

**REPORT TO:** POLICY AND RESOURCES COMMITTEE –  
13 MAY 2002

**REPORT ON:** LOCAL PARTNERSHIP AGREEMENT

**REPORT BY:** CHIEF EXECUTIVE AND DIRECTOR OF SOCIAL  
WORK

**REPORT NO:** 318-2002

**1.0 PURPOSE OF REPORT**

The purpose of this report is to seek approval of the Policy and Resources Committee for a Local Partnership Agreement that will allow the revised community care policy for Scotland as outlined in the report of the Joint Future Group - Community Care: A Joint Future (November 2000) to be taken forward in Dundee.

**2.0 RECOMMENDATIONS**

It is recommended that the members of the Committee:-

- 2.1 agree the Local Partnership Agreement as attached to this report and authorise the Chief Executive and leader of the Council to sign it on the Council's behalf;
- 2.2 instruct the Directors of Social Work and Personnel and Management Services to make arrangements to implement the Local Partnership Agreement in co-operation with other Chief Officers and managers of the Departments affected;
- 2.3 instructs the Director of Social Work to report to the Policy and Resources Committee any proposed changes or amendment to the Local Partnership Agreement.

**3.0 FINANCIAL IMPLICATIONS**

- 3.1 The total Joint Resources covered by the Local Partnership Agreement amounts to £20,853,500, although there are a small number of resources yet to be costed which will add to this total.
- 3.2 The breakdown of these resources is detailed in Appendix 2, which also shows the split between Dundee City Council and NHS Tayside, which is as follows.

	<u>£</u>
Dundee City Council	12,914,000
NHS Tayside	<u>7,939,500</u>
Total Aligned Budgets	<u>20,853,500</u>

The major element of the City Council's Budget included within the aligned budget is the budget for residential and nursing home placements.

- 3.3 As stated in paragraph 8, the Agreement will proceed on the basis of aligned budgets, which means that the partner agencies will maintain their independent financial systems and processes for accounting, VAT, charging and auditing.
- 3.4 An aligned budget involves the grouping together of separate budgets to improve the joint planning and deployment of resources by local partners. Decisions will be taken collectively about the aligned budget but the individual funds are still effectively held within the respective agencies and should any agency wish to add or withdraw from their share of the aligned budget, they would retain the right to do so.

#### **4.0 LOCAL AGENDA 21 IMPLICATIONS**

- 4.1 There are no Local Agenda 21 implications..

#### **5.0 EQUAL OPPORTUNITIES IMPLICATIONS**

- 5.1 The principal behind the contents of this report is that the process should be used to bring about improvements in the delivery and provision of care for older people.

#### **6.0 MAIN TEXT**

##### **6.1 Background**

In November 2000, the Joint Future Group set up by the then Minister for Community Care issued their report Community Care: A Joint Future.

There were 19 recommendations made in the report which fell into five main groups:

- to rebalance care for older people; (chapter 3)
- to improve joint working; (chapter 4)
- to support joint working and re-balancing of care through new planning, financial and service arrangements locally and nationally; (chapter 5)
- to reduce inconsistencies for home care and to provide free home care in certain circumstances; (chapter 7) and
- to improve the sharing of good practice. (chapter 8)

- 6.2 In January 2001 the Scottish Executive accepted either fully or in principle all the recommendations of the Joint Future Group except the one which related to the provision of free personal care. This matter was referred to the Development Group on Long Term Care which reported in October 2001 with 'Fair Care for Older People: A report of the Development Group on Long Term Care'. The Development Group has recently issued draft guidance on the implementation of free personal care.

6.3 Guidance on Joint Resourcing and Joint Management was issued in September 2001. (Scottish Executive circular CCD7/2001): The guidance advises agencies involved in the development of joint management and joint resourcing to focus on six key action steps, namely:

- agreement on joint management arrangements;
- agreement on the resources (including staff, money, equipment and property) to be brought under joint management arrangements;
- agreement on outline joint development priorities and the associated organisational and people development plan and targets for the next 3 - 5 years;
- agreement on the joint governance and accountability arrangements;
- agreement on the joint performance management framework; and
- the development of a local partnership agreement.

6.4 The Scottish Executive issued a letter on 3/01/02 Implementing the Joint Future Agenda - The Bottom Line - which sets out what Ministers want agencies to achieve by April 2002 in developing joint resourcing and joint management of services. Agencies are to:

- Decide the size of the joint resource 'pot' and the use to which it will be put.
- Decide what single management arrangements to adopt and from when; what the underpinning structure for single management of services will be; and whether they will "align" or "pool" budgets.
- Give staff confidence in the new agenda - by setting up a joint forum, and by providing a broad statement of intent and a clear joint training and organisational development agenda.

Primary legislation was required to enable certain aspects of this change to be implemented lawfully. Members have been advised about the content of the legislation in report number 230-2002 on the Community Care and Health (Scotland) Act which went to Social Work Committee in March 2002.

## 7.0 **MAIN REPORT**

7.1 The proposed Local Partnership Agreement is attached as Appendix 1 to this report. The Agreement addresses all the issues that are necessary to meet the requirements of the letter of 3 January 2002 - the Joint Future Agenda - The Bottom Line referred to in paragraph 6.4 above.

The main implications of consenting to the proposed Local Partnership Agreement are summarised below by key areas

- 7.2 In respect of the **joint resource pot**, recommend the local authority and health resources to be included in the joint resource pot at this stage will be those detailed in Appendix 2 of the Local Partnership Agreement.

It was felt that the initial joint resourcing arrangements should address a sensible balance in the agency resources affected and that resources considered within the initial Partnership Agreement should be part of a clear framework which will deliver specific outcomes for service recipients and take account of local policy priorities.

Consideration was given as to whether or not only older peoples' services should be included or whether other care groups should be part of the pot from the onset. Given the Government's imperative to progress this agenda for older people, and within set timescales, it seemed sensible to concentrate on older people at this stage with a commitment to roll the process out to other client care groups.

- 7.3 In respect of whether **budgets should be "pooled" or "aligned"** recommends the alignment of budgets.

An aligned budget involves the grouping together of separate budgets to improve the joint planning and deployment of resources by local partners. Decisions are taken collectively about the aligned budget but the individual funds are still technically within separate agency budgets to allow them to identify and account for their own contribution. This approach does not require new powers and is a positive, manageable starting point.

A pooled budget is a mechanism by which the agencies contribute to a discrete fund. Within this fund or "pool" contributions lose their original identity and are committed and accounted for against the joint aims of the partners. To meet their own statutory obligations and justify their contribution to the fund, agencies begin by clearly stating the purpose, scope and outcomes for services within the pooling agreement. For accountability and legal reasons a pooled budget is hosted by one of the partner agencies, in accordance with its standards of financial governance and the requirements of the agencies for monitoring and review. They did not become lawful until April 2002 and will require a regulatory framework.

- 7.4 In respect of the **management arrangements**, recommend that a joint management structure be used to manage the joint arrangements.

The circular advice makes it clear that there is no single model for joint management. It puts forward three possible models. These are a Joint Management Structure, Partnership Body Type A (aligned budgets) and Partnership Body Type P (pooled budgets).

None of the models change the statutory duties. None of the models create a separate legal entity. The partnership models (A & P) both

involve more separate badging and type P is distinguished by having pooled rather than aligned budgets.

- 7.5 In respect of the **accountability framework**, recommends an approach to accountability arrangements that draws on the strengths and advantages of our existing joint working arrangements.

There is an Older People's Strategic Planning Group which has a good balance of managerial, clinical and service user/carer representation and which already drives the planning and development of services.

There is an established Joint Executive Group which has multi-agency representation and which addresses issues pertaining to all community care groups. The JEG already provides the forum for consultation and for securing agreement on the deployment of resources associated with joint initiatives, and matters relating to resource transfer. There is the potential for the role, remit and membership of this group to be reviewed, and for it to be developed as a joint senior management group as identified in the circular. To ensure the group fulfilled its revised role, the senior managers involved would have to be those accountable for the stewardship of aligned budgets.

There is a Health and Community Care Liaison Group which comprises representation at the highest level from Social Work, Housing, Health and the Local Health Care Co-operative (LHCC), along with representation from clinicians and senior management. This group already provides a forum for discussion for securing agreement on the full range of current community care issues, and for generating multi-agency support for recommendations being put forward to the formal decision-making bodies. There is the potential for the role, remit and membership of this group to be reviewed, and for it to be developed as a high level joint committee, albeit without delegated decision-making powers, with enhanced elected member involvement and a more formalised and direct link to the Local Authority committee structure.

Formalising the link with the committee structure and enhancing the elected member involvement in the Health and Community Care Liaison Group would ensure that local democratic accountability was enhanced and not diminished by the process and that a high level of political scrutiny was brought to the process.

- 7.6 In respect of **joint staff and organisation development**, recommends the authority undertake joint staff briefings on the joint future agenda and also the establishment of a consultative group to support staff development.

- 7.7 In respect of **single shared assessment**, recommends the authority be involved in the production of a quarterly newsletter for all staff in Dundee to keep those affected informed about joint progress.

- 7.8 In respect of **vision, values and principles** reinforces the Council's previously stated vision and values for the development of community care and includes a set of principles for taking forward future arrangements jointly.
- 7.9 On **other matters**, recommends the authority co-operate in the development of joint information systems, examines the possibility for extending joint resourcing and joint management beyond older people to other areas of service delivery and very significantly co-operates in the preparation of a full Local Partnership Agreement by April 2003.
- 8.0 IMPACT ON DUNDEE CITY COUNCIL EMPLOYEES**
- 8.1 The success of the Joint Futures initiative depends on the continued commitment and contribution of employees. It is accepted that this will be achieved only by ensuring that the interests of our employees are safeguarded and that they are continuously and fully informed of developments which may affect them.
- 8.2 While joint working may be viewed as a professional challenge, it is also viewed as a threat. Therefore, it is imperative that, at all levels in the organisational structure, effective communication channels are developed and introduced with the active involvement of the trade unions and the employees themselves.
- 8.3 Employees are concerned about the possibility of changes to working arrangements and conditions of employment. To allay these concerns, it is essential that the employees and their trade unions are advised that, if changes are proposed, then these will be the subject of full consultation and negotiation with the trade unions before changes are implemented. While some changes will be inevitable, especially in the longer term, the aim must be to ensure that our employees are not disadvantaged by this initiative.
- 8.4 It is accepted that the introduction of a joint staff forum bringing together representatives of employees from both Health and the City Council, together with management, is a crucial development: work has commenced on this. However, it is considered that there would be merit in establishing a parallel forum in the City Council to discuss issues arising for our employees as a result of Joint Futures. In the view of the Director of Personnel and Management Services, this would provide a formal mechanism where the concerns referred to in paragraphs 8.2 and 8.3 above could be aired and resolved. The trade unions' views on this possibility should be sought.
- 9.0 CONCLUSION**
- 9.1 Dundee City Council should use the joint future agenda to improve the services which are provided to people with community care needs.
- This should be done in ways which will improve the transparency of decision-making and which do not weaken or diminish the local democratic process.

The Local Partnership Agreement and the vision, values and principles behind it should be adopted as the basis on which the Joint Future Agenda will be taken forward.

**10.0 CONSULTATION**

10.1 The Directors of Corporate Planning, Finance, Personnel and Management Services and Support Services were consulted in the preparation of this report.

Joint Futures will continue to be the subject of full consultation with trade unions.

**11.0 BACKGROUND PAPERS**

11.1 The following papers were relied on in the preparation of this report: Joint Future Group, (November 2000); *Community Care: A Joint Future*; Development Group on Long Term Care, (January 2001); *Fair Care for Older People: A Report of the Development Group on Long Term Care*; Scottish Executive, (September 2001); *Guidance on Joint Resourcing and Joint Management Circular CCD7/2001*; Scottish Executive (January 2001); *Joint Future Agenda - The Bottom Line*; Community Care and Health (Scotland) Act 2002

**12.0 SIGNATURE**

Chief Executive .....

Date: .....

Director of Social Work .....

Date: .....

# **LOCAL PARTNERSHIP AGREEMENT - DUNDEE**

**DUNDEE CITY COUNCIL &  
NHS TAYSIDE**

**APRIL 2002**





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## **LOCAL PARTNERSHIP AGREEMENT – DUNDEE**

### **1. The signatories to this Agreement are:**

#### **DUNDEE CITY**

Chief Executive  
Mr A. Stephen .....

#### **NHS TAYSIDE**

Chief Executive  
Professor T. Wells .....

#### **The Agreement was approved by NHS Tayside Board on 11 April 2002.**

Chairman of NHS Tayside  
Mr P. Bates .....

#### **The Agreement was approved by Dundee City Council on 13 May 2002.**

Leader of the Council  
Mrs J. Sturrock .....

### **2. THE PARTNERSHIP**

This agreement signals the formal establishment of Dundee joint community care services.

### **3. DATE OF AGREEMENT – 1 April 2002**

### **4. COMMENCEMENT AND REVIEW OF THE PARTNERSHIP**

The partnership agreement will become operational from 14 May 2002.

It is proposed that the agreement will be reviewed on an annual basis for the first five years, and on a bi-annual basis thereafter. Partner agencies wish to reserve the right to initiate a review of the agreement on an intermediate basis where appropriate.

### **5. VISION, VALUES AND PRINCIPLES**

In accordance with the priority given to progressing the joint future agenda for older people in the Joint Future Group Report and the Scottish Executive response, it was decided at an early stage to concentrate developmental activity on services for older

people, but with a commitment to extend the process to other community care groups.

### **Our Vision**

Through the partnership, to achieve a fair and realistic balance in the provision of care, addressing the need to redesign and develop services which will help older people to stay as healthy, safe and independent as possible, and to provide sensitive and individually tailored support to enable older people to remain in, or to return to, their own homes. For older people who are unable to remain in their own homes, to provide a range of alternative provision which will be of a high standard, and which will address the needs of people on an individual basis.

### **Our Values**

We would wish to restate the values which have been endorsed by all the partners in the Joint Community Care Plan (1997 – 2000). These are:

#### Achieving Individual Potential

The importance of maximising opportunities for individuals to achieve their full potential will be acknowledged. The rights of individuals to live without stigma as valued and equal members of their own community regardless of their disability will be endorsed.

#### Choice

The autonomy and optimum independence of the individual will be maintained. This will be achieved by creating choices through the provision of flexible support to meet assessed need. Positive action should be taken to create choices, recognising that one of the greatest constraints on choice is poverty. The potential for choice will be maximised by the provision of accessible information.

#### Consumer Voice

People should be given the fullest opportunity to have a voice in the planning and delivery of services which are responsive to assessed needs. Planning partners will inform, consult with and involve users of services in what they are doing and how they are performing.

#### Empowerment

Local communities and individuals will be empowered to take greater control over services and resources so that they can influence decisions.

#### Equality

Everyone should be treated with fairness, respect and dignity, and inequalities will be addressed wherever possible. All individuals will be entitled to receive consideration, attention and appropriate services matched to their assessed needs whatever their race, colour, ethnic or national origin, gender, marital status, sexual identity, age, class, ethical or religious beliefs, medical condition or personal capacity. (Statement amended).

### Equity

Resources will be allocated justly and fairly in accordance with the needs of a specific geographical area, a particular care group, or on an individual basis to counter the effects of poverty and deprivation.

### Partnership

Work will be undertaken with users, carers, and local communities. Partnerships will be formed with any group or body which can make a positive contribution, with leadership and support being provided as required. Planning partners will work as a team to offer co-ordinated, efficient and effective services.

### Public Accountability

Individuals will be given clear information about the responsibilities of public and publicly funded organisations. This will include how to pursue redress if they think their rights have been infringed or that they are not receiving a service of an adequate quality.

### Respect

People will be accepted as valued individuals in society. Care and courtesy will be used when dealing with the public.

### Rights

Services should be delivered in ways which enhance the dignity, self esteem and personal growth of individuals and which maximise individual potential. People should be assisted to have their views represented and have a right to receive an independent hearing through an effective complaints procedure. Intervention by agencies should always be limited to the minimum required.

### Quality

Resources should be used efficiently and effectively to provide the standard of services expected by the public and at an acceptable cost. *(Amended from the original statement.)*

## **Our Principles**

Joint working arrangements should be driven by the requirement to continue to bring about improvements in care for people.

Start simple.

There should be openness and honesty underpinning every aspect of agreed joint arrangements. If there are circumstances in which information cannot be shared, the reasons for this should be explained.

Funding streams should be explicit. Each agency should be made aware of the financial position of the others, where it impacts on aligned budgets.

Partner agencies should have an individual and collective responsibility to ensure that joint services are provided in the most cost effective way.

Joint arrangements should be flexible, fair, open, and subject to review based on evaluation.

Joint arrangements should reflect national and local priorities, with particular reference to the Local NHS Plan, the Joint Community Care Plan, the Dundee Community Plan and the Public Health agenda.

Partners should be willing to interpret existing policies flexibly to maximise the potential benefits of joint working, and to recommend changes in policy where this is appropriate.

Non-negotiables should be balanced with a willingness to make concessions in other areas.

The importance of staff involvement in developing systems and implementing change should be recognised and supported.

The development and implementation of the joint future arrangements should reflect and support existing local democratic and corporate governance processes.

## **6. COMMUNICATIONS AND INVOLVEMENT**

Whilst we have yet to develop a joint policy/protocol, the value and importance of consultation and good communication is recognised by all the partners. This is reflected in a number of initiatives already in progress:

- Staff and staff side briefings on the joint future agenda.
- The establishment of a consultative group and a series of staff workshops to support the development and implementation of single shared assessment.
- The agreement of the partners to produce a quarterly newsletter for all staff in Dundee to keep everyone informed of progress in implementing the joint future agenda.

These individual elements will be expanded on and incorporated in a consultation/communication protocol over the next year. The proposed joint staff forum (see Section 13) will have a key role in leading the development of the protocol, and in providing a vehicle for staff involvement as we progress joint working.

## **7. JOINT MANAGEMENT**

As we are about to implement what will be the first phase of our partnership agreement, the preferred option is to retain maximum flexibility, and to build on the many advantages and opportunities which are present in our existing joint working arrangements.

<p>It has been agreed that we should adopt the joint management approach, since it offers the opportunity to align budgets, to match resources, to develop staff skills</p>
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through shared training and secondments, and to “grow” our management arrangements, either jointly or singly, as joint working matures.

It is intended that the following structure will be established:

### **The Joint Community Care Directorate**

We already have in Dundee a Health and Community Care Liaison Group which comprises representation at the highest level from the LHCC, Social Work, Housing and NHS Tayside, along with representation from clinicians and senior management.

It is agreed that the role, remit and membership of this group should be reviewed with a view to extending elected member involvement and establishing a more formal and direct link to the local authority structure.

In this way it will be possible to ensure that we retain and enhance local democratic accountability, and that a high level of political scrutiny can be brought to the process.

The review will also consider the representation from NHS Tayside within the context of the new structure, and the potential to include non-executive Board members.

An outline structure for the joint management arrangements is given in Appendix 1.

The precise role and responsibilities to be undertaken by the Directorate will be determined as part of the review, but it will provide a crucial component of the overall accountability framework in ensuring that targets are met, and that improvements in services are delivered.

### **Joint Senior Management Group**

We have an established Joint Executive Group which has multi-agency representation, and which currently addresses issues pertaining to all community care groups. This group already provides a forum for inter-agency consultation and involvement, and for securing agreement on the deployment of resources associated with existing joint initiatives, together with the deployment of resource transfer.

It is agreed that the role, remit and membership of this group should be reviewed, and that it should be developed as a joint senior management group within which there will be individual accountability and shared responsibility for the stewardship of aligned budgets.

Joint management of services at operational level will be developed alongside the implementation of joint working arrangements.

### **Older People’s Strategic Planning Group**

The review, planning and development of health and local authority services for older people in Dundee is led by the Older People’s Strategic Planning Group, which has a strong balance of managerial, clinical and service user/carer representation.

It is agreed that the Strategic Planning Group for older people should continue in its present form, and with its existing remit and responsibilities. These will be formalised and enhanced by the establishment of a small, dedicated planning team which spans health and social care development for older people to support the work of this group.

## **8. JOINT RESOURCING**

### **Financial Arrangements**

Within the context of our agreement to proceed on the basis of aligned budgets, the partner agencies will:

- retain their right to add or withdraw from their share of the aligned budgets;
- maintain their independent financial systems and processes for auditing, accounting, VAT and charging, in order to remain consistent with the requirements for accountability and corporate governance.

The development of joint management arrangements as described in 7 will provide the opportunity for partners to acquire a fuller understanding of each other's processes, and to share financial information applicable to aligned budgets.

In addition to social work staff, staff from other agencies will be gathering financial information as one component of single shared assessment. Mechanisms to ensure accountability which reflect the local authority's statutory responsibilities in relation to assessment are being addressed as part of the work of the Single Shared Assessment Development Team.

### **Services and Functions in the Partnership**

The partners are agreed that the services and associated resources listed will be included in the joint resourcing pot for the first phase of implementation of the joint future agenda in Dundee.

The services are grouped according to broad commonality of function, for example, - Grouping 2 – access and assessment, - although it is acknowledged that there are services within the groupings which offer both assessment and care/treatment.

Agreement on the alignment of these services is based on the potential to deliver improvements in services as identified in the Joint Future Group report, our vision for the future and our own locally agreed outcome targets (see 9). It is also consistent with the work currently being undertaken by the Older People's Strategic Planning Group around the redesign and redevelopment of day services, bed-based services and rehabilitation services which promote recovery and retention of skills.



### Grouping 1

- Strategic planning across health and local authority services including the processes for monitoring and review of services, governance, audit and best value arrangements.

Note There is agreement in principle to the establishment of a team which will have responsibility for the functions listed. Work is about to commence on developing the detail of the scope and remit for the team, at which point it will be possible to determine more specifically how it should be staffed and resourced.

### Grouping 2

- Single shared assessment development team
- Access arrangements for people using services
- First response team
- Information systems
- Assessment and management of care
- Intensive home care services
- Community mental health teams for older people (Psychiatry of Old Age)

### Grouping 3

- Equipment and adaptation services across housing, health and social work, including the deployment of SMART technology

### Grouping 4

- Glaxo Day Hospital
- Local authority day centres
- Orleans and Ashludie Day Hospitals
- LHCC managed OT and Physiotherapy services.
- Day service provision within the voluntary sector (funding of)
- Orthopaedic rehabilitation scheme

### Grouping 5

- NHS frail elderly continuing care beds
- Local authority residential care beds
- Local authority residential and nursing home placement budgets (for older people)
- Accommodation with care services
- Health and Social Care Partnership

## Grouping 6

Hypothecated budgets as they apply to older people's services:

- Supporting People
- Resource transfer
- Winter pressures
- Delayed discharge

Details of the financial and human resources encompassed within these groupings can be found in Appendix 2.

Property and equipment will remain in the ownership and control of the respective partner agencies. Joint management and joint working will create the potential for shared access and reciprocal use. Recommendations on any significant change in deployment or usage will be made jointly by the partners to the appropriate decision making body. Action required in respect of one partner's resources will be the subject of full consultation with partners where that action may impact on partners' resources in the pot.

A breakdown of the financial and human resource components of the joint resourcing pot is given in Appendix 2.

## **9. JOINT DEVELOPMENT PRIORITIES AND TARGETS**

From the outset in Dundee there has been consensus between all the partners that joint working should be driven by the ability to demonstrate improvements in services for the people using them.

As previously stated, for the first phase we have agreed to align those services for older people where we think joint working is most likely to deliver improved outcomes. We have identified and agreed a set of outcomes against which we intend to monitor progress over the next 3-5 years and beyond. A small multi-agency group has started to develop a methodology for measuring our progress against these outcomes. This work will be assimilated into the development of shared standards, systems and protocol as part of the process of establishing joint working arrangements. It will also form a significant component of the Joint Performance Management Framework in terms of monitoring and evaluating progress and securing service user/carer feedback.

Although outcomes have been identified and agreed within the context of services for older people, they are equally applicable to other community care groups:

### Access and Information

- People can gain access to health and social care services from a single point of contact.
- People get understandable information about services, service access and eligibility criteria.
- People get accurate understandable information about healthy living choices, including how to access help.

- People provide information once only to access the range of health and social care services.

#### Service Delivery

- The aim is for people to be able to live in houses which are built or modified to reflect changes in need associated with disability and ageing.
- People receive information about when services will be delivered, and receive the services at the agreed times.
- People receive services from the minimum number of providers commensurate with delivering appropriate care as defined in their care plan.
- A person's care package is adjusted timeously to reflect changing need.
- People, and where appropriate their carers, feel that they have contributed to decisions about their care package.

**We are not yet in a position to provide a full agreement on the infrastructure arrangements required by Circular CCD7/2001. Our interim response to remaining points in the LPA template takes the form of a position statement.**

### **10. JOINT GOVERNANCE AND ACCOUNTABILITY**

Accountability for budgets and deployment of resources will remain with the partner agencies' decision making bodies. For the local authority in Dundee this will be achieved through enhanced elected member representation on the Joint Community Care Directorate, and accountability will ultimately rest with the Policy and Resources Committee and Service Committees of the Council.

Joint governance and accountability arrangements will also need to be tied into work to support the integration of the LHCC and the Elderly and Rehabilitation Directorate in Dundee during the course of 2002/3, with ultimate accountability for health issues resting with the NHS Tayside Unified Board.

A joint governance and accountability framework will be developed during the course of 2002/3.

### **11. JOINT PERFORMANCE MANAGEMENT FRAMEWORK**

A joint performance management framework will be developed during the course of 2002/3. This will include the work alluded to in 9 on the development of systems to measure progress against agreed outcomes, and the involvement of people in this process.

### **12. LOCAL PARTNERSHIP WORKING**

There are several issues in Dundee we will need to address or take cognisance of during implementation:

- The work which is ongoing to integrate elements of service provision, (primarily but not exclusively for older people), from Tayside University Hospitals Trust, Tayside Primary Care Trust, and the LHCC.

- The operation of GP practices on a city-wide basis which has implications for the deployment of some associated primary care services. Social Work has previously agreed a locality/neighbourhood model for the delivery of its community services.
- The absence of complete co-terminosity between local authority and health boundaries in the City. There is the inevitable cross-boundary flow as people exercise their right to choose their GP, and one hospital which principally serves the Dundee population is located within the boundaries of Angus Council.

These and other issues will have to be the subject of negotiation and agreement over the forthcoming year.

### **13. HUMAN RESOURCES**

It is our intention to promote and support the commitment to working together in a spirit of partnership and co-operation throughout the partner organisations.

We would see the three keys to success as being:

- Information
- Involvement
- Learning together

It is recognised that our ability to develop and implement effective joint working arrangements will depend on our success in involving staff, both through the sharing of information which is relevant and accurate, and by providing staff with opportunities to make an active contribution to the process of development and implementation.

#### **Information**

There is commitment to ensuring that staff who will be directly affected by implementation of this Agreement, and those who will need to have an understanding of the issues, are provided with information which is:

- Timely and up to date;
- Simple and easy to understand;
- Available to staff from each of the partner agencies at the same time;
- Clear about what we are doing and why;
- Clear about the implications for staff and the work they do.

As stated in section 6, it is envisaged that the Joint Staff Forum will be given lead responsibility for developing a consultation and communication protocol which will identify in more detail:

- How information will be shared;
- What information will be shared;
- Who will have specific responsibilities for ensuring information is shared.

Work to establish a Joint Staff Forum has commenced.

## **Involvement**

We have still to decide and agree the detail of how we work together to provide frontline services. It will be essential to draw on the skills and expertise of staff providing services as we consider and reach agreement on these decisions. A significant element of this work will be to explore how we can remove some of the barriers to joint working through the development of common operational practices and protocols. (Examples might include lone working and moving and handling).

It is important to note that issues relating to staff pay and conditions across health and local authority services will not form part of discussions around joint working in Dundee.

## **Learning Together**

If staff from different agencies and different professional backgrounds are to work together effectively, it will be crucial that they are given opportunities to learn with, from, and about each other.

A Joint Development and Training Plan will be developed in parallel with the implementation plan for joint working to ensure that staff are equipped to respond to the scale and pace of change. It is envisaged that the Joint Staff Forum will take a key role in developing the Plan.

There is agreement that a joint staff forum should be established to support the development of joint working arrangements and staff involvement. Work to achieve this will start before the end of March.

## **14. INFORMATION SHARING**

Work is well advanced in the establishment of systems and processes to support information sharing:

- Although not yet agreed, it is likely that we will adopt the protocol for information sharing developed by Care Together since it fulfills the legislative and good practice requirements.
- Discussions are in progress to assess the applicability of software developed in Tayside to local IT systems in Dundee to support the sharing of information.
- In addition to the consultative workshops, joint training for staff from all the partner agencies is planned prior to implementation of the single shared assessment, which will include arrangements for information sharing.

## **15. EXTENSION OF JOINT RESOURCING AND JOINT MANAGEMENT**

Consideration of the plan to extend joint resourcing and joint management arrangements to all community care services will be given within the context of subsequent guidance during the course of 2002/3, for inclusion in our full Local Partnership Agreement due in April 2003.

THE JOINT FUTURE AGENDA – LOCAL PARTNERSHIP AGREEMENT

**JOINT MANAGEMENT ARRANGEMENTS**

1. As part of the action plan for implementing the first Local Partnership Agreement it is proposed to review the remit and membership of the Health and Community Care Liaison Group and the Joint Executive Group to create the core components of the joint management structure for the jointly resourced and jointly managed community care services in Dundee.
2. It will be necessary to determine and agree how the new arrangements will report to, and be accountable to, the partner agencies' decision making bodies.
3. It will also be necessary to determine and agree how the new arrangements will operate alongside single agency management systems for community care services not yet included in the joint resourcing 'pot'.
4. As a starting point for the review, Appendix 1a provides an outline framework for joint management arrangements. Further consideration of how we "link in" the Primary Care Trust, the University Hospitals Trust, and the LHCC Board, will be required.
5. The remit and membership of the core components of the new structure will be determined as part of the Review. Initial thinking is as follows:-

**Joint Community Care Directorate** (formerly the Health and Community Care Liaison Group)

Proposed membership might include:

- Elected members
- NHS Tayside Executive Board members(s)
- NHS Tayside Non-Executive Board member(s)
- DCC Officers
- Dundee LHCC Board member(s)
- Representation from Tayside Primary Care
- Scottish Homes representative
- Representation from Clinicians if not included above
- Representative from the Joint Staff Forum
- Representation from the public.

There would be a balance between representatives from Health and the Local Authority, with a distinction made between those who will be full members of the Directorate, and those who are in attendance.

Proposed remit to include:

- Engaging with the public.
- Interpreting and responding to new national and local policies impacting on community care.
- Ensuring service planning and development is consistent with national and local priorities and strategic objectives.
- Ensuring joint management and delivery of services (initially for older people) are consistent with the (to be agreed) joint governance and accountability framework.
- Ensuring services (initially for older people) are delivered in accordance with the standards set out in the joint performance assessment framework (to be agreed).
- Agreeing and monitoring outcome targets which are consistent with the joint future agenda.
- Securing corporate commitment from across the partner agencies to shared objectives and targets.
- Receiving and approving Joint Community Care Plans.
- Receiving and approving the development of existing, and any new, agreements, for example, Local Partnership Agreement, Partnership in Practice Agreement.
- Reviewing and approving the deployment of resources in the joint 'pot'. (The level beyond which such decisions should go to the partners' decision making bodies will be determined as part of the joint governance and accountability framework).

It is recommended that responsibility for chairing Directorate meetings should alternate between the Local Authority and Health on an annual basis.

### **Joint Senior Management Group** (formerly the Joint Executive Group)

Proposed membership to include:

- DCC Officers
- LHCC Managers/Clinicians
- TPC Managers/Clinicians
- Representation from TUH
- Representative from Scottish Homes
- Representative from Joint Staff Forum
- Representative from NHS Tayside (in attendance)

Proposed remit to include:

- Having joint management responsibility for aligned budgets, human resources and services.
- Having joint management responsibility for implementing joint working arrangements and single shared assessment.
- Maintaining an overview of all other community care budgets.

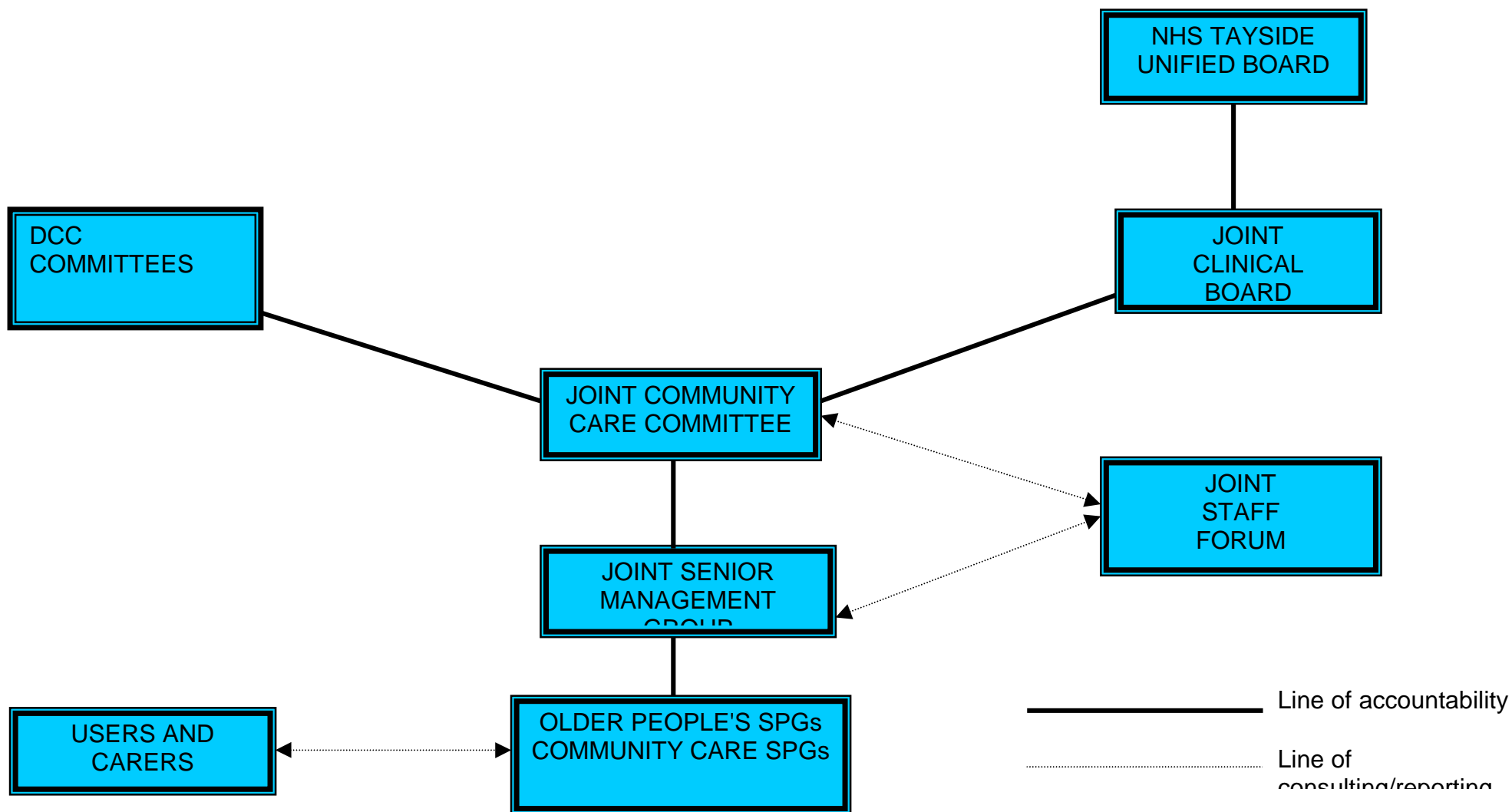
- Agreeing joint local priorities and evaluating service development/redesign proposals.
- Ensuring service development/redesign proposals are implemented within a defined resource envelope.
- Agreeing joint protocols and working practices to support joint working.
- Maintaining a cohesive and coherent approach to service delivery as we progress implementation of the joint future agenda across community care services.
- Managing the implementation of the staff development and training plan to ensure minimum disruption to service delivery.
- Being accountable for managing resources in the joint 'pot' in accordance with the (to be agreed) joint performance assessment framework and individual agency standards.
- Reviewing and monitoring service developments and service delivery arrangements against outcome targets.
- Reporting progress to the Joint Community Care Committee on a regular basis.

It is suggested that the Joint Future Co-ordinating Group should continue to drive implementation of the joint future agenda until such time as the review is complete, and the new joint management arrangements are fully in place.

**NB** The content of Appendices 1 and 1a is provisional and will form a basis for discussion and development, both as part of the review, and as we begin to develop a joint governance and accountability framework.



# PROPOSED OUTLINE FOR JOINT MANAGEMENT ARRANGEMENTS



**JOINT RESOURCING  
NHS TAYSIDE**

**Appendix 2**

Grouping	Service	Financial resource	Human Resource (whole time equivalent)
1	Strategic Planning Team	Not yet costed	
2	District Nursing and related services (see Note 1) Health Visiting and related services (see Note 2) Community Podiatry Service Early Supported Discharge Scheme Combined Care at Home Community Mental Health Teams (Psychiatry of Old Age) <b>TOTAL</b>	2176000 283900 498300 119800 240200 517600 <b>3835800</b>	76.0 9.1 19.3 3.4 8.6 19.1 <b>135.5</b>
3	Equipment Services <b>TOTAL</b>	143500 <b>143500</b>	1.7 <b>1.7</b>
4	Glaxo Day Hospital Orleans Day Hospital Ashludie Day Hospital Community Therapies (see Note 3) <b>TOTAL</b>	147900 218400 186400 216000 <b>768700</b>	7.3 9.8 8.4 8.8 <b>34.3</b>

5	RVH Frail Elderly Continuing Care Beds	992000	46.0
	Ashludie Frail Elderly Continuing Care Beds	2141300	98.5
	Health and Social Care Partnership	58200	1.8
	<b>TOTAL</b>	<b>3191500</b>	<b>146.3</b>
6	Expenditure included in relevant service category		
	<b>GRAND TOTAL</b>	<b>7939500</b>	<b>317.8</b>

**Note:**

1. Includes district nursing, evening services, night nursing, marie curie nursing and palliative care.
2. Includes health visiting, epilepsy nurse, and public health practitioners.
3. Includes Dundee LHCC managed community physiotherapy and occupational therapy services.
4. All costs at 02/03 prices, including an estimate of pay inflation.

**JOINT RESOURCING  
DUNDEE CITY COUNCIL**

Grouping	Service	Financial Resource	Human Resource (full time equivalent)
1	Strategic Planning Team	Not yet costed	
2	Single Shared Assessment Development Team (see Note 1)	113000	4
	First Response Team	249000	9.5
	Assessment and Management of Care (see Note 2)	1291000	57
	Intensive Home Care Services	594000	21.1+
	<b>TOTAL (see Note 3)</b>	<b>2134000</b>	<b>87.6</b>
3	Equipment and Adaptation Services	269000	N/A
	<b>TOTAL</b>	<b>269000</b>	<b>N/A</b>
4	Local Authority Day Centres	688000	26.8
	Day Service Provision – Voluntary Sector	still to be costed	
	Orthopaedic Rehabilitation Scheme	285000	12.7
	<b>TOTAL</b>	<b>973000</b>	<b>39.5</b>

5	Local Authority Residential Care Beds	2994000	126.0
	Local Authority Residential and Nursing Home Placements	5991000	N/A
	Accommodation with Care Services	210000	
	Health and Social Care Partnership	343000	19.6
	<b>TOTAL</b>	<b>9538000</b>	<b>145.6</b>
6	Expenditure included in relevant service category		
	<b>GRAND TOTAL</b>	<b>12914000</b>	<b>272.7+</b>

**Note:**

1. The SSA Development Team is operating on a time limited basis to develop Single Shared Assessment, so the financial and human resources associated with the Team are not included in the totals.
2. Includes Occupational Therapists.
3. The total for Grouping 2 does not include the non-recurring funding for the Single Shared Assessment Development Team.

### Appendix 3

## LOCAL PARTNERSHIP AGREEMENT – DUNDEE

### IMPLEMENTATION ACTION PLAN

2002 – 2003

<b>ACTION</b>	<b><u>TIMESCALE</u></b>
Develop, agree and establish a joint staff partnership forum	Complete May 2002
Develop, agree and establish a joint development and training protocol	Complete June 2002
Review and agree the role, remit and membership of the Health and Community Care Liaison Group and the Joint Executive Group	Complete July 2002
Develop, agree and establish a joint consultation and communication protocol	Complete October 2002
Develop, agree and establish an information sharing protocol	Complete October 2002
Develop, agree and establish a joint governance and accountability framework	Complete January 2003
Develop, agree and establish a joint performance management framework	Complete February 2003
Develop, agree and establish a protocol for secondments, joint posts, etc	Complete March 2003
Develop, agree and establish detailed implementation action plans for joint working in each of the service areas, including associated staff development and training plans.	May 2002 – March 2003
Address legal details of the partnership agreement including renewal, variation, termination of agreement and resolution of disputes	Complete March 2003
Give details of proposed extension of joint resourcing and joint management to all community care services with timescales	For inclusion in LPA 2003/4

## **JOINT RESOURCING AND JOINT MANAGEMENT OF COMMUNITY CARE SERVICES**

### **SUPPORTING PEOPLE**

The Supporting People Team have reviewed the advice issued by the Scottish Executive on Joint Management of Community Care Services.

It is noted that Supporting People funding regime and management process is relevant to the Joint Futures Agenda. Notes are numbered as per the "Template for a Local Partnership Agreement" attached to the guidance where there is a specific Supporting People contribution.

#### 7. Joint Resourcing

Arrangements will be made during 2002/03. The Supporting People Team are developing systems which will create charging and accounting procedures in due course.

It is intended to include those resources related to Elderly Services in the first instance with a commitment to expand involvement as the Supporting People regime develops over the period of the compulsory three year review.

#### 8. Joint Development Priorities and Targets

Supporting People Team will identify and review all relevant projects by 2006. A workplan for that process will be available by end of 2002.

Improvement in services will be identified throughout the review process.

It is important that the balance of provision between group and individual needs is assessed against the broader strategic priorities as agreed through the existing planning systems, e.g. Older People Strategy, Community Care Plan.

#### 9. Joint Governance and Accountability

Political accountability will be achieved by the Supporting People Liaison Group reporting to the relevant service committees of the Council.

Corporate governance will operate via the Management and Executive Groups process within the Supporting People system. This is to be reviewed.

The Supporting People process will apply standards for Accommodation with Support suggested by the reviewed commissioning arrangements (compulsory three year review).

Existing complaints systems will be utilised, subject to review as necessary.

Professional staff will remain accountable to relevant departmental heads.

10. Joint Performance Management Framework

Supporting People process monitoring and evaluation will be as provided in the Supporting People national framework.

13. Communication and Involvement

Consultation and involvement will be processed as required by the Supporting People framework.

14. Information Sharing

Supporting People process will be subject to Local Government information sharing protocols yet to be developed.



## Appendix 5

### LOCAL PARTNERSHIP AGREEMENT – DUNDEE

#### **MEMBERSHIP OF THE JOINT FUTURE CO-ORDINATING GROUP**

Alan Baird	Director of Social Work (Chair)
Laura Bannerman Department	Manager, Community Care, Social Work
Carol Goodman Hospitals	Clinical Group Manager, Tayside University
Allan Grant	Assistant Director of Finance, NHS Tayside Board
Mike Jones Hospitals	Clinical Group Director, Tayside University
David Lynch Directorate	General Manager, Elderly and Rehabilitation Tayside Primary Care
Ian MacDonald	Acting Director of Finance, Tayside Primary Care
Alison MacKay Work	Manager, Finance and Support Services, Social Department
Diane McCulloch	Principal Planning Officer, Social Work Department
Peter McKenna	Housing Strategy Manager, Housing Department
Lucy Rennie Board	Service Development Manager, NHS Tayside
Val Robertson	Human Resources Manager, Tayside Primary Care
Brian Smyth	General Manager, Dundee LHCC
Gwyneth Greig	Joint Future Co-ordinator, Dundee

## **Appendix 6**

### LOCAL PARTNERSHIP AGREEMENT – DUNDEE

#### **CONSULTATION AND INVOLVEMENT**

The final draft of the Agreement has been developed to take account of comments received following presentation to the following:

Dundee Health and Community Care Liaison Group – 27 February 2002  
Dundee LHCC Board – 6 March 2002  
Tayside Primary Care Trust Clinical Board – 12 March 2002  
Elderly and Rehabilitation Directorate (TPCT) – 18 March 2002  
Joint Future Co-ordinating Group – 19 March 2002  
Social Work Department (Policy) Management Team - 20 March 2002  
NHS Tayside Joint Clinical Board – 21 March 2002  
Dundee Joint Executive Group – 25 March 2002  
Dundee LHCC Board and LHCC Management Team – 27 March 2002  
Social Work Business Directorate – 28 March 2002

In addition, comments and views were sought from the following:

- Members of the Tayside NHS Partnership Forum
- Tayside Health Council
- Older People (under the auspices of Age Concern Dundee).
- A Working Group comprising HR managers and Staff Side representatives from Health and Local Authority

#### **Tayside NHS Partnership Forum**

No specific comments were received.

#### **Tayside Health Council**

Council members viewed the Agreement as a management tool which would have little relevance for the general public. They wished to see more detail on how joint working would operate in practice. Council members have offered to help to produce a more user-friendly version of the Agreement, and this offer will be followed up.

#### **Older People**

A group of older people from Dundee met with the Joint Future Co-ordinator to talk about the Joint Future Agenda, the Agreement and local objectives.

There was support for and recognition of the potential benefits of joint working, and people wanted to see the following areas given specific priority:

- Services provided on the basis of need rather than ability to pay;
- Clear identification of who does what in providing services, and who is eligible to receive them;
- A pro-active approach to income maximisation and to identifying people who need care and support;
- Simple, easy to understand routes to accessing services;
- More support for carers, both financial and practical;
- Better information from health care staff about services provided by the local authority and voluntary organisations;
- Automatic pre-discharge assessment for older people;
- Improvements in levels of support post discharge from hospital;
- Sufficient levels of support to enable older people to continue living in their own homes (i.e., more than the basics)
- Free access to learning opportunities (pensioners currently excluded).
- Improved monitoring of the quality of services.

#### **HR/Staff Side Working Group**

This group produced the section of the Agreement (13) on Human Resources and will be responsible for the development of the Joint Staff Forum.

#### **Dundee LHCC Board and LHCC Management Team**

The LHCC Board and Management Team held a special meeting on 27 March to consider in detail issues relating to joint management arrangements and joint working. Their views and comments will be fed into the review of existing structures which will inform the establishment of joint management arrangements as set out in Appendix 1 and 1a.

Concern was expressed at the meeting about the ability of the LHCC and its partners to deliver the scale of change planned within existing resources.