

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
25 JUNE 2019

REPORT ON: SELF EVALUATION FOR THE REVIEW OF PROGRESS WITH
INTEGRATION OF HEALTH AND SOCIAL CARE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB27-2019

1.0 PURPOSE OF REPORT

This report presents the self-evaluation of the current position in Dundee in relation to the Ministerial Strategic Group for Health and Community Care's (MSG) report on review of progress with integration.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Approves the final self-evaluation document (attached as appendix 1) and instructs the Chief Officer to submit to the Ministerial Strategic Group.
- 2.2 Notes that a draft self-evaluation was previously submitted to the Ministerial Strategic Group to comply with the deadline for return of 15 May 2019 (section 4.3).
- 2.3 Instructs the Chief Finance Officer, as chair of the Integrated Strategic Planning group, to take forward the improvement actions identified through the self-evaluation process in partnership with Dundee City Council and NHS Tayside and report progress to the IJB no later than 17 December 2019.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Following the publication of the Audit Scotland '*Health and Social Care Integration: Update on Progress*' report in November 2018 (Article VI of the minute of the meeting held on 26 February 2019 refers), the Ministerial Strategic Group for Health and Community Care (MSG) published its own review report ('*Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care – Final Report*') in February 2019 (<https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>). At this time the MSG also reconvened its Leadership Group to take on a new role of driving forward and supporting implementation of the proposals set out in the MSG review. Included within the MSG review report was the expectation that Health Boards, Local Authorities and Integration Joint Boards take this important opportunity to evaluate their current position in relation to the review report's findings and the findings contained within the earlier Audit Scotland report. The MSG subsequently issued a template for use by Health and Social Care Partnerships and Partners to self-assess against progress.

- 4.2 The Integrated Strategic Planning Group has led on the completion of the self-assessment locally; seeking additional input from relevant individuals and organisations. The process led by the ISPG has actively sought input from NHS Tayside and Dundee City Council, both through their membership of the Integrated Strategic Planning group and through direct engagement with the Director of Strategic Change (NHS Tayside) and the Chief Executive and Executive Director of Corporate Services of Dundee City Council with the Council confirming its agreement as an officer response.
- 4.3 The self-assessment contained within appendix 1 has been submitted as an unapproved draft to Scottish Government in order to comply with the deadline for return of 15 May 2019 set by the MSG. A final version will be submitted once this has been approved by the IJB. All three Tayside IJB self-assessments will be presented to NHS Tayside Board as a composite report for noting at its meeting of the 27th June 2019.
- 4.4 The self-assessment identifies a number of priority areas for improvement that will require to be progressed collaboratively by the IJB, Dundee City Council and NHS Tayside. The MSG Leadership Group has emphasised the importance of partnership and joint ownership of the actions taken to further progress health and social care integration at a local level. It is proposed that the Integrated Strategic Planning Group should, in the first instance, take a lead role on behalf of the IJB in working with the Council and NHS Tayside to identify specific arrangements and resources to support the progression of identified areas for improvement.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it is for information and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

The Head of Service (Finance and Strategic Planning), Head of Service (Health and Community Care), members of the Integrated Strategic Planning Group, Director of Strategic Change for NHS Tayside, Chief Executive of Dundee City Council and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to: Work with the Health and Social Care Partnership in the further development of an action plan to address issues identified with the attached self-assessment.	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care – Final Report

<https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>

David W Lynch
Chief Officer

DATE: 29 May 2019

Allison Fannin
Planning and Development Manager

Kathryn Sharp
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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

June 2019



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

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

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

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

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

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

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

**Thank you.
Integration Review Leadership Group
MARCH 2019**

Features supporting integration



Name of Partnership	Dundee Health and Social Care Partnership
Contact name and email address	Kathryn Sharp Kathryn.sharp@dundeecity.gov.uk
Date of completion	June 2019

Key Feature 1 Collaborative leadership and building relationships				
Proposal 1.1 All leadership development will be focused on shared and collaborative practice.				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating	Established			
Evidence / Notes	<p>Shared and collaborative leadership is in place in a number of key areas, however this has not yet been achieved consistently across all delegated functions. Collaborative leadership and practice is developing across all delegated functions and at a strategic level, however this is more advanced and consistent in some areas of service than in others.</p> <p>Some areas where collaborative leadership and practice have developed well include:</p> <ul style="list-style-type: none"> • Unscheduled care, with the benefits of this being clearly reflected in significant improvements in performance in relation to discharge management and unscheduled bed days. Collaborative leadership and planning structures are being utilised in this area to better understand performance challenges in relation to readmissions and to develop integrated actions to improve performance. 			

	<ul style="list-style-type: none"> • Strategic planning for issues such as Carers, Mental Health and Substance Misuse, where collaborative leadership through Strategic Planning Groups is ensuring that all key stakeholders are collaborating to design integrated models of practice that respond to the needs of Dundee citizens. This has also been supplemented by initiatives such as the Mental Health Alliance. • Reshaping non-acute care for older people • Public protection, where the IJB, Council and Health Board are collaborating with other community planning partners and the Care Inspectorate through the Chief Officers Group and Public Protection Committees / Partnerships to deliver a Transforming Public Protection Programme, which includes further enhancing collaborative leadership and practice. <p>However, it is recognised that there are areas in which collaborative leadership and practice could be further strengthened, including in relation to Primary Care.</p> <p>This self-assessment exercise identified that the majority of stakeholders observe that the IJB itself provides strong leadership in support of integration. A joint structure (Working Together Group) has been established to progress leadership of integration between the statutory partners, however this does not always meet consistently.</p> <p>In relation to Learning and Organisational Development there is a range of evidence of resources and approaches that support collaborative leadership and practice, both at a local and national level. Specific support has been provided by Learning and Organisational Development Services within the Council and NHS to the IJB to develop collaborative leadership and practice both at an organisation wide and service / team specific level – this has included use of resources such as Aston Team Journey, planning and delivery of bespoke team / service development activities and access to leadership programmes. The level of support available from the statutory partners and scale of the IJB’s delegated workforce is such that available Learning and Organisational Development resource must be carefully targeted to priority areas. Local activity has also been supplemented by access to national leadership programmes and resources available through bodies such as Healthcare Improvement Scotland.</p>
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Further work to map gaps in collaborative leadership and practice to inform focused improvement activity.

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| | <ul style="list-style-type: none">• Enhancing visible leadership for integration across NHS Tayside and Dundee City Council, with continued support from the IJB.• Further enhancing the availability of integrated/collaborative leadership resources to the workforce, including the delegated workforce as well as key services within the Council and NHS that have a close interface with the IJB (for example, the range of support services).• Ensuring that the refreshed Learning and Organisational Development Strategy for the IJB reflects the need for collaborative leadership and practice resources across all partners, supported by appropriate investment from each partner to deliver this in practice. |
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Proposal 1.2 Relationships and collaborative working between partners must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating	Partly established			
Evidence / Notes	<p>Trust and understanding between statutory partners is developing across a range of functions, however this is not yet consistent. This is also the case in relation to trust and understanding with other partners where there are strong relationships with the Third Sector, however further improvement is required in relation to collaborative working with Independent Providers.</p> <p>This self-assessment identified that within the delegated workforce there is a strong sense of team and desire to support one another to develop new ways of working. Trust has developed that supports respect for differing points of view and an ability to pursue consensus in order to deliver better outcomes for service users and carers. Some examples of integrated approaches that have been progressed within the Partnership include partnership wide use of the i-matters approach, the establishment of integrated posts and integrated teams, and shared learning and organisational development activity and resources. Good support is also provided by professional advisors from the statutory partners. The model of integration implemented in Dundee has embraced the concept of an integrated workforce, however this concept does not always seem to be consistently understood and promoted by all statutory partners.</p> <p>Pressures that are identified through internal audit activity are shared and addressed through a formal Internal Audit Output Sharing Protocol. In addition, all internal audit reports are submitted to the Council's Scrutiny Committee for information.</p>			

There are also some specific areas where good relationships and trust has supported collaborative working between the delegated workforce and statutory partners. Examples of this include work to respond to issues such as homelessness, mental health and wellbeing, substance misuse, obesity, public protection and corporate parenting. In addition, a range of forums are in place to support joint planning between the statutory partners for functions such as risk management and internal audit. In addition there are a range of forums for dialogue between senior leaders from the statutory partners, including between Chief Officers, Chief Finance Officers and supporting officers.

Elected Members and Health Board members who are members of the IJB provide an important link to the statutory partners and support collaboration at a Council / Board level.

In terms of the relationships between statutory and independent partners, we are still developing trust and understanding of each other's working practices and business pressures, although we have started working more collaboratively together on certain issues. This includes the establishment of provider collaboratives for issues such as Learning Disability.

This self-assessment activity identified significant cultural differences between NHS Tayside and Dundee City Council that are impacting on the ability of statutory partners to work well together. It is recognised that significant resource pressures and transformation agendas in both the NHS and Council can mean that their internal programmes to achieve efficiencies and transformation do not always take adequate cognisance of the needs of the IJB and integrated working. It is recognised that further work is required to align organisational priorities and ambitions in order to support collaborative working and mutual support for transformation programmes; the statutory partners have expressed an appetite to further enhance collaborative approaches to transformation in the future.

Difficulties can also be experienced when national policy direction emphasises joint / collaborative working at different levels: for the IJB there is a clear focus on localities and neighbourhoods, the Council is increasingly focusing on regional approaches alongside a continued commitment to localism and the NHS has a focus on a 'once for Tayside' approach and increasing national centralisation of some policy areas through 'once for Scotland' approaches. This dynamic can significantly reduce the scope for joint solutions to be found at a local level, particularly in support services functions such as HR and IT.

	<p>This self-assessment and a recent internal Workforce Audit (March 2018) have raised concerns regarding the level and adequacy of support being provided to the Partnership. More specifically, concerns were highlighted regarding the relative priority given to provision of corporate support to the Partnership from each statutory partner. The internal audit report recommended that consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the Partnership by the statutory partners; this has not been progressed to date. Stakeholders involved in this self-assessment recognise that challenges in providing integrated support services in part relate to the significant resource pressures experienced across all partner bodies as each strives to protect resources for frontline services.</p>
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Implement the previously agreed action from the Workforce Audit to agree a more formal statement of the expected level of support from each statutory partners to the IJB. • Enhanced alignment of organisational transformation programmes to ensure they are mutually supportive. • Develop a shared understanding of the needs of the integrated workforce and the resources and approaches that are required from all statutory partners to support this. • Through the ongoing review of the Partnership’s core meeting structure ensure that there are sufficient opportunities for statutory partners to be involved in integration planning and delivery, with statutory partners committing to fully engaging with these opportunities.

Proposal 1.3 Relationships and partnership working with the third and independent sectors must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating	Established			
Evidence / Notes	<p>We recognise that whilst the Third Sector are fully involved in strategic planning and commissioning, contribute to and are valued by the IJB and are well represented in IJB activities and groups (meeting the exemplary criteria), that this is not the case for the independent sector.</p> <p>Key strengths in relation to relationships and partnership working with the third sector include:</p> <ul style="list-style-type: none"> • Representation from the Third Sector at all core Partnership groups, including the IJB, Integrated Strategic Planning Group and Strategic Planning Groups, including joint chairing of some groups; • Significant investment of resource in Dundee Third Sector Interface to support a range of different health and social care initiatives including projects focused on mental health and wellbeing, community engagement and capacity building and learning and organisational development; • Delegated budgets and responsibilities to the Third Sector through the Integrated Care Fund; 			

	<ul style="list-style-type: none"> • Commissioning of a wide range of services from the third sector as part of our overall mixed economy of health and social care service provision; and, • Involvement of a range of Third Sector providers in different models of integrated service redesign, including in areas such as homelessness, mental health, substance misuse and violence against women, <p>The Partnership has come a long way in term of engaging with and recognising the independent sector out-with the direct commissioning of service, but we recognise the role of the independent sector is currently only partly established. Having a dedicated independent sector lead has helped with relationships and partnership working, but the role has limited capacity and therefore, whilst it can continue to support improved relationships and partnership working there will likely be significant restrictions on the pace of such improvements. We recognise that there are pockets of good practice in terms of independent sector relationships and partnership working but that we need to continue to build on this success.</p> <p>At an individual provider level the retention of a dedicated Social Care Contracts Team has been an important strength in establishing and maintaining positive relationships with contracted services. This dedicated function not only supports strong relationships with independent providers but also contributes to a strategic commissioning approach across specific sectors / care groups. This means that whilst individual providers may not always be involved in every strategic planning group that the information provided through their relationship with the Contracts Team does contribute to the overall approach to strategic commissioning. We have received very positive feedback from a range of Third Sector and independent sector providers about the value of the dedicated Social Care Contracts function.</p>
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Working with the Third Sector to better manage the demand on their time / capacity whilst maintaining and further improving opportunities for partnership working with the widest possible range of Third Sector organisations. • Working with the Independent Sector to map out current strengths and gaps in partnership working, and to agree priorities for improvement. • Developing a shared understanding with independent sector providers regarding an appropriate and realistic model of partnership working that takes account of resource issues and builds on learning from our experience of working with the Third Sector.

Key Feature 2				
Integrated finances and financial planning				
Proposal 2.1				
Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating	Established			
Evidence / Notes	<p>Consolidated advice on the financial position on shared interests under integration is provided to the relevant Chief Officers. There is a range of opportunities in place for the Chief Finance Officers from each of the statutory partners to meet and discuss advice on a regular basis. There are also mechanisms in place to ensure that the Chief Finance Officer has regular opportunities to meet with the IJB Chief Officer and Council Chief Executive and to meet with the Heads of Finance (and supporting officers) from the Council and NHS. Each Chief Finance Officer is alert to the impact of financial decisions on other statutory partners and this is reflected in arrangements for in-year financial monitoring. Arrangements relating to the implementation of the risk sharing provisions within the Integration Scheme are also progressing.</p> <p>It is recognised that there is further work to be undertaken to improve longer term financial planning on a whole systems basis.</p>			

	<p>There are established relationships between the NHS Board Director of Finance and the three Chief Finance Officers and Local Authority S95 Officers. This includes:</p> <ul style="list-style-type: none"> • Chief Officer membership of the Board’s Executive Leadership Team where whole system financial issues are considered and budget decisions made; Chief Officer attendance at Tayside NHS Board meetings, and IJB representation on the Board’s Asset Management Group (including Chief Finance Officers); • Sharing of monthly finance reports and annual financial plans, and scheduled monthly meetings with the Board Director of Finance, Deputy Director of Finance and Chief Finance Officers; • Joint meetings with the Chief Officer(s) and respective LA Chief Executive and NHS Tayside Chief Executive (includes finance);
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Continuing to improve aligned and integrated budgeting and financial reporting at all levels within the Partnership. • Continuing to improve the contents of Directions in relation to financial implications. • Agreeing next steps to improve longer-term financial planning on a whole systems basis.

Proposal 2.2 Delegated budgets for IJBs must be agreed timeously				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
Our Rating	Partly established			
Evidence / Notes	<p>Over the last 2 years the Health Board has not confirmed the delegated budget by the end of March, although indicative budgets have been agreed and an IJB budget set on this basis. Budget cycles are not synchronised across the statutory partners.</p> <p>A three year financial framework is referenced within the Partnership's Strategic and Commissioning Plan. Scenario planning has taken place and been shared across the statutory partners.</p> <p>There is robust process in place between the statutory partners to support budget discussions and setting, with representatives from the Partnership fully involved in the Council and Health Board budget setting process. There are also comprehensive processes for formal and informal in-year financial monitoring, including regular financial monitoring reports to the IJB and Performance and Audit Committee.</p>			

Proposed improvement actions	Priority areas for improvement have been identified as: <ul style="list-style-type: none">• Establishing a fully aligned budget setting process and procedures, including confirming Health Board budgets by the end of March each year.• Agreeing next steps to improve longer-term financial planning on a whole systems basis.
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Proposal 2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance. The set aside budget is being fully taken into account in whole system planning and best use of resources.
Our Rating	Partly established			
Evidence / Notes	<p>We are currently working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget. A methodology for calculation of the hospital budget and set aside has been agreed and financial figures and workings are available from the recent work carried out for Audit Scotland, however as yet there is not structure to enable commissioning against the budget and set aside.</p> <p>Structures such as the Unscheduled Care Board are helping us to start to understand the impact of changes in service provision and performance on the hospital budget and set aside. There is also some evidence of joint agreements regarding service redesign, for example in relation to stroke pathways. In previous years we have set out commissioning intentions against the set aside budget, but have not been able to realise resource release. It is our ambition to start to move forward with a commissioning approach over the 2019/20 financial year.</p>			

Proposed improvement actions	Priority areas for improvement have been identified as: <ul style="list-style-type: none">• Implementing a commissioning approach against the hospital and set aside budgets.• Further develop the planned and unscheduled care approaches under a collaborative management arrangement
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Proposal 2.4				
Each IJB must develop a transparent and prudent reserves policy				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating	Established			
Evidence / Notes	<p>A reserves policy is in place within the IJB that includes committed and non-committed reserves. This clearly sets out the parameters around the reserves policy for IJB funds. Updates on value of reserves are included in budget setting papers for the IJB to consider, including the application of reserves to support funding shortfalls and investment in supporting tests of change/provision of transition funding. Actual reserves balances are reflected in annual accounts which note those which are committed and uncommitted.</p> <p>This policy has been used to support transformational changes in areas such as Reshaping Non-Acute Care. Timescales for the use of reserves are set and agreed in most, but not all instances. Where reserves have been used to support transformation these have not always been used within the timescale originally agreed, however where this has happened the timescale has been formally reviewed and agreed through financial reporting arrangements.</p>			

Proposed improvement actions	Priority areas for improvement have been identified as: <ul style="list-style-type: none">• Ensuring that timescales for the use of reserves are set and agreed in all instances.
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Proposal 2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating	Partly established			
Evidence / Notes	The Chief Finance Officer provides high quality advice to the IJB and undertakes both strategic and operational functions on their behalf. Robust arrangements are in place for in-year forecasting and financial reporting to the IJB and Performance and Audit Committee. However, there are concerns about the level and adequacy of support being provided to the Partnership and this has been recognised within the internal Workforce Audit (March 2018). This audit report highlighted specific concerns regarding the relative priority given to provision of corporate support to the Partnership from each statutory partner. The internal audit report recommended that consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the Partnership by the statutory partners; this has not been progressed to date.			

	<p>The current challenges in relation to the level and adequacy of support provided to the Chief Finance Officer have had particular impacts on their ability to provide appropriate support to operational managers in relation to transformation and financial forward planning, as well as the support available to Strategic Planning Groups to implement a strategic commissioning approach. The impact on the ability of the Chief Finance Officer to provide adequate support to the IJB's transformation programme was recently identified within an internal audit report on Transformation and Service Redesign (January 2019).</p>
<p>Proposed Improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Implement the previously agreed action from the Workforce Audit to agree a more formal statement of the expected level of support from each statutory partners to the IJB. • NHS Tayside to streamline and further strengthen finance resources to support the CFO through a restructure of the NHST Finance Team.

Proposal 2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating	Established			
Evidence / Notes	The IJB undertakes integrated budget planning, spending and monitoring. This can sometimes be challenging in an environment where technical systems and processes are still designed around separate Council and Health processes, however we are continuing to work with statutory partners to resolve this. Locality managers oversee the combined budget and make decisions/put forward service redesign options on the basis of the totality of the resources. Examples such as the re-shaping of non-acute care programme considers disinvestment and reinvestment across hospital based settings, care homes and health and community based services. While budget papers to the IJB show the separate strands of the statutory bodies budget “offers”, the financial pressures and financial savings required to meet projected budget deficits are not split into NHS/Council budgets but are reported as a combined value for combined solutions. The partners still provide the information to the Chief Finance Officer and to their own organisations on the basis of their separate budgets.			

	<p>It can also be challenging to maintain the principle of a single integrated budget where resources pressures in particular parts of the system, traditional understood to 'belong' to one statutory partner, are impacting significantly on the other statutory partner. For example, where significant pressures in the prescribing budget have the potential to impact on the Council through the risk sharing agreement mechanism. Again, all partners are working together to manage budgetary pressures across the whole system in an integrated and flexible way. The risk sharing provisions within the Integration Scheme are also now being implemented as required.</p> <p>The use of the budget is reflected in directions from the IJB to the Council and Health Board, however we recognise that there is further work to do to develop our practice in this regard and include more detailed financial information in directions.</p> <p>The recently revised Strategic and Commissioning Plan takes a whole systems approach to service planning and delivery, focused on the achievement of four key, cross-cutting priorities. This is supported by an integrated financial framework. The IJB's Transformation Programme is also critical to their ability to use the totality of resources to better meet the needs of the population. A recent Internal Audit report regarding Transformation and Service Redesign (January 2019) recognised that whilst there has been a conscious effort made by the IJB to bring together and co-ordinate disparate strands of the transformational change programme a number of improvements are required to enhance the adequacy and effectiveness of the system currently in place.</p> <p>This self-assessment exercise has highlighted that there are a range of other, non-financial resources, such as IT and property and elements of the support services workforce, such as administrative and clerical staff employed by Dundee City Council, which have not been delegated to the IJB but form a critical part of the overall resources required to deliver against the strategic plan. For these non-financial resources much less progress has been made in deploying these in an integrated way in order to be meet the needs of the population. There are known difficulties in relation to achieving integrated arrangements for access and management of IT systems.</p>
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Improving the level of financial detail include in directions from the IJB to statutory partners. • Further develop the three year financial framework supporting the Strategic and Commissioning Plan, including developing specific financial frameworks for commissioning statements developed at Strategic Planning Group level. • Implement the previously agreed actions from the Transformation and Service Redesign Audit.

Key Feature 3**Effective strategic planning for improvement****Proposal 3.1****Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.**

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
Our Rating	Partly established			
Evidence / Notes	<p>Whilst the Chief Officer is recognised as pivotal in providing leadership and is valued by statutory partners, there is further work to be done to ensure that the Council and Health Board provide necessary staff and resources to support the Chief Officer and their senior team.</p> <p>The Chief Officer is key to the pace of integration in Dundee IJB. He has a close working partnership with all of the partners and is recognised as an important member of the leadership teams within the Council and Health Board, as well as in the wider Dundee Community Planning Partnership. As a recognised member of the leadership teams in both organisations the Chief Officer has the</p>			

opportunity to participate in a range of governance groups across the Council and Health Board. The Chief Officer is recognised as the fully accountable leader of the Partnership and leads and directs Partnership resources accordingly. The Dundee IJB has also benefited from continuity, with the same Chief Officer having been in post since 2016.

This self-assessment and a recent internal Workforce Audit (March 2018) have raised concerns regarding the level and adequacy of support being provided to the Partnership. More specifically, concerns were highlighted regarding the relative priority given to provision of corporate support to the Partnership from each statutory partner. The internal audit report recommended that consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the Partnership by the statutory partners; this has not been progressed to date. The current delegated support resource is not adequate to support the scale of the operational delivery structure. Stakeholders involved in this self-assessment recognise that challenges in providing integrated support services in part relate to the significant resource pressures experienced across all partner bodies as each strives to protect resources for frontline services.

It has also been highlighted that the limited support services capacity is often further depleted by the need to negotiate different systems / approaches that exist within the Health Board and Council; this is most apparent in areas such as HR, IT and administrative support. There is still a significant amount of resource supporting reporting and governance requirements in the Council and Health Board (triple tracking), for example where performance reports are required to be adapted prior to submission for information to Council and Health Board governance groups following approval at the IJB or where the IJB is expected to maintain membership of groups such as Equality and Diversity Steering Groups within each of the statutory partners as well as progressing their own statutory duties.

Overall, stakeholders recognise the need for greater senior leadership across all statutory partners to create a clear expectation of and conditions from integrated systems and approaches wherever possible. This must include the expectation that the needs of the IJB are considered by the Council and Health Board when they are re-designing internal systems and processes that might impact upon the delegated workforce and services.

Proposed improvement actions	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none">• Implement the previously agreed action from the Workforce Audit to agree a more formal statement of the expected level of support from each statutory partners to the IJB.• Complete ongoing work to map out 'triple tracking' and inefficiencies associated with multiple systems and processes, and identify areas for streamlining and removing duplication where appropriate.• Enhancing visible leadership for integration across NHS Tayside and Dundee City Council, with continued support from the IJB, including an expectation that the needs of the IJB and integrated workforce will be considered at an early stage in single agency re-designs of systems and processes.• Consolidate the respective roles and accountabilities of Chief Executives, Chief Operating Officers (or equivalent for NHS and Council) and Chief Officers.
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Proposal 3.2				
Improved strategic inspection of health and social care is developed to better reflect integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE			

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

Proposal 3.4 Improved strategic planning and commissioning arrangements must be put in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
Our Rating	Partly established			
Evidence / Notes	There is a range of strategic plans in place across the Partnership, with the majority including a financial framework. We recognise that further work is needed to improve the consistency of this and ensure more detailed financial frameworks support all strategic and commissioning plans. We also recognise that further work is required to align strategic plans within NHS Tayside, such as Transforming Tayside and the Operating Delivery Plan, with the Health and Social Care Strategic and Commissioning Plan. More progress has been made in aligning the Council Plan and City Plan with strategic plans for health and social care.			

There are significant challenges in properly analysing the effectiveness of strategic planning and commissioning arrangements. There is an overall lack of capacity within support services to properly evaluate the impact of strategic plans on performance and to link this to financial performance. Work is currently ongoing to revise the function of the Partnership's Strategy and Performance Team to ensure robust support for core functions, including the Integrated Strategic Planning structure, transformation programme and statutory planning requirements such as Primary Care Improvement.

There are specific risks in relation to the overall capacity and resilience of capacity in relation to information collection, collation and analysis and wider self-evaluation activities; this is recorded as a risk on the IJB's risk register. The resources available are focused on statutory functions, such as production of the Annual Performance Report and completion of annual returns. Whilst there is a clear understanding of gaps in current performance analysis and reporting and some progress has been made to address priority areas, current resources do not allow significant progress to be made at pace.

The Council delegated some support for strategic planning and commissioning to the IJB as part of the delegated workforce. There has been minimal direct support for these functions from the Health Board. There has been recognition of the lack of strategic planning capacity and leadership from the NHS Board perspective; this is being addressed. Groups such as the Tayside Analytical Network and Tayside Public Health Information Network have been established to try to support integrated approaches to performance reporting and data management but further progress is required. Both the Council and Health Board indirectly support strategic planning and commissioning activity through the participation of their staff in a range of strategic planning groups. Support has also been provided by the Council in terms of access to and support to use their corporate performance monitoring system, Pentana and by NHS Tayside by access to Qlikview (though this currently contains limited performance information in relation to IJBs)

We recognise that work is required to strengthen the functioning of the Integrated Strategic Planning Group, plans are being developed to support this work following the revision of the Partnership's Strategic and Commissioning Plan. The Health Board support strategic planning and commissioning activity through the participation of lead staff in a range of strategic planning groups. There have been difficulties achieving consistent attendance and participation at the Integrated Strategic Planning Group, particularly from relevant Health Board representatives. However, the Partnership's most recent Strategic and Commissioning Plan was considered at Board Level prior to approval by the IJB.

Further work is required to align strategic plans for NHS Tayside, such as Transforming Tayside and the Operating Delivery Plan, with the Health and Social Care Strategic and Commissioning Plans

Proposed improvement actions	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none">• Complete the review of the Partnership’s strategic planning structure and function of the central Strategy and Performance Team to ensure adequate support to core / statutory planning and performance functions.• Implement the previously agreed action from the Workforce Audit to agree a more formal statement of the expected level of support from each statutory partners to the IJB.• Complete planned work to strengthen the functioning of the Integrated Strategic Planning Group, including securing appropriate and consistent participation from the Council and Heath Board.• Agreeing next steps to ensure alignment of strategic plans across the statutory partners, with a particular focus on alignment of Health Board plans. <p>Development of a Tayside Strategic Planning Framework</p>
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Proposal 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
Our Rating	Partly established			
Evidence / Notes	We are currently working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget. A methodology for calculation of the hospital budget and set aside has been agreed and financial figures and workings are available from the recent work carried out for Audit Scotland, however as yet there is not structure to enable commissioning against the budget and set aside. Structures such as the Unscheduled Care Board are helping us to start to understand the impact of changes in service provision and performance on the hospital budget and set aside. There are some examples of strategic commissioning taking place across the whole system, including acute services, for example the redesign of the stroke pathway and developments in medicine for the			

	elderly pathways. In previous years we have set out commissioning intentions against the set aside budget, but have not been able to realise resource release. It is our ambition to start to move forwards with a commissioning approach over the 2019/20 financial year.
Proposed improvement actions	Priority areas for improvement have been identified as: <ul style="list-style-type: none">• Implementing a commissioning approach against the hospital and set aside budgets

Key Feature 4 Governance and accountability arrangements				
Proposal 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
Our Rating	Partly established			
Evidence / Notes	Partners are working together to better understand governance arrangements, accountabilities and responsibilities. The IJB has recently submitted a paper to the Council to request that further joint work is undertaken to clarify governance arrangements. This reflects that fact that there are different understandings of accountability and responsibilities within and across the statutory partners. It is recognised that clarity regarding these issues has been particularly difficult to achieve in some areas, such as Primary Care. There is a commitment from all statutory partners to achieve clarity. We recognise that there is a need to achieve a shared understanding of governance, accountability and responsibilities at all levels within the IJB, Council and Health Board. This will require visible leadership from Chief Officers and senior teams to communicate understandings and expectations to the delegated workforce and those staff who work with them.			

	<p>There is a significant amount of ‘triple tracking’ between statutory partners; where decisions are made through IJB governance structures but are then submitted to Council and Health Board governance structures for information. This does not always support the autonomy of the IJB to plan and commission within delegated functions. We recognise that on some occasions decisions must be made on specific issues (i.e. those not delegated to the IJB under the Integration Scheme such as charging and employment matters) by the Council and / or Health Board and that they maintain a legitimate interest in scrutinising functions delegated to the IJB.</p> <p>The IJB is currently reviewing its own internal governance and reporting arrangements to ensure there is clarity regarding the authority and function of a range of internal groups for strategic plan and commissioning and for clinical, care and professional governance.</p>
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Progressing work across statutory partners to clarify governance arrangements (Accountability and Governance Framework), including communicating a shared understanding to the delegated workforce and staff who work with it. • Completing the internal review of IJB governance and reporting arrangements to clarify and streamline structures and processes.

Indicator 4.2				
Accountability processes across statutory partners will be streamlined.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating	Partly established			
Evidence / Notes	<p>There is a significant amount of ‘triple tracking’ between statutory partners; where decisions are made through IJB governance structures but are then submitted to Council and Health Board governance structures for information. This does not always support the autonomy of the IJB to plan and commission within delegated functions. We recognise that on some occasions decisions must be made on specific issues (i.e. those not delegated to the IJB under the Integration Scheme such as charging and employment matters) by the Council and / or Health Board and that they maintain a legitimate interest in scrutinising functions delegated to the IJB.</p> <p>The IJB has a clear focus on enhancing the accessibility and transparency of public reporting within resource that are available. The Annual Performance Report and recent revision of the Strategic and Commissioning Plan have all been undertaken with a clear focus on meeting the needs of the public, rather than organisational stakeholders. We are increasingly focusing performance reporting on locality level information and are planning how to better integrate this into existing arrangements for locality engagement, such as through Local Community Planning Partnerships and local Health and Wellbeing Networks.</p> <p>The IJB is currently reviewing its own internal governance and reporting arrangements to ensure there is clarity regarding the authority and function of a range of internal groups for - strategic planning and commissioning and for clinical, care and professional governance.</p> <p>Ongoing discussions around accountability processes and performance reporting as part of Tayside NHS Board performance and governance processes.</p>			

	<p>The IJB actively contributes to a range of public reporting functions undertaken by the Council – including reporting against the Council Plan, City Plan and Local Government Benchmarking Framework. It has also contributed to initiatives in relation to open data.</p>
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Further developing approaches to public reporting, including direct engagement with community groups and considering potential for shared approaches across the statutory partners in Tayside. • Developing transparent public reporting at the Integrated Strategic Planning Group level to supplement and support that already taking place at an IJB level. • Develop refreshed framework for accountability and reporting for assurance to Tayside NHS Board

Proposal 4.3				
IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating	Established			
Evidence / Notes	<p>The IJB Chair reports being well supported in their role. Formal support for the Chair is provided by IJB officers as well as Council Committee Services and Legal Services. Support from both Council and Health Board Communications colleagues is also available as required.</p> <p>Stakeholders report that the Chair has an accessible and inclusive approach to facilitating discussions and supporting decision making. Arrangements have been put in place with individual IJB members to support their full participation, including individual briefings and provision of IT equipment.</p> <p>The IJB Chair and Vice-Chair appointment rotates between the statutory partners every two years.</p> <p>No complaints have ever been received through formal complaints procedures in relation to the conduct and operation of the IJB.</p> <p>There have been significant changes to NHS Board representation on the IJB over the last 12 months. Overall the membership of the IJB from other partners has been consistent and sustained.</p>			

	<p>Whilst there are induction arrangements and the IJB has participated in development sessions we recognise that further work is required to ensure a consistent approach and regular opportunities for IJB member development across a range of relevant issues. We also recognise that members of the Integrated Strategic Planning Group (who are not also IJB members) would benefit from access to induction and development opportunities.</p>
Proposed improvement actions	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none">• Planning and implementing a standard induction programme for IJB and ISPG members.• Planning and implementing a continuous programme of development opportunities for IJB and ISPG members.

Proposal 4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating	Established			
Evidence / Notes	<p>The close working relationship between all IJB members and the financial focus inherent in any decision making is a key aspect of their debate and work. Clear directions are issued for all decisions made by the IJB. However, there is still a developing understanding between the statutory partners of the level of detail that is required in directions.</p> <p>There are currently no formal arrangements for monitoring the receipt and implementation of directions through the accountable officers. It is therefore challenging to assess whether or not directions are having an impact on achieving desired outcomes for individuals and communities.</p> <p>Many changes have been agreed and progressed on a collaborative basis without the need for specific directions to be issued e.g. Mental Health Inpatient Re-design</p>			

Proposed improvement actions	Priority areas for improvement have been identified as: <ul style="list-style-type: none">• Provision of developmental input regarding drafting of directions to staff writing them, including clear information about expected content and level of detail.• Further work to ensure co-ordination and consideration of whole system impact of directions, where relevant, with the other Tayside IJBs and bordering Health Boards.• Identifying appropriate approaches to monitoring the implementation and impact of directions once they have been issued.
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Proposal 4.5				
Effective, coherent and joined up clinical and care governance arrangements must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>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.</p> <p>Necessary clinical and care governance arrangements are not well established.</p>	<p>There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making.</p> <p>Arrangements for clinical and care governance are not clear</p>	<p>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.</p>	<p>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.</p> <p>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.</p>
Our Rating	Partly established			
Evidence / Our Notes	<p>Getting It Right For Everyone (GIRFE) sets out the accountability for Clinical Care and Professional Governance for Chief Executive Officers for the Council and Health Board, as well as the role and authority of the IJB Chief Officer.</p> <p>Appointed accountable Professional Lead staff from across a range of health disciplines are fully integrated into the work of the IJB and are members of the Partnership's senior management team providing guidance and direction on all clinical and professional governance matters. The Chief Social Work Officer Governance Framework sets out role of CSWO within the IJB, although there are challenges fully implementing this within current resources.</p>			

	<p>Internal Audit Report no D07/17 (PAC 13/02/18) found that there is an adequate and effective system of risk management, control and governance in relation to Clinical, Care and Professional Governance - with minor weaknesses present. Audit recommendations included: the need to clarify remits of groups within the Clinical, Care and Professional Governance structure, as well as reporting arrangements between groups; and, the need to develop a consistent assurance appetite across all clinical, care and professional governance domains.</p> <p>In addition to the high level assurance updates to the IJB the Performance and Audit Committee, the Local Partnership Clinical Forum (R2) and the Clinical Governance and Risk Management Forum play a role in clinical and care governance. The audit report identified a lack of clarity regarding the roles of each of these groups and a duplication of effort (which it recognised might be unavoidable in the short term).</p>
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Put in place a development plan that contributes to an improved mutual understanding of Clinical Governance and accountability and how it dovetails with the delivery of integrated services. • Full implementation of the CSWO Governance Framework • Implementation of outstanding actions from Audit report D07/17, including reviewing Clinical, Care and Professional Governance structures to ensure clarity and appropriate linkages of groups. • Progress and complete the refresh of the GIRFEF with capability to incorporate the recommendations/guidance issued further to publication of statutory guidance (MSG report) • Undertake a review of the Tayside Clinical Governance Strategy

Key Feature 5 Ability and willingness to share information				
Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating	Established			
Evidence / Notes	<p>The IJB has a well-developed format in place for the Annual Performance Report. This has been developed to include all information required in statutory guidance and has been designed primarily to meet the needs of the public (rather than organisational stakeholders) including using accessible language. The format reflects progress in local systems and reflects on challenges both in the reporting year and those that are anticipated within the year ahead. We recognise that we could further improve this format by having more specific content relating to challenges that is easier to identify and for other partnerships to learn from. We would also like to further develop content in relation to localities and engagement / co-production.</p> <p>Although the full report has not been published by the end of July each year, a summary version containing all statutory required information has been published by the deadline each year.</p>			

	<p>The Annual Performance Report includes benchmarking information for national indicators, with a particular focus on performance against our local government benchmarking family group. However, other types of information are not routinely able to be benchmarked. We are working with partners across Tayside to develop an agreed set of indicators for benchmarking across the 3 IJBs.</p> <p>Our approach to the Annual Report has been refined each year in response to feedback from the public and organisational stakeholders. This year we hope to focus on enhancing content that demonstrates the impact of developments and challenges on service users and carers. We intend to undertake a substantive review of our approach next year (2019/20) as this will be the first annual report against our revised Strategic and Commissioning Plan.</p>
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Participating in ongoing work within the Scottish Commissioning and Improvement Network to align approaches to annual reporting across all IJBs. • Further developing the accessibility of our annual report for members of the public, including through digital formats. • Aligning our approach to annual reporting with available resources, to ensure that both full and summary versions are published prior to the end of July each year, and with annual reporting processes in the Council and Health Board. • Support the system wide engagement and participation in the development of the annual reports to enable sharing of information and learning.

Proposal 5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	<p>Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.</p> <p>Better use could be made of inspection findings to identify and share good practice.</p>	<p>The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.</p> <p>Inspection findings are routinely used to identify and share good practice.</p>	<p>Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.</p> <p>Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.</p> <p>All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.</p>
Our Rating	Established			
Evidence / Notes	<p>The IJB has a well-developed format in place for its Annual Performance Report. This has been developed to include all information required in statutory guidance and has been designed primarily to meet the needs of the public (rather than organisational stakeholders) including using accessible language. In its current format it would be possible for other Partnerships to identify examples of good practice. The format reflects progress in local systems and reflects on challenges both in the reporting year and those that are anticipated within the year ahead. We recognise that we could further improve this format by having more specific content relating to challenges that is easier to identify and for other partnerships to learn from.</p> <p>Inspection reports in relation to our own services are routinely used as a basis for practice improvement. Inspection reports are progressed through Clinical, Care and Professional Governance structures, and appropriate summaries are provided to the</p>			

	<p>Performance and Audit Committee. Action plans are developed in response to inspection findings and monitored through operational management teams, and in some cases through CCPG structures. We have established significant programmes of improvement in relation to the findings of inspection reports, for example our Transforming Public Protection Programme was established in response to our joint inspection of adult support and protection. This programme has also involved visits to 2 other Partnership areas and the direct implementation of good practice approaches from those areas into local systems and practices.</p> <p>Inspection reports from other Partnerships are reviewed, although this practice is not as consistent as it could be. Formal review of inspection reports through support services, in collaboration with operational colleagues, is prioritised to make best use of available resources. Reports from Partnerships who are part of our benchmarking group or which relate to recognised areas for improvement, such as Self-Directed Support, are prioritised for review. However, a range of operational management teams will consider and review external inspection reports that relate to their specific service areas.</p> <p>Learning and improvement is also undertaken through Local Adverse Event Reviews, Significant Case Reviews, Drug Death Reviews and Suicide Reviews. Significant Case Reviews that are published by other Partnerships will also be reviewed to establish any learning points that are relevant in the local context.</p> <p>Operational services collaborate and learn from others on a routine basis, this includes from other IJBs as well as from through national improvement bodies (such as the Improvement Services and Healthcare Improvement Scotland) and from academic institutions in the region. Whole systems Clinical Boards have been established in areas such as Unscheduled Care and Older People to design plan and share best practice. It is recognised these Boards can be developed further to include learning from other inspections and share learning and best practice. Clinical pathways work (under Modernising Outpatients), led by GP and hospital based consultant personnel and involving multidisciplinary and multiagency staff to design and apply best evidence to improve pathways for people.</p>
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Enhancing capacity within support services to consistently formally review relevant inspection reports and undertake appropriate improvement actions. • More consistently utilising additional resources and support available through national improvement bodies to support local improvement. • Support the system wide engagement and participation in the development of the annual reports to enable sharing of information and learning.

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

Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating	Established			
Evidence / Notes	<p>The Partnership has a strong commitment to and culture of engagement and co-production with communities. Significant resource has been invested in infrastructure to support this, including establishment of specific posts within Third Sector organisations and internally, however there is a clear expectation that engagement will be a core aspect of everyone's approach.</p> <p>There is a clear agreement that collaborative working within the context of the wider Community Planning Partnership should be the focus of engagement activity in order to prevent duplication of effort and 'engagement fatigue' amongst communities. We are increasingly getting better at planning engagement in a joined up way and sharing the outcomes of engagement activity with all those who can make use of this in service planning activity. An example of this is, the recent Engage Dundee activity.</p> <p>We recognise that we could make more effective use of the existing infrastructure of community groups and networks that exist across the city, such as LCPPS and health and wellbeing networks. We are progressing this aspect of our work further through a joint Community Learning and Development Engagement Plan that is being developed by Community Planning partners.</p> <p>A number of the Partnership's Strategic Planning Groups include membership from community representatives (both geographic and communities of interest). There is also limited formal representation from community members on the ISPG and at the IJB. There are examples of exemplary practice in terms of community engagement and participation in IJB activities (for example, in the</p>			

	<p>Making Recovery Real initiative and various developments within the Carers agenda) and we recognise the need to learn from these examples and spread these practices more consistently across the Partnership. This is particularly so in areas such as Primary Care where community engagement has, to date, been much more limited.</p> <p>We would also like to undertake more activity to share our information and performance data with communities in a meaningful way and work with them to understand their interpretation of this information. We have started this work by focusing on trying to better understand health inequalities across localities through discussion of our initial analysis with the communities concerned. We will progress this work through the existing infrastructure of LCPPs.</p>
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Developing opportunities for more meaningful involvement of community groups at an ISPG and IJB level. • Testing approaches for sharing and jointly analysing needs and performance data with communities (geographic and of interest) • Spreading learning from areas where engagement is exemplary to those service areas where this has not yet been developed, including Primary Care.

Proposal 6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	<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>
Our Rating	Established			
Evidence / Notes	<p>Narrative regarding community engagement is at 6.1. This narrative equally applies to people using services.</p> <p>In addition to what is described at 6.1 operational services utilise a wide range of approaches to developing effective relationships with service users. A number of these approaches are described in our Annual Performance Report for 2017/18 where specific services have highlighted engagement activities that have directly informed changes to service provision. In a range of services, such as mental health and substance misuse, service users have been integral to developing services that focus on the value of peer support and recovery.</p> <p>Engagement is afforded a very high priority by the IJB and the Partnership's senior leadership team. There is a clear expectation that engagement and co-production will be integrated into the practice of all staff within the delegated workforce. There has been a recent example of the IJB challenging a lack of engagement regarding Primary Care developments.</p>			

	<p>It is recognised that there are specific challenges in Dundee in relation to Primary Care engagement and co-production as Practice registration does not align to locality residence. This can make the practical aspects of engagement difficult but further work is required to establish alternative and effective ways to engage with patients.</p> <p>The IJB has a very positive relationship with Carers representatives who participate actively at Strategic Planning Group, Integrated Strategic Planning Group and IJB level. There are close working relationships with the Carers Centre and significant investment has been made to ensure that Carers voices influence local planning and service delivery. The Carers Strategy, as well as a range of activities within this, have been led by Carers and there is a core commitment to co-production. A Carers of Dundee website and brand and a Carers Interest Network have also been established as a means of supporting participation of carers in local health and social care developments. A Carers Charter has also been developed and work is ongoing to embed this across local organisations. In February 2018 the Partnership was assessed against the 3 standards contained within Expert, Equal and Valued. Whilst there were a small number of identified areas for improvement, overall the Partnership was found to have a positive approach to collaboration with carers.</p> <p>The Partnership has a Participation and Engagement Strategy which forms part of the suite of companion documents to the Strategic and Commissioning Plan; this is planned to be reviewed prior to the end of 2019.</p>
<p>Proposed improvement actions</p>	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none"> • Consider how current approaches to engagement can be expanded to include a broader range of people beyond those core representatives within established structures, including through better use of social media. • Complete the refresh of the Participation and Engagement Strategy, with particularly attention to spreading learning from best practice within the Partnership to areas such as Primary Care. • Consider the viability of establishing a large scale service user and carer experience survey. • Enabling a system wide approach to engagement and involvement; sharing best practice and learning from other partnerships

Proposal 6.3				
We will support carers and representatives of people using services better to enable their full involvement in integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating	Established			
Evidence / Notes	<p>The IJB has had a very focussed effort to ensure that carers are fully represented on the IJB, ISPG and SPGs, and that they have a voice in our discussion and ultimate decision making. The IJB and ISPG also benefit from the contribution of other Public Partners. We recognise that whilst much has been done to support effective participation that there is still further work to be undertaken to remove all barriers to participation, including using accessible language within reports, ensuring papers are circulate in good time etc.</p> <p>At an SPG level there are a range of approaches to the involvement of service users and carers. Some SPGs have direct representation from these groups, including specific arrangements to support participation and a commitment to operate meetings in a way that supports full engagement. The IJB intends to review the SPG structure following the refresh of the Strategic and Commissioning Plan and it will be important to consider how any new structure will support service user, carer and community participation, including engaging these groups in the review process.</p> <p>Information regarding approaches to engagements with other carers and service users is included at 6.1 and 6.2.</p>			

Proposed improvement actions	<p>Priority areas for improvement have been identified as:</p> <ul style="list-style-type: none">• Consider how resources in support services could be utilised to further remove barriers to participation at the IJB and ISPG by carers and public representatives.• Ensuring that the review of SPG structures takes account of the need for continued engagement of service users, carers and communities, including involving them in the SPG review process.• Ensure continued engagement of communities to enable whole system approach to local service design and delivery
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