

THE JOINT IMPROVEMENT TEAM IN SCOTLAND

MEMORANDUM OF UNDERSTANDING

BETWEEN

**THE SCOTTISH GOVERNMENT; The NHS IN SCOTLAND; AND COSLA (Acting on
behalf of Scottish Local Authorities)
(The Partners)**

**Acting in Strategic Partnership with
Scottish Care (representing the Independent Sector)
and
SCVO (representing the Third Sector)**

1. INTRODUCTION

- 1.1 This Memorandum of Understanding provides an agreed framework on the role, remit and responsibilities of the Joint Improvement Team, its approach to partnership support and improvement and its related organisational and partnership governance. This is set in the context of the wider Public Service Reform programme and the integration of adult health and social care, in particular.
- 1.2 The Joint Improvement Team was established in 2004 under circular **CCD12/2004** to promote Joint Working between Local Authorities, NHS Scotland and the Independent Sector (and now including Third Sector).
- 1.3 In the context of the changing landscape of public service reform, it is agreed that a reaffirmation and clarification of the role and approach of JIT is required, together with its associated governance arrangements. This also takes account of the relationship with both the Independent and Third sectors.
- 1.4 JIT is co-sponsored by, and has shared accountability to, Scottish Government, CoSLA (acting on behalf of Scottish Local Authorities) and NHS Scotland ("The National Partners"); acting in strategic partnership with the Third and Independent sectors. It is currently hosted within the Scottish Government Health and Social Care Directorates.

2. COMMON PURPOSE

- 2.1 The Scottish Government, the NHS in Scotland and COSLA, on behalf of Scottish Local Government (hereafter 'The Partners') agree that they will work together to improve the quality, productivity, impact and sustainability of local health, housing and care services across Scotland. They will do this within the framework of law relating to these services, and within the agreed national outcomes and priorities at any point in time.
- 2.2 In general, the key priorities for the next period are agreed to be support for partnership working across health and local authorities working with other sectors, the effective delivery of local change fund plans, the Reshaping care for Older People transformational change programme and associated joint commissioning strategies.
- 2.3 Furthermore, for the above purpose, the Partners agree that there should be a collectively governed improvement resource to support local improvement and development. This resource, to be known as the 'Joint Improvement Team' (JIT) will provide a range of practical improvement support and challenge including knowledge exchange, developmental innovation and improvement capacity and support to local partnerships across Scotland. The resource will champion the identification, development, evaluation, spread and adoption of good practice. The partners, in affirming this, agree to contribute to the governance and leadership of the JIT and to support its role in challenging existing practice and driving improved practice.
- 2.4 The Partners further agree that a joint Board should be created to provide governance and leadership of the JIT (in accordance with the provisions laid out in Annex 1) from April 2013. They agree that the Board should comprise senior executive representatives of each of the partners, and invited representatives from each of the Independent Sector and the Third Sector, with additional representatives to be agreed

by the Board. The remit and roles of the 'Board', the 'Chair' and the 'Director' are agreed to be those specified in Annex 1, and the Board will be accountable for fully delivering on the JIT's remit. The partners agree that their representatives on the Board should be of a seniority to act authoritatively on behalf of their community. It is further agreed that an independent chair be appointed to preside over those governance arrangements. The Board will make arrangements for, at least, annual review meetings with Scottish Ministers and CoSLA to ensure political scrutiny.

2.5 A programme budget will be agreed based on a prioritised 3 year strategic work programme. This will take into account the original partnership resources for the JIT and any additional resources required. This will be reviewed on an annual basis. In agreeing the programme budget, the Board on behalf of the Partners is agreeing to be accountable for the use of the monies provided, and for the performance and impact of the JIT. In agreeing the programme budget, the Partners, through their representation on the Board, agree to provide strategic leadership and to promote ownership of the JIT programme within their respective communities.

2.6 JIT is an articulation of the work of national partners and the lead partners in health and social care reform, coming together to drive change and improvement.

2.7 JIT's remit, on behalf of the 'whole' partnership is to support service improvements and provide practical support to the 32 health, housing and social care partnerships to:

- Achieve the outcomes and targets agreed by the national partners;
- Provide leadership in the delivery of health and social care reform to drive local change and improvement;
- Improve performance by developing sustainable solutions to challenges that inhibit the provision of best value and best quality care and outcomes;
- Develop more integrated approaches to the redesign, commissioning and delivery and evaluation of health, housing and social care services.
- Embed the use of preventative spend, and preventative approaches in general.
- Adopt an assets-based approach such as co-production, and embed a personal outcomes approach.

2.8 JIT, by deploying a skilled staff team, capacity and resources, will achieve this by:

- Promoting innovation, adaptive leadership and transformational change through the principles of co-production;
- Sharing learning and building capacity and capability for improvement more generally, including building the evidence base and supporting and participating in appropriate research;
- Collaborating with other improvement organisations and scrutiny partners to effectively target respective resources and expertise;
- Supporting partnerships achieve change through our involvement in bespoke and one-off programmes with individual partnerships or groupings of partnerships, at their request;
- Promoting good decision making at all levels through the active use of local and national information;
- Contributing to policy development and implementation, taking account of operational experiences.

2.9 The JIT remit includes the requirements of Section 17 of the Community Care and Health (Scotland) Act 2002 which sets out the “ladder of Support and intervention” for NHS and local authorities to participate in joint working arrangements, where an improvement in this will lead to better outcomes for people who use community care services and their carers.

2.10 The Partners acknowledge that while the main elements of the 2002 Act and the 2004 circular are still extant, alignment is required with policies and approaches that have since evolved to further improve outcomes for users of services and their carers and in related joint working.

3. THE JIT APPROACH & CONTRIBUTION

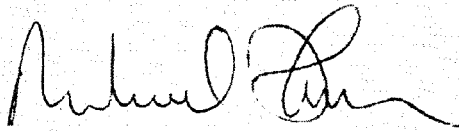
3.1 The JIT will work with partnerships to create the conditions for improvement to support more cost effective implementation of national strategies and to deliver better outcomes in health, social care and housing services by:

- **Constructively challenging** those it works with to consider different approaches, to draw on good practice and so to achieve more for the same resource;
- Helping partnerships to **successfully transfer practices and approaches** – shown to be effective elsewhere – to their local context;
- Advising on **changes in local policy and practice**, based on an in-depth understanding of the local issues;
- **Building capacity and developing skills** amongst partnerships by ensuring that what it does is informed by high quality knowledge and expertise;
- **Synthesising and reflecting back experience of local delivery**, so that it can support realistic and achievable policy development at national level;
- Improving the ability of partnerships to **identify the root causes not the symptoms**, thereby shifting local systems towards sustainable solutions.
- **Nurturing innovation**, including the adoption of new technology, so that new approaches can be tested and the learning shared across Scotland;
- **Sharing knowledge** about effective practice at policy, strategy and delivery levels;
- Supporting partnerships to use local and national health, housing and social care information well, **to continually improve outcomes through effective analysis, benchmarking and needs assessment.**

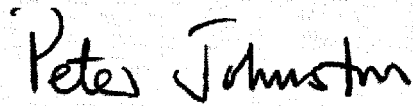
4. REVIEW

4.1 Parties to this agreement will review this partnership agreement annually taking account of any changes in national policies or priorities and feedback from partnerships. A wider review of performance and impact will be undertaken in 2015 to inform improvement and support focus going forward.

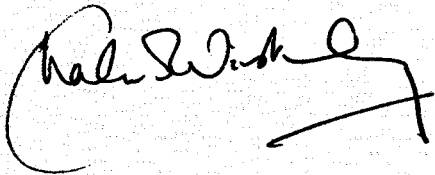
This Memorandum of Understanding has been agreed by:



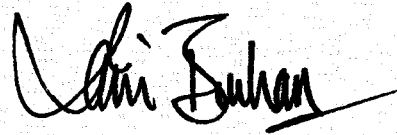
Michael Matheson MSP for
the Scottish Government



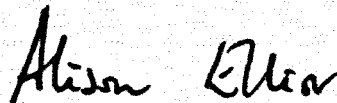
Cllr Peter Johnston
for CoSLA



Dr. Charles Winstanley for
NHS Scotland



Iain Buchan for the
Independent Sector



Dr. Alison Elliott for the
Third Sector

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Annex 1 – Reservation of Powers and Schemes of Delegation: *To be agreed by the Board.*

