

## WEST DUNBARTONSHIRE COUNCIL

### Report by the Director of West Dunbartonshire Community Health & Care Partnership

Council : 29 September 2010

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**Subject:     Establishing West Dunbartonshire Community Health and Care Partnership**

#### **1.     Purpose**

- 1.1    To approve the Scheme of Establishment (SoE) that sets out the role, functions and Governance arrangements of the new Partnership.

#### **2.     Background**

- 2.1    Over the last 12 months members have considered and approved the general proposals to develop and put in place a Community Health and Care Partnership (CHCP) to cover the whole of the Council area.
- 2.2    The CHCP will bring together the social work and social care services provided by the Council and the services provided by the existing Community Health Partnership on behalf of the NHS Board.
- 2.3    From 1st April 2010, the Council agreed to enter into a Shadow period to prepare for the implementation of the new CHCP with effect from 1<sup>st</sup> October 2010.
- 2.4    The Council also agreed to establish a Shadow Committee to oversee the development of the proposed new Partnership. It has met twice, firstly in August when it considered an earlier draft of the SoE and secondly on 16<sup>th</sup> September when it recommended that the Council approves the SoE as presented (attached as Appendix 1) and confirms its earlier view to operationalise the new CHCP with effect from 1<sup>st</sup> October.

#### **3.     Main Issues**

- 3.1    The SoE sets out in detail the services and functions of the CHCP; the governance arrangements and the key strategic frameworks and relationships within which the CHCP will operate.
- 3.2    The key element in the SoE is the absolute retention of the statutory responsibilities of both the Council and the NHS Board. The structure and

governance arrangements have been set out to achieve progress through consensus and agreement. Neither partner has delegated its responsibilities to the other.

- 3.3 In February, when the Council agreed to establish the CHCP, it set out a number of actions that were required in the interim in order to deliver the required progress to create the new Partnership. These achievement of these actions were reported to the Shadow Committee at its August meeting. Where the timelines for specific issues go beyond October 2010, these will be incorporated into the updated action plan as set out in the next paragraph.
- 3.3 The Shadow Committee has also agreed that the CHCP Director should bring forward to the first full meeting of the CHCP Committee an updated action plan setting out the key priorities and objectives for the period October to March against which the CHCP Committee can monitor progress and performance.
- 3.4 These priorities will include the implementation of the new management structure for the CHCP, the review of the planning processes and performance frameworks to identify opportunities for rationalisation and a communication strategy to ensure that staff and other stakeholders are fully informed and engaged in the development of the new Partnership.

#### **4. People Issues**

- 4.1 The approval of the SoE will allow the implementation of a revised management structure for the new CHCP. The proposed structure is being developed in accordance with the organisational change policies of both Partners and has been consulted on with the staff directly affected and the recognised Trade Unions & Professional Associations who represent the staff interests in the new CHCP.

#### **5. Financial Implications**

- 5.1 The full implementation of the revised senior management arrangements is estimated to recurrently save c.£300k p.a. in total. This amount is split almost exactly 50:50 between the Partners with the small variance reflecting the previous relative costs of the two partners.

#### **6. Risk Analysis**

- 6.1 The main risk is that at a time of change key aspects of organisational performance and delivery can be missed by attention being diverted away onto change issues.
- 6.2 This risk is mitigated by taking action on a number of key areas:
  - Ensuring that robust performance systems are in place that can identify quickly any adverse movements;
  - Clarity of communication on what is actually happening to avoid speculation on what is not;

- Having a realistic plan of priority objectives to be achieved that can be routinely scrutinised

6.3 In all of these areas action has already been put in place, or pre-existed and the new governance structure for the CHCP will facilitate its regular review.

## 7. Equalities Impact Assessment

7.1 An equalities impact assessment has been made in regard to the proposals to create the CHCP for West Dunbartonshire. While the assessment did not identify any negative impact it did identify probable positive benefits to accrue from the integration of these services.

## 8. Recommendations

8.1 The Council are recommended:

- (1) to approve the Scheme of Establishment to create the new CHCP for West Dunbartonshire;
- (2) to confirm that, in accordance with the Council decision in February 2010, the new CHCP should become operational with effect from 1<sup>st</sup> October 2010;
- (3) to instruct the Chief Executive to formally advise NHS Greater Glasgow & Clyde of the Council's decisions; and
- (4) to endorse the NHS Board's submission of the new Scheme to Scottish Government for formal consideration and subsequent approval.

**R Keith Redpath**  
**Director of West Dunbartonshire CHCP**

**Person to Contact:** Keith Redpath, CHCP Director, Council Offices, Garshake Road, Dumbarton, Telephone Number: (01389) 737526; email Address: [keith.redpath@ggc.scot.nhs.uk](mailto:keith.redpath@ggc.scot.nhs.uk)

**Appendices:** Appendix 1 - West Dunbartonshire Community Health and Care Partnership Scheme of Establishment

**Background Papers:** None

**Wards:** All



# **West Dunbartonshire Community Health and Care Partnership**

## **Scheme of Establishment (Draft)**

**Version 10 (12 AUGUST)**

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## 1. Introduction

- 1.1 This Scheme of Establishment (SoE) has been prepared in terms of Regulation 10 of the Community Health Partnerships (Scotland) Regulations 2004. The Scheme establishes the CHCP as a Committee of the NHS Board and details its functions. West Dunbartonshire Council have also amended their Standing Orders to take account of the creation of the CHCP.
- 1.2 The Scheme involves West Dunbartonshire Council and NHS Greater Glasgow & Clyde (NHSGG&C) and seeks approval to establish a Community Health and Care Partnership (CHCP) for the West Dunbartonshire Council area.
- 1.3 Having regard to this context, the Scheme of Establishment seeks, under the terms of Regulation 3(4) and (5) of the said regulations, to deviate from the Guidance and vary the membership of the Partnership's Governing Committee as detailed later in Section 4.
- 1.4 The Scheme builds on a long and constructive experience of joint working in community care, children's services, health improvement and community planning within West Dunbartonshire.
- 1.5 Within the West Dunbartonshire context, partners have agreed that the partnership will be known as the **West Dunbartonshire Community Health and Care Partnership (WDCHCP)**. The WDCHCP will cover a population of around 90,000 living in the West Dunbartonshire local authority area. The main centres of population are Clydebank, Dumbarton and the Vale of Leven area.
- 1.6 The WDCHCP will be coterminous with the local authority boundary and will encompass the existing West Dunbartonshire CHP.

## 2. Purpose and Principles

**2.1** The ambition of all partners is that the WDCHCP will bring together NHS and local authority responsibilities to form an integrated partnership **but retaining clear individual agency accountability for statutory functions, resources and employment issues**. The CHCP will be a partnership organisation not a separate new entity.

**2.2** The WDCHCP will operate within the wider context of Community Planning and the existing Council and NHS strategic frameworks, including joint arrangements such as the Community Plan and the Single Outcome Agreement (SOA), NHS Corporate Planning and Policy Frameworks, Joint Community Care Plan, Children's Services Plan and Criminal Justice Plan.

### **2.3 The purpose of the WDCHCP will be to:**

- Improve the health of the population
- Contribute to closing the inequalities gap
- Promote Social Welfare for the population of West Dunbartonshire
- Share governance and accountability between NHSGG&C and West Dunbartonshire Council
- Have substantial responsibility and influence in the deployment of NHS and Council resources
- Manage local NHS and social care service
- Play a major role in community planning
- Achieve better specialist care for its population
- Achieve strong local accountability through the formal roles for lead councillors and the engagement and involvement of its community
- Drive NHS and Local Authority planning processes
- Protect and support vulnerable children and adults in the community
- Deliver services that are of good quality and value for money
- Make access to our services easier
- Promote an understanding of Social Work within the wider community
- Have a competent, confident and valued work force

**2.4** The partnership will play a lead role in improving the health and wellbeing of the population and promoting social welfare. Within the context of Community Planning in West Dunbartonshire, the statutory agencies recognise the wider role which they have collectively and individually to tackle, the factors which contribute to poor health with a particular focus on addressing poverty in its widest sense. This will include work to reduce inequalities and working as a partner with other organisations.

**2.5** The WDCHCP will lead the health and social work contribution to the SOA and support wider themes within the local community planning partnership.

### **3. Services Managed by WDCHCP**

**3.1** The partners agree to maximise the devolution of the management of services and resources to the WDCHCP. Within the WDCHCP the partners are committed to develop a single service management model wherever possible.

#### **3.2 Health Services**

**3.2.1** The CHCP will manage the following NHS services and functions:

- Community Nurses (including district nurses and health visitors)
- Relationships with Primary Care Contractors (GMS, Pharmacy, Dental, and Optometrist)
- Local Older People's and Physical Disability Services
- Primary Care Mental Health Service
- Mainstream School Nursing
- The management of long term conditions and chronic disease
- Specialist Health Improvement Team
- Speech and Language Therapy
- Community Addiction Services
- Community Learning Disability Services
- Community Mental Health Team and Mental Health Services to Older People;
- Podiatry
- Physiotherapy
- Dietetics
- Community Child Health Services
- Child and Adolescent Mental Health Services
- Community Assessment and Rehabilitation
- Community Physical Disability Team

**3.2.2** The CHCP will hold budgets and contracts for the following services:

- Primary Care contracts
- SEN school health
- Prescribing
- Any Other services 'hosted' on behalf of all CH(C)Ps across NHSGGC

#### **3.3. Local Authority Services**

**3.3.1** The CHCP will manage the following Council services and functions:

- Social Work Assessment and Care Management teams
- Residential and Respite Nursing Care
- Care and support at home
- Occupational Therapy and Rehabilitation (inclusive of children's' services)
- Sensory Impairment Services
- Supported living



- Community Drugs Team
- Alcohol Services
- Adult Support & Protection
- Mental Health Services
- Carers Services
- Community Based Respite and Short Breaks
- Day Care Provision
- Day Opportunities
- Child Care Assessment and Care Management
- Looked After and Accommodated Children
- Child Protection
- Adoption and Fostering
- Youth Justice Services
- Child Care
- Respite and Short Breaks
- Special Needs/Additional Support
- Early intervention
- Throughcare Services
- Planning and Commissioning
- Contracts, Compliance and Complaints
- Social Welfare/Income Maximisation

### **3.3.2 Criminal Justice**

Criminal Justice Services are already planned and delivered in Partnership with Argyll & Bute and East Dunbartonshire Councils. The CHCP will have the role to advise the Council on the performance of the CJ Partnership and for the direct management of the services delivered on behalf of the CJ Partnership including:

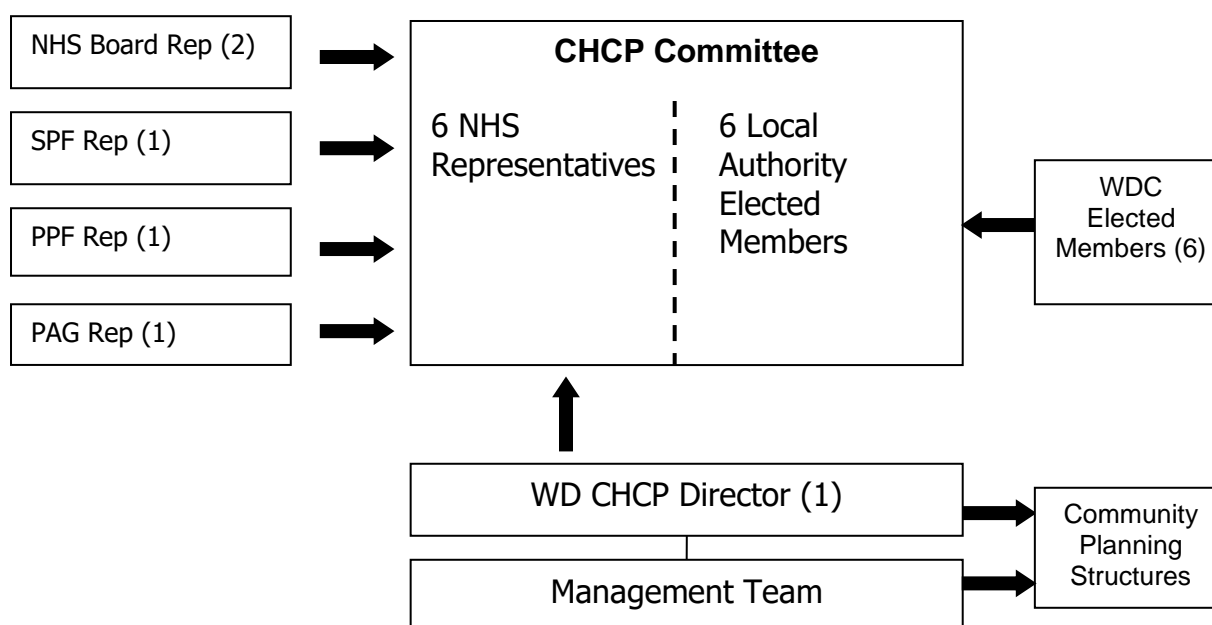
- Multi-Agency Public Protection Arrangements
- Prison based Social Work Services
- Probation Services
- Community Services
- Services to Courts
- Aftercare/Licences and Parole Services
- Services for Sex Offenders

## 4. Governance Arrangements, Structures and Relationships

**4.1** The governance arrangements reflect the fact that the CHCP will be a full partnership between the NHSGG&C and West Dunbartonshire Council. There will be five elements:

- the CHCP Committee with a membership of 12 (six from the Council and six from the NHS)
- the Staff Partnership Forum (SPF)
- the Public Partnership Forum (PPF)
- the Professional Advisory Group (PAG)
- the Management Team

These five elements are described in detail below and are diagrammatically represented as follows (figures in brackets in each of the boxes indicate number representative from each of the groups who will sit on the CHCP Committee):



### 4.2 The CHCP Committee

**4.2.1** The WDCHCP Committee will be balanced between health and local authority members, to reflect a partnership approach, with an Elected Member as chair of the Committee and an NHS member as vice chair. Members of the Committee will be appointed by the NHSGG&C Board and West Dunbartonshire Council. It is proposed that the WDCHCP Committee will be balanced between the partners as follows:

West Dunbartonshire Council	Greater Glasgow & Clyde Health Board
Elected Members (6)	NHS Board Members (2)
	PPF (1)
	Chair of PAG or nominee (1)
	Staff side co-chair of Staff Partnership Forum (1)
	Director of the Partnership (1)

## **4.2** The purpose of the Committee is to:

- Take a strategic overview of the WDCHCP activities, priorities and objectives and to hold to account the management team for the delivery of the WDCHCP's Development Plan
- Approve policy and strategy for those service areas and functions included within the remit of the Partnership and within the overall frameworks set by the NHS Board and the Council
- Monitor and review the use of resources within the specific revenue and capital budgets allocated by the NHS Board and the Council in accordance with the standing financial instructions/orders of both parent bodies
- Monitor and review the performance of the Partnership against national and local performance targets and best value requirements
- Ensure services are provided in a Best Value environment, providing appropriate services which can demonstrate the Best Value characteristics of economy, efficiency and effectiveness
- Make appropriate plans in relation to staffing and structure of the Partnership and where necessary to make recommendations to the parent bodies

### **4.2.3 Governance**

As set out in para 2.1 above, the CHCP Committee meets as a Partnership Committee but provides a forum whereby the Council Committee with delegated powers in relation to the Council's responsibility for the Social Work function and the CHP Committee with relevant delegated powers in relation to the Health Board's responsibility for the Health function meet together.

It is expected that decisions will be reached through consensus as it is not the purpose of the Committee for one party to force the other to agree to actions against its will. This is emphasised in the earlier statements that reinforce that the Council and the NHS Board retain their individual statutory responsibilities.

However in the event of such consensus not being achieved the matter will be resolved by the Health representatives deciding on any Health issues and the Council representatives deciding on any Social Work issues.

In respect of any 'joint' issue consensus and compromise will be required to move forward in any event.

Accordingly unless there is consensus, NHS members of the CHCP will not have voting rights in relation to decisions on Local Authority services detailed in paragraph 3.3 hereof and Council members will not have voting rights in relation to decisions on NHS services detailed in paragraph 3.2 hereof.

### **4.3 The Management Team**

- 4.3.1** The CHCP will be managed by the Director of the Partnership appointed jointly by the NHS Board and West Dunbartonshire Council. The Director will be separately accountable to the NHS Board Chief Executive and the Council Chief Executive for the range of services managed within the CHCP that are NHS or Council specific and directly accountable to both where the function is a joint one. The direct line management responsibility for employment purposes will rest with the Chief Executive of the Director's employing organisation.
- 4.3.2** The Director will be jointly appointed by the NHS Board and the Council and may be an employee of the NHS or Local Authority depending on the background and circumstances of the appointed person.
- 4.3.3** In the event that the appointed Director does not hold a social work qualification, the Council will appoint one of its employees as Chief Social Work Officer.
- 4.3.4** The Director will lead the management team. The remit of the management team will be to:
- Support the CHCP Committee to fulfil its remit, priorities and objectives
  - Manage the CHCP services including wider health improvement responsibilities and the promotion of social welfare
  - Enable the engagement of all stakeholders
  - Advise and support the Board, the PAG, PPF and SPF
  - Develop relationships with the NHS Board, West Dunbartonshire Council, Community Planning Partners and other statutory agencies as required
  - Support the Criminal Justice Partnership to deliver its remit, priorities and objectives
- 4.3.5** The partners agree that members of the management team may be employed by either the NHS or Council, but given the particular statutory responsibilities the lead for children's services will be a Council employee and a qualified social worker. Each member of the management team will manage health and social work services in their defined area of responsibility.

## **4.4 The Professional Advisory Group**

- 4.4.1** Both Partners are committed to ensure that service prioritisation, planning and redesign are explicitly informed by dialogue with and the participation of a relevant range of professional expertise and perspectives. The CHCP will have a wide range of planning and working groups across the spectrum of its activities which will fully involve professional staff, with clear arrangements in place for engaging with the four NHS external contractor groupings of general practice, community pharmacy, optometry and dentistry.
- 4.4.2** The Professional Advisory Group will be the primary, overarching mechanism for providing the CHCP Committee and also the CHCP Management Team with advice and perspectives on key service prioritisation, planning and redesign issues from across professional disciplines. Its membership will reflect the breadth and a balance of the professional disciplines contributing to the work of the CHCP.
- 4.4.3** The Group will be chaired by the CHCP Clinical Director.
- 4.4.4** The WDCHCP clinical governance lead clinician (normally the Clinical Director) will be accountable to the Director of the CHCP. A clinical governance group will be responsible for ensuring that effective clinical governance systems and quality assurance arrangements are in place within the CHCP, as well as providing a driver for continuous quality improvement locally.

## **4.5 Role of Chief Social Work Officer**

- 4.5.1** In the circumstances where the Director of the Partnership does not meet the requirements to also be the Chief Social Work Officer of the local authority, arrangements will be put in place to ensure that the requirements of that role, as most recently published by Scottish Government in February 2009 as part of the 21<sup>st</sup> Century Social Work Review, are fully complied with.

## **4.6 Engaging with Patients, Service Users and Carers**

- 4.6.1** Both the Council and the NHS Board are committed to engaging with those we provide services for so as to ensure that we continue to plan and deliver services that meet the needs of the communities we serve.
- 4.6.2** Ensuring that we continue to meet the needs of the people of West Dunbartonshire is a principle driver for the integration of community health and care services.
- 4.6.3** It is a requirement within the NHS that each Partnership has a Public Partnership Forum (PPF) and that there is a direct link between the PPF and the Governance Committee for the Partnership.

A PPF will be established and there will also be a formal review of all the engagement structures that are currently in place across the existing Community Health Partnership and Social Work Services.

We would see the resultant outcome as being able to demonstrate the following key objectives:

- Linkages to the Community Planning Partnership structures
- A streamlined planning structure for the mainstream client/service groupings
- Efficient use of the time of volunteers, community representatives and voluntary organisations.

We would seek to complete the review of the current arrangements before the end of March 2011.

#### **4.7 Staff Partnership Forum (SPF)**

**4.7.1** Staff Governance is a statutory requirement for NHS Boards. Arrangements for the SPF and for the way in which the Staff Governance Standard for NHS employees will be applied within the CHCP are subject to a Minute of Agreement between NHSGG&C and its recognised trade unions. Likewise, within the Council there also exists over-arching processes that need to be recognised and worked within.

**4.7.2** However, given the strong history of joint working in West Dunbartonshire, evidenced in the operation of the Joint Staff Forum, it would be the intention to create a single engagement structure for the CHCP that deals with all HR/staff governance issues but at the same time reflects, respects and complies with the separate employment policies and procedures of the NHS Board and the Council.

## **5. Strategic Framework and Key Relationships**

**5.1** The CHCP will be expected to operate within the strategic frameworks established by the Local Authority and NHS GG&C Board and to meet the statutory obligations of both bodies. There will be integrated planning and performance management arrangements which will ensure the WDCHCP activities are fully embedded into the corporate governance arrangements for both organisations.

**5.1.1** Critical to the success of the CHCP will be ensuring effective working relationships with the acute service and specialist providers to improve services to the population of West Dunbartonshire.

**5.1.2** The CHCP will maintain and develop effective working relationships with acute specialist health services in Greater Glasgow & Clyde. The NHS Board agrees that the main tasks for the CHCP and acute specialist services together are to:

- Improve patient access to diagnosis, treatment and care
- Advance health improvement
- Address national and Board priorities and targets
- Scrutinise patient pathways and develop local Managed Clinical Networks
- Identify service priorities
- Agree joint investments
- Manage local performance.

**5.1.3** The CHCP planning and policy structures will include representation from key Council areas of responsibility such as Education; Leisure; Housing and Regeneration; local Registered Social Landlords; voluntary and private sectors; and Community Planning Partners.

### **5.2 Finance**

**5.2.1** The NHS and Council will remain legally responsible for services belonging to each of them and will set the budget for such services annually.

**5.2.2** The NHS and Council have agreed to align rather than pool budgets. The partnership has delegated authority to distribute the combined budgets which have been allocated by each parent body.

**5.2.3** The CHCP will be allocated funding on an agreed basis for the defined range of functions by the Council and NHS Board. Those budget allocations will be based on joint planning processes and a transparent approach to addressing identified pressures and issues.

**5.2.4** Financial delegation and monitoring arrangements will be developed in line with and building on existing financial frameworks. This will include regular reporting into the Council and Health Board and a combined set of financial

protocols reflecting the requirements of both organisations and related audit requirements. As budgets will be aligned and not pooled, there will be a clear track of expenditure to each allocating body.

**5.2.5** While recognising the responsibility of both partners to set their own budgets, as set out above, both partners agree that they will not unilaterally reduce or remove the budget for services/responsibilities of the Partnership without informing the other partner of such a proposal and providing them an opportunity to make an assessment of the impact of any decision on the service or responsibilities of the other partner.

**5.2.6** The CHCP Director, as with any Council or NHS Director, will be responsible for remaining within the allocated budgets and accounting to the Council and NHS Chief Executives for financial probity and performance.

### **5.3 Improving Service Quality**

**5.3.1** Delivering improved service outcomes for the population of the area is a fundamental objective of the CHCP.

**5.3.2** The initial priorities for the partnership will include establishing the new working arrangements for the partnership itself and ensuring a smooth transition from the current position.

**5.3.4** The CHCP will, as part of its ongoing planning activities, set out areas of improvement activity and service design, taking account of existing good practice and innovation.



## **6. Planning and Performance**

- 6.1** Within the established planning frameworks, the CHCP will produce strategic plans for the range of its responsibilities including resources, service delivery, health improvement, the promotion of Social Welfare and tackling inequalities
- 6.2** These joint plans cover shared care groups, chronic disease, demand management, access issues and service redesign and improvement.
- 6.3** In terms of managing performance the CHCP will utilise the NHS Performance Assessment Framework (PAF) to meet the identified national and local health targets and the Council's Performance Management Framework to monitor performance against the Council's priorities and objectives.
- 6.4** The CHCP will develop a robust integrated performance management and reporting system which encompasses the statutory requirements of the parent bodies.