

- Leadership from the very top of local partnerships, demonstrating a clear commitment to joint working;
- Mechanisms to speed up decision-making and access to joint resources;
- Promotion of behaviours and the creation of a culture that focuses on the person, not organisational or professional loyalties;
- A joined-up approach to organisational development and training.

10. The more joint services that are created, the more need there is for positive leadership, faster decision-making, and less bureaucracy. Taking decisions separately, from a single organisational perspective, however well intentioned and to different timescales, or through high-level joint planning groups meeting quarterly or bi-annually, will not deliver the positive lead that joint services need. Developing more and better joint services without a clear high-level joint lead is not possible by simply re-badging pre-existing community care planning fora.

High-level joint management systems

11. CCD7/2001 set out 3 potential structures known as the “Senior Management Model”, “Partnership Body Type A (Aligned Budgets)”, and “Partnership Body Type B (Pooled Budgets)”. The following explains in more detail what can be achieved through these models.

Joint Management Structures

Joint Executive or Management Group making Recommendations (Joint Management Structure or “Senior Management Model”)



12. Some local authorities may feel that the word “committee” implies the specific definition of committees of a local authority as set out in the local government legislation. In that case, local partners may decide on an alternative name that describes the leadership, joint counsel and decision making “in the first instance” that is required. A partnership, as distinct to a partnership body (described later), an executive or group are all possible alternatives. What matters is that the function and authority of the Group and its members are clearly set out.

13. NHS Boards and local authorities can establish a joint management structure comprising an equal number of Councillors and NHS non-



executive members. Such a structure may be called a joint executive, and may be underpinned by a joint senior officers group and/or a single manager who would seek decisions in the first instance from the joint executive. The joint executive would have decision-making rights in the first instance, with all decisions being subject to the ratification of the parent bodies. This would enable the parent bodies to exercise their legitimate right to scrutinize, accept or reject a recommendation from a joint executive, but with due regard to the spirit of partnership working established between partners, and the added benefit of “joint counsel”. Such an arrangement is characteristic of the Highland Joint Committee for Action on Community Care, and is characteristic of other high-level partnership arrangements currently being established across the health and well-being agenda, such as in Angus, Aberdeen City and Clackmannanshire.

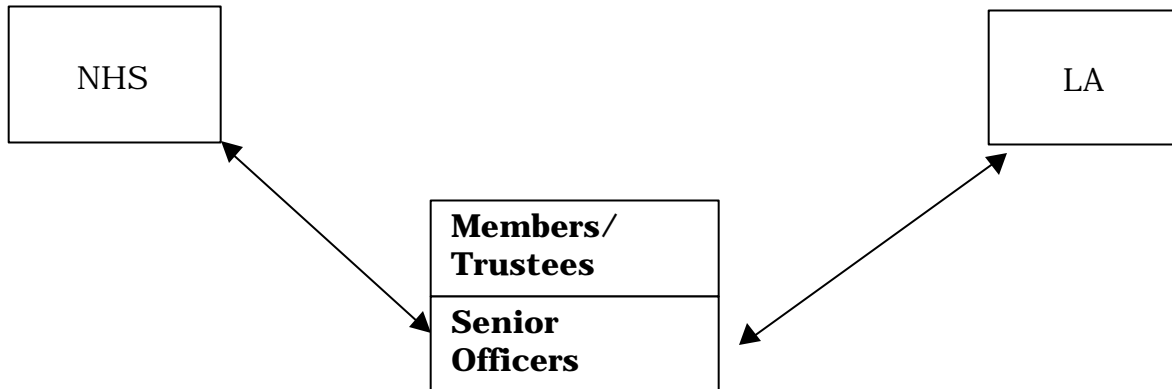
14. Our evidence suggests that this may be only the first stage of joint management, and as joint services grow, the need to improve and streamline decision-making may encourage partners towards more devolved decision-making.

Partnership Body Type A (Senior Officer)

15. A partnership body is essentially a collective, joint management arrangement with 2 principal benefits. Firstly, it seeks to “badge” its identity to create a clear philosophy of joint care to give direction to Community Care services. Second, it provides a locus for more streamlined and devolved decision-making. Partnership bodies using aligned budgets can have 2 distinct forms:

16. As in Perth and Kinross (“Care Together”), the partnership body can comprise Councillors, NHS non-executives and officers/ executive members of the partners, and be empowered to take decisions to the level of authority of the most senior officers present. Whilst, technically, these decisions might have been made in any event by senior officers operating within their delegated level of responsibility, the key point is that Councillors and NHS Board members offer their joint counsel in the decision-making process and real joined-up leadership is visible at the highest level. Decisions which exceed the delegated limits of senior officers can be approved in the first instance and sent to the parent bodies for ratification, as in the Senior Management Model (above).

Partnership Body - Type A1 (Senior Officer)

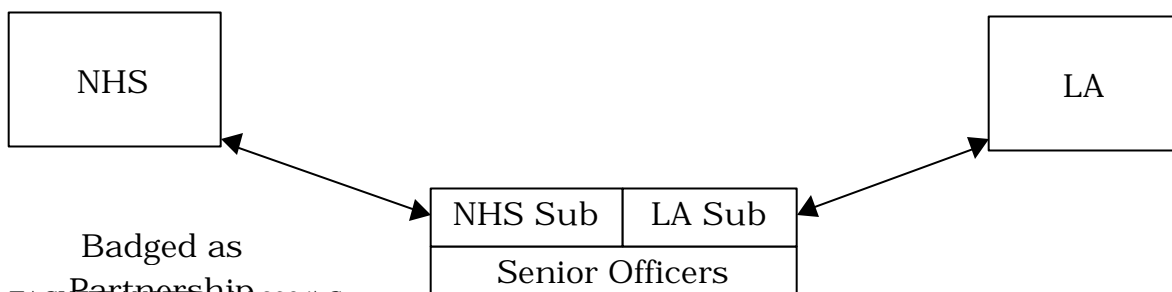


Badged as
Partnership

17. Alternatively, a partnership body can be created that includes senior officers and a properly constituted sub-committee of the local authority and a sub committee or sub-committees of the NHS. As with the first Partnership Body, these representatives would meet as a single body with all members contributing to the consideration of all the items on the agenda. Legally, decision making falls to the individual legal entities in accordance with existing rules. The overarching forum for decision-making is the Partnership Body, provided the individual entities agree on the action to be taken.

18. The Partnership Body drives the agenda and is effective in securing progress. Where decisions are required on matters that exceed the authority delegated to officers or sub-committees the matter would be referred back to the relevant parent body at the appropriate level. The value of these arrangements is that the respective parent bodies are assured that ultimate control over resources is not lost. Decisions that exceeded the authority of the respective sub committees of the Council and NHS bodies would, following provisional approval of the relevant sub-committees, be referred to the parent body for ratification as in the other models. Thus compliance with the legal and auditing rules is assured while enabling the Partnership Body to assume real responsibility for joint working through the respective representatives/sub-committees. This model is currently being pursued in Moray and Scottish Borders.

Partnership Body - Type A2 (Sub Committees)



Badged as
Partnership



there are single-managers in localities, in Perth and Kinross and Dumfries and Galloway. Single managers must have a clear place in the governance framework.

30. There are 2 routes to appointing single managers: the first is for the partners to agree that one of them should employ the single manager, and then to “sub contract” the services of the single manager to the other partner. This allows the single manager to act on behalf of both partners, and to be accountable within separate standing financial instructions and the personnel policies of both partners. In partnership models, it is desirable to seek to combine as much as is possible. The single manager is personally accountable via the personnel policies, etc, of the employing or “host” partner, and accountability is secured through the contracting mechanism that would allow the other partner/s to cease contractual arrangements, in extreme circumstances.

31. The partner hosting the contract technically bears more risk, but in the overall spirit of the partnership, partners share risk by underwriting such activities, and by sharing between them lead responsibility for a range of joint appointments.

32. The second mechanism to secure a single manager is to secure the secondment or attachment of a single manager from one partner to another. Again, this allows the single manager to operate within the framework policies of both partners, and allows for the secondment to be terminated in extreme circumstances. Some partners may require to revisit their standing financial instructions/regulations to allow a secondee access to resources. This has already been done by at least one Scottish local authority. Care, however, needs to be taken to ensure the contractual position is clear and that the arrangements operate within the overarching joint working agreement.

Best Value

33. The Local Government in Scotland Act delivers a statutory duty of Best Value for local authorities. This duty will apply to all local authority statutory functions, including those where joint working is involved. NHSScotland is also under an obligation to pursue Best Value through the responsibilities of accountable officers and Scottish Ministers have made clear their intention to place this in primary legislation and to extend Best Value across all public services at the next available legislative opportunity.

34. Already, within existing Best Value frameworks, a number of local authorities have involved NHSScotland in Best Value reviews of local authority services. We anticipate agreement between the partners of the services to which Best Value will apply, and encourage joint services as well as those aspects that can be clearly delineated to participate in Best Value activities.



[Clinical] Service Governance

35. It is important for staff to know to whom they will report on a day to day basis. Additionally, staff need clarity on where professional advice can be sought or professional/clinical supervision given, should the line manager not be of a similar professional background. NHS staff working in integrated settings continue to require to participate in clinical governance frameworks. It is already commonplace within NHSScotland and local authorities for day to day management to be provided separately from professional advice/supervision. For example, Allied Health Professionals may report to senior nurses or general managers on a day-to-day basis, but retain their professional links to professional heads of service. Joint services and single managers are a further extension of these principles.

36. Clinical governance is an overarching framework that demonstrates clinical quality and continuous improvement. It is a framework for clinical audit, research and development, continuing professional development, critical incident review, and reflective practice. With social care staff now requiring registration, and with the introduction of Care Standards, such frameworks, although originating from the NHS, may have broader application. For example, Northern Ireland has a clinical and social care governance framework for primary care and social services. Manchester Mental Health Partnership has also developed a "Service Governance" policy that extends the principles of clinical governance to cover their joint services. A voluntary extension of Best Value and clinical governance to joint services requires positive leadership, training, support and strong partnership working.

37. The application of such concepts on a broader basis is made possible by a clear commitment to achieving better service outcomes through integration. That is why joint executives/partnerships and partnership bodies set the tone of joint working as much as ensure that proper governance is in place

Conclusion

38. This paper has focused on corporate/political arrangements that can be applied to joint resourcing and joint management. It confirms that partnership arrangements will operate within existing structures for the delivery of the Joint Future agenda and sets out the range of options possible. Increasingly, the Joint Future agenda is recognised under the umbrella of community planning.

This paper builds on CCD7/2001. It can be found on the Joint Future Website (<http://www.scotland.gov.uk/health/jointfutureunit/>)

