consideration given to whole system planning across the GGC area.			

<b>Proposal 3.5</b>				
<b>Improved capacity for strategic commissioning of delegated hospital services must be in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	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.
<b>Our Rating</b>	<b>X</b>			
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Discussions and work in respect of the delegated hospital budget and set aside arrangements (for unscheduled carer) are on-going between Health and the IJB/HSCP; however, from a Council perspective, there needs to be more closer partnership working with the Council as community-based responses/supports are a significant element to this</li> <li>Given community-based responses/supports are a significant element of unscheduled care, there also needs to be a 'city programme' with relevant partners</li> </ul>			
<b>Proposed improvement actions</b>	Develop a more partnership-based approach to the use of the set aside budget between <u>all</u> partners (Health, Council and IJB), especially to develop and invest in community-based responses/supports. The next iteration of this action plan will consider timescales for progressing this action.			

<b>Key Feature 4 Governance and accountability arrangements</b>				
<b>Proposal 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	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.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Responsibility for decisions about the strategic planning and commissioning of health and social care functions/services delegated to the IJB sits wholly with the IJB as a statutory public body, and there are exemplary structures in place for this</li> <li>• Council Officers need to continue to work with Elected Members to increase their awareness and understanding of accountabilities and responsibilities for health and social care, and the role that Elected Members play in this via the IJB</li> <li>• Partner Bodies are still getting to grips with the new arrangements and in many cases still think they have the power to make decisions, which in fact lie with the IJB (e.g. confusion over who had the statutory responsibility for the Assisted Garden Maintenance Scheme)</li> <li>• Joint development days and joint senior management groups etc assist this, as does the ongoing experience of people working together in a professional and respectful manner which is evident</li> <li>• Members would benefit from distinguishing between IJB and HSCP as this is often confused.</li> </ul>			

<b>Proposed improvement actions</b>	Explore options to improve the understanding of the roles and working practices of the respective organisations with a view to improving collaborative working practices between partners and other relevant/statutory partner bodies.
-------------------------------------	--



<b>Indicator 4.2</b>				
<b>Accountability processes across statutory partners will be streamlined.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
<b>Our Rating</b>		<b>X</b>		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>The accountability processes are clear, however there is inherent duplication within the system with the need for IJB's to make decisions/be informed and Partner Bodies enacting this through their accountability processes or also wanting to be informed.</li> </ul>			
<b>Proposed improvement actions</b>	Carry out work to better align accountability processes across statutory partners, to focus on fully supporting integration and transparent public reporting.			

<b>Proposal 4.3</b>				
<b>IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
<b>Our Rating</b>				<b>X</b>
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• There are arrangements in place to support IJB chairs (e.g., development sessions, pre-agenda meetings and HSCP Officers making themselves available)</li> <li>• Papers in relation to development plans/changes are at times lacking in detail about the impact of decisions on the lives of individuals and EQI's are often an afterthought as opposed to be an integral part of the development process that influences the outcome/final decision</li> <li>• The role is utterly impossible for an elected member to do well. There has not been ONE meeting where I have managed to read more than a third of the papers for the meeting. The scope of content is huge, and there is no time to gain a background understanding of each service. We are being asked to make decisions with insufficient expertise, and meanwhile adding extra development days only exacerbates the problem because I don't have time to spend another 3 hours on this. Councillors are paid part time. So there is a serious accountability gap, and/or a serious engagement gap</li> <li>• The chairs have all been excellent at ensuring input across the Board and collective decision making</li> <li>• There is an open, respectful, inclusive approach from the Chair that sets the tone for the IJB meetings</li> <li>• From the outset (and before this, in the Shadow IJB) there have been regular wide-ranging and highly relevant Development Sessions and these have been excellent</li> </ul>			

	<ul style="list-style-type: none"><li>• There is ongoing development and induction. The agenda length can be a barrier to maximising input and I wonder if meetings should be held more regularly than current. The input required to read papers is substantial (7-8hours). IJB have recently released agenda earlier, which helps but volume still an issue.</li></ul>
<b>Proposed improvement actions</b>	None required

<b>Proposal 4.4</b>				
<b>Clear directions must be provided by IJB to Health Boards and Local Authorities.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• When the IJB makes a decision to commission a service, the IJB directs the Council and Health Board. There is a system in place for Directions and their reporting, and they have been audited by the IJB's internal auditors</li> <li>• Improvement can be made in closing the 'loop.' Although a system is in place for Direction, there can be further clarity on responsible officers for them and the reporting of the outcome of their delivery</li> <li>• This is still a work in progress but it is clearly established and there is detail in the agenda and end of papers submitted to the IJB with clear guidance and support about what the IJB is being asked to do and if direction is being issued.</li> </ul>			
<b>Proposed improvement actions</b>	Ensure there is clarity for responsible officers on the availability of monitoring information in relation to Directions issued by the IJB to support reporting on the outcome of their delivery. Whilst the use of directions is seen to be working well in GC IJB, it is acknowledged that the Health Board is a multi-Partnership Health Board and that there is a need to ensure a coherent whole systems approach to commissioning services by IJBs and there is a commitment within Glasgow and the HB to strive towards a GGC wide approach going forward. An agreed action therefore is to convene a system-wide consideration of all six self-assessments within three months to take this approach forward.			

<b>Proposal 4.5</b>				
<b>Effective, coherent and joined up clinical and care governance arrangements must be in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	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.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Our Notes</b>	<ul style="list-style-type: none"> <li>• The IJB has integrated clinical and care governance arrangements for health and social care in place to review and ensure their effectiveness, and to ensure safe care</li> <li>• A quarterly assurance statement is provided to the IJB</li> <li>• Clinical Leads and the Chief Social Work Officer ensure that the arrangements are in place and are effective</li> <li>• Council has access to the Chief Social Work Officer and is clear of the Chief Social Work Officer's responsibilities</li> <li>•</li> </ul>			
<b>Proposed improvement actions</b>	The approach of Glasgow City HSP to clinical and care governance should be the subject of a tripartite Partnerships' Development Session to ensure partners are familiar with arrangements.			

<b>Key Feature 5 Ability and willingness to share information</b>				
<b>Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• The IJB publishes an Annual Performance Report (APR) for each reporting year, which looks back upon the last financial year, reflecting upon the IJB's/HSCP's performance against agreed local and national performance indicators, IJB strategic priorities and the national health and wellbeing outcomes. The APR highlights examples of good practice, key achievements and areas for improvement.</li> <li>• There needs to be more sharing of good practice and actually implementing across IJBs to effect change</li> <li>• IJB annual reports are available and very useful documents but they could be improved as time progresses. There needs to be stronger links to the data driving change but will become stronger in due course</li> <li>• The Third Sector would welcome the opportunity to inform the shape and content of these reports to make them more accessible and intelligible to the public, and increase public understanding of, and engagement with integration.</li> </ul>			

<b>Proposed improvement actions</b>	Glasgow City HSCP will commit to considering how to benchmark and share best practice across Integration Authorities in annual reports and will engage with ongoing national activity to progress better benchmarking in annual reports (e.g. via Strategic Commissioning Improvement Network)
-------------------------------------	--

<b>Proposal 5.2</b>				
<b>Identifying and implementing good practice will be systematically undertaken by all partnerships.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.  Better use could be made of inspection findings to identify and share good practice.	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.  Inspection findings are routinely used to identify and share good practice.	Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.  Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.  All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
<b>Our Rating</b>		<b>X</b>		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• There are examples of good practice being shared across IJBs and good practice is reflected in the annual report but less obvious/transparent is the learning from when we don't get it right as in models of care or undertaking detailed evaluation about particular models and confirming (or otherwise) if they deliver the outcomes as initially thought</li> <li>• Taking the time to understand and learn is essential to prevent repeating these mistakes</li> <li>• Need to have a more effective feedback loop to demonstrate evidence of existing services outcomes that are achieved in practice in order to inform IJB decisions in relation to the extent to which those existing services; (a) are required to be discontinued or improved to reflect best practice and (b) help decision-making in respect of new types of services that should be established.</li> </ul>			



<b>Proposed improvement actions</b>	Glasgow City HSCP's annual report will be 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.
-------------------------------------	---

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

<b>Key Feature 6 Meaningful and sustained engagement</b>				
<b>Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• The IJB/HSCP has structures, processes and guidelines in place for meaningful engagement in the planning and delivery of health and social care services, and it is built into the IJB's governance arrangements</li> <li>• The sharing and communication of engagement and its outputs/outcomes with the Council can improve, so that there can be more learning and a better understanding of 'what works' to more effectively engage with local communities and also raise awareness of the impact of engagement</li> <li>• They are established with a degree of effectiveness. The numbers participating in the online surveys, responding to social media is increasing but more needs to be done to continually improve this. Recent participation in the development/consultation of the strategic plan had improved greatly from previous years and this is positive.</li> <li>• Public engagement was a basic minimum and after sustained work on this over the past year I am pleased that it is becoming more effective. There is still a way to go but there is a lot of effort going into this</li> <li>• We need to better develop effective approaches and utilise those organisations and groups already effectively engaged. We need to be more imaginative about how we utilise existing structures, social media etc to do so. We need to set clear expectations around what we mean and what we want from this.</li> </ul>			

<b>Proposed improvement actions</b>	Glasgow City HSCP will carry out a review of its participation and engagement arrangements to ensure meaningful engagement is an ongoing process and local communities have the opportunity to contribute meaningfully in planning and determining local priorities.
-------------------------------------	--

<b>Proposal 6.2</b>				
<b>Improved understanding of effective working relationships with carers, people using services and local communities is required.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve effective working relationships with service users, carers and communities.	<p>Work is ongoing to improve effective working relationships with service users, carers and communities.</p> <p>There is some focus on improving and learning from best practice to improve engagement.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place.</p> <p>There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.</p> <p>There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.</p>
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• The IJB/HSCP has structures, processes and guidelines in place for meaningful engagement in the planning and delivery of health and social care services, and it is built into the IJB's governance arrangements</li> <li>• Meaningful engagement takes place with patients, service users, carers and local communities for service developments/changes</li> <li>• The IJB/HSCP has good practice guidelines for consultation and engagement</li> <li>• There was an acknowledgement that although efforts are made to consult widely over and above what is prescribed in legislation, there will inevitably be parts of the population who will feel that they haven't been meaningfully engaged in respect of service change due to the size of population in Glasgow and scale of direct/indirect impact</li> <li>• The Third Sector would welcome proper acceptance by all HSCPs of the importance of investing appropriate time and resources in community engagement, support and development, and recognising that it can undertake this investment most efficiently and effectively by working through the already established infrastructure</li> <li>• The Glasgow Third Sector Interface already plays a key role in supporting the third sector to work with communities, with service users and with carers in trusting relationships, in localities across the city; its role is both to develop the skills and specialisms of individual organisations and strengthen the collective contribution the TS makes to major city initiatives -</li> </ul>			

	reducing poverty, social isolation, health inequalities and improving well-being and resilience. The TSI would welcome far closer alignment with the HSCP going forward, and is keen demonstrate the significant, tangible, identifiable return on investment that could result from negotiated remits, workplans and outputs being agreed.
<b>Proposed improvement actions</b>	Glasgow City HSCP will carry out a review of its participation and engagement arrangements to ensure meaningful engagement is an ongoing process and local communities have the opportunity to contribute meaningfully in planning and determining local priorities.

<b>Proposal 6.3</b>				
<b>We will support carers and representatives of people using services better to enable their full involvement in integration.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	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.
<b>Our Rating</b>		X		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• The IJB/HSCP has structures, processes and policies in place for carers and representatives of people using services to participate in the IJB and its Committees, and it supports them to participate in Locality Engagement Forums</li> <li>• The TSI welcomes efforts being made by the HSCP to engage service users and carers, but recognises the need for far more intense levels of local support, development and investment</li> <li>• The IJB needs a sharper focus on the voice of service users and the impact on them of our decisions when these are being made. There is still some way to go to enable their full involvement in integration.</li> </ul>			
<b>Proposed improvement actions</b>	Glasgow City HSCP will carry out a review of its participation and engagement arrangements to ensure meaningful engagement is an ongoing process and local communities have the opportunity to contribute meaningfully in planning and determining local priorities.			

Key Feature	Proposal	IJB Rating	GCC Rating	HB Rating	Consensus	Overall Rating	Improvement action	Lead Officer(s)	Timescale	Update	Progress
1). Collaborative leadership and building relationships	1.1 All leadership development will be focused on shared and collaborative practice.	Established	Established	Established	Y	Established	Develop processes and systems of shared learning across the partners, to enable a greater level of reflection by partners on proposals that are considered and approved by all parties and how the partners can support delivering Integration. A greater emphasis should be given to collaboratively exploring how the three Partners' decisions impact on each other and on Integration generally.	Head of Business Development	Dec-19		Not started
	1.2 Relationships and collaborative working between partners must improve	Partly established	Partly established	Established	N	Partly established	Explore options to progress the understanding of the roles and working practices of the respective organisations with a view to improving collaborative working practices between partners and other relevant/statutory partner bodies.	Head of Business Development	Jun-20		Not started
	1.3 Relationships and partnership working with the third and independent sectors must improve	Established	Established +	Established	N	Established	Glasgow City HSCP is reviewing its participation and engagement structures and arrangements. As part of this we will ensure that levels of engagement and structures for meaningful collaboration with third and independent sector partners is developed/clarified and shared with partners. Opportunities to share information and the benefits of previous collaboration/coproduction will be considered as part of that review.	Head of Business Development	Jun-20	Review of P&E commenced in July 2019. Due for completion June 2020	In progress
2) Integrated finances and financial planning	2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration	Partly established	Partly established	Established	N	Partly Established	A series of regular and scheduled meetings aligned to the budget setting process between the respective Section 95 officer and Directors of Finance to ensure earlier understanding of the financial positions of partners and to inform the consideration of the service impact on financial decision making.	Sharon Wearing	End Mar annually		Not started
	2.2 Delegated budgets for IJBs must be agreed timeously	Established	Established	Partly Established	N	Established	A series of regular and scheduled meetings aligned to the budget setting process between the respective Section 95 officer and Directors of Finance to ensure earlier understanding of the financial positions of partners and to inform the consideration of the service impact on financial decision making.	Sharon Wearing	End Mar annually		Not started
	2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented	Not yet established	Not yet established	Established	N	Not yet established	Develop a more partnership-based approach to the use of the set aside budget between all partners (Health, Council and IJB), especially to develop and invest in community-based responses/supports. The next iteration of this action plan will consider timescales for progressing this action.	Chief Officer Group	Dec-19	Included in Pan-Partnership Action Plan	Not started
	2.4 Each IJB must develop a transparent and prudent reserves policy	Established	Exemplary	Established	N	Established	Ensure officers work more closely with Elected and Health Board Members to promote understanding that IJB reserves are not 'free' reserves at the disposal for the Council and Health Board to access and use but are for the IJB to hold against planned spend and contingencies.	Sharon Wearing	Sep-19	Information in relation to the reserves policy was provided via IJB reports in June and will continue to be reviews via meetings between S95 officer and Directors of Finance	Complete
	2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers.	Established	Exemplary	Exemplary	N	Exemplary	None required	N/A	N/A	N/A	N/A
	2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.	Partly Established	Partly Established	Partly Established	Y	Partly Established	Ensure that other actions in relation to Integrated Finance and Financial Planning are progressed to improve the rating of the IJB in relation to this measure.	Margaret Hogg	End Mar annually		In progress



OFFICIAL

Key Feature	Proposal	IJB Rating	GCC Rating	HB Rating	Consensus	Overall Rating	Improvement action	Lead Officer(s)	Timescale	Update	Progress
3) Effective strategic planning for improvement	3.1 Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.	Established	Established	Established	Y	Established	Continue to ensure the Chief Officer is effectively supported and empowered to act on behalf of the IJB, whilst developing the understanding of partner organisations of the capacity and capability of the Chief Officer and the senior team.		Jun-20		In progress
	3.2 Improved strategic inspection of health and social care is developed to better reflect integration	N/A	N/A	N/A	N/A	N/A	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE	N/A	N/A	N/A	N/A
	3.3 National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.	N/A	N/A	N/A	N/A	N/A	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE	N/A	N/A	N/A	N/A
	3.4 Improved strategic planning and commissioning arrangements must be put in place.	Established	Established +	Established	N	Established	Glasgow City HSCP is currently reviewing its Strategic Planning structures and will propose improved strategic planning and commissioning arrangements following the review. This needs to ensure that there is consideration given to whole system planning across the GGC area.	Head of Business Development	Jun-20	Review of SPGs commenced in July 2019. Due for completion June 2020	In progress
	3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place.	Not yet established	Not yet established	Not yet established	Y	Not yet established	Develop a more partnership-based approach to the use of the set aside budget between all partners (Health, Council and IJB), especially to develop and invest in community-based responses/supports. The next iteration of this action plan will consider timescales for progressing this action.	Margaret Hogg	Dec-19		Not started
4) Governance and accountability arrangements	4.1 The understanding of accountabilities and responsibilities between statutory partners must improve.	Established	Established	Established	Y	Established	Explore options to improve the understanding of the roles and working practices of the respective organisations with a view to improving collaborative working practices between partners and other relevant/statutory partner bodies.	Head of Business Development	Apr-20	Understanding of governance and accountability arrangements are being considered as part of the GG&C review of Integration Schemes	In progress
	4.2 Accountability processes across statutory partners will be streamlined.	Partly Established	Established	Partly Established	N	Partly Established	Carry out work to better align accountability processes across statutory partners, to focus on fully supporting integration and transparent public reporting.	Head of Business Development	Jun-20		Not started
	4.3 IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.	Exemplary	Exemplary	Established	N	Exemplary	None required	N/A	N/A	N/A	N/A
	4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities.	Established	Established +	Established	N	Established	Ensure there is clarity for responsible officers on the availability of monitoring information in relation to Directions issued by the IJB to support reporting on the outcome of their delivery. Whilst the use of directions is seen to be working well in GC IJB, it is acknowledged that the Health Board is a multi-Partnership Health Board and that there is a need to ensure a coherent whole systems approach to commissioning services by IJBs and there is a commitment within Glasgow and the HB to strive towards a GGC wide approach going forward. An agreed action therefore is to convene a system-wide consideration of all six self-assessments within three months to take this approach forward.	Head of Business Development	Dec-19	Review of the Directions process and reporting infrastructure started in June 2019 to enable implementation of the new Scottish Government guidance and in advance of discussions with other HSCPs in GG&C	In progress
	4.5 Effective, coherent and joined up clinical and care governance arrangements must be in place.	Established	Exemplary	Partly Established	N	Established	The approach of Glasgow City HSCP to clinical and care governance should be the subject of a tripartite Partnerships' Development Session to ensure partners are familiar with arrangements.	Chief Officer Group	Dec-19	Included in Pan-Partnership Action Plan	Not started
5) Ability and willingness to share information	5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.	Established	Established	Established	Y	Established	Glasgow City HSCP will commit to considering how to benchmark and share best practice across Integration Authorities in annual reports and will engage with ongoing national activity to progress better benchmarking in annual reports (e.g. via Strategic Commissioning Improvement Network)	Chief Officer Group	Jul-19	Included in Pan-Partnership Action Plan	Not started
	5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships.	Established	Partly established	Partly Established	N	Partly established	Glasgow City HSCP's annual report will be 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.	Head of Business Development	Jun-20		In progress
	5.3 A framework for community based health and social care integrated services will be developed.	N/A	N/A	N/A	N/A	N/A	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE	N/A	N/A	N/A	N/A

OFFICIAL

Key Feature	Proposal	IJB Rating	GCC Rating	HB Rating	Consensus	Overall Rating	Improvement action	Lead Officer(s)	Timescale	Update	Progress
6) Meaningful and sustained engagement	6.1 Effective approaches for community engagement and participation must be put in place for integration.	Partly established	Established	Established	N	Established	Glasgow City HSCP will carry out a review of its participation and engagement arrangements to ensure meaningful engagement is an ongoing process and local communities have the opportunity to contribute meaningfully in planning and determining local priorities.	Head of Business Development	Jun-20	Review of P&E commenced in July 2019. Due for completion June 2020	In progress
	6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required.	Partly established	Established	Established	N	Established	Glasgow City HSCP will carry out a review of its participation and engagement arrangements to ensure meaningful engagement is an ongoing process and local communities have the opportunity to contribute meaningfully in planning and determining local priorities.	Head of Business Development	Jun-20	Review of P&E commenced in July 2019. Due for completion June 2020	In progress
	6.3 We will support carers and representatives of people using services better to enable their full involvement in integration.	Partly established	Established	Established	N	Partly Established	Glasgow City HSCP will carry out a review of its participation and engagement arrangements to ensure meaningful engagement is an ongoing process and local communities have the opportunity to contribute meaningfully in planning and determining local priorities.	Head of Business Development	Jun-20	Review of P&E commenced in July 2019. Due for completion June 2020	In progress