

# **Ministerial Strategic Group for Health and Community Care**

## **Integration Review Leadership Group**

### **Self-evaluation**

For the Review of Progress with Integration of Health and Social Care

March 2019

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

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

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

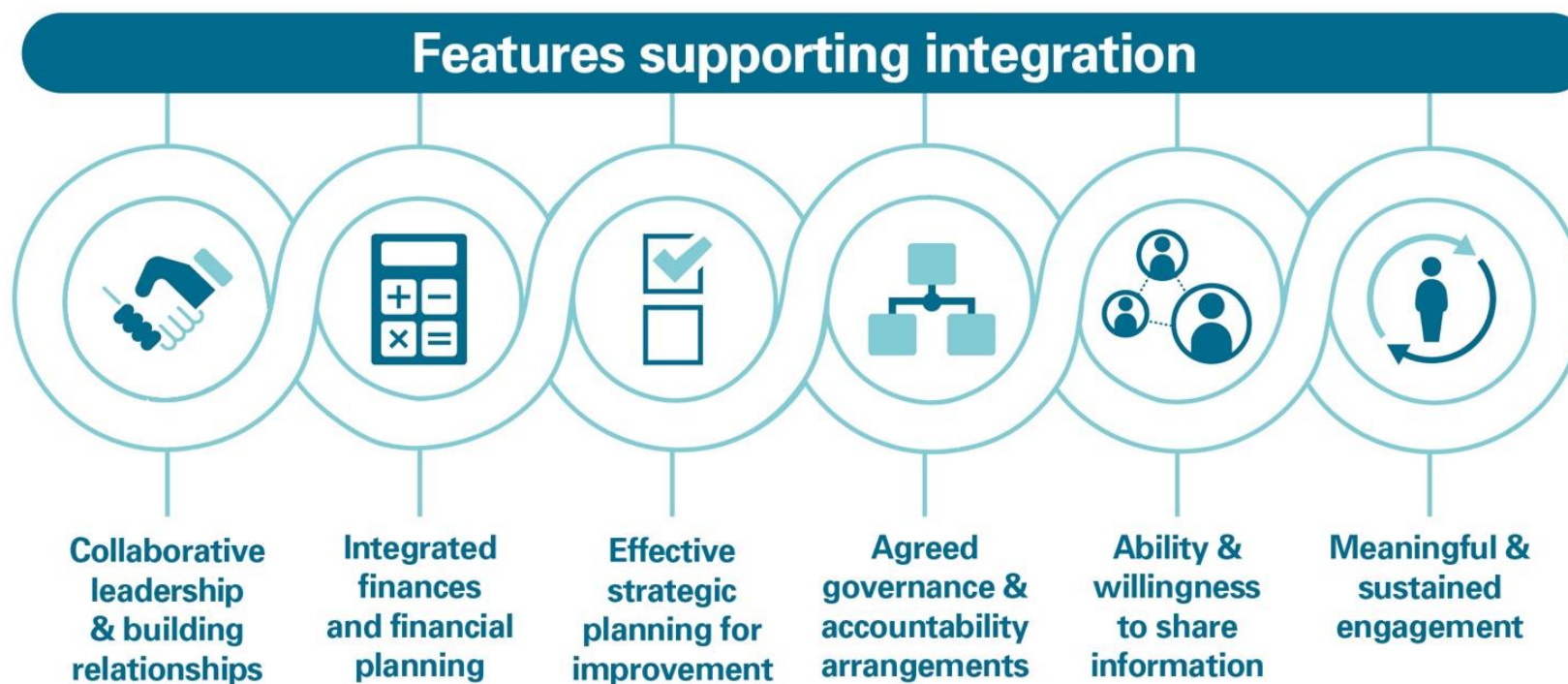
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

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

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



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<b>Date of completion</b>	

Key Feature 1 Collaborative leadership and building relationships				
<b>Proposal 1.1</b> <b>All leadership development will be focused on shared and collaborative practice.</b>				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
<b>Indicator</b>	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Co-location and active membership of the IJB CO within both the LA Corporate Management Team and the NHS System Leadership Team has been in place since the inception of integration.</li> <li>• IJB Senior and Operational Management teams have taken part in the cross System Leadership across Grampian facilitated by the Kings Fund.</li> <li>• Induction programme for all NHS Non-Executive members which supports the development and understanding of IJB Members.</li> <li>• IJB development session held bi-monthly</li> <li>• LA elected member briefings led by CO</li> <li>• IJB voting member briefings</li> <li>• Chief Executives of LA and NHS invited to attend IJB meetings</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Mechanism to be developed to ensure corporate support systems are adequate and appropriate in the LA and NHS both supporting the IJB and identifying activities where a multi-agency approach could be explored.</li><li>• Strengthen connections across the partnership to ensure meaningful understanding and collaboration throughout all organisations</li></ul>
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<b>Proposal 1.2</b> <b>Relationships and collaborative working between partners must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Co-location and active membership of the IJB CO within both the LA Corporate Management Team and the HB Senior Leadership Team has been in place since the inception of integration.</li> <li>Quarterly performance meetings scheduled between IJB Chair and Vice-Chair IJB, CO &amp; CFO, LA &amp; NHS Chief Executives and NHS Director of Finance</li> <li>Establishment of the Moray Alliance - developing a 'Whole System Approach' to health and social care in Moray through looking at international systems. Links to third sector, digital health and supported through additional NHS investment.</li> <li>One – System – one budget ethos developed, joint input into Community Planning Partner Meetings</li> <li>The IJB Strategic Planning and Commissioning Group is represented by all key planning partners who's meeting attendance is consistent and valued.</li> <li>Collaboration among partner organisations is characterised by trust, mutual respect, and regular and effective interaction – the establishment of the North East Partnership Forum, regular discussions between the NHS and LA Chief Executives and Chief Officers and the inclusion of Chief Officers on the senior leadership teams within the respective NHS and LAs are evidence of building relationships.</li> <li>All senior leaders within the organisations acknowledge the pressures, cultures and drivers in different parts of the system leadership roles, responsibilities and expectations reflect the need for cross organisational working – this is reflected in the objectives of NHS System Leadership Team members</li> </ul>			

	<ul style="list-style-type: none"> <li>• Involvement and engagement in community planning has improved and we would aim to develop this further</li> <li>• Process underway to plan collaboratively across the health and social care system in relation to the unscheduled care delegated pathways with the aim of reshaping services and shifting the balanced of care</li> </ul>
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Continuous evaluation of the work of the Moray Alliance will inform how this collaboration evolves.</li> <li>• Further work required to ensure transparency and improvement mechanisms on health and social care business within the wider organisation of the LA</li> <li>• Involvement and engagement in community planning has improved and we would aim to develop this further</li> <li>• Process underway to plan collaboratively across the health and social care system in relation to the unscheduled care delegated pathways with the aim of reshaping services and shifting the balanced of care</li> </ul>

<b>Proposal 1.3</b> <b>Relationships and partnership working with the third and independent sectors must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Third sector representation at Board level with active and engaged depute in place.</li> <li>• Third sector engaged in community planning partner meetings and NHS Board meetings</li> <li>• Third and independent sector engaged at Strategic Planning Group level. Workshop sessions have been led and facilitated by these groups on a regular basis.</li> <li>• LA support provided from a health and social care commissioning perspective, particularly housing</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Continue to consider and assess relationships with the third and voluntary sectors to ensure effectiveness and appropriate engagement.</li> <li>• Strengthen locality planning arrangements to ensure ongoing engagement and involvement with third, independent and community groups in future community planning</li> </ul>			



Key Feature 2 Integrated finances and financial planning				
Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.  Improved longer term financial planning on a whole system basis is in place.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> <li>Quarterly meetings scheduled between IJB Chair and Vice-Chair IJB, CO &amp; CFO, LA &amp; HB Chief Executives and NHS Director of Finance</li> <li>Regular meetings scheduled with the IJB CFO and LA Head of Finance to assist discussion with the LA Chief Exec and Corporate Management team</li> <li>Regular meetings scheduled with the IJB CFO and the HB Deputy Director of Finance to assist discussion with the HB Chief Exec and NHS Grampian Senior Leadership Team</li> <li>Joint meetings scheduled with the IJB CFO, LA Head of Finance and HB Deputy Director of Finance to consider joint financial matters and ensure mutual understanding.</li> <li>Budget protocol agreed by all partners and approved at IJB level</li> </ul>			

	<ul style="list-style-type: none"> <li>• There are well established relationships between the NHS Board Director of Finance and the three Chief Finance Officers and local authority S95 officers. This includes <ul style="list-style-type: none"> <li>- membership of the Board's Budget Steering Group (including the IJB Chief Finance Officer), budget decisions being made by the System Leadership Team (including the IJB Chief Officer), IJB representation on the Board's Asset Management Group;</li> <li>- sharing of the monthly finance reports</li> <li>- The IJB is currently in a deficit position and support from LA and NHS has been provided to assist with the development and implementation of recovery plans.</li> </ul> </li> </ul>
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• From April 2019 it is intended that the LA Head of Finance should also be in attendance at the quarterly meetings outlined above.</li> <li>• Development of the IJB Medium Term Financial Strategy will be developed in the context of the whole system. There were examples of this in preparation of the 2019/20 budget but enhancement is required.</li> </ul>

<b>Proposal 2.2</b> <b>Delegated budgets for IJBs must be agreed timeously</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	<p>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.</p> <p>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.</p>
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>IJB budgets have been agreed to date by all partners by the end of March. Funding notification has been provided by both LA and NHS by 28 February each year.</li> <li>There was an IJB decision taken to delay the medium term financial plan to allow for alignment with the new Strategic Plan. This is now in development.</li> <li>Scenario planning for delegated budgets has been addressed to date through IJB development sessions, budget update papers presented to the IJB and more recently and 'Financial Outlook' paper</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Greater dialogue throughout the year between all partners to ensure a robust process surrounding the development of the medium term financial plan and recovery plan progress.</li></ul>
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<b>Proposal 2.3</b> <b>Delegated hospital budgets and set aside budget requirements must be fully implemented</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	<p>Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements.</p> <p>The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.</p>	<p>Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance.</p> <p>The set aside budget is being fully taken into account in whole system planning and best use of resources.</p>
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>To date there have been numerous IJB development sessions held to discuss the delegated hospital budgets and how this will be best approached.</li> <li>A North East Partnership Forum (NEPF) was set up, in part to consider and facilitate the implementation of set aside requirements – progress has been slow to date.</li> <li>Recently established NEPF Exec Group. First meeting still to take place with a remit to consider the delegated budgets in the context of reshaping services and shifting the balance of care. Agreement been reached on a joint strategic planning approach covering all six of the services delegated for planning purposes to the 3 Grampian IJB's</li> <li>Establishment of the Moray Alliance, over time is intended to support the implementation of the set aside budget requirements through a 'one system, one budget' approach</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• The NEPF has met with a view to review and refresh the role, remit and membership. A Terms of Reference is currently being drafted and first meeting date has been set. This approach is first being used to undertake strategic reviews for mental health and learning disability services, care for the elderly and palliative care. Other three services will be phased over the next 12-18 months.</li><li>• A key component for these reviews will be to identify the resources committed to the current model and the resources required to support the redesign and service model identified through the strategic review process. These will enable plans to be developed for changing use of resources linked to redesign and agreed outcomes. It would be through this approach that agreement will be reached in terms of resource allocation.</li><li>• Establishment of the Moray Alliance, over time is intended to support the implementation of the set aside budget requirements through a 'one system, one budget' approach</li></ul>
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<b>Proposal 2.4</b> <b>Each IJB must develop a transparent and prudent reserves policy</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• A reserves policy was developed and approved at the first meeting of the IJB</li> <li>• The IJB reserves policy has been subject to regular review and approval at IJB level</li> <li>• The LA Head of Finance and HB Deputy Director of Finance are consulted with by the IJB CFO prior to the approval of the reserves policy by the IJB</li> <li>• The IJB currently has no reserves, following the rule of the Integration Scheme</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Difficulty in holding general reserves due to the Integration Scheme and the requirement to call on reserves.</li> <li>• Earmarked reserves will be created appropriately as part of the 18/19 annual accounts process.</li> </ul>			

<b>Proposal 2.5</b> <b>Statutory partners must ensure appropriate support is provided to IJB S95 Officers.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and Forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• In August 2017 an independent IJB S95 Officer was appointed. Prior to this the S95 duties had been carried out by the LA S95 Officer</li> <li>• Conflicts of interest are avoided to an extent. IJB S95 Officer is supported by staff of the HB and NHS but resource can often be limited. Attempts have been made to identify pressure points in the system to ensure conflicting workloads can be accommodated.</li> <li>• The IJB S95 Officer takes part in the annual staff appraisal process for the key finance personnel in the NHS and LA.</li> <li>• Regular meetings are scheduled with the IJB S95 Officer, jointly with the finance staff of both the LA and NHS to ensure a consolidated financial position is established.</li> <li>• Good working relationships are well established with the IJB S95 Officer and finance staff of the LA and NHS with some co-location in place.</li> </ul>			



	<ul style="list-style-type: none"><li>• Finance support provided to the IJB CFO from the LA and NHS</li></ul>
<b>Proposed Improvement actions</b>	<ul style="list-style-type: none"><li>• Ultimate aim would always be for the IJB S95 Officer to have both strategic and operational responsibility for finance staff in the LA and NHS. This is unlikely due to financial constraints and shrinking workforces.</li></ul>

<b>Proposal 2.6</b> <b>IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Efforts have been made to work towards the IJB budget losing its identity. Directions are being prepared, authorised and distributed appropriately.</li> <li>• The IJB reports budgetary information as a single system</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Better use of Directions. Detail needs to be enhanced in order to facilitate appropriate action.</li> <li>• Preparation and implementation of the new Strategic Plan is underway and is being prepared on the basis of a single budget</li> <li>• Preparation of a medium term financial strategy is underway and will facilitate a single budget</li> <li>• Service Reviews into individual services are underway with a view to understanding all our services in the context of our strategic planning priorities. On completion, consideration will be given to these in totality to support whole system planning</li> <li>• Formal approval to the strategic planning approach from all three IJB Boards and agreement that this will be the process</li> </ul>			

	<p>through which any planned re-allocation of resources is agreed.</p> <ul style="list-style-type: none"><li>• Completion of the care for the elderly and mental health strategic reviews (by October 2019) and evaluation of the process to enable learning to be developed for the next phase of reviews.</li><li>• The care for the elderly, palliative care and mental health strategic reviews to inform the future funding requirements to support its implementation and ensure resources are aligned to any revisions to current service configuration, Respiratory will be undertaken in autumn 2019 and rehabilitation medicine, A&amp;E services and general medicine will likely be undertaken during 2020.</li></ul>
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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
<b>Indicator</b>	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>
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Support to the IJB CO from the NHS has been provided in the establishment of the Moray Alliance</li> <li>The NHS, IJB and LA have worked in partnership to ensure that capacity has been and will continue to be made available to support both the strategic planning and delivery of services. This has included planning resources, support from the NHS executive directors and professional support from the corporate services.</li> <li>The Chief Officer role has been fully recognised and respected within the NHS and the contribution of the Chief Officers is valued through engagement on strategic planning, system leadership team and at the NHS Board. The Chief Officer Group (including the three Grampian Chief Officers and General Manager – Acute) is valued in terms of the support it provides to planning, operational delivery and assisting in addressing system wide issues as they arise.</li> </ul>			

	<ul style="list-style-type: none"><li>• Significant LA support to health and social care and the Strategic Housing Investment Plan (Ship)</li></ul>
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• To consider further other relationships across LA services that could have a significant impact if there were a more strategic joined up approach</li></ul>

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

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

<b>Proposal 3.4</b> <b>Improved strategic planning and commissioning arrangements must be put in place.</b>				
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.	<p>Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements.</p> <p>The Local Authority and Health Board provide some support for strategic planning and commissioning.</p>	<p>Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements.</p> <p>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.</p>	<p>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.</p> <p>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.</p>
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> <li>Recent work has been undertaken through the IJB engaging with the Oxford Brookes University in looking at the application of the Institute of Public Care commissioning framework.</li> <li>Work now being led through the establishment of the Moray Alliance and this group being pivotal in the Strategic Planning and Commissioning group.</li> <li>Recent appointment of an Infrastructure Programme Manager and refresh of programme board</li> <li>LA Housing Service provides support to develop the Housing Contribution statement.</li> <li>LA procurement services provide support to facilitate the purchase of care, working collaboratively with the health and social care commissioning team</li> <li>Links amongst all partners in respect of strategic planning intent and required infrastructure.</li> </ul>			



	<ul style="list-style-type: none"> <li>• Strong connections to the LA team leading on the local development plan with a focus on developing green spaces and understanding the needs of population growth. Ability to influence the use of developer obligations in relation to health and social care.</li> <li>• NHS, LA and IJB have worked in partnership to ensure that capacity has been and will continue to be made available to support both the strategic planning. The NHS Board has made available and funded additional capacity to support the strategic reviews of the delegated services, establish the North East Partnership Forum and support professional areas such as infrastructure, finance and workforce planning.</li> </ul>
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Continued commitment to address cultural differences across all partners – enhancing connectivity and creating a shared identity.</li> <li>• Mechanisms to be established to facilitate cross-referencing of priorities where appropriate.</li> <li>• Prioritisation and recognition of Infrastructure Board to ensure a more inclusive approach to capital planning – membership includes all partner organisations.</li> <li>• View to establishing joint processes where appropriate</li> <li>• Development of better processes to evaluate and measure outcomes in line with Best Value</li> <li>• Development of revised Strategic Plan to be clearer on priorities</li> <li>• Development of performance management framework</li> <li>• Development of learning from transformational projects that has the potential to impact on the wider system</li> </ul>

<b>Proposal 3.5</b> <b>Improved capacity for strategic commissioning of delegated hospital services must be in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	<p>Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements.</p> <p>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.</p>	<p>Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets.</p> <p>There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.</p>
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Recent refreshed look to the North East Partnership Forum – role and remit. Emphasis on the delegated hospital services and strategic planning surrounding these.</li> <li>Moray Alliance established and whilst early days – initial views are positive</li> <li>NHS, LA and IJB have agreed to a joint strategic planning approach covering all six of the services delegated for planning purposes to the IJBs. This approach is first being used to undertake strategic reviews for mental health and learning disability services, care for the elderly and palliative care. Timescales for the remaining four services delegated for strategic planning are being agreed between NHS and 3 Grampian IJBs.</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• First Meeting scheduled of the NEPF Exec Group ensuring engagement of the required membership</li><li>• Terms of Reference for the NEPF to be agreed</li><li>• Regular engagement at IJB level to ensure the outcomes from the NEPF are communicated</li><li>• To clarify with the Chief Officers that they believe that the NHS Board is effectively supporting and empowering them to act on behalf of the IJB.</li><li>• Completion of the care for the elderly, palliative care and mental health strategic reviews (by October/November 2019) and evaluation of the process to enable learning to be developed for the next phase of reviews (by December 2019).</li><li>• Agreement to be reached on a bi-annual/annual meeting of the wider North East Partnership Forum for the focus of the voting members of the IJB for shared learning and further collaboration.</li></ul>
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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
<b>Indicator</b>	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	<p>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.</p> <p>The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.</p>
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Established Local Code of Corporate Governance – displaying sources of assurance from all parties</li> <li>Annual Governance Statement which includes assurance statements from HB and LA</li> <li>Directions are issued timely but have been generic to date</li> <li>Integration Scheme sets out the accountabilities and responsibilities of the IJB. The Chief Officer operational duties have been recorded and approved at IJB Board level with timely reviews.</li> <li>A regular report is provided to the NHS board – highlighting key points of IJB business and Chief Officers share attendance to speak to this collective report.</li> <li>NHS have noted and welcomed the collaborative approach the IJB has taken to the development of their strategic plans and the extent of engagement with the NHS Board as a key partner. This engagement has also extended to a number of key</li> </ul>			

	decisions that the IJB have taken in relation to services for which they are responsible
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Continuous development of governance frameworks linking to frameworks of HB and LA</li><li>• Greater focus and development on the use of Directions</li><li>• Process to be reviewed to avoid duplication of effort and improvement actions agreed with Partners.</li><li>• Requirement to develop further the need to report to full council and the wider organisation bridging the highlighted gap.</li></ul>

<b>Indicator 4.2</b> <b>Accountability processes across statutory partners will be streamlined.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Accountability and responsibility has at times been unclear and due process not followed in the desired sequence</li> <li>From an NHS perspective since the commencement of the IJB there have been clear established arrangements to support better integration and where appropriate joint accountability and responsibility. For example: <ul style="list-style-type: none"> <li>Establishment of the North East Partnership Forum to promote joint working across the three IJBs</li> <li>Close working undertaken with all three IJBs in relation to their financial positions</li> <li>Joint LA and NHS Chief Executive and Chief Officer review meetings.</li> <li>3 way finance meetings</li> </ul> </li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>Review of existing communication flows and accountabilities will take place and improved actions identified and taken forward.</li> </ul>			

<b>Proposal 4.3</b> <b>IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Since the IJB inception of the IJB an induction programme has been in place and delivered to members through legal representatives from the LA</li> <li>• IJB development sessions have been a key feature of the IJB to ensure members are sighted on relevant matters. Engagement by IJB members has been consistent.</li> <li>• Regular attendance by IJB members at national meetings</li> <li>• Voting members briefings take place on a regular basis</li> <li>• Members Handbook was developed in line with the development of the Scheme of Delegation for IJB Board members by the Council allocated legal services manager</li> <li>• Committee Services from the council provide ongoing support to the IJB and its 2 committees.</li> <li>• Training on code of conduct, GDPR and Freedom of Information requests has been provided from council support services on a regular basis as required for induction and on-going development of the board.</li> <li>• From an NHS perspective the membership of the IJB Board has been devolved under the Integration Scheme. We would however comment that on the IJB there has been a commitment to an open and inclusive approach to decision making and consultation with communities in terms of changes to services and planning.</li> </ul>			

	<ul style="list-style-type: none"><li>• Additional monies have been made available the NHS to provide additional senior planning capability, corporate communications and support for corporate management functions to the partnership such as Civil Contingencies.</li></ul>
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Continued commitment to an induction programme for new members</li><li>• Continued commitment to support IJB members on issues including code of conduct</li><li>• Continued commitment to regular development sessions to address routine and topical discussion to ensure good communication and effective joint working</li><li>• Continuation of national Chairs and Vice-Chair meetings are pivotal</li><li>• Continue to develop a robust governance framework for which the IJB to operate within</li></ul>



<b>Proposal 4.4</b> <b>Clear directions must be provided by IJB to Health Boards and Local Authorities.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>• Generic Directions are issued following IJB decisions in a timely manner</li> <li>• A log of all Directions issued has been maintained by the LA legal services team</li> <li>• In some cases there has been a level of detail included in the issue of Direction</li> <li>• From an LA perspective they have noted specifically that Low level Directions are clear but we find we can't deliver everything that is required.</li> <li>• From an NHS perspective there is acknowledgement that this is an area where ongoing development is required and we have been working closely with the three Grampian IJBs to ensure the effective and appropriate use the use of directions in relation to strategic commissioning.</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Recent changes in the support being provided by the LA legal services team to the IJB has been reduced. Discussions are taking place to ensure an appropriate level of support can be maintained to ensure the effective issue of Directions.</li><li>• As the processes surrounding the single budget system develops, the intention is to provide clearer and more meaningful Directions to the LA and HB following an IJB decision.</li><li>• There is work to do across the partnership to ensure the effective use of directions and understanding of purpose and response.</li><li>• Directions will be reviewed in relation to the revised guidance provided by SG.</li></ul>
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<b>Proposal 4.5</b> <b>Effective, coherent and joined up clinical and care governance arrangements must be in place.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	<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>
<b>Our Rating</b>			√	
<b>Evidence / Our Notes</b>	<ul style="list-style-type: none"> <li>Clinical and Care Governance (CCG) Committee established at the inception of the IJB, within the Health and Social Care Partnership there is a clinical governance group and a practice governance group covering the operational delivery of health and care services. Exception reporting is generated for Committee purposes.</li> <li>CCG committee meets 4 times per year</li> <li>Recently (Nov 2018) a development session was held amongst CCG committee members to consider the work of the committee, seeking assurance that this was still relevant.</li> <li>Papers for the committee are public.</li> <li>An annual report from the CCG goes to the IJB.</li> <li>Reports as required can be generated for the NHSG Clinical Governance Committee</li> <li>CSWO Report goes to the Council for approval as the CSWO remains accountable directly to the CEO, Moray Council and to the IJB/CCG for noting in respect of the duties laid out in the national guidance for CSWO in respect of the new arrangements.</li> </ul>			

	<ul style="list-style-type: none"><li>• From the outset we made the establishment of an effective and coherent system of clinical and care governance a priority. An important requirement being that there clarity regarding the roles and responsibility for clinical governance and professional leadership within the IJBs and between the IJB and NHS Board.</li></ul>
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Further work is underway to consider the join up operationally of critical joint business arising from practice governance and clinical governance to ensure the flow of key information and learning.</li><li>• Seek feedback on the governance links – between the NHS Board and the IJB in order to consolidate on the areas that have worked well and to identify those areas where there are opportunities for further development (by September 2019).</li></ul>

Key Feature 5 Ability and willingness to share information				
Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> <li>The IJB has published its first 2 Annual Performance Reports (APR) in line with statutory guidance</li> <li>The APR is a public document</li> <li>The APR is presented to both the Full Council and NHS Grampian Board on publication.</li> <li>In preparation of the APR consideration is given to what is being produced across Scotland on an informal basis.</li> <li>The Chief Officers in the three IJBs work closely together and there is effective and meaningful sharing of information and best practice, including in relation to performance. We routinely review cross system performance within the IJBs, at NHS Grampian system leadership meetings and the NHS Board and its Performance Governance Committee.</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Clearer agreement of the support form partners to ensure the timely delivery of the final document fit for publication. Reducing resources and service pressures across the system can limit this ambition.</li><li>• As routine performance reporting is improved – the intention is to ensure this document will also improve and be seen as an ongoing piece of work and commentary.</li><li>• The revised Strategic Plan is being developed with the APR in mind and the need for connectivity, alignment and transparency will be paramount.</li></ul>
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<b>Proposal 5.2</b> <b>Identifying and implementing good practice will be systematically undertaken by all partnerships.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	<p>Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.</p> <p>Better use could be made of inspection findings to identify and share good practice.</p>	<p>The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.</p> <p>Inspection findings are routinely used to identify and share good practice.</p>	<p>Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.</p> <p>Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.</p> <p>All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.</p>
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> <li>• Protocol established for monitoring progress against audit recommendations and shared learning for audit reports.</li> <li>• Learning event held in March 19 (MERIT awards) acknowledging achievements and success. Best practice examples were showcased.</li> <li>• CO national network Health and Social Care Scotland collate the APRs and sharing happens via a joint mechanism to ensure local partnerships can review and consider good practice. Moray has been approached by other partnerships to look at the housing model of care as an exemplar. Acknowledgment of this good practice nationally.</li> <li>• Posters and awards received at national events for innovative ways of working in areas of prevention.</li> <li>• Chief Officers ensure that lessons learned from inspection findings and reports from strategic inspections and service inspections are routinely shared and appropriate learning embedded.</li> <li>• Mechanisms for regularly disseminating partnership news and progress updates in a timely manner are in place</li> </ul>			

	<ul style="list-style-type: none"><li>• There is a culture of openness which supports the sharing of data and information with stakeholders and regular communication of progress toward collective goals reflected in strategic plans and the NHS Board's Annual Operational Plan.</li></ul>
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Further development of the MERIT awards to ensure an annual event is held with wider engagement of the partners</li><li>• Ongoing consideration of means by which best practice can be adopted at a local level</li><li>• Further review with partners on how we can build on our success to date.</li></ul>



<b>Proposal 5.3</b> <b>A framework for community based health and social care integrated services will be developed.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	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
<b>Indicator</b>	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>The NHS Board and LA remains committed to being a pro-active partner and participant in community planning, engagement and participation. We fully accept our responsibilities in ensuring that services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities.</li> <li>Some significant evidence can be presented in terms of engagement with communities directly and with the support of local community connectors and the third sector.</li> <li>Glasgow School of Art engagement in supporting modelling of locality services with the community a new approach to design</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>Further discussion required across the partnership and with Community Planning on achieving more coherent approaches to engagement and involvement</li> </ul>			

<b>Proposal 6.2</b> <b>Improved understanding of effective working relationships with carers, people using services and local communities is required.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve effective working relationships with service users, carers and communities.	<p>Work is ongoing to improve effective working relationships with service users, carers and communities.</p> <p>There is some focus on improving and learning from best practice to improve engagement.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place.</p> <p>There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.</p> <p>There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.</p>
<b>Our Rating</b>			√	
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>Joint support to the IJB the evaluation of working arrangements and relationships with people using services, carers and local communities.</li> <li>Strong evidence base of working effectively with Carers and a strategy is in place.</li> <li>IJB has held focussed sessions on engagement with Carers with speakers invited to development sessions.</li> <li>Carer representation on both the IJB and Strategic Planning Group</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>As part of the jointly agreed strategic planning process the intention is to strengthen further the community/public, user and carer engagement and participation in better understanding existing services and how these will change to better meet needs. This will be evaluated and actions agreed to further enhance this based on findings.</li> </ul>			

<b>Proposal 6.3</b> <b>We will support carers and representatives of people using services better to enable their full involvement in integration.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	<p>Carers and representatives on the IJB are supported by the partnership, enabling engagement.</p> <p>Information is shared to allow engagement with other carers and service users in responding to issues raised.</p>	<p>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.</p> <p>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.</p>
<b>Our Rating</b>		√		
<b>Evidence / Notes</b>	<ul style="list-style-type: none"> <li>We recognise our responsibilities in this respect and this is supported by partners to ensure there is meaningful engagement with Carers and representatives of people using health and social care services.</li> <li>Strong connections with Children's services now exist providing opportunity to maximise joined up working for children and families.</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>From an NHS perspective there is the intention to review the role of the Board in relation to community plan to identify where we enhancement could be made in order to improve engagement with key stakeholders</li> <li>Ongoing evaluation of the community/public user and carer engagement approach as part of the agreed strategic planning process and adapt this based on learnings.</li> </ul>			