

Date: Wednesday 26 May 2004

Venue: Committee Room 3, National Assembly for Wales

Title: Strategic policy on joint working

1. Introduction

1.1 Joint working is at the core of the Welsh Assembly Government's policy on health and social care, for very practical reasons:

- problems relating to health and social wellbeing have complex causes, and tackling them needs both sensitivity to what the issues are and action across a wide front and may require services from a number of agencies
- health and social care services must be what people want and need, not what professionals and policy makers choose to give them, and so appropriate service design and delivery requires close working with those who provide services and the active participation of those receiving them
- the NHS cannot on its own get things right, but needs to be able to co-operate effectively with the local community, with local government, and the voluntary and independent sector so that the whole system works in a focused and coherent way to deliver better outcomes.

1.2 Partnership – based on shared purpose and open engagement among all the relevant players – enables the NHS, local government, the Assembly, and all the others with an interest in this field to do their own job better and achieve more, based on a rounder, more balanced picture of

- what exactly the problems are
- what an acceptable solution looks like
- who can deliver what parts of it.

1.3 Hence the Government is committed to partnership with all involved – policy makers,

commissioners, other bodies and agencies, providers, the community and individuals. This paper will focus on joint working across the statutory, voluntary and independent sector within the health and social care sector.

2. Current strategy on promoting joint working, and how conveyed to the appropriate statutory, voluntary and independent sectors

2.1 It is important to be quite clear about the different status of the different potential partners in joint working. While to a considerable degree the NHS is subject to Assembly control, the same is not true of other bodies. Local authorities have an independent electoral mandate, their own statutory duties and separate accountabilities. The voluntary and independent sectors, though subject to regulation insofar as they are supplying services covered by legislation and bound by contracts where these exist, have otherwise freedom of action.

2.2 In these circumstances, current strategy can be seen as focusing on two main aims:

- i. getting the vision clear, the policy right to realise it, the resources to the right people to lever change;
- ii. creating a set of services and mechanisms locally so that as far as the user is concerned there is one, single, seamless service.

Action within central government

2.3 Key elements of policy on promoting joint working within the processes of central government include

- i. setting policy development within a broad health and social care agenda; and
- ii. developing policies and priorities on a joint basis.

1. The policy framework

2.4 Policy at the centre in relation to the health and social care sector addresses a wide range of issues that for practical reasons are identified separately but which have to be integrated within a common vision and framework. To give a sense of the complexity of the task, a list of health and social care policy areas has been attached as annex 1. At the risk of oversimplification, this identifies some of the health and social care interface aspects, grouped into

- i. Overall health and social care programmes and the broader Assembly policy upon which it is based.
- ii. . Joint health and social care programmes.
- iii.. Programmes requiring complementary health and social care working.
- iv. . Health-led programmes.
- v. Support programmes requiring complementary working.

2.5 The key policy documents that provide the integrating structure for these discrete policy areas are:

Community Strategies – There is a duty on local authorities to promote and improve economic, social and environmental well-being of their areas, working with statutory and other partners. Within this context, Community strategies are being developed and it is expected that they can make a major contribution to improving the health of a population and tackling the inequalities in health that exist in Wales. They also set the context for more focused planning partnerships such as those around Health, Social Care and Well-being Strategies and Children and Young People’s Frameworks.

Improving Health in Wales – This explicitly deals with joint working. Its subtitle is *A Plan for the NHS with its partners* and almost every chapter is clearly based on a partnership theme – different elements of the service; different partners across society, staff with managers, the public, and so on.

Building for the Future - the Social Services White Paper for Wales - This set the framework for improving social services in Wales including better partnership working. This was put into effect through the new flexibilities under the Health Act 1999 which facilitated new ways of working together. It also provided the initial rationale for the children and young people’s Strategy set out in *Frameworks for Partnership*.

Well Being in Wales – This demonstrated the Assembly’s commitment to treating health as an issue that interacts with all the major policy areas and was adopted by the Assembly with cross-party support. The announcement of *Health Challenge Wales* is another significant step forward on the ‘better health’ agenda and will be the national focus for everyone’s efforts to prevent ill health. It will develop the idea of sharing responsibility for health by government at all levels, by organisations and groups in all sectors, by the media and by individuals.

The Review of Health and Social Care, the Wanless report, repeatedly makes clear that the approach in *Improving Health in Wales* and *Well Being in Wales* must be driven forward. Without real partnership across services and a broad attack on the determinants of health, the NHS will drown. The Review concluded that Wales was ahead of other parts of the United Kingdom on tackling inequalities in health through action across policy areas but there is scope for further development. Implementation of the Review’s recommendations together with those from Professor Townsend’s report *Targeting Poor Health* is helping to do this.

2.6 Besides the development of linked policy within departments, there is a need to ensure policy is linked across departments. An example relates to Children’s Services. . To support joint policy development, the Assembly Government has established the Cabinet Sub-Committee for Children and

Young People, chaired by Jane Hutt, as the Minister for Children. The Committee aims to identify and ensure coherence in cross-cutting policy initiatives and make sure that the Assembly Government gives priority to children and young people's needs and interests.

2.7 The Committee's membership covers the key areas that affect children and young people, including: Rhodri Morgan - First Minister, Jane Davidson - Minister for Education and Life-long Learning, Alun Pugh - Minister for Culture, Sport and the Welsh Language, Edwina Hart - Minister for Social Justice and Regeneration and Andrew Davies - Minister for Economic Development and Transport.

2.8 The Cabinet Sub Committee for Older People performs a similar function in relation to older people.

2. Joint priorities & policy development

2.9 As indicated in annex 1, there are many areas of policy that involve both health and social care. Some require joint programmes, others require well co-ordinated collaboration. In all these areas there are a multiplicity of agencies and there is a need for a carefully managed approach to policy development that looks across all the stakeholders to create balanced and comprehensive policies.

2.10 Taking older people's services as an example, huge efforts have been made to engage stakeholders from across the statutory, voluntary and independent sectors in joint strategy development in initiatives including the Older People's Strategy and the National Service Framework (NSF) for Older People.

2.11 The Strategy for Older People in Wales (issued in January 2003) provides a framework for statutory bodies and others to plan for the implications of an ageing society and improve services for older people now. It was published following extensive consultation and covers all of the Assembly Government's devolved responsibilities. An important facet of the Strategy is that it does not deal with the wide range of issues in isolation and a "joined up" approach to implementation is at its core. This is particularly emphasized in one of the key objectives in relation to health, social care and housing for older people i.e.

To promote the health and well-being of older people through strong partnership at local level between local authorities, local health boards, NHS Trusts and other statutory and independent partners.

2.12 The Strategy addresses all the issues as part of a single system and both the Strategy and its component elements – such as the NSF – have been developed on that basis. 'Person Centred Care' is one of the six cross cutting themes running throughout the NSF for Older People, and is also one of the eight standards. This standard addresses integrated planning and delivery of older people's services, as well as staff personal and professional behaviour, communication and the unified assessment process.

2.13 Implementation of the Strategy is being driven from the local level by local authorities through Community Plans and Health, Social Care and Well-Being Strategies.

2.14 In the case of services for children, Children and Young People's Framework Partnerships have now been formed in all 22 local authority areas of Wales, made up of representatives from local authority and health services and the voluntary sector. They have to make sure that children and young people and their families can take part in their work. Each Framework sets out the main priorities for all local services affecting children and young people. The Framework guides the work of Children's Partnerships (0-10s) and Young People's Partnerships (11-25), sub-groups of the Framework Partnerships which plan in more detail for their age groups. The results of the Framework Partnerships' planning for children and young people are then incorporated in Health, Social Care and Well-being Strategies.

2.15 The Assembly Government will be using the Children Bill to strengthen these arrangements. Framework and Children's Partnerships will be made a statutory requirement, like the Young People's Partnership. Local authorities will be required to identify a 'lead director for children and young people' to take responsibility for driving forward planning under the Framework. This will be reinforced by a requirement to appoint a lead member for children and young people. Local Health Boards and NHS trusts, as important partners of local authorities in planning services for children and young people, will also be asked to identify lead directors and members for children and young people.

2.16 The National Service Framework for Children (NSF) sets out standards to improve the quality of services that children and young people receive from the National Health Service and social services across Wales. This will reduce the variations in provision that currently occur. Standards will apply to services for all children and young people from before they are born until they are 18, though special consideration is being given to services for 18's and over where extra help is needed because of disability or special needs.

2.17 The NSF standards are being developed across social services and health with links to education, the voluntary sector and others including parents/carers, children and young people.

2.18 Besides these two examples of services for Older People and Children, there are many other examples, such as the close working with the voluntary sector in the development of the Diabetes, Mental Health and Renal NSFs and other strategies such as those dealing with sexual health, and the involvement of Care Forum Wales on the emergency pressures planning group.

2.19 The commitment to working with the voluntary sector is demonstrated in action to implement *Building Strong Bridges*. This, published in October 2002, aimed to provide an opportunity to strengthen links between the NHS and the voluntary sector at national and local levels. The Welsh Assembly Government recognises that the voluntary sector is a key partner in delivering its health and well being policy and has made available financial resources to support the work. Its 23 recommendations outlined how the voluntary sector's contribution could be strengthened its full involvement in new structures and systems being established. Good progress has been made against the resulting action plan. The Assembly has also provided financial support to the Wales Council for Voluntary Action to appoint a co-ordinator to enable the development of stronger national and local links.

2.20 Effective partnership working and integration requires more than just joint engagement in policy development. It also demands a radically new approach to resources. This is likely to include national level consideration of issues such as integrated workforce planning, education and training; employment arrangements that allow integrated teams; and protocols to support information sharing.

2.21 An example of joint planning is that of the workforce. Representatives from the independent sector are included in the work being led by the NHS Wales Department's Workforce Development Steering Group and the Social Care Workforce Development Programme covers staff from the independent sector. Guidance entitled *Promoting Partnership in Care* has been issued as part of the work of the Care Strategy Group to support joint working. Efforts are also made to include the sector's needs in the NHS workforce planning process.

Action at the local level

2.22 The logical follow-through from the centre's ambition for joint working is to create and support local institutions and processes that are partnership-based. *Improving Health in Wales* implies a sharper analysis at local level of what people need and want and a mobilisation of resources and commitment across the community to improve health for all through –

- drawing all partners into an attack on the determinants of health e.g. through local health alliances
- improving the quality and integration of all the services available to the local community
- creating a belief that health matters and so engaging individuals' interest in their own health.

2.23 This thinking has been given practical expression through

- support for local health alliances
- provision of "Flexibilities" funding and guidance
- the broadly based membership of the Local Health Boards
- unified assessment.

2.24 The establishment of 22 local health boards that share boundaries with local authorities provides the base from which the health and wellbeing agenda can jointly be tackled. In each area the local health board and local authority have joint responsibility for the health, social care and well-being of their population.

2.25 Local Health Social Care and Wellbeing Strategies form a vital element in making joint working happen. Both Local Health Boards and local authorities have a statutory responsibility to work on these, and they also have to engage with all the main local stakeholders including the voluntary and independent sectors. Each LHB and LA have to prepare a procedure of co-operation with all other interests to set out how the partnership will co-operate with these bodies throughout the strategy process.

2.26 The process of creating these documents involves the Local Health Board and local authority

jointly analysing local needs, mapping existing services, identifying priorities for action and formulating a strategy for action. This will provide a common background for the design and development of services and their management.

2.27 The required membership of LHBs also reflects the strong joint working focus by providing the forum in which to share responsibility for identifying challenges, pooling expertise and the resources to ensure that solutions across the health and wellbeing agenda can be delivered. This provides a distinct approach being taken in Wales based on partnership and community development.

2.28 In support of joint working with the voluntary sector, Health & Social Care Facilitators have been appointed to work with each of the Local Health Board areas. This is in line with one of the recommendations of *Building Stronger Bridges*. Their role is to develop strong links between Health bodies and the voluntary sector, support and strengthen voluntary sector and carer representatives on the Local Health Boards, and in the local Health and Well Being partnerships and local Health and Social Care networks. They will also feed information into the needs assessment process in particular the needs of vulnerable groups and assist voluntary agencies with development advice and to secure extra resources. The posts will be monitored and evaluated independently.

2.29 Beyond the issue of planning, joint working in service delivery level must also be developed further. In several areas of work, there has been longstanding joint action at local level to deal with shared challenges. These include action on emergency pressures, including the *Keep Well This Winter* campaigns, and on delayed transfers of care. The next steps here are to

- get a strong integrated planning system in place, linking both levels, that allows for priorities to be identified and resources deployed at strategic level, but without constraining local initiative and flexibility in tackling urgent issues;
- examine whether we can better align commissioning across the two sectors; and
- assess whether we need to draw together the developing set of inspection regimes that cover the health and social care sector, including the voluntary and independent sectors.

Work is in hand on these.

2.30 Finally, the Joint Working Special Grant continues to encourage closer working relationships between health and local government at a strategic and operational level and supports the development of joint services and the use of the flexibilities mechanisms (pooled budgets, integrated working and lead commissioning).

2.31 The Local Government Finance (Wales) Joint Working Special Grant Report (Wales) 2004 will enable local authorities to continue to pump-prime initiatives and strengthen the requirements for local partners to mainstream joint service provision.

2.32 The Welsh Assembly Government Guidance *Flexibilities for Joint Working between Health and*

Local Government encourages partners to involve other organisations e.g. the voluntary and independent sectors in the planning and delivery of services. A number of projects currently funded under the existing grant scheme actively involve the voluntary sector.

Linking the levels

2.33 The relationship between the central and local levels is seen as one of reciprocal partnership linking the Assembly and local stakeholders. The issue is not simply one of the centre pushing or scrutinising, but facilitating and working constructively with institutions across Wales. This involves many strands – for example a commitment to the modernisation of services in the NHS and local government, and support for this process, for example through the Innovations in Care programme and through working with local government on modernisation.

3. Communication to and with the statutory, voluntary and independent sectors.

3.1 Methods of conveying policy on joint working and messages supporting this to these sectors can be considered at several levels, among them:

- i. through ministerial meetings with different groups, for example with voluntary sector representatives
- ii. through formal joint organisations with broad representation – at the centre the Health and Wellbeing Council and locally Local Health Boards
- iii. through their engagement in policy development – as with NSFs and the Wanless Implementation Programme
- iv. through formal consultation and co-operation arrangements in relation to local Health Social Care and Wellbeing Strategies
- v. through consultation on policy and strategy drafts – usually done on a very broad basis
- vi. through standard circulation lists for key documents e.g. for Welsh Health Circulars (the standard list is included at annex 2).

4. Performance indicators on joint working and how they are negotiated and agreed

4.1 The present position is that performance indicators have been separately developed for the health and social care sectors. An important point that needs to be made is that in the case of local government, the performance of the authority as a whole needs to be assessed; it clearly cannot be treated simply as an adjunct of the NHS. Moreover local authorities are responsible for their own performance management. There are marked differences in approach – social services are based on specific assessed needs of individual clients, while many NHS services are universal - and in information systems – the NHS is often interested in condition-specific information, social services are more interested in clients with similar social needs. There is a clear understanding on both sides, however, that there needs to be some more coming together.

4.2 In these circumstances, policy on common indicators is developing along two lines:

i. Performance indicators have been developed for specific issues. An example is health checks on looked after children. The Cymorth grant scheme requires plans to set targets against existing indicators across health, social care and education agendas.

In respect of Children and Young People's Frameworks, work is beginning to develop a method of measuring the impact of the Framework planning process, and of helping local partners to work to the same objectives as each other and the Assembly Government. Those who set these need to use the same language and work towards the same overall goals.

Delivery of the Children's NSF standards will be addressed through this process and the development of impact measures and an evaluation methodology is currently underway.

ii. . More work is planned and underway to develop improved measures as part of the work in health and social care on improving performance and will include measures linked to the integrated children's system and the unified assessment process for adults. As well as considering measures which look at processes involved in these systems e.g. timeliness, joint training etc, it will also look at outcome based measures concerned with health and wellbeing.

4.3 Besides the performance management/evaluation approach there are a number of other mechanisms that can give an insight into joint working. Reports to different bodies – Local Authorities, Local Health Boards, and others - is one source. Regulatory bodies and inspectorates – SSIW and CHI – also take an interest, as does the Audit Commission. In the case of local health alliances, which are supported by grants to local authorities, a condition of the grant is that each alliance develops an annual action plan and regularly reports progress in delivering it.

4.4 Specific studies are also instructive. One is a baseline study of partnership working and the use of pooled funding etc undertaken by Manchester Centre for Healthcare Management (University of Manchester) in 2003. A further evaluation of the Joint Working Special Grant will be considered in the context of the Wanless Review and the HSSC Committee review on the interface between health and social care.

5. Conclusion

5.1 The above outline indicates that joint working is a major objective of the Welsh Assembly Government and that current policy and practice in many ways. The position will be kept under review to ensure that progress continues.

A. Overall health and social care programmes including broader Assembly objectives

1. policies to improve health and well-being for all – tackling determinants of health and of inequalities; preventing ill health and promoting good health; providing social support to individuals and communities

B. Programmes requiring complementary health and social care working

2. mental health
3. older people's health and wellbeing
4. vulnerable groups (including learning disability, HIV/ AIDS, substance misuse, asylum seekers, homeless people, travellers, domestic violence, carers, travellers)
5. maternal and children and young people's health (with education also)
6. long-lasting conditions
7. emergency care needs
8. intermediate care, and community follow-up and support
9. community care, including care home provision, adaptations, continuing care and domiciliary support (with housing also)
10. carers

C. Primarily health-led programmes

11. cancers
12. circulatory and associated diseases
13. communicable diseases
14. elective care needs
15. primary care development
16. secondary care
17. tertiary care
18. diagnostic, therapy, psychology and blood services
19. pharmaceutical services

D. Primarily social care led programmes

20. children in need including disabled children, child protection, children looked after, children placed for adoption
21. disabled adults

E. Support programmes requiring complementary working

22. workforce recruitment and development
23. land and buildings
24. equipment
25. information and information systems
26. patient, client, carer and public support and engagement
27. quality and regulation
28. commissioning, planning and needs assessment
29. performance monitoring and improvement
30. modernisation and learning
31. research and development
32. financial management
33. leadership and management development

Annex 2

Chief Executives NHS Trusts
Chief Executives Local Health Boards
Director NHS Confederation in Wales
Chief Officer Association of Welsh Community Health Councils
Director Welsh Local Government Association
Dean University of Wales, Bangor
Chief Executive Commission for Racial Equality
Chief Executive Centre for Health Leadership
Secretary British Dental Association in Wales
Postgraduate Dean University of Wales College of Medicine
Director information services University of Wales College of Medicine
Secretary British Medical Association (Wales)
Regional Head of Health UNISON
Board Secretary Royal College of Nursing (Wales)
Welsh Council Representative British Dietetic Association
Wales Secretary British Orthoptic Society
Wales Secretary AMICUS MSF
Regional Secretary The GMB
Regional Secretary Transport & General Workers Union
Chair Community Pharmacy Wales
Chair Royal College of General Practitioners
General Secretary Wales TUC
Assistant Director Chartered Society of Physiotherapists
Officer for Wales Society of Radiographers
IR Officer Society of Chiropodists and Podiatrists
Regional Secretary Union of Construction Allied Trades and Technicians
Board Secretary for Wales Royal College of Midwives

Officer for Wales AMICUS Electrical & Engineering Staff Association
Regional Secretary AMICUS Amalgamated Electrical and Engineering
Union
Welsh Executive Royal Pharmaceutical Society of Great Britain
Information Officer Wales Council for Voluntary Action
National Member for Wales AMICUS - Guild of Health Care Pharmacists
Business manager Institute of Health Care Management Welsh Division
Chief Executive Association of Optometrists
Librarian British College of Optometrists
Director General Audit Commission (Wales)
Director Business Service Centre
Patch Managers Business Service Centres across Wales
Secretariat Statutory Committees
Regional Directors NHS Wales Regional Offices
Chief Executive Health Commission Wales (Specialist Services)
Chief Executive Health Professions Wales
National Director National Public Health Service
Librarian National Public Health Service
Chief Executive Welsh Language Board / Bwrdd yr Iaith Gymraeg
Librarian Health Promotion Library
Directors Social Services
Librarian Bevan Ashford Solicitors
Librarian British Library
S Wood Capital Audit Team
Officer for Wales Equal Opportunities Commission
Health Policy Advisor Glaxowellcome
Chief Executive Welsh Development Agency
Director Welsh Local Government Association
Chief Executive Association of Optometrists
Chief Executive NHS Confederation in Wales
Director Information Services University of Wales College of Medicine
National member for Wales Guild of Hospital Pharmacists