

## **DUNDEE CITY COUNCIL**

**REPORT TO: SOCIAL WORK COMMITTEE – 18 June 2001**

**REPORT ON: JOINT FUTURE PROJECT TEAM**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 397 - 2001**

### **1.0 PURPOSE OF THE REPORT**

1.1 The purpose of this report is to inform the Social Work Committee of the work undertaken by the Local Authority and Health in progressing and actioning the recommendations made within the Joint Future Report. In particular this report recommends the formation of a Joint Future Project Team and a project co-ordinator.

### **2.0 RECOMMENDATIONS**

It is recommended that the Social Work Committee:-

2.1 Agree to the proposals within the report.

2.2 Agree to the formation of a Joint Future Project Team.

2.3 Agree that the Chair of the Health and Community Care Liaison Group chair an interview panel, which will include representation from constituent agencies, to appoint a Joint Future Co-ordinator (to be seconded, with agreement of their employer, from one of the constituent agencies).

### **3.0 FINANCIAL IMPLICATIONS**

3.1 It has been agreed that the Health Board through the new monies allocation will award £40,000 (non-recurring) towards the cost of the project co-ordinator. (Final costs will depend upon the grade of the appointed person. Any additional costs will be met through resources allocated to the Local Authority for the implementation of the recommendations within the report from the Joint Futures Group.)

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

4.1 The report is relevant to the Local Authority Agenda 21 theme, the implementation of the recommendations will focus on meeting local needs locally.

### **5.0 EQUAL OPPORTUNITIES IMPLICATIONS**

This report is consistent with the principles contained within the Local Authority's Equal Opportunities Policy, promoting social inclusion for older people by enhancing the range of services available which are delivered in a streamlined manner.

### **6.0 MAIN TEXT**

#### **6.1 Background**

The report of the Joint Future Group: "A Joint Future" was issued for consultation in December 2000 by the Scottish Executive. The purpose of the group was, to agree a list of

recommendations which would help agencies to deliver more effective services; and to advise on the balance between residential and home based care and the options for charging for care and support at home.

The Joint Future Report made a number of recommendations which if implemented will affect the way in which services are managed and delivered within Dundee. In response to the report in Dundee, a short life working group was established to discuss the recommendations, identify the current position and develop a shared vision for the way forward. The Dundee Joint Future Group has met on three occasions and made considerable progress with this. It undertook an audit of current services against the recommendations in the Joint Future Report and developed an action plan which identified priority areas for future action to progress the recommendations further. The position statement and associated action plan is attached as Appendix 1.

## 6.2 **Joint Management and Joint Resourcing**

One particular aspect of the Joint Future agenda is the introduction of joint management and resourcing of services for older people by April 2002. Partner agencies within Dundee City have already demonstrated a strong commitment to progressing this recommendation. This is demonstrated in the position audit included in Appendix 1.

To take this further, however, it is recommended that the implementation of the Joint Future agenda be addressed in two linked sets of activity to run in parallel. The first will be to achieve the actions set out in the plan by identifying individuals to undertake the required work. The second will be to identify a joint management and resource framework for the delivery of services to older people. It would be our intention that this framework could also be applied to other areas of community care service delivery.

It is proposed that to advance both these activities, a Joint Future Project Team be established and a Project Co-ordinator be appointed to accelerate the required changes.

## 6.3 **Joint Future Project Team**

The main aim of the Joint Future Project Team will be to develop the practical arrangements for working together in the future.

The objectives of the Joint Future Project Team will be to:

- 1 Agree the priorities, annual programme of work and desired outcomes.
- 2 Oversee the project management of the Joint Future action plan.
- 3 Explore the links between other established groups including the New Monies Group and the Dundee Joint Future Group with a view to assuming responsibilities from these groups where appropriate and within the existing statutory framework.
- 4 Incorporate into the Joint Future action plan any other related and appropriate issues subsequently identified, such as Tayside Elderly Strategy.
- 5 Make recommendations for the implementation of change strategically and operationally.
- 6 Develop a communication strategy.
- 7 Manage the budget associated with the Joint Future Project.

## 6.4 **Joint Future Co-ordinator**

The Co-ordinator will ensure that a comprehensive approach is taken to the management of the individual projects arising from the Joint Future report. The Co-ordinator will also hold responsibility for carrying out the development work associated with the joint management and joint resourcing of older people's services within Dundee.

It is recommended that applications for the post be invited from all partner agencies and an appointment panel chaired by the Chair of the Health and Community Care Liaison Group, including representatives from the partner agencies, will appoint the most suitable candidate.

The Co-ordinator's remit will be to:

- 1 Identify the work to be done to progress the Joint Future action plan.
- 2 Develop the project plans for each action identified.
- 3 Project manage the Joint Future action plan by gathering information, identifying actions, financial streams, resources and outcomes, agreeing the implementation plan and progress chasing agreed actions to ensure the plan is completed within the set timescale.
- 4 Identify the financial, personnel and resource allocation applicable to the Joint Future agenda.
- 5 Gather together the mapping information completed by the local Strategic Planning Groups to ensure links are made between the Joint Future agenda/action plan and other planning groups.
- 6 Forge appropriate links with the main user/carer representative agencies and individuals.
- 7 Prepare regular progress reports for the Joint Executive Group and the Health and Community Care Liaison group.

It is proposed that the Co-ordinator be appointed until April 2002.

#### 6.5 **Membership of the Joint Future Project Team**

The preferred model would be for a small project team of approximately 7 members. The Project Team members will be drawn from the partner agencies and should include user/carer representation. As a principle, agency members of the Project Team should have sufficient status within the organisation to hold delegated responsibility for operational decision-making and should hold budgetary and resource responsibility in the areas affected by the Joint Future agenda. It would be for each partner agency to recommend their representative.

Suggested membership would include:

Tayside Primary Care Trust  
Tayside University Hospitals Trust  
Dundee City Council - Social Work Department  
Dundee City Council - Housing Department  
Dundee Local Health Care Co-operative  
Tayside Health Board  
User/Carer representative.

The membership of this group may be augmented as required.

#### 6.6 **Reporting Arrangements**

The Joint Future Project Team will report to the Community Care Joint Executive Group, and through this forum to the Joint Health and Community Care Liaison Group in Dundee city.

### 7.0 **CONSULTATION**

- 7.1 The Local Health Care Co-operative has been consulted and supports the proposal. Chief Executives of the Health Board and the Primary Care Trust have been consulted and have given their support..

The Chief Executive, the Director of Finance and the Director of Personnel & Management Services have been consulted in the preparation of this report.

**8.0 BACKGROUND PAPERS**

No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing the above report.

**9.0 SIGNATURE**

Director of Social Work

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Date

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6 June 2001

COMMUNITY CARE: A JOINT FUTURE

Position Statement

	Position Statement	Current Service in Place	Action Plan
<p><b><u>Rebalancing Care of Older People</u></b></p> <p>2.1 Every local authority area should have in place a comprehensive, joint hospital discharge/rapid response team, by mid 2001-02.</p> <p>2.2 Every local authority area should have in place a comprehensive, joint intensive home support team, by mid 2001-02.</p>	<p>Lead Officer: John Davidson (Social Work)</p> <p>Bob Rosbottom (Primary Care)</p> <p>Mike Jones (Acute Trust)</p> <p>Dundee City Council Home Care Services are in the process of refocusing the balance of social care and domestic home care services provided. Included within this refocus is a structural reshape, which will provide a neighbourhood based service provision. As an ongoing continual improvement of the services: including those established, planned and currently part of a pilot scheme, we intend to formally review and evaluate both the requirements of the schemes and the outcomes. This will enable any further redesign of service delivery to be developed in a comprehensive manner.</p> <p>Exploration of the use of SMART technology ongoing</p> <p>To add – Health resources.</p>	<p><b><u>Hospital Discharge:</u></b> Early supported discharge schemes linked to Ward 15 and the Accident and Emergency Department, Ninewells Hospital. Orthopaedic rehabilitation scheme linked to Ward 17, 18 and 19, Ninewells Hospital. First Response Team, Care Management provision based at Ninewells Hospital. Linked Care Managers (Older People) attached to Ninewells, Ashludie, RVH and Liff Hospital.</p> <p><b><u>Crisis care team:</u></b> Community assessment team linked to the Care Management Teams.</p> <p><b><u>Intensive support:</u></b> Combined care at home scheme. Health and social care partnership. Independent sector provide social care support such as BNA, Duneaves, etc</p> <p><b><u>Medicine for the Elderly</u></b> Ashludie Hospital : 65 in-patient rehabilitation places in 3 wards, OT / Physio Suite in support, Glaxo Day Hospital is open 4 days a week serving the East side of Dundee and Monifieth. Royal Victoria Hospital : 70 in-patient medical assessment and post-acute short-term rehabilitation places in 3 wards. Day hospital open 4 days a week serving the West side of Dundee and Invergowrie. King Cross Hospital : Community rehabilitation team is based here, but serves under 65s too.</p> <p><b><u>Psychiatry of Old Age</u></b> Royal Dundee Liff Hospital : 17 in-patient places for organic assessment / rehabilitation (soon to be extended to a further 18 places) Orleans Day Hospital : for both functionally ill and organically impaired people. Ashludie Hospital : Day hospital for both functionally ill and organically impaired people Community Mental Health Teams x 2 : an element of their work is also rehabilitation.</p>	<ol style="list-style-type: none"> <li>1 Complete evaluation of home care schemes and pilots and continue with service redesign.</li> <li>2 Investigate how, operationally and strategically, services could be more streamlined.</li> <li>3 Emergency resources to be more integrated both for access and endpoint.</li> <li>4 Identify gaps both in availability of service (times) and range of service.</li> <li>5 Explore technology use.</li> </ol>

	<b>Position Statement</b>	<b>Current Service in Place</b>	<b>Action Plan</b>
<p>Short Breaks</p> <p>2.3 Each year, agencies should provide both more short breaks (to reduce the number of carers providing the most care, without a break), and more breaks at home.</p>	<p>A large portion of the Carers Strategy Monies has been used to increase the volume of respite provision available for Carers within Dundee. In addition there has been an increase in the number of block respite contracts with Nursing Homes within the City. The majority of respite provision is still provided within residential and nursing care homes and it is our intention to audit both our current level of provision and the usage of this, both to provide a baseline for future measurement of any increase in provision and to access both the quality and range of options currently available. Dementia respite care at home is provided through Crossroads and this continues to be developed. Discussions are underway to provide more innovative forms of respite and a recent appointment of a Respite Co-ordinator for all client groups will improve on the innovative work already undertaken through the Learning Disabilities review. The Church of Scotland is also looking at providing a new rehabilitative respite service locally.</p>	<p>Dedicated respite care co-ordinator appointed. Dedicated respite budgets attached to the care management teams.</p> <p>A number of block contracts with approved nursing home providers to provide respite care. Home from home respite care scheme. Crossroads dementia respite care at home. Crossroads respite care at home for other older people. Residential respite care provided within Local Authority Homes for older people and also independent sector. Respite care provided within the McKinnon Centre (development work to introduce rehabilitation during respite).</p> <p>Marie Curie service. Night nurse sitting service.</p> <p>Royal Victoria Hospital / Ashludie Hospital : Currently 8 people are provided with regular short breaks, across both hospital sites.</p> <p><b>Continuing Care for Frail Older People</b> Ashludie Hospital : 1 in-patient place for short breaks. Royal Victoria Hospital : 1 in-patient place for short breaks.</p> <p><b>Psychiatry of Old Age</b> Royal Dundee Liff Hospital : 2 in-patient places for short breaks Ashludie Hospital : 2 in-patient places for short breaks</p>	<ol style="list-style-type: none"> <li>1 Define definition of respite care including both social and health provision.</li> <li>2 Define criteria protocols for respite care.</li> <li>3 Increase the scope of respite care available through the work by the Respite Care Co-ordinator.</li> <li>4 Explore technology use.</li> </ol>

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<p>Practical Shopping/Domestic/Household Maintenance Service</p> <p>2.4 Every local authority should identify the need for a practical shopping/domestic/household service, and arrange it comprehensively, by mid 2001/02</p>	<p>Lead Officer: John Davidson (Social Work)</p> <p>See comment 2.1 and 2.2. Dundee City Council continues to provide a high level of domestic support to Dundee people and recognises the role domestic support plays in maintaining vulnerable people at home. Providing this service in the most cost effective and efficient way, while ensuring that the added benefits of this service are not lost, has been the basis of an exercise piloting shopping and laundry services. Thought has also been given to the most appropriate manner to provide a household maintenance service although this has not been tried in any real way. The evaluation of these pilots is to be completed and this will guide any future intentions in the provision of these services.</p> <p>Dundee Community Plan will also identify issues relating to health inequalities and means to enable sustainability for older people at home.</p>	<p>Household maintenance provided by Age Concern Dundee. Current home care staff provide domestic support.</p> <p>Use of Smart technology used both by organisations and clients i.e. Tesco direct line shopping.</p> <p>Independent sector provide domestic support. ie Duneaves and Gowrie Housing</p>	<p>1 Complete older people's mapping exercise and link to work undertaken within the SIP areas, etc.</p> <p>2 Identify level of need and appropriate sources of provision, including the use of Smart technology.</p> <p>3 Through home care redesign of service, complete moves towards providing these services.</p>
<p>A Service Development Centre for Older People</p> <p>2.5 The Executive should, in 2001, set up an older people's service development centre to champion the development of good and innovative community care services, promote training and assist implementation of the Group's proposals.</p>	<p>While waiting for information regarding this proposal, we would wish to explore the possibility of the development being set in Dundee, highlighting the strong academic base within the city.</p>	<p>Awaiting further information from the Scottish Executive.</p>	<p>1 Investigate possibility of submitting a bid to locate the Older Peoples Service Development Centre within Dundee / Tayside.</p>

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<p><b><u>Improving Joint Working</u></b></p> <p>2.6 Agencies locally should have in place single, shared assessment procedures for older people and for those with dementia by October 2001, and for all client groups by April 2002.</p> <p>2.7 Agencies locally should have in place by October 2001, a single shared assessment tool for older people and people with dementia. Local agencies should either adapt existing systems or develop systems to achieve the outcomes specified in the report, or adopt Carenap 'D' &amp; 'E'.</p>	<p>Lead Officer: Service Manager (Social Work) Gail Young (LHCC)</p> <p>Development of shared procedures at varying levels across the Department with informal procedures in place for both Mental Health services and Drugs and Alcohol services. Pilot established to look at a joint assessment model for Older People and People with Dementia which has completed phase one. This was reviewed at the multi-disciplinary Modernising Community Care Group and it was agreed to continue funding this project but to refocus the remit to include all client groups. It is proposed that a Project Manager be identified to serve this project and progress the formalising of procedures currently in place, address the development of protocols, procedures, implementation plans and joint training issues relating to this work. The development of single shared assessment procedures and assessment tools will be generic but will prioritise those care groups indicated by the Joint Future Report in the first instance. Dundee City Council has applied to the Scottish Executive to pilot the assessment tool as indicated within the Chief Nurse's report on free nursing care.</p>	<p>Informal jointly agreed procedures for Mental Health Community Teams and the Drugs and Alcohol Care Management Team.</p> <p>Pilot project to develop a single shared assessment tool.</p>	<p>1 Local single assessment pilot to continue and include pilot of "free nursing time" assessment broadening out to all client groups and moving towards the development of assessment protocols.</p> <p>2 Specific focus on developing a single assessment tool for people with dementia.</p>



	<b>Position Statement</b>	<b>Current Service in Place</b>	<b>Action Plan</b>
<p>Intensive Care Management</p> <p>2.8 The Scottish Executive should redefine care management as 'Intensive Care Management', which will be for people with complex or frequently changing needs.</p> <p>2.9 Care managers should be trained in 'Intensive Care Management' throughout 2001 – 2002. Only those who have undertaken such training should carry out 'Intensive Care Management'.</p>	<p>We are awaiting further guidance from the Scottish Executive regarding the criteria for an 'intensive care manager'. An early audit of care management arrangements to identify who will be affected by this recommendation, what they are doing, what skills and training they have, what qualifications are in place and who they work for, will be a priority. Co-operation of the local organisational Staff Development Sections will be required to work through any issues relating to qualifications and skill mixes. Joint training within the City, particularly where this training is provided across disciplines must be a priority.</p>	<p>Within Community Care Services (Older people) we have:</p> <p>3 Care Manager Teams for Older People</p> <p>3 Home Care Teams providing assessments for home care services</p>	<ol style="list-style-type: none"> <li>1 Undertake an early interagency audit of all staff across the organisations who are undertaking a 'care management' role identifying current skills, qualifications and criteria for position.</li> <li>2 Based on Scottish Executives definition of 'intensive care management' identify future training needs, qualifications, etc.</li> <li>3 Identify any human resource issues arising from the new designation and take appropriate consultation, action etc. (To be led by organisational Personnel Departments)</li> <li>4 Instigate multi-disciplinary joint training.</li> </ol>

	<b>Position Statement</b>	<b>Current Service in Place</b>	<b>Action Plan</b>
<p>Information Sharing</p> <p>2.10 The Scottish Executive should, by 2002, offer a strategic lead on the development of community care information. Information sharing and systems integration.</p> <p>2.11 Locally, the arrangements for single shared assessments should include specific proposals for the necessary sharing of information between agencies, by obtaining explicit client approval.</p>	<p>Provision has been made for access to the Social Work computer system K2 from certain Health sites where social work staff are placed within Health premises. It is not anticipated that there will be full integration of computer networks in the immediate future. Cross-organisational access to information could be achieved through initiatives such as web enabling access. Sharing of information will require proper protocols to be in place, agreed and in accordance with data protection guidelines. We would anticipate learning from the Care Together Project on this issue, looking toward the strategic lead given by the Scottish Executive and identifying key people from the partner organisation to take forward this particular agenda.</p> <p>Specific barriers to achieving this relate to Data Protection, professional codes regarding confidentiality and Human Rights legislation</p>	<p>K2 access in place for social work staff within Health premises.</p>	<ol style="list-style-type: none"> <li>1 Seek advise from the Scottish Executive about their current position regarding a strategic lead on information sharing. Particular guidance to be sought regarding issues arising from the Human Rights Act, professional codes of conduct relating to confidentiality and the Data Protection Act.</li> <li>2 Seek advise from Care Together project and other organisations who are currently developing shared information systems, particularly surrounding legal responsibility to obtain clients permission to share information.</li> <li>3 Develop local protocols, principles and clear definitions for information sharing, identifying what will be shared, when this will be shared, for what purpose, how this will be shared and with whom. Link this work with ongoing work on single assessments.</li> <li>4 Continue to explore IT solutions for easy access to information.</li> </ol>

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<p>Equipment and Adaptations</p> <p>2.12 To modernise and improve equipment and adaptation services, the Scottish Executive should establish a strategic overview, and set out a programme of change that will require agencies locally to integrate equipment and adaptation services with the rest of community care services, and put in place a number of specific measures that will result in a better-focused and more effective service for the user.</p>	<p>We are near the completion of a Best Value Review of our occupational therapy services, which has recommended the progression of joint working arrangements. The development of joint protocols enabling hospital occupational therapists to issue basic equipment, the promotion of a single common practice between local occupational therapists and the establishment of a joint equipment store are also recommended. The Best Value exercise recognised that there remains difficulties at the interface between hospital departments and would hope that improvements in joint working acknowledge and address this.</p> <p>Modernising Community Care monies have also been allocated to develop a framework to enable OT staff to better support other front line staff to undertake basic evaluations for equipment.</p>	<p>Two community occupational therapist teams.</p>	<ol style="list-style-type: none"> <li>1 Reconvene the working group looking at an integrated equipment store.</li> <li>2 Implement recommendations contained within the Best Value review of OT services including any identified issues within Health.</li> </ol>

	<b>Position Statement</b>	<b>Current Service in Place</b>	<b>Action Plan</b>
<p>2.13 To target occupational therapy services more effectively, agencies need to modernise equipment and adaptation services, and to remove duplication between hospital and community based occupational therapy services wherever practical. For community care services that reorganisation needs to begin as soon as possible, followed by the rest of health and social care within the context of the wider agenda for the joined up health, housing and social care services.</p>	As above	As above	As above
<p><b><u>Planning Financial and Service Management Frameworks</u></b></p> <p>2.14 The Scottish Executive should set up a programme planning and financial framework, beginning with services for older people in 2001.</p>	We await information from the Scottish Executive.		

	<b>Position Statement</b>	<b>Current Service in Place</b>	<b>Action Plan</b>
<p>Joint Resourcing and Joint Service Management Locally</p> <p>2.15 Local authorities (that is social work and housing), health boards, NHS trusts and Scottish Homes should draw up local partnership agreements, including a clear programme for local joint resourcing and joint management of community care services collectively or for each care group individually.</p> <p>2.16 As a step towards that, and recognising current progress on the ground, every area should introduce joint resourcing and joint management of services for older people from April 2002, and in preparation for that introduce shadow arrangements in the course of 2001–02.</p>	<p>In order to progress this recommendation, Dundee Council Social Work Department would propose that all partner organisations should audit their current management arrangements by care group and service. Further, we propose that the development of a Joint Senior Management Board between the Primary Care Trust, the Local Health Care Co-operative, Tayside University and Hospital Trust, Tayside Health Board and the Social Work Department, incorporating all key personnel, should be instigated. There will be a matrix management approach to service procurement and delivery. It is agreed in principle that the membership should also include other representative members and that this will be further explored once the framework for the Management Board has been agreed.</p> <p>This would bring together the resources available to the partner organisations, including hypothecated budgets, overseeing the service activities and the operational management of these services. This forum would enable clear accountability, transparent prioritisation of resources and services, and will increase opportunities for purposeful, appropriate integration of service delivery.</p> <p>It is recognised that to ensure that this approach will work, we must achieve support for this model, not only at a political level but also at a grass roots level and must work towards bring all staff and elected members on board.</p>	<p>Dundee Community Care Executive Group in place. Joint Strategic Planning Groups in place. Joint resourcing and Management exists for some current services.</p>	<ol style="list-style-type: none"> <li>1 Develop a matrix management framework for a Joint Future Team which will include HB, TPCT, LHCC, TUHT and SW representation.</li> <li>2 Clarify principles regarding membership of the Team which will include representative membership.</li> <li>3 Engage staff and representatives at elected member, chief executive and grass roots level providing information and clarification as to how this will affect them.</li> <li>4 Continue to promote and support joint working initiatives at all levels.</li> </ol>

	Position Statement	Current Service in Place	Action Plan
	<p>It is anticipated that all community care services for all community care groups will be managed through this forum.</p> <p>It is also hoped that decision-making forums will be streamlined as a result of this exercise.</p>		
<p><b>Charging</b></p> <p>2.17 COSLA should develop guidance on charging policies to reduce the inconsistencies in home care charging.</p> <p>2.18 The Scottish Executive should consider introducing:</p> <ul style="list-style-type: none"> <li>- free home care for up to 4 weeks for older people leaving hospital.</li> <li>- free home care for older people receiving "extended home care", (though they would still pay for 'ordinary' services).</li> </ul>	<p>We have contributed to the current consultation relating to this recommendation and recognise that careful preparatory work is required on systems and procedures, definitions of criteria and the provision of information which ensures that service users understand for whom and when this 'free' service will be available. If implemented, we have recommended that the timescale for implementation be amended until October 2001 or later. The final outcome of the Scottish Executive group implementing free personal care will impact on this recommendation.</p> <p>The implementation dates are unrealistic</p>	Charges set for all home care provision at the point of entry.	<p>1 Awaiting guidance from the Scottish Executive regarding free personal care.</p>

	Position Statement	Current Service in Place	Action Plan
<p><b><u>Good Practice</u></b></p> <p>2.19 The Scottish Executive should, by mid 2001-02, identify measures to improve the collection and dissemination of good practice by linking together the bodies in the field in a more cohesive structure, using the benefits of networking and information technology.</p>	<p>We await an indication from the Scottish Executive as to how this will be taken forward.</p>		<p>1 Awaiting guidance from the Scottish Executive regarding this recommendaiton.</p>