



# **PARTNERSHIP SUPPORT PROGRAMME: OUR APPROACH**

**SEPTEMBER 2008**

## **1. Context**

- 1.1** The Joint Improvement Team (JIT) was established in 2005 by the Scottish Executive Health Department, NHS in Scotland and COSLA to provide direct support and assistance to health and social care Partnerships. The original aim was to accelerate the pace of improved services delivered through Partnerships, as part of the process of continuous improvement. While this aim is still very relevant JIT has also developed a number of areas of work which brings added expertise and assistance to partnerships on a number of fronts. As part of the changes in Scottish Government and developments in partnership working and outcomes, JIT is now part of the Partnership Improvement and Outcomes Division.
- 1.2** The Partnership Support Programme (previously referred to as Intensive Support Programme) should now be seen in the context of the wider programme of work that partnerships are able to take advantage of.
- 1.3** The JIT has developed three strands of support for Partnerships in addition to national programmes summarised in table 1 below.
- 1.4** When establishing the JIT, the sponsors determined that the core of our work should be the Intensive Support Programme. While this paper seeks to describe this process, it is clear from experience since 2005 that many stakeholders/Partnerships are anxious that the other work strands are also developed in order to maximise the number of Partnerships able to utilise the resources of the JIT. The areas described above have been developed as a direct response to the changing environment and experience from Intensive support programmes. This also includes outputs from the Partnership Enhancement Assessment Tool (PEAT) which involves an evaluation of the programme from the Partnerships perspective.
- 1.5** While this paper is focussed on how the more intensive Partnership Support Programme will operate, it should be set within the broader context of the other strands of work being developed.
- 1.6** General information regarding the composition and overall work of the JIT is available by contacting [jit@scotland.gsi.gov.uk](mailto:jit@scotland.gsi.gov.uk) and on website – [www.jitscotland.org.uk](http://www.jitscotland.org.uk)

**Table 1: JIT Support Programmes**

<b>Support Area</b>	<b>Outline</b>
Partnership Support Programmes	<p>There are 2 broad levels of support. The first generally involves a review of whole system working supporting the broader partnership, including detailed assessment and diagnosis work resulting in the production of an Action Plan. JIT allocates significant resources - both direct financial and through JIT staff etc. Normally delivered over a 12-18 months timeframe.</p> <p>The second level involves delivery of discrete thematic support to a specific partnership. This may relate to a particular one off issue that requires support at the request of a partnership or be as a follow on from a more intensive support programme</p>
Development Programmes/Action Areas	<p>These are more topic based related to current needs or developments nationally which might be part of shared learning but offered to partnerships on a more detailed support basis e.g. Capacity Planning/Commissioning, Intermediate Care, UDSET (User Defined Service Evaluation Tool), MCN's (Managed Care Networks), Outcomes, Governance/Management</p>
Information & Advice/Shared learning	<p>More generally delivered through National Events, Learning Networks, development tools and materials, JIT website, focussed work, and good practice papers</p>
National programmes	<p>There are a number of national programmes such as Telecare covering all partnerships and some focusing on 'pilot' early implementer partnerships e.g. Housing Demonstrators and UDSET to inform further developments etc.</p>

## **2. Access to Partnership Support Programme**

- 2.1** The intention is for the JIT to work with local Health and Social Care Partnerships that request support. All Health and Social Care Partnerships face significant challenges and opportunities and the JIT has been established to provide some additional capacity that can be utilised by Partnerships to help achieve improved service outcomes.
- 2.2** Requests for support may exceed the capacity of the JIT. However, in general terms, the JIT will prioritise work with Partnerships who face the biggest challenges and/or where addressing specific challenges will provide solutions that can be shared across Partnerships.
- 2.3** In assessing requests for support, the JIT will take account of a number of factors including:-
- Reasons identified by Partnerships for requesting support.
  - Support towards Single Outcome Agreements and Community Care Outcomes.
  - Progress with setting and achieving local improvement targets reflecting user/carer priorities and in achieving national targets/standards (ie delayed discharge, prevention of avoidable emergency hospital admission and promotion of intensive home care).
  - Progress with development of Community Health Partnerships and other partnership working including extended local partnership agreements.
  - External inspection/audit reports relevant to Health and Social Care Partnership working.
  - Support already available to particular Partnerships from other support services (to avoid duplication).
- 2.4** In addition to assessing the above, the JIT will also take account of a Partnership's self-assessment of its requirements, including objectives and expected outcomes, together with the level of commitment evident within the Partnership to address challenges. The JIT will seek to work with Partnerships at varying stages of development in order to support continuous improvement; helping to extend the effectiveness of strong Partnerships as well as supporting improvements with Partnerships facing significant challenges.
- 2.5** Since 2005 JIT has completed 12–18 month Partnership Support Programmes with 8 partnerships with a further 5 programmes underway and 2 about to commence with most partnerships benefiting from more focussed input and shared learning opportunities.

### 3. Developing the Programme

3.1 It is envisaged the Partnership Support Programme involves the following stages:-

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6	Stage 7	Stage 8
JIT agree request from partnership	Joint Diagnosis & assessment	Agreed action plan	Actions with specific support from associates and action group	On going review and further action	Interim Report (assessment of progress, and remaining actions)	Final Report (assessment, PEAT evaluation and agreement on sustainable improvement programme and follow on JIT support if required)	Partnership progress report and follow up visit /review (approx 12 months after completion of programme)

3.2 The above is an indicative process, and will be modified and developed with each Partnership to meet particular circumstances. Timescales will be applied to the Action Plan, but it is envisaged that a Partnership Support Programme might run for between 12-18 months.

3.3 Each stage of the programme is described more fully below:-

3.4 **Request from Partnership (month 1)** - initially, Partnerships are encouraged to request informal discussions with the JIT on all aspects of the JIT programme to consider the potential for the JIT providing assistance. A formal request for engagement should then normally be made in writing from the Chief Executives of both NHS Board and Local Authority or from CHP/ CHaSCP Chairs/General Managers. Written requests can be made at any time, however requests require to be considered within the limitations on JIT capacity arising from its on-going programme and available resources. Each request is followed up with a meeting where the scope of the Partnership Support Programme can be considered, alongside methodology, resources and timescales.

During these discussions the voluntary nature of the JIT involvement will be emphasised together with the respective responsibilities of the Partnership and JIT should the programme proceed.

3.5 **Joint Diagnosis and Assessment (months 1-2)** – where a Partnership Support Programme is agreed, a joint diagnosis and assessment process will be followed in order to assess/define the problems or issues which the programme is aiming to address and to develop and agree an Action Plan. The diagnosis and assessment process will assess all or some of the

following six attributes to determine current position and required developments (see table 2 below):-

**Table 2 Assessment and Diagnosis Framework**

<b>Vision, aims and objectives</b>	<ul style="list-style-type: none"> <li>● Is there a clear and appropriate shared vision underpinned with common values and principles and trust?</li> <li>● Is the commitment at all levels?</li> <li>● Is there an agreed strategy, with identified actions and robust monitoring and review arrangements?</li> <li>● Is there a system of joint performance management</li> <li>● Is this a corporate priority for both NHS Board and Local Authority?</li> <li>● Does it link coherently with Community Health Partnerships/ CHSCPS and Community Planning aims and aspirations?</li> </ul>
<b>Service Delivery</b>	<ul style="list-style-type: none"> <li>● Does the Partnership know what clients/patients want?</li> <li>● What process is there for Capacity Planning and commissioning of services and related Joint Strategy</li> <li>● Does the Partnership know how well they are meeting needs and expectations of clients and patients?</li> <li>● How does the Partnership engage with clients/patients and staff?</li> <li>● What service improvements have been achieved; what targets are there for the future?</li> <li>● Are the 'critical' targets clearly expressed and is there a focus on meeting them? (E.g. delayed discharge position, repeat emergency admissions, intensive home care, rapid response etc).</li> </ul>
<b>Organisational Framework</b>	<ul style="list-style-type: none"> <li>● Are the governance and management arrangements agreed and effective at all levels?</li> <li>● Are the Partnership staffing and management arrangements fit for purpose?</li> <li>● Is the Communication Strategy being actively developed and implemented?</li> <li>● Is there positive feedback for staff/managers about the effectiveness of Partnership working?</li> <li>● Is the OD and Training Plan effective and is staff support/development a priority?</li> <li>● How does the Partnership link into the wider corporate NHS and local authority structures and connect to Community Planning?</li> </ul>
<b>Capacity and Resources</b>	<ul style="list-style-type: none"> <li>● Is there sufficient staff resource to support and progress the changes?</li> <li>● Are financial and staffing resources being optimised?</li> <li>● Is the infrastructure planned/in place, including IT, accommodation, training etc?</li> <li>● What other actual or potential involvement exists from other organisations to support improvement?</li> </ul>
<b>Policies, procedures and processes</b>	<ul style="list-style-type: none"> <li>● Are there unified 'Partnership' policies, procedures and processes to support managers and staff?</li> </ul>

	<ul style="list-style-type: none"> <li>• Are the service priorities clear and are resources deployed to support service priorities?</li> <li>• Is there a shared service improvement plan with agreed targets and outcomes?</li> <li>• How effective is the Partnership in implementing the agreed policies, what are the blocks and how can they be overcome?</li> </ul>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Are there agreed outcomes that directly link to desired service improvements?</li> <li>• What are the Challenges in achieving the agreed Community Care Outcomes?</li> <li>• Are user/carers outcomes processes included?</li> </ul>

A shared evaluation and assessment process against the above elements could take up to four weeks with one or two JIT members working closely with a group from the Partnership. This would normally involve a series of meetings/focus groups at all levels including Board Members, Elected Members, senior management Staff, frontline staff, users/carers representatives voluntary and private sector representatives. More recently use has been made of the partnership evaluation tools that have been developed (POPIT) which can involve facilitated work as well as self assessment by the partnership. The expectation would be that the partnership would identify one or two people for arranging visits/meetings locally and the collation of relevant material. The aim will be to achieve an agreed position statement which identifies the areas for support and development that will result in service improvements. It is important that a Joint Partnership Group has authority to agree and review the action plan and is in place at an early stage.

**3.6 Agreed Action Plan (month 3)** – flowing from the joint diagnosis and assessment process will be the production (jointly by the JIT and Partnership) of a Partnership Action Plan that identifies actions, expected outcomes, staff/resource inputs required and timescales. The Action Plan would be agreed jointly by the Chief Executives of the Partnership in writing and will include monitoring/review arrangements. It is expected that the action plan will also be agreed through appropriate joint management groups and at member level. The level of staff input from the JIT will be the best estimate possible, but will be flexible with every effort made to ensure sufficient time and appropriate skills are available when required. This is an important stage in the process and will determine by, sign off or otherwise, whether the detailed programme of actions will proceed along with the responsibilities of the partnership and JIT to provide the necessary ownership, support and resource. In addition to JIT Associates/Action group members, JIT would normally make available a specific sum of money to assist with the co-ordination/management of the process at a local level, organisation of events and providing additional capacity to assist with certain action areas. While this will be a partnership resource it will be important that it is accounted for within the joint management group and related governance arrangements

- 3.7 Delivery of the Action Plan (month 3-12 +)** – The management of the Action Plan will be the responsibility of the relevant partnership management team/body, with a designated Partnership Lead Manager, who will hold specific responsibility for co-ordinating, monitoring and reporting progress. The JIT will identify a lead contact for the Partnership Support Programme, who will be responsible for ensuring appropriate JIT involvement. The presence ‘on site’ of JIT members/associates will be agreed as part of the Action Plan and this might normally involve frequent and regular presence of the JIT lead contact with intermittent involvement from various members of the JIT Action Group to provide quasi-consultancy support. Regular and frequent progress reviews by the designated Lead Manager will help to ensure progress is maintained and enable adjustments to the Action Plan in light of operational experience. It is also expected during this time that the JIT members are included in any other appropriate partnership groups.
- 3.8 Review (month 4-12+)** – At agreed intervals, as indicated in the Action Plan, there will be a formal review of progress in delivery of the Action Plan, with participants agreed at the outset. This should include user/carer representatives and other agreed stakeholders, ideally there should also be a mechanism for reviews/progress to be reported to an accountable group containing Health Board and Local Authority members. This will enable progress to be monitored, past revisions to be noted and adjustment to be agreed for outstanding actions.
- 3.9 Interim Report and Exit strategy (8 - 12 months from agreed Action Plan)** – At an appropriate stage at around 4-6 months from the end of the agreed Action Plan timescale, JIT will prepare a report on progress from its perspective. This would be shared with senior representatives and any comments taken into account. It is expected that this would then be shared with the most Senior Joint Group. This report would then be used to determine the focus for the remainder of the programme and the JIT exit strategy. JIT will identify, with the Partnership, the required plan and arrangements to sustain improvements at this stage.
- 3.10 Final Assessment and Evaluation (12-18 months)** - The end of the agreed Action Plan delivery period, there will be a structured assessment and evaluation, involving the Chief Executives of both NHS Board and Local Authority, together with other key stakeholders. A draft report will be prepared by the JIT, setting down outcomes, achievements, outstanding matters and future requirements. This report will be considered at the assessment and evaluation meeting and will be used to inform any subsequent Action Plan to be prepared by the Partnership to identify how they will continue to develop and further improve their Partnership. This may identify specific areas where some focussed JIT support would continue. The process will include assessment and evaluation of the JIT contribution (PEAT evaluation) to assist the JIT to continuously improve performance.
- 3.11 Follow up review (6-12 months following completion of programme)** – JIT will provide focused follow on support as agreed with the Partnership. The Partnership will be invited to submit a progress report on the sustainable

improvement plan within 12 months of completion of the programme. JIT will undertake a follow up review/visit with the partnership at this stage to review progress.

- 3.12** The above provides an outline only. Detailed 'Practice Notes' have been prepared to assist JIT and Partnership staff involved in managing and delivering the programme. (The Practice Notes are available on request). The JIT is conscious of the need to develop an approach that, while being rigorously focussed on outcomes, is not overly prescriptive or bureaucratic in form. It should also be emphasised that this is not an inspection process but rather a joint approach to evaluating and improving services.

### **3.13 Conflict Resolution**

The thrust of the process is based upon building agreement through the Diagnosis and Assessment phase and translating this into an agreed Action Plan. However, if agreement is not possible, ultimate "ownership" rests with the local Partnership; the outcome of the diagnosis and assessment and the content of the Action Plan must be acceptable to the Partnership. However, the JIT would reserve the right to note any fundamental concerns and, in exceptional circumstances, to withdraw from the programme. It should be emphasised that this situation is highly unlikely to occur, and would be preceded by escalating discussions and negotiations that seek a resolution. However, it is important to acknowledge that, as the programme is based on voluntary engagement, either party ultimately has the right to withdraw from the programme.

## **4. Making it happen**

- 4.1** The above process is designed to provide a broad framework, it is not intended to be a rigid template, rather provide the starting point for discussion and agreement between the JIT and a local Partnership. The three crucial elements that must underpin the JIT's involvement with a Partnership are:
- Agreed starting point – the shared diagnosis and agreed objectives.
  - Agreed actions/inputs from JIT and partners to meet outcomes – the Action Plan and associated governance and reporting arrangements.
  - A mechanism for assessing the impact of the Intensive Support Programme – the outcome report.
- 4.2** The JIT will work with Partnerships to jointly optimise the use of all resources available to the Partnership. The JIT is not a funding body and does not in general have access to additional financial resources for Partnerships. Some resource to assist the programme may however be available. The JIT will be able to bring skilled and experienced consultants (often practitioners working in Partnerships across Scotland) and may be able to support temporary posts to assist with organising the Partnership Support Programme and with the implementation of agreed service re-provisioning actions. The level of staffing input from the JIT will be agreed as part of the Action Plan, with scope to vary in light of operational experience. The probability is that JIT involvement will

be lead by the Executive/Assistant Director with a core support group comprising a number of Associates and members from the 'Action Group'. This team can be supplemented both from JIT members and possibly through involvement of other appointed skilled practitioners or consultants (e.g. involvement with the Improvement Service, or other specialist agencies).

- 4.3 It is important to recognise that Health and Social Care Partnerships are undertaking innovative development work. While the JIT will be able to offer skills and experience to support this work, in many areas of activity readily transferable "solutions" do not exist. In these instances, the JIT will work with Partnerships to create, develop and apply suitable arrangements for local circumstances. It is also the case that Partnership Support Programmes help inform and assist the shared learning and policy and development work strands. Information will only be shared with the permission of the Health and Social Care Partnerships concerned.

## 5. Further Information and Informal Discussion

- 5.1 This note sets out our general approach to Partnership Support Programmes and will be updated on an annual basis.
- 5.2 If you require further information or wish to informally discuss opportunities for the JIT to work with your Partnership please contact:-

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September 2008