

### 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.	The Chief Officer is not fully recognised as pivotal in providing leadership.  Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.  Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	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.  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.
Our Rating				
Evidence / Notes	<p>A rating of 'Partly established' was agreed during the IJB Development session on 10 May 2019.</p> <p>Further understanding and clarity is required regarding the unique, pivotal role, responsibilities and accountability of the Chief Officer. In addition, it was also noted that whilst support requirements have been acknowledged, that this capacity needs to be progressed at pace in order for the Chief Officer to fully and effectively undertake appropriate leadership and accountability.</p> <p>The integrated management structure, which is currently being recruited to, has been informed by the Chief Officer. The support of the two Chief Executives demonstrates their commitment and support to integration and the role of the Chief Officer.</p> <ul style="list-style-type: none"> <li>Support structure will further enable engagement of IJB members, through efficient and timeous provision of information with realistic consultation periods for representatives.</li> </ul>			
Proposed improvement actions	<ul style="list-style-type: none"> <li>Ensure that there are sufficient resources in the Chief Officer's team to support the successful operation of the Board, its committees and sub groups. This should include identifying what additional staff and resources are needed to deliver this.</li> <li>Identify clearly what staff are available to provide support services e.g. risk management, HR, legal services etc.</li> <li>Clearer leadership messages about the Chief Officer role, to help describe the joint responsibility and accountability.</li> </ul>			

<b>Proposal 3.2</b>				
<b>Improved strategic inspection of health and social care is developed to better reflect integration.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE			
<b>Proposal 3.3</b>				
<b>National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

<b>Proposal 3.4: Improved strategic planning and commissioning arrangements must be put in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements.  The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements.  The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs.  The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>A rating of 'Partly Established' was agreed at the IJB Development session on 10 May 2019.</p> <p>There has been improvement in this area, however the approach remains variable across service areas. Good practice is cited in the production of integrated plans, such as the Carers Act, Home Care, Primary Care Improvement Plan, Mental Health and Annual Winter Plan. However, there are still areas for improvement. Comments included:</p> <ul style="list-style-type: none"> <li>• Strategic plan is good but not strongly linked to available resources. IJB struggles to know if resources are utilised effectively and gain maximum impact / value for money.</li> <li>• Strategic planning, and /or funding and commissioning of in-scope services where the third sector has a significant role and impact, are at times planned for, funded and /or commissioned outwith the IJB. - Example- addiction services. It's unclear how some of this fits together and what the decision making process has been. Therefore, in some instances it is difficult to assess if the third sector is effectively engaged in these planning processes.</li> <li>• Locality planning and commissioning is still in development.</li> <li>• The Corporate Services agreement remains an outstanding action. The Chief Officer has highlighted in report the lack of capacity for planning and performance.</li> <li>• Our Chief Officer, Board and Leadership Groups as well as wider stakeholders and partners have done a lot of engagement and work in relation to strategic planning and we have a Strategic Plan we can be proud of.</li> <li>• Although the processes are clearly in place for Falkirk, there is much less clarity about how a service is funded across IJB boundaries, particularly when there is a lack of funding in the other IJB area.</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Develop robust and transparent scrutiny and challenge mechanisms/opportunities in place through IJB and its governance groups for strategic planning input from all partners, including services users and carers.</li> <li>• Investment must be targeted to meeting our strategic objectives over period of Strategic Plan, in line with medium term financial planning and evidence based transformation planning.</li> <li>• Make better use of data in order to further develop service and direct investment.</li> <li>• Improve clarity on how we are commissioning to meet self directed support aims and to develop community based alternatives.</li> <li>• Further develop links with Community Planning and work in local communities on what people want/need to make their lives, health and wellbeing better.</li> <li>• Increase capacity for planning, performance, and quality improvement.</li> <li>• Review and refresh Market Facilitation Plan.</li> <li>• Continue to collaborate effectively with Clackmannan and Stirling Partnership, to ensure consistency of approach for Forth Valley wide commissioned services.</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 across of pressure, challenges and opportunities.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>A rating of 'Not yet established' was agreed at the IJB Development session on 10 May 2019.</p> <p>There were a high number of non-responses for this question.</p> <p>Comments provided suggested that there is significant need for improvement within this area. An example of good practice cited:</p>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>Set up a task and finish group to produce and deliver a plan to progress this area of work taking account of the 6 steps guidance.</li> </ul>			

## Key Feature 4: Governance and accountability arrangements

### Proposal 4.1: The understanding of accountabilities and responsibilities between statutory partners must improve.

Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.  The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>A rating of 'Partly established' was agreed during the IJB Development session on 10 May 2019.</p> <p>It was generally agreed that there remains a lack of clarity about accountability and decision making processes. As a result, Officers are required to work in a context of multiple layers of scrutiny prior to decision. In addition, clarity is required regarding who the Chief Officer is accountable to. The current dual accountability is complex and can stifle progress. Comments included:</p> <ul style="list-style-type: none"> <li>• Some aspects of the structure have been developed, for example the Clinical &amp; Care Governance Group, however requires time to evolve in its role and remit to fully support the partnership.</li> <li>• Decisions continue to be made in constituent partners about IJB functions.</li> <li>• Lack of clarity around who plans what and where beyond the strategic leadership levels makes it difficult for third sector partners to engage well and collectively. This could lead to lack of engagement and missed opportunities for innovation and joint working.</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Where functions remain with constituent partners, clear timeline is required regarding transfer of accountability to the IJB.</li> <li>• Complete an audit of decision making.</li> <li>• Clarify governance and accountability arrangements for all in scope functions and budgets and monitor to ensure IJB is making decisions.</li> <li>• Raise awareness with Executive teams in the Council and Health Services to better understand the governance implications of integration.</li> </ul>			

<b>Indicator 4.2: 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>A rating of 'Not yet established' was agreed during the IJB development session on 10 May 2019.</p> <p>The group generally agreed that there was considerable work to be progressed within this area, however progress has been made. The complex national landscape can present a challenge to this process. It was suggested that the IJB should request further guidance from Scottish Government.</p>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Develop and implement organisational development plan.</li> <li>• Clarify decision making processes.</li> <li>• 'Walk through' sample of services to gather greater understanding.</li> <li>• Undertake decision making audit.</li> <li>• Develop overall strategy for responsibility.</li> </ul>			

<b>Proposal 4.3: 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>A rating of 'Partly Established' was agreed at the IJB Development session on 10 May 2019.</p> <p>Feedback highlighted that there has been significant progress over the past 12 months to better understand collective roles and in particular the strategic planning, commissioning and oversight role of the IJB and how it seeks assurance from both the Council and Health Board. The IJB was noted as being well chaired and inclusive in its debate. It was also noted that 'The Chair and Vice Chair have worked hard to get us to a good place and our new Chair and Vice Chair have had excellent role models. Chief Officer and her team have in response to requests provided a number of well planned development sessions'.</p> <p>However, further comments and feedback also highlighted that there remains issues regarding timeous provision of IJB reports, which can mean that representatives do not have sufficient time to consult with the wider sector/group that they are representing. This reduces scope for meaningful input.</p> <p>It was also noted that the time commitment on voting members is significant and more than some anticipated. Further comments included:</p> <ul style="list-style-type: none"> <li>• Not all new IJB members take up the offered induction, it should be mandatory.</li> <li>• Chair requires more support and pre agenda requires improvements. Improved engagement by IJB members but could be better.</li> <li>• There has been some difficulty with the timeous issue key papers for example integrated structures and governance.</li> <li>• The administration of the IJB requires support. There has been a lack of capacity with HSCP.</li> <li>• There is a need for more time for partners around the table at the IJB to have time to consider decisions, early papers and for agendas to be sharper, with Board reports in the main being about decision making. However, information should be provided to the Board as information bulletins in the same way as the Council. This keeps the Board informed and gives the ability to ask questions.</li> <li>• There is a lot of positive work including development sessions but still some work needed.</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Review support for Chair and IJB. Further development of roles of IJB members especially in terms of governance.</li> <li>• Improve links with national Chairs group and identify and provide support.</li> <li>• Ensure that new IJB members are provided with induction to IJB and business.</li> <li>• Ensure that non-voting representatives are linked to appropriate forum to ensure appropriate consultation.</li> <li>• Create opportunity for collective problem solving.</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>A rating of 'Partly Established' was agreed at the IJB Development session on 10 May 2019.</p> <p>Responses noted that although directions are in place and beginning to be applied, there is room for improvement. Responses noted that the Chief Finance Officer has indicated in recent IJB report her intent to improve directions and report back in June.</p>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>Develop and expand the use of directions, which should be the end result of positive conversations.</li> </ul>			



**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				
Evidence / Our Notes	<p>A rating of 'Partly established' was agreed during the IJB Development session on 10 May 2019.</p> <p>It was agreed that although arrangements have been agreed, the group is relatively new and requires some time to develop. This is proving positive in terms of overcoming/challenging professional biases. Comments included:</p> <ul style="list-style-type: none"> <li>• The CCG committee has developed over the last year which has led to an improved understanding of CCG and the remit of the committee. The Chair of the NHS Clinical Governance committee also chairs the IJB CCG.</li> <li>• Our Clinical Care and Governance group is maturing well and has done some positive work on drug deaths and other issues.</li> <li>• Good sharing of information with learning built in.</li> <li>• This is established although early in its development it has been moving forward positively.</li> </ul>			
Proposed improvement actions	<ul style="list-style-type: none"> <li>• Continue to develop committee.</li> <li>• All services need to understand role of this committee and respond appropriately. IJB also needs to understand role. Need to develop this in context of localities.</li> <li>• Adjust the Clinical and Care Governance Terms of Reference to ensure that the third sector is always represented.</li> </ul>			

<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 underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>A rating of 'Established' was agreed at the IJB Development session on 10 May 2019.</p> <p>It was noted that the Chief Officer is supported in preparing and presenting Annual Report to reflect local system and the outcomes of the IJB's defined population. Benchmarking has been useful and acknowledges a continuing and developing process with ongoing self evaluation based on previously agreed key areas of work.</p>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Link to national work with Chief Officers to streamline Annual Reports for benchmarking.</li> <li>• Evolve process as the new localities develop.</li> </ul>			

**Proposal 5.2: Identifying and implementing good practice will be systematically undertaken by all partnerships.**

Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.</p>	<p>Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.</p> <p>Better use could be made of inspection findings to identify and share good practice.</p>	<p>The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.</p> <p>Inspection findings are routinely used to identify and share good practice.</p>	<p>Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.</p> <p>Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.</p> <p>All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.</p>
Our Rating				
Evidence / Notes	<p>A rating of 'Established' was agreed during the IJB Development session 10 May 2019.</p> <p>It was agreed that the Annual Review includes examples of good practise e.g. revised procurement strategy, day care services review, home care review and innovative pilots and developments.</p> <p>The groups also discussed that at a local level, collection and sharing of good practice is not yet systematic across all services. It was agreed that this practice is developed at IJB level, but requires development at locality level.</p> <ul style="list-style-type: none"> <li>• Extract from Annual Report 'During the year we have embarked on an ambitious change programme to reshape the way we support adults in our communities and developing how our integrated health and social care services will be delivered on a locality basis. Work has progressed to support the delivery of our five priority outcomes. This ranges from the implementation of the new commissioning contract for care at home to the recent introduction of 'Living Well Falkirk' a web based tool to improve access to information, support and advice to support health and wellbeing. Our work to improve supported discharges from hospital and reablement is now embedded in our service'.</li> </ul>			
Proposed improvement actions	<ul style="list-style-type: none"> <li>• Develop systematic process for collection and sharing of good practice regularly at a local level, in addition to via Annual Reporting.</li> <li>• Link to national network to benchmark and learn from other HSCPs.</li> </ul>			

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				
Evidence / Notes	<p>A rating of 'Established' was agreed during the IJB Development session on 10 May 2019.</p> <p>The group agreed that engagement has significantly improved over the past year, with examples being cited including developments regarding Day Services for younger adults, work around local implementation of the Carers Act and development of the refreshed Strategic Plan. Acknowledgement was also given to the need for continuous improvement to ensure that learning from previous experience is used during future engagement and that best practice is shared across the Partnership, this includes how best to work with specific groups who may face barriers to participation. The recent recruitment of HSCP Community Learning &amp; Development Practitioners within localities and links with Community Planning Partners in relation to locality plans should support sustained community engagement as localities develop. Comments also included:</p> <ul style="list-style-type: none"> <li>• Engagement is in place, but can be limited. Co-design involvement examples exist but are not yet fully embedded.</li> <li>• Recent Care inspectorate report highlights improved engagement with homecare service users including surveys, telephone calls and set up of service users' forum.</li> <li>• We are widely respected for the amount of engagement we have with stakeholders and partners.</li> <li>• The recent initiatives in terms of community working (CLD capacity, developments in Community Link Work and Community Led Support).</li> </ul>			
Proposed improvement actions	<ul style="list-style-type: none"> <li>• Develop engagement programmes to support locality planning and service transformation.</li> <li>• Continue to collaborate with communities and CPP to develop and deliver locality plans. Continue to develop mechanisms for service user engagement/ performance measures.</li> <li>• Refresh the role of the Participation and Engagement Group and Strategy to support partners to plan and develop engagement and localised public communications under the Falkirk IJB brand.</li> <li>• Implement engagement standards to ensure a systematic approach across Partnership.</li> <li>• A requirement for reports to identify where engagement with public had impacted on the change /design of a service.</li> <li>• Development of locality participation, engagement and co-design plans.</li> </ul>			

<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>	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.
<b>Our Rating</b>				
<b>Evidence / Notes</b>	<p>A rating of 'Established' was agreed during the IJB Development session on 10 May 2019.</p> <p>As noted within 6.1, in addition to engagement embedded within the service re-design/development process, the recent recruitment of HSCP Community Learning &amp; Development Practitioners within localities and links with Community Planning Partners in relation to locality plans should support sustained community engagement as localities develop. The group noted there is a need for reorientation of the relationship that we have with communities; we currently discuss wanting to work with public rather than to public. Further comments included:</p> <ul style="list-style-type: none"> <li>• While evidence of good practice there, it is usually within specific population demographics or groups. For example, the work with Carers groups is exemplary. However, we do not plan for this relationship strategically on a general basis and this is much more difficult to do for the diverse general population.</li> <li>• We do not jointly plan our communications strategically to support our strategic plan aims to reorient relationships with public.</li> <li>• Representation on Board itself by service user and carer reps is very good.</li> <li>• Home care recent inspection shows evidence of engagement and implementing service users, carer's feedback.</li> <li>• Prior to our Day services review huge amounts of engagement took place with very little upset despite 2 of our day centres closing. The aim was to provide a more holistic service and that aim has been achieved with dates for mates and other community hubs being established.</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Refresh Communications and Engagement plans with messages focused on developing positive health literacy and self- management and wellbeing and the role of all stakeholders, including individuals.</li> <li>• Require capacity for communications support for communication and engagement.</li> <li>• Locality development of general public relationship should be a key aspect of locality plans and should encompass all community facing health, social and wellbeing services that might be available in a locality setting.</li> <li>• Continue to develop and improve joined up approach to third sector</li> <li>• Consider future participatory budgeting and how we might build this in.</li> <li>• Ensure that IJB papers are issued in sufficient time to ensure carer, service user and third sector representatives are able to work with their "constituents" regarding their views.</li> </ul>			

<b>Proposal 6.3: 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>A rating of 'Partly established' was agreed during the IJB development session on 10 May 2019.</p> <p>During the session this area was highlighted as being the 'most important thing to fix'. There are areas of good practice, for example the Carers strategy. The manager of the Carers Centre is on our Strategic Planning Group and carers are involved at every level of decision making with their opinions valued and sought on everything from procurement to addiction services. However, there is room for improvement in relation to a more systematic application of this approach. Further comments included:</p> <ul style="list-style-type: none"> <li>• We should do more to involve carers and service users to share their experiences across all areas</li> <li>• Carer and service user representatives on the IJB and Strategic Planning Groups have good opportunity to participate, however there is a need for time and support to enable them to engage with others and provide fully representative input.</li> <li>• This is high on the agenda of public meetings. Talking to other members of the public they seem to feel that they can communicate when needed.</li> </ul>			
<b>Proposed improvement actions</b>	<ul style="list-style-type: none"> <li>• Embed structure of carer and services user representatives across all service review and re/design.</li> <li>• Ensure that IJB papers are issued in sufficient time to ensure carer, service user and third sector representatives are able to work with their "constituents" regarding their views.</li> <li>• Review support provided for representatives to participate e.g. sufficient expenses, support with accessing the IJB and if needed care support (e.g. if we had a representative who require a PA support or a carer who needed replacement care)</li> <li>• Possible group of users to be built in to existing structures.</li> <li>• Monitor delivery and performance of local Carers strategy via SMART objectives.</li> <li>• Review progress at Strategic / Operational and Delivery levels to ensure strategy is translated into delivery and measure impact.</li> </ul>			