

**ANGUS COMMUNITY CARE PARTNERSHIP
LOCAL PARTNERSHIP AGREEMENT PROGRESS REPORT
OCTOBER 2002**

ANGUS COMMUNITY CARE PARTNERSHIP LOCAL PARTNERSHIP AGREEMENT

1. Introduction

The initial Local Partnership Agreement written in April 2002 set out the joint vision and direction for community care services in Angus. It is designed to meet the requirements of the Scottish Executive Circular on Joint Resourcing of Joint Management issued in September 2001 (CCD7/2001).

It detailed the extensive collaborative work already undertaken in Angus to develop and review our joint community care and children's services plans, and to produce a joint local health improvement plan. At the time it was produced it represented the beginning of a process of change and development and provided a framework for shifting the balance of care, and developing partnerships between agencies and people requiring community care services and their families.

This update report details progress made in the actions set out in the partnership agreement. An updated project plan detailing progress on specific actions is appended (Appendix 1).

2. Shared Visions, Principles and Values

The partnership agreement continues to cover all community care services namely:

- Services for Adults with Learning Disabilities,
- Physical Disability Services (including OT Services and Equipment),
- Services for Older People,
- Mental Health Services for Adults;
- Services for Older People with Mental Health Issues; and
- Drug and Alcohol Care and Treatment Services.

The vision outlined in the partnership agreement is reaffirmed as are the principles and values detailed in the agreement.

Our vision is that through increased collaborating and joint working between the partner agencies, we will increase the provision of high quality care and other services that will assist more people to remain in their own homes wherever this is feasible, sensible and safe to do so. For people who cannot remain in their own home our aim is to provide a range of alternative provision which addresses the specific needs of these individuals.

3. Joint Management

The joint management structure detailed within the partnership agreement has been established. A joint Member/Officer Group, the Angus Healthy Safe and Caring Communities Partnership, has been established. This partnership is supported by a Chief Executive's/ Chief Officers' Group with an overview of joint working in relation to healthy, caring and safe communities in Angus. A Health and Community Care Joint Management and Commissioning Group has also been established with specific responsibility for the Joint Future agenda. This group is supported by the existing joint planning groups that are incrementally taking on a joint strategic management role for project/service developments.

Joint operational management groups have been established in respect of Older Persons Mental health services, Adult Mental health Services, The Early Supported Discharge and Prevention Of Admission Schemes and the Independent Intermediate Care Project.

Progress in establishing the joint strategic support unit has been slower than would have been hoped for. This is largely due to the inability to identify suitable premises that would allow this group of staff to be brought together. In the meantime the unit will operate as a virtual unit. The core members of this unit have been identified and an outline of key responsibilities agreed which will be further defined at development events which will take place in the near future

4. Single Management Arrangements

Single management arrangements already exist within the Older Persons' and Adult Mental Health Services. Agreement for single management of an integrated Care Management and Augmented Care Service for generic Older Persons' Services has now been reached as has single management arrangements for learning disability services. Drug and alcohol care and treatment services and services to people with physical disabilities are still under discussion.

5. Joint Resourcing

The approach agreed in Angus is to develop aligned budgets. An initial scoping exercise has been undertaken and identified the following resources that will be covered by this agreement in the first instance.

Services for Older People

An exercise has been undertaken to "scope the pot" for services to older people in Angus (see table below). It is intended that this information will be further analysed to establish aligned budgets that reflect the hierarchy of care model and the proposed structures for management responsibilities (Appendix 2). To date, there is no information in relation to the resources deployed in the acute sector for older people in Angus.

**JOINT RESOURCE POT FOR SERVICES FOR OLDER PEOPLE
REVENUE BUDGETS 2002-2003**

(All figures are shown as gross expenditure)

	Angus LHCC £'000	Angus Council Social Work £'000	TOTAL £'000
NHS beds			
Continuing Care	2,179		2,179
Medicine for the elderly	1,248		1,248
Mental Health Services	2,743		2,743
SUB-TOTAL	6,170		6,170
Accommodation with Care			
Private & Voluntary Care Homes		7,706	7,706
Local Authority homes		2,903	2,903
Supported Accommodation		163	163
Day Care		828	828
SUB-TOTAL		11,600	11,600
Home Care			
Home Care		4,859	4,859
Community Alarms		596	596
SUB-TOTAL		5,455	5,455
Intermediate Care			
Assessment & Care Management		1,222	1,222
Community Mental Health Teams	608	477	1,085
Early Supported Discharge	611	535	1,146
SUB-TOTAL	1,219	2,234	3,453
TOTALS	7,389	19,289	26,678

NOTES	
1	Figures for Angus LHCC do not include budgets held by Operations Directorate
2	Home Care – to be split between Personal Care, Domestic Support and Community meals etc.
3	Funding for Free Personal Care not included in the figures above at this stage (£3,466,000)

Angus Mental Health Strategy (AMHS)

Due to the time that has elapsed since the AMHS joint resource pot, as detailed in the initial partnership agreement, was costed, all of the figures and assumptions need to be revisited and re-costed. This is a major exercise that will be undertaken during December 2002 and January 2003. This exercise will

enable decisions to be made in relation to phasing the implementation of the strategies, and will provide a fixed point of reference for monitoring progress in this area.

Work is ongoing to identify the resource pot for the following proposed aligned budgets:

- Equipment/adaptation budgets (Health, Social Work and Housing);
- Occupational therapy services;
- Resources for learning disability services;
- Drug and Alcohol Care and Treatment services

In order to remain consistent with requirements for accountability and corporate governance, the individual partner agencies will maintain separate financial systems and processes for accounting, auditing, VAT and charging.

6. Joint Performance Management

Angus Council social work has a well-developed balanced scorecard approach for performance monitoring. Agreement has been reached that this approach will be used to monitor integrated services, whether under single management or joint management arrangements. An integrated health and social work balanced scorecard has already been developed for the joint Early Support Discharge and Prevention of Admission Schemes. This has been developed so as to meet the performance monitoring requirements of both health and social work as well as a variety of external requirements.

7. Joint Governance and Accountability

Given that the planning partners in Angus have agreed to adopt the approach of joint management and aligned budgets ultimate accountability will remain with the individual partner agency's decision-making mechanisms. However on a day to day basis accountability will lie through the joint management structure detailed within the agreement, reporting to the Angus Healthy Safe and Caring Communities Partnership.

The preliminary thinking in relation to this area has tended to focus on joint financial management arrangements. It is proposed that this focus is widened, by merging the working groups for organisational development and support service functions, so that a co-ordinated and comprehensive framework can be established. This area of work is programmed for January to March 2003.

8. Single Shared Assessment

Good progress towards full implementation of the Single Shared Assessment agenda is being made. A process for single shared assessment and an assessment tool have been agreed. The tool has been piloted within our Early

supported Discharge and Prevention of Admission Schemes and within a locality area for Older Persons services. Full implementation across all Older Persons services is planned for January 2003 with all other care groups following in March 2003.

9. Human Resources

A joint staff forum has also been established and has had its first meeting to consider the draft statement of intent included within the partnership agreement. The content of the statement of intent was broadly acceptable to all parties at the meeting, with minor changes being considered for discussion at the next meeting of this group (scheduled for 13 January 2003).

Other staffing and human resource issues are being taken forward within an organisational development group.

Joint training and development

For a number of years there has been a considerable amount of collaboration on staff training. The training managers within each organisation will be preparing a joint training plan for the areas of joint working, as these areas are planned and implemented.

A joint working group has been established to develop a business plan for a joint assessment centre for Scottish Vocational Qualifications (SVQ). It is understood that this would be the first joint assessment centre in Scotland. In addition to enjoying economies of scale – through sharing overheads and infrastructure costs – it is envisaged that the joint assessment centre will offer joint awards to health and social care staff. Initially these awards would relate to staff involved in rehabilitation services (e.g. occupational therapy) working within both agencies.

A detailed implementation and training plan for Single Shared Assessment is in place.

10. Information Sharing

Angus Council and Tayside Health Board have signed a high-level information protocol based on the sample protocol issued by the Scottish Executive. Lower level protocols/practice procedures for specific client groups require to be developed by the individual joint planning and management groups.

Information Technology is a key factor in information sharing. Agreement has been reached to develop appropriate hardware and software to allow the respective IT systems of the partner agencies to share information. This work is progressing.

ANGUS INITIAL PARTNERSHIP AGREEMENT – PROJECT PLAN UPDATE AS AT 14/10/02

Actions	Lead Agencies	Completion Date	Success Criteria/Comments	Progress
Joint Management				
1. Establish high level Member- Officer Joint Management Group	Angus Council Health	July 2002	- High level Member-Officer Joint Management Group in place and operational	Complete. Partnership group established and operational.
2. Expand remit of current Community Care Joint Commissioning Group to Joint Management and Commissioning.	Social Work Health Housing	July 2002	- Joint Management and Commissioning in place and operational.	Complete. JMACG established and operational.
3. Confirm boundaries between Local Authorities and Primary and Secondary Health Services.	Social Work Health	August 2002		Complete
4. Review locality boundaries and agree options for single management on a locality and sub locality basis.	Social Work Health	Oct 2002	- Locality boundaries confirmed. Options paper to Joint Management and Commissioning Group	Complete, localities agreed. Proposals for single management with Older Persons', Adult Mental Health and Disabilities Service Agreed.
5. Develop an implementation plan for the further development of joint management and aligned budgets within Older Persons Services	Social Work and Health	April 2003	- Plan in place - Progress on joint management and aligned budgets.	Single Management Arrangements have been agreed and the Joint Resource Pot Scoped.
6. Establish single management arrangements for learning disability services.	Social Work Health	April 2003	- Single management of services.	Discussions are continuing in relation to the configuration of the integrated service. Social work will lead on Learning Disability Services.

Actions	Lead Agencies	Completion Date	Success Criteria/Comments	Progress
7. Explore options for single management opportunities within CRC model of service provision.	Social Work Health	Oct 2002	- Options paper to JMACG	This action point links with the options for single/joint management which will emerge at a locality level.
8. Explore option for single management of Occupational Therapy Services	Social Work Health	Oct 2002	- Options paper to JMACG	The first stage in this process will be a mapping exercise of existing health and social work arrangements for OT services. This will be completed by April 2003.
9. Develop proposals for the Joint Management of Drug and Alcohol Care and Treatment Services	Social Work Health	Dec 2002	- Proposal submitted and approved by Drug and Alcohol Action Team	Discussions are progressing effectively and a report with recommendations will be presented to the DAAT in January 2003.
10. Agree High Level Information Sharing Protocol	Social Work Health Housing	Oct 2002		Information Sharing Protocol (High Level) has been agreed.
11. Agree specific information sharing guidance/protocols	Social Work Health Housing	April 2003	Options paper to Joint Management and Commissioning Group.	Work to be progressed by individual planning groups now that high Level Protocol has been agreed.
12. Review effectiveness of existing joint management arrangements for Early Supported Discharge and Prevention of Admission Schemes.	Health Social Work	July 2002	Decision re continuing project and future management arrangements to be made.	This has been completed. These services will be included within the proposed Integrated Assessment, Care Management and augmented Care Service for Older People
13. Review Intermediate Care Pilot	Health Social Work	May 2002		Complete. Project expanded to cover coastal Angus.

Actions	Lead Agencies	Completion Date	Success Criteria/Comments	Progress
Joint Resourcing				
1. Extend the scooping exercise for the joint resource "pot" for older people's services and other identified priority area. This will be dependent on the agreed locality and sub-locality joint management arrangements.	Health Social Work	Oct 2002	Relevant joint resource pot identified.	Joint resource pot for Older Persons Services has been scoped.
2. Establish a joint community O.T. equipment store	Health Social Work	April 2003	Joint Community O.T. store in place.	Joint working is progressing in relation to the proposed Joint Equipment service that will interface with OT, Community Nursing and local Hospital Services.
3. Establish aligned budgets for				
• Equipment/adaptation	Health Social Work Housing	April 2003		In progress
• Occupational therapy services	Health Social work	April 2003		In progress See Joint Management point 8
• Resources for learning disability services.	Health Social Work	April 2003		In progress
• Work is ongoing to revise the costing associated with the joint resource pot of mental health services.	Health Social Work	April 2003		Work ongoing

Actions	Lead Agencies	Completion Date	Success Criteria/Comments	Progress
Joint Development Priorities and Targets				
1. Produce Full Community Care Plan	Social Work Health Housing	July 2002	Joint community care plan setting out agreed priorities and targets published.	Review produced. Full plan to be produced in June 2003.
2. Produce Tayside Health Plan	Health	April 2002	Health plan setting out Tayside priorities and targets published.	Complete
3. Produce local agency service plans	Social Work Health Housing	July 2003	Local service plans detailing specific actions that reflect agreed priorities and targets in place.	Social Work Service Plan Produced Housing Service Plan Produced
Joint Governance and Accountability				
1. Develop a detailed joint governance and accountability framework	Social Work Health Housin	April 2003	Joint governance and accountability framework agreed.	In progress
Joint Performance Management				
1. Establish Joint Strategic Support Unit	Social Work Health Housing	Oct 2002	Relevant Staff Identified and co-located.	Progress is being made however accommodation issues are creating difficulties in bringing all members of the team together in one location. A planning day is being held in December to clarify role and function of the Unit. It is anticipated that the Unit will become operational in early 2003.

Actions	Lead Agencies	Completion Date	Success Criteria/Comments	Progress
2. Develop a joint performance management framework	Social Work Health Housing	April 2002	Joint performance management framework agreed.	In progress
Local Partnership Agreement				
1. Produce full partnership agreement.	Social Work Health Housing	April 2003	Full partnership agreement agreed and in place.	To be progressed
Human Resource Issues				
Extend the joint human resources development and training plan to cover relevant staff groups.	Social Work Health Housing	April 2003	Development and training plan in place.	In progress
Develop a joint consultation and communications protocol.	Social Work Health Housing	July 2002	Joint consultation and communications protocol in place.	To be progressed
Single Shared Assessment				
Finalise draft SSA Tool	SSA Working Group	May 2002		Complete
Pilot Tool in ESD/POA Scheme	Social Work Health	May/June 2002	Amend draft documentation as required	Complete
Pilot Documentation in Locality	Social Work Health	July/Aug/ Sept 2002		Ongoing

Actions	Lead Agencies	Completion Date	Success Criteria/Comments	Progress
Develop Training Program	Housing	July 2002		In place/ongoing
Finalise SSA Tool	SSA Working Group	Sept 2002	Tool agreed by lead agencies	Complete
Implement SSA within Older Persons Services	SSA Working Group	Oct 2002	SSA in place	Rescheduled to January 2003
Implement SSA in other care groups	Health Social work Housing	Jan 2003	SSA in place	Rescheduled to take place between Jan – March 2003

APPENDIX 2 - HIERARCHY OF CARE MODEL FOR LOCAL PARTNERSHIP AGREEMENT



