



# SHAPING THE ADULT HEALTH AND SOCIAL CARE MARKET IN DUNDEE

2017 - 2021



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# MAKING THE CHANGES THAT ARE RIGHT FOR DUNDEE

Our collective ambition is to achieve the best outcomes for families and communities, so people are at the heart of everything we do. Our communities are unique and their sense of place defines our work. Rather than doing things 'to' or 'for' people we will work 'with' people to support them to regain and retain the skills and motivation needed to achieve independent lives and to support them to direct the support that they may need to achieve this.

In 2012, Scotland's Auditor General outlined the complexities associated with the strategic commissioning of social care services due to reducing budgets, changing demographics, growing demands and expectations, the personalisation agenda and the planned implementation of self-directed support legislation. (1)

The Auditor General urged local authorities and their health partners to do more to improve the planning and delivery of health and social care services through better engagement with providers, service users and carers. To improve and get better at analysis and use of information on needs, costs, quality of services and their impact on people's lives.

In 2016 the Auditor General, in a report on Social Work in Scotland, stressed that approaches to delivering social work services will not be sustainable in the long term and that Councils and Integration Joint Boards need to work with the Scottish Government to make fundamental decisions about how they provide services in the future. (2)

The provision of health and social care services to the citizens of Dundee is set out in detail in our 2016 – 2021 Strategic and Commissioning Plan.(3) This Market Facilitation Strategy is a fundamental part of the Strategic and Commissioning Plan and considers how we will develop our services so that they are fit for the future.

In response to the Auditor's challenge, our Market Facilitation Strategy represents the start of a dialogue between the Dundee Health and Social Care Partnership, service providers, service users, carers and other stakeholders about the future shape of our local social care market and how, together, we can ensure this is responsive to the changing needs and aspirations of Dundee's citizens.

**David Lynch**  
Chief Officer  
Dundee Health and Social Care Partnership

(1) *Commissioning Social Care, Audit Scotland, March 2012*  
[www.audit-scotland.gov.uk/docs/health/2012/n\\_r12030](http://www.audit-scotland.gov.uk/docs/health/2012/n_r12030)

(2) *Social Work in Scotland September 2016*  
[http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr\\_160922\\_social\\_work.pdf](http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_160922_social_work.pdf)

(3) *Dundee Health and Social Care Strategic and Commissioning Plan 2016 – 2021*  
<http://ihub.scot/media/1128/dundee.pdf>

Dundee Health and Social Care Partnership is committed to ensuring Dundee's citizens are well cared for and that those who need help to stay well and safe are able to exercise choice and as much control as they wish over their support. We currently make an annual investment of £249 million in health and social care services. To deliver on our commitment we need to make sure people can choose from a variety of providers and a range of support options. They must also understand what support is available and be able to make informed choices by having easy access to information about the quality, flexibility, safety and cost of services. Our Strategy sets out to complement and add value to the business planning and development activities of current and potential providers.

**Dundee Health and Social Care Partnership can achieve this most effectively by:**

- Actively sharing with current and potential providers the intelligence we have on population trends, the current demand for and costs of care
- What future demand and the social care economy might look like
- Making our ideas known about how we believe the market needs to change over time, in response to changing expectations, economic, demographic and legislative drivers
- Being clear with providers about how we will intervene in the market, through the investments we make and the encouragement and advice we give, to achieve a balance in the supply and demand for services
- Explaining why we need to disinvest in some areas and increase spending in others, giving those organisations who wish to grow and adapt to new circumstances time to do so.

This is Dundee Health and Social Care Partnership's first Market Facilitation Strategy. We know that there are gaps and areas that will need further work including areas where there are opportunities for Tayside wide collaboration. Work is ongoing to ensure future links with other strategic and commissioning plans as they are developed and as they relate to Children and Families (including Community Justice), Dundee Alcohol and Drugs Partnership, Community Justice, Violence against Women and Suicide Prevention.

It is our intention to continue to work with providers and commissioning organisations to improve our intelligence so that we can effectively plan our business and make known our intentions for the coming years.

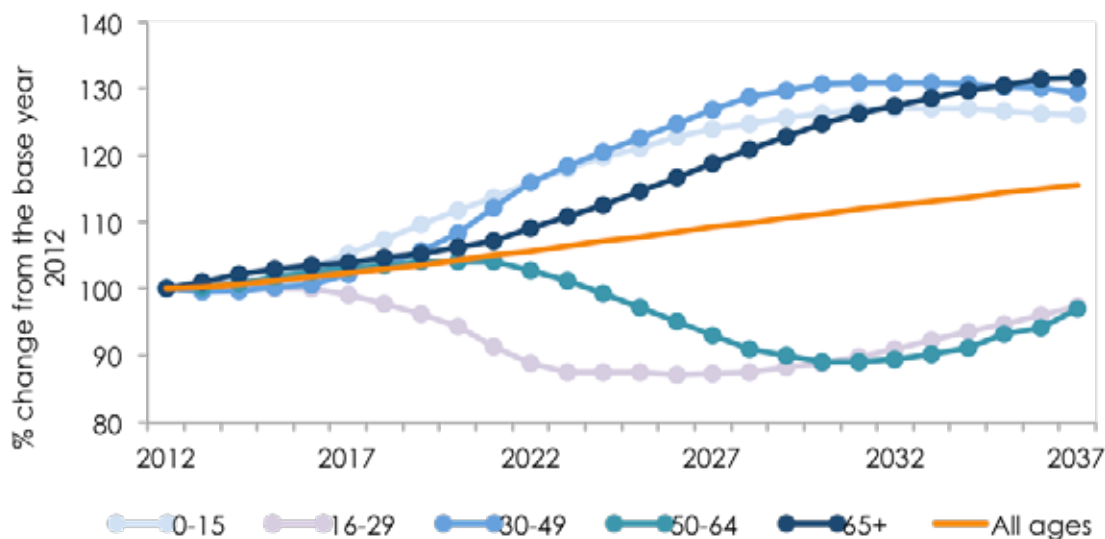
### 2.1 A focus on health and wellbeing

Dundee faces the challenges and opportunities of the changing demographics of a growing population. The current and projected demographic changes taking place may have an impact on the size of the working population and the economy of the city over the next 10 years.

By 2037 the population of Dundee is projected to be 170,811. This is an increase of 15% when compared to the estimated population in 2014. This growth can be attributed to a combination of in-migration and increased life expectancy.

Currently the 16-64 population accounts for two thirds of the Dundee population, with an estimated 98,706 people. As shown in Chart 1, this age group is projected to grow at a slower rate (9% to 107,815) than the older population. The 16-29 and the 50-64 age groups are projected to fall in the next 10 years. This may have some impact on the size of the working population and the economy of the city in the medium term.

**Chart 1: Dundee projected population by age groups, 2012 - 2037**



Source: 2012-based principal population projections for Council areas 2012-2037 National Records of Scotland

There is expected to be an increase in life expectancy and a significant increase in the older people population in particular the 75+ and 90+ age groups. This linked with the decrease in the number of people aged 50-64, who are the main providers of unpaid care for older family members, could leave a gap in the level of unpaid care available to the rising number of older people in Dundee over the coming years.

While we expect the number of older people to rise over the coming years we also know that the prevalence of health conditions and multi-morbidities in the older population, as they live longer, will lead to an increasing reliance on health and social care services for care and support. The higher level of morbidity and multi-morbidities experienced at a younger age, by people affected by deprivation and health and social inequalities, will also have an impact on health and social care service delivery.

Dundee has a high level of unscheduled care including emergency admission to hospital and the length of stay in hospital by those admitted as an emergency. The task of allocating resources, to ensure that demand can be appropriately met when required, presents a continuing challenge particularly in the context of the current and future financial constraints being faced by all health and social care services in Dundee.

The level of deprivation and the health and social inequalities across Dundee, affects people of all ages who live in deprived neighbourhoods. The level of obesity, substance misuse, poor sexual and reproductive health and wellbeing and teenage pregnancy are factors which are having a negative impact on life expectancy and health in areas across the city.

There is a strong partnership commitment to continuing to address the need for protection and support of vulnerable people across all age groups through adult protection, child protection, violence against women, suicides prevention, drug and alcohol and offender management responses. While other forms of offending are reducing in Dundee domestic abuse and substance misuse are likely to continue to be two of the main priorities for community justice partners. Dundee has the highest imprisonment rate in Scotland and the level of need for support and services on release can be considerable with robust packages of support needed to help those affected to reintegrate into everyday life.

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## 2.2 A focus on delivering the right support at the right time

Through the implementation of models of change, more emphasis is now being placed in Dundee on the development of preventative services and early interventions to support people to live more independently in the community. Agencies are working together to develop more integrated services and improve health outcomes for people who need support.

Within the local authority the delivery of services has been organised around adult care groups, such as substance misuse and learning disability. While these organisational arrangements have allowed services to be developed and delivered to better meet the specific needs of people with different care and support needs, this has meant that decision making about the use of the resources for each care group has been very high level and centralised. Similarly within Dundee Community Health Partnership the delivery of community nursing services has been organised and managed centrally at a citywide level. Overall there has not been the flexibility within the current organisational arrangements to be able respond to changing needs and to organise and target resources at a Local Community Planning Partnership or neighbourhood level.

We recognise that our current organisational arrangements and decision making processes need to be replaced with a new integrated, locality based organisational and service delivery framework with aligned management and staffing structures. Adopting this framework means the need for resources at a local community and neighbourhood level can be more effectively assessed, prioritised and targeted. This will allow resources to be in the 'right' place and services to be more fully and effectively integrated around individuals, carers and their families within their own local communities.

We recognise that work is still required to streamline systems, pathways and processes across health and social care to reduce the level of duplication in activities across agencies and to create the right conditions for a more fully integrated and outcomes focused approach to the planning and delivery of services for those who need them. We realise that the services and supports currently available in Dundee are not sufficiently individualised. We are committed to realising over the coming years the transformational change required to embed service user empowerment and choice at the heart of individual care planning and service delivery in Dundee.

The number of people who die in hospital when it may be their wish to die at home is increasing and the need to extend the provision of palliative care to all those who need it is an area we must address. We recognise that to achieve this we need to build an effective model of multi-agency team working and engagement within localities. There is a need to build further on collaborative working and education between the public and all of the professionals and third parties involved in the delivery of general and specialist palliative care.

Family and unpaid carers provide a significant amount of support in Dundee. With the rising number of older people it is anticipated that the number of unpaid carers in Dundee will grow and we know that there will be a need to 'scale up' the level of carer support accordingly. Supporting their work and sustaining their wellbeing must be a shared priority for all health and social care partners and an integral part of future service designs.

We know through feedback from the people who receive our services, including the complaints and compliments received by social work services and NHS Tayside, that for the most part the quality of our services for adults in Dundee is of an acceptable and sometimes good standard. It is also at times of the very highest quality. We also know however there are times when it does not meet service or practice standards, including those set by external regulatory and inspection bodies, or the expectations of the people of Dundee.

From the growing body of collective professional knowledge, experience that has accrued and the learning from the strategic needs assessment and self-evaluation activities that are being undertaken in Dundee, we know that the outcomes for many people who live in areas of deprivation are poor. We are committed to working with all partners to change the way in which resources are used and services are delivered, so that the impact of deprivation can be reduced and outcomes improved for individuals, carers and families living in deprived neighbourhood areas across the city.

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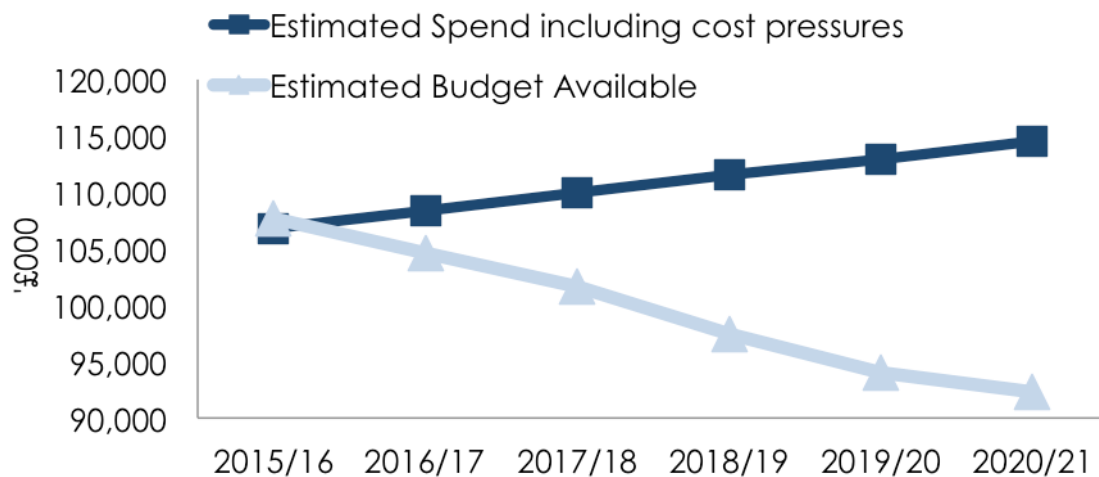
## 2.3 Pressures on spending

Health and social care services in Scotland are being delivered within an increasingly challenging financial environment partly driven by the current UK Government's fiscal policy and partly due to increasing levels of demand. The effect of the UK government's aim to reduce overall public sector spending continues to have a significant impact on the funding of local authorities and the NHS with short to medium term financial settlements projected to be subject to similar restrictions to those experienced over recent years. Locally both Dundee City Council and NHS Tayside have had to make large scale efficiencies across services in order to balance their resources.

At this time of fiscal constraint demand for health and social care services is increasing and this is particularly acute due to the scale of need in Dundee. Given the high levels of deprivation and health inequalities which exist and resultant high prevalence of multi-morbidity we cannot meet the rising demand for support by simply spending more. Doing more of the same is not an option. Together with providers we need to develop new and sustainable responses to people's needs.

For illustrative purposes Chart 2 shows the estimated spend required to meet this increasing demand in Dundee, over some of the care groups, should services broadly continue to be provided in the same way as they are currently.



**Chart 2: Service Groupings – Estimated Service Demand v Available Resources**

We can conclude from this that over the next five years, funding available to meet the increasing health and social care needs of the population will be insufficient. For this reason social care delivery needs to change with a shift from many of the current high cost, low outcomes models of service to more cost effective models which achieve better outcomes for the citizens of Dundee.

A key factor in delivering this shift is creativity and innovation, building on the wide range of tests of change introduced initially as part of the Reshaping Care for Older People Programme and more recently through the Integrated Care Fund and Integration Funding. These initiatives form part of Dundee Health & Social Care Partnership's Transformation Programme. (Appendix 1)

This Transformation Programme is Dundee Health & Social Care Partnership's response to the demand and financial challenges and draws on the large scale Transformational Change Programmes which Dundee City Council and NHS Tayside are embarking on to ensure services are delivered as efficiently and effectively as possible. The early stages of the Partnership's Transformation Programme highlights the re-prioritisation of services with disinvestment and reinvestment opportunities which align with the priorities set out within the Strategic & Commissioning Plan. Over time this will support a shift in the balance of resources within Dundee Health and Social Care Partnership's budget of approximately £249million.

## 2.4 The case for change

All of these factors collectively lead to a strong case for change. We know that if we are to improve the health and wellbeing of Dundee's adult population into the future we have to take account of, and plan for, these demographic changes in the years ahead. At the same time we need to reduce the significant impact of deprivation on the health and wellbeing of people of all ages.

We have concluded that this will require an approach to the use of health and social care resources that is much more targeted and at a local level. We also recognise that there is an imperative to reduce the reliance on unscheduled care with its negative impact on the resourcing and delivery of planned health and social care services for the people of Dundee.

More detailed information regarding this 'direction of travel' is available in the Dundee Health and Social Care Strategic and Commissioning Plan 2016 - 2021.

<http://ihub.scot/media/1128/dundee.pdf>



Dundee Health and Social Care Partnership has set out its Transformation Programme, which reflects the range and scale of investment of additional Scottish Government funding, resources released through service redesign and where efficiencies will be required, set against eight agreed strategic priorities. The identified areas of this investment plan provide the opportunity for the Partnership to carry out significant tests of change and start to create the conditions to enable shifts in resources to be made in order to deliver improved outcomes.

Change will only be achieved if strategic shifts in the way services are prioritised, accessed, organised and delivered take place. This will involve a process of investment towards some areas of service and disinvestment in others with resources shifted towards a more preventative and integrated community based approach.

Taking account of our vision, our strategic needs assessment, the Case for Change, the views of our citizens and partners and our desired outcomes, eight priority areas have been identified within our Strategic and Commissioning Plan:

1. Health Inequalities
2. Early Intervention/Prevention
3. Person Centred Care and Support
4. Carers
5. Localities and Engaging with Communities
6. Building Capacity
7. Models of Support/Pathways of Care
8. Managing our Resources Effectively

Under each of these eight priorities there are a range of strategic shifts. It is recognised that all of these priorities, and their associated strategic shifts, are 'cross cutting' and will impact on each other. For the purposes of this Strategy the following are the strategic shifts that are most strongly related to each of the priorities. A locality approach will provide the overarching framework including the allocation of resources to achieve the strategic shifts against the priorities.

## 1. Health Inequalities

- Shifting resources to invest in health inequalities
- Prioritising resources towards implementation of the actions arising from the Dundee Alcohol and Drug Partnership Review
- Shifting resources to improve access to training and employment

## 2. Early Intervention/Prevention

- Investing in or redirecting existing resources to scale up well evidenced, early intervention and prevention approaches
- Investing in and expanding the Enhanced Community Support model to include adults with long term conditions

- Investing in integrated locality based enablement and rehabilitation models of support
- Investing in locality pharmacy to promote community health advice and better medication management
- Working with and investing in third sector organisations to develop services that take a recovery or rehabilitative approach.

### **3. Person Centred Care and Support**

- Restructuring our financial planning to support the further development of self-directed support
- Remodelling care at home services to provide models of support which increase the range and flexibility of available options
- Remodelling and investing in the development of short break options for adults and older people.

### **4. Carers**

- Investing more in the health and wellbeing of carers.

### **5. Localities and Engaging with Communities**

- Investing in an infrastructure to support the development of locality planning
- Allocating resources to implement locality plans.

### **6. Building Capacity**

- Investing in third sector and community developments that build community capacity
- Supporting the development of a community transport strategy and investing in community models of transport.

### **7. Models of Support/Pathways of Care**

- Investing in tests of change/remodelling of services which are designed to improve capacity and flow between large hospitals and the community
- Redesigning models of non-acute hospital based services and re-invest in community based services
- Remodelling local authority residential care to provide more targeted and specialist resources
- Remodelling General Practice in line with G.P. cluster model, the changes to the GMS contract and the opportunities afforded through integration
- Investing in the transformation of community nursing services to deliver the Tayside District Nursing vision and model, improving outcomes for adults and older people
- Remodelling and investing in the development of, and increase in, accommodation with support
- Remodelling and investing in the development of day opportunities for adults and older people
- Investing in and expanding the range of telehealth and telecare supports
- Remodelling and prioritising mainstream and specialist services to ensure a rapid and effective response to protecting people concerns.

## **8. Managing our Resources Effectively**

- Investing in workforce development to support the integration and development of new models of care and improve outcomes for people
- Investing in co-located, integrated models of care and support aligned to localities.

In addition our expectation will be that the implementation of the key strategic shifts will flow into and from specific care group strategies, primary and acute care strategies and other organisational strategies. The financial assumptions made against the strategic shifts take into account the financial modelling against each of these strategic frameworks. This will include programmes of investment and disinvestment prioritised into programmes of actions.

## 4.0 OUR APPROACH TO COMMISSIONING

**In developing our Strategic and Commissioning Plan we have adopted a strategic commissioning approach in order to:**

- **Analyse** and understand the evolving needs of our communities, so that we can shape the key strategic priorities that we are committed to delivering against
- **Plan**, design and deliver appropriate services to meet the needs of our communities and secure value for money.

**We now need to complete the cycle by:**

- Commissioning or directing in house service provision and the wider health and social care market to deliver services in line with the eight priorities
- Reviewing and validating these to ensure they consistently address the agreed priority areas.

Strategic commissioning will help us to realise our vision for Dundee through the way in which we design, develop and deliver improved and effective services that meet the needs of our changing population.

Dundee Health and Social Care Partnership is committed to commissioning quality services which are safe and deliver good outcomes for service users. Tests of change are already underway through the Transformation Programme using resources from the Integrated Care Fund, Delayed Discharge Fund and Integration Fund all of which is influencing how future services could look. We want to work with providers, service users and carers in developing a quality assurance framework that is meaningful for all and adds value to the Care Inspectorate standards of care.

An Outcomes and Performance Framework will be used to assess the extent to which the changes in range, focus and shape of services meet the expected outcomes, priorities and shifts. As part of the commissioning cycle this will be a continual process and commissioning intentions will be refined to respond to service areas which are not delivering intended outcomes and to changes in demand and need.

To deliver on these commitments we need to make sure that there are a variety of providers and creative support options to meet the range of presenting need and demand in Dundee. We also need to ensure that people understand what support is available and be able to make informed choices, by having easy access to information about the quality, flexibility, safety and cost of services.

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### 4.1 Participation and engagement

As we move forward in shaping the market in Dundee we will ensure that the voices of providers are heard, recognised and listened to, in order to improve the quality and delivery of health and social care services.

To do this we will create genuine opportunities for engagement which build on existing practice and structures as well as actively seeking opportunities for innovation and change. This will contribute to a partnership where our communication is open and transparent with opportunities to liaise with identified Health and Social Care contacts on a regular basis.

A considerable amount of co-production has already taken place during the extensive consultation on our Strategic and Commissioning Plan. This includes a workshop with providers in June 2015 which focused specifically on Market Facilitation.

**Our commitments, as we progress with this Market Facilitation Strategy, are that we will:**

- Work closely with providers from the initial stages of any significant reconfiguration of the market
- Identify and work in more depth with quality providers, where there is strong evidence for continued support, exploring how providers may be able to build on their existing business models to develop more co-ordinated care services
- Develop effective mechanisms for working with the market as a whole. We recognise that there may be providers within the area that may not currently have a contract with Dundee City Council or NHS Tayside, but that with the right support these providers could offer care and/or preventative services
- Map the service user / patient pathways through the care and support system, using tried and tested models and consultation approaches, and understand how services users/patients interface with different providers at different stages of their journey
- Talk with providers to understand how long it takes for them to plan and implement new care models, what the barriers are to preventing the delivery of co-ordinated and integrated care and work with them to overcome these. In some cases this may also mean being sensitive to the fact that the window of opportunity for a provider to invest in an integrated care model may be small and that decisions within the Health and Social Care Partnership need to be made relatively quickly
- Review all the risk factors operating within the market and look at ways that risk can be shared across organisations so that providers feel supported to remodel their businesses where needed
- Develop strong strategic leadership in commissioning and within the provider sector. Providers will be encouraged to work with commissioners to respond to national policy and build capacity and leadership locally to help build networks of co-ordinated care
- Align the systems and processes that support place-based market shaping such as quality assurance activities and commissioning and procurement cycles
- Use the skills and experience within the sector to come together to develop solutions to complex problems and show a willingness to be innovative from the point of contracting through to the delivery of new models of care
- Use evidence and research to help promote best practice and build consensus around what good models of care should look like
- Work with providers to build on existing models of care, redesign services and/or bring together a range of services to provide seamless support for local people
- Work across organisational boundaries to understand the complexities within the system and generate new ways of working together to address issues and challenges.

We recognise that there is a mixed market of care and service delivery at present and that smaller providers may need encouragement and nurturing. We will work with providers including through the Third Sector Interface and with Scottish Care in Dundee, to offer Supplier Development and Ready for Business programmes to support smaller businesses and social enterprises.

Strategic support will be offered as we move to formalise and align our future intentions around block contracts frameworks, funding agreements and personal budgets.

## 4.2 Community benefits

In September 2012 Dundee City Council approved a Community Benefits from Procurement Policy which introduces a Council wide approach intended to secure the maximum economic and social benefits for the citizens of Dundee within the current legal framework.

Community Benefits is the term used to refer to a range of “social issues”, including targeted recruitment and training, equal opportunities considerations, supply change initiatives, awareness raising programmes and community engagement activity which contribute more widely to sustainable procurement.

Sustainable procurement is defined as “a process that achieves value for money on a whole life basis and generates benefits not only to the organisation, but also to society and the economy whilst minimising damage to the environment”.

In line with this policy Dundee Health and Social Care Partnership is committed to securing Community Benefits from procured contracts and will require the successful contractor to work with it as part of the delivery of the works in transforming the community in a real and sustainable manner.

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## 4.3 Fair work practices

Dundee Health and Social Care Partnership and the wider Public Sector in Scotland is committed to the delivery of high quality public services, and recognises that this is critically dependent on a workforce that is well rewarded, well-motivated, well-led, has access to appropriate opportunities for training and skills development, is diverse and is engaged in decision making. These factors are also important for workforce recruitment and retention and continuity of service. Public Bodies in Scotland are adopting fair work practices, which include:

- A fair and equal pay policy that includes a commitment to supporting the Living Wage, including, for example, being a Living Wage Accredited Employer
- Clear managerial responsibility to nurture talent and help individuals fulfill their potential, including, for example, a strong commitment to Modern Apprenticeships and the development of Scotland’s young workforce
- Promoting equality of opportunity and developing a workforce which reflects the population of Scotland in terms of characteristics such as age, gender, religion or belief, ethnic origin, sexual orientation and disability
- Support for learning and development
- Stability of employment and hours of work, and avoiding exploitative employment practices, including, for example, inappropriate use of zero hours contracts
- Flexible working (including for example practices such as flexi-time and career breaks) and support for family friendly working and wider work life balance
- Support for progressive workforce engagement, for example Trade Union recognition and representation where possible, otherwise alternative arrangements to give staff an effective voice.

In order to ensure the highest standards of service quality we expect contractors to take a similarly positive approach to fair work practices as part of a fair and equitable employment and rewards package. Further information about the Scottish Government’s Fair Work Practices approach is provided at <http://www.gov.scot/Publications/2015/10/2086/> (October 2015). The Statutory Guidance applies to regulated procurement commencing on or after 1 November 2015.



## 4.4 Our commitment to pay the Living Wage

We are committed to encouraging suppliers to pay the Living Wage.

Living Wage is a term used to describe the minimum hourly wage necessary for shelter (housing and incidentals such as clothing and other basic needs) and nutrition for a person for an extended period of time (lifetime). This standard generally means that a person working full-time, with no additional income, should be able to afford a specified quality or quantity of housing, food, utilities, transport, health care, and recreation.

The current Living Wage is based on research carried out by the Joseph Rowntree Foundation which looked at developing a formula for calculating a minimum income standard which would apply to all employees aged 18 or over with the exception of apprentices and interns. This figure changes on an annual basis in November each year and is announced as part of Living Wage week.

(For avoidance of doubt this rate differs from the 'National Living Wage' which from 2 April 2016 replaced the National Minimum Wage. This is set by the UK government and only applies to those over 25 years old.)

It is important that suppliers who benefit from public money can demonstrate that they are putting something back into their communities and we intend to use our Procurement to raise standards of pay.

Paying a Living Wage offers clear benefits to employers. The payment of a Living Wage can have a positive impact in value for money and service delivery. Feedback from suppliers who have implemented the Living Wage has identified benefits including:

- Easier recruitment and retention, reducing recruitment costs
- Improved quality of staff
- Improved attendance
- Improved productivity, motivation and loyalty.

Further information on the Living Wage in Scotland is available at <http://scottishlivingwage.org/> and <http://www.livingwage.org.uk/>.

We need to support the citizens of Dundee to make informed choices, to take control and contribute to their health and wellbeing before the need for formal support arises. There must be a long term shift from assessment, service provision and a focus on investment towards local solutions, prevention and capacity building to help people and communities stay strong and stimulate reform of existing services.

### 5.1 Our commissioning intentions

Our commissioning intentions are set within the context of our eight priorities and our governance and management principles.

#### 1. Health Inequalities

- Services designed to meet the specific needs of local areas which focus on tackling health inequalities across more areas of the city will be required
- Develop a range of services which support the implementation of the Dundee Alcohol and Drugs Partnership Strategy.

#### 2. Early Intervention/Prevention

- Drive to deliver more seamless services through the integration of health and social care. Providers who re-shape their service delivery to include the provision of opportunities to learn about living well and practical help to maintain health and wellbeing will be well placed to respond to future opportunities
- Voluntary and community groups, which help people better understand the costs of growing old, prepare them for living well in older age and prevent or delay their need to use complex and/or high cost social care services, will benefit from the changes we are making to our procurement arrangement
- Provide more investment in services that focus on early intervention and prevention.

#### 3. Person Centred Care and Support

- Social enterprises able to provide safe and affordable services to meet the growing demand for self-funded help will be required. Household and garden safety and maintenance tasks will fill a gap in the market and help to reduce the number of trips and falls in Dundee
- Providers who market their services well and help people access flexible, personalised support can expect to deal with individuals or small groups who increasingly want to commission bespoke packages through personal budgets
- More individualised packages of care, where individuals will manage and control how their care needs are met, will be rolled out.

#### 4. Carers

- A wider range of supports will be available to carers to support their health and wellbeing.

## 5. Localities and Engaging with Communities

- Providers who can deliver in single localities, multiple localities and across the city will be well placed to work in partnership in Dundee
- We will focus on the development of partnership working to enhance and stabilise market provision which will include engaging providers in the design of tenders and in the commissioning process.

## 6. Building Capacity

- We know isolation and loneliness have a significant impact on people's sense of wellbeing. Providers who actively address these issues through collaboration with place and interest-based community, voluntary, faith and leisure groups are more likely to be successful in helping service users achieve their chosen outcomes
- More tests of change will be needed in the delivery of services across more of the communities we serve in order to increase the community capacity and resilience of these communities. Providers who can demonstrate an ability to develop, implement and evaluate innovative approaches and successfully scale-up provision will be welcomed.

## 7. Models of Support/Pathways of Care

- Given the growing complexity of people's needs and the increasing use of self-directed support, a positive, credible approach to risk management will help providers stand out from the crowd and provide the reassurance service users, their relatives, the Partnership and wider public expect
- Relatively less reliance on residential based forms of care in relation to the overall population needs, and relatively more reliance on housing with care, and home based care services is planned
- A wider range of housing support options for individuals to help sustain them in their own homes, maintain independent living and reduce homelessness is also planned along with more accommodation with support for individuals with particular needs, more services which provide access to training and employment and a greater range of telehealth and telecare supports.

## 8. Managing our Resources Effectively

- Providers able to provide information about costs to individuals and to the Partnership for supporting outcomes will benefit from the changes we are making to our contracting arrangements
- We will actively support organisations, which seek to supply or secure significant external funding for projects clearly aligned to this strategy and our specific commissioning plans. This could include 'in kind' or match funding where this makes economic sense to us and which leads to more integrated service provision.

## 5.2 Working in Partnership with Providers

Dundee Health and Social Care Partnership's commitment to the personal dignity and protection of every service user is absolute. We will strive to work with providers who share and reflect this commitment in their organisational and day-to-day practice.

- We want health and social care jobs to be an attractive choice for workers. We will encourage co-operative and other employment initiatives, which promote ownership of responsibility for the delivery of high quality services and maximise employee benefits including our commitment to paying the Living Wage
- Providers who work proactively to quality assure their services and are able to evidence positive outcomes for service users will be welcomed
- We want to work in partnership with all agencies across Dundee to continuously improve service provision to ensure we are delivering value for money and added value while avoiding sacrificing the quality of care
- We will proactively listen to service users views when planning to develop or change their service delivery
- We will work with partners who wish to develop and train their workforce to continue to deliver good quality services and embed a culture of dignity and respect into their services
- Providers who demonstrate robust public protection governance, policy and practice and can evidence that they are equipped to respond to statutory equalities duties will be welcomed to work in partnership in Dundee.

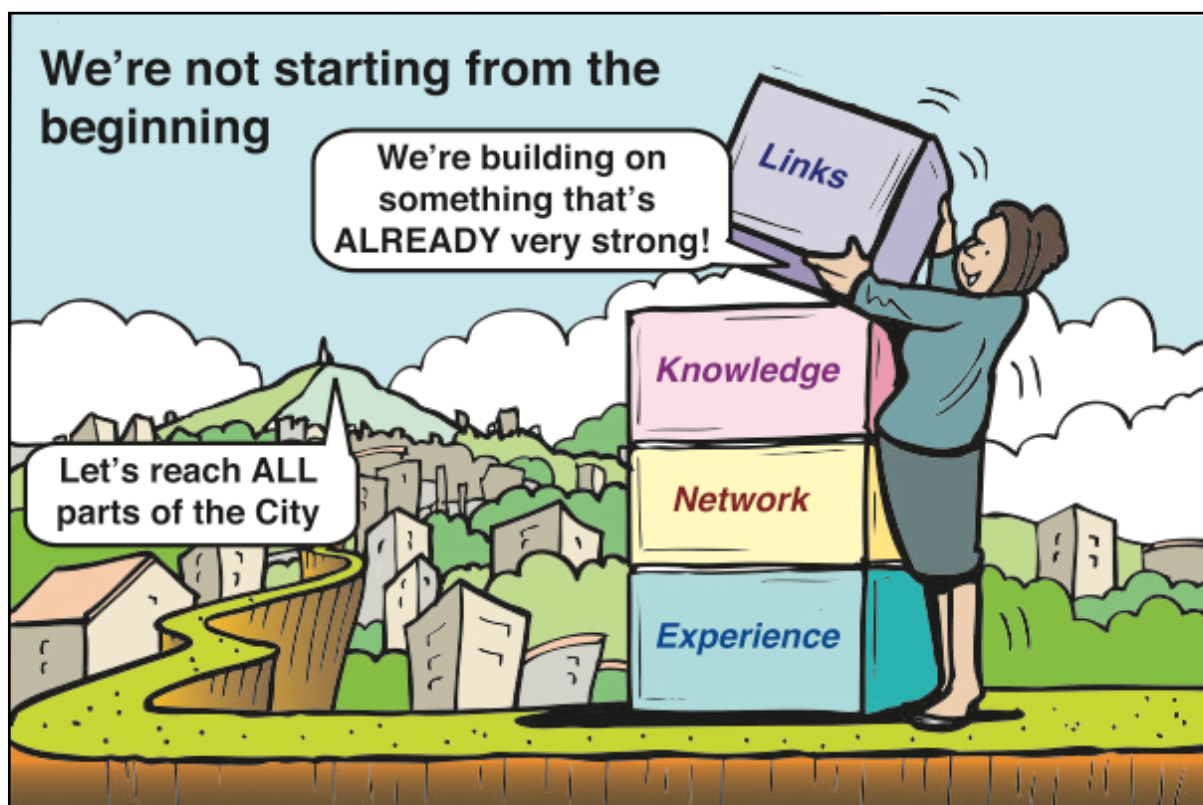
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## 5.3 Care groups

Each of the care groups, which support the work of the Dundee Health and Social Care Partnership, has its own Strategic and Commissioning Plan. A one page summary of the plans for each of the care groups is attached at Appendix 2.

Some key actions we will be engaged in over the next two to three years based on what we know about supply and demand and the level of resources include:

- Further develop preventative approaches such as early intervention services to help reduce future demand
- Increase use of third and independent sector services to complement statutory care
- Work with housing providers to develop appropriate models of care
- Improve information, communication and engagement with service users and their carers at a local level.



# APPENDICES

## Appendix 1

<b>Dundee Transformation Programme Investment in Strategic Priorities</b>		
<b>Strategic and Commissioning Plan Priority</b>	<b>Additional Investment 2016/17 £000</b>	<b>Investment Proposals 2017/18 £000</b>
Health Inequalities	63	523
Early Intervention/Prevention	2,110	1,907
Person Centred Care & Support	46	-
Carers	245	249
Localities & Engaging with Communities	278	283
Building Capacity	401	361
Changed Models of Support, Pathways of Care	2,035	1,669
Managing Our Resources Effectively	50	25
Provision for Further Projects	617	1,396
<b>Total</b>	<b>5,844</b>	<b>6,412</b>

## Appendix 2

### Carers

<b>Where Do We Want To Be?</b>	<b>A caring Dundee in which all Carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring.</b>				
<b>What Will Change Look Like?</b>	Carers will say that they are identified, respected and involved.	Carers will say that they have had positive caring experiences.	Carers will say that they can live a fulfilled and healthy life.	Carers will say that they can manage the caring role.	
<b>What Will We Do?</b>	<p>Develop supports and opportunities so that:</p> <p>Carers feel listened to and feel they have had a say in the services provided for the person they look after.</p> <p>Carers are involved in shaping services through strategic planning.</p> <p>Carers feel involved in the admission and discharge planning of the person they care for.</p> <p>Carers are identified early and crisis is prevented.</p>	<p>Develop supports and opportunities so that:</p> <p>Carers feel that services are well co-ordinated for the person they care for and themselves.</p> <p>Carers have positive experiences of supports and services.</p>	<p>Develop supports and opportunities so that:</p> <p>Carers health and wellbeing is maintained.</p> <p>Carers income is maximised and carers do not experience financial hardship as a result of caring.</p> <p>Young Carers can achieve their outcomes.</p> <p>Adult Carers can achieve their outcomes.</p> <p>Carers are able to access a range of local supports.</p>	<p>Develop supports and opportunities so that:</p> <p>Carers are able to access a range of information and advice.</p> <p>Carers who are in employment and/or training or Further Education are supported.</p> <p>Carers are supported to manage the caring role and have a life alongside caring.</p>	

## Homelessness

<p><b>Where Do We Want To Be?</b></p>	<p><b>Citizens of Dundee will be able to live a fulfilled life in their own home or homely setting. If people do become homeless, they will be able to access quality information, advice and support which will enable them to live a fulfilled life and gain and maintain their own home.</b></p>		
<p><b>What Will Change Look Like?</b></p>	<p>Homelessness will be prevented where appropriate.</p>	<p>People who are homeless are able to easily access high quality and well-coordinated supports which enable them to gain and maintain settled accommodation.</p>	<p>People experiencing homelessness will be able to live an independent, fulfilled and healthy life in settled accommodation.</p>
<p><b>What Will We Do?</b></p>	<p>Develop supports and opportunities so that:</p> <ul style="list-style-type: none"> <li>Individuals can access locally based income maximisation advice.</li> <li>Individuals can access locally based support to prevent homelessness.</li> <li>Our workforce has guidance and a framework for preventing homelessness and promoting positive outcomes.</li> <li>Prevention of homelessness is promoted.</li> </ul>	<p>Develop supports and opportunities so that:</p> <ul style="list-style-type: none"> <li>Individuals will be able to easily access advice and support.</li> <li>Individuals can access quality temporary accommodation and supports.</li> <li>Individuals feel that services are well coordinated and joined up.</li> <li>Individuals can actively participate in shaping services.</li> <li>Our workforce are able to prevent and respond to homelessness.</li> </ul>	<p>Develop supports and opportunities so that:</p> <ul style="list-style-type: none"> <li>Individuals can live independently.</li> <li>Individuals can look after and improve their own health and wellbeing.</li> <li>Individuals can achieve their personal outcomes and improve the quality of their life.</li> <li>As a Partnership we continuously improve our response to homelessness.</li> </ul>



## Health Inequalities

<p><b>Where Do We Want To Be?</b></p>	<p><b>Health and wellbeing outcomes for individuals and communities are improved and health inequalities are reduced. Opportunities for access to employment, education and training are increased.</b></p>	<p>A preventative and anticipatory approach will be taken to health care needs and people will be supported to self manage their health as independently as possible and will have an increased healthy life expectancy.</p>
<p><b>What Will Change Look Like?</b></p>	<p>There will be a more equal health status across communities in Dundee and the gap in health inequalities will have reduced.</p>	<p>Implement the outcomes of commissioned research on prevention.</p> <p>Continue to evaluate current approaches to early intervention and prevention and invest in models which increase capacity.</p> <p>Provide access to validated information and materials that support individuals to manage their own health and wellbeing.</p> <p>Embed health checks as a means to engage people in the health and wellbeing agenda, to increase self care, and avoid longer term ill health.</p> <p>Prioritise and invest in models of support that help to support life style changes which improve health.</p> <p>Continue to develop and increase the capacity of volunteers.</p> <p>Continue to develop and increase the capacity and early intervention of money advice services to support prevention.</p>
<p><b>What Will We Do?</b></p>	<p>Narrow the health inequalities gap by focusing on areas/groups where effects are the worst.</p> <p>Support initiatives that improve employment and training opportunities.</p> <p>Develop approaches that positively impact on the health and well-being of citizens and communities.</p> <p>Extend the range of public information and improve information channels.</p> <p>Identify areas where the take up of health initiatives is low and support approaches to improve access and take-up.</p> <p>Enhance the skills of staff across the Partnership to adopt a social prescribing approach to support individuals.</p> <p>Enhance the skills of staff across the Partnership to be inequalities sensitive in their practice, both in terms of individual contacts and in planning services.</p> <p>Build capacity within communities to tackle health inequalities.</p> <p>Make better use of community resources such as libraries and community pharmacies to promote health and wellbeing, including a social prescribing role, as a point of contact with people.</p> <p>Implement an action plan to mitigate negative effects of welfare reform.</p> <p>Pilot new ways of providing welfare benefits advice.</p>	<p>Implement the outcomes of commissioned research on prevention.</p> <p>Continue to evaluate current approaches to early intervention and prevention and invest in models which increase capacity.</p> <p>Provide access to validated information and materials that support individuals to manage their own health and wellbeing.</p> <p>Embed health checks as a means to engage people in the health and wellbeing agenda, to increase self care, and avoid longer term ill health.</p> <p>Prioritise and invest in models of support that help to support life style changes which improve health.</p> <p>Continue to develop and increase the capacity of volunteers.</p> <p>Continue to develop and increase the capacity and early intervention of money advice services to support prevention.</p>

## Dementia

<p><b>Where Do We Want To Be?</b></p>	<p><b>It is our vision that Dundee is a Dementia Friendly City. We want to ensure that Dundee is a good place to live for people with Dementia and their carers' and services respond positively to support them.</b></p>		<p>People with dementia are able to stay well and feel safe.</p>
<p><b>What Will Change Look Like?</b></p>	<p>People with dementia will have more choice and control and feel care is co-ordinated.</p>	<p>People with dementia will be able to maintain relationships, be part of the world they live in and maximise potential.</p>	
<p><b>What Will We Do?</b></p>	<p>Develop training for staff. Review advocacy provision. Promote Power Of Attorney. Develop capacity assessment. Develop good practice around Anticipatory Care Planning. Develop better ways to share information. Develop integrated ways of working as part of localities. Develop a dementia pathway. Look at how we co-ordinate care.</p>	<p>Appoint a worker and develop a steering group to take forward Dementia Friendly Dundee. Develop Technology Enabled Care strategy. Develop Carers strategy. Become a Dementia Friendly City. Develop community based opportunities. Review day services/ develop community based day opportunities. Develop outcomes focused approaches. Develop Self Directed Support. Implement positive risk taking framework. Develop an Adult Support and Protection action plan which takes account of the needs of people with Dementia. Work with NES to develop Essentials in Psychological Care for People with Dementia. Review pathways and training for people with Delirium.</p>	<p>Develop Enhanced Community Support (ECS). Develop the Community Rehab Team (CRT). Develop joint working Medicine For the Elderly and Psychiatry of Old Age. Develop care home liaison team. Improve care of people with dementia in hospital settings. Look at how we support people with Dementia who have complex needs. Implement the findings of the Future of Residential Care report in relation to small specialist group settings for people with Dementia including younger people and men. Improve end of life care.</p>

**Older People**

<b>Where Do We Want To Be?</b>	<b>Older Adults will be supported to live a fulfilled life, as part of the community of their choice with the supports that assist them to achieve this.</b>	
<b>What Will Change Look Like?</b>	Reduction in emergency admissions, delayed discharge and bed days occupied.	Fewer people in care homes and more people cared for at home.
<b>What Will We Do?</b>	<p>Develop step down options.</p> <p>Develop good practice in Anticipatory Care Planning.</p> <p>Redesign rehabilitation services to provide more support at home.</p> <p>Promote Power of Attorney.</p> <p>Look at how we support people with Dementia who have complex needs.</p> <p>Improve access to Guardianship.</p> <p>Move assessment into the community.</p> <p>Develop an Assess to Admit Model.</p> <p>Continue to develop Integrated Multi Disciplinary Teams in the community.</p> <p>Develop a 7 day a week acute frailty team.</p> <p>Remodel Rehabilitation and Assessment services in RVH.</p> <p>Develop a dedicated Stroke Unit.</p>	<p>Develop a range of alternatives to statutory services for individuals and communities.</p> <p>Develop a range of local community based opportunities for socialisation.</p> <p>Develop a day opportunities framework.</p> <p>Shift balance from day centres to day opportunities.</p> <p>Become a Dementia Friendly City.</p> <p>Review Housing support.</p> <p>Improve access to transport.</p> <p>Implement Self Directed Support.</p> <p>Implement Technology Enabled Care strategy.</p> <p>Implement Carers strategy.</p> <p>Develop a community medication administration policy.</p> <p>Develop pathways of care for people with Functional Mental health problems.</p> <p>Develop housing with care.</p> <p>Find ways to support uninjured fallers.</p> <p>Develop a positive risk taking framework.</p> <p>Redesign rehabilitation services to provide more support at home.</p>

## Physical Disabilities

<p><b>Where Do We Want To Be?</b></p>	<p><b>All citizens of Dundee with physical disabilities who are aged between 16 and 65 are able to live a fulfilled life within their own community, and are able to access the health, social care and community services they require in order to help support them.</b></p>		
<p><b>What Will Change Look Like?</b></p>	<p>Citizens of Dundee will contribute to the implementation of Health and Social Care Integration, and ensure the Health and Social Care Partnership are aware of the specific requirements of people with physical disabilities and long-term conditions.</p> <p>Individuals and local communities will have an opportunity to be involved in the planning, co-design and co-production of future services, and are able to share their views and ideas for improving existing services and supports within Dundee.</p>	<p>Development of clear pathways to provide people aged 16 to 65 who have a physical disability with appropriate housing.</p> <p>Implementation of new methods of working in order to support the strategic shift in service delivery required by Health and Social Care Integration.</p> <p>Develop strong links with other key partnerships and groups, including carers, technology enabled care, discharge planning and welfare rights.</p>	<p>Creation and implementation of new integrated discharge pathways, including the use of step-up and step-down facilities as required, and support wider delayed discharge improvement work.</p> <p>Identification and implementation of methods of addressing and reducing health inequalities for people with physical disabilities, improving their outcomes and increasing their life opportunities.</p> <p>Remove barriers to employment for people with physical disabilities.</p>

<p><b>What Will We Do?</b></p>	<p>Ensure that people with physical disabilities, their family, carers and stakeholders have opportunities to participate, co-produce and influence the direction of future services.</p> <p>Develop a range of ways to listen to views and experiences of people who use services and supports as well as those who might use future services and supports. This will include customer stories and opportunities for gaining customer perspectives using a range of media.</p> <p>Ensure that all other services and models of support are accessible to people with physical disabilities, ensuring that all people are considered including people in wheelchairs or with other mobility issues.</p>	<p>Ensure that services for adults with physical disability are developed in line with the overall principals of health and social care integration.</p> <p>Provide the opportunity for people to have an opportunity to co-design services and supports.</p> <p>Work with other Care Group SPGs and other stakeholders to address the issue of diagnostic overshadowing and develop integrated, linked care pathways.</p>	<p>Work with local organisations and agencies to develop opportunities for people to access and secure suitable employment within Dundee and other locations.</p> <p>Identify ways that people can contribute that optimise the impact of their contributions.</p> <p>This includes supporting access to appropriate training, education and skills development, and working with employers to increase knowledge and awareness.</p>
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## Mental Health

<p><b>Where Do We Want To Be?</b></p>	<p><b>All citizens of Dundee who have mental health issues (and are aged between 16 and 65) will be able to access excellent quality, flexible and effective mental health services/supports when they most need them, regardless of where they live. Mental Health services/supports which will allow them to live healthier lives in their own community, protect them from harm and enable them to live their lives in the way that matters to them focusing on their recovery.</b></p>		
<p><b>What Will Change Look Like?</b></p>	<p>Citizens of Dundee with Mental Health issues will be fully involved in developing improved care pathways between community, primary care and acute services.</p> <p>People can access the support they need when they require it.</p>	<p>There will be early identification of Mental Health issues and Mental Health conditions as well as improved access to manage wellbeing support at the earliest stage.</p> <p>New ways of tackling inequalities will have been developed for people with Mental Health issues improving outcomes and increasing life opportunities.</p>	<p>There will be a significant shift in the balance of power where we are truly listening to service users/carers/people with lived experience of Mental Health issues and Recovery is promoted as the best model of practice in Mental Health.</p> <p>Individuals, the voluntary and statutory sectors are working in an integrated way to develop outcomes tailored to individuals with Mental Health issues.</p> <p>Dundee has in place a Mental Health and Wellbeing strategy which informs the joint commissioning of health and social care support over the next 10 years.</p>
<p><b>What Will We Do?</b></p>	<p>We will make sure services/supports for people with Mental Health issues are fully integrated and designed in accordance with Health and Social Care principles.</p> <p>Individuals and localities will be involved in planning, co-design and co-production of future services/supports.</p>	<p>We will support access to appropriate employment, training, education and skills development.</p> <p>We are looking to further develop discharge pathways from inpatient setting to ensure continuity of care, transfer into the community and reduce re-admissions to a hospital setting.</p> <p>Better integrate MH service users into homelessness pathways and increase supported housing options for people who experience episodes of poor mental health.</p>	<p>We will listen to and act on service user input and will maintain the momentum of genuinely working together for the benefit of everyone.</p> <p>We will ensure that every person that uses the service has a recovery plan which is meaningful to them and which they have devised with appropriate support.</p> <p>We will involve individuals and localities in the planning, co-design and co-production of services.</p>

## Sensory Impairment

<p><b>Where Do We Want To Be?</b></p>	<p><b>In line with the intentions of the national See Hear strategy and the Dundee Health and Social Care Strategic and Commissioning Plan, the vision of the Dundee Joint Sensory Services Strategy is to ensure that: All people with sensory needs are able to access the information and support they require in order to live a fulfilled life.</b></p>	
<p><b>What Will Change Look Like?</b></p>	<p>Services for people with sensory needs are developed in line with the overall principles of health and social care integration and the national See Hear strategy.</p> <p>That the implications and requirements of all relevant guidance and legislation, including health and social care integration, the See Hear strategy, the BSL (Scotland) Act, and equalities legislation are considered in the development of the strategy and services.</p>	<p>Tender and commission a new joint (visual &amp; hearing) statutory social work service.</p> <p>Develop adult sensory impairment care pathways.</p> <p>Address barriers to engagement.</p> <p>Consider barriers to inclusion in the city including employment, training and education.</p> <p>Staff will have access to a shared training program to support awareness and understanding of sensory impairment, including signposting, sensory health checks and support.</p> <p>Continue dedicated post at Dundee Voluntary Action to support engagement and consider barriers to inclusion.</p> <p>Awareness raising and understanding will be developed across service providers of all types of service in the city and within peers in local communities.</p>



<p><b>What Will We Do?</b></p>	<p>Support the integration of Health and Social Care, and ensure the Health and Social Care Partnership takes into account the views and requirements of people with sensory needs.</p> <p>Work in partnership with people with sensory needs, their families and carers, and relevant third sector organisations in order to ensure future services are co-designed and co-produced, and that they are designed to address the issues that are important to local people.</p> <p>Ensure that local people and carers have the ability to contribute towards the development of local services.</p>	<p>Develop an integrated joint sensory social work service that actively promotes opportunities for assessment and service delivery across the different types of sensory needs and provides a single point of access to service users whenever possible.</p> <p>Fully implement the See Hear Recommendations, prepare for the British Sign Language (BSL) (Scotland) Act 2015, and ensure compliance with all other relevant legislation and guidance.</p> <p>Develop accessible information so that everyone in Dundee, including professionals and people with sensory needs are aware of what services are available to help support people with sensory needs.</p>	<p>Identify ways to improve current staff knowledge and awareness of sensory impairment, including staff from health, social care and the third sector.</p> <p>Identifying ways to deliver joined up, integrated services that support the person at all stages of their journey. This includes ensuring universal services are accessible to people with sensory needs, ensuring basic sensory checks at appropriate times, and developing appropriate care pathways for people with multiple or complex condition.</p> <p>Develop a shared training program for frontline staff to support awareness and understanding of sensory impairment, including signposting, sensory health checks and support.</p>
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## Learning Disabilities/Autism

<b>Where Do We Want To Be?</b>	<b>People in Dundee who have a Learning Disability and/ or Autism will be supported to live healthy and fulfilling lives as active citizens.</b>		
<p><b>What Will Change Look Like?</b></p> <p>People and their carers will have opportunities to be involved as partners in decisions about things that affect their lives and their community.</p> <p>People will have the information they need at the time they need it in a format they can understand.</p> <p>People will be supported to be as healthy as they can be and will be enabled to achieve a sense of overall wellbeing.</p> <p>People will be supported to keep safe and feel safe.</p> <p>More people will have access to training, education and employment opportunities.</p>	<p>People will have chances and support to keep in touch with friends and family and be supported in ways of making new relationships.</p> <p>People will be supported to have choices and control within their lives.</p> <p>People will have the right care and support at the right time.</p> <p>People will have opportunities to have active and fulfilled life.</p>	<p>People will feel part of the world they live in and will be all they can be.</p> <p>People's rights to be active citizens will be promoted.</p> <p>Provide creative, engaging and proactive Health Education to service users, families and carers to reduce risks; prevent illness and promote self care via informed, healthy choices.</p>	

<p><b>What Will We Do?</b></p>	<p>Work in partnership with people, their family and carers and all relevant stakeholders to ensure that all transitions are positive and supported.</p> <p>Work with those families who need support from a very early stage to help them look after children, young people and adults in need of support.</p> <p>Work in partnership with other organisations to ensure easy read and other accessible information resources are available to the public.</p> <p>Consider how best to ensure suitably accessible buildings are available for people who need services and supports including those with mobility needs and that planned or adapted facilities are consistent with potential needs of the building user population and their carers.</p> <p>Ensure social care and health planning takes account that some people with a Learning Disability and/or Autism will experience increased physical disability as they age and other common aspects of the ageing process.</p> <p>Provide creative, engaging and proactive Health Education to service users, families and carers to reduce risks; prevent illness and promote self care via informed, healthy choices.</p>	<p>Continue to develop a range of flexible housing with support for adults who have additional support needs.</p> <p>Maximise and assist effective Primary Care governance and support for Adults with Learning Disabilities and /or Autism living in the Dundee community, promoting the uptake of Health Screening Initiatives and ensuring that these are communicated effectively.</p> <p>Positively influence and develop strategies and practical advances in the Acute Hospital setting to improve outcomes for people with Learning Disabilities and/or Autism who are admitted for unscheduled care, ensuring an objective reduction in health inequalities.</p> <p>In partnership with stakeholders review and further develop person-centred day opportunities (including supports which are autism specific).</p> <p>Provide creative, engaging and proactive Health Education to service users, families and carers to reduce risks; prevent illness and promote self care via informed, healthy choices.</p>	<p>Help people to learn new skills and feel confident in running their own activities in their communities and provide opportunities for families to have fun together by being active.</p> <p>Provide, test, develop and sustain a range of Therapeutic &amp; Recreational activities within mainstream settings in the Dundee community. Ensuring that people with Learning Disabilities and/or Autism can participate equally in a range of socially embedded activities of their choice, at a time of their choice which benefit their health and wellbeing.</p>
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The Dundee Strategic and Commissioning Plan and associated documents were produced, on behalf of the Dundee Integration Joint Board, in partnership with a wide range of stakeholders and was overseen by the Integrated Strategic Planning Group.

## GET IN TOUCH:

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**Health & Social Care**  
Partnership

