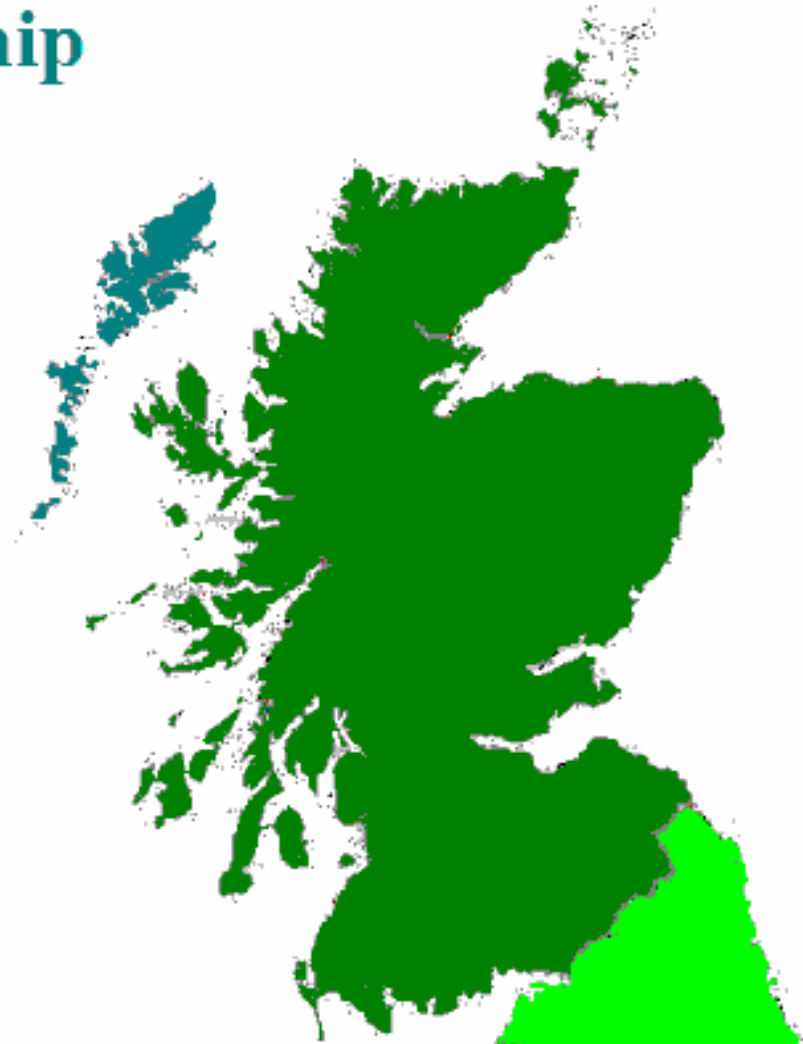




**NHS**  
Eileanan Siar  
Western Isles

# **Scheme of Establishment For a Western Isles Community Health and Social Care Partnership (CHaSCP)**



22nd February 2007

**SCHEME OF ESTABLISHMENT FOR A WESTERN ISLES  
COMMUNITY HEALTH AND SOCIAL CARE PARTNERSHIP**

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# **1 EXECUTIVE SUMMARY**

## **1.1 Community Health and Social Care Partnerships**

- 1.1.1 Community Health and Partnerships (CHPs) as proposed in the Community Health Partnership Regulations 2004 are about delivering better services and outcomes for local people, improving health and reducing health inequalities. They do this by developing closer working relationships between with partner agencies and by effective public involvement. It should be noted, however, that partnership working is a means to an end based on agreement about expected service improvement and joint commitment to delivering more integrated care.
- 1.1.2 CHPs are a mechanism to allow partner organisations, professionals and staff to plan, redesign and deliver services and care more effectively through organisational arrangements that seek to align and strengthen joint working.
- 1.1.3 NHS Western Isles and the local authority Comhairle Nan Eilean Siar (**CnES**) have agreed that the creation of a CHP can be developed further by the formation of a Community Health and Social Care Partnership (CHaSCP). This would encompass all the advantages of a CHP and the addition of more integrated partnership working between the two organisations leading to better services to patients, service users and the public.
- 1.1.4 Many of the relationships that would normally be expected within a CHaSCP are already to be found informally in the Western Isles. There is a long history of partnership working which continues to develop and which will be enhanced by the introduction of a CHaSCP. It builds on the work of the Local Health Care Cooperatives (**LHCCs**), which were voluntary in nature, by placing statutory obligations upon partners by formalising and developing arrangements such as Joint Future planning and delivery of services, joint service planning and Community Planning.
- 1.1.5 It is proposed that the First Stage of the CHaSCP will be operational in June 2007 with the delegation to it of responsibility for a range of Health Services and Joint Future and joint planning Arrangements. At this stage the Community Health Services Division and the Joint Future Committee will be dissolved. Thereafter it is proposed that a range of Social Work functions would be delegated from January 2008.

- 1.1.6 The development of a CHaSCP will greatly enhance the current local arrangements by formalising links and aligning structures and processes within the context of national guidance and regulations.
- 1.1.7 Good working relationships have already been developed with several jointly planned, funded, and executed community developments underway, including:
- South Uist Care Development (**SUCD**), incorporating residential facilities for the elderly, a dementia unit and a range of dedicated accommodations for Primary Care and Allied Health Professionals (e.g. Physiotherapy, Podiatry, etc.);
  - Carloway Community Development, incorporating day-care facilities;
  - Harris House Residential Home, currently at the design stages for the 2008 capital plan and with a similar remit to the facilities in the SUCD.
  - A Joint equipment store developments including nursing equipment
  - Single management pilots in the community

## **1.2 Past Developments**

- 1.2.1 During 2003-04 under the heading “Organising for Reform” NHS Western Isles underwent a re-organisation to align its structure to the vision as laid out in the white paper *Partnership for Care*, and reaffirmed in the *Partnership Agreement*.
- 1.2.2 The Board’s structure already provides for the involvement of many of the agencies, professions, staff and members of the public as described in the statutory guidance for Community Health Partnerships, through the Community Health Services Division.
- 1.2.3 An LHCC Representatives Committee was engaged in area-wide service development and began work on the formation of Locality Groups for planning. This work has continued in a Health Board Service Redesign programme and wider Clinical Strategy. “Health and Care Teams” are now being rolled out as a good example of operational joint working. These are based around General Practices and the areas identified by the local authority as “Sustainable Communities”.
- 1.2.4 Attention has been paid to the paper *Delivering for Health*, to ensure that this proposal is aligned to national policy direction. This includes working with partners on planning and redesigning service delivery to ensure that services are delivered as close as possible to people’s own homes

### **1.3 Proposed Developments**

- 1.3.1 The CHaSCP will build on the previous development of the existing Community Health Services Division and relationships with the Social Work Department of the local authority with the greater involvement of Acute and Public Health services from within Health as well as the local authority, voluntary sector and the public.
- 1.3.2 The CHaSCP arrangement will comprise: A Joint Services Committee between the Health Board and CnES; a CHaSCP Committee; a Management Team; and a series of operational Health and Care Teams (see figure 1). It will support several service area Partnerships and five Locality Planning Groups.
- 1.3.3 The Joint Services Committee will be a Committee of the Health Board and a Sub-committee of CnES, responsible with delegated authority for delivering a range of services within an agreed budget from these parent organisations. It will also assume responsibility for governance and commissioning of services.
- 1.3.4 The CHaSCP will assume the Joint Future role through the Joint Services Committee on behalf of both partner organisations and will be a solid first step towards further development of joint working, including the potential for further joint delegation of functions including single management where appropriate.
- 1.3.5 The CHaSCP Committee will be accountable to the parent bodies through the Joint Services Committee and will constitute a Sub-Committee of the Health Board. It will be primarily responsible for ensuring effective service delivery against local plans, with associated planning functions, for community-based services. It will play a pivotal role in the Western Isles Community Planning Partnership.
- 1.3.6 Membership of the CHaSCP Committee will take account of the Statutory Guidance for CHPs, with increased clinical, local authority and public representation.
- 1.3.7 Governance and accountability of the CHaSCP Committee will be directly to the Joint Services Committee, with operational management being through its General Manager – Community Health, to the Chief Executive of the Health Board and Director of Social Work to the local authority.
- 1.3.8 The CHaSCP Committee will assume responsibility for the existing LHCC Locality Groups, which will evolve into Locality Planning Groups. There will be significant input from Public Health, Acute Hospital Services Division and the newly formed Public Partnership Forum (**PPF**) and Joint Staff Forum.

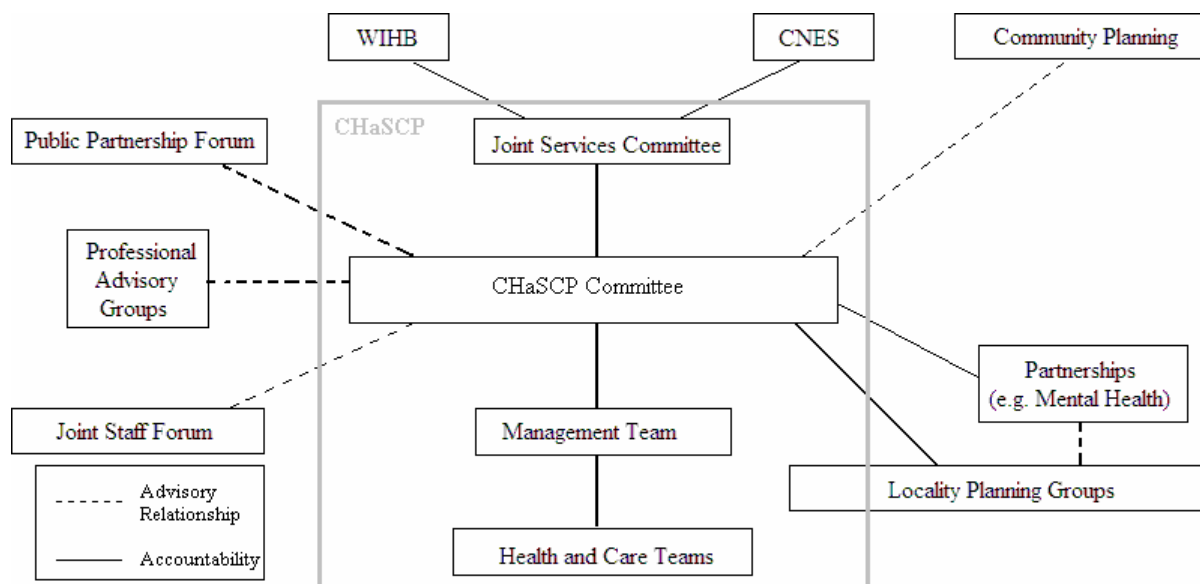
- 1.3.9 Delegated resources from the Board and local authority will be operationally managed through a core Management Team against a Performance Management Framework.
- 1.3.10 A Performance Management Framework will be implemented from the constitution of the CHaSCP in June 2007 including arrangements for effective clinical governance and risk management processes consistent with the wider Health Board and local authority arrangements; however this will need further development through to January 2008 and beyond.
- 1.3.11 Health and Care Teams will continue to be developed. They have an operational role in jointly managed patient care. They will be accountable to the Management Team for the resources delegated to them but line management of staff will continue to be through their existing management structures.
- 1.3.12 The strategic objectives of *For Scotland's Children*, and *Improving Health in Scotland – The Challenge* will be embedded into practise throughout the CHaSCP in its responsibilities for delivering effective community health services for children, ensuring that the workforce are well trained and in discharging effective partnership arrangements with the local authority and other partners.

#### 1.4 **Potential Future Developments**

- 1.4.1 The “proposed developments” should therefore pave the way for a range of potential “future developments”. It is envisaged that these will include the following proposals, to be worked towards during the first year of the CHaSCPs operation.
- 1.4.2 The Public Health Division will be consulted with regarding further integration to support the Health Improvement agenda and priorities of the CHaSCP.
- 1.4.3 The Community Planning Partnership is currently being redesigned, with negotiations underway to see where the CHaSCP might be best positioned. Meanwhile the CHaSCP Committee will relate directly to the Community Planning Partnership Board.
- 1.4.4 Children’s Services will be examined to see if the CHaSCP might assume a wider range of these services while meeting the statutory obligations of all partners.

1.4.5 The potential for the further development of the CHaSCP will be explored over this period with: associated delegation of a range of Social Work resources, leading to the development of more cost effective services; and equity of representation and decision making.

Figure 1 – CHaSCP Overview



## 2 LOCAL CONTEXT

2.1 This Scheme of Establishment (SoE) has been prepared in line with the requirements of the CHP Statutory Guidelines and the Community Health Partnerships Regulations (Scotland) 2004, and is presented by NHS Western Isles after consultation with the local authority, members of the public and community organisations.

2.3 The Western Isles has a population of 27000 and consists of a chain of islands with a varied and ageing population and a rich Gaelic cultural heritage.

2.4 An acute Hospital of over 200 beds is based on the outskirts of the main population centre, the town of Stornoway, where the two largest General Medical Practices, an NHS dental practice, the Health Board offices and the Local Authority offices are located. Other Independent Contractors, e.g. Community Pharmacy, Dentistry and Optometry are also provided. Another ten General Practices and two Community Hospitals (Uist and Barra Hospital and St. Brendan’s Hospital) are found throughout the islands. There are close links between Community Nursing services, Allied Health Professionals (AHPs), Social Work colleagues, and Voluntary services.

### **3 WORKING TOGETHER**

- 3.1 The CHaSCP is about developing better services and outcomes for local people and reducing health inequalities. Increased working with partner agencies, formalising links and aligning structures and processes, and fully engaging with the public will achieve this. This will result in a wider range of expertise and interests contributing to the effective planning and delivery of services at all levels.
- 3.2 The Joint Future agenda is continuing to evolve with growing co-operation between partners at a local and strategic level. There are developing outcome measures between the partners through local Improvement targets that will assist with performance monitoring of real improvements in care. This includes agreements on joint local authority and health developments in Carloway, Harris and South Uist, as well as a joint approach to assessment, admission and discharge arrangements contributing to more effective care, shorter waiting times and reduction in delayed discharges.
- 3.3 Opportunities to standardise and work jointly are being actively investigated in such areas as joint training and health and safety risk assessments.
- 3.4 Following the signing of a *Joint Partnership Agreement* in December 2006 work continues on a Joint Communication Strategy, information and data sharing protocols, and a vulnerable person database focussed on severe weather planning. A Data Sharing Partnership has been set up and a project to rollout the use of SPARRA data (Scottish Patients At Risk of Readmission and Admission) into the community is also underway.
- 3.5 In preparation for the constitution of the CHaSCP Management Team, Service Level Agreements are being rolled out to each service area, in preparation for tightly controlled monitoring of performance and budgets.
- 3.6 At a strategic level, agreed joint outcomes have been promoted through the Joint Future Committee, and, where appropriate, with the Community Planning Partnership through its Wellbeing Forum.
- 3.7 A number of other joint planning mechanisms are in place and discussed later in the Scheme.

## **4 ORGANISATIONAL OPPORTUNITIES**

- 4.1 In January 2004 NHS Western Isles was reorganised into three main divisions, consisting of Public Health Division, Acute Hospital Services, and Community Health Services. The formation of a Community Health Services Division has for the first time brought together independent practitioners along with community based services. It has also allowed a closer management and strategic focus with local authority services.
- 4.2 Since June 2005 intensive work has been undertaken under the guidance of the Joint Future Committee to review the partnership arrangements. This has involved obtaining the views of staff and other stakeholders through workshops and focus groups at a local and Board / Local Authority wide level. A clear view has emerged that more opportunity should be taken to build on the partnership links already in place by creating more formalised joint working arrangements at a local management and at a strategic level.
- 4.3 This approach has been further endorsed at a Health Board/ Local Authority level who now propose to seek agreement for the creation of a CHaSCP which will assist in a more inclusive approach to Joint Planning and delivery of care and well being, not only within the community but also at the interface with Secondary Care, thus improving the experience of the Public, users and carers of Health and Social Care services in the Western Isles.

## **5 PROPOSED ORGANISATION, ROLES AND RELATIONSHIPS**

- 5.1 The ambition of the partners is to facilitate integration of services through cooperation, particularly relative to the planning and provision of joint services, in a way that aligns services and functions and retains clear individual agency accountability for statutory functions, resources and employment issues. This would also involve key voluntary sector partners.
- 5.2 The following nine national priority areas have been identified for Community Health Partnerships and will be incorporated into the Performance Management Framework for the CHaSCP to ensure the delivery of better outcomes for people within the Western Isles:
- Better access to primary care services
  - A systematic approach to long term conditions

- More anticipatory care
- Support for people at home
- Prevention of avoidable hospital admissions
- More local diagnosis and treatment
- Better discharge and rehabilitation
- Improving specific health outcomes
- Improving health and tackling inequalities

5.3 The CHaSCP will shape services to meet local needs through planning, priority setting and resource allocation contributing to the overall plans and priorities of the partner agencies and will contribute to enhanced care by:

- Adopting a person-centred approach that encourages minimum intervention and maximum dignity, choice and independence.
- Compliance with national standards, e.g. requirements and recommendations of the Care Commission and the Scottish Social Services Council
- Integrating health services, both within the community and with associated specialist services including secondary care services, underpinned by service redesign, Managed Clinical Networks and a Clinical Strategy;
- Managing the range of local services identified in section 11 and working closely in joint services;
- Establishing policies that promote health and address inequalities, poverty and deprivation informed by the Health Improvement Strategy directly and through full involvement in the Community Planning Partnership;
- Lead in driving forward the NHS and local authority Joint Planning arrangements
- Ensuring the Joint Future outcomes are delivered in partnership with the local authority, the voluntary sector and other stakeholders by assuming the roles and responsibilities of the Joint Future Committee through the Joint Services Committee and supporting structures.
- Having a key role in the delivery of health services for children and young people and by participating in the development of the integrated children's services plan and working closely with local authority services;
- Taking account also of other CHP advice notes on Integrated Mental Health services, Learning Disability, Health Improvement and involvement of the public and the voluntary sector;
- Promoting involvement of, and partnership with staff whether employed by or contracted to the NHS and with relevant staff of the local authority through a recently reconstituted Joint Staff Forum and other organisational development and training opportunities; and
- Securing effective public, patient, service user and carer involvement by building on existing or developing new mechanisms.
- Agreeing joint outcomes relative to Health Improvement, Joint Future Local Improvement Targets, and National and Local Service Reviews

5.4 The proposed CHaSCP will be coterminous with the Local Authority boundary. As will be seen from section 10 of the Scheme it is also proposed to create Locality Planning Groups supported by the CHaSCP which are coterminous with local Authority arrangements and relate to Community Planning and sustainable community structures. They will evolve from the existing LHCC Locality Groups and be given a clear role and remit to assist in the planning of future services including identifying local needs. This will be enhanced by their involvement with the CHaSCP thus enabling greater influence.

## **6 THE ADVANTAGES OF AN INTEGRATED CHaSCP**

6.1 The proposed CHaSCP will have clear advantages over the current more informal arrangements, and will build on the previous collaborative work of the Local Health-Care Cooperative (**LHCC**) by:

- Improving services and outcomes for people who use services and their carers by more integrated working and planning across all agencies including access and influence over planning and design of services and utilisation of resources. The CHaSCP Committee and locality structures, with the creation of an integrated Management Team delivering against set targets and objectives, will contribute to achieving this.
- Addressing service pressures and meeting national and local targets around delayed discharge, emergency admissions etc. This will be achieved through greater involvement in redesign of services, progressing increased development of joint services locally.
- Reducing bureaucracy and duplication through potential for greater integration and partnership working including closer working of Health and Care Teams and working towards introducing single management structures where viable.
- Sustaining and developing the local economy through involvement and influence in Community Planning
- Providing more opportunity for modern integrated community health and social care services focussed on natural communities through developing local management arrangements and contribution to service planning through the Locality Planning Groups.
- Providing more integrated community and specialist health care through clinical and care networks and joint management groups
- Ensuring patients, service users and a broad range of frontline health and social care professionals are fully involved in service delivery, design, and decisions through the Health and Care Teams and Locality Planning Groups.
- Implementing shared governance and accountability with all parties, and substantial responsibility and influence in NHS resource deployment.
- Occupying a central role in redesign and strategy development.

- Providing a pivotal role in delivering health improvement, identifying local needs, delivering services that support the Public Health agenda, and influencing wider community planning, supported by the Public Health Division.
- Developing rigorous standards of working in formalising aligned policies and procedures and developing training and development arrangements.

## **7 IMPROVING HEALTH**

- 7.1 The Western Isles has a number of health improvement challenges. The increasing elderly population coupled with a decreasing younger age group brings added challenges in ensuring that people grow older more healthily. Specific challenges of alcohol, smoking, drugs; physical activity; diet; and gender inequalities will require even more innovative and co-ordinated approaches in achieving lifestyle changes, especially in view of the recent Scottish regulations pertaining to Smoking.
- 7.2 The CHaSCP will be one of the primary vehicles for promoting the health of the population. As such it will have a vital role in service delivery that leads to better health outcomes. Within the context of Community Planning in the Western Isles, the statutory agencies recognise the wider role that each of them has collectively and individually to tackle the factors which contribute to poor health.
- 7.4 The CHaSCP is therefore being constructed as a “health improvement” organisation with delegated resources, staff and services summarised below, aimed at making a difference to the health of the population and reducing inequalities. As such it will liaise with the relevant CnES Departments (e.g. Education, Sustainable Communities, etc.), as appropriate.
- 7.5 The Public Health Division will be very closely aligned and be represented on the CHaSCP Committee.
- 7.6 The post of Public Health Practitioner Community Health Services provides a link between the Community Health Service and Public Health Divisions. So too does the post of Nurse Consultant (Public Health) who provides a professional steer for Public Health nurses in the Community Health Services Division, and for planning purposes. The Health Promotion Department will support the Health Improvement activity of the CHaSCP by jointly agreeing targets and objectives.

- 7.7 The CHaSCP will therefore have the support of staff skilled in Health Improvement, including the wider Public Health Division, and Local Authority staff involved in the Joint Health Improvement Planning. This will provide a network of staff planning and delivering against a 3 year Joint Health Improvement Plan developed in conjunction with Community Planning partners
- 7.8 The CHaSCP will also be involved in the gathering and utilisation of local health information to inform and monitor its health improvement function using the skills and expertise within the NHS Board and the Local Authority.

## **8 IMPROVING QUALITY OF SERVICES**

- 8.1 Delivering improved services for the population of the Western Isles is a fundamental objective of the CHaSCP.
- 8.2 Close involvement of the Acute Hospitals Services Division will be achieved through involvement on the CHaSCP Committee, in the planning and design of services, and through clinical networks. This will allow for a more integrated approach to the planning and delivery of services leading to appropriate, cost effective, and an improved range of services.
- 8.3 Formal structures, mechanisms and lines of accountability and other strategic processes are outlined in section 10.
- 8.4 This will be further enhanced by the involvement of representatives from the CHaSCP in the joint planning of services through the Strategic Planning Framework as outlined in section 14.
- 8.5 Significant redesign work has already been embarked upon by NHS WI. Some of the areas covered by this are Paediatric services; Primary Care out of hours; Acute Hospital medical services; Hospital at night services; Mental Health services; Uist and Barra Community Hospital; Community Services and Public Health. This programme involves senior and frontline staff and members of the public. It is aimed at producing quality driven sustainable services as close to people's homes as possible. The CHaSCP will be central to this work and will ensure a broad spectrum of expertise and knowledge is available to deliver a successful outcome

- 8.6 The close relationship with a range of social work services through the CHaSCP will provide the opportunity for more effective cooperation and further integration of care services in the community. It will be important to fully involve the reconstituted Joint Staff Forum and other stakeholders about the potential benefits and the process involved.
- 8.7 The CHaSCP will provide the vehicle for increased integration of services for patients and service users in respect of: older people; physical disability; children; substance misuse; mental health; and learning disability building on the current development of joint teams with local authority staff in many of these areas. The CHaSCP would also take account of the opportunities afforded by the new GMS contract in this respect by further developing more GP-led local services.
- 8.8 The CHaSCP will have Key Performance targets, which would be set by the Joint Services Committee and will be monitored at regular intervals and would contribute to the Board and local authority's overall performance measurement. Key success factors would also be agreed pertaining to the Joint Future Agenda taking account of the Local Improvement Targets. The *National Performance Assessment Framework* and the *National Users and Carers Outcomes* paper of March 2004 would also be used.
- 8.9 Other agreements and performance measures are already in place e.g. *Extended Local Partnership Agreement; Joint Performance Management Framework; JPIAF; Mental Health Joint Local Implementation Plan*.
- 8.10 Additional Services will be monitored against national and local policies and standards (e.g. *Delivering for Health*) both locally through the Management Team and by nationally appointed bodies (e.g. QIS, etc.).
- 8.11 The CHaSCP will work closely with staff of the Acute Hospital Division and other partners to achieve the delayed discharge targets through involvement in planning, assessment and monitoring and in the development of appropriate alternative services e.g. joint working to avoid unnecessary admission and assist with appropriate discharge arrangements.

## **9 INTEGRATED CHILD HEALTH SERVICES**

- 9.1 The integration of Children's health services has been a major priority between the Partners in the Western Isles. This goes beyond the traditional partnership of Social Work and Health as is demonstrated by the Child Protection and other children's service planning arrangements, where there is multi agency involvement.
- 9.2 It is acknowledged, that there are certain challenges regarding the management of Child Protection Services, and work will continue between the partners to identify the most appropriate relationships including individual and shared responsibilities.
- 9.3 The CHaSCP will have a key role in developing the delivery of health services for children and young people at a local level. It will be fully involved in the development of the integrated children's service plan through the Joint Planning arrangements with the Local Authority.
- 9.4 This role will be developed in partnership having regard to national policy initiatives on integrated children service plans; redesign of health services for children and young people at primary and community level in accordance with *Health For All Children 4<sup>th</sup> Edition; Its Everyone's' Job to Make Sure I'm Alright*; the local Child Protection arrangements; integrated assessment; and implementation of an early years strategy.
- 9.5 The CHaSCP will play a major role in greater integration of children's health services with a lead clinician providing leadership and direction. It is expected that a number of improvements can be achieved including;
- A shared vision for children and young people
  - Effective integrated management arrangements
  - Coherent systems for assessment and sharing information
  - A children's services workforce with the necessary skills and qualifications
  - Co-ordinated quality assurance and inspection systems
  - Effective design of services

## **10 ORGANISATIONAL AND GOVERNANCE ARRANGEMENTS**

10.1 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*.

### **10.2 The Joint Services Committee**

10.2.1 The Joint Services Committee will be constituted as a Committee of the Board and a Sub-committee of the local authority and will have delegated powers contained in a Scheme of Delegation (see Appendix C) for the effective management, performance and development of services outlined in Table 4.

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

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

10.2.4 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.

10.2.5 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 (see 10.3) for the delivery of the CHaSCP annual plan.

### **10.3 The CHaSCP Committee**

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

10.3.2 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.

10.3.3 The CHaSCP Committee will play a pivotal role in the Community Planning Partnership as outlined in section 14

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

10.3.5 The proposed membership of the committee will be as shown on Table 1, with additional members as may from time to time be required (e.g. Chair of Information Group or IM&T Lead):

*Table 1 – CHaSCP Committee Membership*

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

10.3.6 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.

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

10.3.8 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.

#### **10.4 Forums and Partnerships**

10.4.1 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.

10.4.2 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

## **10.5 Other Health Board Divisions**

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

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

10.5.3 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.

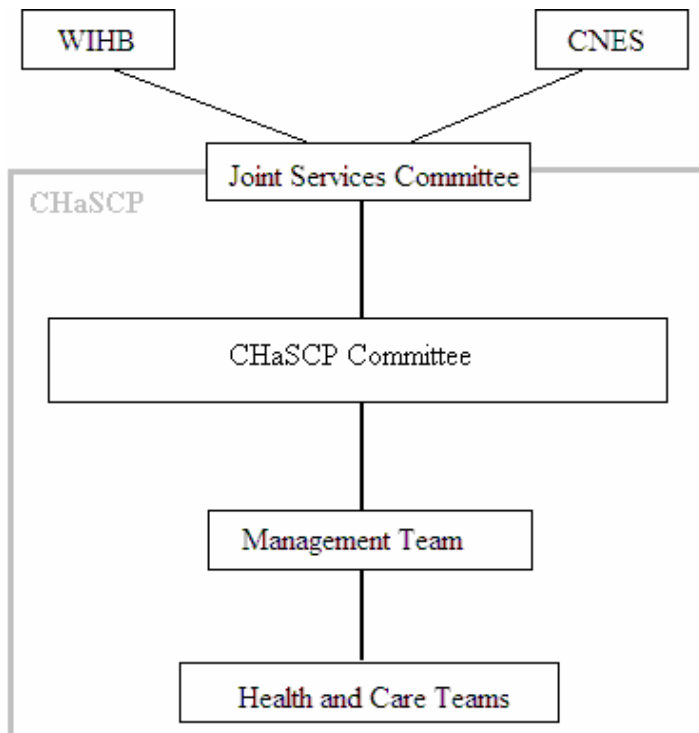
10.5.4 The CHaSCP will liaise closely with the Acute Hospital Division, Public Health Division, CnES, and the voluntary and carer sectors.

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

10.6.1 The proposed Governance and other organisational arrangements for the CHaSCP are shown in figure 2 and 3. In addition the CHaSCP would have responsibility for the Joint Future Agenda, as outlined in section 14.

10.6.2 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.

Figure 2 – CHaSCP Governance



## 10.7 Schedule of Meetings

Table 2 – 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                 |

## 10.8 The Management Team

10.8.1 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.

10.8.2 The proposed core membership of the team will be as shown on Table 3, with additional members as may from time to time be required (e.g. Health Promotion Manager):

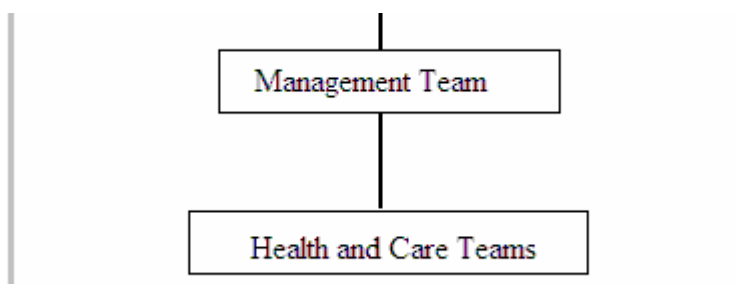
*Table 3 Management Team Core Membership*

| <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         |

10.8.3 The Team will be accountable for all the services delegated to the CHaSCP in section 11 and will provide regular reports and minutes to the Joint Services and CHaSCP Committees.

10.8.4 The Management Team will additionally be responsible for the operation of the Health and Care Teams (see figure 3) and its membership will be supplemented as required to ensure a wider service management focus.

*Figure 3 – CHaSCP Management*



## **10.9 Locality Planning Groups**

10.9.1 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 (see Figure 4 and 5).

Figure 4 - Locality Areas

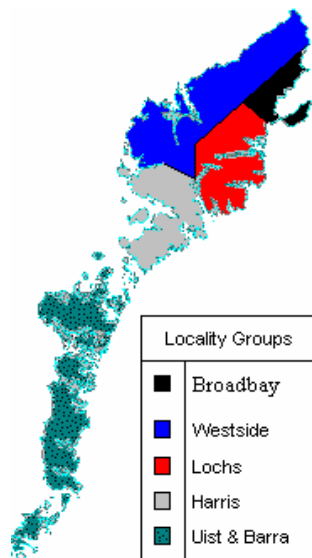
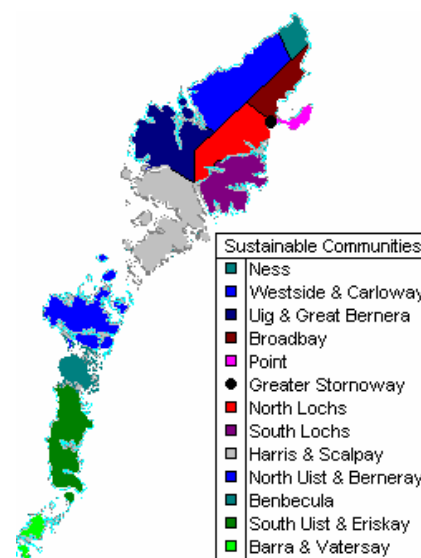


Figure 5 – Sustainable Communities



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

10.9.3 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.

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

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

## 10.10 Health and Care Teams

10.10.1 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.

10.10.2 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.

## 11 SERVICES TO BE MANAGED BY THE CHaSCP

### 11.1 Stage One – Community Health Services (June 2007)

- 11.1.1 To maximise the devolution of the management of services and resources to the CHaSCP the current management of health services through the Community Division will be delegated to the CHaSCP and that Division dissolved.
- 11.1.2 The responsibility for discharging the Health Board’s responsibility for practitioner services would be managed in the CHaSCP including monitoring of independent contractors contracts.
- 11.1.3 The responsibility for Joint Future planning and associated performance arrangements would be managed in the CHaSCP.
- 11.1.3 Health Services to be managed are shown in Table 4:

*Table 4 – Health Services*

| <b>Service</b>                            | <b>Inclusion in CHaSCP</b> | <b>Representation on CHaSCP Committee</b> |
|---|----------------------------|---|
| Primary Medical Services                  | Core                       | General Practitioner                      |
| Dental Health Services                    | Core                       | CADO                                      |
| Community Pharmaceutical Services         | Core                       | Community Pharmacist                      |
| General Ophthalmic Services               | Core                       | Optometrist                               |
| Community Nursing                         | Core                       | Lead Nurse                                |
| Public Health Nursing (HV) (SN)           | Core                       | Lead Nurse                                |
| Podiatry                                  | Core                       | AHP                                       |
| Physiotherapy                             | Core                       | AHP                                       |
| Speech & Language Therapy                 | Core                       | AHP                                       |
| Occupational Therapy                      | Core                       | AHP                                       |
| ATU & Respite                             | Functional Link            |   |
| Mental Health Services                    | Core                       | Mental Health                             |
| Child & Adolescent Mental Health Services | Core                       | Mental Health                             |
| Child Health Services<br>Child Protection | Core                       | Lead Nurse                                |

| <b>Service</b>  | <b>Inclusion in CHaSCP</b> | <b>Representation on CHaSCP Committee</b> |
|---|----------------------------|---|
| Dietetics   | Core                       | AHP                                       |
| Diabetes Services   | Core                       | Lead Nurse                                |
| Men's Health Project  | Core                       | GM CHaSCP                                 |
| Community Hospital Services   | Core                       | General Practitioner                      |
| Family Health Nursing   | Core                       | Lead Nurse                                |
| Well Women Services   | Core                       | Lead Nurse                                |
| Learning Disability Services<br>CLDN  | Core                       | Mental Health                             |
| Joint Health and Social Care for Older People   | Core                       | Director of Social Work                   |
| Sexual and Reproductive Health Services   | Core                       | Lead Nurse                                |
| Public Health Practitioner Services   | Core                       | GM CHaSCP                                 |
| Community Based Health Promotion, Health Protection and Health Intelligence Functions | Functional Link            | Public Health                             |
| Support to Community Based services provided by the voluntary Sector                  | Functional Link            | Voluntary Sector                          |
| Support services, i.e. IM&T, Finance, HR  | Functional Link            | GM CHaSCP                                 |

## 11.2 Stage Two – Community Social Care Services (January 2008)

11.2.3 To maximise the devolution of the management of services and resources to the CHaSCP the current management of Social Care services through the CnES Social Work Committee will be delegated to the CHaSCP.

11.2.4 Social Care Services to be managed are shown in Table 5:

*Table 5 – Social Care Services*

| <b>Service</b>   | <b>Inclusion in CHaSCP</b> | <b>Representation on CHaSCP Committee</b> |
|--|----------------------------|---|
| Area Teams – Community Care Assessment and Care Management | Core                       | Team Leader                               |
| Mental Health Assessment (MHO)                             | Core                       | Lead Officer: M Health                    |
| Child Protection   | Core                       | Depute Director of SW                     |
| Respite – Children with Disabilities                       | Core                       | Children’s Services Manager               |
| Community Services provided by Voluntary Sector            | Core                       | Principal Officer                         |

11.2.5 Additionally a number of services are being further considered for inclusion in the CHaSCP from January 2008 (dependant on Social Work Review). These are shown in Table 6:

*Table 6 – Potential Social Care Services*

| <b>Service</b>                  |
|---------------------------------|
| Home Care Service               |
| Residential Care – Older People |
| Residential Care – Adults       |
| Day Care                        |

## **12 ENGAGING WITH PATIENTS, SERVICE USERS AND PUBLIC**

- 12.1 A Western Isles Health Forum was established in April 2004, involving Community Council members, the former Local Health Council, Citizen's Advice Bureau, and the Western Isles Carers and Users Support Network. After consulting with the former Local Health Council it was decided to involve this Forum further to include a wider spectrum of people from other community organisations. This Forum, along with other patient, service user and public groups, will be assumed by the Public Partnership Forum (PPF).
- 12.2 A steering group for a PPF was established in January 2006 and will oversee the constitution of the PPF in line with the Advice notes, *CHPs: Involving People* and the framework presented in *Patient Focus and Public Involvement* taking account of the challenges identified in *Sustainable Patient Focus and Public Involvement*.
- 12.3 The CHaSCP will ensure that the individual groups and organisations will also continue to be supported and consulted in partnership with the PPF.
- 12.4 The PPF will nominate a member to the CHaSCP Committee through an electoral process where necessary. If desired the PPF may nominate deputies for the CHaSCP Committee member, as required. The PPF will also involve its members in the various working and planning groups as appropriate.
- 12.5 The Locality Planning Groups are also an important element in Public involvement and will be supported by locally designated staff with input from the CHaSCP on more strategic level issues. As such they may involve a wide range of individuals in their membership (e.g. laypersons, Community Council representatives, Clinicians).
- 12.6 The existence of the PPF will not detract from the overall responsibility that the partners will have from time to time to inform and consult with the public and in discharging the general responsibilities to work with the public on service redesign, etc.

### **13 THE WORKFORCE**

- 13.1 Staff Governance is a statutory requirement on NHS Boards. Arrangements for Staff Partnership and for the way in which the Staff governance Standard for NHS employees will relate to the CHaSCP will be agreed between the partners and the Joint Staff Forum.
- 13.2 Leadership development is seen as a priority. Work is already underway on a local learning strategy and plan to consolidate and enhance the existing training and development opportunities. This is particularly relevant in identifying the opportunities for joint training.
- 13.3 The Joint Staff Forum will be fully involved in determining the priorities for the development of a programme to align policies and procedures for joint staffing.
- 13.4 The CHaSCP will continue to receive the full support of central departments of its parent organisations, such as IM&T, Human Resources and Finance, though the professional and administrative resources need to be quantified and allocated.
- 13.5 Among the other priorities for action is the development of staff protocols; joint development training pertaining to clinical governance, service standards, risk management, patient safety; joint recruitment protocol; structure and management options; establish a joint HR implementation Group; and develop the Workforce Plan, which is currently in draft.

### **14 PLANNING AND DEVELOPMENT**

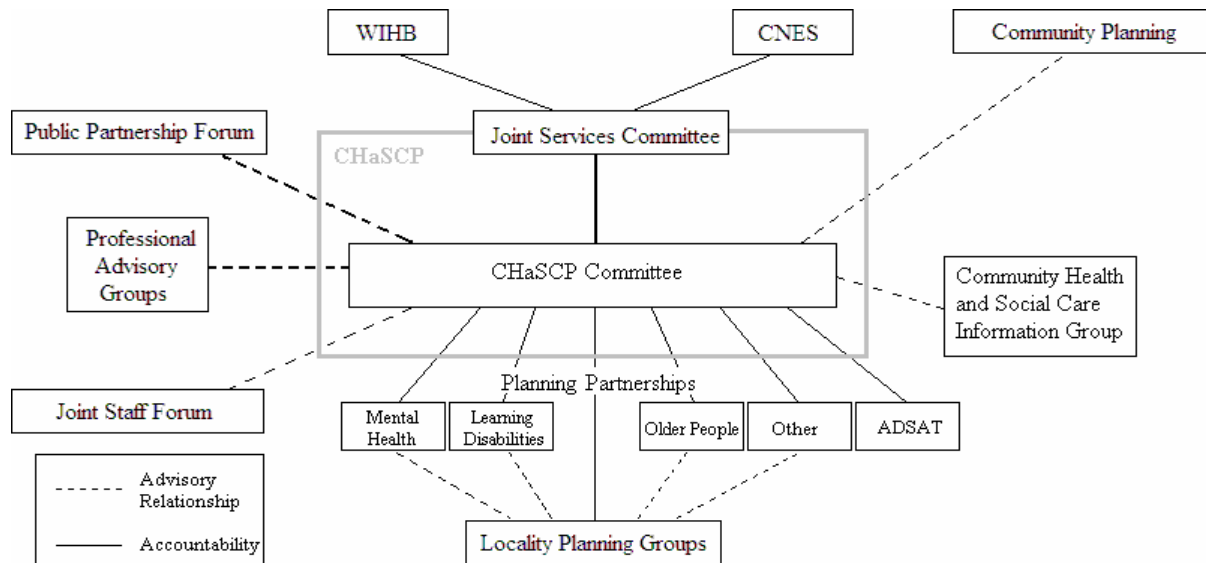
- 14.1 The CHaSCP will operate within the strategic frameworks established by the NHS Board and the local authority (including those agreed for Joint Planning across the partners).
- 14.2 There will be planning agreements to ensure that the CHaSCP activities are fully integrated into the corporate governance arrangements of the statutory organisations.
- 14.3 The CHaSCP will be responsible for the planning and development of services it directly manages and will participate in the development of the full range of services for its population

- 14.4 The CHaSCP will lead the joint planning process for the service areas associated with Joint Future through its Planning Partnerships.
- 14.5 Planning Partnerships are seen as an essential element in the continued planning and development of joint services. These will include:
- Mental Health Services
  - Learning Disabilities
  - Older People's Services
  - Alcohol, Drugs and Smoking
  - Children's Services
- 14.6 The information needs of the CHaSCP will be supported by the Public Health Intelligence & Information Services department of the Board and local authority contacts through the development of the Primary Care and Community Health Information Group. This will extend into a wider Community Health and Social Care Information Group (see figure 6).
- 14.7 The CHaSCP will further develop the initial Performance Management Framework to include accountability of the Annual Plan and various priorities of the Partnerships.
- 14.8 The Community Planning Partnership is currently undergoing redesign and the CHaSCP will play a pivotal role (see figure 6). This piece of work is expected to conclude around March 2007. Currently the Community Wellbeing Forum has a planning role and remit similar to the CHaSCP, so this is being examined to see how the CHaSCP is best integrated.

Among the responsibilities of the Forum are to:

- Provide a strategic planning focus for health Improvement and well being
- Improve communications in the field of well being
- Incorporate the Joint health Improvement Plan into corporate plans
- Provide a voice for wellbeing in the Community Planning Partnership
- Draw together managers and service planners from the statutory and voluntary sectors
- Produce an annual action Plan for the JHIP
- Agree wellbeing related agency policies and plans

Figure 6 – CHaSCP Planning



14.8 The CHaSCP will also, as a member of the Community Planning Partnership, have a significant role to play in wider Community Planning by:

- Influencing the overall Community Plan
- Engagement on Economic Development
- Informing Community and lifelong learning
- Influencing Sustainability and the environment
- Involvement in Culture and Heritage issues

## 15 FINANCE AND ACCOUNTABILITY

15.1 As the CHaSCP is accountable to the NHS Board and Comhairle Nan Eilean Siar through the Joint Services Committee, the existing financial and accounting procedures will be used with appropriate delegation as laid out in the Standing Financial Instructions.

15.2 The General Manager – Community Health will be accountable to the Board for all delegated NHS Board Functions. The Director of Social Work will be accountable to the local authority for all delegated local authority functions. Both managers will be jointly accountable to the parent organisations for delegated joint services. This arrangement may be subject to review pending the further delegation of functions in January 2008.

15.2 Delegation would also be further devolved to frontline staff wherever possible

15.3 Full details of the budgets to be delegated are contained in Appendix C.

## **16 APPENDICES**

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## Appendix A – Development Timeline

| <b>Date</b>       | <b>Event</b>   |
|-------------------|--|
| January 2004      | NHS Western Isles Divisional reorganisation                              |
| February 2004     | NHS Western Isles begin Service Redesign programme                       |
| August 2004       | Development Officer appointed to develop CHaSCP                          |
| September 2004    | Multi-Agency Project Team convened                                       |
| October 2004      | Wide consultation  |
| November 2004     | Initial Scheme of Establishment drafted                                  |
| December 2004     | Consultation on Scheme of Establishment and submission                   |
| May & June 2005   | Health Improvement Workshops   |
| July 2005         | Scheme of Establishment redrafted  |
| August 2005       | Consultation on Scheme of Establishment                                  |
| August 2006       | PFPI processes for CHaSCP considered                                     |
| August 2005       | JIT engaged  |
| November 2005     | NHS Western Isles begin Service Redesign Implementation                  |
| November 2005     | JIT Workshops  |
| January 2006      | JIT Conference and Workshops   |
| January 2006      | Public Partnership Forum steering group formed                           |
| February 2006     | Scheme of Establishment for CHaSCP drafted                               |
| February 2006     | Release of Draft for consultation and amendment                          |
| April 2006        | Scheme of Establishment for CHaSCP not pursued as a first stage priority |
| April & May 2006  | Draft Scheme of Establishment for CHP drafted                            |
| May & June 2006   | Wide consultation  |
| May & June 2006   | Development Plan produced  |
| June 2006         | Delegated budgets iterated   |
| 22 June 2006      | Submitted to Local Authority   |
| 29 June 2006      | Approved by Health Board   |
| 30 June 2006      | Draft Scheme of Establishment for CHP submitted for approval             |
| August 2006       | JIT assisted CHP and Integrated Strategic Workshops                      |
| November 2006     | Work on Clinical Strategy begun  |
| November 2006     | JIT Conference and Workshops   |
| November 2006     | Agreement to develop proposals for a CHaSCP                              |
| December 2006     | Joint Partnership Agreement signed and endorsement of CHaSCP             |
| February 2007     | Draft Scheme of Establishment for CHaSCP submitted                       |
| June 2007         | Implementation of CHaSCP (stage one) as per Development Plan             |
| October 2007      | Joint Financial Protocols developed                                      |
| From January 2008 | Social Care services transferred in to CHaSCP (stage two)                |

## Appendix B - Development Plan

### 1. INTRODUCTION

- 1.1 This paper has been prepared to identify the tasks that will be necessary to ensure the smooth establishment of the Community Health and Social Care Partnership (CHaSCP) and to meet its on-going development needs. Its main aim is to ensure that it is equipped to become an effective organisation as quickly as possible and is supported in making a significant contribution in areas such as Health Improvement, Service Redesign and Improvement, a Clinical Strategy, improved Public Involvement and greater integrated working with Comhairle nan Eilean Siar (CnES) and other bodies.
- 1.2 It has been prepared on the assumption that the scheme being submitted to the Minister in February 2007 will meet with his approval and will see the establishment of the CHaSCP by June 2007 with the further transferring in of Social Care services in January 2008.
- 1.3 In preparing the development plan it is acknowledged that the creation of the CHaSCP is not an end in itself but is the beginning of an enhanced set of relationships, building on those that have already started in the Western Isles.
- 1.4 In 2003-04 "Organising for Reform" in NHS Western Isles had already recognised the need to align its structure to the vision laid out in "*Partnership for Care*". The establishment of the CHaSCP is as an important natural progression of this strategy.
- 1.5 The development of the CHaSCP and its future success will require a number of effective "building blocks" to be in place, including effective working with:
  - the Acute Hospital Division;
  - the Public Health Division;
  - the developing local management and planning arrangements
  - the staff and professional groups;
  - the partnership links with CnES and its staff, particularly through the Joint Future and local management arrangements;
  - the developing public participation arrangements and links with the voluntary sector; and
  - a comprehensive community planning structure
- 1.6 The development of the CHaSCP presents a real opportunity to influence and contribute to meeting a number of important Health and Social Care objectives in the Western Isles. The Development Plan recognises that the CHaSCP will be an important vehicle in the delivery of a number of key areas in the Board's Local Health Delivery Plan and the agreed Local Improvement Targets and outcomes with the Local Authority.
- 1.7 The benefits of the CHaSCP will however only be fully realised if the "groundwork" for its establishment is undertaken timeously and effectively and there is investment in the on-going development of the partnership and its constituent parts.

## 2 ORGANISATIONAL OPPORTUNITIES

- 2.1 The development of a CHaSCP in the Western Isles has involved detailed discussions with stakeholders over a lengthy period of time. In particular, consideration has been given as to what opportunities exist to further develop the CHaSCP in terms of Joint Working with CnES. Discussions are continuing locally to resolve a number of governance issues to enable the delegation of a number of Social Work responsibilities to the CHaSCP in January 2008. The extent and timing of these will be further pursued through the development phase
- 2.2 The CHaSCP must not only operate effectively through a robust accountability and decision-making framework but must foster alliances at the frontline. This will encompass wider groups of stakeholders in Health and Social Care, particularly patients, service users, public, and the communities in which they live. This will require the continued development of local planning and decision-making structures linked with the voluntary sector.
- 2.3 Strengthened partnership working at a local level is envisaged in the Scheme of Establishment and it will be important to ensure that this structure is properly supported to enable input into the local needs assessment, health improvement, and tackling inequalities. Effective links in this context will require to be demonstrated with the Community Planning Partnership.
- 2.4 Development must also be at a pace that allows staff to acquire the skills to develop into new roles to meet local needs. A sustained workforce planning and development programme will be required. This will require innovative approaches and take account of other training and development requirements of staff, ensuring that staff acquire the skills and competencies to deliver care in new and different ways
- 2.5 An organisational and workforce development plan consistent with the more comprehensive Board plan has been drafted and is being discussed with key partners to ensure that the key priority areas are being covered both within Health, local authority and with other agencies. This is designed to cover both development of the CHaSCP itself and enhanced training locally.
- 2.6 The need for a comprehensive communication plan has been identified for the CHaSCP, again consistent with the *Joint Partnership Agreement* This will cover both internal and external communications and is seen as an important element of organisational development.
- 2.7 The development plan that follows has been closely aligned with the current draft of the Health Board Development Plan 2006-07 and describes the support required to establish the CHaSCP and to ensure it can perform its functions effectively and develop further in the future. The key areas for development have been identified with milestones and lead responsibility for action being allocated to an appropriate Executive Director or equivalent. The importance of this development is being recognised by the prioritising of it through appropriate resource and support

### **3 ORGANISATIONAL TRANSITION**

Recognising that a draft Scheme of Establishment for a Western Isles Community Health Partnership had previously been submitted to the Scottish Minister for Health and was awaiting approval and; acknowledging that there is a significant amount of work now to be undertaken to work towards the establishment of a CHaSCP during the intervening months proposed in the Scheme; a number of issues should be worked on in the interim period.

To this end the Joint Improvement Team led a number of workshops at the end of August and early November 2006 and early January 2007, to consider how the forthcoming CHaSCP might be implemented and to identify priority areas for action.

#### **CHP Workshop**

The Community Health Partnership Workshop held on August 29<sup>th</sup> 2006 proposed the following priority areas for immediate concentration:

- Agreed some dates might require to be revised in the light of approval delays but some key issues need to be progressed.
- Governance issues identified needed to be worked on and should be discussed between the Community Division General Manager and the Interim Chief Executive.
- General Manager should meet with the OD and HR Directors regarding some key tasks on Staffing including.
  - Job Descriptions for key posts
  - H.R. Policy on Appointments linked to Organisational Change Policy
  - Discussion with Staff Partnership Chair mechanism for discussion with Staff Side
  - Mechanism for resumption of Joint Staff Forum with Social Work
- Roles and remits for Health and Care Teams and Locality Planning Groups should be progressed with some urgency, particularly as the latter is needed to link to the CHP and Strategic Planning.
- Focus groups for staff and other key groups / players needed soon.
- Clinical management and advisory structure to be defined in more detail.
- Children's Services still to be defined, linked to Council Review.
- Discussion with Community Planning still to be carried out.
- Need to agree specific objective within remit of CHP regarding development of the Integration Agenda to assist with potential transition to a Community Health and Social Care partnership (CHaSCP).
- Work should continue on defining budgets / resources in partnership with the Local Authority, particularly to assist with potential alignment of budgets at a local level to facilitate any future agreements on management of these budgets.
- The mechanism for reviewing progress on the Development Plan needed to be reviewed and it was agreed that the Health and Care Partnership Project Group should do this at each meeting.
- The Development Plan would be updated from this workshop and put into format to include a progress section (see attached draft of Development Plan).

### **Integrated Strategic Workshop**

The Integrated Strategic Workshop held on August 30<sup>th</sup> 2006 proposed the following priority areas for immediate concentration:

- Review / refocus governance and management pertaining to:
  - Joint Future Committee
  - Joint Project Group
  - Interface with Community Planning
  - The Role of Locality Planning Groups
  - The Role of Health and Care Teams
- New proposed Strategic planning arrangements to be considered by the partners
- Review and sign off Partnership Agreement
- Manage the CHaSCP transition through the Joint Project Group
- Firm up Joint performance management arrangements

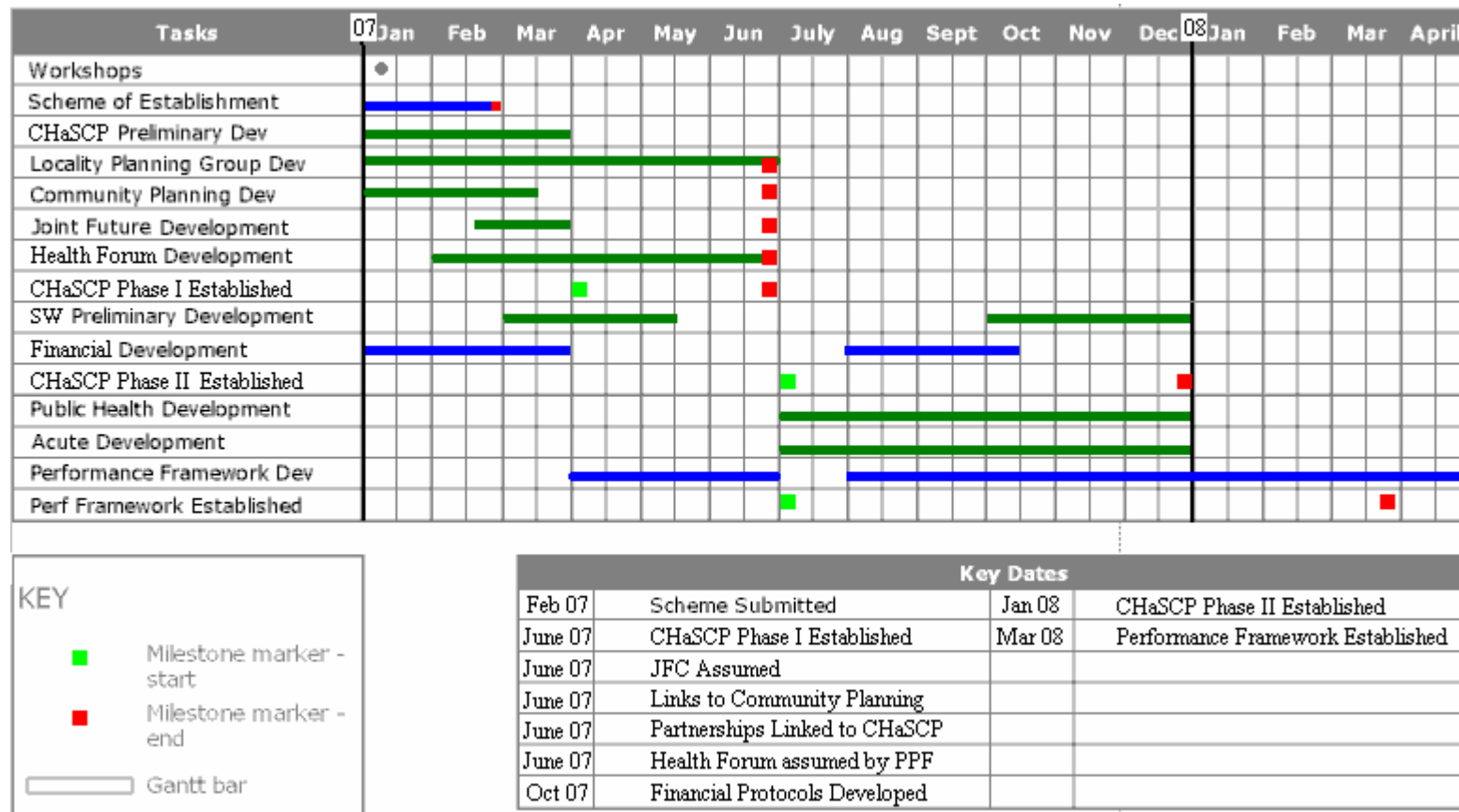
A planning schema was created during the course of the discussions, demonstrating the relationships and links that needed to be developed. The Joint Future Committee considered a further report on this and recommendations were submitted to WIHB and CnES.

## 4 PROPOSED DEVELOPMENT MILESTONES

### Development of a Community Health and Social-Care Partnership (CHaSCP)

The following chart indicates firm milestone to achieving the creation of a Western Isles CHaSCP (see figure 2):

*Figure 1 – Proposed Development Milestones*



## 5 CHaSCP DEVELOPMENT PLAN (February 2007)

| Issue  | Consideration Required   | Timescale                  | Action Lead                        | Progress  |
|--|--|----------------------------|------------------------------------|---|
| <b>1. Formal Approvals and governance issues</b> | 1.1 As a matter of priority, appoint the Health and Social Care Project Team to oversee the process for appointments to the membership of the CHaSCP Committee and the necessary executive and clinical staff appointments, with associated job descriptions where necessary, ensuring that key CHaSCP roles are clearly defined and agreed. | <b>Jun 06</b>              | <b>GM<br/>HR</b>                   | <b>Done.</b>  |
|  | 1.2 Review roles and job descriptions of other Executive Team members and senior managers (*) to ensure that these are aligned with the new arrangements and that effective strategic support is available to the CHaSCP Committee its Management Team and other Groups where appropriate.   | <b>Apr 07<br/>Dec 07 *</b> | <b>HR<br/>Project Team</b>         | <b>Meetings held between HR and Dev Officer.</b>                        |
|  | 1.3 Ensure that initial communication takes place as matter of urgency with all staff and professional groups and organisations. More general and longer-term communication arrangements and action plan are to be in place in line with communication strategies.   | <b>Mar – Jun 07</b>        | <b>Comm<br/>Officer</b>            | <b>Comm Strategy in draft.</b>  |
|  | 1.4 Clarify relationships between Joint Services Committee, CHaSCP Committee, Health Board, Council and related Committees to inform changes to Standing Orders and Schemes of Delegation.   | <b>Feb 07</b>              | <b>GM<br/>DSW<br/>Project Team</b> | <b>Relationships agreed.<br/>Meetings of Finance and Legal continue</b> |

|  |   |  |   |   |
|--|---|--|---|---|
|  | <p>1.5 Ensure clear lines of accountability and transparent decision making within the NHS System and within Comhairle Nan Eilean Siar. Ensure role and relationships with Professional Advisory Structure is covered and discussed with the key groups</p> <p>1.6 Agree role and remit of Locality Groups, Health and Care Teams, clinical and other forums contributing to the sub structure, and clarify support and performance arrangements.</p> <p>1.7 Agree role and remit for CHaSCP Management Team and relationships with Board Executive Team Acute Division, Public health and Council structures.</p> <p>1.8 Agree associated financial resource allocation and performance management arrangements.</p> <p>1.9 Arrange focus groups and workshops for staff and key players as part of communications and O.D strategies. Ensure both external and internal interests are covered including the Local Authority and key groups.</p> <p>1.10 Progress appointment for all posts through organisational change policy ensuring that statutory posts are appointed as a first step. Ensure discussions with staff and professional organisations</p> | <p><b>Mar 07<br/>Dec 07 *</b></p> <p><b>Mar 07</b></p> <p><b>Feb 07</b></p> <p><b>Mar 07 (I)<br/>Oct 07 (II)</b></p> <p><b>Apr – Dec 07</b></p> <p><b>Jun 07 *</b></p> | <p><b>GM<br/>DSW<br/>Project Team</b></p> <p><b>GM<br/>Project Team</b></p> <p><b>GM<br/>Project Team</b></p> <p><b>FD<br/>Project Team</b></p> <p><b>HR<br/>Comm<br/>Officer</b></p> <p><b>HR<br/>Project Team<br/>JSF</b></p> | <p><b>Draft policies being written. Consultation with Finance and Legal being undertaken.</b></p> <p><b>Draft role and remits being written. Performance to be agreed.</b></p> <p><b>Final stage negotiations before draft role and remits written.</b></p> <p><b>Initial work started. Budgets to be agreed.</b></p> |
|--|---|--|---|---|

|  |  |                 |                            |   |
|--|--|-----------------|----------------------------|---|
| <b>2. Establish Committees and Teams</b> | 2.1 Make appointments to the Joint Services Committee, support the Chair in establishing it by convening meeting and agreeing constitution including role, remit and vision with appropriate organisational development and other support.   | <b>Jun 07</b>   | <b>Project Team Chair</b>  | <b>Numbers required have been established.</b>  |
|  | 2.2 Make appointments to the CHaSCP Committee, support the Chair in establishing it by convening meeting and agreeing constitution including role, remit and vision with appropriate organisational development and other support.   | <b>Jun 07</b>   | <b>Project Team Chair</b>  | <b>Roles have been identified, in readiness for designated bodies and groups nominating a representative.</b> |
|  | 2.3 Make appointments to the Management Team, support the General Manager – Community Health and the Director of Social Work in establishing it by convening meeting and agreeing constitution including role, remit and vision with appropriate organisational development and other support. | <b>Jun 07</b>   | <b>Project Team GM DSW</b> | <b>Roles required have been established.</b>  |
|  | 2.4 Establish links to Health and Social Care Teams, Locality Planning Groups and Partnerships.  | <b>Jun 07 *</b> | <b>Project Team GM DSW</b> |   |
|  | 2.5 Confirm accountabilities and links with other parts of the Board, CnES and Community Planning.   | <b>Jun 07</b>   | <b>GM DSW</b>              |   |
|  | 2.6 Agree process to review effectiveness of CHaSCP Committee after end of first year.   | <b>Mar 08</b>   | <b>CEO</b>                 |   |

|   |   |                            |                                 |   |
|---|---|----------------------------|---------------------------------|---|
| <b>3. Professional, Executive &amp; Management arrangements</b> | 3.1 Consider and agree with current professional groups and interests the establishment and membership of a CHaSCP Professional Forum and its relationships with other groups e.g. Area Clinical Forum, GP Sub-Committee, Nursing, AHP and Social Work professional Groups to ensure clear lines of accountability. | <b>May 07<br/>Dec 07 *</b> | <b>MD</b>                       |   |
|   | 3.2 Agree Development and admin support.  | <b>Feb 07</b>              | <b>GM<br/>DSW</b>               | <b>In discussion.</b>                                 |
|   | 3.3 Ensure that Health and Care Teams and any other local management arrangements are managerially and professionally accountable to the CHaSCP Professional and Management arrangements, with clear lines of accountability for MCNs and other emergent Teams.   | <b>Jun 07 *</b>            | <b>GM<br/>DSW<br/>LN</b>        | <b>Being explored.</b>                                |
|   | 3.4 Confirm or establish clear managerial and professional lines of accountability for all clinical/ Social Work staff within the CHaSCP.   | <b>Jun 07<br/>Dec 07 *</b> | <b>LN</b>                       | <b>Recommendations to be adopted at constitution.</b> |
|   | 3.5 Engage with Primary Care Contractors regarding the move to the new structure and advise on changes to contractual relationships. Include also in other communications / meetings.   | <b>Mar -May 07</b>         | <b>Primary<br/>Care Officer</b> |   |
|   | 3.6 Ensure any changes to Primary Care administration are put into effect and notified to all interests.  | <b>Jun 07</b>              | <b>Primary<br/>Care Officer</b> |   |

|   |  |   |   |   |
|---|--|---|---|---|
| <p><b>4. Children's Services</b></p>  | <p>4.1 Confirm with CnES the future arrangements for respective responsibilities relative to Children's Services within the CHaSCP and at the interface with other agencies.</p> <p>4.2 Confirm appointment of Clinical Lead for Children's Services with executive team.</p> <p>4.3 Maintain effective communication with strategic partners and the rest of the service regarding the CHaSCP development and its impact on existing responsibilities and relationships for children's health services.</p>   | <p><b>May 07 (I)</b><br/><b>Oct 07 (II) *</b></p> <p><b>Jun 07</b></p> <p><b>May – Dec 07</b></p> | <p><b>GM</b><br/><b>DSW</b><br/><b>LN</b><br/><b>CPO</b></p> <p><b>GM</b></p> <p><b>Comm Officer</b><br/><b>GM</b><br/><b>DSW</b></p> |   |
| <p><b>5. Inform and Engage with Community Planning Partnership and Well Being Forum</b></p> | <p>5.1 To inform and involve members of the Community Planning Partnership through exchange of information on the CHaSCP development at Partnership, Board, and Well Being Forum meetings. Ensure alignment of arrangements to take account of the CHaSCP.</p> <p>5.2 Agree representation from the CHaSCP on the Community Planning Partnership.</p> <p>5.3 Ensure that arrangements are in place for an effective relationship with the various Forums of the Community Planning Partnership and influence on strategic planning issues. Discussions to take place with Forums through Community Planning Partnership.</p> | <p><b>Feb – Jun 07</b></p> <p><b>Mar 07</b></p> <p><b>Feb – Jun 07</b></p>                        | <p><b>GM</b></p> <p><b>GM</b></p> <p><b>GM</b></p>  | <p><b>Continuing.</b></p> <p><b>Early consultation in redesign of Community Planning Partnership in progress.</b></p> |

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| <p><b>6. Involvement in Joint Future Committee</b></p>                 | <p>6.1 Agree process for CHaSCP to assume the roles and responsibilities of the Joint Future Committee, taking account of National Guidance and submit report to Joint Future Committee, Board and CnES.</p> <p>6.2 Keep Joint Future Committee fully involved in the development and on-going arrangements for the CHaSCP and ensure alignment of membership and remit etc to take account of the role of the CHaSCP.</p> <p>6.3 On the basis that the CHaSCP will be responsible for delivering on Key performance areas, agree the reporting and performance arrangements on JF Issues, JPIAF and local performance targets.</p> | <p><b>Feb - May 07</b></p> <p><b>Feb – May 07</b></p> <p><b>Feb – May 07</b></p>       | <p><b>Chair JFC<br/>GM<br/>DSW</b></p> <p><b>Project Team<br/>Chair<br/>GM<br/>DSW</b></p> <p><b>Project Team<br/>GM<br/>DSW</b></p> | <p><b>Ongoing.</b></p>                   |
| <p><b>7. Planning, Service Redesign and Performance objectives</b></p> | <p>7.1 Agree the detailed role the CHaSCP will play in strategic planning arrangements linking in also with the Joint Strategic Planning Framework and the Local Authority.</p> <p>7.2 Ensure that appropriate support is available to enable the CHaSCP to take a strategic planning lead where appropriate.</p> <p>7.3 Ensure that CHaSCP provides a focus for enabling a whole systems approach into redesign of Services leading to enhanced care and treatment in a community setting and a shift in the balance of care, where appropriate, including reduction in emergency admissions and delayed discharges</p>            | <p><b>Mar 07</b></p> <p><b>Apr – Jun 07</b><br/>*</p> <p><b>Jun – Dec 07</b><br/>*</p> | <p><b>CEO<br/>GM<br/>DSW</b></p> <p><b>CEO<br/>Chair</b></p> <p><b>GM<br/>DSW<br/>MD<br/>LN</b></p>                                  | <p><b>Early discussions started.</b></p> |

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|  | <p>7.4 Ensure that the CHaSCP in partnership with other agencies sets performance objectives to enable it to meet targets on access to services, service integration, staff roles and responsibilities.</p> <p>7.5 Prepare a workforce plan to ensure that the workforce are prepared to deliver services leading to Health Improvement and greater integrated care delivered locally with associated structures agreed with the Local Authority.</p>  | <p><b>Jun 07 – Mar 08</b></p> <p><b>Feb – May 07 *</b></p>   | <p><b>CEO<br/>GM</b></p> <p><b>HR</b></p>  | <p><b>Board Workforce Plan being drafted.</b></p>   |
| <p><b>8. Potential development of CHaSCP</b></p> | <p>8.1 Establish mechanism for further development of the CHaSCP, pertaining to Social Work services in the first instance though the continuation of the Project Team between the Local Authority and Health, with appropriate User, Carer and Voluntary Sector involvement.</p> <p>8.2 As part of this, to pursue the enhanced roles of the CHaSCP in the development of the Joint Future agenda and the Community Planning Partnership.</p> <p>8.3 Continue to explore the governance, finance, and human resource implications for the Health Board and the Local Authority.</p> <p>8.4 Explore the further enhancing of relationships with Public Health and Acute Hospital Division.</p> | <p><b>Feb 07 – Dec 07 * – ...</b></p> <p><b>Feb – Jun 07</b></p> <p><b>Apr – Oct 07</b></p> <p><b>Jun – Dec 07</b></p> | <p><b>Project Team<br/>DSW</b></p> <p><b>Project Team<br/>GM<br/>DSW</b></p> <p><b>FD</b></p> <p><b>GM</b></p> | <p><b>Early discussions started, contingent upon Social Work redesign.</b></p> <p><b>Early consultation in progress.</b></p> <p><b>Ongoing.</b></p> |

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| <p><b>9. Leadership and Organisational Development</b></p> | <p>9.1 Scope the initial requirements to support the establishment of the CHaSCP and associated leadership development in line with Health Board and Council arrangements and Staff Governance Plan.</p> <p>9.2 Identify the priority areas for development of executive and non-executive committee members individually and for committee development.</p> <p>9.3 Identify particular development needs of the representative groups and in particular support for the PPF, Staff and Clinical Groups.</p> <p>9.4 Agree process and timescales for a more detailed Organisational Development and Human Resource Work Plan and a programme linking in with the wider Health Board, Council and national arrangements.</p> | <p><b>Apr 07 – Mar 08</b></p> <p><b>Jun – Dec 07</b></p> <p><b>Jun – Dec 07</b></p> <p><b>Feb – Oct 07</b></p> | <p><b>HR</b></p> <p><b>HR</b></p> <p><b>HR</b></p> <p><b>HR</b></p> | <p><b>Board Plans being drafted.</b></p>       |
| <p><b>10 Involving Staff</b></p>                           | <p>10.1 Establish short life working group with staff side representatives to examine relationships between staff side member of the CHaSCP, the Area Partnership Forum and local arrangements. This work to link in with other discussions with the staff side.</p> <p>10.2 Discuss with the staff sides of Health Board and the Local Authority the urgent need for promotion of the Joint Staff Forum to develop joint staff working.</p>  | <p><b>Feb – Jun 07</b></p> <p><b>Feb 07</b></p>  | <p><b>HR<br/>GM<br/>LN</b></p> <p><b>HR<br/>GM<br/>DSW</b></p>      | <p><b>Joint Staff Forum reconstituted.</b></p> |

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|  | 10.3 As a matter of urgency, develop a CHaSCP Partnership Forum in consultation with the staff side, building on previous arrangements. | <b>June– Oct 07</b> | <b>HR<br/>GM<br/>DSW</b>    |  |
| <b>11.<br/>Links with the<br/>Voluntary<br/>Sector</b> | 11.1 Agree with the Voluntary Sector groups, links, support, and representation on the Committee.                                       | <b>Feb – Jun 07</b> | <b>Chair<br/>GM<br/>DSW</b> |  |

\* Dependant on outcomes of current reviews by local authority CEO and Management Consultant.

Key:

|                      |  |
|----------------------|--|
| CEO                  | Chief Executives – NHS Western Isles / Comhairle Nan Eilean Siar |
| Chair                | Chair – CHaSCP   |
| Comm Officer         | Communications Officer – NHS Western Isles                       |
| CPO                  | Child Protection Officer   |
| Dev Officer          | Development Officer - Community                                  |
| DF                   | Director of Finance GM General Manager – Community Health        |
| DSW                  | Director of Social Work - CnES                                   |
| HR                   | Director of Human Resources                                      |
| JFC                  | Joint Future Committee   |
| JSF                  | Joint Staff Forum  |
| LN                   | Lead Nurse - Community   |
| MD                   | Medical Director – Community                                     |
| Primary Care Officer | Primary Care Officer - Community                                 |
| Project Team         | Joint Project Team – Reporting to JFC                            |

## Appendix C – Delegated Budgets and Scheme of Delegation

### Delegated Health Budgets (draft)

The Community Health and Social Care Partnership will have fully delegated budgetary responsibility for all clinical services. A draft Scheme of Delegation is attached to this Appendix. The table below shows the overall budget of the Community Health Services during the 2005/06 financial years. While these budgets are under review, they are indicative of the budget to be delegated to the Community Health and Social Care Partnership (CHaSCP) from June 2007:

| <b>COMMUNITY SERVICES BUDGETS 2005/06</b> | <b>Total (000's)</b> |
|---|----------------------|
| AHPs                                      | 1,719                |
| Direct Patient Care                       | 5,768                |
| Administration                            | 260                  |
| Community Medical                         | 446                  |
| Community Health Management               | 8,738                |
| GMS                                       | 6,000                |
| <b>TOTAL</b>                              | <b>22,931</b>        |

The percentage of the total Health Board allocation to be delegated to Community Health and Social Care Partnership, including prescribing, is approximately **45%**. However, it is proposed that the prescribing budget will be managed by the CHaSCP in partnership with the Board. This arrangement has worked effectively in Borders Health Board and allows risk to be shared across a wider base.

In terms of the formal mechanisms for fully involving Community Health Partnerships in decisions on the use of all NHS financial resources within a Community Health And Social Care Partnership and across the Western Isles, NHS Western Isles has successfully developed a Community Health Services Division that assists the Public Health led approach to planning. The process is based around the Local Health Plan, which is the agreed vehicle for the commitment of all NHS resources. This process will continue to be at the heart of all service planning after the Community Health and Social Care Partnership assumes the roles and responsibilities of the Community Health Services Division.

In terms of the area of earmarked funding to be devolved to Community Health Partnership, much of such funding is non-recurring and changes from year to year. NHS Western Isles' policy is to ensure that these resources will be devolved to frontline services where possible.

The operating baseline for the Community Health and Social Care Partnership, which is to form part of the aligned budgets, is currently **£24.5m**, which includes Mental Health Services, Learning Disability Services, and contributions to Joint Future.

## Joint Working (draft)

The joint resourcing arrangements and financial frameworks between the Health Board and the Local Authority, Comhairle nan Eilean Siar, will be underpinned through the Extended Local Partnership Agreement, including jointly established financial protocols to cover all joint working and aligned budgets.

In terms of the joint health and social care budgets, joint resourcing, and management frameworks, the Community Health and Social Care Partnership will, along with the Joint Future Committee, have oversight of the range of aligned budgets that are now in place (see table below for last years figures).

| <b>JOINT WORKING BUDGETS 2005/06</b>  | <b>Total (000's)</b> |
|---------------------------------------|----------------------|
| Joint Futures Community Care CHS      | 1,543                |
| Joint Futures Voluntary Organizations | 139                  |
| <b>TOTAL</b>                          | <b>1,682</b>         |

In terms of the level of devolved resource transfer funding and support finance there are therefore around **£1.7m** of funds held through Resource Transfer. This funding covers a range of client groups such as those with learning disabilities and those with dementia. NHS Western Isles is working closely with Comhairle nan Eilean Siar to ensure that these resources continue to deliver value for money and demonstrate clear outcomes linked to the *Joint Performance Information and Assessment Framework*. It is essential that the funds used for Resource Transfer are fully linked to local strategic priorities and they also connect with operational service imperatives.

## Delegated Social Care Budgets (draft)

The Community Health and Social Care Partnership will have fully delegated budgetary responsibility for all Social Care services delegated to it. The full range of services and their associated budgets will be negotiated by October 2007, in readiness for delegation to the CHaSCP in January 2008.

## Standing Financial Instructions

A formal review of the Standing Financial Instructions will take place as a result of the implementation of the Community Health and Social Care Partnership. Any necessary changes to those and the Draft Scheme of Delegation will be made following that review.

The following is the draft local (NHS Western Isles) Scheme of Delegation Framework and consequently is a work still in progress requiring further detail and discussion with all elements and key roles within the Community Health and Social Care Partnership.

## Scheme of Delegation (draft)

| Remit – Devolved Functions and Responsibilities   | Budget<br>(000's) | Accountable<br>Officer  |
|---|-------------------|---|
| Act on behalf of the NHS Board as the delegated body to direct and manage the Board's agenda within the integrated NHS system, across Primary and Secondary care.   |                   | Chief Executive   |
| Promote Community Planning, Health Improvement, and Equality / Diversity in partnership with local communities and stakeholders including the voluntary sector.   |                   | Chief Executive   |
| Lead strategic planning, priority setting, and resource allocation for NHS Western Isles. Deliver Services within budget allocated by NHS Board and account for same. Involve local community and stakeholders in planning and delivery of services.                                |                   | Chief Executive   |
| Oversee and monitor service delivery and budget management for NHS operational Community-based services.<br>Liaise with Community Health and Social Care Partnership (CHaSCP) as required.  |                   | General Manager –<br>Community Health<br>General Manager –<br>Acute Hospital<br>Division                  |
| Support CHaSCP Committee and Locality Planning Groups Relevant Clinical Governance, Research and Development, administration for Primary Care and other independent contractors.  |                   | Director Public Health<br>Medical Director  |
| Professional / Clinical accountability and development of Nursing and AHP workforce; support clinical governance and implementation of guidelines and standards; development of public involvement and complaints procedures.<br>Plan, promote, and support local service delivery. |                   | Lead Clinician (Nurse)<br><br>CHaSCP Committee in<br>conjunction with<br>Locality Planning<br>Groups (x5) |
| Manage and deliver services.  |                   | Management Team in<br>conjunction with<br>Service Managers and<br>Health and Care Teams<br>(x13)          |
| Financial Services and advice, local Payroll management, Procurement, Risk Management, Insurance, Internal and External Audit.  |                   | Finance Director  |
| Manage Service Level Agreements with other NHS, private, and voluntary bodies.  |                   | Finance Director  |
| Provide Organisational Development services, support, and advice to Board and CHaSCP  |                   | HR Director   |
| Provide Human Resource services, support, and advice to Board and CHaSCP  |                   | HR Director   |
| Manage Information and Communication Technology services to Board and CHaSCP.   |                   | Head of IM&T  |
| Manage Estates and support services to Board and CHaSCP.<br>Manage Mental Health Services and Learning Disability services for NHS and liaise with Local Authority services.  |                   | Facilities Manager<br>Mental Health and<br>Learning Disabilities<br>Manager                               |