Agenda Item 13

Agenda Item: 13



Title/Subject: MSG Progress with Integration Improvement Plan

Meeting: Integration Joint Board

Date: 6 September 2019

Submitted By: Chief Officer

Action: For Decision

1. INTRODUCTION

- 1.1. The purpose of the report is to present the draft Ministerial Strategic Group (MSG) Progress with Integration Improvement Plan for consideration and approval. This was submitted to the Scottish Government on 28 August 2019.
- 1.2. The draft improvement plan has been developed to reflect the views set out in the self evaluation template, approved by the Board on 7 June 2019.

2. RECOMMENDATION

The Integration Joint Board is asked to:

2.1. consider and approve the draft MSG Progress with Integration Improvement Plan.

3. BACKGROUND

- 3.1. The Board were previously advised of the review of the progress of integration of health and social care. The purpose is to help ensure there is an increase in pace in delivering all of the integration principles and national health and well-being outcomes. This has been taken forward by a Leadership Group led by the MSG and Convention of Scottish Local Authorities (COSLA).
- 3.2. The review report notes the expectation that Health Boards, Local Authorities and IJB's evaluate their current position in relation to both national reports, and take action to make progress.

4. MSG UPDATE

4.1. The MSG, at its meeting on 29 May 2019, considered an update report on actions to progress the proposals set out in the review of progress with integration. This provided an overview of national work underway to support the ambitions of the MSG that progress with the implementation of integration proposals will take place over the next 12 months. This includes work with Audit Scotland, the Care Inspectorate and Healthcare Improvement Scotland.

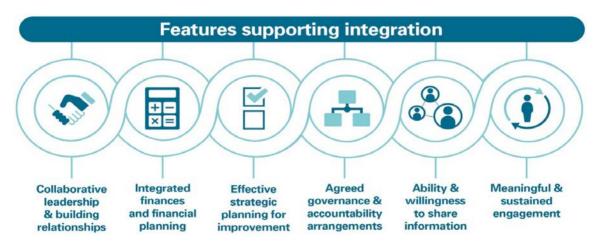




- 4.2. The report also provided an overview of the self-evaluation exercise. There has been initial analysis completed on all the self-evaluations submitted, and detailed analysis will be provided to a future MSG meeting.
- 4.3. It is the MSG's intention to request that partners repeat the process towards the end of the 12 month period set for delivery of all of the proposals. This will demonstrate how partnerships have made progress across the country. An update will be provided to the Board when this is available.
- 4.4. The MSG also considered a high level delivery plan, developed by the national Review Leadership Group responsible for providing an oversight role to drive and support delivery of the review proposals.
- 4.5. David Williams in his role as Director of Delivery for Health and Social Care Integration within the Scottish Government will lead work to support improvement in local systems, with support from the Integration Division. This improvement support work has started with a number of partnerships. Between them, these partnerships demonstrate a range of progress and reflect complexities and differences in local arrangements. Falkirk HSCP has not been identified as one of the partnerships in this first tranche of work.
- 4.6. Following the meeting on 29 May, correspondence was sent to Chief Officers and Chief Executives outlining the next stages. This reiterated the intent that the primary purpose of self-evaluation is to support useful discussion in the local system, leading to action for improvement and full delivery of integration. There was also a request for the IJB to submit an improvement plan by 23 August 2019. The Board had similarly requested the development of a detailed improvement plan for consideration.

5. FALKIRK PROGRESS WITH IMPLEMENTATION IMPROVEMENT PLAN

5.1. The self evaluation was developed based on exhibit 7 from the Audit Scotland report, reproduced below, as it provided a helpful framework.



- 5.2. The draft improvement plan has been developed based on the self-evaluation, with prioritised improvement actions. This is attached at appendix 1. The improvement actions have been aligned, where relevant, to the IJB Risk Register. Finally, the plan sets out how progress will be monitored and reported through the arrangements outlined. This will provide assurance to the Board on how evidence of progress will be reported. A follow up report will also be presented to the IJB early in 2020.
- 5.3. The key priority improvement actions are:

Key Feature	Improvement Actions
4.1	Review governance and decision making processes to ensure they are fit for purpose and that accountabilities are clear
1.1	Drive improvements in collaborative leadership
3.1	Ensure that there are sufficient resources in the Chief Officer's team and the Board, to support the successful operation of the Board, its committees and sub groups
2.6	Improve financial transparency to ensure a full awareness of risks, budget gaps and how the IJB budget can be best used to bring about the transformation needed
1.1	Implement the integrated management structure
1.1	Establish operational Integrated Locality Teams
4.5	Continue to develop the Clinical and Care Governance Committee
1.2	Co-design a 'Working with Communities, Working with Third Sector' framework / strategy that aligns joint commitment to partnership outcomes
3.4	Target investment to meet strategic objectives over period of Strategic Plan, in line with medium term financial planning and evidence based transformation planning

Key Feature	Improvement Actions
4.2	Develop and implement: Organisational Development plan Integrated Workforce Plan
6.1	Review the role of the Participation and Engagement Group and Strategy to support partners to plan and develop engagement and participation approaches
3.4	Ensure robust commissioning arrangements are in place
2.3	Develop and provide transparent set aside and delegated hospital budgets with clear understanding of how best to use these budgets to meet local needs, improve outcomes and achieve transformation (and a balanced long term budget)

- 5.4. Due to the timescales to prepare the improvement plan over the main holiday period, further work will be done to include lead officers and timescales for key improvement actions.
- 5.5. The improvement plan was developed prior to the Board collaborative leadership development session on 23 August to meet submission deadlines. The plan reflects the identified improvement actions at a high level and the agreed programme of collaborative leadership will support the implementation of the plan.
- 5.6. The draft plan was submitted on the 28 August 2019, with the agreement of the Scottish Government to extend the deadline, to take into account the Board development session.
- 5.7. The information obtained from the local self-evaluation and improvement plan is being used to support necessary and useful discussions, sharing of good practice, and to enable the HSCP Leadership Team and IJB to monitor progress.
- 5.8. The implementation plan will be further developed at the second facilitated development session to refine the timelines and agree measures of success.

6. CONCLUSIONS

6.1. The MSG Improvement Plan has been submitted to meet the required deadline. The draft plan was developed to focus on the priority areas identified by the Board and SPG through the self-evaluation process. The plan sets out how the Board will receive assurance of progress with implementation.

Resource Implications

There are no implications arising from this report.

Impact on IJB outcomes and priorities

There are no implications arising from this report.

Legal and risk implications

The Scottish Government will be scrutinising partnerships progress in all areas and there is a risk of closer scrutiny and engagement by the Scottish Government and COSLA where there is evidence of issues emerging that are affecting progress.

Consultation

Consultation is not required.

Equalities Assessment

An equalities assessment is not required for this report.

Approved for submission by: Patricia Cassidy, Chief Officer

Author: Suzanne Thomson, Senior Service Manager

Date: 27 August 2019

List of Background Papers:

Appendix 1: Draft Falkirk MSG Improvement Plan

Falkirk Progress with Integration Improvement Plan: DRAFT

Key Feature	Improvement Actions	Linked improvement actions	Expected outcomes	IJB assurance arrangements	Links to IJB Strategic Risk Register
1	COLLABORATIVE LEADERSHIP AND BUILD	DING RELATIONSHIPS			
1.1	All leadership development will be focus	ed on shared and collaborative practice			
1.1a	Deliver improvements in collaborative leadership	 Undertake programme of collaborative leadership to create a more positive culture. The programme will include: IJB Committee members all partners, including the Third and independent sector leaders 	Through collaborative leadership, we will display exemplar behaviours and practice, cementing positive relationships and have a shared understanding of roles and pressures Opportunities are created for collective problem solving	IJB Development Plan IJB Board Survey	2, 4
1.1b	Implement the integrated management structure	Develop a shared understanding of what "good looks like" for the IJB and Partnership.	The IJB, NHS, Council and all partners will be clear on where accountability lies for services. The decision making process will be understood and agreed by all parties and assurance will be sought	IJB reports IJB Board Survey	2, 4, 5, 8, 9
		Agree clear timeline for the transfer of accountability to the IJB for those functions that remain with constituent partners Complete due diligence work on transfer of NHS operational management of services and Assurance mapping	as required. Decisions will be taken in the right place, with all necessary information to inform the decision provided.	NHS FV Board report Integration Progress reports	
				Chief Officer Reports Audit Assurance	
1.1c	Establish operational Integrated Locality Teams	Develop the locality model, including the measurement of impact of locality model and identification of next steps, with clear timelines	Localities will drive positive change and the way resources are utilised will change Third sector involvement will be embedded in the locality structures and locality plans	Chief Officer report IJB Performance report Annual Performance Report	2, 3, 4,5, 9
		Progress work to structure locality budgets	Engaging with the public will be a key aspect of locality development and support collaborative	Chief Finance Officer report	
		Develop participation and engagement programmes to support the co-design of locality plans and service transformation	Through collaboration with communities and CPP, locality plans will be developed and delivered Locality plans encompass all community facing health, social and wellbeing services available Partnership will be able to measure the impact of the locality model in meeting service user and carer outcomes	Participation and Engagement Programme and progress reports	
1.1d	 Develop and implement: Organisational Development plan Integrated Workforce Plan 			Organisational Development plan Integrated Workforce Plan	
				IJB Development Plan	

Key Feature	Improvement Actions	Linked improvement actions	Expected outcomes	IJB assurance arrangements	Links to IJB Strategic Risk Register
1.2	Relationships and collaborative working	between partners must improve			
1.2a	Co-design a 'Working with Communities, Working with Third Sector' framework / strategy that aligns joint commitment to partnership outcomes	Develop the concept of the third's sector's dual role as professional partner and as delivery partner. (TSI action)	The third sector partnership is looked at from a strategic and operational delivery perspective There are strong links with Community Planning and work in local communities on what people want/need to make their lives, health and	'Working with Communities, Working with Third Sector' framework	1, 3, 7, 8
		Third sector representatives lead IJB development session on understanding the diversity of the sector and to consider ways to re-orient the relationship and work more routinely as 'equal partners' rather than as stakeholders	wellbeing better Capacity in our communities will build on local assets to enhance earlier intervention and selfmanagement	IJB Development session	
		CCHF to develop representation and communication mechanisms in wider health and social care related partnership groups	Carer and services user representatives are embedded across all service review and redesign	IJB report Third Sector Impact report	
			Service changes will be co-designed and co- produced		
	Links to 1.1d Links to 4.4				
1.3	Relationships and partnership working w	vith the third and independent sectors must improve			
	Links to 1.2				
2	INTEGRATED FINANCES AND FINANCIAL	PLANNING			
2.1	Health Boards, Local Authorities and IJB'	s should have a joint understanding of their respective financi	al positions as they relate to integration		
2.1	Improve the understanding of the whole system impact of finance and service decisions.	Agree a set of financial principles to be followed by Partners and the IJB.	All stakeholders will be clear about the process that should be followed to ensure the full impact of finance and service decisions is understood and that there has been appropriate consultation.	IJB reports Chief Finance Officer report	1, 2, 4, 5
	Links to 1.1b Links to 1.2b				
2.2	Delegated budgets for IJB's must be agre	eed timeously		•	
2.2	Target investment to meet strategic objectives over period of Strategic Plan, in line with medium term financial planning and evidence based transformation planning	Develop the medium term financial plan, building on word carried out by partners. Align the medium term financial plan closely to the Strategic and Locality Plans, to include review of assumptions and scenarios around demographic growth etc	There is transparency on both sides of the budget, with full awareness of the risks, budget gaps and how the total IJB budget can be best use to bring about the transformation needed Building a better understanding of	Chief Finance Officer report IJB Performance report	1, 2, 5, 8

Key Feature	Improvement Actions	Linked improvement actions	Expected outcomes	IJB assurance arrangements	Links to IJB Strategic Risk Register
		In collaboration with partners, budget timeframes should be reviewed to better align the budget setting process. There must be sufficient time for partners to develop their budgets and for the IJB to subsequently review and approve their own budgets by 31 March.	interdependencies across the whole health and social care system, including modelling of these interdependencies, will help to unify the budget Budget planning is based on evidenced need, rather than focussing on deficit Move away from finances being identified as belonging to a constituent partner, allowing for enhanced strategic commissioning and effective monitoring against performance The delegation of the operational management of NHS services to the Partnership should help to align the annual budget setting process for the Partnership as a whole, and facilitate the development of savings from a whole systems approach.	Chief Finance Officer report	
	Links to 1.2b Links to 2.1				
2.3	Delegated hospital budgets and set aside	requirements must be fully implemented		<u> </u>	1
2.3a	Develop and provide transparent set aside and delegated hospital budgets with clear understanding of how best to use these budgets to meet local needs, improve outcomes and achieve transformation (and a balanced long term budget)	Set up an expert working group on a Forth Valley wide basis as set out by the Scottish Government in the six steps for implementation of the set aside guidance. Main expectations of the group are: • to develop an understanding of the baseline bed capacity used by Integration Authority residents in the delegated specialties • to develop an understanding of the baseline resources affected as a result of the bed capacity used by Integration Authority residents in the delegated specialties • to develop projections and agree a plan for the capacity that will be needed in future • to monitor implementation of the plan	Clarity on activity levels and how this impacts on resources. A clear plan moving forward for managing activity and projecting future requirements. A shared understanding of the set aside activity and associated resource across the Partnership.	Chief Finance Officer report IJB Performance report Directions to partners Unscheduled Care Programme Updates Governance of new group to be established and reporting lines clarified.	1, 2, 5, 8
2.3b	Develop a suite of principles to facilitate a review of acute sector arrangements.				
2.4	Each IJB must develop a transparent and	prudent reserves policy			
	Links to 2.2				
2.5	Statutory partners must ensure appropri	ate support is provided to S95 Officers			
	Links to 3.1				

Key Feature	Improvement Actions	Linked improvement actions	Expected outcomes	IJB assurance arrangements	Links to IJB Strategic Risk Register	
2.6	IJBs must be empowered to use the total	lity of resources at their disposal to better meet the needs of t	heir local population			
2.6	Improve financial transparency to ensure a full awareness of risks, budget gaps and how the IJB budget can be best used to bring about the transformation needed	Agree on how decisions are made on services and how outcomes and budgets are monitored	A better understanding across the Partnership of the financial position and associated risks and opportunities. Clear, evidence based agreement on co-ordination of services in place Effective collaboration with Clackmannanshire and Stirling HSCP ensures consistency of approach for Forth Valley wide commissioned services	IJB reports	2, 4, 5, 9	
	Links to 1.1 Links to 2.1 Links to 2.2 Links to 2.3					
3	EFFECTIVE STRATEGIC PLANNING FOR IM	IPROVEMENT				
3.1	Statutory partners must ensure that Chie	ef Officers are effectively supported and empowered to act on	behalf of the IJB			
3.1	Ensure that there are sufficient resources in the Chief Officer's team and the Board, to support the successful operation of the Board, its committees and sub groups	Identify clearly what staff are available to provide support services and additional capacity requirement e.g. risk management, planning, performance, quality improvement, comms, HR, legal services etc.	Both partners provide support to ensure that transparency, timely information and ongoing monitoring and reporting of progress on savings plans and budgetary control is an integral part of the work of the IJB and its Audit Committee.	Support Services Agreement	4	
		Review support provided to the Chief Finance Officer to ensure it is robust and adequate to meet the requirements of the role.	All new IJB members have an induction programme to the IJB and business	Chief Finance Officer report Support Services Agreement		
		Review support for Chair and IJB. Further development of roles of IJB members especially in terms of governance.		IJB Development Plan Support Services Agreement		
		Ensure that non-voting representatives are linked to appropriate forum to ensure appropriate consultation.		IJB reports		
	Links to 4.1					
3.2	Improved strategic inspection of health	and social care is developed to better reflect integration	I	I	1	
	Not for completion – national bodies resp	oonsible				
3.3	National improve bodies must work mor	re collaboratively and deliver the improvement support partne	erships require to make integration work			
	Not for completion – national bodies responsible					
3.4	Improved strategic commissioning arran	gements must be put in place				
3.4	Ensure robust commissioning arrangements are in place	Review role of Strategic Planning Group and their contribution to strategic commissioning and planning	Better use of data will inform service review, development and investment	IJB report SPG Terms of Reference	1, 3, 5, 6, 7, 8	

Key Feature	Improvement Actions	Linked improvement actions	Expected outcomes	IJB assurance arrangements	Links to IJB Strategic Risk Register
		Develop strategic commissioning plan that clearly shows how reserves are used to support change and improvements Consider future participatory budgeting and how we might build this in		IJB reports Commissioning Plans IJB Performance report Annual Performance Report Chief Finance Officer report Partnership Funding report	
		Review and develop new Market Facilitation Plan		Market Facilitation Plan	_
3.5		ioning of delegated hospital services must be in place			
	Links to 2.3				
4	GOVERNANCE AND ACCOUNTABILITY AF	RRANGEMENTS			
4.1	The understanding of accountabilities ar	nd responsibilities between statutory partners must improve			
4.1	Review governance and decision making processes to ensure they are fit for purpose and that accountabilities are clear	Develop robust and transparent scrutiny and challenge mechanisms/opportunities through IJB and its governance groups for strategic planning input from all partners, including services users and carers Clarify governance and accountability arrangements for all in scope functions and budgets and monitor to ensure IJB is making decisions Ensure the Strategic Plan, Carers Strategy, and other plans have SMART delivery plans that measure impact	Decisions on IJB functions and services are taken within the IJB governance process Clear governance for decision making, responsibility and accountability is established	Integration Scheme Audit Committee report Committee structure and terms of reference IJB report Audit Committee report Decision making audit IJB report Annual Performance Report	2, 4, 6, 7, 8, 9
4.2	Accountability processes across statutor	y partners will be streamlined			
	Links to 3.4 Links to 4.1				
4.3	IJB chairs must be better supported to fa	cilitate well run Boards capable of making effective decisions	on a collective basis	1	1
	Links to 3.4				
4.4	Clear directions must be provided by IJB	s to Health Boards Local Authorities	,	•	•
	Develop and expand the use of directions, which should be the end result of positive conversations.		Detailed directions will focus on service change, transformation and improved clarity around decision making aligned to strategic priorities	Chief Finance Officer report IJB Performance report Directions to partners	5, 1, 2

Key Feature	Improvement Actions	Linked improvement actions	Expected outcomes	IJB assurance arrangements	Links to IJB Strategic Risk Register
4.5	Effective, coherent and joined up clinical	and care governance arrangements must be in place			
4.5	Continue to develop the Clinical and Care Governance Committee (CCGC)	Adjust the Clinical and Care Governance Terms of Reference to ensure that the third sector is always represented	All services understand the role of the CCGC and respond appropriately Good practice is highlighted and shared	CCGC report CCGC Framework CCGC minutes to the Board CCGC Annual Assurance report to the IJB CSWO Annual report Unscheduled Care Programme Board update	2, 3, 6, 7, 8, 9
5	ABILITY AND WILLINGNESS TO SHARE IN	FORMATION		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
5.1	IJB annual performance reports will be b	enchmarked by Chief Officers to allow them to better underst	and their local performance data		
5.1a	Link to national work with Chief Officers to streamline Annual Reports for benchmarking.			IJB Reports National Audit Reports	6, 8
5.1b	Evolve process as the new localities develop.			IJB Reports	6, 8
5.2	Identifying and implementing good pract	tice will be systematically undertaken by all partnerships			
5.2	Develop systematic process for collection and sharing of good practice regularly at a local level, in addition to Annual Reporting.			IJB Reports National Audit Reports	6, 8, 1
5.3	A framework for community based healt	th and social care integrated services will be developed			<u> </u>
	Not for completion – national bodies resp	ponsible			
6	MEANINGFUL AND SUSTAINED ENGAGE	MENT			
6.1	Effective approaches for community eng	agement and participation must be put in place for integration	า		
6.1	Review the role of the Participation and Engagement Group and Strategy to support partners to plan and develop engagement and participation approaches Links to 1.1c.	Review and revise the Participation and Engagement Group and Strategy.	Localised public communications under the Falkirk HSCP brand will focus on positive health literacy and self- management and wellbeing and the role of all stakeholders, including individuals Engagement standards are implemented to ensure a systematic approach across the Partnership IJB reports will to identify where engagement with the public impacted on the change /design of a	Participation and Engagement Strategy IJB reports Annual Performance Report	3

Key Feature	Improvement Actions	Linked improvement actions	Expected outcomes	IJB assurance arrangements	Links to IJB Strategic Risk Register
6.2	Improved understanding of effective wo	rking relationships with carers, people using services and local	communities is required		
	Links to 1.1c Links to 6.1				
6.3	We will support carers and representative	ves of people using services better to enable their full involven	nent in integration		
	Links to 1.1c Links to 6.1				

Key: MSG Key Features

MSG Proposal	Rating
Key Feature 1: Collaborative leadership and building relationships	
1.1: All leadership development will be focused on shared and collaborative practice	Partly established
1.2: Relationships and collaborative working between partners must improve	Partly established
1.3: Relationships and partnership working with the third and independent sectors must improve	Partly established
Key Feature 2: Integrated Finances and Financial Planning	+
2.1: Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration	Partly established
2.2: Delegated budgets for IJBs must be agreed timeously	Partly established
2.3: Delegated hospital budgets and set aside budget requirements must be fully implemented	Not yet established
2.4: Each IJB must develop a transparent and prudent reserves policy	Partly established
2.5: Statutory partners must ensure appropriate support is provided to IJB S95 Officers	Partly established
2.6: IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations	Partly established
Key Feature 3: Effective strategic planning for improvement	+
3.1: Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB	Partly established
3.4: Improved strategic planning and commissioning arrangements must be put in place	Partly established
3.5: Improved capacity for strategic commissioning of delegated hospital services must be in place	Not yet established
Key Feature 4: Governance and accountability arrangements	+
4.1: The understanding of accountabilities and responsibilities between statutory partners must improve	Partly established
4.2: Accountability processes across statutory partners will be streamlined	Not yet established
4.3: IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis	Partly established
4.4: Clear directions must be provided by IJB to Health Boards and Local Authorities	Partly established
4.5: Effective, coherent and joined up clinical and care governance arrangements must be in place	Partly established
Key Feature 5: Ability and willingness to share information	
5.1: IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data	Established
5.2: Identifying and implementing good practice will be systematically undertaken by all partnerships	Established
Key Feature 6: Meaningful and sustained engagement	
6.1: Effective approaches for community engagement and participation must be put in place for integration	Established
6.2: Improved understanding of effective working relationships with carers, people using services and local communities is required	Established
6.3: We will support carers and representatives of people using services better to enable their full involvement in integration	Partly established

Key: IJB Risk Register

1	There is a risk that the IJB will fail to deliver its strategic objectives due to funding pressures and/or demographic pressures
2	There is a risk that the IJB fails to deliver its strategic objectives due to a lack of clarity and/or agreement in respect of governance arrangements
3	There is a risk that the IJB fails to develop effective links with communities, the third, independent and housing sectors and other partners, leading to poor relationships and failure to deliver the
	strategic outcomes
4	There is a risk that the IJB fails to delivery its strategic objectives due to a lack of capacity and infrastructure
5	There is a risk that Directions, and therefore the Strategic Plan, are not delivered
6	There is a risk that the IJB does not receive assurance from assurance providers in respect of performance and quality control
7	There is a risk that the IJB fails to commission quality services from both statutory partners and the independent sector
8	There is a risk that the IJB does not deliver improvements in unscheduled care
9	Transition of Operational Management of NHS Services to Partnerships