

POOLED BUDGETS

Draft 6

Service and Financial Framework Model Pooled Budget Agreement

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1. Background

1.1 The guidance and regulations on the section 31 partnership arrangements state:-

A pooled budget arrangement provides an opportunity for the partners to bring money together, in a discrete fund, to pay for an agreed range of services for a particular client group who are to benefit from one or all of the services.

Key principle: Regardless of what share health bodies or local authority(ies) commit to the budget, the pooled resource loses its health or local authority identity and can be used on the agreed services as set out in the partnership arrangement. This will mean that the expenditure will be based on the needs of users, and not on the level of contribution from each partner.

1.2 Key features of pooled budget arrangements are shown below, with a cross reference to the relevant paragraphs in this document .

- The aims and outcomes for.....services as agreed by the partners following consultation are shown in Schedule 1
- agreed level of contributions from each of the partners which may be of different amounts, and which are then pooled;(Paragraph 9.1)
- agreement on length of time of arrangement,(Paragraph 9.1) review, extension mechanisms, and termination(Paragraph 12);
- one agency to host the pooled budget;(Paragraph 4.1)
- a pooled budget manager;(Paragraph 4.1)
- identified staff who will assist client needs and access the resources of the pooled budget to fulfil the required package;(individual agreements)
- accounting based on the contributions, and a memorandum of accounts at the year-end to identify the total expenditure – this would include details of the planned and actual expenditure incurred of the pooled resources; the money in the budget will have lost its identity and will not be accounted for separately; (Paragraph 9.1)
- appropriate internal and external audit arrangements – additional resources will be identified by the partners and added to the pool to cover these additional host costs.(Paragraph 4.2.2). The partner (non host) would require 3rd Party assurance from the host organisation.
- service user/ carer involvement objectives are set out in schedule 1

1.3 Eligibility for particular services to be funded from the pooled budget will continue to be governed by the eligibility criteria determined by the agency with statutory responsibility for those services

2. Delegation Of Powers

2.1 Partnership

A pooled budget is established in order to pay for an agreed range of services for a particular client group or groups. The overall strategic framework for service provision and development is set by the Local Strategic Partnership. Within the LSP, the relevant Partnership Board (Older People; Learning Disabilities; Physical Disabilities and Sensory Impairment; Adult Mental Health; Children) is the main joint stakeholder forum for the planning and development of health and social care services for individual care groups, reporting to the relevant Community Plan Action Group. All pooled budget agreements will support the strategy and objectives of the appropriate Partnership Board(s) and the Local Strategic Partnership. Constitution follows the terms of reference of the relevant partnership board.

2.2 For each pooled budget, senior officers from each partner agency contributing to the pool will be designated to form a management group for the pooled budget. The Pooled Fund Manager will report to and be accountable to this management group. The senior officers concerned will be individually accountable to their employing agencies, and jointly accountable to the partnership for the management of the pooled budget. They will have decision making authority within the scheme of delegated authority of their employing agency, which includes financial thresholds of up to £100k

2.3 Definitions

“The 1999 Act” means the Health Act 1999.

“The Regulations” means the NHS bodies and Local Authorities Partnership Arrangements Regulations 2000 (SI no 617).

“THPCT” means Tower Hamlets Primary Care Trust or successor organisation

“LBTH” means London Borough of Tower Hamlets or successor organisation

“The Partners” means THPCT, LBTH and Partner means any one of the Partners.

“The Client Group” means children and adults with health and social care needs in respect of whom the Partners respectively have a statutory responsibility within this pooled budget.

“A financial year” means a year commencing on 1st April and ending on the following 31st March.

LSP means Local Strategic Partnership.

Relevant Partnership Board, in this agreement refers to the (Older People, LD;PD; AMH,Children – delete as applicable) Partnership Board

3. Main Provisions

3.1 Pooled Budget and/or Lead Commissioning Agreement for.....service

Start date and duration of Service

The Agreement to be effective from -----and to expire on -----

This Agreement is made between the following parties:

LONDON BOROUGH OF TOWER HAMLETS of Mulberry Place, 5 Clove Crescent,
London E14 2BG

TOWER HAMLETS PRIMARY CARE TRUST of Mile End Hospital, Bancroft Road,
London, E1 4DG

3.2 Each partner will agree a level of contribution through negotiation for the fulfilment of the aims of the arrangement. The funds committed will lose their identity and can be used on any of the services in the pooled budget.

3.3 Each partner will retain statutory responsibility for functions carried out under the pooled budget. This agreement between the partners covers governance arrangements which address accountability, how the budget is worked, who manages expenditure on a day-to-day basis and who is responsible for the effective delivery of care packages.

3.4 Agreed Aims and Objectives

The agreed aims of this pooled fund arrangements are:-

(list)

-

The outcomes of the arrangements should be:-

(list)

-

3.5.1 For detail of the specification and requirements to meet the aims and objectives see schedule 1.

4. Managing the pooled budget at commissioner level

- 4.1 For this pooled budget,
- the budget manager, in this instance will be -----,
 - the host organisation will be _____ who will provide the financial administrative systems on behalf of the partners.
 - The senior accountable officers, in this instance will be _____, _____.
- 4.2 The senior accountable officers of the Management Group will be accountable for commissioning the service and managing the commissioning budget, forecasting, operationally planning and monitoring the service and reporting to the contributing partners on the outputs and outcomes via the relevant partnership board, of the local strategic partnership.
- 4.4 Partner bodies will account for their 'contribution' to the budget and the host organisation will have a memorandum of accounts within their statement of accounts that shows what has been received and spent, and what remains of the pool.
- 4.5 The senior accountable officers have a duty to deliver the service within the agreed budget and must make every effort to ensure that this is achieved. They must keep the Partners informed of the budgetary position and of actions to be taken to combat any potential overspendings.
- 4.6 The Host Partner for the purposes of regulation 7 (4) of the Regulations shall be LBTH, THPCT or such other Partner as the Partners may from time to time unanimously agree.
- 4.7 Partner organisations will each account for their contribution to the pooled fund in their accounts.
- 4.8 The Host Partner will appoint a suitable officer to be the service pool manager for the purposes of Regulation 7 (4) of the Regulations.
- 4.9 The Host Partner shall manage the pooled fund and shall submit the matters referred to in this clause to the Partners via the Management Group. This will include quarterly reports (based on data available from the end of June, September, December and March) annual returns about the income, expenditure and remaining balance from the pooled fund and other information and performance indicators which the Partners may reasonably require by which the Partners can monitor the effectiveness of the pooled budget and lead commissioning agreement. The financial reports shall include any predicted overspends and the action plans proposed to address them and to return the budget to balance.
- 4.10 The Host Partner will at all times comply with its own and Partners Standing Financial Instructions and ensure that the Partners standard budgetary controls and monitoring arrangements apply.
- 4.11 The Host Partner will arrange for the accounts of the pooled fund to be audited by its Management Audit and shall require the Audit Commission to make arrangements to certify an annual return of those accounts under section 28 (1) (d) of the Audit Commission Act 1998.

- 4.12 The Host Partner may vire funds from one budget head to another subject to agreement with the Management Group and within the Host Partners' financial Regulations and Standing Financial Instructions
- 4.13 The Partners will provide the Management Group with all relevant information concerning specific grants and other funding initiatives so that development bids can be co-ordinated against the relevant funding.
- 4.14 It is expected that the Service will be managed within the agreed pooled budget. Arrangements to prevent and address predicted overspends will be the responsibility of the Host Partner, based on timely information and in consultation with the Management Group.
- 4.15 Liability for overspends is expected to be on the following basis:
Where overspend is incurred because of budget mal-administration, the liability for this will rest with the Host Partner. Mal-administration is defined as expenditure outside the terms of this agreement and without proper authorisation. Section 13 may apply.
- 4.16 Where overspend occurs because of actions or inactions of one or more of the Partners, the liability will rest with that Partner.
- 4.17 Where overspend occurs due to unforeseen circumstances that are not due to mal-administration, or the foreseeable actions of any of the Partners, liability will be shared in proportion to their contribution to the pooled fund.
- 4.18 If there are forecast under-spends in the current year, the allocation of these should be agreed by the Management Group . If there are under spends at the end of the financial year, this will be retained by the Partners in proportion to each Partners level of contribution to the pooled budget, in consultation with the Partners.
- 4.19 The Management Group cannot make decisions that would override the Standing Financial Instructions or other probity requirements of the individual Partners.
- 4.20 Performance targets and service outcomes will be in line with national requirements, agreed between Partners at the beginning of the financial year and monitored regularly, formal reports being required quarterly and annually.
- 4.21 The amount to be provided to cover developments, inflation and cost pressures, and how to manage efficiency savings, as agreed between the partners each year. The partners will also need to discuss and agree the split of any additional funds between them.
- 4.22 The host authority will arrange for the audit of the accounts annually as part of their normal external audit arrangements.

5. Joint Commissioning (where appropriate)

- 5.1 Joint commissioning under the direction of the relevant partnership board provides an opportunity to commission a range of services for the client group from a single point. The partners will specify what functions will be commissioned from the provider(s).
- 5.2 It is therefore important that the aims and measurable outputs and outcomes of the commissioning are clearly agreed by the partners, and that the agencies that have transferred their responsibility monitor their effectiveness through appropriate governance and management arrangements.
- 5.3 The Host Partner shall be responsible for negotiating service level agreements and NHS contracts with the service providers and shall not exceed the allocations without consent.
- 5.4 **Assignment and Contracting**
No Partner shall assign the Agreement or any part thereof of the benefit or advantage of the Agreement or any part thereof.
- 5.5 The Host Partner shall not sub-contract the provisions of the Agreement, i.e. the hosting and management of the pooled budget or any part thereof to any person, company, body or organisation.
- 5.6 Where elements of the service provision are sub contracted out, the Host Partner shall be responsible for the acts, defaults or neglect of any sub-contractor or his agents or employees in all respects as if they were the acts, defaults or neglect of the Host Partner or his agents, or employees.
- 5.7 The Host Partner shall negotiate all contracts for services with the independent and voluntary sector (including services provided by the NHS trusts exercising their income generation powers). The Host Partner shall enter into the contracts on behalf of the Partners on approved term in line with the Host Partners' financial Regulations and Standing Financial Instructions.

6. Service Problems

- 6.1.1 The service can also be provided through contracting with an independent sector provider, the voluntary or private sector.
- 6.2 Best value will continue to operate for all local authority functions wherever they are sited; e.g. if local authority functions have been transferred to an NHS organisation, as an integrated provider arrangement they will still be subject to the duty of best value, although any resulting changes would have to be made with the agreement of the partners.
- 6.3 NHS bodies are not best value authorities. The NHS must work to a similar rigorous set of standards to ensure that the services it provides are of the required quality and value for money. There is already a strong performance management framework for the NHS, which mirrors many elements of the local government model.
- 6.4 The relevant Partnership Board through the senior accountable officer, will monitor the delivery of the service against the service specification and to enable this process

to take place, the senior accountable officer will provide regular statements showing: (frequency to be specified agreement by agreement)

- the level of activity and quality compared with agreed levels and standards;
- expenditure on the service compared with the agreed service agreement value;
- reasons for any under-spending and an indication of the proposed disposition of the funds; and
- early warning of any forecast overspendings and details of proposed corrective action;

6.5 In addition there is a requirement for an annual statement demonstrating the ring fencing of funds relating to the service agreement over time.

7. Governance Arrangements – Practical Considerations

7.1 The aims of good governance must be to ensure that public service bodies and the individuals within them can provide an account of:

- performance in respect of the outcomes of the arrangements;
- operational objectives and priorities;
- proper and efficient use of public money; and
- quality of services provided;

7.2 They must also adopt a process that clearly identifies the responsibility for decisions and actions and lays these open to appropriate external scrutiny.

The key issues that have been borne in mind include:

7.2.1 Openness

- access to information in accessible formats about performance, meetings, decisions and developments;
- communication with stakeholders; and
- appointments – openness of the process.

7.2.2 Financial and performance reporting

- transparent reporting mechanisms; and
- planning documents, particularly health improvement programme.

7.2.3 External audit and corporate governance

- compliance;
- codes of governance – standing orders, standing financial instructions, schemes of delegation; and
- standards of behaviour;

7.2.4 Conflicts of interest

7.2.5 Complaints procedures

7.2.6 Independent review

8. Delegation And Decision Making

- 8.1 Tower Hamlets PCT and the London Borough of Tower Hamlets must be clear about what decisions the relevant Partnership Board and the management group and individual officers are able to make on their behalf.
- 8.2 The agreed protocol setting out the arrangements is described in paragraph 2. This covers:-
- what the decision-making process is, and the rights of the board/joint committee to make decisions;
 - whether liabilities will be shared (joint and several);
- 8.3 The insurance and indemnity arrangements are outlined in paragraph 9.4.
- 8.4 Formal delegation arrangements need to be put in place by each partner organisation.

9. Financial Arrangements – Practical Considerations

9.1 Agreement on resources

- 9.1.1 Partners must agree and formally approve the resources which each will contribute year on year. THPCT and LBTH delegate such of their Functions as are necessary in order to allow the host to carry out its obligations under this Agreement.

There will be one pooled fund. The amounts to be contributed by the Partners for this agreement, for the financial year----- are:

£

Total contribution LBTH:

Total contribution THPCT:

Total contribution ELCMHT:

Total contribution BLT:

Total pooled fund:

Performance targets and service outcomes will be in line with national requirements, agreed between Partners at the beginning of the financial year and monitored regularly, formal reports being required quarterly and annually. Payments to the host authority will be made on or before the 15th of every month, or according to the budget profile (if resources are not planned to be spent evenly throughout the financial year)

- 9.1.2 Partners aim to resource the new arrangement in a way that will provide stability and the ability to plan for the medium term, so that the arrangement has a proper chance to bed in and begin to produce results. This requires each partner to give 12 months' notice of any significant reduction in its contribution that for this purpose is defined as any reduction greater than 5% of its total contribution to the pooled funds capped at £100,000 but this excludes the relevant savings re annual cost improvements required by the Partners described at paragraph 9.2

9.1.3 Systems of budgetary control will include:

- quarterly financial reports to the Partners showing
;-
 - i. income and expenditure to date showing trends and forecast year end position;
 - ii. explanations of any material variances from plan, and;
 - iii. details of any corrective action where necessary and the joint finance leads view of whether such actions are sufficient to correct the situation.
- the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
- investigation and reporting of variances from financial, staffing and workload budgets;
- monitoring of management action to correct variances; and
- arrangements for the authorisation of budget transfers.

All officers with delegated management responsibility for budgets are responsible for ensuring that:

- Any likely overspending or reduction of income which cannot be met by budget transfer is not incurred without the prior consent of the senior accountable officers. Liability for overspends is expected to be on the following basis:
 - Where overspend is incurred because of budget mal-administration, the liability for this will rest with the Host Partner. Mal-administration is defined as expenditure outside the terms of this agreement and without proper authorisation.
 - Where overspend occurs because of actions or inactions of one or more of the Partners, the liability will rest with that Partner.
 - Where overspend occurs due to unforeseen circumstances that are not due to mal-administration, or the foreseeable actions of any of the Partners, liability will be shared in proportion to their contribution to the pooled fund.
 - If there are forecast under-spends in the current year, the allocation of these should be agreed by the Partners in consultation with the Partnership Board.

If there are under spends at the end of the financial year, this will be retained by the Partners in proportion to each Partners level of contribution to the pooled budget, in consultation with the Partners.

The accountable officers cannot make decisions that would override the Standing Financial Instructions or other probity requirements of the individual Partners. Performance targets and service outcomes will be in line with national requirements, agreed between Partners at the beginning of the financial year and monitored regularly, formal reports being required quarterly and annually.

Agreement will be reached in negotiation between the partners as to whether any under-spends arising from unforeseen circumstances should be carried over to the following year within the ring-fenced arrangements.

- The amount provided in the approved budget is not used in whole or in part of any purpose other than that specifically authorised subject to the rules of budget transfer; and
- no permanent employees are appointed without the prior approval of the host finance lead, other than those provided for in the budgeted establishment as approved by the Partners.

Officers are not permitted to incur, or authorise to be incurred, expenditure for which no provision has been made in an approved budget except in line with the existing scheme of delegation of the host organisation. (This includes capital expenditure that will also need to be subject to the approval of a suitably prepared business case).

The lead officer/HOS is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation.

9.2 The delegation of the management of budgets is clearly defined within the pool agreement and should specify.

- the amount of the budget; (paragraph 9.1)
- the purpose of each budget heading (paragraph 3.3)
- the responsibilities as set out above and in accordance with the host organisations standing financial instructions (Paragraph 2)
- the authority to exercise transfers between budgets within the pool(paragraph 9.1)
- the required provision of information (paragraph 9.1)
- service agreements/entered into by partners for services delivered contracts.(paragraph 5)

Any budgeted funds not required or their designated purposes revert to the immediate control of the Partners.

Non-recurrent budgets including specific grants, must not be used to fund recurrent expenditure without the express authority in writing of the finance lead within the PCT or Head of Service in the local authority, and must comply with the requirements of the grant as specified.

Developments/cost pressures including inflation/savings/ revised contribution will be managed in accordance with the appropriate planning guidance and frameworks.

At present, the NHS is required to make a 1% cost improvement per annum. The Local Authority contribution will be subject to locally agreed cost improvement targets/savings as part of the budget setting process.

9.3 Resources, including contributions in kind such as accommodation, information systems, goods and services will need to be agreed between the partners and appropriate recharges negotiated.

9.4 Staff and Accomodation

The legal obligations relating to the ----- service employees shall be the responsibility of the employing Partner. The Host Partner shall monitor progress made against the agreed aims, objectives and targets of the pooled fund arrangements and will submit regular reports.

9.5 The Host Partner shall make recommendations on the type and level of staff and support required and the functions of the service. The staffing establishment funded

from the pooled budget at commencement date is set out in Schedule 1. This staffing establishment may be varied within the agreed budget, with the written agreement of both/all partners

9.6 The Partners will work together with the Properties Portfolio Group to identify appropriate accommodation

9.7 The employing Partner is required to arrange adequate insurance cover consistent with the service to be provided. This must include Public Liability and Employers Liability Insurance. The Host Partner will be responsible for managing any liability claims from clients of the service

10. Charges

10.1 Whilst NHS services will remain free at the point of delivery, the Council will still be required to charge for some services, such as the provision of residential care and will have the discretion to charge for other services, such as transport, leisure facilities, equipment and non-residential social care.

10.2 In taking forward partnership arrangements the partners will need to agree how to manage charging, and how to specify the difference between charged for and non charged services.

The areas that will require resolution include.

Where a joint assessment takes place that blurs the distinction between charged for and non-charged for and non-charged for services. If one member of staff undertakes an assessment on behalf of health and social care it will be more difficult for the user to understand the distinction; and Where a service is provided through an integrated provider, this may blur the distinction for the user.

10.3 A public consultation is underway at present ' Guidance on the use of delegation of charging powers provided in the NHS bodies and Local Authorities Partnership Agreements (Amendment) (England) regulation 2003 [SI2003/629].' The outcome of this consultaion will need to be incorporated in to this framework. These regulations, already in force, enable the voluntary delegation of charging functions by councils to the NHS, where they are involved in partnership arrangements under Section 31 of the Health Act 1999, or are partners in a Care Trust. The views of interested parties on the proposed guidance are now being sought. Consultation ends on Friday 12 March 2004.

11. VAT

11.1 Local Authorities and NHS bodies are governed by different VAT regimes. Under the new partnership arrangements, it is important that partners are clear as to which VAT regime is governing their activity.

11.2 Partnerships confirmed by the Secretary of State under the Health Act 1999 will have to determine which VAT regime will apply. An authority may be specified to co-ordinate the work of the partnership and this could effect their VAT position.

11.3 Further guidance on VAT and partnerships will be issued by HM Customs and Excise in due course. The latest guidance is that there should not be an advantage to either organisation in respect of VAT in pooled budgets. However advice from the Customs and Excise has yet to be confirmed in writing. Once confirmed, this will be used as the basis for planning purposes.

12. Duration, Review and Termination

- 12.1 There will be a number of reasons why a partnership arrangement will need to be reviewed, as the need for the service changes, as the model of services develops or because of difficulties to do with the partnership itself. It is important from the outset that partners have considered how to handle this effectively and plan what the alternatives could be, and how they will be managed. this includes:
- termination of the entire partnership
 - staffing issues that arise
 - continuity of service
 - notice periods
 - asset allocation
 - responsibility for debts
 - withdrawal of any one of the partners
 - timescales that would be required for changing the arrangement, or bringing it to an end.
- 12.2 Duration, Review and Termination. This agreement is initially for one year but is renewable thereafter on a year to year basis until terminated in accordance with this agreement. After six months of the date of the Agreement the Management Group will arrange an operational review, agree any changes to the terms and the new end date of the agreement.
- 12.3 In the event of Partners wishing to terminate this agreement, the principle consideration will be maintaining the continuity of service for users and their carers. Any of the Partners may terminate the agreement by giving at least twelve months prior notice in writing, expiring at the end of the financial year.
- 12.4 Any Partner may also give notice in writing to terminate this agreement in the event of the following:
- a) There is a fundamental breach by any other Partner of any provision hereof; or
 - b) A Partner commits a breach of any of its obligations hereunder which is not capable of remedy, or if capable of remedy has not been remedied within 14 days after receipt of written notice requiring it to remedy the breach, or
 - c) A Partner is unable to fulfil its obligations hereunder as a result of any change in law or legislation; or
 - d) A Partner, in fulfilling its obligations hereunder, would be in contravention of any guidance from the Secretary of State.
- 12.5 In the event that this agreement is terminated the Partners will co-operate in order to ensure the orderly wind down of their obligations and duties as set out in this Agreement with minimum disruption to members of the Client Groups and in accordance with this Agreement.
- 12.6 The Partners shall provide one another with all such information and documentation as might reasonably be required by any Partner in order to ensure that this Agreement is adhered to.

12.7 Prior to the termination of this Agreement, the Partners shall agree a plan outlining the process for transfer of their obligations and duties under this Agreement to any incoming provider/Partner if applicable. This plan should address financial liabilities and contingencies and any other issues such as timing of the transfer, staffing, work in progress and projects under development, and any other issues considered to be important in order to achieve a controlled, accurate and timely transfer of obligations.

13. Disputes

The Partners will act together in good faith to resolve any dispute, which may arise under this agreement.

- 13.1 If either Partner considers that the other Partner has failed to comply with the terms of the agreement then the following course of action will apply:
- a) Partners shall use their reasonable endeavours to resolve by agreement any dispute between them in connection with this agreement
 - b) If the dispute cannot be resolved after a reasonable period of time then the Chief Executives (*CE*) of the Partners in dispute will meet and attempt to resolve the dispute.
 - c) If the dispute is not resolved by *CE*'s the matter will be referred with supporting evidence of each partners case to the North East London Strategic Health Authority for arbitration.
 - d) If the dispute cannot be resolved after a further 28 days then any one of the Partners may terminate the agreement.
- 13.2 Failure by the Host Partner or Partners at any time to ensure provisions of this Agreement or to require performance of any of the provisions of this Agreement shall not be construed as a waiver of any such provisions and shall not affect the validity of the Agreement or any part thereof or the right of The Host Partner or the Partners to enforcement of any of the terms.

14. Complaints

- 14.1 All complaints in respect of both the NHS functions and the Health related Functions shall be dealt with in accordance with the Partner organisation's complaints policies.

15. Confidentiality

- 15.1 The Partners shall comply with the provisions of the Data Protection Act 1998.
- 15.2 All Partners shall provide such assistance to the other Partners as is necessary in order to ensure that they can comply with their obligations under the Freedom of Information Act 2000.

16. Variation

Variations to this Agreement will only be effective if they are agreed in writing jointly by the Partners and in keeping with the notice specified in this agreement.

17. Notices

Any demand, notice or other communication required to be given under this Agreement shall be sufficiently served if served personally on the Host Partner or the Partners, or if sent by prepaid first class recorded delivery post, by telex, electronic mail or facsimile transmission to the registered office or last known address of the Partner to be served therewith and if so sent shall, subject to proof to the contrary, be deemed to have been received by the addressee on the second business day after the day of posting or 24 hours after successful transmission, as the case may be.

18. In witness whereof this Agreement has been duly executed by the below mentioned officers who are respectively duly authorised to enter into this Agreement.

**Signed by and on
behalf of the
THE LONDON BOROUGH
OF TOWER HAMLETS**

Name: Ian Wilson

Position: Corporate Director Social Services

Date: _____

**Signed by and on
behalf of the
TOWER HAMLETS
PRIMARY CARE TRUST**

Name: Chris Carter

Position: Chief Executive

Date: _____

19. Registration For The Use Of Partnership Arrangements

Registration with the Secretary of State for Health will be made, although is not required, for the formal partnership to proceed. The registration form was submitted to the North East London Strategic Health Authority for _____ on _____ .

SCHEDULE 1

SERVICE SPECIFICATION – Aims and Outcomes

1. Name of Service

1.1 Definition of Service

2-. Aims and Objectives of Service

-
-

3 Description of Service

4 Service Location:

5 A)Staffing establishment as at date:

B) Application of HR policies and compliance with best practice (e.g NSF's) – these will be determined when the arrangements for the scope of the pool are specified.

6 Service Accessibility/Equalities

- The service will ensure that all residents of Tower Hamlets have equal access as appropriate to their needs and in line with agreed eligibility criteria.
- Information will be available in accessible formats.

7. Quality standards

-

8. Expected outcomes

-

9. Activity Levels / Performance Indicators

Service				

10 Arrangements for service user/carer involvement

User involvement in all aspects of work with particular emphasis on:

- A survey of its users satisfaction with the service.
 - People involvement in the Local Service & Delivery Plans
 - Establishing a culture of involvement
 - Working with local Forums
 - Closer scrutiny of patient/public involvement
11. **Complaints Procedure**
The Partners will have written policies and procedures for dealing with complaints. These procedures must include a record of all complaints and the actions taken on them. The quarterly and annual reports and records will be available at any time for inspection by the Partners
12. **Health & Safety**
The Host Partner is required to have a written policy on Health & Safety, covering the service and this should be made available on request. The policy should include:
- Reporting, recording investigating of accidents and incidents.
 - Fire precautions and evacuation procedures.
 - First Aid arrangements.
 - Training of staff in Health & Safety matters.
 -
13. The agreement is to be effective from..... and expire on
The service specification will be reviewed annually. The date of the first annual review will be confirmed.
14. Service Plans to be developed

MONITORING INFORMATION REQUIREMENTS

(a) Service Monitoring Information Requirements

The agreement manager will agree the service monitoring arrangements and the organisation before the contract starts. This will include details of the information that the organisation is required to supply (see below) and the frequency of reports required. Additional information required by the DoH or Partners will also be provided as required.

Service				

