REPORT OF THE INTEGRATED HUMAN RESOURCE WORKING GROUP ON THE HUMAN RESOURCE IMPLICATIONS OF THE JOINT FUTURE AGENDA

FOREWORD FROM PETER BATES

I am delighted to be able to recommend this report to all involved in providing and delivering Health and Social Care Services to the people of Scotland. Our aim was to develop guidance from a human resources perspective in order to make a Joint Future real for our citizens who use these services. Everyone involved in Joint Future needs to recognise that this is a shared, challenging agenda, but I have been struck, as we have developed this report, at the commitment of frontline staff to making Joint Future come alive in practice. The key recommendations within the report will enable employees and employers to move forward jointly within a framework which: -

- clarifies that staff continue to be employed by their current organisation
- recognises the importance of sound leadership and direction
- includes the full involvement of the workforce and their representatives
- requires significant and substantial investment in staff development and training
- outlines the need to progress interprofessional education and training for health and social care professionals.
- makes practical suggestions about how Human Resource issues for staff in Joint Future services can be handled by local partners.

It is important that the Joint Future approach moves forward on a sound footing and this report is designed to help this happen in Scotland in the months ahead.

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1. INTRODUCTION

1.1 In 1999 the Minister for Health and Community Care set up the Joint Future Group to agree a list of measures which agencies needed to have in place to deliver effective health and social care services and to set deadlines for that; to advise on the balance between residential and home-based care; to advise on options for charging for care at home, and to advise on how to identify and share good practice.

1.2 Subsequently, the Community Care and Health (Scotland) Act came into force in April, 2002. Local authorities and health agencies are expected to have embarked upon a journey towards providing large-scale joint services by 2003. The Scottish Executive recognised that effective solutions were required to a variety of Human Resource issues to enable effective delivery of joint services. Accordingly, the Integrated Human Resource Working Group (IHRWG) was established under the chairmanship of Peter Bates, Chairperson, Tayside NHS Board in May, 2001.

1.3 The term "Joint Future" is increasingly finding its way into the vocabulary of public sector trade unions, professional associations, voluntary organisations, local authorities, the NHS and into parliamentary debates on Health and Community Care. What is less clear is whether there is a shared understanding of what the term means, and the level of knowledge about Joint Future by all those with a role to play in planning, managing and delivering health and social care services appears variable.

1.4 One of the early actions undertaken by the Working Group was to organise a series of consultation workshops (see Section 5, Working Group Remit and Methods) which involved people across local government, health and the voluntary sector. These revealed that, while a majority of the participants had a basic or high understanding of the Joint Future agenda, some 20% did not. The Working Group was encouraged by the positive evidence but concerned to do better because the Joint Future agenda is essentially the citizens' agenda, concerned with shifting the focus towards people who use social and health care services and finding innovative and enterprising ways of:-

- Providing "joined-up" care through a single door.
- Removing duplication and unnecessary bureaucracy.
- Having real clarity about governance, accountability and responsibility.
- Becoming more relevant, responsive, transparent and "whole-system" focused.
- Moving from silos, territories, and demarcation lines to flexible services with a secure, valued, supported and flexible workforce.
- Demonstrating through action, quality and outcomes that by working *jointly* across existing boundaries better services can be delivered to the citizen.

1.5 For people who use services and their families and carers the health and social care world is often experienced as complex, confusing and unnecessarily intrusive. Continual assessments and being “passed-on” from one part of the care system to the next makes the individual’s journey more difficult than need to be. That journey needs to be efficient, straightforward, action-focused and with clear lines of accountability. The Working Group was encouraged by the overwhelming sense of concern about such issues and with the real determination to engage with change and improve services, which arose from the consultation. To enhance such commitment, however, requires a culture of listening to the anxieties of employees and their concerns for clarity, and a determination by employers to empower their workforces to work together for a Joint Future.

1.6 A vital part of this “working together” is recognising the significant role played by the voluntary sector who have recently pointed out that::-

“The voluntary sector makes a huge contribution to community care services in Scotland, from the many small organisations that provide lunch clubs and shopping services to the larger national organisations which provide about a quarter of all publicly-funded places in residential homes for elderly people; over 70% of residential provision for people with learning disabilities; 85% for people with mental health problems and 94% for people with physical disabilities. …… Despite the importance of the voluntary sector service providers in relation to community care in Scotland, the national policy debate on joint working has almost entirely ignored the sector, its services and its expertise.”

(*Source: Community Care Providers Scotland: “A Joint Future For Community Care: A Voluntary Sector Perspective” – February, 2002)*

The NHS, local government and the Scottish Executive need to ensure a more inclusive culture with real involvement and participation of the voluntary sector.

1.7 The Working Group was also very aware from discussions with COSLA and local authority Chief Executives that although there is broad agreement on the Joint Future “direction of travel” there is concern that insufficient attention has been given to the important role of elected local democracy. There is recognition that, within the Scottish Executive, the Health Department is the key driver, but there is a clear view that the agenda and the solutions require a joint approach. The Working Group is also clear that we need to be more effective in bringing together the leaders of the NHS, local government and those leading change within the Scottish Executive to speak and act corporately. This will act as a powerful role model and example to everyone.

1.8 The Working Group was very conscious of the need to recognise differences as well as similarities within the NHS and local government. The employees consulted identified some of these important differences but were anxious to keep the focus on achieving improvement without major structural upheaval.

Many of the issues are considered subsequently in the report, but in terms of the Human Resource agenda we need to recognise:-

- The different way in which local government and the NHS deal with pay, terms and conditions of service, job evaluation, organisation development, education and training, employee relations and accountability.

- The real anxiety of many employees about facing further organisational change.

1.9 The Working Group was therefore very clear that consideration of structural reform, such as moving services to a single organisation or creating a new community care organisation was not part of its remit. It was equally clear, however, that local government and the NHS have been given an opportunity to make a Joint Future happen *now.* It is within our grasp to make a Joint Future a reality in Scotland. The workforce recognises the need for modernisation and change and citizens expect the NHS and local government to give corporate leadership in order to secure, for them, joined-up services of high quality with the minimum of confusion and waste.

1.10 The consultation exercise with the workforce identified some "critical requirements" necessary to achieve a Joint Future:-

- The development of trust.

- An ethos of honesty.

- A recognition of professionalism.

- A joint approach to changing cultures.

- Consistent and clear communication.

- A regular exchange of knowledge.

The Working Group endorses all these requirements as essential – they are about a process of organisational change *now* rather than structural upheaval that may or may not happen at some future point.

1.11 The Working Group also recognises the importance of separating those issues that may require longer-term solutions from those that can be actioned now. Accordingly, the recommendations provide guidance on whether these are solutions for the:-

- *Short-Term:* Proposals, which can be actioned immediately.

- *Medium-Term:* Actions, which should be commenced now and can be progressed significantly within the next 12 months.

1.12 We have in Scotland a talented, committed and enterprising workforce across the NHS, local government, voluntary organisations and the independent sector. That workforce is eager to take the Joint Future agenda forward but rightly look to their respective leaders and representatives to resolve some of the very real difficulties that get in the way of change. A sense of realism is therefore needed about both the pace of change and some of the challenges. Change will not happen without leadership, involvement of the workforce, good communication and models of behaviour that demonstrate by example why we need to move from silos and old demarcation lines to a modern user-focused culture that is fit for purpose.

1.13 We all live in an information-rich, consumer-driven Scotland and our services and working practices need to reflect this. Nowhere is this more important than where health and social care meet, where there is a real opportunity to make a difference. Territorial attitudes and a reluctance to change will do nothing to improve the quality or effectiveness of care and the Working Group membership itself produced the solutions it did by actively listening to each other and by demonstrating flexibility. Parliament has given all the key organisations an opportunity to make a Joint Future real for people who use social and health care services and for employees. It is not too much to expect that we will succeed in this.

2. EXECUTIVE SUMMARY AND SUMMARY OF RECOMMENDATIONS

2.1 Executive Summary

- Successful implementation of the Joint Future agenda has important Human Resource implications for the NHS, local government and the non-statutory sector. The Integrated Human Resource Working Group was set up to identify these and to suggest ways forward.

- The Working Group did not consider any major structural reforms, considering this to be beyond its remit.

- The Working Group consulted widely in reaching its conclusions and recommendations.

- The consultation process suggests that although there is a growing knowledge of the Joint Future agenda, a minority of people have a low grasp of its implications.

- Joint Future is not about a take-over of one agency by another, but about recognising the need for change within and across services while recognising the differences and similarities between the partner agencies.

- There is a need for a national Staffing Framework, which will enable local solutions to be developed, but with a consistency of approach.

- Joint Future implies adopting a planned approach to change – an Organisation Development approach – which extends beyond structural change and includes both systems and procedures and human processes.

- Joint Future also implies the further development of local Joint Training to assist staff in partner agencies to improve the quality of services.

- Joint Future provides a major opportunity to progress inter-professional education and training for health and social care professionals at qualifying and post-qualification (including continuing professional development) levels, as well as vocational training.

- While Joint Future means enhancement of skills (professional/technical) competencies, it also means that behavioural and multi-disciplinary and multi-agency competencies need to be developed.

- A clear distinction needs to be made in Joint Future working between developmental secondments (no longer than 12 months) and attachments.

- The Regulatory Bodies affected by Joint Future need to work closely together to develop protocols to guide their work.

- Appropriate mechanisms need to be put in place in order to take the Joint Future agenda forward.

2.2 Summary of Recommendations

(Relevant paragraph numbers are given in brackets)

2.2.1 Local Partners:

Short-term:

- Within the boundary of each Health Board area there should be established one or more Joint Future Staff Fora comprising representatives from each employer and the trade unions (UNISON, GMB, TGWU, RCN, AMICUS, BMA and other recognised organisations representing the allied health professions). **(6.5)**

- The work of these bodies should be guided by the broad principles and values contained within the national Staffing Framework. **(6.5)**

- Each local Joint Future Staff Forum should agree a local staffing framework for Joint Future services, focusing particularly on how staff will be attached to those services. **(6.5)**

- Harmonisation of terms and conditions of service in the medium-term should be negotiated within each local partnership, rather than attempting to reach a national solution. **(6.7.4.2.1)**

- Local partners should adopt agreed definitions of attachments and secondments as part of a joint protocol for the deployment of staff. **(7.4)**

- Local partnerships should ensure that Chief Executives, Directors of Social Work/Chief Social Work Officers and comparable senior managers provide strong and confident leadership in initiating and pursuing Joint Organisation Development (OD) and Training Plans. **(8.7)**

- As each local area produces a Joint OD and Training Plan they should assess themselves against eight key components set out in the "Prompts For Consideration" in Appendix 6 of this report. **(8.7)**

- Each local area should organise a series of stakeholder conferences/ development events to support the Joint OD & Training Plan process. **(8.7)**

- Each local area should ensure that their Joint OD & Training Plan reflects the aims, objectives and priorities of the local partnership and provides a broad range of learning experiences to achieve these. **(9.4)**

- Each Joint OD & Training Plan should agree the key groups to be targeted according to local service developments. Early priorities should be those areas where speedy implementation is required , together with the implementation of competencies for senior managers and those working in integrated teams. **(9.4)**

- Local partners should "mainstream" the Joint Future agenda in training as much as in service provision by more integrated thinking and training action. **(9.4)**

- Each local partnership should ensure staff ownership of the Plan – for example, by aggregating, wherever possible, the priorities contained within Personal Development Plans. **(9.7)**

- Local partners should explore the joint benefits to be derived from accessing appropriate SVQ training for staff. **(9.9)**

- Local partnerships should make the best use of existing local resources, including funding streams, staff and trainer skills, learning centres, programmes, etc. **(9.10)**

- Local partnerships should utilise guidance, resources and advice provided by the Scottish Executive. **(9.10)**

- The non-statutory sector should be involved in developing and providing Joint Training, where appropriate. **(9.10)**

- Local health and social care employers should consider "non-traditional" groups in their recruitment of staff. **(10.2.1)**

2.2.2 Scottish Executive

Short-Term

- A Scottish Joint Future Staff Forum should be created to take an overview of the Human Resource issues associated with the national Joint Future strategy and to provide a link to local Joint Future Staff Forums. It would continue to provide advice to services, employers and the Scottish Executive. **(6.5, 12)**

- Further consideration should be undertaken of the financial resources required to implement a Joint OD and Training Plan at a local level with a view to making resources available to local partnerships on the basis of locally agreed plans with clear implementation schedules. **(9.11)**

- The Joint Future agenda should be embedded within the current proposals for the reform or development of the various health and social care professions. **(9.11, 10.2.5)**

- Education and training providers should be encouraged to extend their flexible pathways into education and training, offering more part-time or distance learning options. **(10.2.3.3)**

- Encouragement should be given to the use of non-academic routes into education and training through Credit Accumulation and Transfer (CATS) and Accreditation of Prior Experience and Learning (APEL) systems. **(10.2.3.3)**

Medium-Term

- Leadership development support should be provided from the centre to work more proactively with local partnerships. **(9.11)**

- Further advice should be provided on which key groups of staff should be targeted, e.g. senior and middle managers, care managers and finance staff from both health and local authorities and from the non-statutory sector.**(9.11)**

- Further advice should be provided on the key requirements for the Joint Future agenda. **(9.11)**

- Funding should be made available to develop multi-professional training packages and toolkits around key elements of the Joint Future agenda in order to assist local partners. **(9.11)**

- A Directory of Promising Practice of Joint Training opportunities and approaches should be produced. **(9.11)**

- The Joint Future agenda should be "mainstreamed" in training as much as in service provision by more integrated thinking and training action. **(9.11)**

- A study should be commissioned specifically aimed at the impact of the Joint Future agenda on professional education and training in the housing sector and how that sector can contribute positively to this agenda.**(10.1.4)**

- A project should be funded to gather and disseminate good examples of organisations providing or developing generic support work on the basis of shared training. **(10.2.2)**

- Encouragement should be offered to health and social care employers to provide more accreditable training that helps staff achieve recognised qualifications and consider the potential for job enhancement as a mechanism for attracting and retaining staff, as well providing better services. **(10.2.2)**

- The views of people who use services and their carers on the particular services most appropriately delivered by different groups of staff should be obtained. **(10.2.3)**

- A comprehensive scoping exercise should be sponsored to identify all the key stakeholders in the field of education and training for health, housing and social care professional staff. **(10.3.2)**

- A series of academic seminars should be hosted bringing together the key stakeholders to discuss the implications of the Joint Future agenda for education and training. **(10.3.2)**

- Every encouragement should be given to the development of joint pre-qualification training for health and social care professionals taking place in Scottish Higher Education institutions and lessons arising from English pilots should be examined. **(10.3.3)**

- The earmarking of additional resources for inter-professional learning should be considered. **(10.3.3)**

2.2.3 Other Bodies

Short-Term

- Early meetings should take place between the senior management of the Scottish Social Services Council (SSSC) and NHS Education for Scotland to consider the education and training implications of Joint Future, specifically considering the development of common approaches to accreditation and whether one or other of the bodies should lead the co-ordination of reforms to education and training. **(10.2.3.2)**

- The SSSC should lead the work on developing working relationships and formal protocols between the relevant Regulatory Bodies, with priority given to those working in health and social care. **(11.5)**

3. FORMAT OF THE REPORT

The report begins with a broad overview of the Joint Future agenda (Section 4), including the policy context and identifies a number of values and principles, which guided the work of the Working Group. It goes on to describe the Working Group's remit and the methods which it used to conduct its work (Section 5).

This is followed by a major section on the development of a national Staffing Framework as a basis for similar local agreements (Section 6), and a section which seeks to distinguish between secondments and attachments in the context of the staffing of Joint Future services (Section 7).

Developing such services implies a major organisational change challenge and the next section (8) on Organisation Development (OD) describes this and emphasises the importance of local partners developing Joint OD and Training Plans. Joint Future also has important implications for Joint Training between local partners and the following part (Section 9) reflects this and also addresses the question of Competencies.

There are profound implications too for the education and training of health and social care professionals, the vocational training of non-professional staff and the continuing professional development and lifelong learning of everyone involved in Joint Future. This is considered in the Section 10.

The Regulatory Bodies concerned with social and health care are also affected by the changes which Joint Future brings and these are addressed in the penultimate part of the report (Section 11). The report ends (Section 12) by addressing the question of implementation of the recommendations.

Appendices include the Working Group's membership and material, which should be useful to local partners, as they take the Joint Future agenda forward.

4. THE JOINT FUTURE AGENDA

4.1 The Joint Future Group was set up by the Minister for Health and Community Care to take forward the vision of improved community care services for the people of Scotland. It recognised that people could be better supported to live the lives they wanted, in their own homes, if health and local authorities' services could be brought closer together. The Group's report, published in November, 2000, set out a number of ways that this could be done – for example by improving the balance of care, with more care at home services rather than residential or nursing home places. It recommended every area having rapid response services, more intensive home care, more short breaks, home maintenance, local shopping and laundry services and free home care on discharge from hospital. Resources totalling £100 million, with £48 million per annum by 2003/2004 were made available by the Scottish Executive as part of its real commitment to the Joint Future agenda – a 33% increase on current spending levels.

4.2 The other key recommendations of the Joint Future Group covered joint resourcing and joint service management; single shared assessments for Joint Future services (whether health or social care); intensive care management; information-sharing and improved equipment and adaptations services. Of these, the first has the most significance in Human Resource terms.

4.3 Joint resourcing and joint management are together the lynchpin of the new era of joint working. Agencies were initially expected to start by jointly resourcing and managing services for older people from April 2002. This means bringing together both health and local authorities' resources for services for older people – staff, money, equipment and property – under joint management and into a joint resourcing "pot". This will lead to a more integrated and holistic approach to the management, financing and delivery of services. It will also help to resolve the kind of organisational disputes and "territorial" approaches to budgets and services, which can result in problems such as delayed discharges.

4.4 With the crowded agenda for both NHS Scotland and local authorities to manage, the Scottish Executive spelt out in the "bottom-line" letter issued in January 2002, what local partners needed to achieve by April 2002 in relation to the Joint Future agenda. The key areas of achievement for health and local authority partners are:-

- Joint resourcing and joint management
- Single shared assessment
- Human resources

The bottom-line for *joint resourcing and joint management* by April 2002 is for

local partners to have:-

- Scoped the joint resourcing "pot" and agreed what resources to include.
- Decided what joint and single management arrangements to adopt and when

The bottom-line for *single shared assessment* by April 2002, is for local partners to have set in place these key infrastructural steps:-

- Set up single shared assessment procedures.
- Put in place their agreed single shared assessment tool.
- Put in place a protocol for sharing core personal information and for securing the assessed person's consent.

The bottom-line for *Human Resource* by April 2002, is for local partners to have:-

- Agreed a Statement of Intent for staff outlining the direction of travel.
- Agreed a Joint Organisation Development and Training Plan.
- Set up a Joint Staff Forum

Finally, the bottom-line letter clarified that local partners should build on these initial arrangements and expand them to other client groups by April 2003. An initial Local Partnership Agreement should be drawn up by local partners for April 2002, with a full Local Partnership Agreement for all Joint Future services by April 2003.

4.5 The Joint Future Group recognised that bringing together, improving and expanding health and local authorities' Joint Future services would have significant implications for staff. It proposed that these issues should be considered by a national high-level advisory group. The Integrated Human Resource Working Group was therefore set up by the Minister for Health and Community Care.

4.6 Implementing the Joint Future agenda presents a real challenge. Flexible, person-centred services require a flexible, well-trained workforce. The Joint Future Group was very clear that joint working does not mean one organisation taking resources from another. It is not about staff being compulsorily transferred from one organisation to another. It is not about take-overs.

4.7 It is about delivering better, person-centred services. It is about organisations developing, with the involvement of their staff, "joined-up" approaches. The impact on staff will depend on the nature of the partnership arrangements being put in place locally. The Scottish Executive has made it very clear in its circular CCD 7/2001 (Joint Resourcing and Joint Management of Community Care Services) and in the "bottom-line" letter that organisations should consult with and work with staff from the outset – through the development of their Human Resource Statement of Intent, through their Joint OD and Training Plan and through their Joint Staff Forum.

4.8 The Scottish Executive has also made it clear through new legislation that joint working must improve. Powers in the Community Care and Health (Scotland) Act enable organisations to delegate functions and to pool budgets. he Act also enables Ministers to enforce joint working where services or systems are judged to be failing. Enforcement is, of course, the last resort, but it is a necessary part of the new suite of facilities in the Act. Delivering improved Joint Future services is essential. The Act also underpins the Scottish Executive's commitment to support and protect staff as new joint working arrangements are developed. Under most of the partnership arrangements now being developed, staff currently employed by one or other organisation will remain employed by that organisation. They may, however, be seconded (usually short-term) or attached (usually longer-term) in new service or service redesign arrangements. The Community Care and Health (Scotland) Act ensures that staff will not be worse off as a consequence of transferring to a different organisation.

4.9 The Integrated Human Resource Working Group started from the Joint Future agenda's basic premise that *all* staff within Joint Future services, whether they are professional, administrative, financial, legal, support or other staff, must be effectively supported if they are to be able to:-

- Improve the quality of services, creating high standards in health and social care.
- Develop holistic, locally appropriate joined-up Joint Future services.
- Involve people who use services and their carers in the design, delivery and continuous improvement of services so that people can choose the lifestyle they want.
- Develop new ways of joint working, with effective skills and behaviour to meet the growth in the older population across Scotland, especially the very old.
- Evolve different management arrangements and clarify governance responsibilities.
- Identify and agree accountability across health and social care systems.
- Implement effective joint training that ensures that the skill mix, level of expertise, experience and competence in the workplace will meet the demands of joined-up services now and in the future.

4.10 Implementing the Joint Future agenda will have been a success if people who use services get more of the right services at the right times – a mix of effective early interventions to prevent crises and good quality care and support in their homes when needed longer-term. To achieve this staff must understand the reasons for changes, the rewards and the challenges. This report sets out a way forward, which supports and enables staff to make these changes; to be expert, flexible and accountable, and to provide quality joined-up Joint Future services.

4.11 The Working Group developed a shared understanding of the wider context of social policy change within which a Joint Future will unfold. This context includes:-

- The development of the Scottish Parliament which has introduced a real vigour and intense scrutiny of health and social care activity. Scotland now has

focused national accountability for both the NHS and local government, which properly sets high expectations to improve effectiveness, quality, performance and outcomes. It is this new culture of political direction that has, and increasingly will, drive the Joint Future agenda.

- Ministers have emphasised the importance of doing less, but doing it better, with real expectations of involving people who use services and staff in modernising public services and improving "whole-system" working.

- Ministers have been clear that leadership at a local level needs to lead, but the Parliament has taken reserved powers to ensure that change will take place if that leadership is not given.

- The fifteen strategic NHS Boards have very helpfully brought around a single table:-

  Chief Executives
  Doctors
  Nurses and Allied Health Professionals
  Staff
  Local Government
  Non-Executives

  within a culture of governance, as opposed to management, in order to focus strategic thinking. This important development should help further the Joint Future agenda.

- Performance measurement will focus on outcomes, partnership working and the involvement of people who use social and health care services, requiring the NHS and local government to work closely together.

The Parliament, its Committees and Ministers are thus generating a real sense of urgency about moving the cultures of public sector organisations away from concerns with control and ownership and towards those of empowerment and participation.

4.12 A central feature of the creation of a Joint Future is recognition that the redesign of services requires leadership, accountability, direction, support and shared values. This agenda is *not about* the NHS taking over local government or about local government taking over the NHS. It *is about* recognising the need for change both within services and across services. It will be just as important, for example, to ensure significant change in the way in which acute and primary care within the NHS work together, as well as focusing on the joint working of the NHS and local government. Our joint starting-point is the need to recognise why we need change and to see solutions within a wider context of "whole-system" service redesign.

4.13 The Working Group considered that it would be helpful to think in terms of the "internal scaffolding" needed to secure a Joint Future. Part of this scaffolding is ensuring that *everyone* understands the wider social policy and parliamentary context and the need to modernise our public services through leadership, partnership and shared values. These values need to drive the culture change and related organisational activity to ensure that *everyone* moves away from blaming services and organisations other than their own. The Working Group determined the following values as an important declaration of corporate commitment by all parties to making a Joint Future happen:-

- Listening to and valuing staff.
- Ensuring joined-up communication systems.
- Putting people who use services at the centre of service redesign.
- Transparency with local communities, staff, trade unions and professional associations.
- Clarity on accountability, management and governance.

5. WORKING GROUP REMIT AND METHODS

5.1 The Integrated Human Resource Working Group was formed to take forward the recommendations contained within the Joint Future Group's report in relation to the workforce issues. It was envisaged that it would be a short-life working group that would develop and design solutions to take forward the Human Resource agenda associated with implementing new joint community care services.

5.2 The Group was established on the basis of membership from senior managers, trade unions/professional organisations and Human Resource professionals from local authorities, the voluntary sector and NHS Scotland (see Appendix 1). The Group was asked to take forward jointly the following recommendations contained within the Joint Future report:-

- Joint service provision requires to be more systematically supported by Organisation Development (OD) programmes, which help form strategic alliances and partnerships.

- The competencies required for senior managers involved in Joint Future services in NHS Scotland, local authorities and the voluntary sector require to be integrated, based on personal development planning, while recognising that they need to be flexible to take into account local and organisational accountability arrangements.

- A more structured approach to secondments of senior staff between health, social work and the voluntary sector would begin to increase understanding of differing cultures and working arrangements. By secondment is meant opportunities to work in other organisations in order to develop experience and knowledge.

- There needs to be discussion with education providers to ensure that professional training reflects the need for joint provision of services centred on individuals and based on effective team-working.

- Joint training requires a systematic approach and a commitment at a strategic level to support Community Plans, Children's Services Plans, Joint Community Care Plans, Local Health Plans, etc.

- NHS Scotland, local authorities, the voluntary sector and the trade unions/professional organisations should agree a staffing framework, which will include accountability arrangements.

- Opportunities should be sought, to achieve where possible, alignment between the varying terms and conditions of service and pension arrangements.

- Regulatory Bodies need to be sufficiently flexible to accept dual registration or to accept transfer between regulatory bodies, recognising the continuing professional development requirements of other bodies.

- Where possible common core competencies should be developed for front-line staff.

  In the event, the Working Group came to realise that the major Human Resource "building-block" would be the development of a national Staffing Framework as a helpful format for similar local activity. This would support the creation of local Joint OD and Training Plans and place an emphasis on the importance of local Joint Training activity. It would also emphasise the need to embed the Joint Future agenda within the changes that are currently taking place in the education and training of social and health care professionals.

5.3 The Working Group took cognisance of related work completed or ongoing and this is shown at Appendix 2. The full Working Group itself held a number of plenary sessions but the bulk of the work was undertaken in sub-groups led by Working Group members. A concern to adopt an inclusive approach and to consult widely was central to the Group's working. Elements of this include:-

- **Consultation Workshops:** A series of workshops were held in November-December, 2001 on a wide geographical basis and further workshops were also held in early 2002 in Orkney, Shetland and the Western Isles. A comprehensive invitation to attend these events was made to local authorities and the NHS, including local authority Councillors, Health Board members, Human Resource staff, Social Work and Health staff and trade unions/professional organisations. Over 1,150 staff attended the workshops. Feedback from these events was provided in two forms -–a summary of the responses to the key questions addressed by discussion groups and an overall summary – and was circulated to each delegate. Circulation also extended to interested others, e.g. SPDS membership. Among other things the workshops revealed that:-

  Some 33% of the participants claimed a high or extremely high understanding of the Joint Future agenda.

  A basic knowledge was claimed by 47%.

  The balance of 20% had a low or very low grasp of what Joint Future was really about.

- **Local Authorities:** The Working Group paid particular attention to involving local authorities. This was done through COSLA representation on the Group and by discussions with the President and Acting Chief Executive of COSLA. A briefing was provided for Leaders of Councils and a meeting was held with the Executive Committee of SOLACE. Local authorities also had representation on the Group at Chief Executive and Chief Officer level.

- **Trade Unions/Professional Organisations:** It was agreed at the outset of the Working Group that trade unions/professional organisations would be fully involved. The following organisations have been represented on the Working Group and have played a full part in all of the discussions and decisions of the Group:-

  UNISON
  GMB
  T&GW
  RCN
  BMA

- **Voluntary Sector:** The Voluntary sector was represented on the Working Group.

- **Regulatory Bodies:** This took two forms. A representative of the Regulatory Bodies was a member of the Working Group and representatives of Regulatory Bodies were also involved in the Consultative Workshops.

- **Visits:** Visits were made by Working Group members to a number of locations.

6. DEVELOPING A STAFFING FRAMEWORK

6.1 The purpose of the Joint Future agenda is to provide more seamless services to the citizens and communities of Scotland. This means that employees of the NHS and local government will need to work more closely together to provide joint services. There is therefore a need to develop a proposal for a national Staffing Framework which will enable local solutions to be developed, but with a consistency of approach. This Staffing Framework applies to all staff employed by the NHS, local government and the voluntary sector engaged in delivering Joint Future services.

6.2 The Working Group supports the modernisation and change needed to provide better and more responsive public services. It believes that the process must be based on the following five principles:-

- *Effective Delivery:* High quality public services are best delivered by well-trained, directly-employed staff who put the needs of users of services and the community first.

- *Adequate Staffing:* Modern and high quality services need long-term investment. This means investment in infrastructure, information and communications technology and in the training and development of the workforce.

- *Equality Of Access:* Public services should be responsive to the needs of all members of the community. There should be no discrimination in service provision, but equality of access for all people, based on their needs.

- *Fairness At Work:* High quality services and good employment practices go hand-in-hand. Staff who provide public services should be valued in the communities which they serve and must be treated fairly. We would expect all staff engaged in Joint Future community services to have access to terms and conditions of service that support their employment and help them to improve their quality of working life. All employers should be expected to demonstrate good employment practice, including a sick pay scheme, appropriate pension provisions, and have in place family-friendly arrangements.

- *Partnership At Work:* Genuine partnership between government, service users, the community, employers and trade unions is central to ensuring a process of continual improvement of public services.

6.3 The Current Position: Both the NHS and local government operate different conditions of service, pay strategies, job evaluation schemes and pension **arrangements. Both organisations negotiate pay and conditions of service through collective bargaining, but this is organised differently within each organisation.**

6.3.1 All employees in Scottish *local government* (except chief officers, teachers and craftsmen) are now covered by a national single status agreement.

This provides a common core set of conditions of service, with other conditions being open to local negotiation. Until such local negotiations takes place, the previous conditions for manual workers and for administrative, professional, technical and clerical staff continue in force. However, there is a commitment to arrive at a common set of local conditions applicable to all single status employees.

6.3.1.1 The Single Status Agreement requires all Scottish local authorities to devise locally a common grading structure for single status employees and to assimilate employees to the new structure by April, 2004. Each council can devise its own grading structure using pay points drawn from a nationally-negotiated spinal column of pay points. Councils are required to use an agreed job evaluation scheme to assimilate employees to the new grades and all 32 Scottish councils have formed a consortium which has developed a scheme, based on one developed by local authorities in England and Wales, but extensively modified to meet Scottish needs.

6.3.1.2 Although the job evaluation scheme has been agreed nationally, the application of it is a matter for local negotiation within each council. Thus each council will determine its own points-to-pay relationship to suit local conditions and the grading structure which has been agreed locally. If jobs in two councils are identical, they should therefore carry the same points score, but one might be on an incremental scale and one on a fixed point; or if both were on a fixed point, it would not necessarily be the same pay point, depending upon the locally-agreed points-to-pay relationship.

6.3.2 The majority of staff within the *NHS* have their pay determined following recommendations by UK-wide Pay Review Bodies. Terms and conditions of service are agreed through UK-wide Whitley Council negotiating machinery. The main employers, NHS Trusts, have the freedom to determine terms and conditions of service but within Scotland, in recent years, the tendency has been to move away from local agreements to Scotland-wide agreements. There are opportunities to address local circumstances within the national terms and conditions.

6.3.2.1 Within the UK discussions are on-going to modernise the current NHS pay structure by replacing the existing terms and conditions with a new nationally negotiated framework covering all staff groups. This is known as “Agenda for Change” and the aim is to introduce these new arrangements from April 2004. As part of this a new job evaluation system is being developed by a joint working party with trade unions/professional organisations recognised in the NHS. It is intended that the design stage of the new job evaluation scheme will be available by late spring of 2002, and ready for implementation in April, 2004.

6.4 **Principles**: The following principles have governed the development of this Staffing Framework:-

- That local government and the NHS will have the lead role of providing Joint Future services, working in partnership with other appropriate agencies.

- Consultation and negotiations with the appropriate trade unions/professional associations should take place at the earliest possible stage.

- There should be a commitment to openness and transparency.

- The Framework should be underpinned by appropriate time-off and facilities for Stewards and Branch Officers, including facilities for training.

- Recognition of the appropriate trade unions/professional associations for collective bargaining.

- Security of employment and maintenance of existing staff terms and conditions, including protection arrangements.

- Maintenance of current pension entitlements.

- New starts to be appointed to the appropriate employer under the local joint management arrangements.

6.5 **It is recommended that**:-

- A Scottish Joint Future Staff Forum be created to take an overview of the national Joint Future strategy and to provide a link to local Joint Future Staff Forums. This could be a continuation of the IHRWG or a reconstitution of that body but it would continue to provide advice to services, employers and the Scottish Executive as Joint Future develops.

- Within the boundary of each Health Board area there should be one or more Joint Future Staff Fora comprising representatives from each employer and the trade unions (UNISON, GMB, TGWU, RCN, AMICUS, BMA and other recognised organisations representing the allied health professions). There can be considerable advantage having one such local grouping, but the Working Group recognises that this will not always be possible.

- The working of these national and local bodies should be guided by the principles outlined above.

- Each local Joint Future Staff Forum should agree a staffing framework which details the arrangement for Human Resource/Personnel policies, procedures and protocols. In particular, it must describe how staff will be attached to the Joint Future service.

6.6 **Values**: The values underlying these principles should also guide the Scottish **Joint Future Staff Forum and local groupings. They are:-**

- High quality services delivered by a well-trained and motivated workforce with security of employment. Training and development opportunities should be provided jointly, wherever possible, for all employees.

- Equality is a core concept underpinning both service delivery and employment relations. There should be equal opportunities in employment, the removal of all discrimination and promotion of positive action.

- A flexible approach to providing services to local communities, while meeting the needs of employees and employers as partners in the provision of public services.

- Stable industrial relations; negotiation and consultation between employers and trade unions.

6.7 **Stages Of Development**

6.7.1 In general, management structures need to be clear, focused and to recognise professional accountability.

6.7.2 It is recommended elsewhere in this report (Section 7) that secondments should only be used where a development need is being met over a short-term (maximum of 12 months) period, with a realistic opportunity to return to a substantive post. Most appointments to Joint Future services will therefore be *attachments*, i.e. the employee continues to retain their current employer status and terms and conditions, but the attachment to the Joint Future management structure should be regarded as open-ended and not temporary. Further details concerning secondments and attachments are provided in Section 7 and in Appendices 5, 6 and 7.

6.7.3 It is recognised that management structures based on attachment may not be sustainable in the long-term, but the commitment to protect existing employment status means that this is the only feasible approach at this juncture. However, a structure based on attachments may, in the longer-term, be seen as unfair and inequitable with employees undertaking the same or similar duties, but with different conditions of service and inequality in pay and reward strategies.

6.7.4 We therefore see the Staffing Framework as a sequential development – Initial, Intermediate and Eventual.

6.7.4.1 *Initial Stage:* Employees retain their current employment status but with a joint management arrangement. This will enable joint service provision but will give employees the security of remaining employed with their existing employer and of retaining existing employment rights and associated terms and conditions of employment. Joint personnel policies and procedures will require to be put in place. As a minimum, these should contain procedures that cover areas listed in Appendix 3.

The main issue which could arise is where employees of the NHS or local government are required through the provision of joint services to undertake the same or similar duties whilst on differing pay and conditions of service. As NHS and local government employers are not associated employers then equal pay claims could not be sustained. This does not overcome the moral principle of employees undertaking the same or similar work for different pay.

Where new posts are created, it will be necessary to allocate them to an existing employer, depending on the nature of the duties. Some posts, however, such as administrative and clerical posts and occupational therapists, are not exclusive to one employer. The maintenance of separate grades in these cases is not sustainable in the long-term as staff will simply apply internally when vacancies arise, where the vacant post is on more advantageous terms and conditions of service.

6.7.4.2 *Intermediate Stage:* Different services will be ready to move to this stage on different time-scales depending on local circumstances. In the medium-term, both the NHS and local government have existing flexibilities and freedom to negotiate local arrangements which could be used to achieve a greater degree of harmonisation within Joint Future services. Within the NHS, variations to pay levels can be agreed locally within certain limits by the use of allowances, and similarly within local government it might be possible to enhance pay by a special, locally negotiated harmonisation allowance. Thus common pay rates could be created for common jobs.
This would, of course, introduce differentials within the same employer between similar jobs. Equal pay claims would have to be resisted on the basis that a material difference existed, i.e. the special circumstances of joint working. Within local government, many non-core conditions are open to local negotiation, while within the NHS there are freedoms within the nationally determined terms and conditions of service. Thus there could be negotiations locally to achieve a common approach within Joint Future services to such things as pay rates, public holidays, annual leave and working hours.

6.7.4.2.1 **It is recommended that** harmonisation in the medium-term be negotiated within each local partnership, rather than attempting to reach a national solution. (This would not, of course, be complete harmonisation because core conditions such as sick pay schemes, pensions, etc, would continue as at present.)

6.7.4.3 *Eventual Stage:* The arrangements suggested for the medium-term are likely to continue for 4-5 years, but if Joint Future developments are successful then employees will increasingly see the maintenance of different terms and conditions as inappropriate and a long-term solution will be required. To arrive at such a long-term solution, a number of major issues of policy will need to be resolved, which are beyond the remit of the Working Group.

7. SECONDMENTS AND ATTACHMENTS

7.1 As NHS Scotland and local authorities pursue the Joint Future agenda a useful and powerful approach relates to the exchange of staff between agencies. It is clear that the arrangements governing these exchanges need to be set out clearly and be formalised to meet the legitimate concerns of staff. There can often be a lack of understanding, particularly on such topics as:-

- Who the leader or supervisor of the team or project is.
- When the task or project is likely to start and finish.
- What the joint management arrangements are likely to be.
- To whom employees need to refer on pay and conditions of service issues.
- How work performance will be monitored and by whom.
- How information on work performance will be shared between partner agencies.

7.2 This lack of clarity is a well-known pitfall for employers entering into such shared staffing arrangements as those implied by the Joint Future agenda. The potential problems and ways to reduce potential difficulties are well set-out in the NHS Scotland document “Partnership Information Network Board: Guideline Development Group: Redeployment & Secondments”. That document drew on previous work done by an extensive range of sources, including the Chartered Institute of Personnel & Development, Income Data Services and UNISON.

7.3 A distinction needs to be made between:-

- The exchange of staff for the purposes of their personal and professional development or on a temporary basis to initiate a joint project or service. This is termed “secondment” and it is anticipated would last no longer than 12 months. Secondment is a powerful tool for developing both organisations and individuals. It enables experience of new ways of service delivery to be worked up, artificial organisational and professional barriers to be broken down and insight given into the workings of different cultures.

- Staff exchanges or loans extending to two, three or even four years. These longer-term joint working arrangements we would term “attachments”. This term is used in preference to “transfer” or “redeployment” as these terms are commonly used *within* a single employer.

7.4 **It is recommended that:-**

- When joint working is being established or is in its’ early stage of development the partner agencies should adopt an agreed definition of both attachment and secondment based upon the description above as a part of a joint protocol for the attachment and secondment of staff. (An example joint protocol for the attachment of staff is provided at Appendix 5, an example protocol for the secondment of staff (as developed in Dumfries & Galloway) is provided at Appendix 6 and an associated template letter on secondment at Appendix 7).

8. ORGANISATION DEVELOPMENT

8.1 Organisation Development (OD) is simply a recognition that any organisation is a complex system and to make change effective all aspects of the system need to be considered. Equally, making a change in one part of the system makes an impact on the other parts. OD is therefore about a planned response to change. It is a generic term embracing a wide range of activity aimed at improving the overall performance and effectiveness of organisations. OD is a prime concern of people at the most senior levels of organisations who have the responsibility for overall strategy and direction – and that responsibility includes ensuring that the appropriate capacity exists to manage change effectively.

8.2 There are two difficulties in furthering an OD approach. The first is the *different terminology* used to describe development work across health and social care systems and the related question of where accountability should rest for effectively managing change. It is hoped that the description provided in this report will provide a common interpretation across local authority and health organisations in relation to the Joint Future agenda.

8.3 The second difficulty is that the term OD has often been used in the public sector as simply meaning *structural change.* While structural change is clearly part of OD and is important, on its own it can rarely achieve the longer-term changes needed in Human Processes (see below) if partnership working is to become the norm. For this reason the definition of OD used is a wide one including, but not confined to, structural change. Structural change may indeed be necessary, as one of the action steps in Circular CCD 7/2001 (Joint Resourcing and Joint Management of Community Care Services) was to consider the introduction of joint management arrangements – but to achieve this effectively will require support to overcome differences in language, values, culture, decision-making processes, information systems and communication, in other words with the actions, behaviour and performance of *people.*

8.4 Implementing the Joint Future agenda to improve services and care for people represents a significant organisational change process. Change management *within* an organisation is complex enough, requiring effective leadership, communication and planning. However, the change implied by the Joint Future agenda is even more challenging as it requires work *across* organisations, where the major players have diverse cultures, styles and ways of working. Despite these differences, similar fundamental values do exist, relating to providing the best possible care to the people the organisations exist to serve. Focusing on and sharing these values and the aims of people-centred planning leads to a common and shared foundation from which to deal with the differences and problems which exist. These differences need to be discussed constructively and positively to devise jointly agreed solutions.

8.5 All staff working within services need to be supported effectively if they are to address successfully such complex issues as:-

- Developing integrated local service delivery models.
- Involving service users and carers in the design and continuous improvement of services.
- Supporting staff in new ways of working and in developing appropriate skills and behaviours.
- Evolving different management arrangements and clarifying governance responsibilities.
- Identifying and agreeing accountabilities across health and social care systems.

The nature and scale of the changes require a planned developmental response from local authorities and NHS Scotland, working in partnership with other agencies, such as the non-statutory sector. This requires a wide approach to the issues, a recognition that different aspects inter-relate and of the need for comprehensive and holistic change interventions – an OD approach.

8.6 This implies that consideration is given to:-

- **Task:** *What* has to be done and why. Often the task is left unstated or “assumed”, although people may be working unawares towards slightly different objectives with differing or changed priorities.

- **Systems, Procedures & Processes:** These regulate *how* things are done and who is to do them – the “mechanics” of organisational life such as policies, financial controls, roles and responsibilities, rewards and benefits and communication systems.

- **Human Processes (Behaviours, Attitudes & Feelings):** These are the different personalities, aspirations, hopes and fears of people delivering services, including how they work together. It includes such matters as how decisions affecting people are made and communicated; management style; how new ideas are presented, how conflict is avoided or managed constructively and how people learn and grow at work.

All three aspects, but especially the Human Processes, are crucial to the success of the Joint Future agenda and this is why a Joint Organisation Development and Training Plan has been requested as part of the Local Partnership Agreements (see **Circular CCD 7/2001 Annex paragraph 26**). Different parts of Scotland are at different stages in identifying and delivering the change agenda and this makes definitive guidance on such planning inappropriate.

8.7 Therefore, **it is recommended that:-**

- Each local area should develop a Joint OD and Training Plan which, as a minimum, addresses the questions posed under eight key components in Appendix 8 ("Prompts For Consideration") which when considered locally will enable assessment of the current situation and the development of a plan for improvement. Such a Plan should also consider other areas locally determined. The appropriate development interventions to support individuals and teams at all levels, lead responsibilities, timescales, capacity and resourcing should also be addressed.

- Local partnerships should ensure that Chief Executives, Directors of Social Work/Chief Social Work Officer and comparable senior managers provide strong and confident leadership in initiating and pursuing Joint OD and Training Plans.

- Each local area should hold a series of stakeholder conferences/development events as part of the process to agree the Joint OD and Training Plan. Such events should:-

  Bring together all local partners to review the current position.

  Scope out what is necessary to support joint working.

  Jointly plan what is still required.

  Agree shared values and aims and how these will be cascaded through the organisations concerned.

  Such a Joint OD and Training Plan designed to support the provision of joint services should be meaningful to all partners and should operate at both strategic and operational levels.

9. JOINT TRAINING & COMPETENCIES

9.1 An important element of the Joint OD and Training Plan will be Joint Training. This is non-qualification training which assists staff in health and social care and housing to improve the quality of Joint Future services, not just by doing things differently, but by doing them together. Joint Training means local training, undertaken by health and local authorities as local partners, together "on the ground". It includes two major categories:-

- Training staff from different organisations on shared skills or competencies, e.g. personal care of older people.

- Enabling staff from different organisations to work together more effectively, e.g. teambuilding.

Both outcomes can, of course, be achieved from the same learning opportunities or training courses, but it is impossible to talk of joint working and to provide joint services if there is no Joint Training.

9.2 A number of very significant drivers exist for the development of Joint Training for the Joint Future agenda. They include:-

- The growing role of Community Planning.
- "Our National Health: A Plan For Action. A Plan For Change" in which the Scottish Executive emphasised the need to improve services by investing in staff and working in partnership with staff.
- The need to identify Joint Training in Local Health Plans.
- The Scottish Partnership Forum and local staff partnership fora in each Health Board area.
- The need to identify Joint Training for the implementation of "Supporting People" during April 2003.
- Modernising Government initiatives, e.g. on the use of e-care and shared information systems.
- Best Value in providing training and monitoring its' effectiveness.
- The Community Care and Health (Scotland) Act.
- Current strategic discussions around the workforce planning, recruitment, retention and training of such staff groups as social workers, nurses, the allied health professions and healthcare support workers.

All of these support and promote the value and significance of Joint Training.

9.3 There is no single blueprint for the development of Joint Future services. The decision of the Scottish Executive to empower a diversity of services for local circumstances means that there will not be a "one-size-fits-all" approach to either services or staffing requirements. At present there is some movement to develop a generic community care worker and this may be a helpful development in the longer term. There are trends towards bringing together some groups of staff who undertake similar functions, e.g. auxiliary community nurses and personal care workers in local authorities. There are also trends

towards bringing together some staff into multi-agency and/or multi-disciplinary teams, e.g. carrying out similar functions such as care management.

9.4 Although there are two new recently-created organisations which will have a major role to play in the future development of Joint Training (the Scottish Social Services Council and NHS Education for Scotland) Joint OD and Training Plans need to be developed by local partners *now.* **It is recommended that:-**

- Each local area should ensure that the Joint OD and Training Plan reflects the aims, objectives and priorities of the local partnership in delivering Joint Future services and provides a broad range of learning and training opportunities to achieve these.

- Each Joint OD and Training Plan should agree the key groups to be targeted, according to local service developments. Areas should be prioritised where implementation is required speedily (such as single shared assessment, information sharing and where transferable skills are most helpful). Early priority should also be given to agreeing competencies for senior managers involved in joint working and those working in integrated teams, leading to the implementation of development programmes for those concerned.

- Local partners should “mainstream” the Joint Future agenda in training as much as in service provisions by more integrated thinking and training action.

9.5 From experience so far it is possible to identify a number of success criteria for Joint Training. They are:-

- It is focused on *service delivery and redesign*, on agreeing with people who need and use services and their carers, what will assist them most to lead the lives they choose.

- There is strong and confident *leadership* from Chief Executives, Directors of Social Work/Chief Social Work Officers and comparable senior managers.

- An agreed vision of the desired outcomes for Joint Training is made explicit in a *joint strategic framework.*

- *Positive working relationships* exist between agencies, based on trust and a tradition of well-established joint working at the local level.

- *Effective communication* and shared understanding exists in relation to the different “languages” and working practices between the partner agencies and the staff themselves.

- It is based on a *“you-and-me-together” mindset* rather than an “us-and-them” mentality.

9.6 Implementing the Joint Future agenda will have far-reaching implications for agencies and the staff who work in social care, health and housing. It will require significant changes in professional practice and organisational cultures. To achieve the level of joint working that will be required, everyone will need to:-

- Understand the roles and responsibilities of other members of staff and managers.
- Work effectively across organisational, professional and linguistic boundaries.
- Work in multi-disciplinary and/or multi-agency settings.
- Acquire new skills and adapt to new practices.
- Widen their knowledge of Joint Future services.
- Share information and knowledge with other staff.

Underpinning all of this is the need for staff and managers to:-

- Share a common set of values that puts individuals at the centre of services.
- Trust the judgement of others and make decisions based on this trust.
- Hear a consistent supportive "message" about the value of joint working from all the partners.

9.7 It is essential to involve staff in agreeing and undertaking their own learning and development. Personal Development Plans (PDPs) play a key role in building staff's ownership of their need to expand their skill and knowledge base, and they should reflect the necessity of delivering the Joint Future agenda. PDPs should, wherever possible, be aggregated by the individual organisations to develop joint development and training plans.

It is recommended that each local partnership should ensure staff ownershipof the Joint OD and Training Plan through the Plan reflecting the training needs of the people who deliver Joint Future services, by aggregating, wherever possible, the priorities contained within PDPs.

9.8 Flexibility and an increased ability to work effectively with people who need services in their own homes (and their carers) is beneficial to individuals' own careers and satisfaction at work. The ability to "step on" and "step off" training and to "step across" training paths gives individuals more control over their work patterns. The Working Group endorses the portfolio approach to training which facilitates movement across agencies' boundaries, enhances employability and promotes individual ownership of learning.

9.9 The identification of opportunities for individuals to dovetail their training needs with programmes of formal or professional education, e.g. using locally-based Joint Training as part of SVQs or HNCs being accredited as pre-registration programmes (e.g. for occupational therapists) should be supported. Wherever possible Joint Training should be recognised for vocational and academic credits and as contributing towards professional competencies. Joint Training can also make a valuable contribution to Continuing Personal Development (CPD). The relevant Regulatory Bodies (see Section 11) will consider the training which staff have done as part of their portfolios for re-registration.

It is recommended that local partnerships explore the joint benefits which could be derived from accessing appropriate SVQ training for staff, so providing a means of promoting a modern, flexible, workforce, employee career development and recognition of transferable skills.

9.10 A range of approaches already exists within Scotland for developing Joint Training. They include:-

- The bringing together of two or more agencies' training resources and plans, a process which takes time and commitment (Orkney Council and NHS Orkney).

- Developing a framework to support inter-agency and inter-disciplinary working to underpin Joint Training (Aberdeenshire Council and Grampian Primary Care NHS Trust).

- The development of specific kinds of Joint Training such as Action Learning sets for leaders and managers and the development of a mentoring programme for senior managers (NHS Forth Valley and Stirling, Falkirk and Clackmannanshire Councils)

It is recommended that:-

- Each local partnership should seek to make the best use of existing resources available through different funding streams, learning centres, programmes, etc.

- Each local partnership should utilise the guidance, resources and advice provided by the Scottish Executive, e.g. toolkits to develop strategic and specific Joint Training and learning opportunities and a Directory of Promising Practice of Joint Training and development opportunities and approaches already developed across Scotland.

- The non-statutory sector should be fully involved in developing and providing Joint Training, where appropriate, in order to ensure joined-up quality Joint Future services.

9.11 Further work will be needed to provide further advice, share good practice, develop support material and review the local financial implications of Joint Training. Therefore, **it is recommended that** the Scottish Executive should, working together with local partners:-

- Provide leadership development from the centre, for example through the Scottish Leadership Foundation or by extending the OD role of the Strategic Change Unit in the Scottish Executive to work more proactively with local partnerships.

- Provide further advice on which key groups of staff delivering joined-up services should be targeted, e.g. senior and middle managers, care managers and finance staff from both health and local authorities and from the non-statutory sector.

- Provide further advice on the key requirements for the Joint Future agenda, e.g. on the values and skills required for joint management, joint resourcing, single shared assessment, intensive care management, reconfiguration of services and joint governance and accountability arrangements.

- Undertake further consideration of the financial resources required to implement a Joint OD and Training Plan at a local level and make resources available to local partnerships on the basis of locally agreed plans with clear implementation schedules.

- Fund the development of resources such as toolkits and training packages to assist local partners develop both strategic and specific Joint Training opportunities.

- Develop a Directory of Promising Practice of Joint Training opportunities and approaches already in existence across Scotland.

- Promote, at a national level, more integrated thinking and training action, for example between staff groups such as nurses, social workers, primary care and other staff. In other words, to "mainstream" the Joint Future agenda in training as much as in service provision.

9.12 **Competencies:** Modern health and social care organisations are complex bodies and the Joint Future vision for services requires ways of working together. The combination of complexity and this vision raises questions over how to ensure that staff are "fit for purpose". Staff need to be equipped with the skills, knowledge and attitudes to deliver the services which people expect. If people are expected to work together to improve services staff need to understand clearly what is expected of them.

9.12.1 "Competency" describes what staff need to be able to do in order to perform their job well. It is not just about having a skill, it is also about using and accessing knowledge in an effective and appropriate way to achieve a result. There are a number of elements in the development of competent staff:-

- Skills (professional/technical) competencies
- Behavioural (desirable and necessary behaviours) competencies
- Multi-agency and multi-disciplinary working competencies

9.12.2 Skills competencies are developed by professional education and by vocational training. Scottish Vocational Qualifications (SVQs) are national qualifications which demonstrate and recognise individual skills competency. They are programmes based on assessment in the work setting against national standards for each occupation. Considerable work has been undertaken by both COSLA and NHS Scotland to progress the implementation of SVQs.

9.12.3 A working team is most effective when it is clear what skill competency each member brings to the team. However, it is also important to recognise the other competencies which individuals demonstrate while at work. The significance of behavioural and multi-agency/disciplinary competencies also needs to be recognised and developed as part of a "rounded" approach to developing a competent worker. The behavioural competencies which are key to success are:-

- Leadership
- Management
- Team Working
- Interpersonal Awareness

Equal value needs to be given to both the professional and vocational qualifications which confirm a level of skill competency on the one hand, and the behavioural and multi-agency/disciplinary competencies, which facilitate integrated working, on the other.

10. EDUCATION AND TRAINING FOR HEALTH AND SOCIAL CARE PROFESSIONALS

10.1. Much will be achieved through joint Organisation Development and Training. However, longer term changes will be facilitated by developments in the initial education and training for the various staff involved. While it is clear that the Joint Future will impact on staff at many levels, in considering how the Joint Future agenda might be supported in professional education and training, this Section concentrates on the care professionals and primarily on those who require formal qualifications.

10.1.1 The increasing complexity and scope of modern knowledge about the needs of people who use health and social care services – and how best to meet those needs – has meant that professionals must work together increasingly to achieve the best outcomes for people.

10.1.2 While this has long been recognised as necessary, there has been relatively little systematic progress in establishing multidisciplinary education and training for professional staff in social and health care. The Joint Future agenda might provide a major opportunity to take forward inter-professional education and training.

10.1.3 This is most likely to take place if proposals take account of the complexity surrounding professional education and training and build on a set of principles acceptable to the full range of stakeholders. This Section suggests some initial practical steps forward. The underlying principles would apply to vocational, and pre- and post-qualification education and training, including continuous professional development (CPD).However, the bulk of the section covers pre-qualification matters, with some reference to vocational training.

10.1.4 The Joint Future agenda aims to achieve better results for people who use services and their carers; to reduce bureaucracy and make more efficient and effective use of resources and staff skills and expertise. These changes will have an impact on doctors, nurses, social workers, social care staff and allied health professionals, as well as those professionals working in housing. It is arguable that the initial education and training of all these groups needs to reflect those changes to some degree. Professionals working in housing services will also be effected by the Joint Future proposals. It is important, therefore, that the training needs of that group are considered fully. **It is recommended that** the Scottish Executive should commission a study specifically aimed at the impact of these reforms on professional education and training within the housing sector.

10.2 **The Context:** Any discussions about the future education and training needs of professional staff needs to take into account various contextual complexities.

10.2.1 **Demographic Issues:** There are important demographic considerations. It is clear that just as the population is ageing, so the workforce is getting older too. As the proportion of young people in the wider population decreases, there may well be increasing competition for high quality young people moving into employment who may not, for whatever reasons, be attracted to a career in the public service. At the moment women make up the vast majority of the health and social care workforce. There have been significant changes in the employment patterns of women. More are going into Higher and Further Education; fewer are staying at home, even for a short period when their children are young. Employers may, in the future, no longer have large pools of unqualified women or women "returners" on whom to draw. There are current difficulties in recruiting and retaining nurses (especially in the care of older people); social workers (in some parts of the country) and teachers. This may be, in part, the effect of these demographic changes. **It is recommended that** social and health care employers should be encouraged to consider "non-traditional" groups in their recruitment of staff.

10.2.2 Changing Expectations of Young People: One of the Government's current educational priorities is to increase the proportion of graduates to 50% of the relevant cohort. This reflects a wider change in expectations amongst young people. There are fewer young people who wish to move into unqualified work. Education and training for this new Joint Future way of working (especially at vocational level) will have to recognise this if employers wish to attract younger people into health and social care. Employers might also consider the potential to enhance and enrich the work experience in order to attract and retain good staff. This is already being done in some areas and other local authorities regard the Joint Future agenda as a vital mechanism for promoting such changes. **It is recommended that:-**

- The Scottish Executive fund a project to gather and disseminate good examples of organisations providing or developing generic support work on the basis of shared training.

- Health and social care employers should be encouraged to provide more accreditable training that helps workers achieve recognised qualifications and to consider the potential for job enhancement as a mechanism for attracting and retaining good quality staff, as well as providing better services.

10.2.3 **Service User And Carer Concerns:** The Joint Future agenda is ultimately about improving the outcomes for people who use services and their carers. It is important, therefore, to take into account what users and carers say about how they want to interact with people providing their care. The review of the professions allied to medicine (allied health professionals) learned that, although people who use services were happy to accept generic support

workers, they wanted and expected more specialised services from professionals. Work in one of the local authority projects to pilot generic support built on the finding that some older people in particular did not want their personal care (especially quasi-nursing care) provided by the same person who did their housework. These may not be unalterable lessons. They may not even be the central lessons from service users and carers. However, in taking forward the education and training of staff under the Joint Future agenda it will be important to be aware of what users and carers are saying. **It is recommended that** the Scottish Executive commission a literature review of users and carers views on this topic.

10.2.3 **Higher And Further Education:** There are moves afoot both in terms of the education and training of health and social care professionals and the general policy for Higher and Further Education and Lifelong Learning which must be taken into account.

10.2.3.1 There is currently ongoing a 5-year review of the Scottish Vocational Qualifications (SVQs) in Care. This is a key vocational qualification for social care and for some health staff and the review is a good opportunity to ensure that the competencies against which staff will be assessed truly reflect the new work environment.

10.2.3.2 The newly established Scottish Social Services Council (SSSC) has the function of regulating the education and training of the social services workforce. It is the successor in Scotland to the Central Council for Education and Training in Social Work (CCETSW). The SSSC will, in future, play a key role in both education and training and in workforce planning for everyone working in social services. NHS Education for Scotland – the new Special Health Board – came into force in April, 2002. It covers post-graduate education for doctors, dentists and pharmacists and also takes on the work of the former National Board for Nursing, Midwifery & Health Visiting for Scotland (NBS). It will bring substantial added-value to what already exists, particularly in the area of multi-disciplinary learning. It may also, in due course, extend its remit to other groups of staff who currently do not enjoy a high level of organised education and training support. In particular, NHS Education for Scotland will address the issues raised during the recent consultation process regarding educational support for the allied health professions.

These two bodies between them will cover a large amount of the post-qualification training, vocational training and some of the pre-qualification training of staff involved in the Joint Future agenda. However, these bodies are both extremely new and will presumably require some time to establish themselves as organisations before having the capacity to address significant reform for education and training.

One of the key challenges for these new bodies, and for others, will be to review their validation systems so that suitable courses, primarily perhaps at post-qualification levels, can be accredited as continuous professional development for other professions. Validation and accreditation can be

onerous processes which may dissuade training providers and educators from submitting their courses through several systems. It the various regulating bodies could develop parallel systems in order to avoid the need for dual registration then this may encourage greater training provision that would be acceptable to both employing organisations (who may be asked to fund them) and to professionals seeking acceptable CPD opportunities. **It is recommended that** early meetings should take place between the senior management of the SSSC and NHS Education for Scotland, setting down the marker for the education and training implications of the Joint Future agenda, although ultimately one or other of the bodies might be tasked with leading the co-ordination of reforms to education and training. Specifically, the two bodies should consider the development of common approaches to accreditation.

10.2.3.3 Of course, whatever changes are made to education and training (especially pre- qualification training) there remains a need to attract students and one of the key issues here will be how education and training is funded and whether students can afford to follow the courses. The objective of increasing the numbers of people entering Higher Education means that the funding concentrates on first degree students, including mature students undertaking a first degree. It is therefore not easy for people to move between professions if they have to complete second degrees at undergraduate level. Some would-be graduate nurses have access to bursaries which enable them (in part) to escape the impact of this, and the provision of bursaries by CCETSW allowed graduates to follow Diploma in Social Work courses. The complexities of the student awards system, however, will impact to a greater extent in the future if and when social work becomes a degree qualification. Currently there are some staff who are dual-qualified either as nurses and social workers or as teachers and social workers, but this type of staff member who crosses professional boundaries in this way looks to become increasingly rare. **It is recommended that:-**

- The Scottish Executive should encourage education and training providers to consider extending their flexible pathways into education and training, offering more part-time or distance learning options that fit into modern lifestyles.

- Similar encouragement should be given to consideration to the use of non-academic routes into education and training through systems such as Credit Accumulation & Transfer System (CATS) and Accreditation of Prior Experience and Learning (APEL).

10.2.5 **Professional:** Ideas about the changes that might be necessary to qualifying training as a result of the Joint Future agenda are not developing in isolation. Reviews are already in progress or just completed for the work of the allied health professions, for nursing (especially nurses working with people with learning disabilities) and the reform of social work education. These reviews have been stimulated by the particular situations in which the professions find themselves and will inevitably, therefore, concentrate on addressing those issues. However, they also provide an opportunity for

embedding the Joint Future agenda in the work of the professionals. **It is recommended that** the Scottish Executive should seek to embed the Joint Future agenda within the current proposals for the reform or development of the various health and social care professions.

10.3 **Underlying Principles**

10.3.1 The Joint Future agenda has not been developed in a vacuum and the ideals of good team-working and sound inter-professional working are already embedded in much professional training. For example, both nursing and social work training include such competencies, while Robert Gordon's University provides a compulsory module in multi-professional teamwork for the allied health professionals who study there. There have also been multi-professional courses in care management and in community care broadly – for example, the Diploma in Community Care at Dundee University. Any proposals must therefore build on what has gone before.

10.3.2 Most professional education and training takes place within Higher Education and decisions about the content of courses are made by a variety of bodies. For social work there is a Quality Assurance Agency benchmarking document to cover the academic aspects and a set of competencies prescribed by CCETSW and now adopted by the SSSC. The new UK-wide Nursing & Midwifery Council (NMC) will be key in decisions about pre-registration training for nurses, which is funded by the Department of Health. Any changes will have to be owned by the various stakeholders, some of whom may not yet see the centrality of the Joint Future agenda. **It is recommended that::-**

- The Scottish Executive should sponsor a comprehensive scoping exercise to identify all the key stakeholders. This would be a relatively modest piece of work that mapped the significant parties.

- The Scottish Executive should host a series of academic seminars bringing together the key stakeholders to discuss the implications for education and training that follow from the Joint Future agenda.

10.3.3 In England multi-professional training is also being taken forward. There are a number of pilots at Newcastle, Southampton and Sheffield Hallam Universities and at King's College, London being planned for October 2003 where the first year of training for variously doctors, nurses, social workers and allied health professionals will be joint. The finalised programmes will show how to develop common learning programmes and core curricula; change workforce practices and develop new ways of working, as well as breaking down professional and organisational barriers to joint learning and working. This is a radical approach but might be transferable to the Scottish context. Alternatively, it may well possible for Scottish Universities to increase the amount of time that students from different disciplines spend learning together, with a view to promoting awareness of the Joint Future agenda and the better understanding of the roles and responsibilities of other professionals. This would, of course, have to take cognisance of the different academic levels of

qualifying training. Most of the professions include an element of practice learning within their training and this too might be a useful way of promoting understanding if placements can be found in non-traditional settings that are relevant to the learning objectives. It is important not to underestimate the difficulties of cross-professional practice placement, including the need for practice supervisors. However, there may be potential here. **It is recommended that:-**

- The Scottish Executive should give every encouragement to the development of joint training for health and social care professionals taking place in Scottish HE institutions at qualifying level and should examine the lessons arising from the English pilots.

- The Scottish Executive should consider earmarking additional resources for inter-professional learning, e.g. funding for the practice learning opportunities for occupational therapists in local authority settings.

11. REGULATORY BODIES

11.1 The policy direction outlined in “A Joint Future” set out an agenda designed to deliver services in a flexible and integrated way, with a focus on responsiveness, flexibility and less bureaucracy. This requires staff to work together more closely and challenges professional boundaries and “tribal” attitudes, while at the same time recognising what each particular professional worker brings to the care of an individual. Many of the professions delivering Joint Future services come within the scope of well-established Regulatory Bodies and the Working Group recognised the need to consider Human Resource issues in relation to the work of those Bodies which regulate the key groups of staff, particularly those working within health and social care.

11.2 The relevant Regulatory Bodies are:-

- **Nursing & Midwifery Council (NMC):** A UK-wide body with a remit for nurses, midwives and health visitors. This is a successor to the former United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC).
- **Health Professions Council (HPC):** Also UK-wide and regulating the Allied Health Professions. This is a successor to the former Council for the Professions Supplementary to Medicine (CPSM).
- **Scottish Social Services Council (SSSC):** One of four Councils set up in the UK countries to regulate social care. The SSSC is a new body and became operational on 1st October 2001. It also has statutory responsibilities for workforce planning, recruitment and retention in the social care sector in Scotland.
- **Care Commission (SCRC):** The body in Scotland set up to regulate services.
- **General Teaching Council (GTC):**

In addition, **NHS Education for Scotland** – the Special Health Board for Education in NHS Scotland has a crucial role, as a “successor body” to the nursing National Board for Scotland (NBS).

11.3 These various bodies have previously tended to work independently and have not always seen the need to work together or develop agreements or protocols. They largely regulate easily defined and recognisable groups, although the SSSC will regulate a much more complex and diverse workforce and do so by functions as well as by professional qualification. The changing pattern of services, closer multi-professional and multi-agency working and new policy directions all lead to a recognition that the Regulators need to work more closely together.

11.4 The way forward will be to develop protocols between the Regulatory Bodies designed to:-

- Ensure delivery of the policy agenda
- Ensure regulation and registration reflects a multi-disciplinary approach to practice.
- Ensures mobility and flexibility of the workforce.
- Ensures quality in practice and service delivery.

The content of such protocols will need to include:-

- The roles and responsibilities of each Regulatory Body.
- Exchanges of information.
- Handling of complaints.
- Handling of conduct cases where poor practice is at issue.
- Interface with service regulators.
- Rules, policies and procedures that underpin registration and regulation.

11.5 Regulation of the workforce must be seen within a context of raising standards, improving services and supporting good employment practices. It is not the role of Regulatory Bodies to undermine employers. Regulatory Bodies should, however, promote the importance of the training and development of staff and of good management practice. The message to be conveyed is that training counts within the context of:-

- Registration (with a Regulatory Body)
- Recognition (through qualifications and awards)
- Regulation (to promote confidence, good practice and competence)
- Remuneration (by employers)

The issues that need to be addressed within the context of the changing policy agenda include:-

- Avoidance of over-regulation.
- Possible dual-registration for some professionals working in “joined-up” settings.
- Multiple fees (for registration, criminal records checks, etc)
- Different approaches used by different regulators and different levels of evidence in conduct hearings

It is recommended that the SSSC lead the work on developing working relationships and formal protocols with the relevant Regulatory Bodies, with priority given to those working in health and social care. This work has already commenced and is supported by all those concerned. It should be completed by March 2003 with the outcome of formal written documents. These documents should be publicly available, in particular to registrants (by way of reassuring them) and to service and carers (to demonstrate concern for their protection

12. IMPLEMENTATION

12.1 The Working Group was created as a short-life body to review the Human Resource implications of the Joint Future agenda. This report contains a range of recommendations which need to be taken forward both locally and nationally and the Working Group believes that there needs to be consideration of the processes of implementation.

12.2 The Working Group has already recommended (6.5 above) that there should be created a Scottish Joint Future Staff Forum to overview the Human Resource issues; provide continuing advice to services, employers and the Scottish Executive and link to local Joint Future Staff Fora.

12.3 Recent developments in workforce planning and development for both health and social care emphasise the emerging importance of this activity. It is imperative that future consideration of workforce planning and development does not take place within “silos” and a joint national body would be a corrective to this possibility.

12.4 Such a grouping could be a continuation of the Working Group or a reconstitution of that body in the light of developments since it was created.

APPENDIX 1:

INTEGRATED HUMAN RESOURCE WORKING GROUP MEMBERSHIP

Ian Aitken	Forth Valley Primary Care NHS Trust
Lynn Anderson	Scottish Executive, Health Department Human Resource Directorate
David Archibald	SPDS (Dumfries & Galloway Council)
Peter Bates (Chair)	Tayside NHS Board
Dan Brown	COSLA
George Buchanan	Renfrewshire & Inverclyde Primary Care NHS Trust
Martin Burnell	Fife Council
Jim Devine	UNISON
Lynne Dickinson	COSLA
Joe Di Paola	UNISON
Norman Dunning	Enable (Representing Community Care Providers Scotland)
David Esplin	BMA
David Evans	Pay & Workforce Research
Jim Farrelly	TGWU

Stephen Gallagher	Scottish Executive, Health Department, Joint Future Unit
Jacqui Jones	SPDS (Stirling Council)
Helen Kelly	Forth Valley Primary Care NHS Trust
Lynne Khindria	Lanarkshire Acute Hospitals NHS Trust
Patricia Leiser	Ayrshire & Arran Acute Hospitals NHS Trust
Jill Lewis	Scottish Executive, Social Work Services Inspectorate
Arthur McCourt	Highland Council
Alex McLuckie	GMB
Keith Makin	ADSW (Dumfries & Galloway Council)
Margery Naylor	Scottish Executive, Social Work Services Inspectorate, Joint Future Unit
Ian Reid	Greater Glasgow Primary Care NHS Trust
Anne Ritchie	West Dunbartonshire Council
Anne Thomson	RCN
Carole Wilkinson	Scottish Social Services Council
Willie Wilson	Scottish Executive, Health Department, Human Resource Directorate

APPENDIX 2: REFERENCE MATERIAL

Scottish Executive: Community Care: A Joint Future: Report Of The Joint Future Group (December, 2000)

Scottish Executive: Response To The Report Of The Joint Future Group (January, 2001)

Community Care Providers Scotland: A Joint Future For Community Care: A Voluntary Sector Perspective (February, 2002)

Scottish Executive: Planning Together: Final Report Of The Scottish Integrated Workforce Planning Group (February, 2002)

Scottish Executive: Planning Together: Building The Workforce For NHS Scotland: Response To Planning Together By Scottish Executive Health Department (February, 2002)

Scottish Executive: Action Plan For Social Services Workforce (April, 2002)

APPENDIX 3: HEADINGS FOR LOCAL STAFFING FRAMEWORK

Each Joint Future Local Partnership Agreement should include a Staffing Framework agreed with the partner organisations and their respective recognised Trade Unions and Professional Organisations.

The following may be included in the Staffing Framework:-

- Scope of Services, Staff and Posts to be included.
- Terms of Reference and Constitution of Joint Staff Forum.
- Management Arrangements and Reporting Relationships to Partner Organisations.
- Budget, including, for example, staff costs, training and development costs, equipment, etc.
- Process for practical application of existing Human Resource/Personnel policies and procedures.
- Process for staff information-sharing and reporting.
- Joint Organisation Development and Training Plan.
- Communication plan outlining proposed Joint Future arrangements and associated benefits and mechanisms to deal with staff feedback.

APPENDIX 4: JOINT PERSONNEL POLICIES & PROCEDURES AREAS

Salary Arrangements

- Continue to be paid by existing employer.
- Existing enhancements will apply to shift or additional work.
- Existing pension arrangements continue.
- Revised pay agreements will automatically apply.
- Existing terms and conditions apply, holidays, sick pay, etc.

Reporting Arrangements

- Supervision
- Leave reporting arrangements

Discipline and Grievance

Arrangements within joint management arrangements to level of dismissal or final stage grievance to host employer.

Harassment/Dignity At Work

Health & Safety

Equal Opportunities/Diversity

Alcohol & Smoking Policies

Arrangements For Staff Involvement, Communication & Consultation

Arrangements For Education & Training

APPENDIX 5: PROTOCOL FOR THE ATTACHMENT OF STAFF

1. Attachment refers to the situation where an existing employee of an organisation that has entered into a Joint Future partnership arrangement is invited to work within the framework of a joint project or other joint arrangement. Attached employees continue to be employed by their current organisation, retaining continuity of service and employment rights, including the protection offered by any employment protection or no redundancy policy operated by their legal employer.

2. Arrangements for attachment, including the duties and grading of posts involved, the recruitment process and any special terms and conditions to be applied, will be agreed at the outset between the partners and the Trade Unions/ Professional Organisations through the local Joint Future Staff Forum. Attachments may be used in a wide variety of partnership arrangements and solutions may be required to particular local circumstances. Unless a different approach is agreed locally, the following paragraphs of the Protocol indicate the recommended approach.

3. It is expected that any new post under a Joint Future partnership arrangement will be advertised through Human Resource/Personnel departments in the partner organisations using the normal internal vacancy bulletin to qualifying work groups. The process will conform to an equal opportunities policy agreed by the partner organisations with the Trade Unions/Professional Organisations through the Joint Future Staff Forum.

4. A job description or job profile for each new post should be prepared and agreed through the Joint Future Staff Forum, including lines of managerial accountability and professional accountability, if different. There is an expectation that the majority of posts will conform to a defined job category within one of the partner organisations, but where the duties are significantly different to those of established posts within any of the partner organisations, a grade selected from the salary structure of the appropriate partner organisation will be determined through a process agreed locally by the Joint Future Staff Forum.

5. Where particular conditions of employment applicable to those working under Joint Future arrangements have been agreed locally with the Trade Unions/Professional Organisations, these will be notified in full to applicants at the recruitment stage.

6. It is expected that, unless agreed otherwise by the Joint Future Staff Forum, there will be a selection process to assess the suitability of short-listed applicants based on their competencies, skills and knowledge. Good employment practice and a robust selection process will be followed under the joint partnership arrangements agreed locally.

7. Those appointed on an attachment basis to undertake duties governed by a Joint Future partnership arrangement will be issued by their legal employer

with a formal written statement of the terms and conditions applicable to the attachment. The employing organisation remains legally responsible for ensuring that the employer's obligations under the contract are met, even if these are discharged through one of the other partner organisations by joint agreement.

8. It is expected that partner organisations will agree with the Trade Unions/Professional organisations locally variations to existing Human Resource/Personnel policies and procedures, particularly grievance and disciplinary procedures, to cover the situation of joint working. For example, the initial recourse for an employee with a grievance should always be to their immediate manager, even if that person is employed by one of the other partner organisations. However, the ultimate right of appeal against a final warning or dismissal must be dealt with under the appeal arrangements of the legal employer.

9. The partner organisations will establish appropriate management arrangements to ensure that those appointed to undertake duties governed by a joint partnership arrangement will be effectively managed and that all information required to ensure correct payment and the maintenance of Human Resource/ Personnel records is passed to the legal employer.

10. The partner organisations will establish appropriate management arrangements to ensure that those appointed to undertake duties governed by a joint partnership arrangement will receive sufficient and adequate induction and training on local rules, clinical procedures, health and safety procedures, confidentiality and any other relevant matters having a bearing on the duties of their post.

11. The partner organisations will ensure that appropriate arrangements are in place to review the performance and provide appropriate employee development for those appointed to undertake duties governed by a joint partnership arrangement.

APPENDIX 6: PROTOCOL FOR SECONDMENT OF STAFF

1. Any available seconded post will be advertised through Human Resources/Personnel departments on the seconding organisation(s) usual internal vacancy bulletin to qualifying work groups. Equal Opportunity policies will apply.

2. There will be a selection process to assess the suitability of short-listed applicants based on their competencies, skills and knowledge. All applicants will be responsible for getting agreement to the secondment from their current immediate line manager prior to interview. Good employment practice and a robust selection process will be followed by the receiving organisation.

3. Those people seconded will continue to be paid by the seconding organisation the salaries, wages and other entitlements to which they are due, or which become due as a result of national increases.

4. The receiving organisation will repay the seconding organisation the cost of the secondee on a monthly basis.

5. The secondment will be for an agreed period, not normally exceeding one year. Secondments will be reviewed at the end of the year and where they continue there will be a consideration given to alternatives, such as a transfer of staff.

6. The seconding organisation will provide each seconded person with written notice of the main terms of the secondment stating, interalia, the length of the secondment.

7. Local working arrangements, e.g. hours of work, public holidays, etc, will be raised by the receiving organisation during the recruitment process.

8. The receiving organisation will provide seconded persons with sufficient and adequate induction and training on local rules, clinical procedures, health and safety procedures, confidentiality and any other relevant matters having a bearing on the seconded post.

9. The seconding organisation, in accordance with their policy, will have the responsibility for disciplinary matters for seconded staff. It is acknowledged that the seconding organisation remains legally accountable for such employees under all applicable employment legislation.

10. The receiving organisation, in line with their current procedure, will be responsible for reviewing the performance of the seconded person throughout the duration of the secondment.

11. The receiving organisation will notify the seconding organisation of any absences, due to illness, etc, of the post-holder.

APPENDIX 7: TEMPLATE LETTER: SECONDMENT CONFIRMATION

Dear (Name of Secondee),

SECONDMENT TO RECEIVING ORGANISATION

I am writing to confirm your secondment to (name of the receiving organisation) as (post/title) and summarise the effects of the secondment on your existing terms and conditions of service, as follows:-

Start Date & Duration

The secondment will commence on (date) and last for an initial period of (?) months, with the option of extension by mutual agreement.

Location

Your base will be with (name of department/organisation/town).

Salary

During the secondment you will retain your contract of employment with (name of seconding organisation), which will continue to be responsible for all aspects of your salary, pension and National Insurance contributions. Your current salary as enhanced from time to time by any normal pay awards or incremental progression will continue to apply. The (receiving organisation) have agreed to fund the total salary cost of your secondment and this will be recovered by (the seconding organisation) on a monthly basis. Arrangements will be made for your monthly salary statement to be sent to your home address.

Hours of Work

Your total hours of work and times of working will be agreed with (the receiving organisation).

Annual Leave & Public Holidays

Your annual leave allowance will remain unchanged at (?) days, as will your entitlement to (?) days per annum public holidays. However, leave proposals should be agreed in advance with your line manager at (receiving organisation) and you should take the public holidays observed by (receiving organisation) unless alternative arrangements are agreed.

Performance Review

The (receiving organisation) will be responsible for reviewing your performance through the duration of the secondment in line with their current procedure.

Sick Leave

During your period of secondment any absences on sick leave which you may incur will be subject to the normal regulations of (the seconding organisation). You must ensure that your line manager in (the receiving organisation) is informed of any absences.

Travel & Subsistence Expenses

Expenses associated with the secondment will be reimbursed to you direct by (the seconding organisation) in accordance with current provisions.

Discipline

You will be subject to the rules of conduct and policies and procedures relating to discipline of (the seconding organisation) throughout the period of secondment.

Grievance

You will use the Grievance Procedure of the receiving organisation for any grievance you have during your secondment.

Induction, Training & Development

Induction, training and development, attendance at conferences, courses, seminars, study days, etc will be arranged by (the receiving organisation) as required and agreed with your line manager.

Future Posting

You have agreed to return to the post at (the seconding organisation) at the end of the secondment, Your line manager (in the receiving organisation) and I will maintain regular contact with you throughout the secondment and I will meet with you approximately three months before it is due to end to discuss arrangements for your return. In the event of the secondment not pursuing its full term, arrangements will be made to discuss your return to your former or an equivalent post.

If there are any matters relating to your secondment or to your career generally which you would like to discuss, please do not hesitate to contact me. In the meantime, I wish you every success in your new post.

Yours sincerely,

Line Manager (Seconding organisation)

Cc Line manager at secondee's receiving organisation

APPENDIX 8: PROMPTS FOR LOCAL JOINT ORGANISATION DEVELOPMENT AND TRAINING PLANS

Each local area needs to assess itself against the eight key components detailed in the framework below. "Prompt" questions to guide this assessment are provided in each section. Assessment should include plans for improvement where necessary.

The outcome should be a Joint Organisation Development and Training Plan which should definitely contain a section on each of the eight key components, but which may also include other areas as determined locally. As part of this process the most appropriate development interventions to support individuals and teams at all levels in the organisations concerned, the capacity needed to deliver this and the resource implications will all need to be addressed.

The eight key components of a Joint OD and Training Plan are:-

1. **Values and Culture:** The explicit and implicit assumptions, beliefs and principles which guide individual and organisational behaviour.

   Prompts for consideration:

- *Do we have shared values and principles in relation to the services covered by the Joint Future agenda?*
- *Have the values and principles been developed by involving people throughout the organisations concerned, together with users and carers?*
- *Are the values and principles clear, simple and understood, and are the expected behaviours clear?*
- *Are the values and principles communicated throughout the organisations? If so, how is this done?*
- *Have we agreed behaviours to guide how we interact with other partners to progress the Joint Future agenda?*

2. **Vision and Strategic Aims:** The explicit and stated direction and intentions of the partnership/alliance of local organisations.

   Prompts for consideration:

- *Do we have a shared vision for implementing the Joint Future agenda?*
- *Do we have explicit joint strategic plans for each service area?*
- *Do these plans support the values and principles?*
- *Are we clear about the service improvement aims?*
- *Did we develop these plans in partnership with staff from all concerned organisations and with service users?*
- *Do all staff understand the stated direction of travel as detailed in Local Partnership Agreements Statement of Intent (paragraph 26, Circular CCD 7/2001)?*
- *Have corporate plans been translated into departmental/operational objectives that are meaningful to staff?*

3. **Service Delivery Objectives:** Explicit statements about the design and development of joint services and flexible local models of care.

   Prompts for consideration:

- *Do we have a clear process for jointly designing models of care?*
- *Do we have shared organisational objectives in relation to service delivery?*
- *Are the service delivery objectives directly linked to service improvement targets?*
- *How do we monitor progress?*
- *Do we have clear protocols for how joint decisions will be taken and who should be involved in that process?*

4. **Leadership & Management:** Visible leadership at a number of levels across health and social care systems and flexible and responsive managers that support staff to deliver improved services.

   Prompts for consideration:

- *Do we have a shared view on the leadership skills needed to implement the Joint Future agenda?*
- *Do the leaders of the organisations demonstrate the values of those organisations through their individual performance?*
- *Are staff clear about their professional roles and responsibilities in the new joint services?*
- *Are our management arrangements clear and effective?*
- *Do we manage staff in a responsive and flexible way?*
- *Is decision-making devolved appropriately?*
- *Do our systems, policies and procedures support the values and principles?*

5. **Competencies:** The range of skills, knowledge and experience required by staff to enable them to deliver the change agenda.

   Prompts for consideration:

- *Is there a joint agreement on the skills, knowledge and behaviours required by professionals and front-line staff?*
- *Has a joint training needs assessment been undertaken for the integrated team?*
- *Are there personal development plans in place to ensure that staff receive or access appropriate learning opportunities?*

6. **Joint Training and Education:** Training and education which assists staff in health, social care and housing who deliver Joint Future services to improve the quality of those services, not just by doing things differently, but by doing them together across professional and organisational boundaries. Local training and education, undertaken by health and local authorities as local partners together "on the ground".

   Prompts for consideration:

- *Does the Joint OD and Training Plan reflect the training needs of the people who deliver Joint Future services, e.g. through an aggregation of their personal development plans and does the broad range of training on offer reflect those needs?*
- *Have the key staff groups been targeted, according to local service development needs?*
- *Is the non-statutory sector included in joint education and training, where appropriate, to ensure "joined-up" community care services?*
- *Is joint education and training forward-looking – focused on service delivery and redesign?*
- *Does the Joint OD and Training Plan make the best use of all the organisations' education and training resources, e.g. budgets and other funding streams, learning centres, trainer and staff skills, programmes, courses and other events?*
- *Are national and local guidance, advice and resources being exploited to the full?*
- *Does joint education and training link appropriately with accredited programmes to achieve formal or professional qualifications? Is there recognition of vocational and academic credits?*
- *Is there an agreed strategic framework or infrastructure for regularly reviewing and monitoring joint education and training?*
- *Is there adequate attention given to the evaluation of joint education and training?*

7. **Performance, Accountability & Governance:** Explicit agreement on how service improvements will be measured; where the lines of corporate and professional accountability sit and clarity on the governance arrangements.

   Prompts for consideration:

- *Are all partners involved in agreeing performance, accountability and governance arrangements?*
- *Is there a shared understanding of the component parts of the governance arrangements – financial, clinical, staff, etc?*
- *Is there a local agreement on how resources are to be managed, e.g. single budget, joint management/pooling resources?*
- *Are processes and guidance in place to satisfy policy, audit and organisational requirements?*
- *Do we have agreement on how to measure outcomes?*
- *Have we developed an appreciation of the risks and how these should be managed?*
- *Are all professionals and staff involved in agreeing/understanding their individual and collective responsibilities as part of multi-disciplinary teams?*

8. **Communication Processes:** Establishing and maintaining communications and dialogue between health care, local authority, non-statutory sector partners, people who use services and their carers and community groups.

   Prompts for consideration:

- *How are users and carers involved in the process?*
- *What are the communication processes used for involving staff and keeping them up-to-date?*
- *What mechanisms exist for reviewing progress?*