

## **ORGANISATIONAL AND GOVERNANCE ARRANGEMENTS**

The partners do not intend to change things for the sake of change but will simplify rather than complicate structures whilst holding on to the spirit of *Partnership for Care* and that of the guidance for the development of Community Health Partnerships and *Delivering for Health*.

### **The Joint Services Committee**

The Joint Services Committee will be constituted as a Committee of the Board and a Sub-committee of the Policy and Resources Committee of the local authority and will have delegated powers contained in a Scheme of Delegation for the effective management, performance and development of services outlined.

The delegation to the Joint Services Committee will be consistent with the Board and local authority's Schemes of Delegation and Standing Financial Instructions.

The Joint Services Committee will assume the roles and responsibilities of the Joint Future Committee.

The Membership of the Joint Services Committee will comprise of four non-executive members of the Health Board and four members of the local authority.

In general, the remit and purpose of the Joint Services Committee is to allocate resources within the CHaSCP allocation; commission services; take a strategic overview of the CHaSCP's activities, priorities and objectives and; hold to account the CHaSCP Committee for the delivery of the CHaSCP annual plan.

### **The CHaSCP Committee**

The CHaSCP Committee will form a Sub-Committee of the Board.

The former LHCC for the Western Isles covered the same area as envisaged for the CHaSCP and developed a wide range of comparable relationships. The CHaSCP will therefore assume the responsibilities of that committee which will be dissolved.

The CHaSCP Committee will play a pivotal role in the Community Planning Partnership.

The membership of the CHaSCP Committee will fulfil the requirement of the CHP Regulations.

The proposed membership of the committee will be as shown, with additional members as may from time to time be required (e.g. Chair of Information Group or IM&T Lead):

*CHaSCP Committee Membership*

<b>Members Required by Regulation</b>	<b>Additional Members</b>
General Manager - Community Health Clinical Director Local Authority Representative Public Health Representative GP Representative Non-GP Medical (acute) Nursing Representative AHP Representative Dental Representative Optometrist Community Pharmacist PPF Representative Voluntary Sector Representative Staff Representative	Director of Social Work Social Worker Rep Home Care Service Rep Residential and Day Care Adult Services Rep Residential Care for Older People Rep Social Work Planning and Development Rep Planning Partnership Rep (e.g. Mental Health) Locality Planning Rep (Broadbay) Locality Planning Rep (Harris) Locality Planning Rep (Lochs) Locality Planning Rep (Uist and Barra) Locality Planning Rep (Westside)

With due regard for process and without prejudice, it is proposed that consideration be given to the Local Authority Non Executive Director on the Health Board being appointed as Chair of the CHaSCP Committee.

As with current arrangements, other officers will routinely be expected to provide formal advice to the Committee on issues under consideration.

In general, the remit and purpose of the Committee is to assess the needs of the population, prioritise actions to improve health, plan and design improved access and quality of services for patients and service users locally; and to hold to account the Management Team (see 10.8) for effective service delivery against the Performance Management Framework.

**Forums and Partnerships**

It would also be the intention that the CHaSCP Committee work closely with, and maintain and establish as appropriate, a number of forums and partnership groups. This would allow the involvement of a wide range of staff beyond that contained in the guidance and would be achieved in the main through links with the Community Planning, Joint Planning and Joint Future arrangements.

Such Planning Partnerships and groups would include:

- Professional Forum (including role of Clinical Forum)
- Joint Staff Forum
- Mental Health Partnership
- Learning Disabilities Partnership
- Older People's Partnership
- Children's Partnership
- Other Partnerships as may be deemed to be necessary

### **Other Health Board Divisions**

The Acute Hospital Division will not be formally part of the CHaSCP but will be closely aligned through planning, redesign and clinical network arrangements.

The CHaSCP will link closely with the planning and Health Improvement functions of the Public Health Division.

With the dissolution of the Community Health Services Division its current responsibility for management of the Computing Department would be transferred to the Board as a corporate function, as it is an underpinning service for the whole organisation. Information Technology and Network infrastructure provision and support will be supplied to the CHaSCP by both organisations.

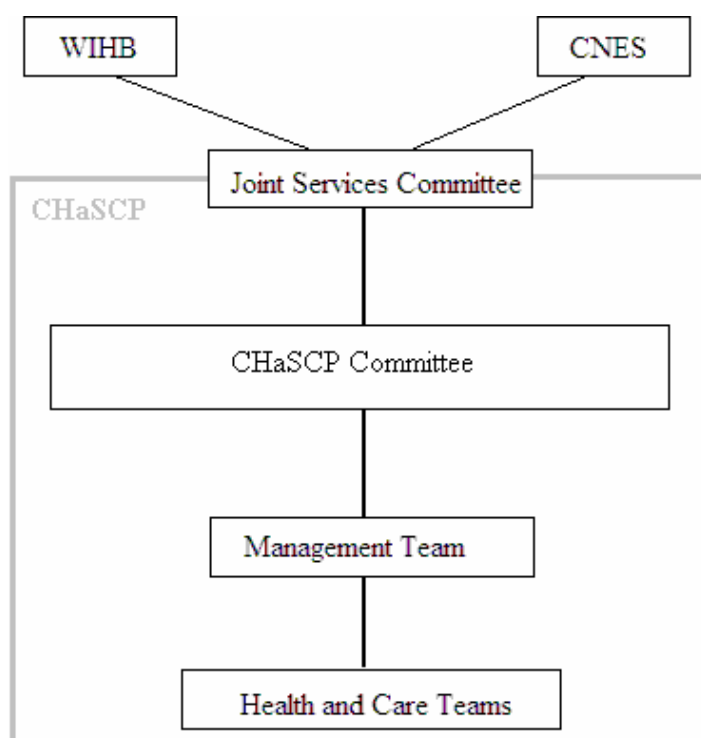
The CHaSCP will liaise closely with the Acute Hospital Division, Public Health Division, CnES, and the voluntary and carer sectors.

### **Governance and Other Organisational Arrangements**

The proposed Governance and other organisational arrangements for the CHaSCP are shown. In addition the CHaSCP would have responsibility for the Joint Future Agenda.

The Joint Services Committee will be responsible for annual planning; governance and performance issues within the CHaSCP; and for coordinating planning, governance and performance reports to the parent organisations.

## CHaSCP Governance



## Schedule of Meetings

Group	Frequency
Joint Services Committee	Six per year, or as required
CHaSCP Committee	Six per year, or as required
Forums and Partnerships	As constituted (e.g. six weekly)
Management Team	Monthly, or as required
Locality Planning Groups	Quarterly
Health and Care Teams	Monthly / Weekly

## The Management Team

The General Manager – Community Health and the Director of Social Work will be jointly and severally responsible to the CHaSCP Committee for the delivery of services relative to their individual remits taking account of their accountability to their respective line management arrangements. This arrangement may be subject to review pending the further delegation of functions in January 2008.

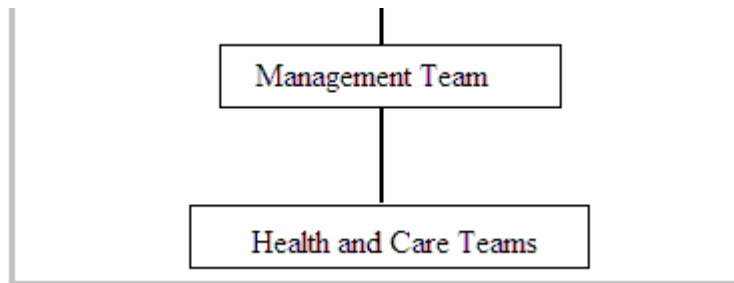
The proposed core membership of the team will be as shown, with additional members as may from time to time be required (e.g. Health Promotion Manager):

*Management Team Core Membership*

<b>Membership</b>	
General Manager – Community Health	Director of Social Work
Medical Director (GP)	Deputy Director Social Work
Lead Nurse	Team Leader Community Care
Finance	Development Manager

The Team will be accountable for all the services delegated to the CHaSCP and will provide regular reports and minutes to the Joint Services and CHaSCP Committees.

The Management Team will additionally be responsible for the operation of the Health and Care Teams and its membership will be supplemented as required to ensure a wider service management focus.

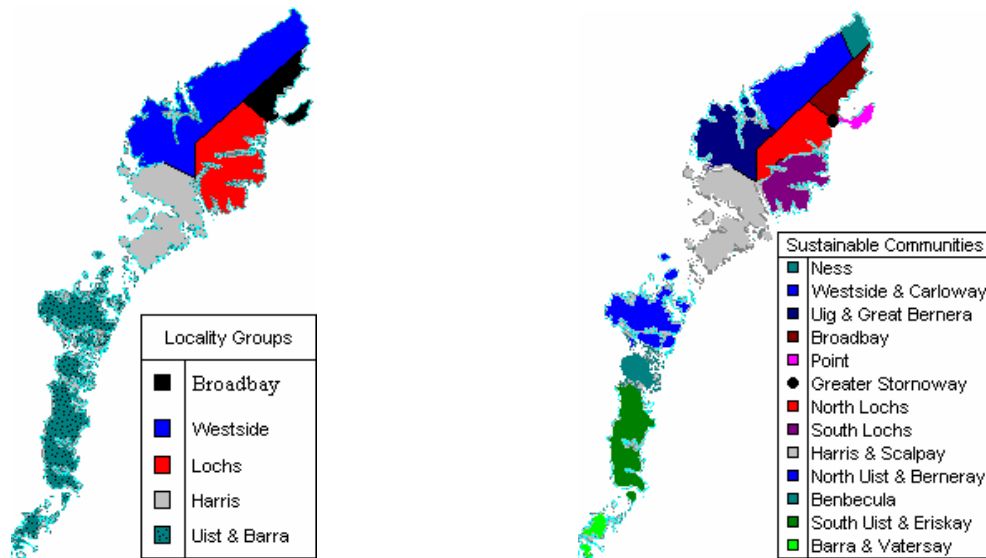


**Locality Planning Groups**

It is acknowledged that CHaSCPs are about devolving responsibility and planning as far as possible to the frontline, which should allow a high degree of flexibility and innovation while maintaining accountability. The development of Locality Planning Groups is currently underway and each would be coterminous with several of the areas identified as Sustainable Communities under the Local Authority arrangements as follows:

*Locality Areas*

*Sustainable Communities*



Each Locality Planning Group will nominate a representative to the CHaSCP Committee.

These groups would be used in the planning of services down to the frontline and feed into the wider strategic community planning arrangements through the CHaSCP.

The locality areas that have thus far been identified cover the following areas:

- Broadbay
- Westside
- Lochs
- Harris
- Uist and Barra

### **Health and Care Teams**

The Sustainable Community Areas would also provide an appropriate division for the provision of multi-agency Health and Care Teams, which are currently in the formative stages. These will take the lead in promoting the continued development of Single Shared Assessment and other service delivery functions as developed in the future.

These teams would be responsible to the Management Team for their performance, with staff remaining accountable to the line management arrangements within their respective organisations.