1. **Reason for Report**

This report advises Members of progress on the proposal to strengthen partnership working between Dumfries and Galloway Council and NHS Dumfries and Galloway in the future delivery of Community Health and Social Care.

2. **Report Summary**

2.1 The Council agreed, at its meeting on 30 August 2007, to form a Community Health and Social Care Partnership Board in conjunction with NHS Dumfries and Galloway.

2.2 A Challenge day with the NHS was held on 15 April 2008 to consider what kind of partnership arrangements required to be put in place to implement the decision to establish the Partnership Board.

2.3 The Council is asked to now agree to the establishment of an interim Community Health and Social Care Partnership Board with 7 Elected Members based on proportionality, the Chief Executive and 8 NHS Board members with a remit to review and report on the role, remit, governance and support arrangements for the Board.

3. **Recommendations**

Members are asked to:

3.1 note the outcomes from the Challenge day held with the NHS Dumfries and Galloway on 15 April 2008 as detailed in the Appendix;

3.2 agree to the establishment of an interim Community Health and Social Care Partnership Board with 7 elected Members based on proportionality; the Chief Executive and 8 NHS Board members to meet on 10 July 2008 with a remit to review and report on its role, remit, governance and support arrangements, identify the partners existing funding steams for the joint future agenda together with details of priority actions and to progress joint workshops of officers to review and report on improvements to management arrangements; and

3.3 receive a report in the Autumn 2008 on the outcomes of the interim Community Health and Social Care Partnership Board's considerations.

4. **Corporate Plan Links and Contribution**

The establishment of the Partnership Board would represent a significant advance in Community Planning in Dumfries and Galloway and would, therefore, advance Corporate Plan priorities in relation to leading and developing Community Planning in Dumfries and Galloway and promoting a safer, stronger and healthier community.
5. **Resources/Value for Money Assessment**
There would be no immediate resourcing issues. The Community Health and Social Care Partnership Board, once established, would require to address its governance and support arrangements. It is anticipated that joint working would represent best value and any resourcing implications would be submitted to this Council for further consideration.

6. **Risk assessment**
6.1 A fit for purpose decision making structure is essential to enable Members to move forward the business of the Council and to scrutinise performance. Decision making structures must be properly designed with appropriate delegations and authorities in place to ensure that Committees can properly function.

6.2 The role and remit of Committees must comply with the provisions of the Local Government (Scotland) Act 1973. Local Authorities can only take decisions in the following ways:
- By the Full Council
- By delegation to Committees
- By delegation to Sub Committees
- By delegation to officers of the Council

7. **Consultation**
This report has been prepared in consultation with the Chief Executive of NHS Dumfries and Galloway.

8. **Background**
8.1 The Council at its meeting on 30 August 2007 agreed:

8.1.1 to form a Community Health and Social Care Partnership Board in conjunction with NHS Dumfries and Galloway;

8.1.2 to receive further reports regarding the membership, role, remit and governance arrangements of the proposed Board; and

8.1.3 that the Council would initially be represented on the proposed Board by the Leaders of the Conservative, Liberal Democrat, Independent and Scottish National Party Groups together with one additional member of the Labour Group.

8.2 A Challenge day with the NHS was held on 15 April 2008. The event was organised within the context of a decision in principle having been taken by the Dumfries and Galloway Council and NHS Dumfries and Galloway to establish a high level Partnership Board to oversee partnership working between the two organisations, relative to the provision of effective Health and Social Care Services.

8.3 The aim for the day was to consider what kind of partnership arrangements required to be put in place to implement the decision to establish the Partnership Board, building on arrangements already in place between the two organisations with a view to:

- Understanding the benefits, challenges, risks, and opportunities associated with joint working across health, housing, and social care.
- Considering options to strengthen and improve the outcomes for users and carers achieved through good partnership working.
- Agreeing a joint vision, aims and objectives to underpin the partnership.
- Considering options for partnership governance, management, and financial frameworks.

8.4 The Challenge day was facilitated by the Joint Improvement Team and a report on the day is appended (Appendix).

8.5 Dumfries and Galloway Council and NHS Dumfries and Galloway have a long and successful history of joint working. A particular focus has been on Joint Future encompassing Older People, Mental Health and Learning Disability.

8.6 The strategic focus for the Joint Future agenda has been centred on an Executive Partnership Board made up of Councillors and NHS Board Members. The Partnership Board has not met frequently since it was established in 2003 and the establishment of a Community Health and Social Care Partnership Board would bring together the Council (at Member level) and NHS Dumfries and Galloway (at Board level) to provide strategic impetus.

8.7 In order to take forward the Joint Future agenda and wider health and social care change that the Council and NHS inevitably face, the Joint Future Executive Partnership Board will be replaced with a Community Health and Social Care Partnership Board. This Partnership Board will bring together the Council and NHS with the purpose of developing partnership arrangements and discussing and recommending strategic direction and priority. The focus of the Board will be to achieve measurable outcomes in relation to joint commissioning and resourcing of the delivery of health and social care across Dumfries and Galloway. This approach would be consistent with the Scottish Government's encouragement of partnership working and strategic joint outcome agreements.

8.8 The proposal presents a first step in strengthening partnership arrangements. The proposed Partnership Board would require to agree its role and remit and to produce proposals for further incremental change in relation to joint commissioning and resourcing of the Joint Future agenda. Any such proposals, would, of course, be subject to the approval of the Council and the NHS Dumfries and Galloway.

8.9 It is proposed that Council membership of the interim Board should be 7 elected Members based on proportionality and the Chief Executive.

8.10 The initial meetings of the Board will concentrate on its role, remit, governance and support arrangements, the identification of partners’ existing funding streams for the Joint Future agenda and details of priority actions.

8.11 Reports on the initial meeting will be submitted to the Social Work Services Committee and NHS Dumfries and Galloway Board for ratification.
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<tr>
<th>Alex Haswell</th>
<th>Philip N Jones</th>
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<td>Service Director</td>
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Appendices - one
Background Papers - as per file
Appendix

DUMFRIES AND GALLOWAY COUNCIL AND
NHS DUMFRIES AND GALLOWAY

CHALLENGE EVENT – 15 APRIL 2008
Dumfries & Galloway Council and NHS Dumfries and Galloway

Challenge Event - 15th April 2008

Note of Proceedings and Outcomes

1. Purpose and Aims of the Event
The event was organised within the context of a decision in principle having been taken by the Dumfries and Galloway Council and NHS Dumfries and Galloway to establish a high level Partnership Board to oversee partnership working between the two organisations, relative to the provision of effective Health and Social Care Services.

A wide range of Elected Members and Health Board Members attended the event together with senior staff from the two organisations.

The aim for the day was to consider what kind of partnership arrangements required to be put in place to implement the decision to establish the Partnership Board, building on arrangements already in place between the two organisations with a view to:

- Understanding the benefits, challenges, risks, and opportunities associated with joint working across health, housing, and social care.
- Considering options to strengthen and improve the outcomes for users and carers achieved through good partnership working.
- Agreeing a joint vision, aims and objectives to underpin the partnership.
- Considering options for partnership governance, management, and financial frameworks.

The day was facilitated by Mike Martin, Director, Joint Improvement Team and David Pigott JIT Associate

2. Introductions
John Burns Chief Executive, NHS Dumfries and Galloway and Phil Jones Chief Executive of Dumfries and Galloway Council opened the Event by welcoming everyone and emphasising their Joint commitment to establishment of the Joint Partnership Board.

The importance of this event, in identifying issues and opportunities to be taken into account in developing the way forward to support the work of the Board, was emphasised. It was also important that it was seen in the wider partnership context including progressing Single Outcome Agreements (SOA) and the fact that Dumfries and Galloway is one of the early implementers on Community Care Outcomes.

Both Phil and John also referred to the Joint Working already in place in Dumfries and Galloway prior to consideration of the SOA. The importance of learning the lessons from what had worked well and what had presented challenges was also emphasised.
3. **Session 1 - A Case study and what works well or needs to be improved**

Session 1 was introduced by a presentation from Mike Martin and David Pigott. It covered partnership working, including the benefits, success factors, expected improvements, shared vision, aims and values and identification of strengths and weaknesses. Feedback on the recent review of Joint Planning and Commissioning arrangements was also given. The above areas were emphasised as important to consider in the context of what the Partnership wanted to improve in terms of outcomes for users and carers.

Three facilitated groups considered the practical benefits of joint working – and practical challenges to achieve joint working and integration.

The groups initially considered a fictitious case scenario around care arrangements for "Mr & Mrs Jones", reviewing the benefits and challenges of joint working in a user/carer situation. Issues for consideration were around quality, accessibility, sustainability, services provided in the right place at the right time, user/carer focussed, organisation and management of services, decision making and information, co-ordination and shared vision.

The Groups then looked at these issues in a Dumfries and Galloway context and were each asked to identify three best features of the Dumfries and Galloway Partnership, and three areas where there were challenges which needed addressed.

These areas were captured and included in the feedback session.

4. **Session 2 – Governance, Management, and Financial Framework**

This session was introduced by a further presentation by Mike Martin around the 'Options and Challenges' of producing an effective partnership arrangement in Health and Community care, including governance options, management arrangements and financial frameworks to support this. Models being used in other areas were covered and the importance agreeing a process to underpin implementation of change was identified. These included clear decision making and communication, commitment required from the corporate bodies, agreement on starting "fixed points" and process for agreeing variables, engagement of stakeholders, staff, users and carers, and providers.

Three facilitated Groups each considered a separate area –

- Governance;
- 2 -Management;
- 3 - Financial Frameworks.

Discussion included issues around delegation, risk, performance management as well as identifying areas not covered.

The groups were then mixed to allow two representatives from each group to attend each of the other groups to compare and challenge the views from the original three groups and identify any common ground, issues/concerns that needed addressed.

Final views, actions and issues were then identified by each of the groups. These areas were captured and included in the feedback session.
5. Feedback session
The feedback from Group sessions 1 & 2 were captured and areas of common ground were identified and distilled into feedback covering the main issues to be addressed in taking the partnership work further.

Workshop 1 Strengths
- Range of services currently being provided jointly
- There is a partnership already in place
- There are currently joint planning and commissioning arrangements in place (currently under review)
- There is commitment, relationship and trust (also a challenge)
- Many staff know each other and work closely
- There are already some joint services and premises
- Single shared assessment is in place (also a challenge)
- Leading work on Single outcome agreement and community care outcomes
- There are a range of staff forums and user groups
- Good engagement with the Voluntary/Community Groups
- Coterminal boundaries
- Good models such as STARS
- Good Joint Working through ADAT

Workshop 1 Challenges
- Delivering to an agreed vision
- Implementation of SSA- although also a strength, still more work required
- Speedier access to services
- Single point of contact
- Lack of joint or appropriate management in many areas
- Data sharing systems
- Culture/attitudes/OD mechanisms
- Commitment/relationships/trust. Although some strengths, challenge in achieving through whole organisations
- Clarity on delegated authority
- Who owns the money? need for clarity on financial arrangements
- Capacity to deliver the changes

Workshop 2 Including feedback discussion on Structure and Governance
- Unanimous support for a Community Health and Social Care Partnership
- Strong Joint Board required with agreed delegated authority
- Planned/incremental development programme
- Finance/governance/management arrangements requires to follow strategic vision and direction
- Clarity required on levels of devolved responsibility
- Need to engage all stakeholders
- Need to articulate vision and decide what to do and stick with it!
- Needs complete clarity about why partnership doing this, with a clear vision
- Define and agree scope of the partnership set within an agreed implementation programme
- Degree of localisation- future position of LHPs and CHP
- Role of and relationship to Community Planning Structures – is this the delivery vehicle?
6. **Single Outcome Indicators**

Phil Jones and Mike Martin outlined the current position on single Outcome Indicators. Phil referred to the history of SOA arising from the Concordat between Scottish Government and Local Government.

From a local system perspective the SOA would support the delivery of a shared vision and new Community Plan. The Community Planning Joint Board and not just the Council had developed the SOA for D&G with the Draft having been finally agreed on 1st April 2008.

Included was an outcome regarding people living more active and healthy lives and a place where people feel better connected, secure and at home. The Community Care Outcomes would help inform this area.

The next stage would be wider consultation and simplification of the language and concepts of the local outcomes and improving the connection between them. An appropriate Performance Management tool would also be required.

The final version of the SOA would be agreed by 30th June.

7. **Conclusions and Action**

It was agreed that the day had been a very successful event in mapping the direction, issues and challenges on future partnership development on Health and Community care.

John Burns and Phil Jones would now take responsibility for using the outputs from this event in preparing recommendations on the way forward to meetings of the Council and Health Board by 30th June 2008.

John Ross, Health Board Chairman concluded the event by reiterating how successful he considered it to have been. He thanked all those who had attended and Mike and David for facilitating and looked forward to further proposals from the Chief Executives before the end of June 2008.

JIT – DP/MM
28th April 2008