Joint Inspection of Adult Services Integration and Outcomes

Quality Improvement Framework v4.0

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1. Introduction

The Care Inspectorate and Healthcare Improvement Scotland[1] share a common aim that the people of Scotland should experience the best quality health and social care. We work together to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered. We provide assurance that gives people confidence in services and where we find that improvement is needed, we support services to make positive changes.

This jointly produced quality improvement framework is designed to support health and social care partnerships (HSCPs) to improve integrated health and social care services for adults. It is focused on people's[2] outcomes and experiences and how the HSCP is working to deliver seamless services that achieve good outcomes.

The framework applies to all the services for adults that have been delegated to HSCPs and is used by the Care Inspectorate and Healthcare Improvement Scotland to undertake joint inspection of adult services.

1.1 Legislative context

The Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to cooperate and coordinate their activities with each other, and to work together to improve the efficiency, effectiveness and economy of their scrutiny of public services in Scotland. Healthcare Improvement Scotland and the Care Inspectorate have been working in partnership under the direction of Scottish Ministers to deliver joint inspections of services for adults since 2013.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets the legislative framework for integrating adult health and social care. Health and social care services need to be integrated to ensure that people who use services and carers[3] have access to the range of services and support they need, that their care feels seamless to them and that they experience good outcomes and high standards of care and support. This is particularly important for the increasing numbers of people with multiple, complex, long-term conditions. The Care Inspectorate and Healthcare Improvement Scotland have joint statutory responsibility to inspect and support improvement in the strategic planning and commissioning undertaken by integration authorities under Sections 54 and 55 of the Act.

[1] You can find out more about the wider work of the Care Inspectorate and Healthcare Improvement Scotland on their websites.
[2] Throughout this document the term people refers to people who use services.
[3] Throughout this document the term carers refers to unpaid carers.

1.2 Ministerial Strategic Group report

In February 2019, following a review of progress with integration, the Ministerial Strategic Group (MSG) for Health and Community Care made proposals to ensure the success of integration going forward. Regarding scrutiny activity, the MSG asked that joint inspections should better reflect integration. Specifically, the Care Inspectorate and Healthcare Improvement Scotland should ensure that:

- strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.
- strategic inspections examine the performance of the whole HSCP – the health board, local authority and integration authority - and the contribution of non-statutory partners to integrated arrangements, individually and as a partnership; and
- there is a more balanced focus across health and social care in strategic inspections.

1.3 Revised approach to joint inspections of services for adults

In response to the MSG recommendations, the Care Inspectorate and Healthcare Improvement Scotland have set out our planned approach for this phase of joint inspections. These will seek to address the following question:

How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?

We have an established joint inspection methodology, which we have continually developed and improved following our learning from previous inspections. Our underpinning Quality Improvement Framework has been updated to reflect a shift in emphasis towards people's and carer's experiences and outcomes. The illustrations in the Quality Improvement Framework have been developed in the context of, and built around the requirements in, the national health and wellbeing outcomes framework, the integration planning and delivery principles, the MSG recommendations and the National Health and Social Care Standards.

1.4 Adapting to circumstances

Our joint inspection activity in adult services recognises the impact Covid-19 continues to have on HSCPs. Scrutiny approaches and activities will take cognisance of the continued impact of the pandemic and pressure on services as they transitioned to normal operations.

The partnership guide which lays out our 'footprint' for inspection activity is based on our established methodology and tools. We have sought to make this 'footprint' a better fit for our scrutiny through exploring with each partnership whether particular activities can be better delivered 'on-site' or remotely. This has led us into providing a hybrid approach which combines what is best from remote and on-site working. This takes into account the needs and preferences of people and carers we want to engage with, the systems and processes within partnerships, scrutiny team capacity, and local geography where they are relevant.

1.5 The approach to inspection explained

We will conduct a rolling programme of themed inspections, scrutinising how integration of services positively supports people's and carers' experiences and outcomes. These thematic inspections are not focused on the quality of specialist care for each care group but are a means of identifying groups of people with similar or shared experiences through which to understand how health and social care integration arrangements are resulting in good outcomes.

We are looking at integration through the 'lens' of different care groups which taken together will in time build a picture of what is happening across health and social care integration, how this is experienced by people and carers, and the outcomes achieved.

1.6 What health and social care partnerships can expect

Our inspection of each HSCP will identify how well integrated arrangements are supporting good outcomes or where improvement is needed. The HSCP can also use the Quality Improvement Framework to carry out their own self-evaluation if they choose. The joint inspection process and reports will contribute additional assurance and value to HSCPs' internal performance management, joint working, and quality assurance processes, while focusing on outcomes experienced by people and carers.

1.7 Quality improvement framework

Our quality improvement framework describes the Care Inspectorate and Healthcare Improvement Scotland's expectations of the quality of integrated services. The framework is built on the following:

- The National Health and Wellbeing Outcomes Framework. These are specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe what integrated health and social care should achieve. They aim to improve the quality and consistency of outcomes across Scotland and to enable people experiencing care and carers to have a clear understanding of what they can expect (see appendix one).

- The Integration Planning and Delivery Principles. These are also specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe how integrated services should be planned and delivered (see appendix two).

- National Health and Social Care Standards. These seek to improve services by ensuring that the people who use them are treated with respect and dignity and that their basic human rights are upheld. They apply to all health and social care services whether they are delivered by the NHS, councils or third and independent sector organisations (see appendix three).

The Quality Improvement Framework also takes account of the MSG's proposals relating to collaborative leadership, working with the third and independent sector, strategic planning and commissioning, clinical governance and engaging people, carers and the wider public. It has been mapped against the Framework for Community Health and Social Care Integrated Services (2019) to ensure alignment (see appendix four).

The framework can be used in conjunction with a number of quality models and awards including the Healthcare Improvement Scotland Quality Management and Assurance Systems, Customer Service Excellence, Investors in People, the Excellence Model of the European Foundation for Quality Management (EFQM) and aspects of ISO 9000. The approach is also consistent with the principles of Best Value, the statutory framework provided within the Local Government in Scotland Act 2003.

1.8 Quality improvement indicators

In these themed inspections, we have selected a focused number of quality indicators from our full Quality Improvement Framework. The quality indicators reflect the EFQM excellence model[4] for quality improvement by focusing on the results of integrated health and social care in terms of people's and carer's outcomes and experiences. They also look at the key enablers of processes, strategic planning and commissioning, finance and leadership.

The indicators relating to people's and carers' outcomes and experiences are central to the framework. Other indicators consider how processes, commissioning arrangements and leadership contribute to them.

Each indicator is designed to be applicable to the diverse range of services and activities that are delivered by HSCPs.

The framework sets out key factors for each indicator and describes how they can be demonstrated. It also provides quality illustrations of good and weak performance.

The Quality Improvement Framework and associated indicators are shown below.

[4] Quality indicators are based on the EFQM model prior to its revision in 2020. Quality Improvement Frameworks based on the 2020 EFQM model will be developed in due course.

Quality Improvement Framework

Key Areas	What key outcomes have integrated services achieved for people who use our services and carers?	What impact have integrated service approaches had on the lives of people who use our services and on other stakeholders?	How far is our delivery of key processes integrated and effective?	How good is our integrated management?	How good is our integrated leadership?
	1. Key performance outcomes	**2. Experience of people who use our services**	**5. Delivery of key processes**	**6. Strategic planning, policy, quality and improvement**	**9. Leadership and direction**
Quality Indicators	1.2 People and carers have good health and wellbeing outcomes.	2.1 People and carers have good experiences of integrated and person-centred health and social care. 2.2 People's and carers' experience of prevention and early intervention. 2.3 People's and carers' experience of information and decision-making in health and social care services.	5.1 Processes are in place to support early intervention and prevention. 5.2 Processes are in place for integrated assessment, planning and delivering health and care. 5.4 Involvement of people and carers in making decisions about their health and social care support.	6.5 Commissioning arrangements.	9.3 Leadership of people across the partnership. 9.4 Leadership of change and improvement.
		3. Impact on staff		**7. Management and support to staff**	
		Not included		Not included	
		4. Impact on the community		**8. Resources and capacity building**	
		Not included		Not included	
	10. What is our capacity for improvement? Global judgement based on an evaluation of the framework of quality indicators.				

1.9 The inspection question and key areas

The most important aspects of the Quality Improvement Framework are captured in the inspection question and key areas.

The inspection question

How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?

Key area 1: Performance outcomes

What key outcomes have integrated services achieved for people who use our services and carers?

This considers how integrated arrangements support the delivery of health and wellbeing outcomes. It focuses on whether people and carers are achieving good outcomes in health, wellbeing and quality of life.

Key area 2: Experience of people who use our services

What impact have integrated service approaches had on the lives of people who use our services?

This considers the experiences of people and carers. It also explores whether people experience the HSCP acting in a person-centred way: focusing on the outcomes that are important to them, providing the right services at the right time, and drawing on people's own assets, strengths and capacity. This includes looking at the quality of relationships between people using services, the organisations providing those services and the staff who work in them. It looks at whether people are provided with good information, feel empowered and have choice and control over their care and support.

Key area 5: Delivery of key processes

How far is our delivery of key processes integrated and effective?

This focuses on the processes, systems and tools used to facilitate the delivery of health and social care services within the HSCP. It considers the extent to which processes and systems are integrated and how these are set up to achieve good health and social outcomes. It looks at how well people's and carer's health and care needs are anticipated or identified at an early stage by both health and social care services.

It considers how those needs are addressed effectively to prevent ill health and poor wellbeing, and to support people to achieve and maintain as good a quality of life as they can within their community.

It considers how well services work together, and how well integrated processes, systems, tools, and practices assess needs and provide appropriate care and support to people when they need it. This includes how the HSCP ensures that people and carers receive the right services at the right time and the right place, to meet their needs effectively and to achieve good outcomes.

Key Area 6: Strategic planning, policy, quality and improvement

How good are our commissioning arrangements?

This is about how the HSCP's commissioning arrangements and activities support health and social care integration and the good outcomes and experiences for people and carers.

Key Area 9: Leadership and direction

How good is our integrated leadership?

This examines the effectiveness of leaders in taking forward integrated arrangements to improve experiences and outcomes for people and carers. It looks at how well leaders collaborate in promoting a shared vision, values and culture, in engaging with external partners and in managing change across the HSCP. It also considers the development and empowerment of staff and support for staff in realising the vision and delivering change and improvement.

2. Quality Indicators – key factors, demonstrations and illustrations

Key Area 1: Performance outcomes

What key outcomes have integrated services achieved for people who use our services and carers?

This section considers how integrated arrangements support the delivery of health and wellbeing outcomes. It focuses on whether people and carers are achieving good outcomes in health, wellbeing and quality of life.

Quality Indicator 1.2: People and carers supported by integrated health and social care have good health and wellbeing outcomes

Key factors – the extent to which:

- people and carers look after and improve their own health and wellbeing and people live in good health for longer.
- people, including those with disabilities or long-term conditions with complex health and social care needs, access integrated health and social care services that result in good outcomes; and
- carers look after their own health and wellbeing, and there is a reduction in any negative impact of their caring role on their own health and wellbeing.

To what extent can we demonstrate:

- people look after their own health and wellbeing.
- there are good health and wellbeing outcomes for people in their communities that are improving over time.
- people and carers have equal access to health and social care services and as a result benefit from actions to reduce inequalities.
- people using health and social care services have improvements in their quality of life and health and wellbeing because of health and social care advice, support, or other intervention.
- people live as independently as possible in their own homes or in a homely setting.
- people and carers participate in their communities; and
- carers are able to keep on with their caring role for as long as they want.

Quality illustrations	
Very good	**Weak**
There is quantitative and qualitative evidence of a wide range of good health and wellbeing outcomes for people and carers in their communities. Over time, trends demonstrate that health and wellbeing outcomes are improving. This reflects the support provided to people and carers to look after their own health and wellbeing and actions to reduce inequalities. Data demonstrates that improvements in health and wellbeing are also accompanied by improvements in the quality of life of people and carers as a result of support from integrated, responsive, effective and person-centred health and social care services and interventions. Support and interventions to maximise people's independence is widely available and effective. There is evidence that good health and wellbeing outcomes have been achieved by building on the benefits of supporting people and carers to participate in communities and the contribution of activities and support provided by communities themselves. Qualitative and quantitative data demonstrate that carers are well supported to continue their caring role, for as long as they want to, including looking after their own health and wellbeing. Independent advocacy is available as required.	Analysis of quantitative and qualitative evidence shows that good health and wellbeing outcomes for people and carers are being achieved inconsistently and as a result, opportunities to improve the health and wellbeing for significant numbers of people and carers are missed. Good health and wellbeing outcomes are only evident in a small number of areas and inequalities between different groups and geographical communities are not being addressed. Evidence indicates that improvements in health and wellbeing have a narrow focus. Qualitative data suggests that fragmented, unresponsive health and social care services with varying degrees of effectiveness and quality are the reality for significant numbers of people and carers. Health and wellbeing outcomes are delivered in isolation with limited or no connections with the communities in which people live. The scale, capacity and responsiveness of carer's support is limited to the extent that it is likely to have little effect on carers ability to keep on with their caring role. There is limited targeted supports to reduce any potential adverse impacts on carer's health and wellbeing.

Key Area 2: Experience of people who use our services

What impact have integrated service approaches had on the lives of people who use our services and on other stakeholders?

This section considers the experiences of people and carers. It also explores whether people experience the HSCP acting in a person-centred way: focusing on the outcomes that are important to them, providing the right services at the right time, and drawing on people's own assets, strengths and capacity. This includes looking at the quality of relationships between people using services, the organisations providing those services, and the staff who work in them. It looks at whether people are provided with good information, feel empowered and have choice and control over their care and support.

Quality Indicator 2.1 People and carers have good experiences of integrated and person-centred health and social care.

Key factors – the extent to which:

- people and carers experience health and social care services that are integrated from their point of view; and
- people and carers experience an improved quality of life.

To what extent can we demonstrate:

- people and carers feel that services, including community, third and independent sector services are integrated from their point of view.
- people and carers experience the right level of help at the right time and place.
- people and carers experience good support to help identify and build on their own strengths and capacity to help themselves.
- carers feel supported to continue caring in ways that meet their needs and make the caring role easier and more sustainable.
- people and carers know how to provide feedback on their experiences of their services and any concerns are responded to appropriately.
- people and carers feel listened to by staff in health and social care services, who understand their needs and preferences and feel they are treated with dignity and respect; and
- people and carers feel they are supported to live as independently as possible to participate in their communities and other social networks.

Quality illustrations	
Very good	**Weak**
People and carers feel health and social care services work well together. They feel that the full range of services and professionals they are involved with collaborate and communicate to deliver a coordinated response. This ensures they get the right help at the right time in the right place. These reflect what is most important to them. As a result, their perception is that health and social services are integrated and operate as seamlessly as possible to deliver what is best for them. People and carers have good experiences because the services they need are readily available, responsive, meeting their health and social care needs in a way which allows them to achieve what is most important to them, including flexibly responding to any changes. People and carers feel that health and social care staff are keen to listen to them and understand and take account of their needs and preferences. They are confident that staff understand and respond in a way which treats them with dignity and respect. People and carers are confident that services want to receive feedback on their experiences. This is supported by health and social care services proactively seeking their views and taking action to improve in response. When people and carers have needed to raise concerns, they have been reassured by how seriously these are taken, and the actions offered by services to address them.	People and carers feel that health and social services operate separately with little or no reference to each other. They feel that they are not listened to by staff. They feel staff do not understand their needs and preferences or treat them with dignity and respect. People and carers experience unreliable health and social care services that do not consistently make a positive difference to their health, wellbeing or quality of life. People and carers experience delays in access, availability and delivery of services that are not well coordinated. This impacts negatively on their health and wellbeing. People and carers feel that services react defensively to their feedback or take no action to improve. People's and carer's expectations of services are low; they say that they are resigned to accepting what services are available and that they feel that they are not treated with dignity and respect. People and carers feel reluctant to raise issues formally. When they do use formal complaints procedures, these do not maximise opportunities for early resolution. People and carers feel most staff are not interested and do not listen to them. Those staff who people and carers feel do listen and understand say that they are unable to make changes to take into account individual preferences because of service pressures.

Services provide clear explanations when they have been unable to address concerns and offer alternative ways to resolve address them, including complaints processes. Carers experience high-quality and consistent support from integrated and/or collaborative services and this approach helps reduce the impact of the caring role on their own health and wellbeing. Carers feel the person they care for is well supported. They have good ongoing support as well as responsive short-term support in a crisis.	Carers do not feel sufficiently supported in their caring role and this impacts negatively on their own health and wellbeing. They feel that services do not recognise how their caring responsibilities make it difficult for them to access the support they need to look after their own health and wellbeing.

Quality Indicator 2.2 People's and carers' experience of prevention and early intervention

Key factors – the extent to which:

- people and carers feel health and social care services respond early enough to maintain or improve their health and wellbeing for as long as possible; and
- people and carers feel that they are able to improve or maintain their own health and wellbeing for as long as possible. This is as a result of the advice and support they receive from health and social care services.

To what extent can we demonstrate:

- people and carers feel health and social care services respond early to help them maintain or improve their quality of life.
- people and carers access low threshold/early intervention services, initiatives and activities that result in them experiencing good health and wellbeing outcomes.
- people and carers experience timely support from health and social care services in anticipating their future health and wellbeing support needs. This helps prevents crises arising,
-
- people and carers experience good support to identify and build on their own assets, strengths and capacity to help themselves improve or maintain their health and well-being for as long as possible; and
- people and carers feel that prevention and early intervention contributes to their ability to live as independently as possible and to participate in their communities and other social networks.

Quality illustrations	
Very good	**Weak**
People and carers consistently experience a very strong focus on prevention and early intervention approaches and support. This includes an emphasis on identifying how health and social care services can support people to reduce risks to their health and wellbeing that could result in them requiring more intensive support earlier. It avoids waiting until a crisis occurs before providing support. Early intervention and prevention combines a wide range of interventions depending on each individual's needs. These include primary health prevention such as promoting exercise, healthy diet and smoking cessation; secondary health prevention, such as screening programs and tertiary health prevention, such as rehabilitation following significant illness. It also includes early intervention and prevention by social care, through signposting and advice, aids and adaptations, initiatives to reduce social isolation and reablement. Health and social care services, including the third and independent sectors work together to support people and carers to identify and anticipate their future needs and to agree appropriate responses in line with their needs and preferences. People and carers have prompt access to support from a wide range of professional health, social work and social care staff, as well as community supports, which assist them to maintain the best possible quality of life. Effective early intervention, preventative and enabling service approaches are consistently available, and fit around people's needs and wishes, .	People and carers experience difficulties in accessing health and social care services unless they are already in crisis or have critical needs. Prevention and early intervention is not prioritised. As a result, prevention interventions are not delivered on a scale which means that everyone who might benefit from them is able to do so. People and carers feel approaches to anticipating their future needs are uncoordinated. Poor communication and information sharing exacerbate crises. People and carers do not have consistent access to preventative or early intervention initiatives and services which could support them to address their own needs. Their experience of poor health outcomes is increased because opportunities to target those at higher risk are missed as services react to immediate demands. People feel that services do not support them to understand how they could help themselves and as a result they missed opportunities which result in them experiencing poor health and wellbeing or needing intensive social care support that might have been avoided, delayed or prevented. Community supports and capacity, including those facilitated or provided by the third sector, are underdeveloped and operate separately and in isolation from health and social services.

People and carers who are at risk of poor health outcomes are supported proactively. This enables them to identify and access the services, support and activities that can help to reduce risks to their health. Recognition and support of what they can contribute to finding solutions which work for them improves their health and wellbeing and opens up possibilities to improve their quality of life in ways that would have been overlooked if they were dependent on services alone.	People and carers feel their ability to look after their own health and wellbeing is adversely affected as they do not have the right support to build on their own capacity, assets and strengths. Service development approaches emphasise dependency and reliance on traditional service responses which undermines the potential for a true partnership between people, carers and families and health and social services.

Quality Indicator 2.3 People's and carers' experience of information and decision-making in health and social care services

Key factors – the extent to which:

- people and carers receive or can access the right information at the right time.
- people and carers understand their options and rights in relation to health and social care.
- people and carers are supported to make meaningful decisions and experience increased choice and control in managing their health and wellbeing.

To what extent can we demonstrate:

- people and carers feel they have access to good quality advice and information so that they can make informed choices about their health and social care.
- people and carers say that information about how to access health and social care supports and services in their local community is available and readily accessible.
- people and carers understand their options and rights in relation to health and social care services.
- where people lack capacity, they are quickly assessed, and their proxies are fully involved in making choices about their care and support.
- people and carers are routinely supported to make meaningful decisions about their health and social care and feel that they exercise choice and control over the care services they receive; and
- people's and carer's informed decisions are consistently respected by health and social care professionals.

Quality illustrations	
Very good	**Weak**
Services work collaboratively to ensure that they have a joint and coherent approach to the provision of public information and that public information is provided in an integrated manner. This allows the public to know what care and support services are available, how these can be accessed, and any charges involved. Information provided is actively promoted, readily accessible and in a range of formats and can be easily understood.	People and carers are unsure where to look for information about services and supports available. Information that is available is not clear or is contradictory. Advice on information is not routinely or consistently available from partners. People and carers cannot easily access information about appropriate supports and services they require to meet their needs.
People and carers have access to a wide range of information on their options for their care. People and carers are supported to make an informed choice on the most suitable options for them. They experience choice and control of how health and social care services deliver their support and care if this is what they want, including end of life care.	People and carers have not been given information about appropriate support in the community. Information formats are not accessible to people and carers (for example in Easy-read, large print or digital). There is minimal information in care plans relating to support for people and carers and limited evidence of the availability of advice and information about long term conditions and self-management options. There is limited evidence of people and carers being fully involved in ongoing discussions about the supports and services they are receiving or are likely to receive. People and carers are not fully aware of self-directed support or are unsure as to what is meant by the term. The four self-directed support options are not offered to people, or they are offered to them without help to understand which option is best for them.
People and carers have a clear understanding about decisions made about their health, social work and social care needs, and the implications of any care and support. They are supported to understand the choices that are available to them, including the financial implications, and how health and social work services will involve them in decisions about the care and support they are receiving.	People feel they do not have genuine choice or control about their support and how services are delivered to them.
Capacity is assessed if appropriate. Adults with Incapacity Act proxies are routinely included and fully involved in discussions and decision making about the adult who lacks capacity.	Where people lack capacity, there are delays in identifying adults who are legally entitled to make decisions for them. Decisions are delayed or are made for those lacking capacity, without appropriate consent.

Key Area 5. Delivery of Key Processes

How far is our delivery of key processes integrated and effective?

This section focuses on the processes, systems and tools used to facilitate the delivery of health and social care services within the HSCP. It considers the extent to which processes and systems are integrated and how these are set up to achieve good health and social care outcomes. It looks at how well people's and carer's health and care needs are anticipated or identified at an early stage by both health and social care services. It considers how those needs are addressed effectively to prevent ill health and poor wellbeing, and to support people to achieve and maintain as good a quality of life as they can within their community. It also considers how well services work together, and how integrated processes, systems, tools, and practices assess needs and provide appropriate care and support to people when they need it. This includes how the HSCP ensures that people and carers receive the right services at the right time and the right place, to meet their needs effectively and to achieve good outcomes.

Quality Indicator 5.1: Processes are in place to support early intervention and prevention

Key factors – the extent to which:

- processes are in place that support early intervention and prevention activities to promote and maintain good health and wellbeing; and
- health and social care services work together to provide or refer to timely interventions to help people and carers to stay as well as they can for as long as they can.

To what extent can we demonstrate:

- a range of initiatives, activities and services are in place in local communities to promote, support and maintain good health and wellbeing.
- people and carers receive care and support with appropriate future care planning and self-management approaches in place.
- established systems and processes across all organisations support people's and carer's involvement in activities to promote their wellbeing and participation in their community.
- systems and processes are in place for staff to guide how they and other services within the HSCP, such as independent and third sector organisations, deliver early intervention and prevention activities effectively; and
- the impact of early intervention and prevention approaches are evaluated for their effectiveness.

Quality illustrations	
Very good	**Weak**
Policies, procedures and systems are in place which support a consistent and coordinated approach to early intervention and prevention across all services, areas, and populations. There is a strong emphasis placed on anticipating needs and preventing these arising or becoming more significant.	There is no consistent approach to early intervention and prevention across service areas and populations. There is a limited understanding of the impact of early intervention and prevention activity. There are no clear sets of policies and procedures and as a result not all staff see early intervention and prevention as a key part of their role.
Referrals are dealt with at the original point of contact, or as near as possible to it. When people must wait to receive supports and services, the HSCP monitors this closely and has systems in place to review and respond to changes in individual's circumstances. Where people do not meet the criteria for accessing support and services, staff signpost them to a range of alternative supports, services, and activities.	People experience delays and poor support as a result with few self-management options available. Referral pathways to provide early-stage responses and support are not clear or are absent. Lack of anticipatory care, early intervention and prevention services has a significantly adverse impact on the capacity of people and carers to live independently in their communities.
There are proactive and targeted approaches to tackling health inequalities and the HSCP uses health promotion initiatives effectively. There are a range of approaches to help people to maintain good health and wellbeing and to prevent deterioration in existing conditions, including self-management of long term conditions.	Access to services is inconsistent. There are lengthy waiting lists for some services with no support or alternatives being offered. Waiting lists are not routinely monitored and the HSCP lacks the ability to respond to changes in people's circumstances.
Early intervention and prevention is integrated across organisations and sectors. These to deliver activities for people and carers to maintain wellbeing and participate in their communities. There are processes in place to evaluate the impact of early intervention and prevention activities. Evaluations are shared widely with stakeholders and reported through relevant governance structures.	There is little or no proactive and comprehensive approach to tackling health inequalities within the HSCP area. Fragmented and uncoordinated early intervention and prevention activities focus only on some particular aspects of health and wellbeing. This does not work well together to maximise opportunities for people and carers to participate in their communities. These approaches are not routinely or systematically monitored or evaluated.

Quality Indicator 5.2 Processes are in place for integrated assessment, planning and delivering health and care

Key factors – the extent to which:

- systems, processes, and procedures have been established to identify and respond to people's and carer's needs, preferences and priorities in a coordinated way.
- systems, processes and procedures have been developed and deployed to avoid unnecessary complexity, repetition, duplication, and delay; and
- inequalities in access, outcomes and the experience of care are identified and proactive actions are taken to reduce them.

To what extent can we demonstrate:

- systems, processes, and procedures support health and social care practitioners to deliver seamless integrated services for people and carers. These underpin comprehensive health and social care assessments and the integrated planning and delivery of care and support.
- integrated assessments and care plans identify and respond to people's and carer's needs, preferences and priorities and these fully consider risk and risk enablement.
- information sharing protocols have been developed and implemented. These support effective information sharing between people, carers, health and social care practitioners and service providers.
- people and carers experience timely integrated assessments and services which help to deliver personalised good health and wellbeing outcomes.
- timely and comprehensive reviews of care and support identify changes in people's and carer's needs, preferences or priorities. Services are adjusted accordingly to support personalised health and wellbeing outcomes; and
- systems are in place to effectively identify inequalities of access, outcomes, and experiences in services. Routine monitoring is undertaken and steps to address the identified inequalities are prioritised.

Quality illustrations	
Very good	**Weak**
Policies and procedures underpin and support integrated health and social care arrangements for receiving referrals, assessing the needs of people and carers and for the planning, delivery and review of appropriate care, support and services. Policies and procedures support outcome focused practice which delivers integrated support to people and carers to meet their needs, preferences and priorities. People and carers are supported to improve their quality of life by identifying how care and support can be combined with their assets, strengths and capacity to deliver what is most important to them There are effective protocols and systems for sharing information between partners that enable people and carers to experience good health and wellbeing outcomes. Information is shared with people and carers in support of seamless and timely assessment, care planning and interventions and to reduce duplication and minimise delay. There is a shared responsibility for risk assessments and care and support management plans. People and carers co-produce risk assessments and care and risk management plans within a culture of risk enablement. Integrated systems are in place to regularly review and measure the outcomes achieved by the intervention and/or care plans of people and carers. Systems enable partners to monitor any inequalities of access and the impact on people's and carer's outcomes. These are identified and addressed at service and strategic levels. Appropriate adjustments to care plans, pathways, supports and	Policies and procedures do not actively support integrated health and social care integration arrangements or outcome focused practice. Integrated support is not delivered to people and carers that meets their needs and takes into account their preferences and priorities. Referrals, assessment systems and interventions are duplicated and uncoordinated. Care and support are delivered by different services without reference to each other. Partners do not share information which leads to inappropriate or poorly informed referrals, assessments and care plans. Positive risk-taking or balancing the duty of care with people's right to self-determination is not taken into account in plans. Integrated approaches to outcome focused practice is limited and services do not routinely record or report on the health and wellbeing outcomes achieved. Interventions and/or care plans are not regularly reviewed. Where plans are reviewed this is done by individual services and is not integrated. Care plan changes are made that do not take account of the impact on other services and supports and limit good health and wellbeing outcomes for people and carers Inequalities of access, experiences and outcomes are not routinely identified, monitored or addressed.

services provided are made in response to the changing needs of people and carers.	

Quality Indicator 5.4 Involvement of people and carers in making decisions about their health and social care support

Key factors – the extent to which:

- people and carers understand their right to have choice, self-determination and autonomy. These principles are put into practice across health and social care;
- people and carers are supported by health and care staff to make meaningful decisions about their care and support based on relevant information in accessible formats; and
- people and carers have the choice to access a variety of community resources which are local and accessible that promote a culture of self-management.

To what extent can we demonstrate:

- people make meaningful decisions about community based and statutory resources which are available to them based on information provided in a format/language/location that maximises engagement.
- practitioners are confident when having good conversations with people and carers about reasonable, informed and calculated risk taking.
- practitioners adopt an assets-based approach in supporting people to achieve meaningful and good health and wellbeing outcomes.
- practitioners work together and with people and carers to create personalised approaches to meet health and social care needs.
- practitioners offer self-directed support in a meaningful way with people and their carers given every opportunity to co-produce their supports.
- a range of local and accessible community resources are available to support people with self-management.
- people and carers understand all the resources available to them, including any constraints to these; and
- practitioners work together to communicate and develop a shared understanding of each carer's views and needs. These are recognised in the carer's support plan and taken into account when changes in care and support are considered.
- There is a range of opportunities for people and carers to participate in planning and evaluating health and social care services.

Quality illustrations	
Very good	**Weak**
A range of accessible and understandable information is available which allows people and carers to make meaningful decisions about the resources available to them. They are as fully involved as possible in directing their own supports and services.	The range and accessibility of information is limited and inequitable. It does not demonstrate a clear understanding of health literacy. People and carers are not as fully involved as possible in directing their supports and services.
There is a shared commitment and culture, among partners which supports the genuine involvement of people and carers in directing their supports and services. Practitioners work together to develop a shared understanding of people's and carer's needs, preferences or priorities to put in place personalised approaches to achieving good health and wellbeing outcomes.	Assets based personalised approaches are not embedded. This limits the opportunity for people and carers to achieve good health and wellbeing outcomes. People and carers do not understand what self-directed support means for them. There has been limited implementation of self-directed support. It has not been extended to include all types of support and care groups. Local community resources are limited and there is little partnership support to develop community capacity thereby weakening opportunity to support people with self-management.
People and carers can access a wide range of community resources and are supported to understand how these can help them manage their own health and wellbeing. A range of local and accessible community resources are available to support people with self-management. People and carers are clear about what to do should they experience a crisis, change their mind or wish to review their support.	Feedback on services is limited to individual service reviews. There is limited evidence of how the views of people and carers influence the monitoring, review and evaluation of services.
Partners have co-ordinated arrangements in place which allow them to receive feedback from people and carers about the supports and services they receive. This includes feedback from people and carers on how fully they have been involved in determining their own supports and services. Partners can evidence that this feedback is positive.	Partners limit the options for people to direct their own support. There are limited options for people to set out the time and way they would like their care and support delivered. Changes to the way that people's care and support are made is implemented with limited involvement from people and carers. Support for carers is inconsistent and inflexible with limited choice.

Key Area 6: Strategic planning, policy, quality and Improvement

Quality Indicator 6.5 How good are our commissioning arrangements?

This section is about how the HSCP's commissioning arrangements and activities support health and social integration and good outcomes and experiences for people and carers.

Key factors – the extent to which:

- strategic commissioning intentions, focused on delivering high quality services and good experiences and outcomes for people and carers that are clearly laid out in the HSCP commissioning plans.
- planning and commissioning activities ensure that health and social care services are integrated, that deliver high quality care and support, and provide good outcomes for people and carers; and
- there are effective approaches to procurement and contract management which deliver the commissioning intentions and directions of the integration authority.

To what extent can we demonstrate:

- commissioning processes for health and social care are integrated and produce integrated commissioning approaches that reflect the priorities and intentions set out in the strategic commissioning plan.
- commissioning approaches are transparent, evidence based and cost-effective for the whole HSCP.
- commissioning approaches are systematically implemented and evaluated, with a focus on their impact in terms of outcomes for people and carers. The results of the evaluation inform future planning.
- commissioning approaches clearly reflect the health and social care standards and demonstrate a focus on delivering integrated health and social care services that support good outcomes for people and carers.
- commissioned health and social care services and supporting processes have a focus on identifying and maximising opportunities for early intervention and prevention; and
- procurement and contract management processes work effectively to deliver the integration authority's strategic priorities.

Quality illustrations	
Very good	**Weak**
Commissioning processes identify approaches which achieve the HSCP's commissioning intentions. These include integrated approaches that make best use of health and social care resources, skills and capacity. Commissioning arrangements systematically address all strategic priorities. This includes priorities set out in national strategies. Approaches transparently set out evidence-based actions and the resources needed to deliver them, along with associated timescales. There is a systematic approach to implementing the actions, monitoring progress and evaluating the impact on outcomes for people and carers. Learning is captured and informs future commissioning priorities, intentions and plans. Commissioning approaches deliver outcomes by directly responding to the needs of the population and by maximising opportunities to avoid increasing needs or crises through prevention and early intervention. Procurement and contract management processes work effectively to deliver commissioning intentions that cooperate with services from third and independent sector partners. These approaches support good outcomes for people and carers, support opportunities for early intervention and prevention and facilitate collaboration with third and independent sector organisations. Commissioning approaches deliver outcomes for people and carers that are aligned with and meet the National Health and Social Care Standards.	Commissioning processes for health and social care operate in parallel and miss opportunities to better achieve the HSCP's commissioning intentions to deliver integrated services for people and carers. Health and social care resources, skills and capacity are considered from single service perspectives. Approaches to achieving commissioning priorities are piecemeal and lack transparency. As a result, priorities appear inconsistent and resource allocation is not clearly prioritised. Timescales for implementation are often absent, vague or unrealistic. The HSCP cannot easily demonstrate how its plans have progressed or what impact they are having on people and carers. Progress monitoring on the implementation of its commissioning priorities and the evaluation outcomes for people and carers is variable, unrecorded, not measured or reported. Commissioning approaches reinforce separate health and social care priorities. These focus solely on inputs, processes and outputs with limited attention to the outcomes that will be delivered for people and carers. As a result, actual commissioning priorities focus on delivering capacity to meet anticipated levels of demand with limited consideration of the opportunities to prevent increases in need and demand through prevention and early intervention. Procurement and contract management processes for services commissioned from the third and independent sector do not support joint strategic commissioning priorities. Commissioning activity does not support opportunities for greater integration collaboration and sharing of information between statutory, third and independent organisations to improve outcomes.

Key Area 9. Leadership and Direction

How has leadership contributed to good outcomes for people and their carers?

This section examines the effectiveness of leaders in taking forward integrated arrangements to improve experiences and outcomes for people and carers. It looks at how well leaders collaborate in promoting a shared vision, values and culture, in engaging with external partners and in managing change across the HSCP. It also considers the development and empowerment of staff and support for staff in realising the vision and delivering change and improvement.

Quality Indicator 9.3: Leadership of people across the partnership

Key factors – the extent to which:

- leaders promote and model a collaborative culture and shared values.
- leadership development is focused on shared and collaborative practice; and
- leaders value staff across the statutory, third and independent sectors, and facilitate collaborative working to produce good outcomes for people and carers.

To what extent can we demonstrate:

- leaders are committed to shared long-term objectives and take these into account when managing shorter term pressures including confronting and resolving any conflicts in a transparent manner.
- leaders support integrated approaches involving staff from all sectors to develop approaches that enable staff to overcome any barriers.
- there is an established and effective clinical and professional leadership which supports staff to deliver good outcomes for people and carers.
- leaders ensure that all staff clearly understand their roles and responsibilities and promote this through training and modelling positive behaviours; and
- leaders foster collaborative working with management teams working closely to support meaningful integrated working and innovative good practice.

Quality illustrations	
Very Good	**Weak**
Leaders are committed to, and demonstrate, effective collaborative working and leadership. This is reflected in their shared vision for integration and its implementation. Achieving good outcomes for people and carers is central to this vision across all sectors. Leaders foster a culture of collaborative working and their management teams work closely and effectively with each other. Senior managers and other leaders evidence very effective leadership skills in motivating others. There is a shared understanding that staff at all levels have an important role to play in delivering high quality services. Leadership development is focused on shared and collaborative practice. Collaborative leadership is encouraged at all levels. Senior managers ensure that staff understand the benefits of multi-agency teamwork and practice. Leaders demonstrate that they strongly value the role and contribution of the third and independent sectors in achieving good outcomes for people and carers. Managers facilitate collaborative and integrated working by staff across the statutory, third and independent sectors.	Despite a stated commitment to integration and collaborative working, senior managers fail to demonstrate this in their practice, their approach to working together and in their leadership. There is limited evidence that leaders have focused sufficiently on ensuring that staff at all levels, across all sectors, have a shared commitment to integration and collaborative working where achieving good outcomes for people and carers is central. Leaders emphasise the importance of effective working relationships across the partnership. However, they are not successful in gaining sufficient commitment to collaborative working. There are important gaps in their leadership approaches to motivate others which inhibits staff at all levels from exercising initiative. There is confusion about roles and responsibilities and a lack of shared ownership of important initiatives which impacts adversely on service development and the outcomes able to be achieved for some people and carers. The provision of leadership development opportunities is limited and fragmented. Leadership development does not reflect a recognition of, and commitment to, developing leadership's capacity and the skills of staff at all levels. There is limited evidence that leaders seek meaningful feedback from the third and independent sectors on issues such as whether they feel fully engaged as key partners.

Quality Indicator 9.4: Leadership of change and improvement

Key factors – the extent to which:

- leaders across the HSCP, use evidence to jointly identify and set priorities for change and improvement.
- change is based on accurate information and understanding of what is needed, including effective communication, support and monitoring its impact; and
- leaders effectively drive and manage change that delivers integrated arrangements that achieve good health and wellbeing outcomes for people and carers.

To what extent can we demonstrate:

- priorities for change and improvement are evidence-based including the identification and critical appraisal of local and national evidence.
- leaders are visible, own and effectively drive priorities for change and improvement.
- there are persuasive narratives that support the need for change and improvement.
- leaders ensure that change is effectively managed, with senior managers and members of the IJB or its equivalent leading change well, engaging and communicating effectively with all stakeholders and monitoring the impact of changes implemented.
- there are clear governance arrangements for change and adequate resources are identified to help enable its delivery.
- priorities for change and improvement have implemented integrated arrangements effectively and are achieving good outcomes for people and carers; and
- leaders work collaboratively to develop, implement, review and refine an effective workforce strategy across the statutory, third and independent sectors that meets Scottish Government guidance.

Quality illustrations	
Very good	**Weak**
Leaders have a very strong commitment and focus on continuing to improve the quality of support and services and outcomes for people and carers. There is a consistent focus on improvement through self-evaluation and self-assessment of services. There is a high level of awareness, among leaders, about how well services are performing and whether changes to systems and practices are delivering good and improving outcomes for people and carers. Leaders learn from research, service redesign, scrutiny reports, recommendations from external independent reports and consider how this learning can be used to deliver seamless services with good and improving outcomes for people and carers. Workforce development is a prominent and shared strategic priority and as a result staff are well placed to support the delivery of existing and developing services by maximising their skills and learning. Partners have identified opportunities to develop their workforces jointly. Leaders have a strong strategic overview and understanding of what constitutes good practice in delivering good outcomes for people and carers. They seek out innovative practice in their own services, across the partnership, and in other organisations in order to collaborate effectively. Partners have a culture where the creativity of staff is valued, and success is widely celebrated.	There is not a sufficiently strong focus on improving the quality of services and the outcomes being achieved for people and carers. The approach to self-evaluation is inconsistent and fragmented. There are a number of service areas where leaders do not know or are unable to demonstrate how well their services are performing. Service improvement initiatives are not supported by effective leadership or by means of measuring whether the desired changes, including improved and good outcomes for people and carers are being achieved. Leaders rarely look externally or beyond their own services to learn. There are not systematic processes for examining the learning from research or from national or local improvement reports and activities. There is only limited evidence that leaders routinely consider what action should be taken to improve partnership processes and services to improve outcomes for people and carers. Leaders do not always have effective mechanisms for measuring the impact of any improvement actions. Workforce development focuses on individual agency priorities and there are skills gaps which inhibit the effective integration of staff support to people and carers. There is limited evidence of leadership commitment to joint workforce development and staff reflect this within their approach to partnership working.

Appendix One: The National Health & Wellbeing Indicators

- **Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer.

- **Outcome 2:** People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

- **Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected.

- **Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

- **Outcome 5.** Health and social care services contribute to reducing health inequalities.

- **Outcome 6.** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

- **Outcome 7.** People using health and social care services are safe from harm.

- **Outcome 8.** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

- **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services.

Appendix Two: The Integration Planning and Delivery Principles

The integration planning and delivery principles are:

(a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service users.

(b) that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:

1. is integrated from the point of view of service-users.
2. takes account of the particular needs of different service-users.
3. takes account of the particular needs of service-users in different parts of the area in which the service is being provided.
4. takes account of the particular characteristics and circumstances of different service-users.
5. respects the rights of service-users.
6. takes account of the dignity of service-users.
7. takes account of the participation by service-users in the community in which service-users live.
8. protects and improves the safety of service-users.
9. improves the quality of the service.
10. is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care);
11. best anticipates needs and prevents them arising; and
12. makes the best use of the available facilities, people and other resources.

Appendix Three: Principles of the Health and Social Care Standards

Dignity and respect
- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

Compassion
- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

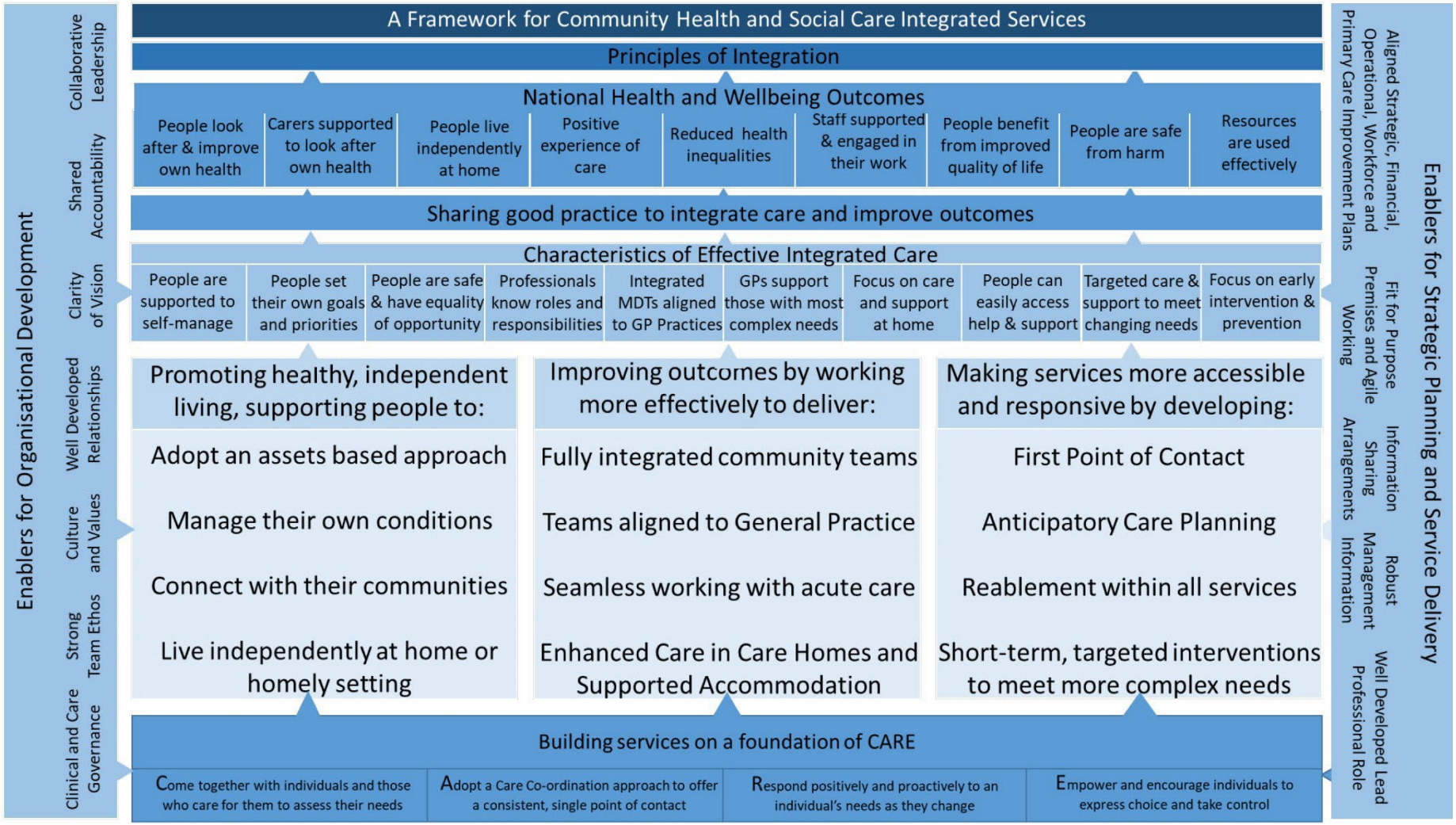
Be included
- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

Responsive care and support
- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint, it is acted on.

Wellbeing
- I am asked about my lifestyle preferences and aspirations, and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse or avoidable harm.

The full set of standards can be found at:
https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/06/health-social-care-standards-support-life/documents/00520693-pdf/00520693-pdf/govscot%3Adocument/00520693.pdf

Appendix Four: Framework for Community Health and Social Care Integrated Services



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