

Greater Glasgow NHS Board**Board Meeting**Tuesday 20th September 2005

Board Paper No. 2005/61

Director of Planning and Community Care

**Community Health Partnerships with NHS Lanarkshire
Scheme of Establishment****Recommendation:****The Board is asked to:**

- approve in principle the proposed Scheme of Establishment for Community Health Partnerships with NHS Lanarkshire, with submission to the Scottish Executive contingent on further development work to agree and finalise structures and satisfactorily address the concerns articulated in this paper;
- note the need for an update on the outcome of the further development work at its October meeting.

A. INTRODUCTION AND BACKGROUND

- 1.1 This paper introduces the draft Scheme of Establishment for Community Health Partnerships (CHPs) with NHS Lanarkshire. The Scheme of Establishment sets out proposals for the development of two CHPs, one North Lanarkshire CHP and one South Lanarkshire CHP. The appendices to the Scheme of Establishment are quite lengthy and are not included with this paper, but if Board members require a copy these are available on request.
- 1.2 In developing CHP arrangements in South Lanarkshire, discussions with NHS Lanarkshire and South Lanarkshire Council have explored a number of options including a cross-boundary CHP between Cambuslang/Rutherglen and East Kilbride, and an integrated health and social care CHP for Cambuslang/Rutherglen. Given the relatively small population size of Cambuslang/Rutherglen, it has always been the opinion of NHS Greater Glasgow (NHSGG) that this locality did not make a viable health only CHP. In December 2004 it became clear that South Lanarkshire Council did not wish to pursue an integrated CHP. At around the same time NHS Lanarkshire submitted proposals to the Scottish Executive for four CHPs in Lanarkshire that did not include the NHSGG populations of Lanarkshire. Following consideration the Scottish Executive responded to NHS Lanarkshire on 31st March 2005 asking them to reconsider their CHP proposals and respond by the end of September 2005.
- 1.3 Discussions have taken place over a number of months with NHS Lanarkshire to agree CHP arrangements that would now include the South Lanarkshire population of NHSGG (Cambuslang and Rutherglen) and the North Lanarkshire population of NHSGG (Moodiesburn, Muirhead, Stepps and Chryston).

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- 1.4 In July 2005 NHS Lanarkshire agreed a proposal to create two CHPs that would bring single authority-wide structures for North and South Lanarkshire, responsible for the management and delivery of local health services and the health improvement of their populations. Each CHP will develop locality arrangements that will facilitate local service delivery and engagement with the local population within a CHP-wide framework.
- 1.5 In putting forward these CHP proposals it is important to restate the fact the NHSGG will remain responsible for the populations of Cambuslang and Rutherglen and of the Northern Corridor. It is therefore critical that the Board is satisfied that the proposed CHP arrangements are constructed in a way which assures us that the CHPs will be effective at a macro level, but also that the locality arrangements within them enable appropriate local autonomy and decision making.

B. PURPOSE AND ISSUES

- 2.1 The Scheme of Establishment has been developed by a Lanarkshire-wide steering group with subgroups for North and South Lanarkshire. NHSGG has had representation on all groups, as have both North and South Lanarkshire Councils. The purpose of this paper is to seek the Board's approval in principle for this Scheme of Establishment but also to flag areas of concern which needed to be addressed before NHSGG could endorse the Scheme of Establishment for submission to the Scottish Executive Health department for Ministerial approval. This in principle approach is proposed in order that we do not unnecessarily delay the submission process by a requirement for further NHSGG Board consideration, but clearly establish the parameters which need to be addressed in the next few weeks to enable us to jointly submit the Scheme of Establishment.
- 2.2 The rest of this section outlines the areas of further work we believe are required to enable the submission of a comprehensive Scheme of Establishment.
- 2.3 **Locality working:** during the development of the Scheme of Establishment, NHSGG had set out a series of propositions relating to the Cambuslang/Rutherglen locality to ensure that CHPs appropriately supported empowered locality working. These are largely met by the proposed arrangements. In our view the Scheme should be amended to reflect that all localities within these very large CHPs should be subject to similar levels of delegation and empowerment. Lack of consistency in this regard runs the risk of creating disfunctionality across each CHP.
- 2.4 **Corporate functions:** we do not believe the Scheme of Establishment has the required clarity on how Lanarkshire wide corporate functions, including planning, finance, performance management, and public health will relate to the CHPs
- 2.5 **Management arrangements:** the management arrangements outlined for each CHP propose a management team of at least 20 people. We believe that this is inappropriate and unworkable. We also require further clarity on the proposed management posts outlined in the Scheme of Establishment and their suggested roles and responsibilities.
- 2.6 **Governance:** the Scheme makes a series of proposals about links to NHSGG corporate arrangements which need to be redefined as we implement our revised organisational arrangements and develop the detail of our transition arrangements.

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- 2.7 **Whole systems issues:** we are not yet certain that the proposed clinical lead arrangements provide the required whole system coherence for specialist services including child health, mental health, addictions and learning disability. In handling the consequential aspects of our own highly devolved model of CHPs we have put in place very clear arrangements to ensure system wide coherence in planning, policy and service delivery. Similar clarity is required to enable conclusion of the CHP arrangements for Lanarkshire.

C. CONCLUSION

- 3.1 This paper sets out the issues which need to be addressed to ensure that the final Scheme of Establishment for CHPs in North and South Lanarkshire satisfies NHSGG's requirements to meet it's continuing responsibilities to the residents of the areas which will remain it's responsibility, albeit as part of a appropriately constructed local authority wide CHPs.

Publication: The content of this Paper may be published following the meeting.

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COMMUNITY HEALTH PARTNERSHIPS IN
LANARKSHIRE

REVISED SCHEME OF ESTABLISHMENT

NHS LANARKSHIRE
NHS GREATER GLASGOW
SOUTH LANARKSHIRE COUNCIL
NORTH LANARKSHIRE COUNCIL

Final Draft to Board

14th September 2005

**COMMUNITY HEALTH PARTNERSHIPS IN LANARKSHIRE
REVISED SCHEME OF ESTABLISHMENT**

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1. INTRODUCTION

- 1.1 NHS Lanarkshire submitted its original scheme of establishment for CHPs to the Minister in December 2004. In March 2005, after careful consideration, the Minister referred these proposals back to the Board to review and submit a revised scheme. The Board was requested to submit revised proposals by the end of September 2005
- 1.2 In particular the Board was asked to look again at the proposal to integrate acute and primary care services within the same management structure, to identify how this integration could be achieved through service redesign and the development of joint accountability for areas of service delivery. In addition it was indicated that the Board and its Local Authority partners should bring forward proposals to strengthen further the very positive joint working arrangements that exist in Lanarkshire.
- 1.3 NHS Lanarkshire welcomed the opportunity to strengthen its proposals and to take advantage of recent local developments in;
 - Single system working to deliver improved health services
 - Community Planning and Regeneration policy and structures.
 - Joint Health Improvement planning.
 - The Picture of Health process providing clarity around the direction of travel of health services and the emerging recommendations of the Kerr report.
 - Agreement to develop multi agency approaches to engage with disadvantaged, excluded and minority communities and individuals.
- 1.4 These proposals have been developed by a multi-agency steering group with representatives from all of the key partner agencies, Staff Partnership representatives, Clinical Advisory Structure representatives, and community stakeholders.
- 1.5 First and foremost, CHPs will be responsible for delivering effective and modern health care services. They will also be influential in the design and delivery of specialist acute hospital services to their local populations, through strengthened joint working with the Acute Operating Division.
- 1.6 NHS Lanarkshire and its Community Planning Partners are clear that the agenda for CHPs includes:
 - Assisting the dis-proportionate number of individuals and families in Lanarkshire who suffer from the linked problems of poverty, deprivation and ill health.

- Jointly confronting and overcoming these problems.
- Playing a lead role in turning policy into effective and co-ordinated multi-agency action to deliver services which improve health and reduce health inequalities.
- Improving Health Service delivery including jointly delivered services.

1.7 Given the need to deal effectively with the root causes of poverty, ill health and inequalities NHS Lanarkshire, (NHSL) NHS Greater Glasgow, (NHSGG) North Lanarkshire and South Lanarkshire Councils and their Community Planning Partners (CP) propose to establish Community Health Partnerships (CHPs) that will be coterminous with Council and CP boundaries.

1.8 This level of co-terminosity will require the inclusion of the Cambuslang and Rutherglen LHCC area (55,000 pop) which sits within South Lanarkshire, and the Northern Corridor element of the Eastern LHCC (pop 16,500) that sits within North Lanarkshire. Joint governance arrangements between the Boards are therefore included as part of the Scheme.

1.9 A key element of this proposal is for the establishment of empowered CHP locality structures, which will mirror and align with for example;

- social work areas
- regeneration localities
- community planning/council public engagement arrangements
- the majority of the existing LHCC boundaries.

This will maximise opportunities for joint working, reduced bureaucracy and the greater influence of communities in the design of services and deployment of resources.

2. GUIDING PRINCIPLES FOR THE DEVELOPMENT OF CHP'S IN LANARKSHIRE

2.1 A number of guiding principles will govern the development of CHP's and locality structures. These include:

- 2.2
- Improving health and reducing inequalities.
 - Continuing to work within the context of the single NHS system that has been developed in Lanarkshire.
 - The devolution of responsibility for service development and budgets to the lowest practicable level.
 - Fully involving staff and in particular independent contractors and clinical staff in the development of services and in the wider engagement with patients and the public.

- Joint accountability with Local Authorities and Acute Services for developing and implementing health and care strategies which deliver local and Scottish Executive targets. (as set out in the Health Plan, JPAF, Community Plan and JHIP targets).
- The integration of specialist services (e.g. mental health, learning disability, children’s services, delayed discharges, health promotion, drugs and alcohol).
- Being the primary focus for involvement of patients and carers in the design of their care through the development of the Public Partnership Forum (PPF) which will be developed in conjunction with Community Planning Partners.
- Valuing and harnessing the contribution of the voluntary sector.
- Contributing fully to area and regional service redesign through direct influence and collaboration with MCNs.
- Management costs met fully from the existing infrastructure costs of PCOD, corporate functions and health promotion resources.

3. PROPOSED STRUCTURE – SUMMARY

- 3.1 Two CHPs will replace the current Primary Care Operating Division. Acute services will continue to be managed by an Acute Operating Division. However the management structure within the division will be revised to reflect the direction of travel of current acute service redesign within the context of “A Picture of Health”, and the Kerr report to capitalise on opportunities for greater integration and joint working with primary care and social services. The proposed structure for NHS Lanarkshire is shown in Figure 1, page 7.
- 3.2 The two Lanarkshire CHPs will have the devolved authority of the Board to manage health services within their defined localities whilst ensuring that the standards, values and principles of a single health system are delivered. They will build on the achievements of Local Health Care Co-operatives (LHCC), Community Planning Partnerships and Health and Care Partnerships and offer greater opportunities to strengthen the role of clinicians in service re design in order to deliver improved care pathways for patients. Unlike LHCCs which were voluntary groupings of GPs, CHPs will be statutory bodies in accordance with the legislative provision contained in Part 1, Section 2 of the NHS reform (Scotland) Act 2004.
- 3.3 The revised proposals for CHPs in Lanarkshire have taken account of the recommendations and direction of travel for the NHS in Scotland outlined in the Kerr Report.

This report recognises the impact of poverty and deprivation on health inequalities and emphasises the importance of engaging with excluded individuals and communities to improve access to services, health behaviours and health outcomes.

The report also recognises the importance of the NHS improving its capacity to deal with long term and chronic illness. The challenges in the Kerr Report can be summarised as providing services that:

- Are geared towards long term conditions
- Are embedded in Communities
- Are team based
- Focus on continuity of care
- Focus on integrated care
- Focus on preventative care
- See the patient as an active partner
- Encourage and facilitate self care
- Support carers as partners
- Focus on exploiting high technology in local settings

- 3.4 LHCCs have moved Lanarkshire substantially towards the delivery of services in line with Kerr and with the assistance of the 'Picture of Health' redesign projects. CHP's will now complete this process and deliver the changes.
- 3.5 Within the context of single system working there will be a significant level of delegation of responsibility for service planning and resource management to CHPs and their localities. CHPs and the Acute Operating Division will be supported by a number of central services (e.g. payroll, supplies, IM&T, estates) while other services and staff such as Planning, HR, OD, Public Health and Health Promotion will be embedded in the CHPs and localities to ensure they have a greater capacity to plan and deliver services appropriate to the needs of their local communities.
- 3.6 A key element of this scheme of delegation is the recognition that there will be a number of shared levels of joint accountability between NHS partners and with Community Planning Partners.

4. SIZE AND GEOGRAPHICAL COVERAGE

- 4.1 The two CHPs in Lanarkshire will comprise:-
- A North Lanarkshire CHP with a total local authority population of 321,100
 - A South Lanarkshire CHP with a total local authority population of 303,700

Maps showing boundaries are shown in – **appendix 1**

- 4.2 While it is recognised that these will be among the largest CHP populations in Scotland, the Board, and importantly its Local Authority and Community Planning Partners are convinced of the significant advantages of developing this high degree of geographic coterminosity to support the joint planning and delivery of services to vulnerable individuals. These arrangements and the development of strong Localities will support the efforts of multi-agency teams to work closely with local communities to empower them to confront and deal with the extensive and enduring problems of poverty, deprivation, health and social inequalities that exist in many communities within Lanarkshire.

- 4.3 Each CHP will have a number of Localities (6 in the North and 4 in the South) that reflect the characteristics of the diverse range of urban and rural communities across Lanarkshire.

- 4.4 This arrangement also recognises the positive contribution that the GP's and Primary Care teams in the existing LHCC's have made to the development of local Primary Care and Community services and the extent of partnership working with Local Authority staff, to improve health and provide integrated services. Current examples include:-

- Social Inclusion/Regeneration
- Community Safety Projects
- School Health Teams
- Smoking Cessation,
- Supported Discharge Teams

- 4.5 CHP Localities will harness the commitment of all clinical staff and offer them additional support to work with their patients, carers and local community to develop services and opportunities to improve health.

- 4.6 The Scheme of Establishment also seeks to build on the high degree of devolved authority that LHCCs in Lanarkshire have for their clinical services and budgets. (e.g. prescribing; staffing and premises). These localities will now be challenged to extend their remit and responsibilities to include greater responsibility for engaging with partners to actively:

- Identify the health needs of their local community
 - Devise and deliver co-ordinated action to deal with these problems.
 - Develop greater degrees of joint working within health and with Council staff.
 - Become increasingly accountable to communities for the use of devolved resources.
 - Manage and deliver a wider range of specialist services
- 4.7 Current NHS Lanarkshire boundaries lie wholly within North and South Lanarkshire Council areas. The South Lanarkshire Council area does, however, include the Cambuslang and Rutherglen area of NHS Greater Glasgow which has a population of 55,000. This population is currently served by the Cambuslang and Rutherglen LHCC. It has been agreed by NHSL, NHSGG and SLC to incorporate Cambuslang and Rutherglen as a Locality within the Lanarkshire scheme.
- 4.8 A similar situation exists within North Lanarkshire, but on a smaller scale with the Northern Corridor* (population 16,500). It has been agreed that this population should be incorporated within the Cumbernauld and Kilsyth Locality. (Total population of 81,600) (* Includes the settlements of Moodiesburn, Muirhead, Stepps and Chryston))
- 4.9 These arrangements will ensure that Lanarkshire's CHPs are entirely coterminous with North and South Lanarkshire Council boundaries. Details of the CHP and locality populations with indicative devolved budgets is shown in Figure 2 below.

Figure 2

North Lanarkshire CHP Total Population 321,100 (inc 16,500 in NHS GG)

<u>Localities</u>	<u>Population</u>	<u>Budget (indicative)</u>
Airdrie	54,600	37,149,424
Bellshill	49,200	32,184,829
Coatbridge	45,000	41,647,500
Cumbernauld & Kilsyth and the Northern Corridor	81,600*	44,322,957
Motherwell	36,700	35,405,164
Wishaw	<u>54,000</u>	<u>44,126,984</u>
Total	321,100*	234,836,858

*** (Includes 16,500 population from the Northern Corridor)**

South Lanarkshire CHP Total Population 303,700 (inc 55,000 in NHS GG)

<u>Localities</u>	<u>Population</u>	<u>Budget (indicative)</u>
Clydesdale	57,800	33,872,504
Hamilton and Blantyre and Larkhall	103,000	59,789,619
East Kilbride	87,900	47,214,550
Cambuslang & Rutherglen	<u>55,000</u>	21,159,100
Total	303,700	162,035,773

Note:

Budget figures are indicative and require further refinement to appropriately allocate the operational elements of “strategically hosted” services to each of the localities, and confirm budgets for NHS GG elements.

5. SCHEME OF ESTABLISHMENT

5.1 **Recommendation**

These proposals have been developed with the full co-operation, involvement and support of the NHS Staff Partnership Structures, Board Professional Advisory Structures, North and South Lanarkshire Councils, the North and South Lanarkshire Community Planning Partnerships and NHS Greater Glasgow.

The revised scheme of establishment was approved by NHS Lanarkshire Board and NHS Greater Glasgow Board in September 2005 and is recommended to the Minister for approval and subsequent implementation of the scheme by April 2006.

5.2 **Organisational Arrangement**

5.2.1 **CHPs Within the NHS Lanarkshire Structure**

Within Lanarkshire health services will continue to be developed and accounted for at three distinct levels:

- The Board
- CHP and Acute Operating Division
- CHP Locality

This development work will be undertaken where appropriate with NHSGG taking account of shared accountabilities.

5.2.2 The Boards will be responsible for:

- Setting a clear strategic direction to improve health.
- Allocating resources in pursuit of corporate goals.
- Providing health services to the people of Lanarkshire.
- Establishing a rigorous performance management process.
- Determining organisational design.

These responsibilities will be discharged by the Board through:

- A North Lanarkshire CHP
- A South Lanarkshire CHP
- An Acute Operating Division.

- 5.2.3 Governance will be provided through accountability to two CHP Committees which, will be standing Committees of both Health Boards. They will operate in ways which balance maximum delegation and flexibility with good governance and probity. These Committees will each have three Non-Executive Members, two from NHSL and one from NHS GG. Of the two NHSL Non-Executives, one will Chair the CHP and the other will also be a member of the Acute Division Operating Committee, thereby further strengthening integrated working. The Acute Operating Division, in turn, will have a total of three Non-Executive Members (from NHSL), one of whom will Chair the Committee, and the other two members will also have dual membership of their respective CHP.
- 5.2.4 Since the Local Authority areas covered by the CHP's extend beyond NHS Lanarkshire, into NHS Greater Glasgow (18% of South CHP population and 5% of North CHP), the CHP's will also fulfil the role as joint committees of these Boards. This clear accountability framework will enable the Health Boards to devolve functions and powers to the CHP's, ensuring decisions are made as near as possible to the level at which services are delivered.
- 5.2.5 CHP Directors will be executive members of the Board, members of the Board Corporate Management Team, members of the Acute Division Operating Committee, and will also attend Acute Division Management Team meetings
- 5.2.6 The CHP Director will be accountable to the Board Chief Executive, NHS Lanarkshire for the general (resource/performance) management of the CHP, and will be a member of both NHS Lanarkshire's and NHS Greater Glasgow's Corporate Management Teams. The Director will also be accountable to the Chief Executive of NSGG for services to the Cambuslang and Rutherglen and Northern Corridor population.

5.2.7 Governance and accountability relationships between each CHP and its Local Authority will, initially, reflect the extent of joint working and the exercise of responsibilities set out in the extended partnership agreements. In time, it is expected that the reporting line between a CHP and the relevant Health and Care Partnership will further develop as more Local Authority services are aligned with and delivered with CHPs.

5.2.8 Joint planning structures are being reviewed to ensure that they can accommodate the increased level of delegation that CHPs and localities will have to develop and promote joint working. The North Lanarkshire Health and Care Partnership has already given approval in principle for revised partnership proposals that reflected the needs of the previous scheme of establishment. Further work is now underway to amend these proposals to exploit the opportunities for closer working around the joint future agenda that arose from the current scheme. A significant element of these proposals is the development of five care group project boards (Disability; Mental Health; Older People; Addictions; Health Well-being and Care) that will have responsibility for developing joint care strategy and monitoring outcomes against local and national standards and targets.

Locality planning groups will be established to implement strategy and policy and undertake operational planning to ensure services are delivered appropriately to individuals in the locality. The core membership of this group will comprise the local Social Work, CHP, Regeneration and Housing managers. The group will be jointly accountable for identifying needs; improving local joint working; ensure best use of joint resources; allocating resources. A proposed structure diagram is shown in Appendix 6.

5.2.9 In South Lanarkshire the Health and Care Partnership will be the main joint planning interface for Health improvement, reducing inequalities and joint community care services. The CHP will be held jointly accountable for implementing agreed Community Care and Community Planning strategies and targets and will participate in the Joint Future groups for Older People; Mental Health; Physical Disabilities; Learning Disabilities and Alcohol and Drugs. A proposed structure diagram is shown in Appendix 7.

5.3 **CHP Functions**

- 5.3.1 Within the context of Health Board strategies, and relevant Local Authority and Community Planning partner strategies. CHPs will plan, organise, deliver and account for all non Acute hospital and health service delivery in Lanarkshire.
- 5.3.2 All services currently managed and delivered by the Primary Care Operating Division will be devolved to the two CHPs in April 2006. Healthcare planning and frontline Health Promotion staff from the Board will be embedded in the CHP and CHP localities to directly support the development and increased delivery of enhanced health improvement activities. **[Main service responsibilities are listed in Figure 5]**
- 5.3.3 This will be undertaken in ways that maximise the opportunity for patients, carers the voluntary sector, clinicians, other staff and importantly partner organisations to contribute positively to the design and delivery of services that improve health and reduce inequalities. The CHPs will also be responsible for ensuring that the delivery of specialist services is closely integrated with primary and community based services.
- 5.3.4 CHPs will lead the NHS contribution to Community Planning and the development and delivery of Joint Health Improvement Plans.
- 5.3.5 Where appropriate CHP's will 'host' the planning and delivery of area wide services for NHS Lanarkshire. The range of services provided by CHP's is illustrated in figure 5 pages 18/19.

5.4 **Membership of CHP Committee and Management Teams**

- 5.4.1 Whilst working within a framework of policies, strategies and priorities determined by the Board and its partners, both nationally and locally, each of the CHP's will be key to informing that framework, translating it into action and providing assurance of delivery. Each CHP will do this through a Committee and a Management Team, the proposed memberships of which are outlined below:

CHP Committee (meeting monthly)

- Non-Executive Director of NHSL (Chair)
- Non Executive Director of NHSL (who is also a member of the Acute Operating Committee)
- Non-Executive Director of NHSGG
- CHP Director
- Local Authority Director and/or Senior Manager
- Public Representatives (x2)
- Staff Partnership Representative
- Voluntary Sector Representative
- Public Health Specialist
- Other Directors of the CHP Management Team representing all the health professions, (as per guidance), the Acute Division and Corporate Support Departments

CHP Management Team

The membership of the Senior Management team reflects the need for the CHP to involve senior managers and clinical staff from localities and specialist services in corporate decision making. Local Authority membership and involvement in the management team will reflect the development of the joint services delivery agenda.

- CHP Director
- Associate Nursing Director
- Acute Division Director
- Locality General Managers (6 in North, 4 in South)
- Staff Partnership Representatives
- Locality GP Leads (6 in North, 4 in South)
- Child Health Lead
- Mental Health Lead
- Public Health Lead
- HR Manager
- C & I Programme Director
- Finance Manager
- Planning Manager
- IT Manager
- OD Manager

5.5 CHP Locality Arrangements

5.5.1 There will be 10 CHP localities in Lanarkshire, six in the North CHP and four in the South. These localities will replace the existing eight Lanarkshire LHCC's and the Cambuslang and Rutherglen LHCC in Glasgow. The existing Motherwell LHCC area will be split into two localities (Motherwell and Bellshill). The Cumbernauld LHCC area will be enlarged to encompass the "Northern Corridor" which is currently a part the Eastern Glasgow LHCC. This arrangement will create boundaries that are coterminous with Local Authority boundaries and Community Planning structures.

The Core Locality Management Team will be:

- Locality General Manager, accountable to the CHP Director
- Clinical Director or lead GP
- Service Development Manager (Long Term Conditions)
- Service Development Manager (Public Health)
- Operational Support Manager

5.5.2 This core team will be supplemented by specialist managers for hosted services and service planning responsibilities that may be led by the Locality. (for example LD, Mental Health, Children's Services, Community Dental). (See Appendix 2). It is anticipated that Locality General Managers will be the CHP lead for individual community care groups in the joint futures structure.

The main functions of Localities will be to:

- Promote health and reduce inequalities within their Locality
- Deliver to their Locality all;
 - Health Promotion Services
 - Primary Care services
 - Community Health services
 - Non DGH hospital services
 - Integrated Child Health, LD and Mental Health services
- Where appropriate host the planning, development and delivery of specialist service on behalf of the CHP or NHS Lanarkshire.
- Work closely with primary care and acute clinical communities to engage them in the planning and improvement of services.
- Provide the main NHS focus for patient public and community engagement, and support local PPF activities.
- Build on existing multi agency working arrangements to create strong multi agency locality planning and delivery structures to service the needs of those with long term conditions.

- Develop the national agenda on community care and children's services and lead achievement on targets.
 - Take a lead role in developing and delivering Community Planning Regeneration and JHIP targets within the Locality.
 - Be accountable to the CHP Director through their Locality General Manager for the substantial, budget staffing and other resources that will be devolved to them.
- Be accountable for delivery against NHS and multi agency outcome agreements.

5.6 Redesign and Service Improvement

- 5.6.1 Work is currently being undertaken on a whole –system redesign of services “A Picture of Health” which is likely to lead to a programme of changes to services across Lanarkshire. The initial phase of this work will be completed by the end of 2005, It is however anticipated that the entire programme will be delivered over the next 3 - 5 years and will take account of the recommendations of the Kerr Report (subject to approval by the Minister). Much of this redesign focuses on delivering improvements to community and Primary Care services to avoid unnecessary visits to hospitals and provide better local access to diagnostic test, health promotion advice and provide more treatment in patients homes or local Health Centres. CHPs and localities will have key roles in developing and resourcing these services.

5.7 CHP – Hosting Arrangements

- 5.7.1 NHS Lanarkshire services are currently organised and delivered within the context of single system working. The concept of ‘hosting’ of service is not new, and within the CHP Scheme of Establishment further responsibilities for hosting of services will be devolved to CHP localities.
- 5.7.2 The table below details the services to be hosted by each CHP and locality. Hosting arrangements will reflect the distribution of existing services, clinical skill and the need to develop balanced portfolios of responsibility for each locality.

Figure 5

North CHP	Core Responsibility	Hosted Responsibility (System Wide Lead)
Population	All Primary Care services and Community services Health Improvement Community Planning	Mental Health Learning Disability Children and Young Peoples Services CDS Dietetics
North Localities	Core Responsibility	Hosted Responsibility
Airdrie	All Community based Health Services, clinics, Health Centres All local Hospitals (except DGH's)	Family Planning Home Loan Services (North) Community Dental Services and Toothbrushing Programme
Bellshill	All Community based Health Services, clinics, Health Centres All local Hospitals (except DGH's)	Acute MH beds at Wishaw OAP beds at Hattonlea Clinical Psychology Services- Motherwell and Clydesdale
Coatbridge	All Community based Health Services, clinics, Health Centres All local Hospitals (except DGH's)	Adult MH beds in Monklands/Cumbernauld OAP beds in Coathill Addictions Service – North Lanarkshire Psychology Service- Monklands/Cumbernauld
Cumbernauld Kilsyth and the Northern Corridor	All Community based Health Services, clinics, Health Centres All local Hospitals (except DGH's)	Continence service
Motherwell	All Community based Health Services, clinics, Health Centres All local Hospitals (except DGH's)	Learning Disabilities NHS Dietetics OAP beds – Wishaw/Cleland
Wishaw	All Community based Health Services, clinics, Health Centres All local Hospitals (except DGNs)	Children and Young Peoples Services
South CHP	Core Responsibility	System Wide Lead Hosted Responsibility
Population	All Primary Care services and Community services Health Improvement Community Planning	Independent Primary Care Administration P.C. Contractors contract Management

South Localities	Core Responsibility	Hosted Responsibility
		E-health service Audiology MacMillan Services Health & Homelessness
Clydesdale	All Community based Health Services, clinics, Health Centres All local Hospitals (except DGH's)	Out of hours service Pharmacy Services
East Kilbride	All Community based Health Services, clinics, Health Centres All local Hospitals (except DGH's)	Adult Mental Health beds OAP beds, Udston and Hairmyres Psychology Service South Addictions Service South
Blantyre Hamilton and Larkhall	All Community based Health Services, clinics, Health Centres All local Hospitals (except DGH's)	Homeless Services MacMillan Nursing Service Audiology
Cambuslang/ Rutherglen	All Community based Health Services, clinics, Health Centres	[As per NHS GG Scheme of Establishment]

5.8 **Joint Accountability and Management with Acute services**

5.8.1 Responsibility for the co-ordination and joint management of services with the Acute Operating Division will be agreed and managed by formal joint service and outcome agreements and joint working through Managed Clinical Networks. It is also proposed to have joint executive and non-executive membership of Management Boards to provide linked governance.

The main areas of joint responsibility will include:

<u>Joint Responsibility</u>	<u>Outcome</u>
Emergency admissions	Reductions in repeat admissions of frail elderly patients
Delayed discharges	A 20% reduction in delayed discharges
Waiting times	Delivery of national and local targets and guarantees
Referrals management	Development of more efficient referral processes to minimise

	delays in accessing treatment
Developing MCN's	More efficient patient journeys via integrated pathways and protocols and better clinical outcomes
Out of Hours Services	Strengthened links between Acute and P.C. Services to provide appropriate access to high quality services
"A Picture of Health" programme	Delivery of new integrated models of care, improved access to specific care and more local treatment and diagnosis
Prescribing/Pharmacy Services	Improved communication between Acute and P.C. to improve treatment and provide a seamless service to patients
AHP Leadership	The development of a highly skilled workforce and improved patient access through better service integration
CCI projects	Co-ordination and delivery of service redesign across the whole system.
Estates	Improved functional suitability of buildings and greater opportunities for co-location of services.
Improving Access to diagnostic services	New diagnostic services will be provided in new and refurbished Health Centres and community hospitals.

5.9 Influencing Board Strategy and Policy

- 5.9.1 As previously detailed each CHP will be a committee of the Board allowing them to influence Health Board policy and strategy directly through membership of the Board and its other Committees. The CHP Directors will be full members of the Board, the Corporate Management Team and Strategy Group. Strategic links with the local authority and Community Planning Partnerships will be structured around joint membership of the Health and Care Partnership and Community Planning Partnership Board.

5.10 Formal Links and joint working with Local Authorities

- 5.10.1 A wide range of formal links currently exist with Local Authorities and these will be built upon and developed to offer greater opportunities for service integration in the new CHP arrangements.
- 5.10.2 Currently the Chief executive and Chair of NHS Lanarkshire represent the Health Board on the North and South Lanarkshire Community Planning Partnership Boards. They are joined by the Chief Executives of the Acute and Primary care Operating Divisions on the Health and Care Partnerships. This provides joint governance across and between Health Board, Community Planning, Joint futures, Primary Care and Acute Services policy.
- 5.10.3 The Chief Executive and Chair of NHS Greater Glasgow are also members of the South Lanarkshire Community Planning Partnership and Health and Care Partnership representing the interests of the Cambuslang and Rutherglen populations.
- 5.10.4 These partnership arrangements will be maintained with the CHP Director and Chair being the lead NHS representatives on the Community Planning and Health and Care Partnerships. Joint Governance will be achieved by the development of formal reporting to the NHS Boards and Councils through the CHP Board Committee, the Community Planning Partnership Board and the Health and Care Partnership.

- 5.10.5 The statutory guidance for CHP Committees makes provision for Local Authority representation on the CHP Committee. South Lanarkshire Council have elected to be represented by the Director of Social Work Services while North Lanarkshire Council will be represented by the Director of Social Work, and the Assistant Chief Executive who has responsibility for Community Planning, Integrated Children's services and Regeneration.
- 5.10.6 There will also continue to be significant cross representation in the wide range of joint planning groups that support , for example, the development and implementation of joint service strategy (e.g. Elderly, L.D, Mental Health, Children's services, Drugs and Alcohol) Joint Health Improvement and Regeneration.
- 5.10.7 While councils will continue to have the statutory responsibility to lead the Community Planning process CHPs will seek to drive this agenda on health issues and will be particularly focused on taking action within Localities to secure real improvements in peoples health and well-being while recognising the importance of working with partners on the wider regeneration agenda to reduce inequalities in health. Localities will combine their core responsibilities to provide effective health and care services on a day to day basis with a duty to re design services and change their organisational culture to exploit opportunities to work more effectively with council staff and the voluntary sector to support vulnerable and excluded individuals and engage the public.
- 5.10.8 A number of Key outcomes will flow from this partnership focus in Localities, these will include;
- Improvements to the effectiveness of day to day health and care services.
 - Greater coordination with Council services to improve health and well-being.
 - The creation of locality structures and multi agency teams to support Community Planning, regeneration and health promotion initiatives within communities.
 - The ability and capacity to inform strategic planning from a local perspective.
 - Greater accountability for the use of resources within the community through the development of local performance indicators.

5.11 **CHP's and Integrated Child Health Services**

CHP's will have a key role in delivering the five priorities that have been identified within the Children's Services Planning Guidance, these are the development of:

5.11.1

- A shared vision for children and young people
 - Effective management arrangements for joint planning and delivery of Children's Services.
 - Coherent systems for assessment and sharing information
 - A Children's Workforce with the necessary skills and qualifications.
- 5.11.2
- A Co-ordinated quality assurance and inspection systems that encourage excellence across services and agencies.

To deliver this vision Lanarkshire's CHP's will:

- Engage with young people their parents and frontline staff to design services that meet their needs.
- Focus on providing care at home.
- Focus on health improvement particularly reducing childhood obesity through the JHIP.
- Provide high quality integrated child health services with appropriate clinical governance arrangements.
- Link appropriately with NHSQIS, the Care Commission and developing joint inspection arrangements.
- Provide robust and safe arrangements for vulnerable children based on shared assessments of need and management of risk.
- Develop shared information resources.
- Continue to invest in the development of a skilled workforce.
- Provide support and specialist planning and operational knowledge to the Board and its partners and provide best practice advice to localities

5.11.3 **The Outcomes of this process will be:**

- Involvement and influence of young people, parents and carers in service design.
- More care provided closer to home.
- Agreement and implementation of guidelines for the management of common childhood conditions by primary and secondary care. This will include the development of appropriate links to out of hours GMS services and other emergency services.
- Greater levels of integrated health improvement activity organised and targeted via the JHIP.
- All children with specific needs to have a shared assessment, co-ordinated care plans with systematic reviews of outcomes.
- Agreements in place for funding arrangements for children with complex needs.
- Vulnerable families are able to access integrated and co-ordinated multi agency services that meet their needs.
- Clinical and operational staff will be closely involved in service planning.

- The provision of robust organisational arrangements for the full range of services including where required specialist forensic investigation.
- Robust arrangements are in place to provide support and Personal Development for specialist staff.

5.11.4 Children's Services division will be hosted by the North CHP within the Wishaw locality. Existing corporate management arrangements will be retained and strengthened and integrated to CHPs by the Children's Services Manager, having a dual role as Locality and management of Children's Services.

He/She will be supported by the Child Health Commissioner a Lead Clinician and a Service Development Manager. This arrangement will deliver maximum devolution of resources and responsibility to local level as envisaged in the CHP Guidance Notes on Children's Services.

5.11.5 In South Lanarkshire the role of CHP's in the planning and delivery of integrated childrens services will be developed through:

- CHP's linking with area co-ordinator groups.
- Contributing to the work of the Children's Services Sub Groups.
- The CHP lead for Children's Services to be a full member of the interagency project team along with the NHS Child Health Commissioner.
- The CHP Director to sit on the interagency Children's Services Steering Group.

Arrangements in North Lanarkshire will be developed in accordance with the integrated children's services plan.

5.12 **CHP's and Integrated Mental Health Services**

5.12.1 Within Lanarkshire CHP's will be the central focus for partnership working in the planning and delivery of integrated Mental Health Services and the promotion of mental health and wellbeing. The North CHP will "host" the development of Mental Health Service strategy and governance on behalf of NHS Lanarkshire.

5.12.2 All Mental Health Services will be embedded, integrated, delivered and managed by the Localities. Clinical leadership and governance will be provided by a Clinical Director who will sit on the North CHP Committee. Each locality will have an input from a Service Development Manger for mental health. The key principles for the development of Mental Health Services in Lanarkshire will be:

- Services will be designed to meet the needs of service users.
- Current good practice in involving patients, carers and frontline staff in service design will be developed within Localities.
- To promote care in the community as an alternative to hospital

admission.

- Services will be planned to deliver a tiered service for psychological interventions with clear pathways, guidelines, competencies and outcome measures.
- Service will be robust, reliable and safe and will be based on shared information to support assessments of needs and risk
- Services will be measured against best practice and quality improvement standards determined by the care commission and NHS Quality Improvement Scotland

- Holistic local health improvement targets will be delivered in partnership with Local Authorities and Community Planning partners and measured through the J.P.I.AF.
- Develop Mental Health Partnerships with each Local Authority.
- Ensure Child and Adolescent Mental Health Services comply with the revised Children's Services planning guidance

5.12.3 In North Lanarkshire joint planning and governance will be organised through the Health and Care Partnership and the mental Health Project Board. Multi agency service delivery will be coordinated and managed by the Mental Health Locality Planning Group.

In South Lanarkshire similar arrangements will operate with coordination via the Joint Future Mental Health Management Group.

5.13 **Community Planning**

5.13.1 The North and South Lanarkshire CHPs will have delegated responsibility for the NHS Lanarkshire and NHS GG statutory input into the development of the Community Plans for their respective Local Authority areas.

5.13.2 This delegated responsibility also applies to the Joint Futures agenda, integrated childrens services, ADAT, Community Safety, the Joint Health Improvement Planning Process (JHIP) and regeneration/neighbourhood planning agendas.

5.13.3 This allows the CHP to develop a strategic overview of the wide range of health and social problems facing each of its communities while Localities will take action to deal with the inequalities between communities and excluded groups that they serve.

5.13.4 This delegation of responsibility for Community Planning and Joint Health Improvement (JHIP) Planning from the Board to each of the CHPs is entirely consistent with the strategic direction of travel for the development of CP in North and South Lanarkshire where the main strategic focus is now on developing the capacity of locality teams of multi agency staff to engage more effectively with local communities to deal with local regeneration issues around inequalities in health and

social circumstances, and linked issues such as Community Safety, physical regeneration and neighbourhood planning.

5.14 **Improving Health and Joint Health Improvement Planning (JHIP)**

5.14.1 The JHIP process is also dependent on the development of strong locality structures to deliver the community engagement and local action that will be required to improve health and reduce inequalities in health through holistic action on tobacco, alcohol and substance misuse, diet, exercise and mental health. Each CHP locality will develop its own multi professional public health/ health improvement workforce to ensure that health improvement is at the core of its activities.

5.14.2 Through Community Planning the Board has already begun developing its capacity to link key elements of planning intelligence and information to provide robust profiles of the needs of local communities. CHPs will be responsible for the further development of this task on behalf of the NHS in Lanarkshire.

5.14.3 The two JHIPs in Lanarkshire have adopted the World Health Organisation definition of Health as being “*a state of complete physical, mental and social well being and not merely the absence of disease or infirmity*”.

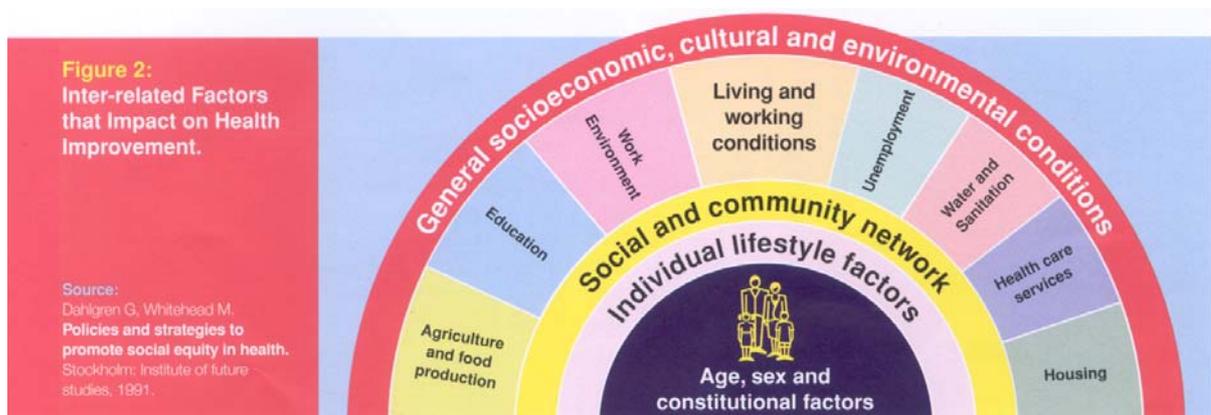
5.14.4 This is combined with a recognition that an individuals experience of health depends on a number of factors that impact dynamically on their health status. These factors include the social, economic and physical environment, access to health care, relative wealth, individual biology, education and behaviour.

5.14.5 The health improvement policies which CHP’s will be required to take forward will therefore require to combine ways of preventing ill health, protecting good health and promoting health and well-being. ‘Towards a Healthier Scotland’ (1999) described this challenge in terms of tasking co-ordinated action to improve;

- Life Circumstances (unemployment, poverty, poor housing, poor social networks)
- Lifestyle (behaviour including exercise, diet, smoking, alcohol)
- Health Topics (Child health, oral health, CHD and Stroke, home safety)

5.14.6 This approach is illustrated in the diagram below, and will be an area of focus for the CHP to work in partnership with other agencies, the voluntary sector and local communities to understand local and personal dynamics and to develop practical strategies for dealing with them within the overall context of National and JHIP priorities and CP Regeneration Model for strategies.

Model for understanding the inter-related Factors that Impact on Health Improvement.



5.14.7 Each CHP will be supported by dedicated Public Health Specialist input to provide support around; health protection, health improvement and health service provision. In practice this public health expertise will provide support to CHPs by; -

- Converting ‘data’ into locally useable information setting this within the wider context of local, national and international trends in health and health inequalities.
- Working with partner organisations to develop increasingly sophisticated sources of ‘rich data’ drawn from multi agency sources to identify trends at CHP and Locality level to inform local action and the JHIP (s)
- Investigating suspected clusters of ill health.

- Investigating local issues of lifestyle and life circumstances.
- Local health needs assessments
- Offering advice on health promotion, health protection, screening, immunisation, child health, coronary heart disease, stroke, diabetes, cancer, mental health, respiratory, sexually transmitted diseases and other relevant topics.
- The design and conduct of surveys and epidemiological studies.

- Providing access to and interpretation of the evidence base for public health and health care interventions.
- Leading research, evaluation and audit.
- Working with multi- disciplinary groups and community planning partners.
- Actively participating in Lanarkshire and West of Scotland Managed Clinical Networks.
- Developing robust local public health networks.
- Mentoring public health staff as appropriate.

5.14.8 The aim is to develop a wide ranging ‘ public health team ‘ within each locality that will integrate and benefit from input from a wide range of skills from nursing, health promotion, pharmacy, clinical and community development and education resources that exist in localities. The health improvement agenda within each locality will be intimately linked to the Patient and Public Involvement agenda and CP regeneration activities to ensure that the inequalities agenda is adequately tackled and the needs of excluded and minority groups are met.

5.14.9 A small core team of health promotion specialists and Public Health Consultants located in the Department of Public Health will support the localities and CHPs.

5.15 **Responding to Inequalities and the Diverse Needs of Communities**

5.15.1 For NHS Lanarkshire and CHPs to be successful in significantly contributing to a reduction in inequalities in health and increase in well-being they must operate within a culture that recognises the central importance of actively seeking to meet the diverse needs of the communities and individuals they serve.

5.15.2 In this context the challenge for CHPs is to understand diversity and equality as a broad, inclusive concept. It is intimately linked to PFPI as it is about understanding people, their differences and similarities. It is also about understanding more about what varying health and care needs different people have, how they access services, treatment, and how inappropriate service delivery can

have adverse impacts on health outcomes and lead to inequalities in health.

- 5.15.3 Equality is about ensuring that people are treated fairly according to their needs irrespective of gender, age, race, disability, income, marital status, culture, religion, ethnic background, sexual orientation, or responsibility for dependants, and making this normal practice and behaviour.
- 5.15.4 CHPs will be expected to address human resources and organisational development challenges to respond to workforce policy and legal drivers relating to racial discrimination and disability and provides support staff to develop an appropriate range of knowledge and skills to meet the diverse needs of their patients.
- 5.15.5 Good practice also recognises that their approach to equality and diversity must also consider the needs of people who are affected by a range of cross cutting issues. (for example poverty, homelessness and mental ill health, involvement in the criminal justice system)
- 5.15.6 Often meeting these needs appropriately will require co-ordinated input from a number of agencies and the CHPs will call upon the support and assistance of Local Authority, Voluntary Sector and other Community Planning partners to plan and deliver appropriate packages of care and services.
- 5.15.7 Within Lanarkshire the North and South CHPs will lead on the implementation of the Board Equality Diversity and Spirituality Strategy and action plan building on the existing good practice that has been developed within NHS Lanarkshire and within Partnership structures through Community Planning.
- 5.15.8 There are already well established and effective pan Lanarkshire multi agency arrangements for engaging with for example minority ethnic communities (Lanarkshire Ethnic Minority Action Group LEMAG), homelessness strategy group, a multi faith Spirituality working group and a wide range of mechanisms for engaging with disadvantaged communities and individuals for example the Community Plan, JHIP, ADAT, multi agency Domestic Violence support, Community Safety Partnerships, and Regeneration partnerships.
- 5.15.9 The strategy will be to build on these mechanisms ensuring that CHP Localities increasingly play an active role in the practical implementation and development of good practice in service delivery and multi agency working on the ground.

5.15.10 CHPs and their Localities will be tasked with undertaking a number of detailed equality and diversity impact assessments on their services and policies to support governance and risk assessment by embedding good practice in the culture and operation of the CHP. Governance will be maintained through reporting to the Board Equality Diversity and Spirituality Committee on progress and implementing the (EDS) action plan.

5.15.11 This Scheme of Establishment has been subject to a Diversity and Equality impact assessment which is attached as Appendix 8.

5.16 **Review of the LHCC Professional Committee**

5.16.1 The Boards current LHCC Professional Committee will be dissolved at the end of March 2006 and its functions will be undertaken by the CHP Committee(s) and strengthened Professional Advisory arrangements including the Area Clinical Forum; details will be determined by the Committee/ Forum themselves

5.16.2 Currently there is a wider review of professional advisory structures within the Board. The LHCC Professional Committee welcomes the opportunity to contribute to this review of their role in relation to CHP's within this wider context. This process will be completed by the end of October.

5.16.3 It is anticipated that a single CHP professional committee will replace the LHCC Committee

5.17 **Arrangements for Professional and Clinical Leadership**

All staff engaged in delivering services for which CHPs are responsible will be managerially accountable to the CHP Director. However, in line with the scheme of delegation, this responsibility will be exercised through local Managers. Clinical staff will have a complementary line of professional accountability to the appropriate Board Director, or in the case of the Senior Social Worker to the Director of Social Work.

5.17.2 CHPs will maintain and build upon the benefits gained from the close involvement of GPs and other clinicians in LHCCs. CHP localities will continue to offer opportunities for frontline staff to engage with partner agency staff and communities at a local level to plan and deliver improved services and action on health improvement and inequalities.

5.17.3 Opportunities are being developed to involve clinicians and other professionals from the Acute Operating Division, and other independent contractors such as Dentists, Pharmacists and Optometrists to participate in local planning and service redesign arrangements through.

- Membership of locality management teams
- Leading and populating MCNs (which are Lanarkshire system wide)
- Leading the development of care pathways for the CHP, or on a pan –Lanarkshire basis.

- Populating relevant Community Planning Groups (e.g. JHIP, JHIF; Community Safety; Regeneration; Children’s services delayed discharges)
- Involvement in Local Care Partnerships.
- Involvement in “A Picture of Health”
- Participation in PPF activity

5.17.4 At locality level the engagement of clinical staff will be supported by the Locality management team ensuring effective delegation, the development of mechanisms which link clinical teams, stronger joint working and continuous learning focusing on the effective delivery of improved health and well being.

5.18 **Arrangements for provision of Corporate Support Services**

5.18.1 Within the context of single system working NHS Lanarkshire has developed a number of cost effective corporate management functions (for example Finance, IM&T, Estates, Procurement, Modernisation/ Planning, Primary Care Services Dept) that provide services to the Operating Divisions.
A number of the functions are provided on a ‘Hosted’ basis by one operating division.

5.18.2 To maintain economies of scale the majority of the support functions will continue to be organised and delivered on a pan Lanarkshire basis, however clear lines of accountability will be established to ensure the objectives and action plans for these departments fully support the operational needs of CHP’s and the Acute Operating Division.

5.18.3 Given the need to provide additional planning and redesign capacity to the CHPs and their localities (and the Acute Operating Division) a significant proportion of the senior Planning and Modernisation Directorate staff will operate through and within the CHPs. This will embed the focus of NHS planning and redesign closer to communities and planning partners.

5.19 **Building Workforce Capacity**

- 5.19.1 A detailed organisation development plan has been developed to accompany this Scheme of Establishment (Appendix 5).
- 5.19.2 There are a number of key challenges in building the capacity of a workforce to deliver the improvements in health and inequalities that are core to the success of CHP's
- 5.19.3 Initially the main challenges relate to changing the culture of the organisation, examples of the issues to be addressed are:
- Focusing on improving health and reducing inequalities in health and well-being.
 - Promoting co-operation and removing barriers to effective multi-agency working.
 - Improving the integration of primary and secondary healthcare through single system working.
 - Recognising the importance of understanding the diverse needs of the population.
 - Providing practical support for the development of new clinical leadership and management skills and capacity.
- 5.19.4 The development needs of staff working in CHP localities will reflect the crucial importance of localities being able to have the capacity to improve the health and well-being of their communities through streamlined and integrated working with the minimum of bureaucracy, consistent with the essential requirements of public accountability. A core skill will be the ability to work with patients, volunteers and the public to harness their enthusiasm and promote behavioural and cultural change within communities.
- 5.19.5 CHP committees will be supported to operate in their new role using the knowledge and skills framework. They will also have access to the training and development package "**Partnership Works**" recently developed by the Scottish Executive. This training will be delivered in- house by the OD Department.
- 5.19.6 The importance of closer collaboration and the development of a common culture between staff from different agencies working within CHPs is recognised and it has been agreed that the OD Departments in NHSL, SLC, NLC and NHSGG will collaborate to develop a common OD programme.
- 5.19.7 CHP's will play a full part in meeting the workforce development challenges which face NHS Lanarkshire. They will have representation on and full involvement in the development of the workforce Development Strategy and Plan which will set out the workforce challenges for NHSL and the 3-5 year development plan to deliver the benefits of pay modernisation and provide a skilled,

effective and efficient workforce for NHS Lanarkshire.

- 5.19.8 These arrangements will also be reviewed in light of the service needs arising from “A Picture of Health” and implementing the Kerr report.

WORKING IN PARTNERSHIP

6.

6.1 Working in Partnership with Staff

NHS Lanarkshire has reviewed its Staff Governance and Staff Partnership structures following the move to single system working.

This review looked forward to the introduction of CHPs and the need for partnership fora at CHP and Locality level was identified.

Each CHP will have a Partnership Forum that will report to NHS Lanarkshire Area Partnership Forum and Human Resources Forum. These will operate within the terms of reference set by the HRF and will comprise managers and staff side representatives for the workforce of the CHP. The Staff Side Chair will be a member of the CHP Board.

The Fora will jointly develop and implement action plans to deliver against the Staff Governance Standard in the CHP and will be the main fora for addressing Health and Safety and risk issues.

Where appropriate representatives from NHSGG will be involved in these structures and processes.

A draft Scheme of delegation for staff governance has been prepared for approval by the Board.

6.2 Working in Partnership with the Public, Patients and Carers

- 6.2.1 NHS Lanarkshire and NHS Greater Glasgow recognises the benefits that flow from actively engaging members of the public, patients and carers in the development of services and importantly in engaging with the most excluded and disadvantaged to assist them to improve their health.

- 6.2.2 Through the development of Patient Focus Public Involvement (PFPI) NHS Lanarkshire has already developed a wide range of mechanisms and resources to support dialogue with patients, carers and the Public [**reference: Map of Public User and Carer Involvement Initiatives in Lanarkshire – Lanarkshire Health Council June 2003**]

- 6.2.3 NHS Lanarkshire has also developed a formal systematic programme of patient and public consultation to support “A Picture

of Health” and CHPs will be expected to feed into this process through their PPF. Much of this work has been undertaken in partnership with the voluntary sector, local authorities and local community groups and it is intended to build on these networks to develop a Public Partnership Forum that is embedded in natural geographical communities and communities of interest.

6.2.4 Each of the two CHPs will have a Public Partnership Forum (PPF). The role of the PPF will be to:

- Ensure the CHP is able to communicate effectively with the people it serves, and in particular will offer a mechanism to provide patients and the public with information on the range and location of services offered by the CHP and the wider local and regional NHS.

This will be done in a manner that recognises the diverse needs of the individuals and communities served to promote better access to services.

- Engage local service users, carers and the public in discussion about how from their perspective we can improve service delivery and create better opportunities to encourage individuals to improve their own health and well-being.
- Further develop and support mechanisms that will encourage wider public involvement in planning and decision making.

6.2.5 The PPF will be represented on the Board of the CHP’s by two members of the public. Detailed arrangements for the selection of these representative and deputies will be agreed with the PPF in a series of engagement activities over Oct-Jan held in collaboration with NESHGG, North Lanarkshire Council, South Lanarkshire Council and the voluntary sector.

6.2.6 In collaboration with the North and South Lanarkshire Community Planning Partnerships the Acute Operating Division, MCNs the local voluntary sector and patient groups a conference will be held in each CHP area in early December to agree the detailed working arrangements for the PPF and identify the development needs of individuals wishing to participate in the PPF.

6.2.7 The PPF will, therefore, operate through and be populated by the wide range of existing groups and organisations that currently operate within Localities. Their activities will be structured at Locality and CHP level to ensure they have an appropriate influence over the design and delivery of local services. This arrangement will mirror existing Community Planning, Community Engagement Strategies [ref; **North and South Lanarkshire**

Community Engagement Strategies] and will also complement the development of local regeneration partnership mechanisms.

- 6.2.8 NHS Lanarkshire, NHSGG, Local Authorities and Community Planning Partners have agreed that the PPF will be used as the primary mechanism to inform and drive the development of health and social care policy, the JHIP and the health and well-being elements of the Community Planning process. The partners will collaborate to resource and support the PPF.

An action plan for the development of PPF is attached as Appendix 4.

6.3 **CHPs – Working in Partnership with the Voluntary Sector**

- 6.3.1 NHS Lanarkshire recognises the important contribution that the voluntary sector makes to the delivery of high quality sustainable services and the engagement of a wide and diverse range of individuals in the health improvement agenda.

The voluntary sector also has an important role as an advocate for excluded and marginalized individuals and groups

- 6.3.2 Within Lanarkshire there is a large and diverse voluntary sector comprising a range of organisations providing services and coordinating activities that will be relevant and complementary to the proposed role of the CHP. The organisations in this sector vary from large national provider organisations operating locally through paid staff to small self help or campaigning organisations run by volunteers.

- 6.3.3 A substantial portion of the voluntary sector is affiliated to local Councils for Voluntary Services (CVS) and CVS are utilised by Community Planning Partnerships in North and South Lanarkshire as the main vehicles for engaging with the voluntary sector on strategy and service development.

- 6.3.4. Arrangements for engaging with the voluntary sector varies between North and South Lanarkshire. In the North there are three CVS and a North Lanarkshire Volunteer Development Agency. These groups participate with other Community Planning Partners including NHS Lanarkshire and NLC in the North Lanarkshire Voluntary Sector Strategy Group. This group determines the strategic priorities for the voluntary sector in North Lanarkshire and where appropriate secures funding for developments. Two of the voluntary sector representatives from this group are elected to serve on the North Lanarkshire Community Planning Partnership and a senior voluntary sector manager is a member of the NLP Officers Group which supports the NLP.

- 6.3.5 As an interim measure it is proposed that a member of the North Lanarkshire Voluntary Sector Strategy Group should be elected as

the voluntary sector representative on the North Lanarkshire CHP Committee for a maximum of one year. This will allow representation during the shadow period of CHP development and the early implementation phase while providing the voluntary sector with the opportunity to fully consult with its members about longer term arrangements.

- 6.3.6 In South Lanarkshire the CVS have their input into community planning structured around the Community Consultative Forum. Again the voluntary sector is represented on the Community Planning Partnership Board and it is suggested as an interim arrangement that the Community Consultative Forum nominates two individuals to sit on the CHP committee until longer term arrangements are made.
- 6.3.7 Discussion will take place with CVS to agree a development programme linking to the PPF agenda and the development of the role of the voluntary sector within localities. This will be structured around the development of voluntary sector strategies and action plans that support community planning and health improvement.
- 6.3.8 To ensure that the voice of provider organisations is adequately represented the Board is continuing to explore with local and national Community Care Providers how they can be represented through the PPF.

6.4 **Working in Partnership with NHS Greater Glasgow**

- 6.4.1 Ensuring that the CHP boundaries are coterminous with the two Local Authorities will mean that all our residents are able to benefit from greater integration of services, regeneration of communities and more opportunities to improve their own health.
- 6.4.2 In order to achieve this level of coterminosity responsibility for the planning and delivery of services for the populations of Cambuslang Rutherglen (population 55,000) which is part of South Lanarkshire and the Northern Corridor (population 16,500) which is in North Lanarkshire.
- 6.4.3 The Cambuslang and Rutherglen area is currently served by its own LHCC. The area will maintain its own identity by transferring to Lanarkshire forming a Locality within the South Lanarkshire CHP.
- 6.4.4 The Northern Corridor includes the Moodiesburn, Stepps Muirhead and Chryston population which forms a small element of the Eastern Glasgow LHCC. It will be incorporated into the Cumbernauld and Kilsyth Locality of the North Lanarkshire CHP.

6.4.5 Patients will continue to receive services from existing GPs and other clinical service providers, and existing patterns of referral to Acute Services will continue. The main benefits of this new arrangement will come from the greater opportunities to:

- develop and co-ordinate the delivery of joint services to the elderly, children and individuals with long term care needs.
- Building on existing work engage with Local Authorities on Joint Health Improvement. Community care and children's services.
- Participate in regeneration programmes with Community Planning Partnerships in Lanarkshire.

6.4.6 The CHP will be accountable to NHS Greater Glasgow (NHSGG) for the delivery of services in these areas and the detail of agreements on how this will be achieved including funding and resources will be developed prior to the establishment of the CHP's in April 2006.

These arrangements will be designed to minimise bureaucracy. The main points in the framework of agreement are listed below.

6.4.7 **Cambuslang and Rutherglen.**

- The Cambuslang and Rutherglen area will be a discreet locality within the South Lanarkshire CHP
- Staff within the Cambuslang and Rutherglen. Locality will be represented on the NHSGG and South Lanarkshire CHP staff Partnership structures.
- The South Lanarkshire CHP will be committed to working towards the levelling up of funding and services and sharing good practice across localities including taking account where appropriate of service levels, access and practice in Cambuslang and Rutherglen
- Joint accountability to NHSL and NHSGG will be achieved through;
 - The inclusion of a non-executive Director of NHSGG Board on the Board of the South Lanarkshire CHP.
 - NHSL and NHSGG will be involved in the selection and appointment of the South Lanarkshire CHP Director, Lead Clinician, and the Locality General Manager.
- The Cambuslang and Rutherglen Locality will operate as a fully empowered locality as envisaged in this scheme of establishment and will enjoy a similar level of delegation, for example, for staff budgets, prescribing, and joint funding as other Lanarkshire Localities.

- Responsibility for the local development of community care, health improvement, children's services and other neighbourhood services will be devolved to the Locality and the operation of these services will be integrated with general service delivery in the locality and across.
- The C/R locality will operate as an empowered locality. The Locality Manager for C/R will have devolved responsibility for the budget allocated to the South Lanarkshire CHP by NHSGG for the defined range of devolved functions and services.
- The budget transferred by NHSGG to the South Lanarkshire CHP for services in the Cambuslang and Rutherglen Locality will be based on the existing LHCC budget, reflect the full cost of the new devolved responsibilities and in future will provide an equitable share of annual cost of living increases and development funding.
- Funding for an equitable proportion of support and corporate function costs will be identified and agreement reached by both Boards on the provision of these services taking account of the principles of minimising bureaucracy and efficient Government.
- A Locality based Public Partnership structure will be established building on existing networks and infrastructure in line with the wider Lanarkshire arrangements. The South Lanarkshire PPF will also be represented on the NHSGG PPF arrangements to ensure that the needs and interests of patients and carers from Cambuslang and Rutherglen who access services provided by NHSGG are appropriately represented.
- The South Lanarkshire CHP will actively encourage the participation of clinicians from Cambuslang and Rutherglen in clinical involvement and governance activities. Where a South Lanarkshire level professional group or equivalent is established it will have an equal representation across all localities and a balanced representation of clinical interests.
- The South Lanarkshire CHP will ensure that appropriate links are maintained between Cambuslang/Rutherglen and GGNHS, for example in relation to the provision of acute and other non-local services, the Mental Health Partnership and the Women's and Children's directorate. NHSGG will continue to provide appropriate links to Cambuslang/Rutherglen staff for professional advisory support and the relationship with independent contractors.
- Arrangements will be subject to ongoing review involving all partners to ensure they are working appropriately.

6.4.8 **The Northern Corridor**

The incorporation of the Northern Corridor within the Cumbernauld locality of a North Lanarkshire HP takes account of the following points.

- The inclusion of non-executive member from GGNHS Board on the North Lanarkshire CHP committee.
- Dual reporting of the North Lanarkshire CHP Committee to both Greater Glasgow and Lanarkshire NHS Boards.
- Dual accountability of the Director of the North Lanarkshire CHP to the chief executives of both GGNHS and LNHS.
- Responsibility for the provision of services to the Northern Corridor will be sub contracted by North Lanarkshire CHP with Glasgow City East CHSP and will be formalised in a service agreement between both Boards.
- The service arrangements agreed for the Northern Corridor should not result in any diminution of service for the local population or change in patient flows e.g. to acute services.
- The North Lanarkshire CHP will be committed to spreading of good practice across localities including taking account where appropriate of service levels, access and practice in the Northern Corridor.
- The budget allocated from GGNHS for equitable financial contribution to the maintenance and development of services in the area.
- The locality manager for the Cumbernauld locality will have devolved responsibility for financial management of the budget allocated to the North Lanarkshire CHP by GGNHS for the defined range of devolved functions and services in the Northern Corridor.
- Arrangements for a Public Partnership Forum should be inclusive of community engagement within the Northern Corridor taking account where appropriate of existing effective networks and infrastructure.
- An approach to advance meaningful clinical involvement in the activities of the CHP will be devised inclusive where appropriate of clinicians from the Northern Corridor.

- Where a North Lanarkshire professional executive group or equivalent is established it will have equal representation across all localities and balanced representation of clinical interests
- Where a North Lanarkshire level Staff Partnership Forum is established there will be appropriate membership from Greater Glasgow.
- The North Lanarkshire CHP will ensure that appropriate links are maintained between the Northern Corridor and GGNHS for example in relation to the provision of acute and other non-local services, clinical representation and local health planning and that due recognition is given to relevant GGNHS protocols and processes.
- The North Lanarkshire CHP will be responsible for providing operational, support in terms of finance, HR, OD, communications and IT to each of the localities including the Northern Corridor.
- For the purpose of working at a North Lanarkshire level the CHP will aim to pool resources for planning.
- Staff in the Northern Corridor will continue to be employed by GGNHS.
- Initial arrangements concerning the Northern Corridor will be reviewed in two years by the North Lanarkshire CHP and Glasgow City East CHSCP and reported to both Board.

7. CHP IMPLEMENTATION ARRANGMENTS

NHS Lanarkshire and its partners have agreed that the North and South Lanarkshire CHPs will be established from 1st April 2006.

A detailed implementation plan is being completed which will set out key issues to be addressed. The main agendas are identified below, the timescales anticipate ministerial approval by end of October 2005.

1. Steering Group	Timescale
<p>A multi agency Steering Group will progress the implementation of the two CHPs and co-ordinates with the development of new Acute operating services.</p>	<p>Oct 2005 – April 2006</p>
<p>2. Appointment of Key Management Staff and Clinical Leads</p> <p>Agreement has been reached with partnership representatives to fill new posts using a matching process, it is anticipated that this will be completed by end of November and any vacant post will be advertised and appointed by December.</p> <p>Appointment of the South CHP and Cambuslang/Rutherglen Locality Managers will be undertaken in consultation with NHSGG.</p>	<p>End Nov 2005</p> <p>Dec 2005</p>
<p>3. Organisational Development</p> <p>A detailed organisational development plan has been developed (See Appendix 5). The main development areas will be:-</p> <ul style="list-style-type: none"> • Creating a shared vision for CHP Leaders • Develop and implement a comprehensive HR plan • Develop an induction programme for new key staff • Develop a scheme of delegation for staff • Implement a scheme of delegation for staff • Implement the national CHP management development programme • Adopt and implement the national leadership qualities framework • Develop clinical leads • Introduce appropriate staff PDP's 	<p>Completed</p> <p>Oct – Dec 2005</p> <p>End Oct 2005</p> <p>Oct – Dec 2005</p> <p>Completed</p> <p>Oct – April 2006</p> <p>Completed</p> <p>Ongoing</p> <p>Ongoing</p> <p>Jan – April 2006</p>

<p>4. Public Partnership Forum</p> <p>A development plan for the Public Partnership Forum is attached as Appendix 4. This details the range of activities that will build the capacity of the PPF. The main development phase will be April to October, however, this PPF will require substantial ongoing support and development.</p>	<p>Oct 2005 – April 2006</p>
<p>5. Joint Working with Local Authorities</p> <p>Joint working arrangements are already well developed with both Local Authorities and Community Planning Partnerships in Lanarkshire.</p> <p>The development of CHPs in particular strengthened localities does, however, offer significant opportunities to develop better team work at a local level and develop responsibility for operational strategy development to local level.</p> <p>Initially CHP's will work with the context of existing partnership structures and strategies. The first task will be for partners to review existing strategic partnership structures including:-</p> <ul style="list-style-type: none"> • Membership • Remit • Levels of delegated authority of themed partnership groups. <p>This work will be completed October to February 2006, high level strategies such as the community plan will be refreshed within the context of appropriate planning cycles.</p> <p>Theme strategies and local partnership structures will be reviewed and modified over the period October – April 2006 and changes implemented following the establishment of CHPs.</p> <p>The main theme groups under review are:-</p> <ul style="list-style-type: none"> • Joint Health Improvement • Joint futures • Integrated Children's Services • Community Regeneration Plans • Mental Health • Drugs and Alcohol • Children's Services • Learning Disabilities • Older People 	<p>Oct 2005 – Feb 2006</p> <p>April 2006 - Onwards</p>

Where appropriate these review processes will be agreed with and include NHS GG.	
<p>6. <u>Finance</u></p> <p>High level budgets have been developed which are based on existing LHCC budgets that reflect the high level of existing delegation to LHCC's. Budgets also incorporate all of the additional services (e.g. Mental Health; Learning Disabilities; Children's Services) that will be managed by CHPs. The detailed apportionment of these budgets between localities is being worked through and will be completed by January 2006.</p> <p>Detailed discussion will also take place with NHSGG to identify the budgets allocated to Cambuslang and Rutherglen and the Northern corridor.</p>	<p>Oct 2005 – Jan 2006</p> <p>Oct 2005 – April 2006</p>