

**ANGUS COUNCIL**

**SCRUTINY AND AUDIT COMMITTEE – 19 NOVEMBER 2019**

**ANGUS HEALTH & SOCIAL CARE PARTNERSHIP (AHSCP) – MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG) – IMPROVEMENT ACTION PLAN**

**REPORT BY MARGO WILLIAMSON, CHIEF EXECUTIVE**

**ABSTRACT**

This report sets out the Council's resulting responsibilities from its input to the AHSCP Ministerial Strategic Group self-assessment exercise earlier this year.

**1. RECOMMENDATION**

It is recommended that the Committee:

- (i) note and scrutinise the self-evaluation assessment 2019 (Appendix 1) and subsequent Improvement Action Plan and council staff contribution toward delivery (Appendix 2);

**2. ALIGNMENT TO THE ANGUS LOCAL OUTCOMES IMPROVEMENT PLAN/CORPORATE PLAN**

The priorities of this plan will contribute to the following local outcomes of providing:

- improved physical, mental and emotional health and well-being.

**3. BACKGROUND**

3.1 The Angus Health & Social Care Partnership (AHSCP) invited Angus Council (AC) as a key partner to contribute towards a self-assessment exercise as part of the broader 2019 Ministerial Strategic Group review of progress with integration of health and social care.

3.2 This review emerged from the earlier Audit Scotland Report on progress with health and social care integration which was published in November 2018

3.3 AHSCP staff were responsible for coordinating the exercise that also included contributions from NHS Tayside covering 6 topic areas as follows:

- Collaborative leadership and building relationships
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Governance and accountability arrangements
- Ability and willingness to share information
- Meaningful and sustained engagement

3.4 Nominated Council officers worked closely with AHSCP staff to coordinate responses from AC. Key Council staff and services were invited to comment on their respective topic areas incl. Chief Executive, Chief Social Work Officer, Director of Strategic Policy, Transformation and Public Sector Reform, Legal and Finance services.

3.5 Feedback response from AC and NHS Tayside were collated and shared with AHSCP. Representatives then met to assess responses to establish a mutual position. Appendix 1 refers.

#### **4. CURRENT POSITION**

- 4.1 AHSCP have developed an Improvement Action Plan (Appendix 2 refers) based on the agreed collective responses. The Improvement Action Plan identifies areas of progress to be made by all partners to address items emerging from the self-evaluation.
- 4.2 The outputs within the Improvement Action Plan identify actions associated with lead council officers which will require an element of council resource to assist. Accordingly, consideration will be given to factoring this into future workloads.

#### **5. FINANCIAL IMPLICATIONS**

- 5.1 There are no direct financial implications in relation to this report.

**NOTE:** No background papers, as detailed by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to a material extent in preparing the above report.

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List of Appendices:

Appendix 1: Self-Evaluation Assessment 2019  
Appendix 2: Improvement Action Plan 2019/20



# 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**

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

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

## Features supporting integration



<b>Name of Partnership</b>	Angus Health and Social Care Partnership
<b>Contact name and email address</b>	Fiona Rennie <a href="mailto:RennieF@angus.gov.uk">RennieF@angus.gov.uk</a> Vivienne Davidson <a href="mailto:DavidsonVA@angus.gov.uk">DavidsonVA@angus.gov.uk</a>
<b>Date of completion</b>	10 May 2019

<b>Key Feature 1 Collaborative leadership and building relationships</b>				
<b>Proposal 1.1 All leadership development will be focused on shared and collaborative practice.</b>				
<b>Rating Descriptor</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<p>Leadership in Angus is focused on the delivery of whole systems approaches through our strategic plan. There is collaborative leadership at all levels of the organisation evidenced by our organisational structure. Leadership has been characterised by the development and delivery of, for example the Angus Care Model which has delivered significant progress towards shifting the balance of care. There continues to be opportunities to strengthen leadership through the development of the workforce at all levels (workforce includes third and independent sector partners).</p> <p>There have been a range of leadership training and development opportunities available. Including:</p> <ul style="list-style-type: none"> <li>• There is a Leadership training offering from both Angus Council and NHS Tayside but no integrated approach to delivery of training</li> <li>• Some access to national collaborative leadership programmes.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Collaborative Leadership development programme commissioned for Executive Management Team</li> <li>• Strategic Commissioning Training delivered to SPG however there has been some turn over in membership with no induction or further training opportunities</li> <li>• Induction for IJB voting members is undertaken and regular development events on specific issues are offered for all members</li> <li>• A number of leadership events have taken place but these have been singular events with minimal followed through. Shared learning is happening but is not supported by an organisational development or training system that enables a holistic approach to be taken to this to maximise collaborative opportunities</li> <li>• Induction is offered by both AC and NHST for new staff but there is no integrated induction</li> </ul>
<p><b>Proposed improvement actions</b></p>	<ul style="list-style-type: none"> <li>• The Partnership’s workforce plan should be reviewed to take account of the leadership development needs of the partnership. This must include an integrated leadership programme across the partnership with a focus on developing integrated responsibility and accountability and crossing organisational boundaries at an individual level.</li> <li>• A formal system for succession planning should be developed and implemented. Opportunities for succession planning and growing the ‘care workforce’ are considered as part of the Tay Cities Deal, on-going progress within the workforce development programme should continue to look at opportunities for succession planning, new talent initiatives and growing the care workforce.</li> <li>• The Integration Scheme reviewed and support arrangements to be formally established which identify the financial and human resources contributed by statutory partners that are necessary to accomplish partnership goals. This should also consider the development of service specifications for each area with a focus on securing financial, resource, and strategic commitment of both partners to support organisational development within the Partnership.</li> <li>• A process of assurance should be developed to ensure that prospective members have the commitment and time to meet Board commitments in the medium term.</li> <li>• Raise awareness within NHS Tayside of the importance of partnership working through the GP subcommittee and the Clinical Alliance</li> <li>• Develop a formal approach to induction for all new IJB members and regular training for all members</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>X</b>		
<b>Evidence / Notes</b>	<p>Efforts have been made to ensure that formal systems exist to deliver on partnership working. There continues to be efforts to build better collaboration including improving trust, transparency and understanding of each other's business underpinned by these formal arrangements and through development sessions aimed at supporting culture change. Progress in some areas is good but is not consistent. Formal arrangements include:</p> <ul style="list-style-type: none"> <li>• CO attends both AC and NHST exec management teams</li> <li>• Staff working in the partnership attend a range of meetings with partners e.g. community planning partnership, Tayside older peoples clinical board, Tayside clinical and care governance forum</li> </ul>			

	<ul style="list-style-type: none"> <li>• NHST Director of Public Health represents NHST at the IJB regularly and Chief Social Work Officer represents AC</li> <li>• AC staff attend SPG regularly, attendance by NHST representatives has been less regular.</li> <li>• Third and Independent sector is represented at IJB, SPG, Locality Improvement Groups, Senior Leadership team and in most project working groups</li> <li>• The Partnership is co-located with Angus Council's Children and Families service – this supports transition and builds relationships. The connecting in relation to integrated children's service planning is limited due to capacity issues. There is a joint working group considering transition issues</li> <li>• Locality approaches, central to the strategic intention of both Child Protection Planning and Health and Social Care Integration are also working closer together, aligning on public health issues, inequalities and poverty.</li> <li>• Communication arrangements with Council elected members to keep them informed about AHSCP decisions that impact their constituencies are through regular written updates some developments</li> <li>• AC community's officers attend the Locality Improvement Groups and Locality Improvement Group representation is provided for all community planning locality forums.</li> <li>• There are some approaches to Tayside wide collaboration including the unscheduled care collaborative and the mental health alliance</li> </ul>
<p><b>Proposed improvement actions</b></p>	<ul style="list-style-type: none"> <li>• Develop and implement a consistent approach to cross agency guidance in work planning areas.</li> <li>• Develop a consistent approach across the Partnership that enables joint job descriptions and recruitment where appropriate and encourages a culture of integration.</li> <li>• Improve the strategic connect in relation to integrated children's service planning.</li> <li>• Formalise and implement a regular communication approach with Council elected members to keep them informed about Partnership decisions that impact their constituencies.</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>X</b>	
<b>Evidence / Notes</b>	<p>Third sector representation and involvement across a range of partnership activity is very good. Independent sector representation is more limited. Significant funding is provided to Voluntary Action Angus, our local TSI to support third sector representation and involvement in a number of areas. Funding is also provided to a wide range of third sector organisations through grants and contracts. Scottish Care have been commissioned to support improvement in the interface between the Independent sector and the Partnership in decision making forums</p> <p>The Third and independent sectors are routinely engaged in arrange of activities particularly in relation to strategic commissioning and recognised as key partners. They are represented at:</p> <ul style="list-style-type: none"> <li>➤ IJB</li> <li>➤ SPG</li> <li>➤ Locality Improvement Groups</li> <li>➤ Senior Leadership Team</li> <li>➤ Finance Monitoring Group</li> </ul>			

	<p>➤ Most project groups</p> <p>There are regular meetings with personal care providers and care home providers and improvement groups in each locality where care home providers work together supported by Scottish care.</p> <p>There is a good interface between third and independent sector providers with the procurement team and with operational staff</p> <p>Resources have been set aside for a third sector collaborative to identify approaches for improved provision of activity that moves people away from statutory interventions. Decisions about how these resources are used are recommended by the collaborative.</p> <p>A market facilitation statement has been published to help strengthen understanding of the needs of the partnership from third and independent sector partners.</p>
<p><b>Proposed improvement actions</b></p>	<ul style="list-style-type: none"> <li>• Work with the third sector to improve funding and contractual arrangements</li> <li>• Review the arrangements for the third sector collaborative fund.</li> <li>• Continue to build relationships with third sector organisations throughout Angus and increase involvement in order to develop stronger resilience in communities and support preventative approaches.</li> </ul>

<b>Key Feature 2 Integrated finances and financial planning</b>				
<b>Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.  Improved longer term financial planning on a whole system basis is in place.
<b>Our Rating</b>		<b>X</b>		
<b>Evidence / Notes</b>	<p>The Chief Executive of Angus Council and the Section 95 Officer have regular meetings with the Partnership's Chief Officer and Section 95 Officer where meeting timetables, including that of budget setting are shared. Drafts of the Strategic Plan are also shared and there is an understanding of intended improvements and goals. There are some challenges to be overcome to shift to more consolidated advice. These include:</p> <ul style="list-style-type: none"> <li>• There are concerns regarding the budget setting process for many historical areas of spend which are impacting potentially on the fairness of the Partnership's current allocation, particularly around prescribing.</li> <li>• There are delays in properly reflecting the Integration Joint Board's financial position in Partner reporting (NHST).</li> <li>• Partner clarity on reporting exposure to Integration Joint Board financial risk needs improved.</li> </ul> <p>There is an understanding from the council's perspective of the various financial positions as they relate to the integration agreement. Financial reports go to the IJB meetings and there is coverage in the Council's corporate monitoring reports, however financial advice could be better consolidated.</p>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>Partners develop financial planning/reporting that reflects their role as a partner with the Health and Social Care Partnership.</li> <li>Meetings with NHS Tayside, Angus Council and the partnership should be set up quarterly to build a common understanding and further support the budget setting process, and Partnership financial risk reporting.</li> </ul>
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<b>Proposal 2.2 Delegated budgets for IJBs must be agreed timeously</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	<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>X</b>		
<b>Evidence / Notes</b>	<p>There are challenges with this areas characterised by the lack of synchronised financial planning cycles. This means that:</p> <ul style="list-style-type: none"> <li>IJB budget settlements are usually agreed by the Council and the IJB around March in each year. Budget agreements with NHS Tayside are usually later on in the year.</li> <li>Despite some early clarity, final clarity regarding NHS Tayside’s devolved resources is still not available around specific risks. There is little long-term clarity regarding budget setting.</li> <li>There is little evidence to suggest that statutory partner leaders jointly identify resources needed to accomplish partnership goals.</li> </ul>			

	<ul style="list-style-type: none"> <li>• From the Council's perspective there is an inclusive approach from IJB officers contributing to meetings during the Council's budget setting process. Agreement is generally reached well ahead of March between Officers and formal approval by both parties in February. Recent Scottish Government late funding changes have made this process challenging.</li> <li>• There is no medium term budget agreement at present however joint meetings are taking place between Chief Finance Officers of Council's, IJB's and Health boards to look at funding gaps and discuss financial challenges.</li> </ul>
<p><b>Proposed improvement actions</b></p>	<ul style="list-style-type: none"> <li>• NHS Tayside should bring forward budget setting timelines and dedicate resources to resolving remaining risk areas.</li> <li>• Develop a clear link between long term Scottish Government financial plans and Integration Joint Board financial planning. It should be noted that the Integration Joint Boards financial plans need to be agreed prior to 31 March 2019 to ensure good financial planning.</li> <li>• Statutory partner leaders should jointly identify resources needed to accomplish partnership goals.</li> <li>• Develop a single integrated review process for local HSCP budget</li> </ul>

<b>Proposal 2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements.  The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance.  The set aside budget is being fully taken into account in whole system planning and best use of resources.
<b>Our Rating</b>		<b>X</b>		
<b>Evidence / Notes</b>	Lack of resolution in this area has significantly impacted on the ability of the Partnership to plan and deploy its allocated resources flexibly and efficiently There has been a failure to agree hospital set aside mechanisms and devolved budgets. Work is ongoing to identify and quantify large hospital set aside for use by the IJB. This is a legal requirement which is not being met. This issue is reported to the IJB regularly (ref IJB report nos 3/19, 21/19). The establishment of a Tayside wide unscheduled care board offers some opportunity to understand how improvement in this area might be delivered. There is limited evidence of shifting the balance of care from Acute services and moving resources along pathways to follow patients.			



<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>Hospital set aside mechanisms and devolved hospital budgets should be agreed and financial adjustments made by March 2020.</li> <li>NHS Tayside must work with Integration Joint Boards to resolve the Large Hospital Set Aside agenda.</li> </ul>
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<b>Proposal 2.4 Each IJB must develop a transparent and prudent reserves policy</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	A reserves policy is in place which includes planned spend and timescales. Reserve updates are provided in all IJB Finance reports. This includes how reserves may be used. The policy on flexible use of reserves and contingencies needs further development.			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Develop policies regarding process for ear-marking reserves.</li> <li>• Develop policies to ensure reserves do not build up unnecessarily.</li> </ul>
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<b>Proposal 2.5</b>				
<b>Statutory partners must ensure appropriate support is provided to IJB S95 Officers.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
<b>Our Rating</b>		<b>X</b>		

<b>Evidence / Notes</b>	<p>Clear and detailed finance reports are regularly received from the Chief Finance Officer which provides advice to the Integration Joint Board and the Chief Officer.</p> <p>The ability to provide high quality financial advice is inhibited by resources available with resources available subject to regular discussion.</p> <p>There are risks however to delivering his work as there is an erosion of support for corporate functions generally as reductions in support services take effect in the partner organisations. The Integration Joint Board's financial support from the partner authorities has regularly been noted as a risk. This remains the situation and support provided generally is not sufficient to meet the needs of the Partnership. This position creates a difference in view between partners in relation to performance in this area as the erosion of these corporate functions is likely to affect all partners.</p>
<b>Proposed Improvement actions</b>	<ul style="list-style-type: none"> <li>• Dialogue to date with Partners has not resulted in the level of support required for the Integration Joint Board. Any actions to address this can only be taken forward if agreed with Partners.</li> <li>• Develop the review of support arrangements with Angus Council.</li> <li>• Dedicated support is provided from within the Council's finance service. This may not be considered sufficiently resourced by the Partnership to meet their needs but the Council view it as commensurate with that provided to other finance clients relative to the overall resource available.</li> <li>• Dedicated NHS finance support being developed to work with CFO</li> </ul>

**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
<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 or effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	<p>Both Partners do appear to accept the principle of funding losing its identity and this helps the IJB manage its overall resources. There are challenges in improving performance in this area including:</p> <ul style="list-style-type: none"> <li>• Whilst the source of funding remains evident in financial planning reports, there has been a positive focus on the overlap and interface between the two statutory providers in terms of desired outcomes and application of savings measures, including benefits realisation and reinvestment.</li> <li>• Within the Partnership budgets and resources discussions are not undertaken as a collective and the impact of any efficiencies on other parts of Partnership is not always evident and can have unintended consequences</li> <li>• Respective statutory partners routinely request revenue and performance information for separate budgets</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Within the IJB, the IJB should work to ensure that there is an increased shared understanding of resource management and of the flexibilities available to redesign resources / remodel / reallocate resources within the Partnership.</li> <li>• As a future test, the IJB will work with NHST finance to look at a model of diabetes care improvement across the whole system which allows transfer of funds as appropriate.</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>X</b>	

<p><b>Evidence / Notes</b></p>	<p>The Chief Officer is seen as central to the strategic leadership and delivery of health and care services and is valued by partners yet support to deliver these functions is not sufficient and is diminished by triple reporting processes and governance arrangements including, for example, performance reporting, equality mainstreaming, information governance.</p> <ul style="list-style-type: none"> <li>• The Chief Officer is the Accountable Officer of the Integration Joint Board. The Chief Officer is a substantive member of the respective executive teams in order to facilitate corporate support for the delivery of the Integration Joint Board’s strategic plan and objectives, not in order to support the priorities of the Council or NHS Tayside.</li> <li>• Individual support is provided by AC and NHST Chief Executives through individual 1 to 1 meeting however these are not joint meeting as required by the integration scheme</li> <li>• Angus Council and the Partnership collaborate in relation to the Integration Scheme, Financial Regulations, Standing Orders, Scheme of Delegation to the Chief Officer and there is legal attendance at the Integration Joint Board, Audit Committee and pre agenda meetings. A Scheme of Delegation to the Chief Officer (both in terms of Angus Council and the IJB) is in place. Legal Advice is provided to the Council and the IJB by the same persons.</li> <li>• There is no formal support services agreement between NHS Tayside/Angus Council/Integration Joint Board. The Integration Scheme requires that an agreement would be developed within three months of the establishment of the Integration Joint Board. The last action on this issue was a report to the Integration Joint Board on 17 February 2016 (Report No: 19/16). A support arrangement was drafted across a number of areas in 2016. There have been many service changes both in NHS Tayside and Angus Council undertaken with consequences for the Partnership perhaps not fully considered and no engagement with the partnership during service evaluations or the change process. It is recognised however that these changes very often have come from the respective resource position of partners and are also felt by partners themselves. The draft support arrangement was not sufficiently explicit in some areas and due to the level of change in partner organisations is no longer complied with. There is a lack of support from statutory partners in key areas such as strategic planning, finance, procurement, performance information, IT to progress an integrated agenda, HR to address integrated approaches to recruitment, organisational development and integrated training. This is characterised by a lack of joint and integrated working by Angus Council and NHST teams who support this work.</li> </ul>
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<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Service level agreements setting out explicitly the support arrangements and associated resources must be developed.</li><li>• Discussions must take place with partner organisations to secure additional resource to meet strategic commissioning requirements and address capacity and capability issues for strategic planning and commissioning. This should include for example: adequate procurement support to timeously progress the Partnerships priorities; NHS Tayside should consider a member of the business unit being deployed in Angus to support Angus information and data.</li><li>• The position and role of the Chief Officer as set out in legislation should be more clearly reflected in the partners arrangements.</li><li>• The Integration Joint Board will make more use of directions to make clear to the partner bodies how they wish them to carry out functions of the Integration Joint Board and the role of the Chief Officer and Senior Managers in delivery.</li><li>• Partner agencies must consider the impact on the Partnership when making service changes.</li><li>• Partner agencies must ensure that Angus HSCP is consulted on strategic plans</li></ul>
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<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>			



**Proposal 3.3**

**National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.**

<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<b>NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE</b>			

<b>Proposal 3.4</b>				
<b>Improved strategic planning and commissioning arrangements must be put in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements.  The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements.  The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs.  The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
<b>Our Rating</b>		<b>X</b>		
<b>Evidence / Notes</b>	The IJB has one strategic plan and many improvement and transformation plans. This is to ensure that all plans fall out of the strategic and are all focused in one direction. A clear vision exists in the strategic plan developed through wide engagement; the Angus Care Model also helps in increasing understanding and acceptance of these and sharing information. Angus HSCP has not undertaken an assessment of our effectiveness in relation to strategic planning. Plans are in place however for the Strategic Planning Group to undertake this following the publication of the 2019-22 Strategic Commissioning Plan. Using the Brookes Oxford model for strategic commissioning there is evidence that some support has been put in place but more needs to be put in place to establish fully effective arrangements. See table below:			

	<p style="text-align: center;"><b>Commissioning cycle</b></p> <p>Angus Council undertook a review of social work support arrangements (including strategic planning) in the year prior to integration. This review determined that all adult care strategic planning posts were no longer required. There were no NHS Tayside posts in place at integration to support strategic planning in Angus.</p> <p>Posts to support strategic planning were established using integrated care fund and subsequently other savings made by the Partnership</p>	<p style="text-align: center;"><b>Procurement cycle</b></p> <p>There has been a reduction in the level of procurement support from Angus Council since integration. Angus Health and Social Care Partnership have provided additional resources from savings to fund additional posts within Angus Council's procurement team, from savings for additional support in some areas and have plans for funding further support. There is an impact from lack of support in this area which means there is a limit to delivering change approved by the Integration Joint Board at pace. For example there was originally a whole time member of staff supporting care home procurement, now this post is 0.8 FTE and also supports other procurement functions. This despite purchasing being in the region of £17m from external providers and £4m from internal providers. A post to support personal care procurement is wholly funded by the partnership. A further post will be funded by the partnership to deliver other work some of which is new.</p>
	<p><b>Plan</b></p> <p>Support for strategic planning has been put in place by the partnership itself through mostly using ring fenced funding (Integrated Care Fund) and operational resources.</p>	<p>Council procurement staff supports the development of specifications with lead officers from the partnership. Procurement officers develop purchasing plans, tenders and contracts.</p>
	<p><b>Do</b></p> <p>Support for areas provided through operational managers. Some funded through partnership ring fenced funding and moving operational resources.</p>	<p>Contract management is delivered by procurement staff.</p>
	<p><b>Analyse</b></p> <p>Angus Council have provided one Information and Research Officer post to support data extraction from care first. Support from NHS Tayside business unit is challenging and has not improved greatly in the past 3 years even with ongoing discussion.</p> <p>Most NHS Tayside data is provided by the ISD LIST team. We would benefit from a member of the business unit being deployed in Angus to support Angus information and data.</p> <p>Support from Public Health has been provided for population data and information to support needs assessment. Public health support for equalities mainstreaming.</p>	<p>Contract monitoring is delivered jointly between Council Procurement Officers and Partnership lead managers.</p>

	<p><b>Review</b></p>	<p>Support for review functions have largely been put in place by the Partnership from ring fenced funding such as the Integration Care Fund and from operational resources.</p> <p>There is little support for the development of data to meet the partnership's needs. Tayside groups have been put in place to try to address this with little progress. There is significant reliance on ISD to provide necessary data for performance reporting</p>	<p>A market facilitation statement has been produced by the Partnership with little input from Angus Council.</p> <p>We need to work to deliver a better approach to managing market performance to meet our strategic needs. This will require a more flexible and responsive support arrangement to meet Integration Joint Board needs than that currently provided. The procurement team are not able to respond in a timely manner to new procurement needs, for example potential nursing development for care homes, prevention of admission care home development and mental wellbeing support in primary care.</p>
<p>There is recognition from NHST that there is a lack of strategic planning function at board level. There is also a lack of alignment of plans for example Transforming Tayside, NHS operational delivery plans and HSCP strategic commissioning plans.</p>			
<p><b>Proposed improvement actions</b></p>	<ul style="list-style-type: none"> <li>• The Audit committee is to undertake an assessment of the Partnerships effectiveness in relation to strategic planning</li> <li>• The Strategic Delivery Plan should include clear steps that demonstrate how the ambitions for change (goals) within the Strategic Plan will be achieved.</li> <li>• The SPG must have oversight of all transformation and improvement plans</li> <li>• All leads for operation and other improvement plans must address the Angus 6R's for improvement and transformation through their plans</li> <li>• The workforce plan should be reviewed and brought into line with the Strategic Plan for 2019-22 including addressing goals, improvement and timescales.</li> <li>• Angus Council has had a focus on efficiency and effectiveness across all areas. This has streamlined management and processes. The Partnership should consider further ways to reduce back office functions to enhance or protect frontline services.</li> </ul>		

**Proposal 3.5****Improved capacity for strategic commissioning of delegated hospital services must be in place.**

<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements.  Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets.  There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
<b>Our Rating</b>		<b>X</b>		
<b>Evidence / Notes</b>	Locally little progress has been made regarding Large Hospitals and there is little evidence of shifts in resources along patient pathways. There are no Strategic commissioning arrangements in place to support delegated hospital functions in relation to unplanned admissions. An unscheduled care board has been established across Tayside and this may offer some solution to planning future bed models and requirements. The partnership out support in place to ensure that a review of community hospital arrangements has been undertaken and improvement plans delivered. Reference is made to IJB reports 3/19 and 21/19 which highlight the lack of progress in this area.			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Hospital set aside and devolved hospital budgets should be agreed and financial transfers made by April 2020.</li> <li>• NHS Tayside requires to work with Integration Joint Boards to develop the Large Hospital Set Aside agenda.</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.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.  The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	Accountability and governance arrangements are in place underpinned by the Integration Scheme which are reflected in local structures. There is still some overlapping particularly in relation to clinical governance and performance reporting which continues to be required in three organisational structures. The Integration Joint Board is supported by Angus Council committee services and legal services; this provides support for the management of IJB business. The IJB Chair receives legal and democratic support at pre agenda meetings (attended by the Chief Officer and Chief Finance Office and others) and at IJB meetings. Angus Council Social work committee no longer exists. The Council abolished its Social Work and Health Committee when the IJB			

	<p>was established.</p> <p>There remains opportunity for improvement as there appear to be significant areas of duplication, particularly in terms of decision-making processes. For example, under the Public Bodies (Joint Working) (Scotland) Act and the Angus Integration Scheme, decisions on the design and delivery of adult services and allocation of budgets to those services are fully within the responsibility of the Integration Joint Board. However, a range of financial, policy, and procurement decisions continue to be submitted to Angus Council Committees for scrutiny and approval. This undermines the efficiency of Integration Joint Board business and its statutory independence and accountability. In part the problem lies in the fact that the Integration Joint Board has not made full use of its power to direct the partners. This may have resulted in the partners being unclear about the extent to which they are continuing to act under their own authority and the extent to which they are acting only under the direction of the Integrated Joint Board in carrying out partnership functions on the Integration Joint Board's behalf. This situation is further compounded by the lack of clarity about the basis on which the Chief Officer is responsible for operational management of delivery of the Partnership's functions.</p>
<p><b>Proposed improvement actions</b></p>	<ul style="list-style-type: none"> <li>• An accountability and governance framework must be shared with partners.</li> <li>• The Integration scheme and support agreement should be reviewed</li> <li>• The Integration Joint Board will make more use of directions to make clear to the partner bodies how they wish them to carry out functions of the Integration Joint Board and the role of the Chief Officer and Senior Managers in delivery.</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>X</b>	
<b>Evidence / Notes</b>	Performance reports to serve the public and all partners are regularly produced. Performance information is available on Angus HSCP website public dashboards. Finance reports are also provided regularly to the IJB and therefore as published papers are accessible to all. NHS Tayside does not feel that the level of reporting of the partnerships is sufficient. There are challenges in accessing data and information as support has been declined or never been in place. Different governance arrangements in partner organisations mean triple reporting arrangements. There are limited resources within the partnership to provide all the reporting demands and little support from partner organisations for this function			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Publish an accountability and governance framework</li> <li>• Develop a publication scheme to improve transparency around decision making processes.</li> <li>• Participation in a Tayside wide review of clinical governance arrangements and reporting.</li> <li>• Complete the review of decision-making forums (this has commenced) with a focus on effectiveness and clarity of function and put in place a system for sharing group minutes and agendas to maximise opportunities for shared learning</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>X</b>	
<b>Evidence / Notes</b>	<p>The IJB works and has made some challenging decisions. Decisions are made by consensus and non-voting member's views are respected, encouraged and heard. However there is still room for improvement more recently this has related to the sustainability of membership. Over the past 6 months voting members from both Angus Council and NHS Tayside have been subject to change. Non-voting representatives of NHS Tayside have also been subject to change. Arrangements are in place to support the IJB chair and Vice chair, other voting members and the public and care members. This support is provided both individually by the Chief officer, members of the Executive Leadership Team and other officers. Other examples of support include:</p> <ul style="list-style-type: none"> <li>• Induction for Integration Joint Board voting members is provided by legal services.</li> <li>• Regular development sessions for Integration Joint Board members are held on a variety of topics.</li> <li>• Pre-agenda meetings are held with IJB chair and vice chair to address any questions with reports.</li> </ul>			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Develop an induction process for new non-voting members of the Integration Joint Board and Strategic Planning Group members.</li> <li>• Seek assurance from partners on the term of office of voting and non-voting members for the IJB</li> </ul>
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<b>Proposal 4.4</b> <b>Clear directions must be provided by IJB to Health Boards and Local Authorities.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
<b>Our Rating</b>			<b>X</b>	

<b>Evidence / Notes</b>	<p>On an annual basis the Angus Integration Joint Board issues directions to both Angus Council and NHS Tayside regarding services to be delivered through both Partners. Previously it has been agreed that these will be issued by the Chief Officer, and this process will be undertaken in the early part of the new financial year. . Providing directions annually to Angus Council and NHS Tayside by the Integration Joint Board does not meet the new draft guidance on directions. The draft guidance from the Scottish Government has been considered and new arrangements are being developed for implementation once the final guidance is received.</p>
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• On receipt of the final version of the new guidance on directions from the Scottish Government, develop new processes in relation to the use of directions.</li> <li>• A formal framework for consultation between the Integration Joint Board and the partner bodies will be established to ensure that wherever proposed action by one or other of the bodies might impact of the work of the Partnership, the Integration Joint Board and its Chief Officer are fully involved in the decision making process and have the opportunity to consider whether the Integration Joint Board requires to give direction in relation to the carrying out of Partnership functions by that body.</li> <li>• Continue to highlight the value of integration and the benefits it brings to host organisations, emphasising legal delegation of powers as necessary.</li> </ul>

<b>Proposal 4.5</b>				
<b>Effective, coherent and joined up clinical and care governance arrangements must be in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making.  Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB.  Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Our Notes</b>	<p>A Tayside Clinical and Care Governance Framework, Getting It Right For Everyone was agreed in 2015. This is currently being reviewed.</p> <p>In Angus a Clinical and Care Governance group has been established with integrated membership at service manager level. It has been subject to a review resulting in a new approach to overseeing all requirements. The arrangements include:</p> <ul style="list-style-type: none"> <li>• A shared approach to Clinical and Care Governance improvement work is in place. For example a standard format for governance reporting has been agreed, developing a reporting framework, developing a common self-evaluation tool across the Partnership and a single approach to the management of the risk framework and risk management plan.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Each service area has a clinical and care governance group involving operational staff chaired by the service manager</li> <li>• Locality Improvement group are established in each locality. They are focused on developing and delivering that shared culture, understanding and integration of community groups.</li> <li>• NHS and Council IT systems that support clinical and care governance re not integrated</li> </ul>
<p><b>Proposed improvement actions</b></p>	<ul style="list-style-type: none"> <li>• Establish a sub group of the CCPG to act on inspection results, adverse events, LAERs in order to inform developments within the partnership through feedback to CCPG for action by the operational managers and heads of service.</li> <li>• Risk registers should be developed which allow clinical, care and professional governance risks to be identified and acted on.</li> <li>• Identify options for a single IT system to support all CCPG needs</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
<b>Indicator</b>	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	A culture of self-evaluation exists within services such as the use of the PIM model to identify improvement actions The Partnership is fairly effective in its use of data to inform decision-making and planning. There has been continuous improvement in the way data is collected, validated, presented, and analysed. The support from LIST (ISD) has significantly supported this work. ISD also make benchmarked data available on their website as a matter of course. There is a well-developed approach to the production of the annual performance report. The statutory timescale for the publication of the annual report significantly diminishes the ability to include benchmarking data in it. In reality this means getting to the final meeting of the Integration Joint Board before the summer			

	<p>recess. (Usually June). Validated data from ISD is often not available in time. One solution would be to shift the legislative reporting requirement to September. The purpose of the annual report is to report performance to the public so we have developed other ways to keep the public informed of our progress.</p> <ul style="list-style-type: none"> <li>• We have introduced data dashboards on the Angus Health and Social Care Partnership website. This was achieved through European funding.</li> <li>• Following a meeting between partnerships from across Scotland on 29 April 2019 partnerships aim to provide summary information that will allow from easier benchmarking. It should be noted however that ISD do publish benchmarked data in respect of many aspect of Scottish IA performance.</li> <li>• The use of data to inform our strategic planning has improved as our capacity and systems have strengthened over time. Data intelligence needs to improve.</li> <li>• The Scottish Government, COSLA and partners have developed a digital maturity self-assessment tool to understand the level of readiness for digital transformation across health and social care services in Scotland. Scotland’s Digital Health and Care Strategy was published in April 2018 and one of the early deliverables is to “Develop and roll-out an assessment of digital maturity across health and social care services, identify areas for improvement and support, and establish a process for regular review and update”. NHS Boards and local authorities are currently completing their self-assessments and partnerships should be doing the same although there is nowhere within the assessment to enter a Partnership response. This raises concerns regarding whether Partnerships are being accorded appropriate status by Scottish Government and whether their needs are wholly being taken into account. This has been fed back to Scottish Government.</li> </ul>
<p><b>Proposed improvement actions</b></p>	<ul style="list-style-type: none"> <li>• Review the performance framework</li> <li>• Ensure that data dashboards include benchmarking data as it becomes available</li> <li>• Work with partners to develop a Partnership Intranet and Extranet capability to establish a shared space for staff from all parts of the Partnership to access policies, guidance, or information, and a shared electronic workspace for multiagency collaboration.</li> </ul>

	<ul style="list-style-type: none"><li>• Extend use of self-evaluation to services where this does not currently exist.</li></ul>
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**Proposal 5.2**

**Identifying and implementing good practice will be systematically undertaken by all partnerships.**

Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.  Better use could be made of inspection findings to identify and share good practice.	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.  Inspection findings are routinely used to identify and share good practice.	Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.  Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.  All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
<b>Our Rating</b>			<b>X</b>	

**Evidence / Notes**

The annual report has aimed to highlight good practice, it has include user experiences of services particularly focused on those that are new or have been subject to improvement work. We believe that this is not the only way and have worked to share both internally and externally the good practice that has been developed in Angus. For example:

- The Chief Officer of Angus HSCP chairs Health and Social Care Scotland. The Principal Officer (Strategy and Performance) chairs the

national Strategic Commissioning and Improvement Network established under the banner of Health and Social care Scotland. These arrangements support the sharing of good practice at a national level. Specifically in terms of SDS, information is shared nationally through the SWS SDS Practice Network where Angus Health and Social Care Partnership are represented around this table. Information is also shared widely, electronically with this group on a weekly basis

- Angus delivered a presentation at the HSC Scotland event in December 2018 and is presenting a poster at the Scottish NHS conference in May 2019. Angus HSCP has also been involved in a European funded project gaining learning and sharing learning across Europe. We were accepted to present a poster at the International Conference in April 2019 but could not fund staff attendance.
- Angus HSCP website has been developed to share good practice and improvement work through our projects pages and through our newsletter Integration Matters. We also use Facebook and twitter to promote both public messaging and share good practice. The Partnership is always open to suggestions for improvements on the website and social media.
- The Locality Improvement groups are a great example of sharing information in all localities. There are locality care home improvement groups where providers are encouraged to work together on improvement and share good practice including learning from inspections.
- The Continuing the Conversation events allow sharing of good practice and demonstrate the Partnership's willingness to share information with the public and receive their input in service improvement and change.

**Proposed improvement actions**

- Identify more opportunities for sharing good practice within the annual report
- Develop a shared learning approach through the Clinical and Care Governance group.
- Develop locality pages on the website to allow for the sharing of good practice from a locality level.
- Review the communication and engagement plan to identify new ways to involve the public in improvement and decision making.

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

**Key Feature 6  
Meaningful and sustained engagement**

**Proposal 6.1  
Effective approaches for community engagement and participation must be put in place for integration.**

<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
<b>Our Rating</b>				<b>X</b>

**Evidence / Notes**

The partnership has a real commitment to involvement, a communications and engagement plan in place overseen by a group which has representatives from Angus Council, NHST, the third and independent sectors and from public participants. The Partnership has developed an approach to conversations in all our localities. Conversation events can be about service change but they are also about sharing meaningful information with the public and giving the public an opportunity to meet with Senior Officers of the Partnership to talk about services, performance and our strategy and plans. The public have been involved in the development of the strategic plan including the vision for our future. All service reviews are subject to sharing at conversation events. We have also developed website, Facebook and twitter and use survey monkey to gather more feedback. Other examples of involvement include:

- Locality plans are developed through Locality improvement groups. These groups have wide membership of local frontline staff, providers, and public and are linked to community planning arrangements. Conversation events take place in all localities supported by staff from those localities. Locality Improvement groups aim to build improvement from the ground up, extending the involvement in developing Health and Social Care services. Relationship between community planning

	<p>groups and Locality Improvement groups exists through core mutual membership.</p> <ul style="list-style-type: none"> <li>• Angus has a very buoyant culture of Volunteering and a strong commitment to sustaining and developing volunteering at the heart of Community Planning and within a Health and Social Care context is seeking to develop 'An Angus that actively cares'.</li> <li>• The partnership is committed to being inclusive and is always looking for creative ways to further promote public and service user involvement at all levels, but this is very challenging.</li> <li>• We have worked jointly with community planning to deliver participatory budgeting developments in 3 areas of North Angus</li> </ul>
<p><b>Proposed improvement actions</b></p>	<ul style="list-style-type: none"> <li>• Update the Communication and Engagement plan to be in line with 2019-22 Strategic Plan.</li> <li>• Strengthen the understanding of roles between the community planning partnership and the integration authority.</li> <li>• Ensure all engagement activity that is undertaken across the whole partnership is used to inform improvement and future Strategic Planning.</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>X</b>	
<b>Evidence / Notes</b>	<p>There is much crossover with the response provided under 6.1 in relation to what we have in place. This area of activity has been given a high priority through our strategic commissioning and performance arrangements. We have worked through a European project, Like! To deliver better information and engagement with communities. In relation to carers specifically, they are represented in the Integration Joint Board, Strategic Planning group, management and leadership groups and a range of improvement projects as are members of the public. There are close links with community planning. The CO is a member of the Community Planning Board and other partnership officer's act at other levels of community planning.</p> <p>The Partnership recognises that there are always new and improved ways to work with, carers, people who use services and local communities. The Communication and engagement plan is reviewed annually to look elsewhere for good practice with a view to</p>			

	<p>seeing how that can be adopted in Angus. This has for example led to the development of the website, Facebook and twitter services whilst continuing to deliver face to face conversations in localities.</p> <p>Inspection reports, comments, complaints and complements are also used to inform our understanding of public opinion. Development has been hindered by the capacity of the partnership to focus on this work. Service leads often undertake surveys of their own users to understand the value that is placed on those services We have not however undertaken any formal review of the effectiveness of engagement arrangements and know that we could make more use of our relationship with the third sector and community planning partnership to develop joined up approaches to engagement and better sharing of the knowledge from all our activity.</p>
<p><b>Proposed improvement actions</b></p>	<ul style="list-style-type: none"> <li>• Undertake an evaluation of the effectiveness of carer, user and community engagement</li> <li>• Continue to review the communication and engagement plan annually identifying and delivering best practice in engagement</li> <li>• Identify opportunities with the third sector and community planning partners for shared approaches to engagement</li> <li>• Agree a process for sharing the outcomes of engagement activity with community planning partners</li> <li>• Improve recording and sharing the qualitative information to make clear the difference are we making. Consideration should be given to commence Agree and approach with VAA to Social Audit Accounting with the Third Sector to capture this information.</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.	Carers and representatives on the IJB are supported by the partnership, enabling engagement.  Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities.  Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
<b>Our Rating</b>			<b>X</b>	
<b>Evidence / Notes</b>	There is support for user and carer representatives on the IJB and SPG but there is room for improvement, Expenses are available to the user voice for their attendance at the Strategic Planning Group and the Integration joint Board, this is not always claimed. Expenses to support the carer voice are being resolved. They are however issues with IT equipment to support their involvement which remain to be resolved. Currently they either use their own equipment or receive paper copies of all papers. How to access mentoring support is not always clear and requires to be addressed. There is less support for user and care voice in the locality arrangements where there is no policy around expenses payments although all receive papers in a timely manner and have support from staff.			

<b>Proposed improvement actions</b>	<ul style="list-style-type: none"><li>• Develop a policy on expenses for representatives at all levels of the partnership</li><li>• Develop a policy for the provision and use of IT equipment for IJB and SPG members. This might include the issuing of email addresses.</li><li>• Ensure that all reps have a named member of staff to call upon for support and assistance with their role</li><li>• Consider how user and care reps might be supported with an induction process</li></ul>
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## REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

### ANGUS HSCP IMPROVEMENT PLAN



1 - Collaborative leadership and building relationships						
MSG Proposal and 2019 self-assessment score		Timescale for completion	Lead/s	Action	Comment	Progress measures
1(i)	<p><b>All leadership development will be focused on shared and collaborative practice.</b></p> <p><i>Established</i></p>	January 2020 IJB	Bill Troup	(a) The Partnership's workforce plan should be reviewed to take account of the leadership development needs of the partnership.	This must include an integrated leadership programme across the partnership including third and independent sector with a focus on developing integrated responsibility and accountability and crossing organisational boundaries at an individual level.	A published workforce plan for 2019-2022
			Alison Clement	(b) Raise awareness within NHS Tayside of the importance of partnership working through the GP subcommittee and the Clinical Alliance	Continue to highlight the value of integration and the benefits it brings to host organisations, emphasising legal delegation of powers as necessary.	Evidence of collaborative working with primary care and the health and social care partnerships throughout every service design group within 'Transforming Tayside'.
1(ii)	<p><b>Relationships and collaborative working between partners must improve.</b></p> <p><i>Partly Established</i></p>	April 2020	CCPG (Fiona Rennie)	(a) Develop and implement a consistent approach to cross agency operational instructions, standard operating procedures guidance in work planning areas.		Increasing number of integrated instructions and all others updated
		January 2020 IJB	Bill Troup	(b) Develop written integrated guidance that enables joint job descriptions and	To be included in workforce plan	Single process which support recruitment process

1 - Collaborative leadership and building relationships						
MSG Proposal and 2019 self-assessment score		Timescale for completion	Lead/s	Action	Comment	Progress measures
				recruitment where appropriate and encourages a culture of integration.		
		September 2019	George Bowie	(c) Establish arrangements to improve the strategic connect in relation to integrated children's service planning.	Strategic transitions group is already on place.	Written agreement on strategic integration with children's integrated planning arrangements (Tayside Children's Plan)
		September 2019	George Bowie	(a) Formalise and implement a regular communication approach with Council elected members and NHST non-executive directors to keep them informed about Partnership decisions that impact their constituencies.	Meetings scheduled with some elected members currently take place on regular basis	Written policy on liaison arrangements with elected members and all NHST non-executive directors
1(iii)	<b>Relationships and partnership working with the third and independent sectors must improve.</b>  <i>Established</i>	April 2020	George Bowie	(a) Work with the third sector to improve funding and contractual arrangements		Market facilitation plan updated to include arrangements
		April 2020	George Bowie	(b) Strengthen shared strategic planning with residential care sector (building on developments with care at home provides in HTLH).		Shared issues being regularly addressed at Residential Providers Forum.
		April 2020	George Bowie	(c) Progress revised approach to work with third sector agreed at three Angus development events.		Implementation of resulting Strategic Action Plan.
		Sept 2019	Vivienne Davidson	(d) Review the arrangements for the third sector collaborative fund.		Report with recommendations to FMG and SPG
		April 2020	Gary Malone	(e) Continue to build relationships with third sector and independent organisations throughout Angus and		Third sector collaborative established & functioning with wide memberships. Third

1 - Collaborative leadership and building relationships						
MSG Proposal and 2019 self-assessment score		Timescale for completion	Lead/s	Action	Comment	Progress measures
				increase involvement in order to develop stronger resilience in communities and support preventative approaches.		sector strategic plan published. Meeting dates added to strategic calendar.

2 - Integrated finances and financial planning						
MSG Proposal and 2019 self-assessment score		Timescale for completion	Lead/s	Actions	Comments	Progress measures
2(i)	<b>Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.</b>  <i>Partly Established</i>	By 1st April 2019 and thereafter each year by end March	Ian Lorimer (AC) Stuart Lyall (NHST) Sandy Berry	(a) Partners to develop financial planning/reporting that reflects their role as a partner with the Health and Social Care Partnership.		Agreed arrangements for financial planning reporting recurring risk sharing agreements.
			Ian Lorimer (AC) Stuart Lyall (NHST) Sandy Berry	(b) Meetings with NHS Tayside, Angus Council and the partnership should be set up quarterly to build a common understanding and further support the budget setting process, and Partnership financial risk reporting.	Discussions to include financial governance, management, reporting, planning and budget setting.	Dates to be added to Angus HSCP strategic calendar
2(ii)	<b>Delegated budgets for IJBs must be agreed timeously.</b>  <i>Partly Established</i>	By end of March 2020 and thereafter each year by end March	Stuart Lyall NHST	(a) NHS Tayside should bring forward budget setting timelines and dedicate resources to resolving remaining risk areas.	Two separate issues at annual budget setting and resolving historic issues.	Agreed budget setting date in March each year  Resolution of historic issues
		March 2020	Sandy Berry	(b) Develop a clear link between long term Scottish Government financial plans and Integration Joint Board financial planning.	It should be noted that the Integration Joint Boards financial plans need to be agreed prior to 31 March 2019 to ensure good financial planning.	To be evidenced in strategic financial plans
		March 2020	Ian Lorimer	(c) Statutory partner leaders should jointly identify resources needed to accomplish		

2 - Integrated finances and financial planning						
MSG Proposal and 2019 self-assessment score		Timescale for completion	Lead/s	Actions	Comments	Progress measures
			Stuart Lyall Sandy Berry	partnership goals.		
		December 2019	Sandy Berry	(d) Develop a single integrated review process for local HSCP budget		Strategic financial plans Draft to be available in year for review
2(iii)	<b>Delegated hospital budgets and set aside requirements must be fully implemented.</b>  <i>Partly Established</i>	October 2019	Grant Archibald Vicky Irons Stuart Lyall Sandy Berry	(a) NHS Tayside must work with Integration Joint Boards to resolve the Large Hospital Set Aside agenda.  <b>Ref: 3(v)a</b>	Hospital set aside mechanisms and devolved hospital budgets should be agreed and financial adjustments made by March 2020.	Agreement on management of set aside budget Commissioning plan in respect to hospital prevention in place
2(iv)	<b>Each IJB must develop a transparent and prudent reserves policy.</b>  <i>Established</i>	September 2019	Sandy Berry	(a) Develop policies regarding process for ear-marking reserves and to ensure reserves do not build up unnecessarily.		Written policy on reserves and future use
2(v)	<b>Statutory partners must ensure appropriate support is provided to IJB</b>	December 2019	Ian Lorimer (AC) Stuart Lyall	(a) Undertake a review of support arrangements with Angus Council and NHST including reviewing the provision of dedicated NHST finance support already being developed.	Dialogue to date with Partners has not resulted in the level of support required for the Integration Joint Board. Any actions to address this can only	Agreement with NHST and AC on available dedicated resource to support financial management.



2 - Integrated finances and financial planning						
MSG Proposal and 2019 self-assessment score		Timescale for completion	Lead/s	Actions	Comments	Progress measures
	<b>S95 Officers.</b> <i>Partly established</i>		(NHST) Sandy BerryRef	<b>Ref: 3(i)(a)</b>	be taken forward if agreed with Partners. Support is provided from within the Council's finance service. This may not be considered sufficiently resourced by the Partnership to meet their needs but the Council view it as commensurate with that provided to other finance clients relative to the overall resource available.	
2(vi)	<b>IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.</b> <i>Established</i>	September 2019	Sandy Berry	(a) Ensure that there is an increased shared understanding of resource management and of the flexibilities available to redesign resources / remodel / reallocate resources within the Partnership.		Presentation/training/written guidance for IJB, EMT, SLT
		December 2019	Alison Clement	(a) Develop a model of diabetes care improvement across the whole system including acute services which allows transfer of funds as appropriate.		Whole pathway approached to diabetes management agreed

**3 - Effective strategic planning for improvement**

MSG Proposal and 2019 self-assessment score	Timescale for completion	Lead/s	Actions	Comments	Progress measures
3(i) <b>Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.</b>	April 2020	Gordon Cargill Bill Nicol Vicky Irons	(a) Service level agreements setting out explicitly the support arrangements and associated resources must be developed. <b>Ref 2(v)(a)</b>	To include: <ul style="list-style-type: none"> <li>• Finance</li> <li>• Strategic commissioning (including procurement)</li> <li>• HR</li> <li>• IT</li> <li>• Estates</li> </ul>	Written support agreement
<b>Established</b>	December 2019	Vicky Irons  Grant Archibald  Margo Williamson	(b) Discussions must take place with partner organisations to secure additional resource to meet strategic commissioning requirements.	This must address capacity and capability issues for strategic planning and commissioning. This should include for example: adequate procurement support to timeously progress the Partnerships priorities; NHS Tayside should consider a member of the business unit being deployed in Angus to support Angus information and data.	Written support agreement
	July 2019	Grant Archibald  Margo Williamson	(c) The position and role of the Chief Officer as set out in legislation should be more clearly reflected in the partners arrangements.	e.g. all partner websites must have a copy of the integration scheme, organisational structure with references to the legislation which enacted IJBs as separate corporate entities.	
	September 2019	Vicky Irons	(d) A policy for the recruitment, selection, induction and support of voting and non-voting members IJB members will be developed	A process of assurance should be developed to ensure that prospective members have the commitment and time to meet Board commitments in the medium term. Induction etc in terms of standing orders and conduct sit with Legal services. The focus	An agreed approach to membership & length of tenure with NHST and AC

**3 - Effective strategic planning for improvement**

MSG Proposal and 2019 self-assessment score		Timescale for completion	Lead/s	Actions	Comments	Progress measures
					here is on induction to the partnership Develop a formal approach to induction for all new IJB members	
		July 2019	Grant Archibald Margo Williamson	(e) Partner agencies must agree an effective formal framework for consultation	Agreed consultation arrangements in place where there is potential impact on each other's resources, arrangements, services etc. This will ensure that wherever proposed action by one or other of the bodies might impact of the work of the Partnership, the Integration Joint Board and its Chief Officer are fully involved in the decision making process and have the opportunity to consider whether the Integration Joint Board requires to give direction in relation to the carrying out of Partnership functions by that body.	Formal consultation arrangement are in place in respect to NHST. Board papers and AC committee papers to be shared for consultation where appropriate
		July 2019	Hazel Scott (NHST) Gordon Cargill (AC) Vivienne Davidson (AHSCP)	(f) Partner agencies must ensure that Angus HSCP is consulted on strategic plans	Joint approach to strategic planning will improve agreement over transformational direction	Shared approach agreed
3(iv)	Improved strategic planning and commissioning arrangements must be put in	April 2020	George Bowie	(a) The Audit committee will consider a report on an assessment of the Partnership's effectiveness in relation to strategic commissioning		Completed review and action plan agreed by audit committee.
		September 2019	Vivienne Davidson	(b) The Strategic Delivery Plan should include clear steps that demonstrate		Delivery plan in place

**3 - Effective strategic planning for improvement**

MSG Proposal and 2019 self-assessment score	Timescale for completion	Lead/s	Actions	Comments	Progress measures
<p>place.</p> <p><i>Partly established</i></p>			<p>how the ambitions for change (goals) within the Strategic Commissioning Plan will be achieved.</p>		
	<p>From August 2020</p>	<p>George Bowie Gail Smith Bill Troup</p>	<p>(c) The SPG must have oversight of all transformation and improvement plans.</p>		<p>Improvement plans reviewed by SPG and added to delivery plan</p>
	<p>September 2019</p>	<p>Vivienne Davidson</p>	<p>(d) All leads for operation and other improvement plans to address the Angus 6R's for improvement and transformation through their plans</p>		<p>Written guidance for project leads and &amp; improvement plan scrutiny process agreed for SPG</p>
	<p>January 2020 (IJB)</p>	<p>Bill Troup</p>	<p>(e) The workforce plan will be reviewed and brought into line with the Strategic Plan for 2019-22 including addressing goals, improvement and timescales.</p>	<p>Angus Council has had a focus on efficiency and effectiveness across all areas. This has streamlined management and processes. The Partnership should consider further ways to reduce back office functions to enhance or protect frontline services. Opportunities for succession planning and growing the 'care workforce' are considered as part of the Tay Cities Deal, on-going progress within the workforce development programme should continue to look at opportunities for succession planning, new talent initiatives and growing the care workforce</p>	<p>Workforce plan in place &amp; published A formal system for succession planning should be developed and implemented</p>
<p>3(v) <b>Improved capacity for strategic</b></p>	<p>Feb 2020</p>	<p>Grant Archibald Vicky Irons</p>	<p>(a) Hospital set aside and devolved hospital budgets should be agreed and financial transfers made by April</p>	<p>NHS Tayside requires to work with Integration Joint Boards to develop the Large Hospital Set Aside agenda.</p>	<p>Commissioning Plan in respect to hospital services in place.</p>

**3 - Effective strategic planning for improvement**

MSG Proposal and 2019 self-assessment score	Timescale for completion	Lead/s	Actions	Comments	Progress measures
<p>commissioning of delegated hospital services must be in place.</p> <p><i>Partly Established</i></p>		<p>Stuart Lyall Sandy Berry</p>	<p>2020 with associated plan for commissioning of hospital services.</p> <p><b>Ref: 2(iii)a</b></p>		

4 - Governance and accountability arrangements						
MSG Proposal and 2019 self-assessment score		Timescale for completion	Lead/s	Actions	Comments	Progress measures
4(i)	<b>The understanding of accountabilities and responsibilities between statutory partners must improve.</b>  <i>Established</i>	31 October 2019	Vicky Irons (Keith Whitefield currently supporting this).	(b) An organisational accountability and governance framework must be shared with partners.	This would include a review decision making and governance organogram and complete work around the review of each groups terms of reference etc. identify appropriate web site for publication of agendas and minutes for IJB, Audit committee and SPG	Framework published on AHSCP's website.
		April 2021 IJB	Margo Williamson, Grant Archibald, Vicky Irons	(c) The Integration Scheme reviewed and support arrangements to be formally established <b>Ref 3(i)(a)</b>	This will identify the financial and human resources contributed by statutory partners that are necessary to accomplish partnership goals. This should also consider the development of service specifications for each area with a focus on securing financial, resource, and strategic commitment of both partners to support organisational development within the Partnership.	Updated Integration scheme agreed by Scottish Ministers and relevant support agreements established
4(ii)	<b>Accountability processes across statutory partners will be streamlined.</b>  <i>Established</i>	April 2020	Keith Whitefield	(a) Review the publication scheme.	This will improve transparency around decision making processes.	The existing publication scheme will be reviewed and updated. Publish the action notes and papers from SPG and audit committee. The strategic delivery plan should also be published.
		December 2019	Karen Anderson (NHST)	(b) Participation in a Tayside wide review of clinical governance framework and	This also involves Dundee HSCP and Perth and Kinross HSCP.	An updated CCPG framework is published. An Angus governance

			Fiona Rennie Alison Clement Kathryn Lindsay	reporting.(Getting it right for everyone) and from that review Angus structures and arrangements		policy and plan is published
4(iii)	<b>IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.</b>  <i>Established</i>	April 2020	Vicky Irons	(a) Develop an induction process for new members of the Integration Joint Board, Audit Committee and Strategic Planning Group members.		Induction process agreed and delivered
4(iv)	<b>Clear directions must be provided by IJBs to Health Boards and Local Authorities.</b>  <i>Established</i>	October 2019	Vicky Irons	(a) The Integration Joint Board will make more use of directions to make clear to the partner bodies how they wish them to carry out functions of the Integration Joint Board) This will include specifying the role of the Chief Officer and Senior Managers in delivery.	New guidance and direction expected in September 2019	A new IJB report format and register of directions is established
4(v)	<b>Effective, coherent and joined up clinical and care governance arrangements must be in place.</b>  <i>Established</i>	September 2019	Bill Troup	(a) Establish a sub group of the CCPG to act on inspection results, adverse events, LAERS and AC HSE events.	This will inform developments within the partnership through feedback to CCPG for action by the operational managers and heads of service.	Complete.
		April 2020	Alison Clement	(b) Risk registers should be developed which allow clinical, care and professional governance risks to be identified and acted on.	Risks identified in R3 groups e.g. customer care concerns, common themes arising from LAERS, complaints and health and safety to be pulled together into a CCPG risk register to ensure these themes are addressed in a	Risk register developed and monitoring system implemented.

					corporate manner.	
			Vivienne Davidson, Caroline Cooper, Iain Hanna	(c) Identify options for a single process to support all CCPG reporting needs.	CCPG needs to be identified. This work is related to the outcome of the national digital maturity assessment and subsequent delivery of the Scottish ehealth and care strategy	Agreed system in place/resolutions identified.



5 - Ability and willingness to share information						
MSG Proposal and 2019 self-assessment score		Timescale for completion	Lead/s	Actions	Comments	Progress measures
5(i)	<b>IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.</b>  <b>Established</b>	By publication of next round of annual reports in July 2019	Vivienne Davidson	(a) Review the performance framework.	This must include an approach to performance in hosted services	New performance framework approved by the IJB.
		September 2019	Vivienne Davidson	(b) Ensure that data dashboards include benchmarking data as it becomes available	Scotland level data	Data dashboards continue to develop.
		12 months	Caroline Cooper Iain Hanna Keith Whitefield	(c) Work with partners to develop a Partnership Intranet and Extranet capability.	To establish a shared space for staff from all parts of the Partnership to access policies, guidance, or information, and a shared electronic workspace for multiagency collaboration.	Shared space established.
		December 2019	Fiona Rennie Keith Whitefield	(d) Extend use of self-evaluation to services and projects where this does not currently exist.		Self-evaluation tool developed for use across the Partnership and all services have a self-evaluation.
5(ii)	<b>Identifying and implementing good practice will be systematically undertaken by all partnerships.</b>  <b>Established</b>	6 - 12 months	Vivienne Davidson	(a) Identify more opportunities for sharing good practice within the annual report		Annual report is published with good practice examples highlighted.
		December 2019	Sally Wilson	(b) Develop a shared learning approach to good practice	This could include an approach to using the website for highlighting our improvement projects.	SW to identify progress measures
		December 2019.	Vivienne Davidson	(c) Develop locality pages on the website to allow for the sharing of good practice from		Locality pages on the website.

**5 - Ability and willingness to share information**

MSG Proposal and 2019 self-assessment score	Timescale for completion	Lead/s	Actions	Comments	Progress measures
		and locality planning leads.	a locality level.		

**6 - Meaningful and sustained engagement**

MSG Proposal and 2019 self-assessment score	Timescale for completion	Lead/s	Actions	Comments	Progress measures
6(i) <b>Effective approaches for community engagement and participation must be put in place for integration.</b>  <i>Exemplary</i>	December 2019	Sally Wilson Gary Malone	(a) Update the Communication and Engagement plan to be in line with 2019-22 Strategic Plan and to identify new ways to involving the public in decision making	Undertake an evaluation of the effectiveness of carer, user and community engagement  Ensure all engagement activity that is undertaken across the whole partnership is used to inform improvement and future Strategic Planning. Continue to review the communication and engagement plan annually identifying and delivering best practice in engagement	Evaluation of current arrangements completed and New communication and engagement plan published.
	December 2019	Vicky Irons	(b) Set out the AHSCP's commitment to the Community Planning Partnership.	This will strengthen the understanding of roles between the community planning partnership and the integration authority.	A written statement of commitment is in place.

6 - Meaningful and sustained engagement					
MSG Proposal and 2019 self-assessment score	Timescale for completion	Lead/s	Actions	Comments	Progress measures
6(ii) <b>Improved understanding of effective working relationships with carers, people using services and local communities is required.</b>  <i>Established</i>	December 2019	Sally Wilson Shelley Hague	(a) Identify opportunities with the third and independent sectors and community planning partners for shared approaches to engagement	The CPP Mapping which is underway will create a joint action plan across the partnership for identified activity. A communications plan will be developed around this to ensure effective and consistent messaging is achieved.	There is a shared calendar for engagement across the Community Planning Partnership.
	December 2019	Sally Wilson Shelley Hague	(b) Agree a process for sharing the outcomes of engagement activity with community planning partners	To date any engagement work has been shared with partners and has formed the basis of the annual performance report. There is also a designated website for plans, minutes and feedback.  The twitter feeds between CPP and HSCP are aligned with shared messages and signposting.	A process is agreed.
	December 2019	Sally Wilson Gary Malone	(c) Improve recording and sharing of qualitative information to illustrate the difference we are making.	Consideration should be given to agree an approach with VAA to Social Audit Accounting with the Third Sector to capture qualitative information.	System developed and implemented.
6(iii) <b>We will support carers and representatives of people using services better to enable their full involvement in</b>	December 2019	Vivienne Davidson	(a) Develop a policy on support for carers and user representatives. (mandatory expenses, IT equipment, named officer contact)		Policy developed.
	December 2019	Vicky Irons	(b) Ensure user and carer representatives are supported with an induction process.	<b>Ref 3(i)(d)</b>	Induction plan developed and agreed.

6 - Meaningful and sustained engagement					
MSG Proposal and 2019 self-assessment score	Timescale for completion	Lead/s	Actions	Comments	Progress measures
integration. <i>Established</i>					