

Sally Shaw (Chief Officer)

Orkney Health and Care

01856873535 extension: 2601

OHACfeedback@orkney.gov.uk



Agenda Item: 13.

Integration Joint Board

Date of Meeting: 25 June 2019.

Subject: Integration Review Self Evaluation

1. Summary

1.1. Partnerships were asked to complete a self-evaluation on behalf of the Integration Joint Board, Local Authority and Health Board, to collectively evaluate their current position in relation to the findings of the Ministerial Steering Group (MSG) review, which was published in February 2019.

2. Purpose

2.1. To advise Members of the purpose and outcomes of the self-evaluation.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. That, in February 2019, the Ministerial Strategic Group for Health and Community Care published its review of progress with integration of health and social care.

3.2. That, following publication of the review a self-evaluation template was circulated to all partnerships for completion and submission to the Scottish Government no later than 15 May 2019.

It is recommended:

3.3. That the completed self-evaluation template, attached as Appendix 1 to this report, be approved for submission to Scottish Government.

4. Background

4.1. Following circulation of the MSG report which was noted at the Board meeting held on 27 March 2019, a self-evaluation template was circulated to all partnerships for completion.

4.2. Communication through the Chief Officers' network and the IJB's Chair and Vice Chair meeting noted the short deadline and view that this did not allow for sufficient

time for completion and fell outwith the committee cycles for all statutory bodies. The view taken by the Chief Officers' network is that draft evaluations be submitted to Scottish Government which would then be ratified by the statutory bodies in the relevant cycles.

4.3. On 13 May 2019, Members of the Integration Joint Board's Discussion Forum, which includes members from the Local Authority, Health Board and IJB, met and discussed the self-evaluation which was due to be submitted to Scottish Government by 15 May 2019. Those present at the meeting were advised that colleagues from third sector and finance teams in all three statutory bodies have been sent the self-evaluation for comment.

5. Progress

5.1. There were 25 proposals in the MSG report. We were asked to rate ourselves on 22 of these proposals. The other three were for external agencies, e.g. Care Inspectorate, to evaluate or comment on.

5.2. Orkney reported that three of the proposals are currently not yet actioned, those being financial in nature:

- Lack clear financial planning and ability to agree budgets by the end of March each year.
- Currently no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.
- No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.

5.3. All other progress on the proposals were evaluated as either 'partly established' or 'established'.

6. Next Steps

6.1. The self-assessment will need to be presented to both the Local Authority and the Health Board. However, the next meetings are not until August and September. The reports will be, as this one, for 'approval'.

6.2. An action plan will need to be designed and agreed to cover all proposals and to endeavour to meet the MSG timescales. A short-life working group will be established with representatives from the three statutory bodies to complete this.

7. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	Yes.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	No.

Promoting equality: To encourage services to provide equal opportunities for everyone.	Yes.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	Yes.
Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	No.
Effective: Providing services based on scientific knowledge.	No.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

8. Resource implications and identified source of funding

8.1. There are no financial implications directly arising from this report.

9. Risk and Equality assessment

9.1. There are no risk or equality implication arising directly from this report.

10. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

11. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	Yes.

12. Author

12.1. Sally Shaw (Chief Officer), Integration Joint Board.

13. Contact details

13.1. Email: sally.shaw@orkney.gov.uk, telephone: 01856873535 extension 2601.

14. Supporting documents

14.1. Appendix 1: Integration Review Self Evaluation.

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 4th February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

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

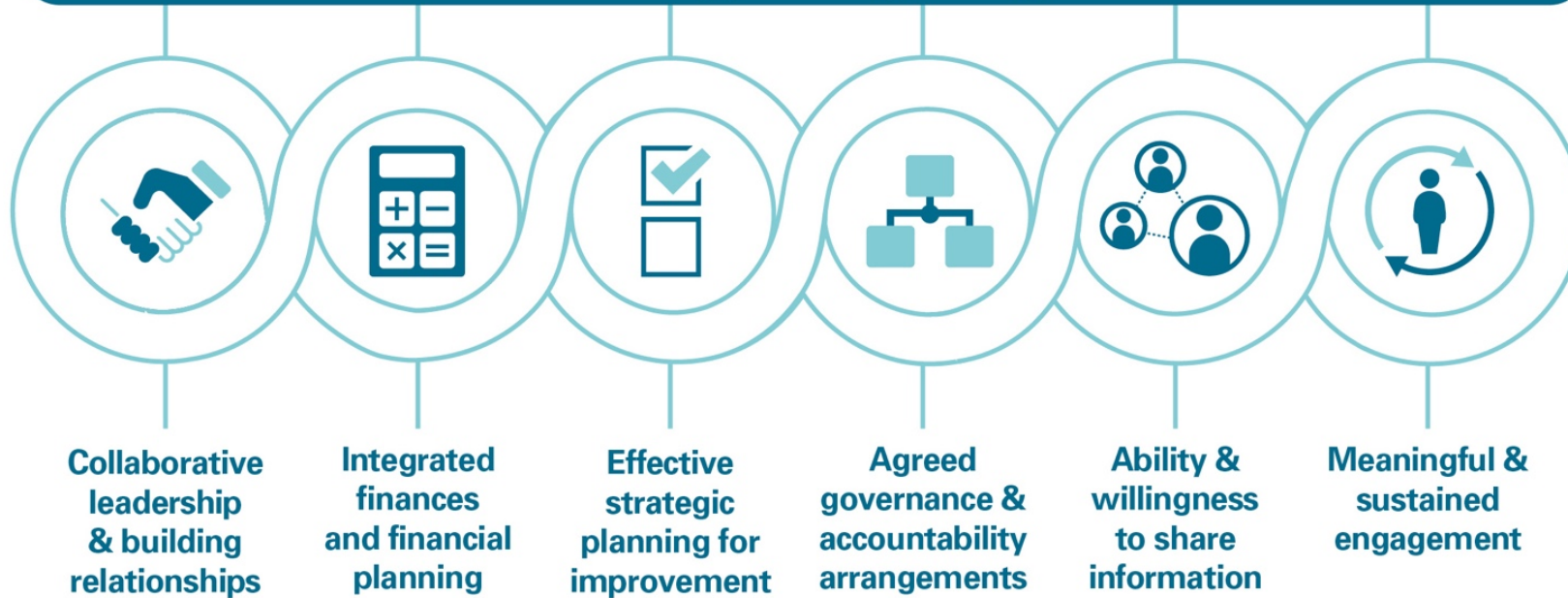
In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also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

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

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

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

Features supporting integration



Name of Partnership	Orkney Health and Care
Contact name and email address	Sally Shaw sally.shaw@orkney.gov.uk
Date of completion	09 May 2019

Key Feature 1				
Collaborative leadership and building relationships				
Proposal 1.1				
All leadership development will be focused on shared and collaborative practice.				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating			X	
Evidence / Notes	<p>Orkney Health and Care was established well before the existence of the Public Bodies (Joint Working) (Scotland) Act 2014. Due to our size this had made sense for us to do and community-based health and social care was transferred to and jointly managed by Orkney Health and Care. On the introduction of the Act this required for either a Lead Agency model or a Body Corporate Model to be established. So, the joint working of our services was established but the Act then created another statutory agency with the development of the Integration Joint Board.</p> <p>To have moved into this joint space prior to the introduction of the Act, demonstrated clear collaborative leadership, which was about making best use of local resources to improve outcomes for our communities. Whereas some partnerships had a blank page at the commencement of the Act, Orkney had to unpick some of the work which was already happening. Due to this there is some lack of clarity on the slightly different system. Despite this Orkney delivers well against virtually all of the indicators.</p>			

	<p>Developing a shared and collaborative approach to leadership is essential for the ambitious plans that we have here in Orkney. We have some specific events early Autumn when we will see our work with Corporate Rebels, bring the Corporate Rebels to Orkney over two days. It is our vision that both these days will be open to representatives not only from colleagues across all sectors and at every level in these sectors, but to members of our community as well.</p> <p>We have also secured support via HiS iHub and Scottish Government to work with the National Development Team for Inclusion (NDTi). This work will see us taking a Community Led Approach to all that we do, and collaborative leadership and relationship building is vital to this approach. We have undergone a 2 day 'Readiness Assessment' recently. The feedback we received from the external assessors was that not only did they think we were ready to embark on the approach, but that we were probably the readiest they had seen to date. Again, testimony of our focus on building relationships and collaborative leadership.</p> <p>Staff can link into initiatives such as Project Lift and the MSc in Public Leadership and Management, supported by both statutory employers.</p> <p>We have written in to our refreshed strategic plan that our approach will be based on Realistic Conversations, which is based fully on the principles of Realistic Medicine.</p>
<p>Proposed improvement actions</p>	<p>Our approach to collaborative leadership will continue to grow. Building our culture on having different conversations with people and communities. Our approach will be designed to enable our staff to recognise the permission they have to 'do the right thing'.</p> <p>We will indeed look for any further opportunities or learning from the National audit to be undertaken by Scottish Government and COSLA.</p>

Proposal 1.2 Relationships and collaborative working between partners must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating			X	
Evidence / Notes	<p>There have been considerable improvements in relationships and collaborative working – not just evidenced by the early adoption of the principles of integration in health and social care, but in our very strong Community Planning Partnership.</p> <p>The early tension that existed between NHS Orkney, Orkney Islands Council and the Integration Joint Board has been worked through by coming together and discussing, practices and pressures in the IJB Discussion Forum. This allows for open and honest relationships and conversations which benefits all. Due to positive developments in relationships and collaborative working, this forum has been successful to the extent that the need for it ongoing is under review.</p> <p>As a partnership we have all collectively worked and engaged in developing our collaborative approach to our future thinking, facilitated by Scottish Government's Change Programme.</p> <p>Over the last year we have worked closely with the Scottish Government's Ingage team within the Collective Leadership Programme to further strengthen our partnership working.</p> <p>As partners, as key posts become vacant, we explore the possibility of working in a shared space – we look to how back room functions can support service delivery differently, with better use of joint resources.</p>			

Proposed improvement actions	To continue to develop and protect our culture so that challenges and pressures can be discussed openly, timeously and with early resolution as our aim.
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Proposal 1.3				
Relationships and partnership working with the third and independent sectors must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating			X	
Evidence / Notes	<p>There is a well-developed third sector presence in Orkney. There is a smaller presence of independent providers, but these tend to be small and within the primary care sector.</p> <p>The third sector have been rightfully given a place on all of our programme boards and we look forward in being able to demonstrate the positive impact this will have in the coming years. They also have a strong role on our Community Partnership Board.</p> <p>To deliver the priorities of the refreshed strategic plan, a programme board approach has been adopted. The three programme boards are:</p> <ul style="list-style-type: none"> • Community Led Support • Tech Enabled Care • Strategic Commissioning <p>A Chief Executive Officer of our Third Sector Interface has been asked to chair the Strategic Commissioning Group to have a different perspective of planning and commissioning and to think 'third sector first'.</p>			

	<p>We have embarked on work with iHub (HiS) and NDTi to adopt a Community Led Support approach and this work is building on the work already developed and implemented by our third sector colleagues.</p> <p>Orkney has been identified as a Named Partner by Scottish Government’s Tech Enabled Care department – in gaining this status we were required to engage in a process of application and submission. We have undertaken this work jointly with our third sector colleagues and they will remain very much in a driving position.</p> <p>The IJB is to have a development session where various parts of our third sector will be presenting about the work that they undertake.</p>
<p>Proposed improvement actions</p>	<p>To continue to ‘think third sector’ in all that we do, when we are commencing work or reviewing work.</p> <p>Continue to strive to ensure our third sector colleagues are equal partners.</p>

Key Feature 2 Integrated finances and financial planning				
Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating		X		
Evidence / Notes	<p>There is a breakdown of baseline budgets from both partners but there is little clarity as to whether these baseline budgets adequately cover the cost of effectively commissioning the services required.</p> <p>Further work is required to clearly identify delivery pressures as opposed to commissioning pressures and the responsibility for resolving these, both in the current financial year in question and on a recurring basis.</p>			
Proposed improvement actions	The IJB S95 Officer will work with NHS and OIC to improve clarity around specific funding sources, how they are spent and what outcomes are achieved. This will include having view access to NHS finance systems and attending various meetings where the funding is discussed i.e. PCIF allocations.			

Proposal 2.2 Delegated budgets for IJBs must be agreed timeously				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
Our Rating	X			
Evidence / Notes	<p>There were discussions held by the Partnership with draft budget timetables prepared which were presented to the IJB in November 2018 and can be found at: http://www.orkney.gov.uk/Files/Committees-and-Agendas/IJB/IJB2018/28-11-2018/112_Budget_Setting_Process.pdf</p> <p>Unfortunately, the meeting of the NHS Finance and Performance Committee, which approves the budget before being homologated by the NHS Board, was delayed, as awaiting confirmation from Scottish Government, and therefore the budget was not approved until after the IJB meeting in March.</p> <p>The Council also was not in a position to confirm whether any overspend at the year-end would reduce the available budget for 2019/20.</p> <p>This meant the IJB was not able to agree a budget with these unknowns.</p>			

	<p>A paper did go to the IJB in March 2019 with the information that was known at the time which can be found at: http://www.orkney.gov.uk/Files/Committees-and-Agendas/IJB/IJB2019/IJB27-03-2019/117_IJB_Financial_Budget_2019_2020.pdf</p> <p>However, there needs to be recognition that both partner agencies were also reliant on Scottish Government giving them the necessary budget information to allow these local discussions and agreements to be clarified.</p>
<p>Proposed improvement actions</p>	<p>It is hoped that the NHS and Local Government will be moving towards a three-year budget cycle which will enable better planning to achieve the aim of the Strategic Plan.</p> <p>There will need to be planning discussions held to ensure that the IJB is able to have all the required budget information available to facilitate the funding allocations being presented to the Board in March of each year.</p> <p>To work with Scottish Government colleagues to ensure information from them to statutory partners is timely.</p>

Proposal 2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance. The set aside budget is being fully taken into account in whole system planning and best use of resources.
Our Rating	X			
Evidence / Notes	<p>We are a coterminous partnership so therefore “set aside” did not apply as such as it related to large hospitals. However, there has been clarification that this would also apply to any unscheduled care.</p> <p>Although there is a “set-aside” figure given for inclusion within the accounts the budget has not to date been delegated to the IJB. In Orkney there is a new hospital which will open in 2019 and has been designed to optimise the number of bed spaces with 47 in-patient beds made up of 22 Acute beds, 16 Rehabilitation beds, 4 Cancer and Palliative Care beds, 4 Maternity beds, and 1 Mental Health Transfer bed. There will also be 2 assessment beds, therefore it will be more challenging to reallocate the resources as there is no capacity to close hospital wards etc.</p>			

Proposed improvement actions	Further work needs to be undertaken to understand the budget and what responsibilities the IJB should have in not only understanding the budgets but the commissioning responsibilities that go with this.
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Proposal 2.4				
Each IJB must develop a transparent and prudent reserves policy				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating			X	
Evidence / Notes	<p>A reserves policy was agreed by the IJB in March 2017 and can be found at: http://www.orkney.gov.uk/Files/Committees-and-Agendas/IJB/IJB2017/10-03-2017/I11_02_App1_Draft_Reserves_Policy.pdf</p> <p>To date the IJB has not had any reserves due to overspends at the end of each financial year. For year ending 2018/19 there will be earmarked reserves transferred from NHS.</p>			
Proposed improvement actions	The reserves policy will be reviewed in 2019/20.			

Proposal 2.5				
Statutory partners must ensure appropriate support is provided to IJB S95 Officers.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating		X		
Evidence / Notes	<p>The IJB S95 Officer has operational responsibilities within the Council but does not feel that this is a conflict of interest as all decision making and workings are open and transparent.</p> <p>There is a good working relationship with all partners and all information is provided when requested.</p>			

Proposed Improvement actions	The IJB S95 Officer will work with NHS and OIC to improve clarity around specific funding sources and how they are spent and what outcomes are achieved. This will include having view access to NHS finance systems and attending the various meetings where the funding is discussed i.e. PCIF allocation.
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Proposal 2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating		X		
Evidence / Notes	The budgets received from partners are still being reported in the traditional way and there has not yet been any significant reallocation of budgets.			
Proposed improvement actions	There is a proposal to review all the baseline budgets to ensure that funding will be delegated to the services and more detailed directions will be required so partners know what is being commissioned by the IJB. There was also updated Directions guidance to be received from Scottish Government which would aid this process.			

	<p>Further discussions about how the IJB can be supported to allocate resources including finances as it feels appropriate need to be held. There is recognition and the political will to allow the IJB to move into this space, where it is empowered to use allocated money as it needs to be. It was noted that decisions are sometimes made prior to the IJB receiving it.</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
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
Our Rating		x		
Evidence / Notes	<p>The role of the Chief Officer is valued, and the understanding of the role is developing accordingly.</p> <p>There are some key roles within service delivery that are not occupied at present which impacts on the partnership being able to undertake it works.</p> <p>The Chief Officer and the senior management team do not currently have capacity to undertake the roles and responsibilities expected of them. There are key roles that have not been filled for some considerable time or vacant for other reasons. The Chief Officer is currently servicing both partner statutory organisations as well as the IJB.</p>			

	<p>Both statutory partners recognise the need to identify further ways to appropriately support the Chief Officer and the senior team of Orkney Health and Care.</p> <p>Discussions on agreed matrix management across the whole system are at a mature level.</p>
Proposed improvement actions	<p>Review the structure of Orkney Health and Care with cognisance of its full remit and responsibilities, as well as reviewing attendance at meetings, whilst ensuring that specific responsibilities in relation to accountabilities and responsibilities as required by Scottish Government are fulfilled.</p>

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

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

Proposal 3.4				
Improved strategic planning and commissioning arrangements must be put in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
Our Rating		X		
Evidence / Notes	<p>We have reviewed the effectiveness of our strategic planning and concluded that it has not been particularly effective to date. Three main priority strategic actions from the last plan have not been achieved. A review of how we work together to plan and execute our work has been undertaken. The Strategic Planning Group has a membership of 34 – too large for effective and timely planning and delivery. An agreement to develop a Programme Board approach has been agreed. Three programme boards have been identified, those being:</p> <ul style="list-style-type: none"> • Community Led Support • Tech Enabled health and care • Strategic Commissioning 			

	<p>These three programme boards will report into an Executive Programme Board. The Executive Programme Board will include the Chairs of all three programme boards, the Chief Officer and the carers' representative. It will by design have third sector representation as the chair of our Strategic Commissioning Board will be the CEO of Voluntary Action Orkney.</p> <p>There will be a group to support all three programme boards that will review and refresh all our Orkney focussed strategies, e.g. Carers' Strategy, Mental Health Strategy, Dementia Strategy, Corporate Parenting Strategy etc. This group will also evaluate and refresh the strategic plan as we move through the next three years.</p> <p>Resources to support strategic planning and commissioning is not readily available at present, most work is falling to Seniors and the Chief Officer on top of the day job.</p> <p>Local data to assist in analysis and evaluation is not readily available however we are building into our new approaches. So, with both the Community Led Support work and the Tech Enabled Care, we will have clear measurable outcomes.</p> <p>Staffing resources are a challenge as in all partnerships, but particularly difficult given our geography. However there has been a reliance on filling posts utilising contract from either partner organisation. Where posts have been vacant for some time or now become vacant, then we are moving to an approach of assessing the impact of not filling the post. We will then seek to engage with our third sector partners to establish how they may be able to reduce the impact of not filling a post and transferring resources accordingly.</p>
<p>Proposed improvement actions</p>	<p>Early discussions that have been had with academic organisations to support the collection and analysis of local data need to be progressed. Need to have a clear approach to evaluating the impact and effectiveness of our strategic priorities.</p> <p>Develop the 'think third sector first' when looking at filling or developing future posts.</p>

Proposal 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
Our Rating	X			
Evidence / Notes	<p>Orkney did much to 'shift the balance' of care prior to the Act. This resulted in a ward closure. The design of the new hospital has been based on the aspiration of the growing community health model and our aspirations around tech enabled care.</p> <p>There is agreement that hospital services are now designed at the minimal level they need to be in order that future investment will be in the community-based provision.</p> <p>As stated in Proposal 2.1 – we are coterminous and therefore the 'set aside' really does not apply in the same way as it would to larger hospitals interacting with multiple IJBs.</p>			

Proposed improvement actions	To continue to develop a thinking of 'care and support in the right place', rather than continuing to think 'shifting the balance of care' – this continues to demonstrate our ability to build and maintain relationships and our commitment to collaborative leadership.
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Key Feature 4 Governance and accountability arrangements				
Proposal 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
Our Rating		X		
Evidence / Notes	There is recognition about the amount of duplication that is currently created, some reports still going to IJB and then to either partner organisation committees. There is full understanding however that the IJB is a statutory body and that decisions on those services delegated to it, do not have to be ratified by the Health Board or the Local Authority. Good examples of shared governance and responsibility – Clinical and Care Governance Committee being a joint Health Board and IJB committee.			

Proposed improvement actions	Local agreement to revisit the Integration Scheme to ensure all delegated functions are sitting solely with the IJB.
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Indicator 4.2				
Accountability processes across statutory partners will be streamlined.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating		X		
Evidence / Notes	<p>All IJB and Orkney Health and Care Committees are audio cast.</p> <p>Although there remains an Orkney Health and Care Committee this has remained in place for good reason and does not cause duplication. So, the purpose was to ensure greater understanding of elected members in respect of Health and Social Care issues and pressures to allow greater representation on issues at budget setting processes, and to enable governance on non-delegated functions such as social care charging.</p>			
Proposed improvement actions	Review the ongoing need of the Orkney Health and Care Committee as the IJB matures into its full remit.			

Proposal 4.3				
IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating			X	
Evidence / Notes	<p>The IJB in Orkney functions very well and has good representative membership.</p> <p>The IJB has a series of development days set throughout the year.</p> <p>The Board and the Chair are well supported in making decisions and always seeks to maximise input from key partners.</p> <p>The IJB Chair and Vice Chair are supported to attend the IJB Chair and Vice Chair Network which provides a forum to discuss the challenges and opportunities across Scotland and for those to be represented at the Ministerial Strategy Group for Health and Community Care.</p>			

Proposed improvement actions	To improve the induction process for new IJB members. To seek to streamline planning, audit and budget setting processes across the statutory partner agencies and to aim to achieve greater integration of committees and working groups to reduce duplication.
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Proposal 4.4				
Clear directions must be provided by IJB to Health Boards and Local Authorities.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating			X	
Evidence / Notes	There is a developing understanding of Directions and they are used where required. Each report going to the IJB is reviewed to clarify if Directions will be required. We have good legal support to advise on such.			
Proposed improvement actions	We will review our use of Directions when the statutory guidance is published.			

Proposal 4.5				
Effective, coherent and joined up clinical and care governance arrangements must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making. Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
Our Rating			X	
Evidence / Our Notes	As previously mentioned we do have a joint clinical and care governance committee which functions well. The committee has joint membership from the health board and the IJB. Recent and ongoing work to review the Terms of Reference for this group and the measures provided to the committee in respect of assurance.			
Proposed improvement actions	Again, when the statutory guidance has been released we will review our local arrangements.			

Key Feature 5 Ability and willingness to share information				
Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating		X		
Evidence / Notes	Work is required to develop Orkney's annual reporting. We have had recent feedback on what reports nationally are good examples of reporting and have taken time to look at both content and design of these reports.			
Proposed improvement actions	Capacity to undertake robust reporting needs to be identified.			

Proposal 5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	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.
Our Rating		X		
Evidence / Notes	This is an area that we are developing our thinking. It is not easily identified at present how lessons learnt have been implemented nor any assessment of the impact of application of that learning. The annual report will be a good medium for the partnership to showcase such learning and provide assurance to stakeholders of our ability to apply learning into practice.			
Proposed improvement actions	We will identify ways of ensuring learning and good practice are easily identifiable in our future reports. Discussion within the National Chief Officers group.			

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

Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating		X		
Evidence / Notes	<p>Increasing evidence that hall-based events such as “open evenings” are ineffective and stimulate little interest. The increasing use of specific interest groups and online surveys has led to greater community participation, especially use of the Orkney-wide “Orkney Opinions” group.</p> <p>Experiments in the use of social media have had limited success, but this option for engagement will be further pursued.</p> <p>We have this year for the first-time booked space at all the agricultural Shows – this is to engage with communities so that we can start having open discussion about the partnership and the IJB and how these fit with the Health Board and the Local Authority. We will also be showcasing and consulting on our new strategic plan.</p> <p>We also have plans to have a presence in a local supermarket for the same purpose.</p>			

Proposed improvement actions	Specific interest and remit groups will be increasingly approached for input and comment on service change, redesign and development. Continue to identify natural opportunities to engage with our communities.
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Proposal 6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	Work is ongoing to improve effective working relationships with service users, carers and communities. There is some focus on improving and learning from best practice to improve engagement.	Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.	Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. 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.
Our Rating		X		
Evidence / Notes	Recent publication of the Orkney Health and Care Carers' Strategy 2019 – 2021 evidences engagement with carers and cared for people, along with a commitment to increased co-production and partnership working with carer support services. Extensive consultation with staff, family and service users has significantly contributed to the design of a new care facility in Orkney. Meetings with service users, families and staff have recently shaped the proposed redesign of some learning disability services.			
Proposed improvement actions	The implementation of Community Led Support will ensure that communities are enabled to directly shape the design of community health and social care services.			

Proposal 6.3				
We will support carers and representatives of people using services better to enable their full involvement in integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating			X	
Evidence / Notes	Carer and service user representation on the IJB is established. The Carers' Strategy Group, including user representation, was pivotal to the preparation of the recently published Carers' Strategy.			
Proposed improvement actions	The implementation of Community Led Support will ensure that communities are enabled to directly shape the design of community health and social care services.			