

The Joint Appointments Guide

An updated guide to setting up, managing and maintaining joint appointments between health organisations and local government in Scotland

2014



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Acknowledgement

This guide updates the original version produced by OPM™ in 2004. We are grateful to OPM™ for allowing us to use and update their content. We are also grateful to the HR Short Life Working Group* for Health and Social Care Integration for their input.

*See appendix 1.


Foreword

In 2011, the Scottish Government announced its intention to move towards integration of adult health and social care in order to improve the quality and consistency of care for older people, after reflecting on the findings of the Christie Commission. Following consultation during 2012, the Public Bodies (Joint Working) (Scotland) Bill, which provides for integrated health and social care, was introduced into the Scottish Parliament in May 2013. The intention of the Bill is that services should be planned and delivered seamlessly from the perspective of the patient, service user or carer, and that systems for managing services should actively support such seamlessness.

A Human Resources Working Group (HRWG) was set up to advise Scottish Ministers on HR implications of the Bill. The group agreed that although the **Joint Appointments Guide** was first developed in 2004, it continues to provide a good practical foundation for applying joint working principles, and considering how best to calibrate different systems against each other. As a result the 2004 guidance has been refreshed and updated to be made available to Chief Executives and HR/Workforce Directors and trades union representatives in local authorities and NHS Boards.

Joint appointments are an important factor in developing and delivering integrated services and can play an important role in helping health, local government and other organisations work together, continuing to strengthen the partnership approach and thereby improving delivery of national outcomes for health and wellbeing.

This guide provides a checklist for success that will help to ensure joint appointments deliver their intended benefits.



Shirley Rogers
Health Workforce
Scottish Government

2014

Introduction

Updated Scottish version of the Joint Appointments Guide

The Joint Appointments Guide was originally produced by OPM in 2001 for the Department of Health in England. In 2004 the Joint Future Human Resource Group (JFHRG), commissioned a version to provide a guide for practitioners in Scotland.

This is a second edition of the Scottish Guide, updated during 2013 to reflect the current legislative climate, in particular the Public Bodies (Joint Working) (Scotland) Bill which is progressing through Parliament at the time of writing.

The guide is based on research carried out in England for the Department of Health, and remains largely the same as the original published guide. The HR Working Group (HRWG) for Integration felt that much of this guide was still relevant and could be updated to reflect the current context and would still add value.

The changes to this version include an updated introduction describing the current policy context in Scotland, and some changes to the text to ensure the guide remains relevant to Scottish organisations and reflects the current Scottish policy context.

This guide is written in general terms to attempt to cover a range of joint appointments at various tiers. However, the terminology used and specific aspects of the guidance may not always be entirely appropriate to the governance arrangements which will apply to the post of chief officer, hence the status of this document as a guide.

What are joint appointments?

When separate organisations develop shared staffing arrangements to recruit someone to work for all the organisations, they have created a joint appointment. The purpose of joint appointments is usually to help organisations – sometimes those that are unused to working together – to work more collaboratively and achieve shared objectives. In the social care and health sectors, where joint appointments are now commonplace, joint appointments help deliver partnership working, integrated management and planning, and service integration.

In Scotland, the number of joint appointees is likely to increase significantly over the coming years, particularly in light of legislation. The roles of joint appointees can differ enormously depending on which organisation has recruited

them and where they work in the organisations – at strategic, policy or service levels. In social care and health – where the majority of joint appointees are located – examples of joint appointments include project managers, those working for older people’s teams and occupational therapists. Partner agencies to joint appointments may include organisations from the voluntary sector, as well as local authorities and health boards. In all cases the same principles for effective appointments apply.

The current policy context for joint appointments

In 2011, the Christie Commission on the Future Delivery of Public Services reported that Scotland’s public services were in need of urgent and sustained reform to meet unprecedented challenges; to improve strategic coordination; and to ensure that services are designed with and for people and communities.

Later in 2011, and reflecting the findings of the Christie Commission, the Scottish Government announced its intention to move towards integration of adult health and social care (as a minimum) in order to improve the quality and consistency of care for older people. At this time, the Scottish Government made an overall commitment to creating the conditions for reform and set out the four pillars of its reform agenda:

- a shift towards prevention;

- greater integration of public services at a local level driven by better partnership, collaboration and effective local delivery;
- enhanced workforce and leadership development; and
- a sharp focus on improving performance, through greater transparency, innovation and use of digital technology.

Since 2011, the Scottish Government has been working closely with the main delivery partners involved in achieving this aim – Local Government and its partners for social care and NHSScotland for health services. Both Local Government (though the focus on National Outcomes and delivery of Single Outcome Agreements) and NHSScotland (through its 2020 Vision for Health & Social Care) have clearly established ambitions; to provide the high quality health and care services the people of Scotland expect and deserve into the future; to improve the support and services which are provided; and to build an engaged and empowered workforce.

Health and social care integration sits within a complex landscape where there has been significant progress in improving pathways of care in recent years. The Joint Futures policy, Community Health Partnerships and the work of the Joint Improvement Team have also contributed to development of partnership working across health and social care.

The introduction of a Dementia Strategy, continuing commitment to Free Personal and Nursing Care and the Reshaping Care for Older People programme, which is supported by the Change Fund for older people's services, all demonstrate determination to assure innovative, high quality care and support services that improve people's lives. The Scottish Government's Carers' Strategy supports unpaid carers, who are themselves essential providers of health and social care, and the Social Care (Self-directed Support) (Scotland) Act 2013 seeks to put greater control into the hands of individuals using care and support services.

The Healthcare Quality Strategy for NHSScotland, with its three priorities of person centered, safe and effective care, underpin the Scottish Government's commitment to deliver the highest quality healthcare services to people in Scotland. The 2020 Route Map (2013) sets out the priorities for achieving the 2020 Vision for Health and Social Care: it maintains the commitment to improving quality at scale across Scotland and among other things to engaging and empowering the workforce.

Everyone Matters: 2020 Workforce Vision (published 2013) reflects the voices of over 10,000 people involved in the extensive engagement exercise: 'We will respond to the needs of the people we care for, adapt

to new, improved ways of working, and work seamlessly with colleagues and partner organisations. We will continue to modernise the way we work and embrace technology. We will do this in a way that lives up to our core values. Together we will create a great place to work and deliver a high quality healthcare service which is among the best in the world.'

Everyone Matters captures the values that are shared across Scotland's Health Service:

- care and compassion;
- dignity and respect;
- openness, honesty and responsibility;
- quality and teamwork.

These values reflect the views of NHS staff and it is likely that they would be recognised by all those working in health and social care - aligning with the Practice Governance Framework for Social Work Practice, the Codes of Practice for social care workers and their employers developed by the Scottish Social Services Council on behalf of Scottish Ministers and the workforce policies developed by the range of organisations delivering social care in Scotland in the public, voluntary and independent sectors.

While a great deal has been achieved over the last few years there is widespread recognition across Scotland that reform needs to go

further and the plans for integration are intended to deliver the change needed. Effective approaches to joint appointments will undoubtedly play a key part in enabling achievement of the outcomes required from integration.

The Public Bodies (Joint Working) (Scotland) Bill

The Public Bodies (Joint Working) (Scotland) Bill was introduced in the Scottish Parliament on 28 May 2013. At the time of writing its journey through Parliament is under way, and is likely to come into force in April 2015.

The Bill seeks to improve outcomes for people by providing consistency in the quality of services, ensuring people are not unnecessarily delayed in hospital, and maintaining independence by creating services that allow people to stay safely at home for longer. It will do this by integrating adult health and social care services.

What is meant by this is that services should be planned and delivered seamlessly from the perspective of the patient, service user or carer, and that systems for managing services should actively support such seamlessness.

Joint appointments are an important element of the delivery of the

integration agenda and can play a significant role in helping health and local government agencies work together.

The role of joint appointments in helping to develop shared and complementary policies and plans, bring different professionals together and strengthen lines of communication between different organisations is seen as particularly valuable. However, joint appointments can fail to deliver the intended benefits when the post is poorly designed or the wrong person is recruited or is not supported adequately.

The purpose of this guide

This guide provides evidence-based guidance to help people involved in setting up joint appointments, and joint appointees themselves, to develop good practices and ensure that conditions are favourable for the new arrangement to work. It will help you to:

- set up and maintain a new joint appointment;
- review an existing joint appointment;
- troubleshoot within an existing joint appointment; and
- set up learning and development programmes, for instance to establish management competencies, in local government or health organisations.

Who is this guide for?

This guide is for:

- people involved in setting up joint appointment arrangements between health and social care organisations, including directors/ heads of human resources, and staff organisations' representatives;
- people already managing or working with joint appointments; and
- joint appointees themselves.

The research behind this guide focused on joint appointments for health improvement between health organisations and local government. However, the recommendations, guidance, hints and tips within it will also be useful for developing joint appointments involving other organisations.

The guide's credentials

This guide is based on the initial findings of research funded by the Department of Health, commissioned by the South East Regional Public Health department and carried out by OPM. The aim of the research was to produce practice-based evidence about how best to manage the complex process of setting up and maintaining a joint appointment, focusing specifically on joint health improvement posts between health organisations and local government.

The research included a literature review, an examination of government

policy drivers and contemporary analysis of joint working, specifically joint appointments. In addition, a survey was undertaken, supplemented by twelve in-depth case studies, to develop an insight into the wide range of joint appointments between health organisations and local government and to identify factors that can make joint appointments a success.

More recently, the guide has been updated to reflect the current context under the oversight of the HRWG. This group comprises membership from NHS Boards, SOLACE, ADSW, SPDS, COSLA, Trade Unions and Scottish Government. It is chaired by Shirley Rogers, Scottish Government.

How to use this guide

One of the main challenges of joint appointments, and indeed of partnership working in general, is making sure that the joint appointment is part of the mainstream activity of partner organisations.

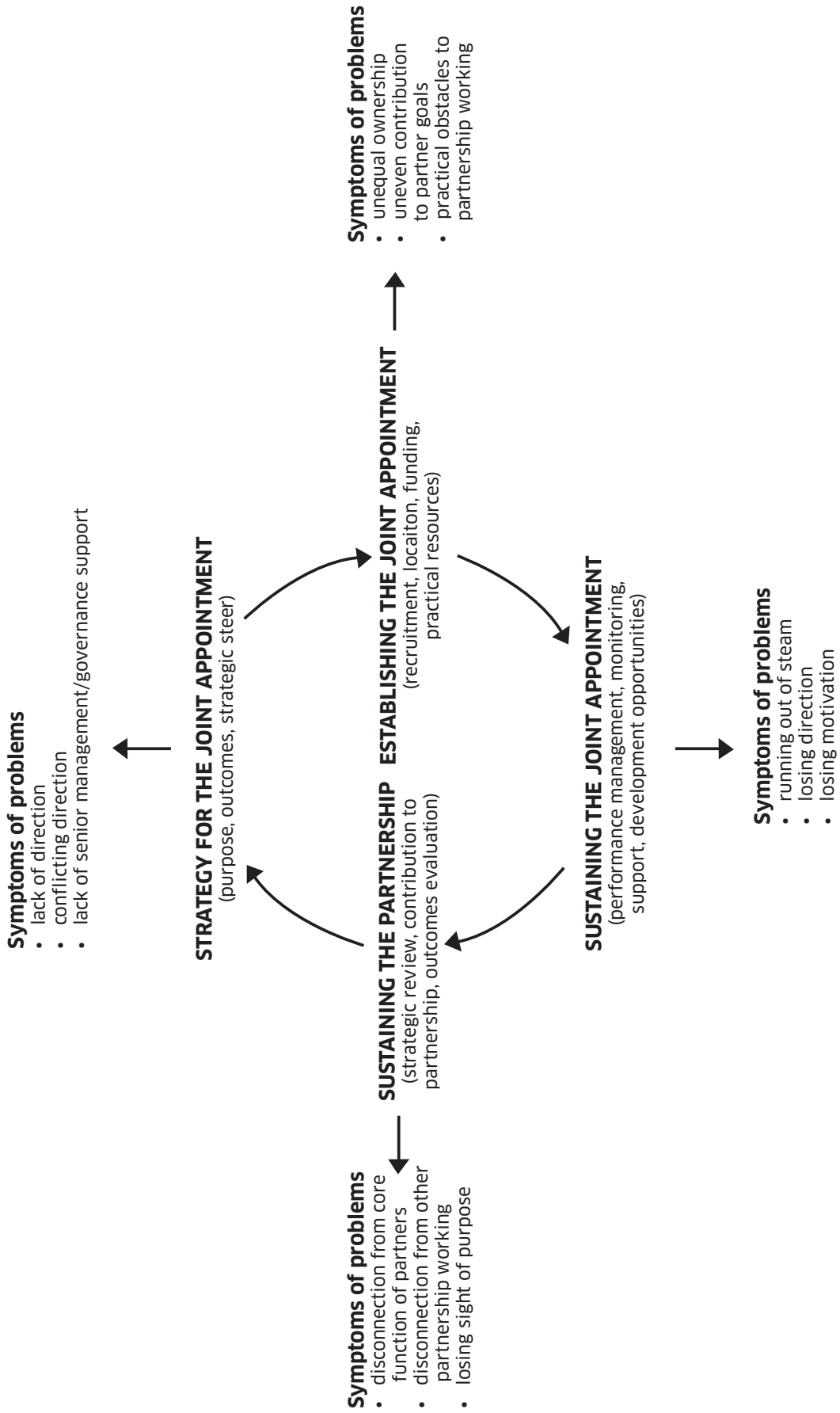
The OPM research showed that in joint appointments which were experiencing difficulties, becoming detached from the mainstream was a major factor. This manifested in everything from poor strategic thinking about the purpose of the joint appointment to the absence of standard line management systems.

The key message of the research is that in joint appointments we need to apply everything we already know about good management practice in appointing a person to any organisation, and add new approaches to support the partnership dimension of the appointment. A joint appointment requires flexibility from organisations, but this should not amount to a suspension of effective management practice. This guide aims to help managers to identify the more

complex needs and challenges of a joint appointment, but it also revisits and emphasises the more elementary processes of good human resource practice.

The guide begins at the start of a joint appointment process and has been written in a way that allows users to access the parts they need. The diagram opposite will help you to define the starting point for yourself.

Determining your starting point



Strategic Planning for a Joint Appointment

Critical Success Factors

1. Early planning
2. Clear strategic purpose

The OPM research found that the most successful joint appointments were those where partner organisations had taken the time to build a strategic framework for the joint appointment, thinking very carefully about what the joint appointment could (and, just as importantly, could not) be expected to deliver – see the table opposite.

The history of collaborative working between partner organisations will help to ensure that appropriate support is in place to support the joint appointment. The governance arrangements will need to be clear and well organised in order to support the joint appointment in the new partnership arrangements.

Good practice note

Organisations have been working in collaboration for some time and may be familiar with the critical success factors in planning for joint appointments. However, the developing legislative framework for integrating health and social care will require robust mechanisms to support a planning process potentially involving accountability to more than one governance structure and performance management arrangements operating at different levels.

A joint appointment itself should not be the first or only experience that partners have of working together to achieve a shared objective. If the joint appointment is the first or only experience of real collaboration it will be even more important to construct a partnership mechanism to support the appointment. This need not be an elaborate or overly burdensome structure. In some cases it has simply been an agreement that senior managers in partner organisations will come together at regular intervals to ensure that the joint appointment is achieving its strategic objectives and that the collaboration is influencing and shaping the agendas of partners.

Making joint appointments

What do you want your joint appointment to provide?	What will your joint appointment not be? What won't it be able to deliver?
<ul style="list-style-type: none"> • A vehicle for achieving joint outcomes between organisations • A visible link between organisations; a bridge-builder or sector 'champion' in another organisation • A way of adding value to existing organisations and resources • A logical next step emerging from an existing commitment to joint working • A mechanism for building continuity across an area of expertise crossing two organisations • A link to negotiate change and deepen integration between organisations • A channel for communications between organisation and user/communities • A support for joint planning and prioritising activity between organisations • A challenge to institutional barriers to joint working • The demonstration of leadership for the partnership • Presenting the partnership to other organisations. 	<ul style="list-style-type: none"> • An inter-organisational go-between/the sole channel for communication • Someone who 'does it all' • Able to influence or shape organisational culture or ways of working without support • A separate initiative to manage • A tool of just one partner organisation • A single post requiring the skills, time and budget of two workers, overwhelming in the breadth of its remit • Expected to create partnership working where none currently exists • Expected to repair damaged or fragile partnerships • A 'bolt-on' post.

Critical Success Factor 1: Early planning

At the very early stages there should be a significant amount of senior level planning for the post. In the absence of such planning, the joint appointee is likely to find him/herself spending valuable time and energy trying to scale organisational boundaries.

‘After I was employed, it became obvious that there wasn’t much clarity between the organisations about what I should be doing. I spent a lot of time in the first six months just helping to build a shared understanding. With hindsight, this should have been done before I was appointed.’

‘The big lesson for us has been about building in enough time for planning and thinking between the partners ahead of the formal recruitment and appointment process. It’s easy to fall into the trap of thinking that agreeing the funding is the central thing. In reality this is the easy part – much harder is agreeing the purpose and objectives, managing multiple accountabilities, developing proper management arrangements and building effective support.’

Critical Success Factor 2: Clear strategic purpose

In this early planning process, the relevant managers in all partner organisations will need to give thought to what the post is expected to deliver. Partner organisations need to think about the role of the joint appointment both in terms of furthering their own organisation’s objectives and in terms of building the partnership and furthering shared objectives between organisations.

Good practice note

It’s never too late to do the early planning. Even in the most successful or well-established of joint appointments, it makes sense for partners to revisit the early questions of purpose, objectives and so on from time to time.

For joint appointments experiencing difficulties, the diagram on page 9 may help to identify the parts of the process that need further attention, e.g. is the difficulty about the strategic framework for the appointment?; is it about the need to build in more ‘sustaining’ interventions?; is the problem how you are developing the appointment or how you are developing the partnership as a whole?; and so on.

This process is important in itself, but there needs to be shared ownership of the role at senior level, i.e. the rationale for the post must be grounded in each organisation and seen as contributing to each organisation's objectives.

'Partner agencies have got to be clear why the post is being set up and should have a stake in developing it. The job spec and objectives should all be based on consensus. If they don't take on joint ownership they won't take on joint responsibility!'

The research indicated that the most seamless and successful joint appointments were those that have emerged as a logical next step in a longer history of partnership working and the purpose, objectives and strategic benefits for the partners are clear. In these cases the joint appointment was usually established and managed under existing partnership arrangements. Using existing partnership arrangements helped to locate the joint appointment in the context of other partnership working.

If a new mechanism needs to be created to provide a strategic steer to the joint appointment it is important that it involves members from all partner organisations, of sufficient seniority in terms of strategic decision-making, who will represent the commitment of each organisation to both the partnership and the joint appointment. This group should set the strategic direction, agree objectives and targets and monitor progress. It should also ensure that the infrastructure of line management and support for the appointment is in place.

Establishing a Joint Appointment

Critical Success Factors

3. Funding
4. Recruitment
5. Administrative and logistical support

Critical Success Factor 3: Funding

How the joint appointment will be resourced needs to be clear from the outset. Funding may come from an external source, or may be jointly provided by the partner organisations. The contributions provided by different partners to the arrangement need not always be equal. They do, however, need to be agreed in advance. For example, will posts be graded and evaluated across both organisations? Funding arrangements should take into account responsibility for salary, overheads, computer hardware, travelling expenses, training and development needs, hospitality, small project/initiative costs and other costs relevant to the specific post.

The level of funding required for the post needs to be established. Often partners conceptualise joint appointments with senior responsibilities, yet the funding available will only attract middle-

management level candidates. This detail can be overlooked.

'Once I was appointed, it seemed as though all the partners had really agreed was the respective funding responsibilities for my salary. Resolving funding is an important pre-requisite but it only lays the foundation for more comprehensive planning.'

Critical Success Factor 4: Recruitment

Partner organisations should draw on the standard recruitment processes already in place in their organisations. It is important to ensure that the post is evaluated and graded across both organisations and approved by the relevant Boards or Committees.

The OPM research showed that standard practice was not always followed in recruiting to a joint appointment, which may be evidence of the way that the joint appointment process can become detached from normal mainstream activity.

In this section of the guide we therefore assume standard practice and refer to the specific issues emerging from a joint appointment.

Who wants to be a joint appointee?

Joint appointees generally act as change agents, influencing, facilitating and mediating between organisations. They very often work in the context of complex accountabilities and, on the whole, are appointed to jobs that grow, change and evolve rapidly. Successful joint appointees appear to be flexible and comfortable with uncertainty and fluidity.

As with appointments to a single organisation, successful recruitment begins with the development of a clear and comprehensive job description and person specification, which is used as the basis for the design of an appropriate process for attracting, assessing and selecting the right person.

Job description and person specification

There are a wide variety of joint appointments: clearly the job description and person specification need to identify the specific detail. However, respondents in the OPM research identified some of the personal attributes and skills and capabilities required by joint appointments in general (on page 16).

Few, if any, individuals will demonstrate all these abilities: it will be important to take a common-sense view in selecting the required qualities from this list on the basis of level of seniority and responsibility and the type of role, i.e. strategic, policy or service. Thus, for example, skills in working independently and confidence in working with uncertainty may be seen as core skills, whereas strategic ability may be more important for a senior post than for someone in a service provider role.

'The Post holder should be someone who is able to translate strategy into practical agendas, support and empower people, bring organisational cultures together, recognise that the post holder may need to act as a mediator between organisations and may find themselves pulled in different directions. You have to be able to hack it and actually enjoy it!'

Skills and capabilities required in a joint appointee:

- ability to think both strategically and operationally
- ability to look at the big picture
- assertiveness to challenge existing systems and processes where appropriate
- experience in multi-agency working
- ability to work within different organisations' cultures and systems, while not necessarily identifying with them
- ability to deal with difficult personalities effectively, bring people together and build consensus
- confidence when working with uncertainty
- excellent verbal communication and networking skills
- ability to mediate, facilitate and negotiate
- good leadership skills, including the ability to engage and empower stakeholders, lead and coordinate joint planning and manage upwards
- ability to translate strategy into action, a self-starter, focused, well- motivated, self-disciplined and able to work independently
- strong project management skills
- acute political skills and conflict management skills
- ability to develop support networks, possibly with other joint appointees
- ability to prioritise and juggle long and short-term goals.

Personal attributes required in a joint appointee:

- | | |
|----------------------------|---------------------------------|
| • perceptive and intuitive | • facilitative |
| • self-aware | • open minded |
| • diplomatic | • objective |
| • opportunistic | • confident (and credible) |
| • creative | • strong sense of social values |
| • even-tempered | • sense of humour. |

Advertising

The advertisement should be designed to call attention to the specific skills, capabilities and qualities needed in a joint appointee.

It may be a good idea to take an unusual, but particularly honest, approach when advertising, such as: 'If you are seeking glory and applause from your job, skip this ad. If you are looking for the satisfaction of knowing you make a difference, read on. Not for the faint-hearted.'

The text should state clearly whether previous experience of holding a joint appointment is required, and should emphasise the personal attributes and characteristics sought. For those with no prior experience of joint appointments the learning curve can be steep. This can present a risk if the post will only be funded for a short and specific time period.

As with any job, the advertisement should also clearly state the salary range and scale; length of contract, if appropriate; the application process; and a description of the post's purpose, challenges and opportunities.

Partners should think about the best place to advertise in relation to the specific purpose of the job, avoiding the temptation to confine themselves to the standard places that one or other partner might conventionally

use to advertise posts. Organisational newsletters, local and national newspapers and web sites may be appropriate, as may special interest journals, professional journals, black and minority ethnic group press and gay and lesbian press.

Information pack

This should provide:

- details of the partnership history to date between the partner organisations and other joint appointments that currently exist;
- socio-economic profile of the local area;
- Annual Report/Strategic Plan of partner organisations;
- clarity on how the objectives of this post feed into the objectives of each organisation and their shared goals;
- political make-up of the council; the membership of the health board and details of the management board of any other partner organisation;
- terms and conditions and flexibility within these arrangements. For example, will it be possible for the person appointed to decide if they want an NHSScotland or local government contract, on the basis that these organisations will be the main partner bodies?;
- location of the post;
- objectives and job description;
- person specification; and
- selection process.

Selection process

There are many ways of managing the selection process, and again it is important to draw on the standard practices in place in partner organisations.

If you choose to hold a panel interview, ensure that you have at least one member on the panel with a good understanding of what being a joint appointee is about. Think about inviting someone from another area who is currently in a joint appointment role. All of the partner organisations should be represented. It may be sensible, depending on the purpose of the joint appointment, to have on the panel a voluntary sector member, a councillor or board member, a GP or a member of the professional group with whom the appointee may find themselves working.

An assessment centre may also be a useful tool for allowing interviewers to assess candidates in relation to particular clusters of job activities central to the role. There are nine frequently assessed behavioural dimensions: oral communication, planning and organising, delegation, control, decisiveness, initiative, tolerance of stress, adaptability and tenacity.

Measurement devices might consist of personality tests, interviews, typical paper-and-pencil administrative tasks, leaderless group discussions and case analyses.

Good practice note

We have identified particular skills and personal attributes required for a joint appointment. These cluster around confidence, independence and integrity. Successful recruitment processes have found ways of enabling candidates to demonstrate these capabilities: for example, requiring candidates to prepare and deliver a short presentation or setting a problem-solving exercise.

Consider asking interviewees to read a short scenario of a typical challenge a joint appointee may face; ask them to describe how they might deal with or respond to this situation. Keep the skills and person specification of the joint appointee in mind at all times and develop questions to draw these out.

You may also want to consider using a psychometric test, given the importance of personality for the role.

Salary, contract and terms and conditions

Salary and terms and conditions can often be an issue, because joint appointments attract people from a range of professional backgrounds in health organisations, local government and elsewhere. Factors you may want to consider are:

- should posts be evaluated and graded across both organisations? If so what groups or committees will need to approve funding?
- will you offer people a choice of local authority or health board contract? – these being the main partner organisations. This may be important for continuity of pension arrangements.
- parity of terms and conditions with other joint appointees or others of a similar level of responsibility within the partner organisations.
- will the post holder be managing others, immediately or in the future? Parity again will need to be considered, particularly if the people involved hold contracts with different organisations, as NHS pay scales differ from local authority ones. Our research with existing joint appointees revealed differences in remuneration in some cases, causing disparities in the line management relationship.
- if you appoint a professional, such as a nurse, an allied health professional, a police officer etc, will they be paid according to their professional salary scale, or will they be remunerated based on a salary scale decided upon for the post?; and
- if this is to be a permanent post, will the issue of promotion to a higher salary scale be available should the post or post holder develop over time? The agreed mechanism responsible for the strategic management of the post may need to consider this at an early stage.

Good practice note

It is important to make sure that difficulties arising in relation to contracts, salaries and so on are not, in reality, a proxy for other issues that have not been resolved. It is easy to become entangled in bureaucratic wrangling about, for example, who holds the contract when in reality this is merely an issue of administrative convenience. If these kinds of disagreements persist, it is important to ask questions – is the debate that is nominally about the contract actually about power and control? Likewise, if the debate is about salary scales, is it actually a debate about the extent to which the joint appointment is valued or the capability of the line manager to help the joint appointee to work through complex issues?

These issues are particularly crucial for multi-agency and multi-professional teams where people are drawn from different organisations with different professional backgrounds to work as part of a team in which members are assumed to have equal levels of responsibility: for example, Sure Start or Youth offending teams.

Critical Success Factor 5: Administrative and logistical support

Support Partners should recognise that there may be differences in systems between organisations. Potential problems arising from a differential availability of resources, for example, need to be anticipated, or responded to quickly when identified.

These practical issues are even more important for joint appointees than for any other employee, and need to be taken seriously.

Information technology

Joint appointees particularly need to have access to technology and software that is compatible with all organisations. They need to be networked into partner organisations and thought needs to be given to how best to manage this, for example by having all emails bounced to one location. It is astounding how

much difficulty and frustration joint appointees can experience due to incompatible software or lack of email facilities.

As well as facilitating one-to-one communication, having access to all partners' networks will ensure that joint appointees receive the internal circulars and regular emails that go to everyone in an organisation. This will help the joint appointee feel part of organisations, develop an understanding of the culture of the organisations and ensure they are up to date with organisational issues, social opportunities, and so on. It does however increase the volume of information the post holder has to deal with.

Administrative support

Depending on the purpose of the joint appointee's role, it is likely that administrative support will be needed. It is not acceptable to rely on temporary agency staff; or on existing administrative staff who are located within a different building; or staff who have had supporting a joint appointee recently tagged on to their job description with no discussion, extra remuneration or appropriate accountability.

These kinds of scenarios will ultimately reduce the effectiveness of the joint appointee, as well as reducing their morale. Joint

appointees often spend much of their time out of the office, so having someone available to inform callers of their location or return time is valuable, as is having someone to manage the volume of information flowing to and from the appointee and each organisation.

Hot desks

Some joint appointees have a desk in all partner organisations and spend time at each. This may not be possible; however, joint appointees who do operate in this way indicate that it helps to ensure they are not seen as 'owned' by one organisation and therefore working more in the interests of that organisation.

Telephones

Mobile technology and voicemail are vital in order to ensure that joint appointees are accessible to all sides of the partnership, particularly if no administrative support is available. This is particularly the case if joint appointees are working with the community.

Sustaining a Joint Appointment

Critical Success Factors

6. Induction
7. Performance management
8. Training, development and personal support

Critical Success Factor 6: Induction

Where partnerships are relatively new organisations joint appointees will play a key role as the partnership develops.

To do this well it is vital that joint appointees have an understanding of the culture of the partner organisations. This means understanding not just the relevant structures, processes and governance, but also how it feels to work there. For example: is it a very mechanistic and rule bound organisation; is it very hierarchical; does it take managed risks or is it very cautious and controlled; does it exploit opportunities to learn and develop or does it seek out fault and apportion blame when things go wrong; are staff expected to experiment, use initiative, develop ideas and work across departments? If the joint appointee doesn't have this understanding of at least one organisation then the learning curve may be too steep. The

induction needs to help with this. Induction is also a particular priority in a joint appointment because the risk of the joint appointee becoming detached and isolated is higher than in more conventional appointments.

Induction is as much about introducing the post into the partner organisations and explaining how it will work as introducing the person. Joint appointees are more likely to work with a great deal of flexibility and autonomy, which means that there is a higher risk of confusion and, sometimes, resentment among colleagues who are managed differently. Support and effort from the senior management of partner organisations to help the joint appointee become known to the staff is important and helps to establish the credibility of the joint appointee.

An effective induction is not merely a quick walk about with another member of staff, nor is it solely a series of appointments with colleagues during the first weeks in the job. It starts with an initial plan

developed by the person responsible for recruitment, and then evolves and is shaped by the post holder. It should be seen as a key responsibility of both the manager and the post holder to ensure that a proper and adequate induction takes place. The induction period should stretch over a longer period of time than the first day or week. This is particularly important when the appointee has little or no experience of the organisational culture in a health service or local government environment.

The induction should include an introduction to the systems and processes of the organisations. It is vital that the joint appointee understands, for example, how decisions and policy are made and who is involved in this process; what information is routinely collected by each organisation; and the organisation's strategic objectives and implementation plan and how their role contributes to these. The induction should also explain the key relationships with relevant stakeholder organisations and the community.

Good practice note

There are a range of tools which can be used as part of an induction package:

- shadowing staff at various levels
- attending decision-making meetings
- holding a 10-minute lunchtime introductory meeting to describe the post to members of staff within each organisation
- emailing an introduction to everyone, in all partner organisations, of who they are and where they will be located
- driving or walking around the local area
- carrying out a few interviews with key staff and stakeholders to identify the range of expectations of what the appointee will be doing and aiming to achieve
- visiting service delivery points
- making the joint appointee's contact details available in partner organisations and including the post on organisational charts

Critical Success Factor 7: Performance management

The research indicated that in a surprising number of cases joint appointees had not had access to systematic performance management. This is despite the fact that all partner organisations probably operate a performance management system as a matter of course in more conventional appointments.

Performance management of the post holder is very different to performance management of the joint appointment. Specifically, the joint appointee needs a line manager while the joint appointment needs a strategic steer and a group responsible for monitoring and evaluating the effectiveness of the joint appointment as a mechanism for achieving a set of shared strategic objectives. Here, we focus specifically on the performance management of the joint appointee. Performance managing how well the strategic aims of the appointment are being met is considered in the next section, 'Sustaining the Partnership'.

Joint appointees need to be given the flexibility and autonomy to develop the post. Tight and controlling management is unlikely to provide this.

However, they also need a set of clear performance indicators linked to the objectives of the post, and regular time (perhaps a monthly meeting) with the manager to reflect on how these are being achieved and what is helping and hindering.

The requirement for joint accountability, and its implications for management, is a particular issue. For more junior appointments the problem often manifests as 'no-one takes responsibility - I've

been pushed from pillar to post.'

At a more senior level, maintaining accountability to more than one governance structure can be challenging, although this can be mitigated by sharing and clarifying expectations of the post early in the planning stage. It is important also to take account of different governance mechanisms, cultures and expectations within the different organisations.

Performance indicators

In many cases, the particular challenge that a joint appointment presents is the determining of appropriate targets and performance indicators. This is a difficulty inherent in 'measuring success' in partnership working in general.

As with any good performance management system, joint appointees need to be helped to set objectives emerging from the overall strategic purpose of the joint appointment and then, together with the line manager, to develop performance indicators as appropriate. Training and development needs should also be part of this process.

In agreeing performance indicators it is important to remember that the performance of the joint appointee in terms of achievements can be dependant on a number of other prerequisites, such as

the clarity of the purpose of the post, shared expectations and objectives, commitment from partner organisations, effective line management and so on. Performance management needs to be mindful of these wider success factors and use line management meetings to reflect on their presence and stability.

Quarterly reports to the strategic management group by the joint appointee and the line manager were identified by participants in the research as a useful way to ensure proper interaction between the operational performance of the joint appointee and the strategic performance of the joint appointment.

Shared priorities and targets

Most post holders talked of the need for work in developing targets and priorities aligned between and across organisations. This process needs to flow from the broad scoping of the purpose and aims of the post, otherwise, as one of our interviewees noted: ‘Despite joint targets, there is a tendency for agencies to do their own thing and expect their own things to be my priorities.’ These targets need to be monitored and reviewed by effective and regular management interventions.

Good practice note

As with all partnership working it is important to be rigorous in ensuring that the performance indicators set relate to outcomes as opposed to inputs. It is easy to fall into the trap of measuring ‘inputs’, e.g. partnership contacts (meetings, forums, events and so on) as opposed to outcomes, such as partnership actions resulting in a tangible benefit for service users, for example development of shared stakeholder standards for the monitoring of service X. Joint appointees who are not helped to differentiate in this way can end up feeling demotivated and that they are not achieving.

‘In my case the partners should have spent more time distinguishing between aspirations and achievable realities.’

Frustration and confusion arises when the post holder finds himself or herself with too many masters and conflicting instructions.

‘For a while one organisation did try and manipulate me to work to their advantage, the whole arrangement was suffering, but my line manager took it to the partnership board. It wasn’t easy but it got sorted out!’

Line management

Management arrangements will have a significant impact on a joint appointment's success. Rarely, and only at senior levels, did the original research find a joint appointee who was satisfied with remote and infrequent management from the partner organisation. Joint appointees need the confidence to take these posts forward but also need line managers to be a sounding board for progress and development.

'My management is not helpful really, it's mainly by email and meetings once every couple of months.'

'My main concern is that my line manager is mainly interested in daily issues, not strategy and there is little about me, it's all about the post!'

Joint line management seems to be particularly effective when regular progress and review meetings are scheduled – perhaps once every month – and where the relevant managers from each organisation meet with each other and the post holder, with space for current issues to be dealt with. These sessions should consider both the operational performance of the joint appointee in relation to delivering on the objectives of their post and the strategic objectives of the appointment. Structured feedback should be offered and time made

available for problem solving or agreeing approaches if necessary.

Good practice note

It is crucial in joint appointments that we differentiate between how the appointment is managed and where the appointee is accountable. The fact that the appointee will have multiple accountabilities does not necessarily mean that he or she needs to be managed in multiple places. However, when one partner takes responsibility for day-to-day line management arrangements it is easy to lose sight of the dual, or even multiple, accountability. The key to managing in the context of multiple accountabilities is that the line manager operates within a clear strategic framework set by all the partners.

'Joint meetings are a good idea, but finding time all individuals can make is a nightmare. We set ours up twelve months ahead now.'

These meetings are more effective if they follow an agenda of standard issues, progress against objectives, difficulties, training and development, etc.

The line manager needs to be selected carefully. He or she will need an understanding of what is required in the role and how this can best be achieved. It need not necessarily be someone with a different professional

background to the joint appointee, although such a person may offer a different professional perspective and make it less likely that the joint appointee will be seen to be 'owned' by the organisation in which they or their manager is located.

'I think managers who take on this role need to understand the subtle differences to single organisation posts - maybe some training or something before they take the role on.'

The line manager needs to be someone who is not too close to the objectives of the post. A line manager with a lot to lose or gain may seek, or merely be perceived as seeking, to shape the post holders approach to their organisation's advantage. When tensions, competing demands, different expectations or conflicts occur between organisations it may be difficult for line managers close to the work to manage the joint appointee objectively. The manager should be someone with a reputation for integrity and absolute fairness.

'I often feel pulled in different directions when my manager focuses on his own organisation's priorities rather than the partnership's.'

Some joint appointees have found themselves being managed by people on a lower salary than themselves,

with potential consequences for the management relationship. This is likely to be more of a problem within very hierarchical or bureaucratic organisations where status/power and earnings are closely correlated. This is not necessarily the case in all organisations.

Location of line manager

A number of the joint appointees we spoke to suggested that line management in the more 'familiar' organisation works best, at least at the start of the post. Others disagreed, suggesting that this may impede the extent to which the individual feels at home within, and is perceived as equally 'owned' by, all organisations.

Good practice note

Providing some freedom and flexibility is not the same as suspending sound, standard managerial processes. For example, the freedom to shape objectives and design more flexible targets or more qualitative measures of performance should not mean that we suspend the need to determine objectives and define performance indicators altogether. If anything, the fluid nature of joint appointments and the relative absence of standard 'fixed points' call for more rigorous attention to these sorts of managerial processes.

'I am from a social care background and so is my manager. With hindsight I think I should have had a manager from health as this reinforced the perception that I belonged to social services. It didn't really help strike a balance or consolidate joint working.'

An appointee from a health background, for example, may welcome line management from the local authority, or vice versa, as a quick way of getting up to speed with the culture of the new organisation, and to avoid being seen as belonging to one organisational culture while trying to make inroads into the other.

As both views were widely endorsed, it is probably necessary to decide the appropriate location of line management on a case-by-case basis.

Supervision

Professional supervision or accountability may be important or necessary for joint appointees in some professional groups, i.e. supervision from someone at a more senior level within the profession, who oversees continuing professional development and is accountable for the joint appointee's professional performance. This may be true, for example, of nursing or clinical staff. In such cases, the line manager, the professional supervisor and the joint appointee need to meet to clarify the expectations of each and to establish the content and mechanisms for

communication between them.

In some cases there is also a requirement for statutory supervision. These issues need to be considered during recruitment.

'To be honest, I have found it difficult as a nurse employed by the local authority to retain my professional autonomy in this unfamiliar environment.'

Flexibility

Our research suggests that introducing an element of flexibility into the management and maintenance of joint appointments can be effective. The nature of the post can change over time - in its objectives, priorities, accountability arrangements and so on - and managers need to recognise and allow for this aspect. Particularly with more senior post holders, the structures of joint management and accountability have been flexible and fluid, allowing the post holder to achieve objectives: '(management is by) memos of agreement rather than anything more specific'. Allowing the post holder some space and freedom to determine their own workload and shape areas of work can relieve some pressure from what may be a very intensive role. Licence to be creative and innovative is also important; working across organisations can expose staff to new challenges and ideas that can be developed or shaped to the advantage of the post.

Critical Success Factor 8 Training, development and personal support

The original research showed that a resilient personality is required to cope with joint appointments, particularly at more junior levels. Practice-level or front-line posts did not tend to attract the same senior level commitment or interest as planning or strategy-level posts. Training and development and personal support were often inadequate or overlooked in these roles, as post holders were not necessarily able to 'shout loudly' for these needs to be addressed. With pressures coming at the joint appointee from various directions, particularly for more junior posts, the post holder may suffer competing and even conflicting demands and he or she needs to be supported in managing this reality.

'When they appointed me they knew I was on a fairly steep learning curve but my development needs were never mentioned again after the interview and offer of the job. Looking back, I wish I had pushed for it; in many ways I learned the hard way through mistakes.'

Personal support

Irrespective of the level of seniority of the post, all joint appointees will benefit from being part of a network of joint appointment peers. Joint appointees have said that they often feel isolated in their roles. They

may fit into neither organisational culture and feel that they are not part of either organisation. They may also find themselves in possession of confidential information they are unable to share with their line manager. Some of the challenges that present themselves are unique to joint appointments and are not generally understood. It may sometimes feel like a thankless job, as the successes are often about enabling the success or achievements of others.

Even where systems and management arrangements are in place to support joint appointees, it is often the lack of personal assistance and advice on a day-to-day level which is particularly problematic. Interviewees referred to 'the lack of support and protection generally'.

For these reasons, it is important for joint appointees to have support from others in similar roles who understand the nature of the experience and who can offer mutual support and shared approaches to managing the difficulties that arise. The original interviewees emphasised the importance of accessing networks of support and talking to people holding similar posts in either an informal or a formal way. Time and space for reflection on practice, and forward planning, perhaps through retreats or partnership away days, was also thought important.

'It can often feel very isolated and like no-one really appreciates what it is you do - having said that I love it and would sometimes just like to share with someone else who understands what it's like.'

Some partnerships have found it helpful to develop a portfolio or network of joint appointments, to provide mutual support in a structured and formalised way. These could operate within a local authority or health board area, city or nationally, or could be client based and draw joint appointees together across the community for mutual support and professional development.

Joint appointees should also be encouraged to utilise existing professional organisations and networks for support. Time and resources for attendance at events, conferences and seminars should be provided to allow post holders to begin to identify these networks.

Training and development

Many joint appointees feel that the kinds of training and development that would be helpful for them were not easily available.

'If I needed training in Excel Spreadsheets I could get that easily but it's not really what I need.' In particular, training and information were sought on:

- policy issues, changes and legislation within a particular sector
- joint working
- conflict management
- consensus building
- leadership skills
- community development techniques
- developing reflective practice evaluation
- political skills
- negotiation and influencing skills.

It should be clear to joint appointees what resources are available to them for training and support. The budget should be identified early in the recruitment process and training needs identified at the point of recruitment, then fine-tuned with the appointee soon after they take up the post.

As the number of joint appointments continue to increase it may be cost effective to pool resources from partner organisations to fund training and development.

Employers should encourage research and development budget holders to allocate resources to the provision of the kind of training and development required by joint appointees.

There are few exemplars or blueprints for working effectively in a joint appointment. It is likely therefore that development and support

opportunities will take the form of learning sets or coaching, which offer opportunities for mutual support, shared learning and problem solving.

Mentoring

Joint appointees in middle or senior level roles may benefit from having a mentor to act as a sounding board and advisor, who can help the joint appointee develop ways to respond to and manage challenges and be reflective on their practice. This needs to be someone who is suitable for the role but who is also impartial, i.e. has no stake in the objectives of the post. Ideally this person will be someone independent of the employing organisations.

Sustaining the Partnership

Critical Success Factors

9. A systematic process for strategic review
10. A process for influencing partner agendas
11. Formative reflection and evaluation

Critical Success Factor 9: A systematic process for strategic review

Joint appointments will work across partner organisations as vehicles to improve delivery of the national outcomes for health and wellbeing.

Joint appointees will also require a strategic management framework including people drawn from partner organisations with responsibility for delivering on objectives and being accountable for these. It is important that the mechanism developed for doing this groundwork and establishing the post is sustained, in order to make sure that the post holder stays on track and the post delivers its strategic aims.

The national outcomes and specific objectives need to be clearly stated in the groundwork stage of setting up a joint appointment. The joint appointee's operational objectives, i.e. what they need to do in order to help strategic aims and objectives of the post to be delivered, will develop from the agreed outcomes.

It may also be helpful for members of the post's strategic management framework to be clear about their role and have some objectives of their own.

For example 'to contribute to bringing into the mainstream within their own organisations the issues arising from the post.'

Strategic management of Health and Social Care Partnerships will be provided by an Integration Joint Board or a Joint Monitoring Committee depending on the delivery model.

The Board or Committee is responsible for ensuring the delivery of the national health and wellbeing outcomes and managing the interface between the partnership's decisions and decisions made by the individual organisations.

National outcomes for health and wellbeing

Joint appointments will help organisations to deliver on national outcomes and associated national performance indicators. This will require the collection of information against these indicators, to be returned to a central source for monitoring purposes.

Health boards will almost certainly have different performance indicators from local government for their contribution to what may well be the same national outcome. The same may be true of other partner agencies.

If the national performance indicators are used directly to performance manage a joint appointment, this will be burdensome for all involved and create tensions and frustrations for both the joint appointee and their strategic managers. Rather than trying to correlate the effect of the joint appointment with the national performance indicator directly, it may be better to use proxies based on evidence-based assumptions. The examples below illustrate how this can be done.

Example 1

Imagine that the strategic aim of a joint appointment is to contribute to an increase in the health and wellbeing of older people. An objective of the appointment may

be to increase the number of well older people who engage in physical activity. This objective could have been set on an evidence-based assumption that those people involved in physical activity are less likely to suffer from depression, less likely to have falls, use health services less, and perceive themselves as healthier than those well older people who do not engage in physical activity.

(Remember this is hypothetical.) Therefore, if you get more people using leisure facilities, out walking or engaging in other physical activity, this will improve health and help maintain good health for longer. Say that the performance indicator for one of the health partners is the ‘[reduction in falls of the elderly resulting in fractured hips from X to Y by 2015.](#)’ Given the objectives above it would be unwise to try to performance manage the joint appointee or the joint appointment in the short term on the national performance indicator.

Example 2

Imagine that a partnership has a joint appointment resource to improve the health and quality of life of young people. One of the national performance indicators for health might be reducing teenage pregnancies; one of the national performance indicators for local government may be to increase take

up of further or higher education; for the Police it may be reduction in youth crime rates; and for the Criminal Justice Team it may be reduction in re-offending rates of young offenders. A partnership and joint appointment may seek to contribute to all of these but it cannot realistically be performance managed directly on these indicators.

However, this kind of confusion over performance management indicators does happen, as was found out from the OPM research. It is vitally important that this aspect of the work is given proper thought, discussion and consideration by the management framework. Advice and input from those with expertise in this area should be sought if necessary.

Critical Success Factor 10: A process for influencing partner agendas

If there is no sense in which the joint appointment influences or affects the mainstream agenda of the partner organisations, there is a good argument for exploring whether a joint appointment is worthwhile at all.

While some joint appointments have emerged from an opportunistic seizing of resources made available by two or more organisations, it is still important to think about insights or learning that the joint appointment

has generated and to explore ways of sharing the learning with all partners.

A key role of the senior manager involved in the strategic management structure will be to ensure that the experience of the joint appointment influences the mainstream agenda of the partners.

Critical Success Factor 11: Formative reflection and evaluation

Formative evaluation, very simplistically, means reviewing and reflecting 'as you go'. There is an enormous amount of benefit to be derived from developing techniques and approaches for ongoing reflection, at the operational level for the joint appointee with the line manager, but also for the strategic management group. It is particularly useful for thinking and reflecting on how well the structures and processes around the joint appointment are working, as opposed to whether the outputs and outcomes are being achieved.

The benefits from this are:

- being able to recognise if there is a need to modify approaches and ways of working;
- keeping a record of the added value of the appointment by identifying positive activity that has happened as a result of the appointment over and above the objectives set;

- identifying and responding to opportunities and difficulties as they arise;
- anticipating challenges and difficulties and preventing conflict; providing a legitimate and recognised way of addressing tensions.

This framework should ideally be agreed at the start of the partnership and used as set points for reflection. The framework can be used by both the strategic management group and the joint appointee with his or her line manager.

Formative evaluation requires a framework. For example, the framework used by the strategic management group in the formative evaluation of the joint appointment might include consideration, through discussion, of:

- how well the appointee has been supported to deliver his/her objectives;
- how well the strategic management function has performed in terms of providing clear direction and appropriate review and reflection;
- the extent to which the post has been mainstreamed within partner organisations;
- the ability of the post to influence and interface with other strategic activities and policies within partner organisations.

Appendix 1

Members of the HR Working Group on Integration

Alan Baird, Chief Social Work Advisor, The Scottish Government

Douglas Black, Unison Representative, Unison

Alan Boyter, Director of Human Resources and Organisational Development, NHS Lothian

John Davidson, Head of Human Resources and Staff Governance, Scottish Ambulance Service

John Gallacher, Regional Manager, UNISON

Grant Hughes, Policy Manager, The Scottish Government

Helen Kelly, Director of Human Resources, NHS Forth Valley

Kenneth Leinster, Head of Community Care & Housing, South Ayrshire Council

Jane MacKenzie, Head of Unit, The Scottish Government

Alex McLuckie, Public Services Senior Organiser, GMB Scotland

Stephen Moore, Director of Social Work, Fife Council

Norman Provan, Associate Director – Employee Relations, Royal College of Nursing

Ian Reid, Director of Human Resources, NHS Greater Glasgow and Clyde

Hugh Robertson, SPDS

Shirley Rogers, Director – Health Workforce, The Scottish Government (Chair)

Garrick Smyth, Policy Manager, COSLA

Kate Thomas, Team Leader, The Scottish Government



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Edinburgh
EH1 3DG

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