

## **NHS Forth Valley Community Health Partnerships – Revised Arrangements**

### **1 Purpose**

- 1.1 This report seeks approval from the NHS Forth Valley Board and the three coterminous Local Authorities to secure Ministerial approval for the revised Community Health Partnership (CHP) arrangements between NHS Forth Valley, each of the three Local Authorities, Stirling, Clackmannanshire and Falkirk, the voluntary sector and the public.

### **2 Background**

- 2.1 The three Forth Valley CHPs were established on 1 April 2005 under the NHS Reform (Scotland) Act 2004 and have been responsible for the planning, development and provision of services within the area they serve.
- 2.2 Through the introduction of CHPs, NHS Forth Valley and its partners have sought to have a more consistent and enhanced role in the delivery of integrated services and to work towards making a measurable improvement to the health of the population of Forth Valley.
- 2.3 Considerable progress has been made in the last 5 years and important improvements achieved to the design and delivery of care services. However, since their inception there have been significant changes in ways of working and expectations on partnerships not least of which was heralded with the National Performance Framework and Single Outcome Agreement.
- 2.4 A review of each CHP was undertaken during 2008 which concluded that the CHP model adopted in Forth Valley, not unlike the majority of other Boards, was primarily health focussed and that consideration should be given to moving towards a more integrated model.
- 2.5 The key partners are acutely aware of the financial and demographic changes facing the public sector and are committed to close collaboration to ensure efficient service delivery across all care sectors. The pressure on services will continue to grow as demographic changes increase the demands and financial pressures constrain resources.
- 2.6 Since their inception, the governance and accountability arrangements have remained broadly unchanged. As each CHP has evolved it has become apparent that there is a need to strengthen existing partnership arrangements, particularly between the NHS Forth Valley and Local Councils. There is a need to reaffirm a shared vision, with shared outcomes, in order to meet the challenges outlined and ensure continued good quality care as well as addressing the wider health improvement agenda within the Forth Valley area.

### **3. Definition of a CHP**

- 3.1 The definition of a CHP is described within the CHP Statutory Guidance (October 2004) and remains central to the revised arrangements now proposed. CHPs were defined as being responsible for co-ordinating, for its area, the planning, development and provision of services. They are the building blocks in the modernisation of the NHS and joint services with a vital role in partnership, integration and service design. Greater partnership working is also underpinned by the continued development of community planning.
- 3.2 The principal role of the CHP is to work with others to deliver better results for the communities they serve and their work will be driven by a focus on jointly agreed outcomes.

### **4. Proposed new arrangements for CHP Working**

- 4.1 Discussions have taken place between the key partners in health and the local authorities and with CHP Committees themselves to agree how to strengthen partnership arrangements at a strategic level, particularly between the two key agencies, build on the strengths of the existing CHPs and make best use of opportunities for greater service integration, shared management arrangements and shared ownership to deliver an outcome focussed approach to care in light of the National Performance Framework and Single Outcome Agreements.
- 4.2. New arrangements have now been agreed with each Local Authority which it is believed will improve delivery of the objectives of the CHP and improve integration across organisational boundaries and between primary and secondary care for all client groups and enhance opportunities to improve health.
- 4.3 The revised role of the CHP Sub Committee will enhance the position of CHPs in relation to health board and local authority activities. The membership of the Sub Committee reflects this and will allow the links between the CHPs, Community Planning and primary and secondary care to be strengthened, clear and direct. The new CHP Sub Committee structure will facilitate and strengthen the voice of stakeholders both in terms of their ability to directly influence community engagement through the Public Partnership Fora (PPF) and Voluntary Sector representation but also the operational service planning and delivery of the CHP through closer connection with the Management Team and Partnership Board.
- 4.4 PPF members will continue to be encouraged to participate in the planning and design of services and for providing a two-way fair and balanced flow of information between the community and the CHP. PPF Members will act as a conduit between the community and the CHP enabling issues of concern to be raised and responded to in an appropriate and timely manner. PPF members will actively raise awareness of health improvement initiatives in the community and contribute to the development of patient care pathways, leading to improved standardisation of care through their involvement in key planning groups. The CHP Sub Committee agenda will be structured to ensure maximum participation, engagement and influence on the priorities of the CHP

- 4.5 By introducing these new arrangements it is anticipated that both the breadth and depth of the partnership between NHS Forth Valley and each Local Authority will be strengthened. It is also anticipated that these arrangements will continue to strengthen the clinical interface between primary and secondary care clinicians. This will be evidenced as we move from being primarily health and social care focussed towards a broader local authority view and ultimately the wider community as a whole. The depth of the relationship between partners will be strengthened as we look increasingly towards maximising joint management opportunities, addressing individuals needs across the entire pathway of care, sharing and co-location of facilities and resources and joint decision making within a delegated decision making framework.
- 4.6 In each Local Authority area a **Partnership Board** has been formed which is a Strategic Group accountable to the Forth Valley NHS Board, reporting also through relevant council governance routes.
- 4.7 To ensure compliance with NHS governance arrangements, the Partnership Board will be a formal Committee of the NHS Board. *See Appendix A for structure.* Delegated authority to the Partnership Board will be consistent with each partners Standing Orders, Schemes of Delegation and Standing Financial Instructions. Any decisions that are beyond the delegated authority of each Partnership Board or officers will be subject to approval by the separate partnership bodies. Any proposals to amend the levels of authority and decision making arrangements would again need to be approved by the parent bodies.
- 4.8 The overall purpose of the Partnership Board will be to agree the joint business agenda and priorities for the CHP area, coterminous with its respective Local Authority & set the strategic vision and objectives for the CHP, monitoring performance by exception and addressing areas of contention between partners.
- 4.9 The key functions to be delegated from the NHS Forth Valley Board will include governance arrangements in relation to the partnership itself and services that are delivered in partnership between the two agencies and other key stakeholders, for example the voluntary sector.
- 4.10 The role of the Partnership Board will be :-
- Strengthen the broader partnership between health and local authority, minimising cultural barriers to joint working and maximising collaborative approaches to integration both within health, across primary and secondary care, and across sectors.
  - Endorse the Single Outcome Agreement and submit for approval to the NHS Board as a statutory partner.
  - Ensure that mechanisms are in place to assure the NHS Board that staff, clinical and financial governance is being addressed through the appropriate Governance Committee.
  - Hold the Joint Management Team to account to ensure delivery against key priorities and objectives.
  - To monitor performance of the CHP and progress against the joint outcomes within the SOA.

- Ensure local community and staff engagement and involvement.
- 4.11 The Partnership Board will be chaired alternately between the NHS Forth Valley Board Chairman and respective Council Leader and will meet a minimum of four times a year. The Partnership Board will report to both the NHS Forth Valley Board and to the Local Authority.
- 4.12 Membership of the Group includes, as a minimum :-

***NHS Forth Valley***

NHS Board Chairman  
 NHS Board Chief Executive  
 Non Executive NHS Forth Valley Board Member (Chair of the CHP Sub Committee)

***Local Authority***

Council Leader  
 Local Authority Chief Executive  
 Local Authority Elected Member (e.g .Portfolio Holder for Health & Wellbeing)

*In attendance will be :-*

***NHS Forth Valley***

NHS Forth Valley Chief Operating Officer  
 CHP General Manager  
 Head of Performance Management

***Local Authority***

Lead Officer for Health and Social Care  
 Local Authority Head of Community Care

Each CHP Partnership Board will determine any local additions or amendments to the core membership and anticipated attendance at its first meeting.

- 4.13 Recognising the NHS Reform (Scotland) Act 2004 and the CHP (Scotland) Regulations 2004, NHS Forth Valley has retained its existing **CHP Committee** but has reviewed its purpose and membership accordingly. The CHP Committee will be a Sub Committee of the NHS Forth Valley Board and report formally to the Partnership Board.
- 4.14 The key purpose of the CHP Sub Committee is to build on exiting local knowledge, provide expert advice and to influence the development of local priorities for inclusion within the CHP development plan and broader Community Planning structures, enhancing opportunities for service redesign, quality improvement, reducing health inequalities and maximizing community engagement.
- 4.15 The role of the CHP Sub Committee will be to :-

- To provide assurance to the Community in relation to the operational management, performance and delivery of services within the Community Health Partnership.
  - Inform partnership and integration opportunities both within the NHS, across primary and secondary care and across sectors including local authorities, voluntary sector and the public to improving health and reducing health inequalities
  - To identify local need and maximize opportunities for the public, staff and key stakeholders to participate and influence service planning and redesign, change and quality improvement within the CHP.
  - Influence the setting of local priorities and the development of the Single Outcome Agreement, contributing through the Joint Management Team and community planning structures.
  - To receive reports from the General Manager in relation to operational performance of the CHP and progress against the CHP Development Plan.
- 4.16 The CHP Sub Committee will be chaired by the Non Executive Director of the NHS Board and report to the Partnership Board.
- 4.17 The CHP Sub Committee will meet as a minimum three times a year.
- 4.18 No business shall be conducted at the CHP Sub Committee unless there are present at least one third of the whole number of members of the CHP Sub Committee.
- 4.19 In compliance with statutory regulations the membership of the CHP Sub Committee will comprise as a minimum:-

***NHS Forth Valley***

- A Medical Practitioner ®
- A Registered Pharmacist ®
- A Dental Practitioner ®
- An Ophthalmic Optician ®
- A Nurse ®
- An Allied Health Professional ®
- An officer of the Board representing the APF ®
- An officer of the Board ®
- A registered medical practitioner not providing PMS ®
- A Non Executive Board Member (Chair)
- A representative from Public Health/Health Promotion.

***Local Authority***

- A member or officer of a local authority ®

***Public / Voluntary***

- A member of the Public Partnership Forum ®
- A member of a voluntary organization ®
- ® *In accordance with Regulation*

*In attendance will be :-*

**NHS Forth Valley**

CHP Clinical Lead

Acute Services General Manager

NHS Executive Director

Rep from NHS Communications Dept

Each CHP Sub Committee will determine any local additions or amendments to the core membership and anticipated attendance detailed above.

4.20 Underpinning the Partnership Board and CHP Sub Committee will be a **Joint Management Team**.

4.21 The overall purpose of the Joint Management Team is the operational management of the CHP & routine monitoring of performance against agreed objectives. The Management Team will also be responsible for the production of the Annual CHP Development Plan. The joint management team will ensure linkage to and involvement in the broader community planning partnership structures specific to each Local Authority area.

4.22 The role of the Joint Management Team is to :-

- Maximize the joint delivery of services, promote integration opportunities and promote organizational change capabilities to increase capacity.
- Directly manage the provision of services within the CHP. The CHP General Manager and Local Authority Lead Officer retaining accountability for their respective services and joint accountability for services jointly delivered.
- Ensure mechanisms are in place to involve and engage staff, contractors and maximize participation of the public & voluntary sector in projects, planning and service change and improvement initiatives.
- Ensure, through the General Manager, that compliance with clinical, staff, corporate and financial governance is in place, reporting through the respective NHS Governance Committee
- Input to the joint development of the Single Outcome Agreement and subsequent delivery against key outcomes.
- Monitor and manage the routine financial and operational performance of the CHP in relation to key targets and outcomes detailed in the SOA, taking appropriate measures to ensure targets are achieved and efficient and effective use of delegated resources.

4.23 The Joint Management Team will be chaired by the CHP General Manager.

4.24 The Joint Management Team will meet monthly.

4.25 Membership of the Joint Management Team will include as a minimum :-

**NHS Forth Valley**

CHP General Manager  
 Human Resources representative  
 Finance representative  
 Clinical Lead  
 Nurse Lead  
 Heads of Service as agreed

**Local Authority**

Head of Social Care Services  
 Heads of Service as agreed  
 Others as defined by the needs of each CHP

Each Joint Management Team will determine any local additions or amendments to the core membership detailed above.

**5. Accountability Arrangements**

- 5.1 The relationship between the Partnership Board, The CHP Sub Committee and the Joint Management Team is critical with each group having a specific role to play and contribution to make in achieving the overall aim of the CHP as defined in paragraph 3.
- 5.2 Although clarity around formal accountability and decision making is essential, the interface between these three key groups and indeed community planning structures requires a degree of flexibility. The table below provides a broad framework outlining the roles and linkages envisaged.

<b>Area</b>	<b>Accountability</b>	<b>Accountable to</b>
<b>Priorities &amp; Objectives</b>		
Setting Strategic Direction for the Broader Partnership	Partnership Board	Forth Valley NHS Board and Local Authority
Influencing development of local priorities & objectives	CHP Sub Committee	Partnership Board & Joint Management Team
Production / agreement of CHP Development Plan	Joint Management Team	CHP Sub Committee
<b>Partnerships/Integration</b>		
Strengthening Strategic Partnerships /Integration	Partnership Board	Forth Valley NHS Board and Local Authority

Area	Accountability	Accountable to
<p>Promote and influence opportunities for partnership working and improved integration between sectors and across primary and secondary care.</p> <p>Maximising joint delivery of services and promotion of organisational change capabilities to increase capacity.</p>	<p>CHP Sub Committee</p> <p>Joint Management Team</p>	<p>Partnership Board</p> <p>Partnership Board</p>
<p><b>Single Outcome Agreement</b></p> <p>Endorsing the SOA for submission to NHS Board as a statutory partner</p> <p>Influence Development of SOA / contribution via community planning structures</p> <p>Development of the SOA &amp; subsequent delivery against outcomes</p>	<p>Partnership Board</p> <p>CHP Sub Committee</p> <p>Joint Management Team</p>	<p>Forth Valley NHS Board and Local Authority</p> <p>Joint Management Team</p> <p>Partnership Board</p>
<p><b>Participation &amp; Engagement</b></p> <p>Maximising opportunities for community / staff / primary care contractors engagement, involvement &amp; participation in projects, planning and service design and improvement</p> <p>Maximising the role and influence of the PPF and voluntary sector in planning &amp; delivery of services</p>	<p>Joint Management Team</p> <p>CHP Sub Committee</p>	<p>CHP Sub Committee</p> <p>Partnership Board</p>

<b>Area</b>	<b>Accountability</b>	<b>Accountable to</b>
<b>Performance Management</b>  against SOA/HEAT/CHP Development Plan	Joint Management Team as follows: -  Reporting against high level partnership objectives  Reporting against Broader health related operational management issues  Reporting performance against CHP Development Plan	Partnership Board  NHS Forth Valley Performance Management Group  CHP Sub Committee
<b>Governance</b>  Partnership Governance  Clinical, Staff, Financial Governance	Partnership Board  CHP General Manager accountable via line management structures.	Forth Valley NHS Board and Local Authority  NHS Forth Valley Governance Committees
<b>Operational management &amp; delivery of services</b>	Joint Management Team  <i>Leads for NHS and LA responsible accountable for their respective services and joint accountability where applicable</i>	Partnership Board

## 6. Consultation

- 6.1 This paper and the proposals contained herein have been developed through stakeholder engagement including representatives from local authorities, the voluntary sector, CHP staff, PPFs, and CHP Committees.
- 6.2 In addition to this the emerging proposals were discussed by the G6, comprising Chief Executives from NHS Forth Valley, the 3 Local Authorities, the Fire Service and Police.

6.3 The table below summarises the anticipated benefits of the revised arrangements in response to the issues identified throughout the course of our engagement work.

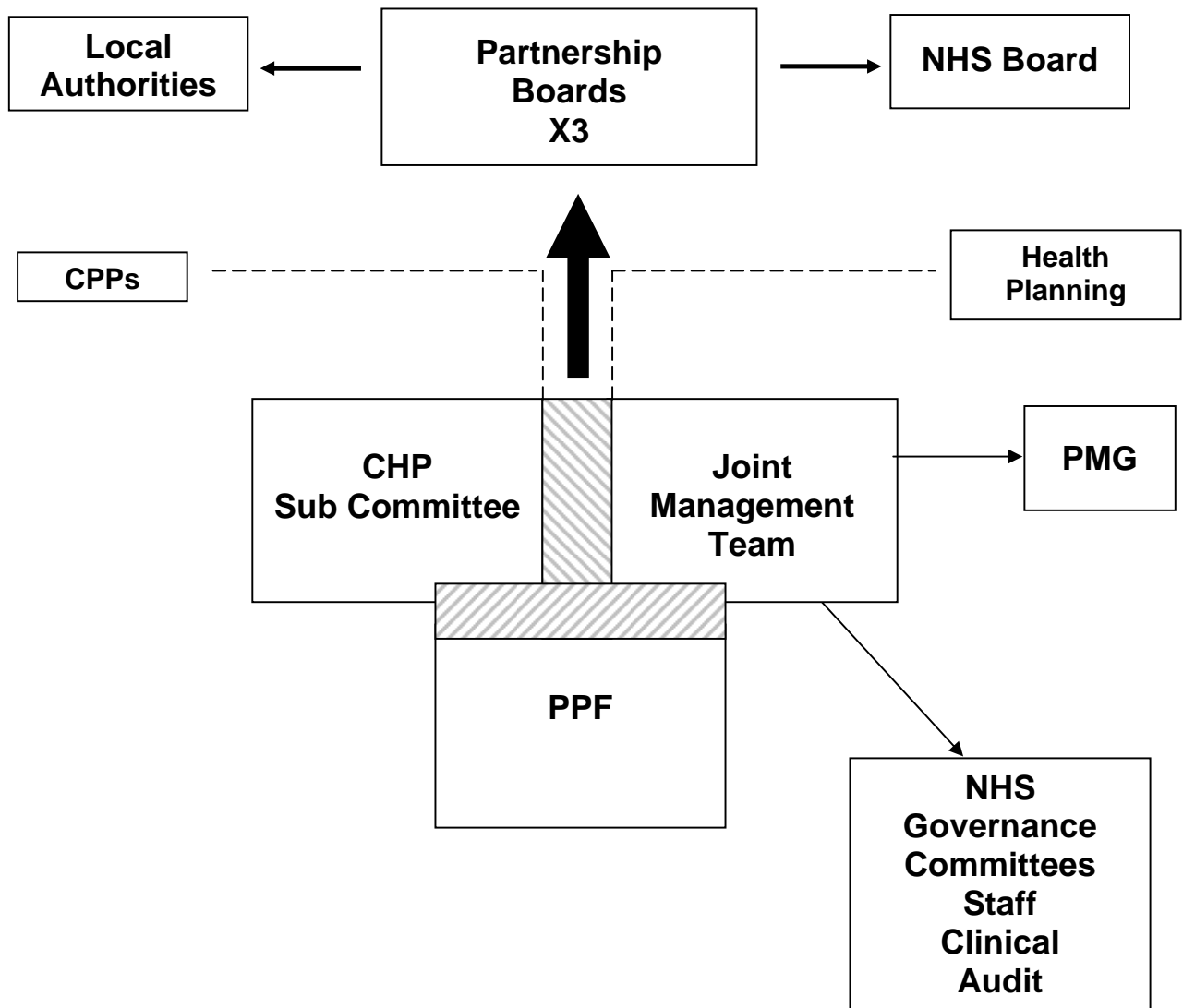
<b>Issues Identified</b>	<b>Anticipated Benefits</b>
Purpose & Role of CHP Committee unclear	The role of the CHP Sub Committee has been clearly defined and articulated, building on existing strengths.
Lack of direct accountability to the NHS Board / Local Authority	The CHP Sub Committee Chairs are NHS Board Members. In addition, each CHP area will have a Partnership Board, directly accountable to the NHS Board and reporting through respective Local Authority routes comprising of senior members of both NHS Forth Valley and the Local Authority including the Chairs and Chief Executive of both organisations. The CHP General Manager is directly accountable through NHS Management Structures to the NHS Board Chief Executive for delivery against objectives. The lead Local Authority Officer is similarly accountable to their respective Chief Executive.
Perceived lack/dilution of influence at the NHS Board.	The views of the CHP Sub Committee will be taken into account by both the Partnership Board and the Joint Management Team. The CHP General Manager being key to this interface. The Sub Committee, through this two way communication channel will have the opportunity to influence NHS Board and Local Authority decision making in relation to care and services delivered by the CHP. In practical terms the new CHP structure aims to strengthen the voice of stakeholders.
Insufficient Local Authority representation and participation	The Joint Management Team will have increased Local Authority involvement with emphasis on joint delivery. The establishment of the Partnership Board will also enhance Local Authority engagement.
Large CHP Committee Membership with limited opportunity to meaningfully participate in delivering change	The wide ranging membership of the CHP Sub Committee brings with it a depth and breadth of expertise. The streamlining of the CHP Sub Committee Agenda will

	ensure active participation and involvement in planning and service design.
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## **7 Conclusion**

- 7.1 There needs to be significant changes to the way in which NHS Forth Valley and each of the Local Authorities work together to achieve appropriate, good quality and sustainable services within the context of the changing financial and demographic landscape.
- 7.2 This shift can only be achieved through effective partnership working across all sectors.
- 7.3 The proposals set out in this paper outline a change to existing CHP arrangements which will give strength to the partnership to enable it to deliver against challenging objectives.

**Partnership Working in NHS Forth Valley  
Proposed Arrangements**



**Notes:**

- **Core Framework – May be minor alterations per partnership**
- **----- working with**
- **———— reporting to**