

Local Services: Partnership Agreement (Adult Services)

Past

Jim Walker – Associate Director: Planning and Partnership Development Nottinghamshire Healthcare NHS Trust

Present

Elaine Yardley, Services Director: Adult Services, Nottingham City Council

Future

Jon Wilson – Services Director: Mental Health and Learning Disability, Nottinghamshire County Council

Past – The Context (National)

- National Service Framework / Valuing People
- Health Act 1999
- Adult / Children split
- 'Our Health, Our Care, Our Say'
- Operating Framework 2007/08
- But... not always about very formal structures, and must be about the added benefits

Past – The Context (Local)

- Some good examples within some teams in some care groups
- No overarching agreement (no co-operate / organisational ownership)
- Capacity for shared vision limited if no structured time
- June 2006 Trust Board approved a two side partnership agreement signed by, the Trust Chief Executive, the County Council's Strategic Director and the City Council's Executive Director

Context (Local)

- Confirmed lead agencies as being:-
 - Adult Mental Health Services (NHCT)
 - Learning Disability (Adult Social Care)
 - Community Forensic (NHCT)
 - Mental Health Services for Older People but asked that a Joint Operational Group was established and met on a regular basis

Focus

- To define 'lead' and 'partner' agency role
- Shared structure of leadership support (the Delivery Oversight Group)
- To support operational integration through streamlining business processes including information, performance etc
- Explore and recommend areas where formal joint approaches bring added value for people who use services and staff who provide them (e.g. training, workforce planning, finance, policies, learning lessons)
- To support integrated management decisions with care groups

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The Present:

- 7 outcomes + 2 requires new 'business' pathways across communities.
- 2008 – new LAA indicators from 200 → 35.
- Sharing business processes.

Self Assessment Survey (SAS) 2007 +

○ **Commissioning**

- Identify 3 performance standards written into current commissioning contracts for adults that **reliably** and **accurately** distinguish a high **quality** service from a poor quality service.
- Where provider services have not met standards, what remedial action has been taken?

SAS

○ **Maintaining Personal Dignity & Respect**

- Vulnerable Adults – what percentage buy their own care?

SAS

○ **Making A Positive Contribution**

- How have services improved as a result of involvement and engagement?

Partnership Agreement : Task Groups

- Need to share 'must dos'.
- Recommend action to deliver improved outcomes for users and carers.
- *Jim referred to the task groups at the beginning e.g. planning, training, performance*

Future –

Commissioning for
Health and Well-being



- Putting people at the centre of commissioning
giving choice and control over services and treatments,
and access to good information and advice to support
these choices
- Understanding and planning for the needs of
individuals and of the local population
Strategic needs assessment by using recognised
assessment and care planning processes appropriately
- Sharing and using information more effectively
Common performance outcomes - clarifying what
information can be shared under what circumstances,
joining up the IT systems of front-line practitioners

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Future

- **Assuring high quality providers for all services**

Focussing on individual outcomes leading to more innovative provision through strong provider partnerships

- **Recognising the interdependence between work, health and wellbeing**

all providers of NHS care will be incentivised to support and promote the health and well-being of their employees. And deliver services that improve health and well-being, and so support people to remain in, or get back to work

Future -

- **Developing incentives for commissioning for health and wellbeing**

Bringing together local partners using LAA's will help to promote health, well-being and independence, by using contracts, pooling budgets and using the flexibilities of direct payments and practice based commissioning.

- **Making it happen: Local Accountability**

A single health and social care outcomes framework linked to LAA, SCS, LSPs. Co-operation on capital spend and establishing the new, independent health and social care regulator