

# 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>	Aberdeen City Health and Social Care Partnership
<b>Contact name and email address</b>	Kevin Toshney KToshney@aberdeencity.gov.uk
<b>Date of completion</b>	

<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>Evidence / Notes</b>	<p>ACHSCP is positively referenced in the recent Audit Scotland report (Health and Social Care Integration: Update on Progress, November 2018) for “good collaborative and whole systems leadership”. We think that this is particularly noteworthy given that the partnership had three Chief Officers in post during 2018. It suggests that since integration ‘go-live’ the partnership has developed a positive identity and a strong commitment to visible leadership, collaborations across services/agencies/sectors and delivery of outcomes.</p> <p>1) The partnership’s new Chief Officer (appointed August 2018) has set out her vision for the partnership’s leadership structure of a self-managing senior team with professional, performance, personal and coaching supports drawn from the partnership and its statutory partners as appropriate. This vision recognises that whole-system leadership and collaboration will be required to drive integration. It acknowledges that there has been significant change within the partnership, primarily within the past 12 months but also that a renewed confidence and way of working is emerging. Our desired outcomes are being realised by anchoring the structure back within the existing management arrangements within each of the public authorities</p>			

and embedding staff resources in localities.

To enhance their commitment to collaborative leadership, the Leadership Team are undertaking Systems Leadership training along with colleagues from NHS Grampian and the other IJBs. They have had their 2019-2020 objectives set following discussions with their line manager, the Chief Officer. These objectives are aligned with the newly endorsed Strategic Plan 2019-2022 and it has been emphasised that objective-fulfilment requires the active support of other Leadership Team colleagues. Objectives cannot be fulfilled by colleagues acting alone.

Also, 'Empowered Staff' is one of the key enablers set out in the Strategic Plan. One of our expressed commitments in this respect is "value and empower all staff, both our own and our partners", to work as positively and collaboratively as possible in the delivery of health and social care services". At the same time, the IJB also endorsed the 'Empowered Workforce Plan 2019-2021'. The accompanying action plan is premised on four themes: Right People, Right Skills, Right Roles and Sustainability. These plans are ensuring that leadership accountabilities are not seen as the preserve of a select few but that instead effective transformation in conjunction with continued delivery of good-quality services require everyone to accept their role and responsibility in the pursuit of improved outcomes.

- 2) The Chief Officer is part of Aberdeen City Council's Extended Corporate Management Team (ECMT) and NHS Grampian's Senior Leadership Team (SLT). More critically though, she also participates in local authority and multi-agency demand management groups. These are innovative, very possibly unique forums where collaborative leadership is driving a better understanding of current and projected cost pressures expressed through demand categories in order to deliver more effective financial planning and sustainable delivery of services. The Chief Officer and other colleagues participating in these groups accept that shared and collaborative practice is an integral part of their whole-system leadership accountabilities.
- 3) The North East Partnership Steering Forum was established in 2016 and has recently been refreshed. It is a hugely significant forum which brings together key colleagues from the three IJBs and their statutory partners to plan and deliver redesigned hospital services and discuss other matters of mutual interest. The forum's discussions are underpinned by trust, mutual respect and regular and effective interactions. It has agreed its joint strategic planning approach, and this is first being used to undertake strategic reviews for mental health and learning disability services, care for the elderly and palliative care. A key component for these reviews will be to identify all of the resources committed to the current model, the resources required to support the redesign and then identify the most effective and sustainable future service model. This is a significant undertaking underpinned by the shared understanding that current delivery arrangements are not sustainable and require significant change to meet future needs and expectations.

	<p>This agreed approach will enable sector plans to be developed which will outline the redesign process, the agreed outcomes and the required resource allocation.</p>
<p><b>Proposed improvement actions</b></p>	<p>The partnership's Chief Officer is very keen to ensure that the right leadership attributes and behaviours are evident throughout the partnership so that all colleagues, whatever their role, feel confident and capable to fulfil their job function in a wider supportive, operating environment.</p> <ul style="list-style-type: none"> <li>• Further cohorts of partnership colleagues will participate in the Systems Leadership training.</li> <li>• 2019-2020 objectives for those colleagues who report to someone in the Leadership Team will be aligned with strategic plan objectives.</li> <li>• Fulfil short-term (within year one) actions set out in Empowered Workforce Plan 2019-2021 (reduce sickness, turnover, set individual objectives in line with strategic plan, monitor team performance against objectives, develop succession plan).</li> </ul>

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<b>Proposal 1.2 Relationships and collaborative working between partners must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>The partnership recognises the importance of working closely and positively with our partners to ensure that there is a clear and full understanding of the operating pressures and challenges that are commonly experienced, our respective strategic ambitions and priorities, and the desired outcomes for the people who use our services or who will do so in the future.</p> <p>1) ACHSCP is a committed community planning partner and as such participates in appropriate community planning board and management meetings. One community planning outcome improvement group, 'Resilient, Included and Supported', has a strong alignment with the partnership's activities (group is chaired by the partnership's Chief Officer) and there is appropriate participation in other community planning groups, for example, Integrated Children's Services, Community Justice, Alcohol and Drugs Partnership and Community Engagement.</p> <p>The health and social care partnership collaborated in the recent refresh of the community planning partnership's Local Outcome Improvement Plan (LOIP) and has ensured that its Strategic Plan 2019-2022 was closely aligned to this and NHS Grampian's Clinical Strategy. There has been much reciprocal collaboration and engagement in respect of the development of the partnership's strategic plan. Development of the partnership's Locality Plans was done in conjunction with community planning colleagues, other partner agencies and local stakeholders to ensure best possible alignment with community planning locality priorities. There have been good and positive collaborations between integration locality groups and activities and community</p>			

planning locality groups and activities. An excellent example of the impact of these collaborations is our delayed discharge success story of collaborations across all sectors resulting in a very significant decrease in both the number of people experiencing delayed discharge and the number of days spent in hospital when they have been assessed as fit for discharge.

A holistic review of the different strands of locality working across the health and social care partnership, the council, police and fire is underway and we will concentrate on how we can better respond to the multiple behaviours being exhibited by adults and their families and we will use the review to try and support a more deliberate shift to prevention.

- 2) The partnership and its statutory partners recognise the crucial value of co-location in promoting shared ambitions and priorities and the joint working that is necessary to fulfil these. The partnership has recently moved its Leadership Team into the local authority's headquarters having occupied other premises since integration 'go-live' and now has a visible and significant presence there. This co-location has improved the Leadership Team's understanding of this partner's function and wider service delivery arrangements but has not had a detrimental impact on other partner relationships and integrated working. This physical co-location will drive further integration across agencies, functions, localities and communities. We are committed to further collaborations across all sectors to make Aberdeen safer, fairer and healthier. The imminent co-location of Police Scotland's northern division into the same premises will enable further collaborative opportunities across our sectors and services.
- 3) A significant case study in positive collaborations occurred when the Care Inspectorate contacted the partnership to say that it had significant concerns about the operation of a particular nursing home and the treatment of individuals therein. Urgent dialogue with the Care Inspectorate and the nursing home provider led to the partnership taking over the management and operation of the facility immediately until other plans could be put in place to ensure the health and wellbeing of the residents and the continuity of care offered to them. The local authority's ALEO, Bon Accord Care, was asked to consider how they could assist with this recovery and they then assumed responsibility for the establishment and the provision of care whilst a dialogue continued with the previous provider about the purchase of the business. The IJB subsequently approved the capital purchase of the facility and the plan to reshape it into a high-quality service for people with dementia.

This rescue and recovery operation would not have been possible without the strong, positive relationships and collaborations that existed across the partnership and with external partners. The facility was poorly managed and inadequately staffed and the willingness when the partnership intervened, of so many colleagues to cover the 24-hour, seven-day rota in addition to their own job responsibilities was inspiring. The Care Inspectorate was very understanding and supportive of our desire to maintain a service on an interim basis whilst other options were pursued. Bon Accord Care were responsive to the need for additional staff cover and also saw the opportunity within such difficult and challenging circumstances. The local authority was also very supportive of the partnership's desire for the capital asset to be purchased and supported the then Chief Officer and Chief Finance Officer to obtain the necessary funding governance approvals. To facilitate the purchase, the council used its own



	borrowing capability and effectively has leased the asset back to the IJB.
<b>Proposed improvement actions</b>	<p>We believe we have a very strong partnership which demonstrates a commitment to working together positively with our partners on a daily basis. This commitment is evidenced regularly by the collaborations between the executive teams of NHS Grampian, Aberdeen City Council and the IJB executive team. We will continue to invest in the relationships with our statutory partners across all functions, services and job roles.</p> <ul style="list-style-type: none"> <li>• Chief Officer to discuss as part of her performance review with the Chief Executives of Aberdeen City Council and NHS Grampian ways in which the evaluation of statutory relationships can be judged exemplary.</li> </ul>

<b>Proposal 1.3</b>				
<b>Relationships and partnership working with the third and independent sectors must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>The partnership has sought from the outset to ensure that it is recognised as having responsibility for those delegated functions and services which are delivered across the health, social care, third, independent and housing sectors. We are particularly mindful of the significant amount of service provision that is commissioned and delivered by our non-statutory partners in the city and we recognise the desirability of having positive and productive collaborative relationships with them all.</p> <p>1) The visible presence and involvement of the third and independent sectors in the partnership's activities is important to us. We</p>			

recognise that they can offer different perspectives, additional resources and other relationship opportunities than the statutory health and social care services. These valued partners have willingly taken on the role of 'critical friends' in respect of the partnership's ambitions, priorities and intentions and have been consistent and appropriate throughout all discussions.

The third and independent sectors feel that relationships are mostly positive but that building on the partnership's wider potential has not yet been fully realised. They suggest that there is a lack of understanding about the wider funding landscape and that, historically, these funding streams have been considered in isolation which has, amongst other things, lessened their leveraging opportunity. They say that greater and more effective collaborations could unlock more resources to realise the IJB's ambitions and priorities. We are hopeful that the newly established providers and partners forum will address these matters to the satisfaction of all of our sectoral colleagues.

- 2) There has been a particularly strong and effective involvement in the many diverse planning activities that the partnership has undertaken. Third and independent sectors have participated in the Strategic Planning Group and have ensured through their contributions that the first and then the current strategic plan are credible documents which offer a greater strategic assessment of the health and wellbeing of the local population and service provision than otherwise might have been the case. The local Third Sector Interface (ACVO) and the independent sector's representative body, Scottish Care, have been very effective in ensuring that the experiences of their respective sectors were captured in the current plan's developmental phase. They have both facilitated wide-ranging interactions with other key individuals and organisations in their respective sectors to ensure that the emerging plan reflects as wide and diverse a body of opinion as possible.

The third and independent sectors have been instrumental in establishing and developing the locality leadership groups. From the outset they have been clear that the membership and scope of these groups must be wider than a narrow, statutory perspective and the outlook and conversations have been much more inclusive and ambitious as a result. The many different organisations who are participating in these groups are also keen to emphasise the additional potential they can offer through their own networks and communities. The partnership recognises the leveraging opportunities that these partners can offer and is engaging with them in respect of many different activities and initiatives.

The third and independent sectors are also key participants in the many different client group-specific planning groups that the partnership has established to develop appropriate strategies and delivery plans (for example, Learning Disability, Autism, Mental Health, Carers, Housing, etc). We have local and national providers delivering services in our city and all have important insights to offer about how best to deliver improved outcomes. Excellent and in many respects innovative care and support is being delivered by these organisations and the development of our plans provides a positive and credible platform for the wider sharing of these practices.

	<p>3) There has been previously, provider-led (sector-specific) groups providing a focal point for matters of mutual interest with appropriate representation from strategic planning, contract monitoring and senior operational management colleagues. The sectors have valued these meetings as conducive to positive relationships and transparent discussions; however, they have suggested that a greater involvement in the commissioning and co-design of services would be of even greater benefit. As a result of these and other discussions, the partnership has set up a city-wide forum (Aberdeen Care Providers and Partners Network) to discuss how best to support a diverse market provision and what services the partnership needs to commission to meet the future needs of its users.</p> <p>4) The value of the third and independent sectors to the wider partnership has been highlighted at those times when they have risen to the challenge of ensuring continuity of good-quality care to existing service users when organisations, for whatever reason have failed in their contractual obligations. Recent examples have included a local residential care home which the Care Inspectorate had serious concerns about and a national care at home provider which had significant financial challenges before ceasing to operate. Each of these had its own logistical challenges, in the case of the care home, new residential places had to be found for 48 residents; in the case of the care at home provider, new care packages had to be found at short notice for 111 clients. Despite these challenges, the conversations, the agreed collaborations and the responsiveness to client need were all heartening and have undoubtedly reinforced individual working relationships as well as wider organisational and sectoral relationships.</p>
<p><b>Proposed improvement actions</b></p>	<p>Although we think we are doing well in this respect, the partnership is mindful of the importance of reflecting regularly on these matters to ensure that there is a strong consensus with the third and independent sectors about the strength of our relationships and that this contributes to improved outcomes for our citizens and communities.</p> <ul style="list-style-type: none"> <li>• Chief Officer to undertake an IJB membership review to consider which other key integration partners, for example, housing and independent sectors should be IJB members.</li> <li>• Providers and Partners Network to evaluate cross-sector relationships and impacts.</li> <li>• Providers and Partners Network to develop agreed actions on how best to promote and sustain good relationships across all sectors, organisations and staff roles.</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>Evidence / Notes</b>	<p>We recognise the need for the IJB and its statutory partners to have a full and transparent understanding of their respective financial positions as they relate to the delegation of health and social care services to the IJB.</p> <p>1) There are positive and professional relationships between the IJB's Chief Finance Officer and his counterparts in the local authority and health board. The respect and mutual trust that is evident within these relationships have helped develop a shared, transparent understanding of the current financial wellbeing of the different organisations and the impact that this has on each other. Aberdeen City Council has, uniquely in Scotland, issued a £370m bond on the London Stock Exchange for its capital and infrastructure programme and the governance discipline that is required in respect of this and the local authority's credit rating has implications for the Chief Finance Officer's management of the IJB's finances.</p>			

	<p>Each year the council is subject to an independent assessment by its credit rating agency in order for it to arrive at a view on the financial sustainability of the council and its ability to repay its debt. Part of this process involves an examination of all possible contingent liabilities and the robustness of plans to mitigate such liabilities. The credit rating agency focuses on the council's group structure and the IJB is viewed as part of that structure and therefore the contingent liabilities arising from the IJB are considered and reviewed. As a result of the discipline of the credit rating assessment and the earlier year-end accounts close-down, we believe the council and the IJB have a better understanding of their respective financial positions.</p> <p>2) Information updates are shared informally on a regular basis. More formally, budget monitoring information is shared with the IJB and Aberdeen City Council/ NHS Grampian Chief Executives and other appropriate senior colleagues through the IJB/committee report consultation process. This allows for appropriate comments to be fed back to the Chief Finance Officer about the public presentation of the current budget position and associated cost pressures.</p> <p>Chief Officer performance reviews with the Aberdeen City Council/NHS Grampian Chief Executives also have appropriate representation and input from the partnership's Chief Finance Officer and statutory partner financial colleagues. This enables a discussion of the partnership's performance against its financial key performance indicators to be held and appropriate actions or interventions agreed.</p> <p>3) The Chief Finance Officer has developed a five-year Medium-Term Financial Framework (MTFF) to enable more effective long-term financial planning to take place. This MTFF has been informed by the demand-management discussions that are taking place within the local authority and a multi-agency context to better understand the current and projected financial challenges to enable long-term sustainable planning of our future provision.</p>
<p><b>Proposed improvement actions</b></p>	<p>The partnership believes that robust, professional advice is provided to the Chief Officer by the Chief Finance Officer about the financial impact of certain decisions within the context of the Medium-Term Financial Framework. We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.</p>

<b>Proposal 2.2 Delegated budgets for IJBs must be agreed timeously</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium-term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium-term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	<p>Medium to long-term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes.</p> <p>Relevant information is shared across partners throughout the year to inform key budget discussions and budget-setting processes. There is transparency in budget-setting and reporting across the IJB, Health Board and Local Authority.</p>
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>The IJB's budget-setting process is critical to its financial planning responsibilities and the commissioning and delivery of sustainable services. It is important that there is a strong co-ordinated alignment with the budget-setting processes put in place by the partnership's statutory partners.</p> <p>1) A budget protocol has been agreed between the IJB and its statutory partners to ensure the governance of the IJB's budget-setting process is as co-ordinated and robust as possible. Implementation of this protocol enables the Chief Finance Officer to set out a budget-setting timetable aligned to the known budget-setting processes of the partnership's statutory partners. This timetable allows for appropriate budget-setting workshops to be held with the IJB and the partnership's Leadership Team.</p> <p>The implementation of this protocol and the co-operation of the IJB's statutory partners has enabled the IJB to always agree its budget for the following year by 31 March. The IJB's budget for 2019-2020 for example, was agreed on 12 March 2019.</p> <p>A five-year Medium-Term Financial Strategy was agreed by the IJB in February 2018. This document is updated annually to</p>			

	<p>reflect any changes in its baseline assumptions.</p> <p>2) The Chief Finance Officer and Chief Officer are members of the NHS Budget Steering Group. This group comprises of senior officers from NHS Grampian and the three IJBs. This forum agrees the funding allocations for the IJBs before they are agreed by the NHS Board and allows all the officers to gain an understanding of NHS Grampian's financial position.</p>
<p><b>Proposed improvement actions</b></p>	<p>We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.</p>

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<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>Evidence / Notes</b>	<p>Our set-aside budgets are notional budgets representing the use of acute sector services by the city's residents. We recognise that more needs to be done in respect of the budgetary requirements and whole-system planning activities. Further work also needs to be done to better understand the impact of these budgets and identify where system improvements can be implemented.</p> <p>1) The IJB receives financial information from NHS Grampian on the partnership's set-aside usage. There are planning processes in place between NHS Grampian acute sector colleagues and the three IJBs to review the set-aside budgets.</p> <p>The set-aside budget for 2017-18 (and corresponding bed days) was less than that of the preceding year. It has been suggested that this initial improvement is due to the partnership's progress in reducing delayed discharges and the increasing capacity in our communities and localities.</p> <p>NHS Grampian, in partnership with the three IJBs, have agreed to a joint strategic planning approach covering all six of the</p>			



	<p>services delegated for planning purposes to the IJBs. This approach is first being used to undertake strategic reviews for mental health and learning disability services, care for the elderly and palliative care. Reviews of the other three services will be phased over the next 12-18 months.</p> <p>The importance of these reviews cannot be understated as they bring NHS Grampian acute sector staff together with staff/colleagues from across the three IJBs to discuss what the future hospital provision in respect of these services looks like. Key strategic influences on these review discussions will include the impact of the integration of health and social care, the implementation of the three IJB strategic plans, the development of locality services and community initiatives and the strong focus on prevention.</p> <p>These reviews will identify the resources committed to the current model and the resources required to support its redesign. They will also identify the preferred future service model. These will enable plans to be developed for changing use of resources linked to redesign and agreed outcomes. It would be through this approach that agreement will be reached in terms of resource allocation.</p> <p>Regular meetings involving the Chief Executive of NHS Grampian (chair), the Chief Executives of the three local authorities, the three partnership Chief Officers and their Chief Finance Officers have been scheduled to discuss the progress of this joint planning approach and the outcomes of the individual strategic reviews.</p>
<p><b>Proposed improvement actions</b></p>	<p>The partnership accepts that further work on set-aside budgets is required in conjunction with our statutory partner, NHS Grampian and the other IJBs.</p> <ul style="list-style-type: none"> <li>• More up-to-date information of set-aside usage is to be provided. Better analysis of this usage is to be developed, including an improved understanding of which partnership initiatives and developments have led to reduced usage and whether this is an episodic or sustainable improvement.</li> </ul>

<b>Proposal 2.4</b> <b>Each IJB must develop a transparent and prudent reserves policy</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed and adhered to.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>Having a robust reserves policy with an appropriate level of funding is an invaluable resource for the IJB to call upon to enable it to mitigate unforeseen challenges or unavoidable budgetary overspends.</p> <p>1) ACHSCP Integration Scheme, which was approved in February 2016, states the partnership's intention (section 12.8.5.2) to prepare a reserves policy. Accordingly, the partnership's reserves policy was considered by the Audit and Performance Systems Committee in October 2016 and then approved by the IJB in November 2016.</p> <p>To date the IJB has managed its budget to show a positive reserves position at the end of the financial year. A risk fund of £2.5 million is available to smooth in year budget movements and other funds are ring-fenced for specific purposes such as primary care transformation and transformation of service delivery</p> <p>There has been a full and appropriate consideration of the reserves position when the IJB is agreeing its budget for the following operational year. Any allocation of reserves has been set within the context of the partnership's Medium-Term Financial Framework, the known budget pressures and the other options available to the IJB. A transparent explanation for the use of reserves within the context of the partnership's strategic ambitions and priorities is set out in the Chief Finance Officer's budget report to the IJB. This transparency has been extended to the partnership's statutory partners showing the level of</p>			

	reserves that will be committed and the outcomes that will be delivered by this allocation.
<b>Proposed improvement actions</b>	We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.

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<b>Proposal 2.5 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>Evidence / Notes</b>	<p>The Chief Officer and Chief Finance Officer posts are the only ones within the partnership which are appointed by the IJB. The Chief Finance Officer was appointed from outwith the statutory partners by the IJB in May 2016.</p> <p>1) We believe that Aberdeen City was one of the first IJBs to recognise the importance of appointing a Chief Finance Officer who is directly accountable to the Chief Officer and the IJB for the financial management of delegated monies and other funding streams.</p> <p>The Chief Finance Officer provides critical strategic oversight to the allocation of financial resources, the transformation of the partnership's service provision and the realisation of anticipated benefits/outcomes. This post is dedicated specifically to the IJB and has no other duties within the partner organisations, except providing financial advice and support to the services</p>			

	<p>delegated to the IJB. All reports submitted to the IJB and its committees are jointly signed by the Chief Officer and the Chief Finance Officer.</p> <p>2) Significant professional advice and support is offered to the Chief Finance Officer by the Heads of Finance from the local authority and the health board who are both qualified accountants and who participate in their respective finance networks. In addition, both Heads of Finance report to directors who are also qualified accountants and finally the Chief Executive of Aberdeen City Council is a qualified accountant also. There is absolute clarity amongst these professionals about the Chief Finance Officer's role and responsibilities and their relationship to him.</p> <p>This support network is able to see and comment on all draft IJB reports and their considered opinions have helped the Chief Finance Officer shape his public presentation of the IJB's finances. The Chief Finance Officer meets these colleagues on an individual 1:1 basis and also has regular meetings with the respective Aberdeen City Council/ NHS Grampian finance teams. The Chief Finance Officer is satisfied that the provision of financial support from the statutory partners is of the quality he requires in order to present accurate financial information to the board throughout the year as well as being able to produce a set of unqualified accounts.</p>
<p><b>Proposed Improvement actions</b></p>	<p>We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.</p>

<b>Proposal 2.6</b>				
<b>IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's Strategic Commissioning Plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole-system planning takes account of opportunities to invest in sustainable community services.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>The Integration Scheme states that the IJB is fully responsible for the allocation of its resources in order to ensure the effective delivery of the delegated functions and services.</p> <ol style="list-style-type: none"> <li>1) The partnership appreciates that it must seek to ensure that a full understanding by the IJB of its delegated functions and associated resources is not diluted by board membership changes. It is important also that there is a strategic coherence and long-term sustainability to all of its approved changes and developments, as well an objective evaluation of their impact on the health and wellbeing of the local population.</li> <li>2) The partnership's budget-monitoring process does not identify Aberdeen City Council/NHS Grampian budgets. Funds are transferred via a formal direction to each of the partners to help deliver projects which will meet the IJB's strategic ambitions and priorities. Formal directions provide an instruction to the Chief Executives of the partner bodies to change or deliver new services within a budget agreed by the IJB. These reports are all reviewed by the Chief Executives and their</li> </ol>			

	<p>professional colleagues before being discussed at the IJB to ensure that they can be delivered within the allocated budget and are within the legal framework.</p> <p>The integration scheme indicates that should a budget overspend occur that it would be split based on the amounts initially allocated, rather than where the overspend had actually occurred. So, for example, the council could potentially have to fund part of an overspend on prescribing and conversely the NHS could have to fund part of an overspend on social care. This shows that the IJB's and its partners' commitment to integrating service delivery across the whole system.</p>
<b>Proposed improvement actions</b>	<p>We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.</p>

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

Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>The Chief Officer is appointed by and accountable to the IJB for the effective delivery of service and fulfilling local and national outcomes. The Chief Officer was appointed by the IJB in August 2018.</p> <p>1) Aberdeen City Council and NHS Grampian have worked in close partnership to ensure that capacity has been and will continue to be made available to support the Chief Officer and her leadership team in respect of their strategic planning and service delivery responsibilities. This support has varied in form and content but has always been at the expressed wishes and preferences of the Chief Officer.</p> <p>The Chief Officer has unfettered access to the Chief Executives of the local authority and health board. Structured 1:1s are in</p>			



place as well as scheduled performance reviews. The local authority Chief Executive also regularly attends IJB meetings to provide additional support to the Chief Officer.

- 2) The partnership's Chief Officer is part of Aberdeen City Council's Extended Corporate Management Team (ECMT) and NHS Grampian's Senior Leadership Team. The Chief Officer has been supported to outline her vision for the partnership's leadership structure. There is a strong expectation that the new leadership team will be "a self-managing team which is visible, poised, service orientated, civic-focused and delivering integrating reform at pace".

Personal objectives aligned to the strategic plan's objectives have been set for all Leadership Team colleagues. Positive and productive relationships between and across the partnership and its statutory partners already exist; however, one stated objective of the new leadership structure is to 'anchor the structure back within the existing management arrangements within each of the public authorities'. Leadership Team colleagues are being provided with layers of support: professional, performance and personal from across Aberdeen City Council/NHS Grampian/ACHSCP as well as coaching from external resources.

The Chief Officer role has been fully recognised and respected within NHS Grampian and the contribution of the Chief Officers is valued through engagement on strategic planning, system leadership team and at the Board. The Chief Officer Group (including the three Chief Officers and General Manager – Acute) is valued in terms of the support it provides to planning, operational delivery and assisting in addressing system wide issues as they arise. The local authority's Scheme of Governance recognises the statutory Chief Officer and Chief Finance Officer roles.

The Chief officer is recognised as an equal member of the city's Chief Officer Group for public protection and participates fully in its work. For example, the Chief Officer and her team were heavily involved in the work to prepare for the multi-agency child protection inspection, which is still under way. We would expect the final inspection report to comment about the strength of the local public protection partnership and the contribution of the IJB to it.

- 3) The earlier case study of the failing care home also shows the extent to which the partnership's Chief Officers have been supported by the statutory partners. In other similar circumstances in other areas, these establishments have closed at short notice requiring immediate relocation for the residents but a belief that closure was not a foregone conclusion and that an exemplary service could instead be created from a crisis situation enabled positive, hopeful conversations to frame possible solutions to the many challenges that presented themselves.

**Proposed  
improvement  
actions**

We do not think any improvement actions are required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.

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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**

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	<p style="color: red;">NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE</p>			

<b>Proposal 3.4 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>				

**Evidence /  
Notes**

We recognise the importance of having effective strategic planning and commissioning arrangements in place so that we can better understand what is needed and what works and develop truly transformational, integrated health and care services for the benefit of our citizens.

- 1) The partnership's new leadership structure has put in place additional capacity for its strategic planning and commissioning responsibilities by creating a Lead Commissioning role in addition to the existing Lead Strategy & Performance role. The Strategy and Performance team supports both of these portfolios in the effective planning and commissioning of services.

'Principled commissioning' is a key enabler of the partnership's Strategic Plan 2019-2022 which was approved by the IJB in March 2019. The partnership's Strategic Commissioning Implementation Plan is being revised to reflect the ambitions and priorities of the new strategic plan. This review is timely. Aberdeen City Council's approved Target Operating Model, committed the local authority to becoming a commissioning-led organisation. Two distinct organisational capabilities are being built within the council 1) managing demand through early intervention and prevention and 2) being more focused on outcomes as a result of the shift to commissioning. The IJB is fully participating in these two programmes of change within the council and this is enabling a better alignment of the respective commissioning approaches between the IJB and Aberdeen City Council to ensure better delivery of outcomes for the people who use our services. By joining up in this way, it is also enabling the IJB to influence improvements to the procurement function - the strategic commissioning and procurement cycles need to be supportive of each other.

- 2) The Strategic Commissioning Implementation Plan also included within it a Market Facilitation Plan, giving an overview of the externally commissioned provision and guiding principles for making our provision more sustainable as a whole and our providers more resilient.

Market facilitation is an important element of the strategic commissioning approach and cycle and the IJB is taking the lead on developing this approach. The intention to produce a Market Facilitation Plan was very well received by the many different providers across all sectors that the partnership engages with. There was significant engagement undertaken to understand better different sectoral and service perspectives and mitigate the high strategic risk of market failure. The plan emphasised the valued role of the third, independent and housing sectors and this was perhaps a message that had not been said often enough or loud enough pre-integration.

The Commissioning Lead with support from the newly established city-wide network will oversee a refresh of this plan so that all partners are clear about our commissioning intentions and how we can best align the innovative and flexible provision to the needs of the people who use our services now and will do so in the future.

	<p>3) A case study in how to harness improved planning and commissioning arrangements can be told in respect of the local authority's Arms-Length External Organisation, Bon Accord Care (BAC) whose five-year contract was due for renewal. This provider contract was, like many others, inherited by the IJB at the point of integration 'go-live' but unlike others this provider was recognised as the partnership's 'provider of last resort' when needed for different service/organisational/market reasons and its scale of own provision and budget gave it additional impact in much required areas.</p> <p>It was recognised by all parties that the impending contract expiry gave an opportunity to look at services provided by BAC and more crucially, which were actually needed. A series of themed conversations took place between partnership and BAC colleagues in an attempt to understand the pathways by which people accessed services and to determine in what ways these pathways could be refined and make the contract more outcome-focused than had previously been the case.</p> <p>These commissioning conversations directly influenced and informed the development of the revised service specification which was subsequently approved by the IJB in 2018.</p> <p>4) The membership and Terms of Reference of the Strategic Planning Group (SPG) are being refreshed within the appropriate legislative parameters. A Strategic Planning Framework is being developed to link all of the partnership's delivery and enabling plans to our strategic plan, our performance and risk frameworks and relevant statutory partner plans. This framework will show at a glance what we are doing and what wider strategic linkages can be made.</p>
<p><b>Proposed improvement actions</b></p>	<p>The partnership recognises the critical need to ensure that there is a full and complete alignment between its planning and commissioning arrangements and there is full stakeholder involvement throughout.</p> <ul style="list-style-type: none"> <li>• The Commissioning Lead will submit a report to the IJB in August on a jointly developed commissioning approach which includes an outcome performance framework.</li> <li>• The Commissioning Lead will submit a report to the IJB in August on a jointly developed approach to market facilitation.</li> <li>• The Commissioning Lead will submit a three-year commissioning plan to the IJB in November of this year.</li> <li>• The CFO will reflect any of the decommissioning decisions from the commissioning plan within the 2020/21 revenue budget which will be submitted to the IJB board in March 2020.</li> </ul>

<b>Proposal 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No plans are in place or practical action taken to ensure delegated hospital budget and set-aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set-aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set-aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements.  Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set-aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets.  There is effective whole system planning in place with a high awareness of pressures, challenges and opportunities.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>We accept that the strategic commissioning of hospital services is an important element of the IJB's statutory responsibilities. We acknowledge that there has probably not been enough progress in this respect.</p> <p>1) The partnership, in conjunction with NHS Grampian and the other two IJBs, have agreed to a joint planning approach "one approach" covering all six of the health functions that are delegated to IJBs for planning purposes. This approach is first being used to undertake strategic reviews for mental health and learning disability, care of the elderly and palliative care. Leadership to support the acceleration of the pace of work is provided through the North East Partnership Forum.</p>			



	<p>The partnership also participates in North of Scotland regional planning activities for hospital services.</p> <p>The partnership's budget for 2019-20 includes set-aside budgets. Previous budgets have also included these but it is recognised that better analysis of and planning for these budgeted monies need to be put in place.</p>
<b>Proposed improvement actions</b>	<p>The partnership welcomes the collective motivation to improve the strategic planning of delegated hospital services.</p> <ul style="list-style-type: none"><li>• Completion of the initial strategic reviews and evaluation of the process to enable learning to be developed for the next phase of reviews.</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**

<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	<p>Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.</p> <p>The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.</p>
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>The establishment of the IJB, the delegation of functions to it by the local authority and the health board and the ongoing relationship between these statutory partners requires a clear understanding of the governance arrangements and accountabilities that are in place to support effective decision-making and outcome attainment.</p> <p>1) Whilst in the shadow period pre- “go live”, the partnership appreciated the governance complexities that it would face and as a result, appointed the Good Governance Institute to work with us, to ensure we took a systematic approach to the creation of the systems and processes required to underpin good governance. The systems of accountability, and decision-making were viewed as critical and the very early development and adoption of a method for issuing “directions” was designed to avoid any confusion over roles and responsibilities in the new arrangements.</p>			

	<p>The importance of the Integration Scheme as the primary integration agreement between Aberdeen City Council and NHS Grampian was recognised and there were significant legal resources committed by both partners to ensure that this document was not only legally competent but that it reflected their ambitions of what integrated provision should mean for local population health and wellbeing. The Integration Scheme has been reviewed and updated since first being approved by the Cabinet Secretary in February 2016. There have been no events or circumstances by which the IJB or either of its statutory partners have had cause to invoke the formal conflict resolution processes contained within the Integration Scheme.</p> <p>The IJB's standing orders were initially approved in March 2016. They have since been reviewed regularly to ensure that its governance arrangements are as appropriate and robust as possible.</p> <p>The partnership's Annual Governance Statement is presented to the Audit and Performance Systems Committee by the Chief Finance Officer. This statement recognises the support that the statutory partners have offered to ensure good governance. Aberdeen City Council for example has provided administrative/governance support for IJB meetings and the provision of informed and appropriate legal advice. The Council recognises reciprocal benefits in that the annual review of its own Scheme of Governance has been informed and influenced by the evolution and maturing of IJB arrangements.</p> <p>In terms of our approach to decision-making, the care home case study referenced in proposal 1.2 was a good example of the right decisions being taken by the right governance structures in the best interests of the people who use our services.</p>
<p><b>Proposed improvement actions</b></p>	<p>Developing the governance and accountability arrangements of a new statutory authority is a complex undertaking but one in which the partnership, with support from its statutory partners has done well. We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.</p>

<b>Indicator 4.2</b>				
<b>Accountability processes across statutory partners will be streamlined</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>From the outset the partnership has sought to establish clear arrangements to support better and more effective health and social care integration and related accountability processes and practices.</p> <ol style="list-style-type: none"> <li>1) We can demonstrate appropriate governance which enables the IJB to exercise the appropriate accountabilities over the partnership in terms of the performance, in terms of quality and cost, of all the delegated functions and services. Appropriate performance dashboards are being submitted to aid this scrutiny, although we continue to develop the dashboards as we reflect on whether they are measuring the right things. We are also very clear on the reporting arrangements for the hosted services which are being managed on a Grampian-wide basis, with each of the three IJB's receiving appropriate levels of reporting to support their accountability. We are looking to refine these reports further.</li> <li>2) In terms of enabling line management accountability, the two Chief Executives from ACC and NHS Grampian, have a monthly 1:1 with the Chief Officer to enable performance to be reviewed and to discuss any barriers which the Chief Officer is experiencing.</li> <li>3) It is important to acknowledge that the vast majority of the IJB's business - that is, its discussions and decisions - is conducted in the public domain. Meetings are held in public and the public agenda pack for IJB meetings and for the Audit and Performance Systems Committee are placed on the partnership's website and the local authority's website one week prior to the meeting dates. Exemptions to this are allowed by the IJB's Standing Orders where, for example, there are grounds for commercial confidentiality. Minutes of these meetings are also published on the IJB and local authority websites. Minutes are published first</li> </ol>			

	<p>in draft form as soon as possible after the meeting and then in full once they have been approved at the subsequent meeting.</p> <p>The Clinical and Care Governance committee meetings are not yet held in public but the minutes are made public within the subsequent IJB meeting agenda pack.</p> <p>The IJB Standing Orders were first approved by the IJB in March 2016 and have been reviewed annually since then. These are aligned with the governance arrangements of the statutory partners.</p> <p>4) The IJB is statutorily required to approve and publish its Strategic Plan and its Annual Performance Report. Once approved, the ACHSCP Strategic Plan is presented to a full meeting of Aberdeen City Council and NHS Grampian Board for noting. Similarly, the Annual Performance Report is also presented to the statutory partners after being approved by the IJB.</p> <p>5) The submission of this integration self-evaluation is a good example of the transparent public reporting that the IJB and its partners are keen to evidence on a consistent basis. This document will be submitted as a draft to the Scottish Government pending approval at the next scheduled meeting of the IJB. A public discussion at the IJB will enable those colleagues and stakeholders who contributed to the drafting process to see the self-evaluation prior to formal submission. The IJB approved version will be signed off by the IJB chair, vice-chair, Chief Officer and the Chief Executives of Aberdeen City Council and NHS Grampian.</p>
<p><b>Proposed improvement actions</b></p>	<p>We recognise that the demands of good governance are such that we need to ensure that our public reporting is as full and as transparent as possible.</p> <ul style="list-style-type: none"> <li>• Chief Finance Officer to identify where the IJB's public reporting, particularly in relation to the local authority and health board could be improved.</li> </ul>

<b>Proposal 4.3</b>				
<b>IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the chair.	The IJB chair is well supported and has an open and inclusive approach to decision-making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB chair and all members are fully supported in their roles and have an open and inclusive approach to decision-making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision-making powers and responsibilities.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>We strongly believe that the IJB has had a strong and visible commitment to an open and inclusive approach to decision-making and consultation with communities in terms of changes to services and planning.</p> <ol style="list-style-type: none"> <li>1) Membership of the IJB Board has been devolved under the Integration Scheme and that there has been a commitment to an open and inclusive approach to decision-making and consultation with communities in terms of changes to services and planning. The IJB was praised by Audit Scotland (November 2018) for the relationships it had built up across the partnership and with its statutory partners, acknowledging that differences of opinion existed but that these were met with healthy debate.</li> <li>2) The development of the IJB was supported in the shadow period and first year of being live by the Good Governance Institute (GGI). There was a recognition that the IJB was bringing together non-executive's from the health board and elected members from the council, to work in a different way. It was understood that the systems of governance which both groups were familiar with, were very different and the culture of both systems was very different. The GGI was commissioned to act as a critical friend in helping the board to design its new systems of governance together as well as helping the board take ownership for the board's own development. The GGI provided a development framework and action plan for the IJB to progress.</li> </ol>			

	<p>3) An induction programme for new IJB members has been developed that provides a historical overview of the integration journey so far, as well as briefings on key strategic planning and commissioning, operational, financial, performance management matters. This programme aims to ensure that any changes to IJB membership, for whatever reason, do not have a detrimental impact on the positive ethos of informed discussions and transparent decision-making that has been nurtured to date.</p> <p>4) From the outset, the IJB has been mindful of the diversity and complexity of its delegated functions and services. It has acknowledged that the reports which are presented to it tend to have an immediate strategic or operational importance so other ways need to be found to maintain a broader overview of the partnership's activities. The 'business agenda' element of IJB meetings is regularly followed by workshops relating to different operational, planning or performance aspects of the IJB's delegated functions. These workshops are facilitated by appropriate colleagues and consist of a presentation followed by a round-table discussion to aid awareness and understanding. These sessions have been vital in developing the capability of the board.</p> <p>5) The importance of IJB meetings is recognised by all partners and participants. The IJB adopted the practice of the local authority in instigating formal pre-agenda meetings with the chair and vice-chair. These meetings are given due diary prominence by the Chief Officer, Chief Finance Officer and report authors so that the chair and vice-chair are appropriately briefed in respect of all agenda items.</p> <p>The chair and vice-chair also have open access to any member of the Leadership Team and are provided with all the information they feel is necessary to participate in discussions and make appropriate and effective decisions. A representative from Aberdeen City Council's legal services attends every board meeting and provides advice to the chair, as required, in terms of the board's decision-making being permitted both within the integration scheme and within the appropriate legislation.</p>
<p><b>Proposed improvement actions</b></p>	<p>We believe that good progress has been made to date in this respect. We recognise that we must continue to be proactive in our support for the chair/vice-chair of the IJB and the ongoing development of the IJB as a whole.</p> <ul style="list-style-type: none"> <li>• IJB development programme to be implemented; partially delivered by externally commissioned support.</li> <li>• Chief Officer to review IJB membership with possibility of involving other key integration partners from, for example, the housing and independent sectors.</li> </ul>

<b>Proposal 4.4 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>Evidence / Notes</b>	<p>We recognise that the requirement of the IJB to issue formal directions to one or both of its statutory partners in respect of the delivery of particular functions or services in line with the stated ambitions and priorities of the partnership's strategic plan can be an unusual concept to understand and implement effectively. The IJB's first directions to its statutory partners were issued in April 2016.</p> <p>1) The partnership in conjunction with legal and governance colleagues, has developed an agreed procedure for drafting and issuing directions by the IJB to its statutory partners. The IJB also adopted the practice of the council, in terms of a formal consultation process for every report submitted to the board. This enables senior colleagues from the statutory partners to read reports and to be aware of pending directions before the reports are finalised and published.</p> <p>Directions are issued regularly by the IJB to its statutory partners following appropriate discussion of submitted reports and approval of their recommendations. These directions use a set template which sets out clearly what is expected of the partners, what delegated functions or services the directions relate to, how the directions are aligned with the strategic plan's objectives and priorities and what monies, if any are linked to the directions.</p>			



	<p>Directions issued by the IJB are discussed at the regular performance monitoring meetings between the partnership's Chief Officer and the Chief Executives of the statutory partners.</p> <p>An internal audit (Aberdeen City Council) of IJB directions has just been undertaken. A draft report is due to be circulated to appropriate colleagues soon.</p>
<p><b>Proposed improvement actions</b></p>	<p>The partnership's procedure for issuing directions to its statutory partners has been shared previously with other integration authorities to assist them with the development of their own governance arrangements. We do not think any improvement actions are currently required although we will of course continue to monitor these circumstances to ensure that our high standards are maintained.</p> <ul style="list-style-type: none"> <li>• An internal audit is being undertaken on our directions processes and any recommendations will be implemented accordingly.</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>	<p>There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision-making is not well understood.</p> <p>Necessary clinical and care governance arrangements are not well established.</p>	<p>There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision-making.</p> <p>Arrangements for clinical and care governance are not clear</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision-making is fully understood. There are fully integrated arrangements in place for clinical and care governance.</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision-making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB.</p> <p>Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.</p>
<b>Our Rating</b>				

<p><b>Evidence / Our Notes</b></p>	<p>The partnership was strongly aware of the robust governance arrangements that previously existed within the statutory partners and sought to develop its own arrangements that retained the confidence of our professional practitioners and partners.</p> <ol style="list-style-type: none"> <li>1) From the outset, the partnership has made the establishment of an effective and coherent system of clinical and care governance a priority and that there is clarity regarding the roles and responsibility for clinical governance and professional leadership.</li> <li>2) The Clinical and Care Governance (CCG) Committee of the IJB has been established since May 2016. Minutes of previous CCG meetings are presented to the subsequent meeting of the IJB for appropriate discussion and noting. The CCG Group was established pre-integration 'go live' and supports CCG discussions to ensure safe and robust oversight of the partnership's professional activities.</li> </ol> <p>A joint CCG Committee/group workshop established a Task &amp; Finish Group to review current governance arrangements and recommendations have since been approved by the CCG Committee. This same Task &amp; Finish Group has also reviewed clinical and care governance elements within the IJB's Board Assurance Framework.</p> <ol style="list-style-type: none"> <li>3) The Clinical Director (GP) and other colleagues in lead professional roles (AHP, nursing and social work) have a significant role in ensuring safe and appropriate decision-making across their delegated functions and services. These roles have an operational responsibility as well as a professional accountability to other roles/structures within Aberdeen City Council and NHS Grampian.</li> </ol> <p>These other roles/structures include, for example the critical function of adult support and protection. The partnership's Adult Protection Unit provides appropriate advice and guidance across different agencies to provide safeguards and protection to adults at risk of harm or neglect. Accountability for adult protection has remained with the Adult Protection Committee (APC) and appropriate officers from the partnership attend this. The APC reports into the Chief Officer Group (COG) of which the Chief Officer is a member. We are seeking a greater convergence between our adult protection and child protection activities to provide even stronger public protection reassurance to the COG.</p>
<p><b>Proposed improvement actions</b></p>	<p>The partnership recognises the importance of clinical and care governance assurance and is committed to safe, appropriate and robust oversight of all its functions, services and activities.</p> <ul style="list-style-type: none"> <li>• Review Terms of Reference and membership of Clinical and Care Governance Committee and Group.</li> <li>• Review available data that underpins clinical and care governance to ensure that safe and robust assurance is being provided to the Committee at all times.</li> </ul>

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|  | <ul style="list-style-type: none"><li>• Review clinical and care governance risk management process to strengthen real-time oversight of risks and mitigations.</li><li>• Monitor effectiveness of new clinical and care governance framework.</li></ul> |
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<b>Key Feature 5 Ability and willingness to share information</b>				
<b>Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is under way 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>Evidence / Notes</b>	<p>The three Grampian IJB Chief Officers work closely together and there is meaningful sharing of information and best practice between them. There is a shared recognition that more meaningful work can be undertaken in respect of delegated hospital functions and services.</p> <p>1) The IJB has to-date published two Annual Performance Reports as required by the integration legislation. Our reports have shown a consistency in writing style and layout and have shown progress against national health and wellbeing indicators, local indicators and MSG priority indicators. Benchmarking of certain national indicators has been illustrated graphically with an explanatory narrative.</p>			

	<p>Soon after integration 'go-live' the IJB approved six 'big-ticket' items which included: modernising community/primary care, supporting self-management, effective strategic commissioning, Acute Care@Home, organisational development support and IT infrastructure. These formed the beginning of a significant transformation programme which has captured the partnership's hearts and minds. The IJB's annual reports have outlined the partnership's progress in respect of these and other transformation activities and initiatives.</p> <p>2) The IJB recently approved a reviewed performance framework reporting schedule, which aligns both local and national indicators against the strategic aims identified in the revised strategic plan.</p> <p>3) The annual report has also been presented to the partnership's statutory partners at their appropriate meetings (Aberdeen City Council: CMT/Full Council; NHS Grampian: Senior Leadership Team/NHS Board) and is promoted in the partnership's newsletter and placed on its website for wider public accessibility.</p>
<p><b>Proposed improvement actions</b></p>	<p>The partnership acknowledges that its annual report requires further development to ensure that it is as accessible, easy-read and informative as possible whilst giving a factual account of the partnership's performance across all of its delegated functions and services. In addition, we recognise that there needs to be more evidence on how well the strategic plan has been implemented and what the impact of this has been.</p> <ul style="list-style-type: none"> <li>• Lead Strategy and Performance Manager to evaluate accessibility (design/language/subject matter) of report to wider population.</li> <li>• The partnership's annual report will be promoted at locality-specific meetings to enable a full and transparent discussion of the partnership's progress in implementing its strategic plan and delivering improved outcomes.</li> </ul>

<b>Proposal 5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.  Better use could be made of inspection findings to identify and share good practice.	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.  Inspection findings are routinely used to identify and share good practice.	Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.  Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.  All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>Our annual reports to date have focused on their statutory obligation to report the partnership's performance against the national health and wellbeing outcomes/indicators as well as our local indicators. We recognise that we have not thus far used them as well as we might as a platform for examples of good practice that we may wish to highlight to a wider audience.</p> <ol style="list-style-type: none"> <li>1) Chief Officers have ensured that lessons learned from inspection findings are routinely shared and appropriate learning embedded where appropriate. Our Adult Support and Protection (ASP) practices highlighted in a Joint Inspection of Older People's Services in 2016 are a good example of this.</li> <li>2) Mechanisms for regularly disseminating partnership news and progress updates in a timely manner are in place, with regular easy-read briefings issued to staff and partners on a wide range of developments and milestones reached. The partnership</li> </ol>			

	<p>newsletter in particular is a rich source of information and has a wide circulation across all partnership staff, third and independent sector partner organisations and IJB members.</p> <ol style="list-style-type: none"> <li>1) There is a culture of openness which supports the sharing of data and information with stakeholders and regular communication of progress toward collective goals outlined in the partnership’s strategic plan. The evaluation of transformation initiatives such as the Integrated Neighbourhood Care Aberdeen (INCA) and West Unscheduled care projects have been well received and whilst the pilot is not progressing to full implementation, the learning has proved to be invaluable in many other respects. Those colleagues who undertook the evaluations have had papers published in prestigious international journals showing how well the projects were received by the service users, the improved outcomes that were mostly delivered and the cultural and logistical challenges of setting up a multi-disciplinary team to work in this fashion.</li> <li>2) The partnership’s HEART Awards have proven to be a very effective and enjoyable way of sharing the good and innovative practices that are being undertaken on a day-to-day basis across the partnership. Celebrating good-quality delivery of service, high satisfaction levels and delivery of improved outcomes is something the partnership will never tire of.</li> </ol>
<p><b>Proposed improvement actions</b></p>	<p>We recognise the challenge of ensuring that our approach to identifying and implementing good practice is as systematic as possible. We believe that professionals and colleagues across the partnership’s sectors and services want to innovate and to share their experiences of this but at the same time want to be reassured that our approach is objective, systematic and sustainable.</p> <ul style="list-style-type: none"> <li>• Ensure that the annual report includes good practice initiatives and successes and the opinion of those individuals/carers who have seen better outcomes as a result.</li> </ul>



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

<b>Key Feature 6 Meaningful and sustained engagement</b>				
<b>Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>We have sought from the outset to place a high value on sustained and meaningful engagement with our statutory partners and other stakeholders, the people who use our services, their carers and communities the diverse workforce across the health, social care, third, independent and housing sectors and local and national media.</p> <ol style="list-style-type: none"> <li>1) The IJB endorsed Community Planning Aberdeen’s ‘Engagement, Participation and Empowerment Strategy’ for its own use in November 2016. This strategy has provided the foundation for the partnership’s many engagement activities across its functions and localities.</li> <li>2) The partnership’s initial locality model was premised on the existing primary care cluster leadership arrangements and this was very helpful in working with our primary care colleagues, particularly GPs as the integration of health and social care services became a reality. We were mindful though that soon after the implementation of the integration locality model, the community planning locality model was introduced. The civic boundaries of the two locality models were different. The integration model was city-wide whilst the community planning model was focused on priority areas of greatest need. There was however significant scope for collaborative activities to improve the health and wellbeing, in all respects, of the residents.</li> </ol> <p>Locality Leadership Groups (LLGs) were developed in the localities with diverse professional/community membership. LLGs</p>			

have a key role in development of locality plans and framing of action plan priorities. There has been a significant amount of engagement facilitated in and with our localities. In particular, there have been significant collaborations with our community planning colleagues to maximise effective use of resources and avoid any duplication of effort.

Our strong and positive relationship with the community planning partnership and the active collaborations on the ground led to reflections on whether a better locality alignment would be more beneficial for all parties but especially for the citizens and communities in the city. A proposal to reshape the four-locality model to three localities that incorporated the community planning three-locality model was agreed for consultation by the IJB. There was significant engagement and consultation about this proposal both as a stand-alone topic and as part of the draft strategic plan's consultation. The overwhelming response was a positive endorsement for the change, helped no doubt by the visibility and impact of the many different integration and community planning activities and initiatives over the past three years.

The LLGs will have a crucial role to play in the reshaping of our locality model. We recognise that greater efforts need to be undertaken to get stronger community representation, including looking at the date/time scheduling of these meetings. Better co-ordination of those colleagues who are community-facing to ensure maximum reach and effective interventions that avoid duplication of effort and activity. The partnership must guard against the perception that its engagement activities are tokenistic and must also mitigate the risk of engagement fatigue.

- 3) Significant plan-specific engagement and consultation has been undertaken for every strategy/plan taken to IJB for approval since 'go-live'. The engagement in respect of the developing Learning Disability Strategy was given particular praise both locally and nationally in recognition of the inclusive approach that was taken from the outset by making sure that service users and carers were actively involved in the strategic discussions.
- 4) From integration 'go-live' the partnership has recognised the value of a significant digital presence as a means of communicating our ambitions and intentions. The partnership's public-facing website has recently been refreshed to give it a 'cleaner, crisper' look and to offer more opportunity through an Ideas Hub for anyone to suggest other innovative ways in which the partnership could do things. The partnership has also recently launched its own intranet, 'Connect', which carries a great deal of news for staff about partnership developments and offers opportunities for staff to engage. A Twitter account has also provided a more immediate communication of our forthcoming events and activities. Both have, in their own way, helped raise the partnership's profile across the city, region and more nationally also.
- 5) Robust and productive relationships have been maintained by the partnership with the diverse media in Aberdeen, which has resulted in a great deal of positive coverage of developments within the partnership which have a direct impact on our citizens.

<b>Proposed improvement actions</b>	<p>We believe that that the partnership has undertaken some very significant engagement activities over the past three years in relation to our strategic planning and commissioning ambitions; however, we recognise that greater co-ordination of these is needed to maximise their impact. We have perhaps not evaluated these activities as well as we might have to understand better what approach/activities worked/did not work and the reasons for this.</p> <ul style="list-style-type: none"> <li>• Co-ordinate engagement activities across functions and localities.</li> </ul>
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<b>Proposal 6.2 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>	<p>Work is required to improve effective working relationships with service users, carers and communities.</p>	<p>Work is ongoing to improve effective working relationships with service users, carers and communities.</p> <p>There is some focus on improving and learning from best practice to improve engagement.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place.</p> <p>There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.</p> <p>There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.</p>
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>We recognise the necessity of working closely with the people who use our services, their carers and their communities and the value that their contributions offer to the framing of our strategic ambitions and priorities and the effective delivery of service. We have demonstrated good practice in this respect and at times some very good practice, but we recognise that overall, our approach can be more co-ordinated than it currently is.</p>			

	<p>1) As 6.3 below shows the partnership has developed very good relationships with the carer and user representatives on the IJB and they have made a positive impact on IJB discussions and decisions.</p> <p>The Carers Strategy Development Group became the Carers Strategy Implementation Group once the Carers Strategy was approved by the IJB in April 2018. The local Third Sector Interface has said this group is “committed” and has “strong” leadership in place.</p> <p>2) The partnership participates in the local Community Planning Partnership’s Community Engagement Group. There is regular participation at Sheltered Housing Group, Disability Access Group, Ethnic Minority Forum, Civic Forum and community councils meetings etc to deliver integration updates or initiative-specific information.</p> <p>We have also worked with the Scottish Health Council, NHS Grampian Public Patient Involvement and Aberdeen City Council equalities colleagues to ensure that our engagement is as widespread and multi-dimensional as possible to ensure a bigger ‘audience-reach’.</p>
<p><b>Proposed improvement actions</b></p>	<p>As part of the jointly agreed strategic planning process we hope to strengthen the community/public, user and carer engagement and participation in better understanding existing services and how these will change to better meet needs. This will be evaluated, and actions agreed to further enhance this based on findings. We will also:</p> <ul style="list-style-type: none"> <li>• strengthen the involvement of carers/users in strategic planning and commissioning.</li> <li>• adopt a partnership-specific public engagement policy.</li> <li>• establish service user/carer reference groups to support our IJB user and carer representatives.</li> <li>• co-ordinate (better) the partnership’s engagement with the people who use our services, their carers and wider communities.</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>Evidence / Notes</b>	<p>We have been mindful from the outset that whoever was fulfilling the crucial, voluntary roles of user and carer representatives on the IJB would need different forms of support at different times so that they felt valued in their role and able to make an appropriate contribution to IJB discussions and decisions.</p> <p>1) Prior to 'integration go live' the partnership engaged in discussions with the local carers centre and other stakeholders about how to best fulfil these roles. Given the many individuals and groups that our services engaged with, it was agreed that an open recruitment process was appropriate, and an advert was placed in the local Third Sector Interface (TSI) newsletter for user/carer representatives on the soon-to-be-formed IJB.</p> <p>The response to this advert was heartening and we were able to schedule interviews undertaken by the then IJB chair, vice-chair and integration lead. We were looking for one individual to undertake each of the roles and we were able to recruit someone to the user representative role. We were however unable to decide between two particular candidates for carers representative and given that there was no guidance to the contrary we decided to offer both of them the role and they accepted.</p>			

	<p>These roles were initially envisaged for the IJB and Strategic Planning Group, but the individuals were able to participate in any groups that had an alignment with their responsibilities for example the Clinical and Care Governance committee, the Carers Strategy Steering Group/Implementation Group and Locality Leadership groups. Indeed, one of the carer representatives used her new role as a stepping stone to other involvement in a local community council and wider citizenship matters.</p> <p>We were keen from the outset to ensure that the IJB culture and operating ethos were conducive to appropriate and transparent discussions and decisions. There was no differentiation between ‘voting’ and ‘non-voting’ members and representatives received all papers (public and private) at the same time as every other IJB member. Our user/carer representatives were not excluded from any IJB discussion, no matter its significance.</p> <p>We were very mindful that our representatives were undertaking these roles on a voluntary basis and that their other commitments might have an impact on their background knowledge/understanding of impending subject matters. To offset this, regular meetings were scheduled with the integration lead one week prior to the IJB meeting, to provide background information to the newly distributed IJB papers so that a fuller contribution to the discussions could be offered.</p> <p>The representatives have now come to the end of their agreed tenure and there is a broad consensus that the individuals have made a positive contribution to the initial formation and ongoing development of the IJB. Exit interviews have been held with them to enable us all to reflect on the past three years and to inform the recruitment and support of their successors.</p>
<p><b>Proposed improvement actions</b></p>	<p>We are very satisfied with how the partnership’s first user/carer representatives fulfilled their roles but are very mindful of the additional demands that these roles placed on them. We will consider, as part of our wider reflections on how we engage with others, how best to support these individuals to provide the voice of the person who uses our services/unpaid carer to the IJB and other appropriate forums.</p> <ul style="list-style-type: none"> <li>• Establish ‘carer’ and ‘user’ reference groups to facilitate better discussions about experiences and outcomes and to provide representatives with a mechanism for wider dissemination of IJB-related information.</li> <li>• Evaluate the user/carer representative role and the impact it has on the understanding of other users and carers about health and social care integration matters.</li> </ul>