

# **Ministerial Strategic Group for Health and Community Care**

## **Integration Review Leadership Group**

### **Self-evaluation**

For the Review of Progress with Integration of Health and Social Care

March 2019

## **MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG) REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION**

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4<sup>th</sup> February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

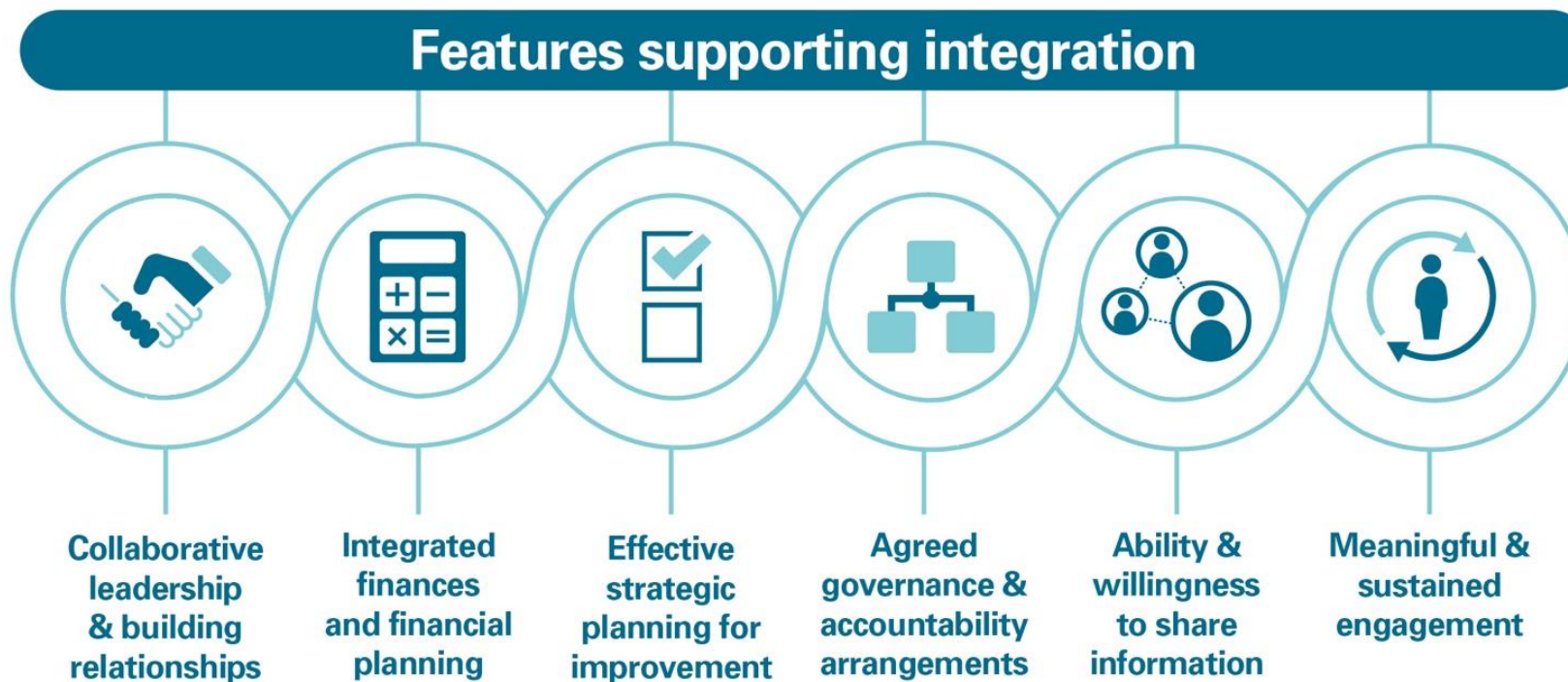
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

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

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



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<b>Date of completion</b>	5 <sup>th</sup> May 2019

<b>Key Feature 1</b> <b>Collaborative leadership and building relationships</b>				
<b>Proposal 1.1</b> <b>All leadership development will be focused on shared and collaborative practice.</b>				
<b>Rating Descriptor</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>Our focus in the early years involved disaggregating and decentralising NHS services, to identify which services should come into the new HSCP. This included a number of significant, large hosted services (Prisoner Healthcare, Inpatient Mental Health, Dentistry and Podiatry) on behalf of NHS Tayside and the other HSCPs. Since then we have developed an 'aligned' rather than an 'integrated' structure. However, locally and at the frontline we have some examples of integrated, multi-disciplinary working.</p> <p>We currently collaborate effectively through senior managers' involvement in a number of strategic groups, including; Community Planning; Public Protection; Clinical, Care and Professional Governance; Transforming Tayside, etc.</p> <p>While we have shared and collaborative leadership we recognise there is much more that can be achieved in this regard and from improvement here. We will be restructuring in the course of this year to achieve greater integration, which will lend itself to more collaborative leadership, supported by greater opportunities for leadership development. An integrated structure will result in greater opportunities for co-location and for shared services that will reduce duplication, improve efficiency, provide better access to local services and contribute to improved outcomes.</p>			

<b>Proposed improvement actions</b>	<p>The development of our next three-year Strategic Commissioning Plan will set a shared vision and clear priorities which will align our collective and collaborative activity. In turn, leadership development activities and the creation of a workforce and organisational development plan will enable us to deliver the strategic priorities in a more integrated, innovative and sustainable way.</p> <p>Restructuring to achieve a more integrated organisational structure will enable us to improve opportunities for collaboration and support us in our ambition to develop a values-based, learning organisation with a positive, supportive culture. This will provide the direction and context for us to develop and deliver joint learning and development opportunities for our senior leaders.</p> <p>In response to the expected feedback from the Joint Inspection of the HSCP, we will develop further input for IJB members to ensure that they have an improved understanding of their roles and responsibilities.</p>
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<b>Proposal 1.2</b> <b>Relationships and collaborative working between partners must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
<b>Our Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>Successful Health and Social Care integration has required realignment of established cultures and working practices. Early work has sought to share best practice and to encourage mutual understanding of cultural and operational differences across the two statutory partner organisations.</p> <p>The HSCP now has a degree of maturity and with two new Chief Executives committed to integration we are optimistic that from a position of greater stability we will achieve better relationships and collaboration with and between our statutory partners. Statutory bodies are developing a clearer understanding of the pressures, cultures and challenges facing the HSCP, as well as the opportunities for progress. Trust and understanding between statutory partners is strong and developing further.</p> <p>The Chief Officer is a member of both statutory partners' Executive Teams and reports to the statutory partners' Chief Executives. The Chief Officer also benefits from the support of the statutory partners' executive team members, as well as the Chief Social Work Officer, an Associate Medical Director, a Lead Nurse and Lead AHP.</p>			
<b>Proposed improvement actions</b>	<p>Organisational restructuring will lend itself to improved working relationships, a shared ambition and collaborative endeavour. We will seek to achieve a positive, supportive culture that promotes a 'can do' approach and collective leadership.</p> <p>The introduction of a new, more integrated structure will support improvements in planning and performance and in clinical and</p>			

	<p>care governance. Continued collaboration across HR Departments will advance joint policies, align terms and conditions and enable more integrated working. A more integrated structure will support pooled budgets and better financial planning.</p> <p>The HSCP Strategic Plan will align with the 'Perth and Kinross Offer' and the ambitions of 'Transforming Tayside' as well as the Public Health Strategy, which will further support collaborative working and forge stronger relationships with and between the statutory partners, including with their wider functions through our collective commitment to Community Planning.</p>
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<b>Proposal 1.3</b> <b>Relationships and partnership working with the third and independent sectors must improve</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
<b>Our Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>Relationships with third and independent sector partners are strong. We have a Health and Social Care Strategic Forum, facilitated by PKAVS, our third sector interface. This connects third sector organisations into the HSCP and contributes to joint strategic planning and commissioning, organisational development, locality working, volunteering and quality assurance. Feedback from members confirms that the forum provides an effective means for raising issues and influencing the HSCP's direction and activity.</p> <p>Further, we are members of the Community Planning Partnership and are developing positive, collaborative relationships with the broad range of partner organisations working on the Community Plan.</p> <p>The Partnership works closely with Independent Contractors such as Care Providers, GPs, Dentists, Optometrists and Pharmacists in the delivery of Health and Care Services across Perth and Kinross. This has a degree of complexity and requires effective communication and collaboration as well as trusting working relationships.</p>			



<b>Proposed improvement actions</b>	<p>From a good starting point we will build on the effectiveness of our relationships with the third and independent sector, including through their participation and involvement in Strategic Planning and in the wider work of the HSCP as we develop a more preventative approach and greater reach into local communities. We recognise the need to work further with the third and independent sector to achieve a shared understanding and realistic expectations (given demand and resources) of our priorities for improvement.</p> <p>Through our commissioning and contracting activity we will work with independent and third sector partners to deliver better outcomes for service users and their carers. We will monitor how effectively and proactively our commissioned services deliver the ambition of the Health and Social Care Standards.</p>
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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
<b>Indicator</b>	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.  Improved longer term financial planning on a whole system basis is in place.
<b>Our Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>The Chief Officer is a member of both parent body Executive Leadership Team where the financial position is discussed. At Committee Level the Chief Officer and Chief Financial Officer attend the PKC Strategic Policy and Resources Committee. The Chief Officer attends the NHST Board.</p> <p>Regular supportive discussions take place with the Chief Officer and the Head of Finance PKC and the Deputy Director of Finance of NHST. In 2018-19, a number of joint discussions have taken place around budget-setting and financial recovery planning, involving Chief Executives and Senior Finance colleagues, evidencing a commitment to close and collaborative working.</p> <p>A monthly financial report is prepared by the Chief Financial Officer based on timely and robust forecasts provided by the integrated finance team. This is shared for input with Senior Finance Colleagues in both parent bodies. Similarly the CFO regularly is asked to input into the finance reports of both NHST and PKC.</p>			

	<p>A three-year Financial Plan for core and social care services has developed in partnership with Perth and Kinross Council. The budget setting process within PKC has supported this and in this financial year this provides uplift in excess of 11%.</p> <p>The CFO and the Deputy Director of Finance for NHS Tayside are working together to finalise the NHS contribution to the three-year plan.</p> <p>We have very positive working relationships between finance officers and teams and there is strong support for our move towards a more integrated HSCP budget.</p>
<b>Proposed improvement actions</b>	<p>Our revised strategic plan will require to have a financial plan sitting behind it and this will benefit from a shift towards greater pooling of our budgets, which will become seen as 'partnership' rather than 'health' or 'social care' budgets. The development of a more integrated structure will create further opportunities here.</p> <p>We will review our current risk-sharing agreement with both parent bodies.</p> <p>We will initiate Financial Recovery Plans and appropriate measures should early budget monitoring project significant overspends.</p>

<b>Proposal 2.2</b> <b>Delegated budgets for IJBs must be agreed timeously</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	<p>Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes.</p> <p>Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.</p>
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>Perth and Kinross Council's budget setting process supports timely agreement of their budget allocation to the IJB, in February for 2019/20 and indicatively for Year 2 and Year 3. The process supports wide opportunity for discussions with officers and Board Members around pressures, proposed transformation and efficiency proposals, ensuring wide understanding of the challenges, opportunities and strategic direction.</p> <p>For NHS Tayside, regular discussions between the Deputy Director of Finance and CFO have ensured clear budget offers by end of April 2019.</p> <p>There has been sufficient clarity in relation to budget assumptions from both parent bodies to allow 3 Year Financial Plans to be developed and approved.</p>			

<b>Proposed improvement actions</b>	We aim to align the budget setting timescales in future years across both parent bodies, enabling budgets to be set by 31 <sup>st</sup> March 2020.
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<b>Proposal 2.3</b> <b>Delegated hospital budgets and set aside budget requirements must be fully implemented</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements.  The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance.  The set aside budget is being fully taken into account in whole system planning and best use of resources.
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>The Older People and Unscheduled Care Board has set out developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget. A methodology for calculating the hospital budget and set aside has been agreed and financial figures and workings are available from the recent work carried out by Audit Scotland.</p> <p>The Older People and Unscheduled Care Board and the PRI Clinical Forum have been critical in helping us to understand the impact of changes in service provision and performance on the hospital budget and set aside. There is also joint working around service design in relation to some clinical pathways.</p> <p>The 3 Year Financial Plan for Core Health and Social Care Services sets out an anticipated shift in resources from bed-based to community services over the three year period.</p>			

<b>Proposed improvement actions</b>	We will ensure that the Older People and Unscheduled Care Board will be supported and resourced to take a strong leadership role in delivering the shift in the balance of care anticipated over the next three years.
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<b>Proposal 2.4</b> <b>Each IJB must develop a transparent and prudent reserves policy</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>In 2016/17 and 2017/18 under spends in social care were either carried forward by PKC or by the IJB to be utilised against social care priorities, or to support the overall financial position. All IJB reserves carried by Perth and Kinross Council have been fully utilised to manage projected overspends within 2019/20.</p> <p>In 19/20 the IJB will only hold earmarked reserves in relation to Action 15/ ADP/PCIF which both NHST and PKC fully support.</p>			
<b>Proposed improvement actions</b>	There is no likelihood of reserves being accrued in the short to medium term, given increased demand, recruitment challenges and the financial pressures on delegated and hosted budgets.			



<b>Proposal 2.5</b> <b>Statutory partners must ensure appropriate support is provided to IJB S95 Officers.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
<b>Our Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>The Chief Finance Officer works closely with colleagues in PKC and NHS Tayside to develop an integrated finance function to support the IJB. A core team is now in place based in the HSCP offices. Finance staff employed by both parent bodies, work as one team and provide strong and timely support to budget holders, to the CFO/CO and to the parent bodies.</p> <p>The breadth of the CFO role and the need for supporting capacity was recognised by the CFO in the early days after establishment and a proposal for a Partnership Accountant was put forward and strongly supported by both NHST and PKC.</p> <p>The good relationships developed with PKC and NHST colleagues ensure that conflicts of interest are avoided.</p> <p>At present, finance support to the hosted Inpatient Mental Health Service is not part of the HSCP integrated finance team and is not aligned to the CFO. The Deputy Director of Finance and the CFO are in discussion around the re-alignment of support from the NHST Finance Team to the HSCP.</p>			

<b>Proposed Improvement actions</b>	<p>Agreement with NHST to be reached on the effective alignment of finance support for Inpatient Mental Health which will improve the financial information available to the IJB.</p> <p>We are looking to develop a new structure below the Chief Finance Officer to ensure sufficient capacity.</p>
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<b>Proposal 2.6</b> <b>IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
<b>Our Rating</b>		<b>Partly established</b>		
<b>Evidence / Notes</b>	The risk sharing arrangements for the first three years of the partnership combined with the very public financial difficulties being faced by NHST have resulted in our resources being considered in an 'aligned' way than as a total delegated and integrated resource.			
<b>Proposed improvement actions</b>	Review our financial risk sharing arrangements to support the consideration of the budget as a total delegated resource.  Convene a workshop for IJB Members and Senior Officers to better understand the use of Directions  Review our budgets allocation and budget-holding responsibilities in the context of our Strategic Plan, better reflecting our strategic priorities and responding to locality needs assessment and inequalities.  Ensure integrated performance locality data in place to support financial monitoring.			

Key Feature 3 Effective strategic planning for improvement				
Proposal 3.1 Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
<b>Our Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>Perth and Kinross Council and NHS Tayside have provided a high level of support to the IJB and to the Chief Officer. The Chief Officer is a Director in the parent organisations, a member of the Executive Teams, attends the Board and Council and is directly accountable to both Chief Executives, who provide regular one to ones.</p> <p>The recently-appointed Chief Officer is considering the future organisational structure and will respond to the anticipated inspection findings by ensuring that there is sufficient infrastructure and capacity to support him in a range of key functions, such as; performance review; strategic and financial planning; clinical and care governance; audit and risk; communications; organisational and workforce development.</p>			

	As well as the support from both parent bodies Executive Group, the Chief Officer benefits from the support of the Council's Chief Social Work Officer, who is a member of the IJB and the Clinical and Professional Governance Forum.
<b>Proposed improvement actions</b>	<p>Continue to engage with Chief Executives of both parent bodies to;</p> <ul style="list-style-type: none"> <li>- advance the HSCP's Strategic Plan</li> <li>- seek appropriate levels of support and continued commitment from both statutory parties</li> <li>- ensure adequate capacity in the Senior team to support the HSCP's range of responsibilities</li> <li>- ensure alignment between the parent bodies' programmes, plans and strategies with those of the IJB/HSCP</li> <li>- progress organisational restructure to deliver an integrated structure and to ensure that behaviours, values and culture are aligned to a shared vision and purpose.</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</b> <b>Improved strategic planning and commissioning arrangements must be put in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	<p>Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements.</p> <p>The Local Authority and Health Board provide some support for strategic planning and commissioning.</p>	<p>Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements.</p> <p>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.</p>	<p>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.</p> <p>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.</p>
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>Since May 2018, the HSCP has been developing a new strategic delivery model made up of four strategic programmes of care, involving a range of stakeholders in strategic planning and operational developments.</p> <p>Recognising that there are challenges around our current approach to Strategic Planning, as well as the imminent publication of an inspection report, the IJB and both parent bodies have agreed that we can defer the production and publication of our next Strategic Plan until later in the year. This will inform a review of the current structures and systems for planning and commissioning.</p> <p>At locality level the Partnership offers representation and support to Local Action Groups as part of the Community Planning Partnership arrangements. This has been particularly evident through participatory budgeting.</p>			



<b>Proposed improvement actions</b>	<p>We anticipate that the findings from the recent inspection of Perth and Kinross HSCP will highlight areas for improvement in our current approach to strategic planning and to performance management. We are aware of the improvement necessary and plans are being developed to address these. This coincides with the development of our next Strategic Commissioning Plan over the next few months.</p> <p>This will provide an opportunity to reflect on how we might develop more effective arrangements for strategic planning that better analyses, anticipates and meets future need, through more effective engagement with citizens, communities and stakeholders, by advancing new models of care and new service offers, that help to address inequalities and to improve outcomes.</p> <p>In addition, further action will be required by the IJB and both parent bodies to take forward actions that achieve the ambition of the MSG's Review of Integration, as well as the recommendations from the Audit Scotland report.</p>
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<b>Proposal 3.5</b> <b>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.	<p>Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements.</p> <p>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.</p>	<p>Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets.</p> <p>There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.</p>
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>Through 'Transforming Tayside', the establishment of a Clinical Forum and our Unscheduled Care Pathway we are working with NHS Tayside and other stakeholders to review, consolidate and improve the range of services provided from the Perth Royal Infirmary site.</p> <p>The Older People and Unscheduled Care Board and the PRI Clinical Forum are considering changes in service provision and the impact this can have on the hospital budget and set aside. Dedicated programme and project management resources have been committed to support this work.</p>			

<b>Proposed improvement actions</b>	<p>We will review the progress of the work of the Older People and Unscheduled Care Programme Board and ensure that plans are fully developed and implemented.</p> <p>We will link this work to the activity being advanced under 'Transforming Tayside' and will further develop our approach to avoidable hospital admissions, reducing length of stay and support early discharge.</p>
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Key Feature 4 Governance and accountability arrangements				
Proposal 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve.				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	<p>Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.</p> <p>The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.</p>
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>We have in place systems and structures to support effective governance and define clear accountabilities. These include; the Perth and Kinross Integration Scheme; reporting arrangements to the IJB, Council, NHS Board and to the Audit and Performance Committee; Clinical and Care Governance arrangements; Strategic Risk Management Group; Staff Partnership fora; Complaints Procedure.</p> <p>We benefit from effective financial monitoring and reporting, across the aligned budgets allocated by both parent bodies.</p>			

<b>Proposed improvement actions</b>	<p>The IJB has agreed that a Care Governance Sub-Committee be convened and this will commence in the next month. We will develop a regular Performance Report and Review to aid managers, teams and Committee in their scrutiny of our performance against priorities.</p> <p>Further work is necessary to develop regular, robust and meaningful performance reporting and review for managers, teams and Committee.</p> <p>We have a local Joint Working Agreement which we will implement and which will support greater integration. This will enable us to better align HR processes, policy and procedure.</p> <p>With increased locality working we will explore local governance arrangements and the potential for further devolved budget. The introduction of a more integrated organisational structure will require us to enhance our clinical and care governance support to professional groups.</p> <p>With the governance and accountability structures of both parent bodies, as well as those of the IJB there is considerable duplication in reporting to potentially 5-6 different committees/fora/groups and thus great potential to explore a more integrated and efficient approach. We will review current arrangements and work with partners to explore the potential to reduce duplication.</p> <p>Health and safety and risk will be given greater focus, as a standing item on all team agendas.</p>
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<b>Indicator 4.2</b> <b>Accountability processes across statutory partners will be streamlined.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>The Chief Officer is a Director in NHS Tayside and Perth and Kinross Council, with direct accountability to both CEOs for performance. The Chief Officer has direct accountability to the Chair of the IJB and the Integration Scheme clarifies powers and accountabilities of each partner organisation. There is a clear understanding that decisions about the planning and strategic commissioning of delegated health and social care functions and hosted health functions sit with the IJB. However, there remains a degree of 'triple-tracking' across the three bodies, where decision made by the IJB are then considered by the Council and NHS Board.</p> <p>All minutes and IJB papers are published. All IJB meetings and Audit and Performance Committees are recorded and placed on You Tube for public record. IJB meetings are open to the public.</p> <p>Public Partners are active IJB members and take part in scrutiny and governance activities, as well as our Strategic Planning process.</p>			

<b>Proposed improvement actions</b>	<p>We aim to develop a more effective Communication Strategy to create a stronger identity for the HSCP, promote the work that is being progressed and the engagement being undertaken, while highlighting the new models of care being designed and delivered and the different ways that citizens can expect to interact with these.</p> <p>We will develop more effective Performance Reporting that aligns with strategic priorities and, if possible, with the requirements of both statutory partners, to reduce duplication and provide greater transparency.</p> <p>With partners we will consider whether it is appropriate to review the Integration Scheme.</p>
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<b>Proposal 4.3</b> <b>IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
<b>Our Rating</b>			<b>Established</b>	
<b>Evidence / Notes</b>	<p>The Chief Officer meets with the IJB Chair and Vice Chair regularly to discuss operational issues of significance and any matters that might have a wider public or political interest. The Chief Officer and Chief Financial Officer also meet the IJB Chair regularly to discuss progress on the strategic priorities for assurance, governance and accountability. The IJB Chair works with officers to set the IJB agenda and chairs a pre-Agenda meeting. The IJB Chair, and wider membership, has access to advice and support from the Council's Chief Social Work Officer.</p> <p>There are regular development sessions and visits for IJB members and the Chair, which induct new members, clarify their roles and responsibilities in respect of strategic planning, governance and scrutiny and orientate members to HSCP services.</p> <p>Public partners, representing service users and carers, participate fully as IJB members and benefit from additional support in their role, where this is necessary.</p>			



<b>Proposed improvement actions</b>	<p>The early reporting from the Joint Inspection has highlighted that some IJB Members do not feel fully included in decision making and have a degree of confusion around their roles and responsibilities. This may reflect a significant turnover in IJB Members over the three years since inception. However, the current induction and training/development programme is being refreshed and will include a IJB Member training needs assessment. This will inform a revised development programme for IJB members.</p> <p>To explore the development of objectives for IJB Members and appraisal by the Chair.</p> <p>We are looking at how to include independent sector representation on the IJB.</p>
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<b>Proposal 4.4</b> <b>Clear directions must be provided by IJB to Health Boards and Local Authorities.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	IJB Members are engaged in the work of the Budget Review group and have a good understanding of the IJB's financial position and actions being taken to achieve strategic shifts and to balance the budget. While directions are provided to partners around budgetary decisions, these are high level and do not direct change. The HSCP is aware that greater focus is required on implementing the use of Directions from the IJB to partner and parent organisations.			
<b>Proposed improvement actions</b>	<p>Two workshops have been arranged with Senior Management and IJB Members in May and June 2019 to ensure a full understanding of the legislation in respect of Directions and the process required to initiate such.</p> <p>We will benchmark with other IJBs and learning from their experience of using Directions. This, combined with the forthcoming statutory guidance, will inform and enhance our use of Directions.</p>			

<b>Proposal 4.5</b> <b>Effective, coherent and joined up clinical and care governance arrangements must be in place.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	<p>There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood.</p> <p>Necessary clinical and care governance arrangements are not well established.</p>	<p>There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making.</p> <p>Arrangements for clinical and care governance are not clear</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB.</p> <p>Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.</p>
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Our Notes</b>	<p>The HSCP has a structure for overseeing clinical, care and professional governance, which provides scrutiny, assurance and advice. This is supported by the Chief Social Work Officer from the Council, as well as the Associate Medical Director, Lead Nurse and Lead AHP. Our response to the findings of an internal audit report will provide us with opportunities to refine and enhance our arrangements in this regard.</p> <p>The HSCP also reports into NHS Tayside arrangements for Clinical and Care Governance and Strategic Risk, as well as to Perth and Kinross Council's Committees.</p>			
<b>Proposed improvement actions</b>	<p>The IJB has agreed that a Clinical, Care and Professional Governance Committee be convened to apply scrutiny, assurance and improvements to our governance arrangements.</p> <p>There is a need to look to streamline the arrangements between the HSCP and both parent bodies to ensure efficiency and</p>			

	effectiveness, align reporting arrangements, and reduce duplication.
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<b>Key Feature 5</b> <b>Ability and willingness to share information</b>				
<b>Proposal 5.1</b> <b>IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.</b>				
Rating	Not yet established	Partly Established	Established	Exemplary
<b>Indicator</b>	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>The HSCP has published Annual Performance Reports, the contents and focus of which have evolved to seek to provide more relevant and meaningful data on the Partnership's performance. It is recognised that further work needs to be done to move away from quantitative measures, to report more effectively and regularly on outcomes, impact, experience.</p> <p>The imminent publication of a report into the inspection of our HSCP highlights the need for us to review and develop our approach to performance reporting and to develop more routine, regular reports on performance in relation to functions and localities, with a focus on impact and outcomes.</p>			
<b>Proposed improvement</b>	In delivering a revised Strategic Commissioning Plan we will consider the arrangements, systems and structures in place to support this and enhance these to deliver better data and intelligence, pertaining to local and national outcome measures.			

<b>actions</b>	<p>We welcome the MSG proposal to benchmark Chief Officer's Annual Performance Reports nationally to report on impact and progress across local systems and to provide greater transparency and accountability. We will also work with HSCPs across Tayside to agree common measures and data and to achieve greater consistency in reporting.</p>
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<b>Proposal 5.2</b> <b>Identifying and implementing good practice will be systematically undertaken by all partnerships.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	<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>
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>We are about to receive the report of a recent Joint Inspection from HIS and the Care Inspectorate. This will necessitate a comprehensive Improvement Plan, with many of the required actions linked to the MSG Review of Integration and therefore the aspects covered elsewhere in this self-evaluation (for example, governance, performance, workforce planning, strategic commissioning and leadership).</p> <p>The inspection report will also identify areas where we have made good progress and where there is evidence of good practice, which we will recognise, promote and consolidate.</p> <p>In developing our Improvement Plan we will look to the progress and success achieved elsewhere in Scotland through benchmarking activity, a review of others' inspection reports, the Chief Officer's involvement in the National Chief Officers' Group</p>			

	and the improvement support available from both inspectorates.
<b>Proposed improvement actions</b>	<p>In response to the inspection findings we will introduce a robust, regular Performance Review and Report and will achieve ownership of this across the HSCP, in functional areas, teams and localities to ensure the 'golden thread' between individual objectives and performance, operational delivery and strategic priorities, monitoring. We will develop a model that provides monthly and quarterly reports, thus informing the Annual Performance Review.</p> <p>We will look to market the work of the HSCP internally and externally by; developing a Communication Strategy; achieving a stronger brand identify; improving communication; promoting our achievements; developing a positive, supportive, learning culture; strengthening employees' connection to our purpose and priorities; optimising the proactive use of media and social media.</p>



<b>Proposal 5.3</b> <b>A framework for community based health and social care integrated services will be developed.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>				
<b>Our Rating</b>				
<b>Evidence / Notes</b>	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		Partly Established		
Evidence / Notes	<p>We engage effectively with a range of key stakeholders in the course of our work, be this local communities, communities of interest, professional groups, the third and independent sector, advocacy organisations or minority ethnic groups.</p> <p>The HSCP is committed to developing both strategic and operational links between the HSCP and Stronger Communities to engage with communities effectively. This will support a range of activity that will enable the HSCP to contribute to key strategic objectives such as early intervention and prevention, working with communities and making the best use of resources.</p>			
Proposed improvement actions	<p>We will revise our communication and engagement strategy and enhance our approach to ensure that meaningful engagement runs throughout our strategic and operational planning and developments.</p> <p>We will look to include an independent sector representative on our IJB and will ensure that we support all Public Partners more effectively to enable them to contribute more fully in influencing our work activity.</p>			

<b>Proposal 6.2</b> <b>Improved understanding of effective working relationships with carers, people using services and local communities is required.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	<p>Work is required to improve effective working relationships with service users, carers and communities.</p>	<p>Work is ongoing to improve effective working relationships with service users, carers and communities.</p> <p>There is some focus on improving and learning from best practice to improve engagement.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place.</p> <p>There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.</p> <p>There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.</p>
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>(As 6.1 above) We are working well with carers, people using services and communities through;</p> <ul style="list-style-type: none"> <li>- the development of our locality approach</li> <li>- our work in Community Planning and through Local Action Partnerships</li> <li>- the recruitment of Public Partners onto the IJB through third sector-led elections</li> <li>- our further plans to consult locally on our revised Strategic Commissioning Plan</li> <li>- the inspection reports on our regulated services</li> </ul>			
<b>Proposed improvement actions</b>	<p>Our Strategic Plan will challenge us to further develop our work in and engagement with local communities and the transformation work that follows will require us to redesign services together with citizens and communities.</p> <p>We will explore further community development opportunities, promoting social enterprises, building community capacity and developing greater use of volunteering. We will design further methods of garnering feedback on service quality.</p>			

<b>Proposal 6.3</b> <b>We will support carers and representatives of people using services better to enable their full involvement in integration.</b>				
<b>Rating</b>	<b>Not yet established</b>	<b>Partly Established</b>	<b>Established</b>	<b>Exemplary</b>
<b>Indicator</b>	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	<p>Carers and representatives on the IJB are supported by the partnership, enabling engagement.</p> <p>Information is shared to allow engagement with other carers and service users in responding to issues raised.</p>	<p>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.</p> <p>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.</p>
<b>Our Rating</b>		<b>Partly Established</b>		
<b>Evidence / Notes</b>	<p>One of our four Programmes of Care features on Carers, with a focus on the ambition of the previous National Carers Strategy and now on the provisions of the new Carers Act. In progressing this work we are engaging effectively with carers and the groups that represent and support them.</p> <p>The Carers Programme Board approved a HSCP Short Break Services Statement on 6 December 2018, in line with the requirements of the Carers Scotland Act 2016. A summary version of the Statement and an information leaflet is being produced to raise awareness of the short breaks that are available to carers in the area, to minimise carer breakdown and support carers in their role. We plan to consult further as we develop a local Carers Strategy.</p>			

<b>Proposed improvement actions</b>	<p>Further support the Public Partners to understand their roles as Board Members and to contribute effectively to the work of the IJB and HSCP. Develop a Reference Group to work behind the Public Partners to increase representation on IJB business and decisions.</p> <p>Further develop our communication and feedback to ensure that Partnership planning and service delivery remains in step with public aspirations.</p> <p>We will review the impact of our Carer's strategy to measure and report on the difference it is making to identifying unpaid carer's and supporting them to carry on with their caring role, while enjoying a life out with caring.</p>
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