



Scheme of Establishment for Community Health Partnerships

23 December 2004

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NHS FIFE – COMMUNITY HEALTH PARTNERSHIPS SCHEME OF ESTABLISHMENT

1. INTRODUCTION

1.1 Section 2 of the National Health Service Reform (Scotland) Act 2004 inserts a new section 4A and 4B into the National Health Service (Scotland) Act 1978 and provides for the establishment of Community Health Partnerships (CHPs) by Health Boards.

1.2 Under section 4B(1) of the Act, every Health Board must prepare and submit, no later than 24th December 2004, a scheme for the establishment of one or more CHPs for approval by the Scottish Ministers. The intention is to have CHPs established by 1 April 2005.

1.3 This document constitutes NHS Fife's preferred option for the establishment of 3 CHPs in Fife:

- **Dunfermline & West of Fife**
- **Glenrothes & North East Fife**
- **Kirkcaldy & Levenmouth**

The geographic boundaries of the CHPs within Fife are shown on the attached map (Appendix 1).

1.4 For the avoidance of confusion, this scheme of Establishment uses the term "CHP Committees" when referring to CHPs as standing committees of Fife NHS Board, and "CHPs" when referring to their roles and responsibilities for local planning and delivery of health services, as key elements of NHS Fife's organisational and management structure.

1.5 Unlike most NHS systems in Scotland, NHS Fife's boundaries are co-terminous with those of one local authority (Fife Council). Although NHS Fife is a medium-sized health system in Scotland, Fife Council is the third largest local authority. NHS Fife's organisational arrangements for CHPs recognise this structure.

1.6 The work of the CHPs will be subject to the system-wide governance and oversight arrangements established by Fife NHS Board, through the appropriate Board standing committees, e.g. Finance and Resources Committee, Audit Committee, Staff Governance Committee, Health and Safety Committee, etc. CHPs themselves will come within the existing Performance Assessment structures. These points are taken as read throughout the Scheme of Establishment.

2. STRATEGIC CONTEXT

Community Planning

- 2.1 Partner organisations in Fife* have adopted the Community Plan as the main strategic planning document for Fife and all strategic development and planning links to this.
- 2.2 Structures and processes are in place to support Community Planning (Appendix 2). The Fife Partnership leads Community Planning in Fife supported by five key strategic partnerships:
 - Fife Economic Forum;
 - Fife Community Safety Partnership;
 - Fife Lifelong Learning Partnership;
 - Fife Environmental Network; and
 - Fife Health & Wellbeing Alliance.
- 2.3 These strategic partnerships take responsibility for the direction and implementation of the Community Plan on behalf of the Partnership.
- 2.4 The Health & Wellbeing Alliance takes the lead role for health improvement issues within the Community Planning Framework although other partnerships have an important role to play in health matters. CHPs will play an increasingly strong role in wider community planning Partnerships, e.g. Community Safety, and other key groups e.g. local Regeneration Groups, as part of their health improvement role.
- 2.5 Beyond the five strategic partnerships there are a number of other community planning groups which also play a key strategic role – the Joint Future Strategy and Resources Group, the Fife Child Protection Committee and the Drug and Alcohol Action Team, for example.

Strategic Planning: Whole Systems Redesign Processes

- 2.6 The Scheme of Establishment specifies in this section, but also under particular headings, e.g. Improving Health, how Fife's three CHPs will be involved in NHS Fife's strategic planning, service redesign and resource allocation processes. Clinicians in CHPs will play a key role in all component parts of the planning and redesign process: this section describes these component parts and how they interrelate.
- 2.7 The NHS is a complex organisation, incorporating many different but interconnecting aspects of direct and indirect patient care. Because of this complexity, and also because the NHS essentially operates on a teamwork basis, there are a number of clinical and non-clinical teams and groups, both within NHS Fife itself but increasingly across community planning partners.

* Fife Council, NHS Fife, Fife Constabulary, Scottish Enterprise Fife, CVS Fife, Communities Scotland and Fife's Further and Higher Education Sector

- 2.8 As the key driver for clinical leadership in service redesign, NHS Fife will establish a Redesign Board. This will provide a focus for clinical leadership and clinical strategy as well as redesign. The Redesign Board will have responsibility for prioritising competing clinical redesign proposals, including resource allocation recommendations to Fife NHS Board, through the Service Redesign Committee of the Board and (for joint community care issues) through the Joint Strategy & Resources Group, Health & Wellbeing Alliance, and Children's Services Group as appropriate (see para. 2.14).
- 2.9 Through the 'Right for Fife' process, NHS Fife agreed its strategic direction across six main service areas. Six whole-systems Strategy Implementation Groups (SIGs) have been set up to ensure co-ordination of the work and implementation of the approved strategies. These are for:
- Improving Health/Protecting Health;
 - Children's Services;
 - Adult Services;
 - Older People;
 - Mental Health;
 - Learning Disability.
- 2.10 The overall aims of the six SIGs are to:
- promote health and wellbeing; and
 - ensure the provision of accredited high quality clinical care.
- 2.11 The SIGs report directly into the Redesign Board under this arrangement and, where appropriate, the Joint Strategy and Resources Group. SIG Membership will be reviewed following establishment of the CHPs. The membership of the Redesign Board will be composed of senior clinicians and practitioners across the spectrum of health improvement and service delivery.

Managed Clinical Networks (MCNs)

- 2.12 MCNs are being established across NHS Fife in different ways. Some are internal to NHS Fife, whilst others cover more than one NHS system (e.g. ENT) or are regional in nature (e.g. South East Scotland Cancer Network – SCAN). MCNs' reporting lines are through SIGs, with appropriate links to regional bodies e.g. South East & Tayside Group (SEAT).

Joint Working Arrangements: Planning and Decision Making Processes

- 2.13 Increasingly, NHS Fife is planning and delivering services jointly with Fife Council and other Community Planning partners. This is particularly the case as far as health improvement is concerned, but more and more applies to the work of the SIGs and some MCNs.

- 2.14 NHS Fife and Fife Council have jointly established senior management and governance arrangements for joint decision taking across health improvement, health and social care and children's services. These arrangements involve:
- The **Fife Health and Wellbeing Alliance** (health improvement);
 - **Joint Strategy & Resources Group** and **Joint Senior Management Group** (delivery of all community care services for adults);
 - **Children's Services Group** and local children's services groups.
- 2.15 Membership of these groups is being reviewed to ensure that CHPs are well and appropriately represented. This will ensure that they play a full and equal role with other partners in the priority setting and resource allocation framework.
- 2.16 The **Fife Drug and Alcohol Action Team** (DAAT) is the strategic partnership responsible for co-ordinating the planning and commissioning of drug and alcohol services. Each CHP will designate a member to take responsibility for engaging with other partners in the strategic planning of drug and alcohol services. However, the DAAT is already a partnership of statutory bodies across Fife, reporting to the Board and to Fife Council among others. The evolving CHP role in drug and alcohol services will be within this existing framework.

Links with Fife Council

- 2.17 The following key elements of the CHP organisational arrangements are designed to meet governance needs of both partner organisations, whilst maximising devolution of decision making to CHPs, within the NHS Fife Single System.
- 2.18 Each CHP will have at least one Fife Council member or officer serving on its committee.
- 2.19 CHPs will be integrated into existing Community Planning and Joint Future organisational arrangements as set out elsewhere in this section. Membership of both the governance and management bodies will change in part, in order to reflect the development of CHPs as the key engines for joint working between NHS Fife and Fife Council across the spectrum of health improvement and local service delivery.
- 2.20 Within the three CHPs there will be a strong locality focus, recognising existing working relationships as far as possible, including joint working arrangements with Fife Council.

- 2.21 At this local level, formal links with Fife Council are in place through:
- Six **Local Management Units** (for joint planning, management and resourcing of Older People's services);
 - Four **Area Redesign Teams** (joint working within local mental health services);
 - Three **Community Learning Disability Teams**; and
 - Six **Local Children's Services Groups** (for joint planning of children's services).
- 2.22 The boundaries of these units, teams and groups fit well with the proposed CHP boundaries and whilst no changes are required in the short term, these will be kept under review to ensure service co-ordination is progressed.
- 2.23 For all joint working with Fife Council, formal reporting arrangements will be through the Joint Future process for all community care services for adults and older people, and the Fife Children's Services groups for children.
- 2.24 Detailed joint working arrangements are covered in Section 7, paragraphs 7.11 to 7.19.

Joint Planning – Formal Arrangements

- 2.25 Local joint service plans will be developed for community care services through the joint teams specified above, in line with jointly agreed strategies. These will include the agreement of targets and milestones relating to local outcome indicators, the Joint Future Performance Information and Assessment Framework (JPIAF) and Local Improvement Targets. Health elements will also be included in NHS Fife's Performance Assessment Framework. These will in time be incorporated into the CHPs' performance assessment frameworks.
- 2.26 The annual updating of plans and annual performance reporting requirements will facilitate the regular review, monitoring and updating of priorities, plans and outcome measures and targets. CHP Committees will be responsible for the monitoring of local health services and performance against plans. The Health and Wellbeing Alliance, Joint Strategy and Resources Group and Children's Services Group, as appropriate, will be responsible for the monitoring of performance of joint planning and delivery of services against joint plans on a Fife-wide basis.

Provision of Joint Services – Management Arrangements

- 2.27 The professional supervision of those working in a jointly managed service or a joint service managed by one partner will be undertaken by a senior officer from the individual's own organisation and own profession. Joint services may have a single manager and all staff within the joint service will have managerial reporting lines to that manager. Examples of these

arrangements already exist in Fife e.g. Integrated Response Teams, Enhanced Care at Home and Level III Carers.

3. ORGANISATIONAL ARRANGEMENTS

- 3.1 Each CHP Committee will be a constituted standing committee of Fife NHS Board. Formal Terms of Reference for these Committees in line with (a) Scottish Statutory Instrument 2004 no. 386 and (b) NHS Fife's Code of Corporate Governance (where this is not superseded by the terms of (a)), will be put in place by 31 March 2005 by Fife NHS Board.
- 3.2 The Terms of Reference and suitably amended NHS Fife Code of Corporate Governance will provide a formal Scheme of Delegation to each Committee. The Scheme of Delegation will follow the principles of "Partnership for Care", in that it will include maximum delegation of powers and responsibilities to each Committee for operational planning, decision making and management of the services as defined, all within the overall NHS Fife policies and strategies.

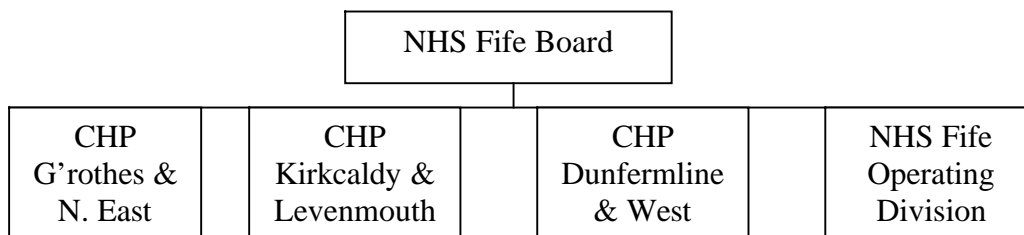
Membership of CHP Committees

- 3.3 Each committee will include, as a minimum, the following persons subject to the specific conditions detailed in Scottish Statutory Instrument 2004 No. 386:
- a registered medical practitioner whose name is on a list of primary medical services performers;
 - a nurse who is registered on the Nursing & Midwifery Council's professional register and who is employed by the Board or a person or body other than the Board which is party to a general medical services contract;
 - a registered pharmacist whose name is included in, or who is fully or substantially employed by a person or body whose name is included in, a pharmaceutical list prepared by a Board;
 - a dental practitioner who is included on Part A of the dental list prepared by the Board;
 - an ophthalmic optician whose name is included on an ophthalmic list prepared by the Board;
 - a person registered as an allied health professionals with the Health Professions Council;
 - a lay member of Fife NHS Board;
 - an officer of the Board who is a member of, or nominated by, the Area Partnership Forum;
 - a member or officer of Fife Council;
 - two members of the Public Partnership Forum;
 - a member of a local voluntary organisation whose activities include the provision of a service similar or related to a service provided by the Board;
 - an officer of the Board; and

- a registered medical practitioner (not providing primary medical services).
- 3.4 The Board may appoint more than one member from the above professions/organisations for each CHP Committee, and may add others as it considers appropriate.
 - 3.5 Fife NHS Board in discussion with staff, relevant committees and organisations will agree the process for determining the appointments and numbers of members for each CHP Committee, and will approve the proposed membership. Non-NHS organisations (e.g. Fife Council) will nominate members of CHP Committees through their internal processes.
 - 3.6 Every person appointed by the Board, other than the General Manager, will as far as practicable, be employed or perform services in, or have a substantial connection with, the area of the Community Health Partnership.
 - 3.7 It is anticipated that local authority membership will be commensurate with its substantive partnership arrangements with each CHP, particularly with regard to significant joint agendas such as Joint Future and Integrated Children's Services.
 - 3.8 Members of the CHP Committee present at committee meetings, who are entitled to vote and who are members or officers of the local authority concerned shall collectively have half of the available votes (excluding the second or casting vote of the person presiding) where an act or question arising before a Community Health Partnership relates to functions which are, or are supposed to be, subject to any arrangements pursuant to Part 2 of the Community Care and Health (Scotland) Act 2002.
 - 3.9 The Board will appoint a Lay Member to be the Chairperson of each Committee and an Officer of the Board (Statutory Instrument 2004 No. 386, paragraph 5.2) to be the General Manager of each CHP.
 - 3.10 The Chairperson will be responsible for chairing the CHP Committee and for developing the CHP as a multi-disciplinary and multi-agency partnership, with a clear focus on the needs and aspirations of the local communities that it serves. The Chairperson will be accountable to the Board Chairperson.
 - 3.11 The General Manager will be accountable to the NHS Fife Chief Executive for the overall management and use of resources within the CHP. The three CHP General Managers will be members of NHS Fife's Strategic Management Team, and will also have cross system Executive Lead roles (to be agreed after appointment).

Organisational Structures within NHS Fife

- 3.12 The current organisational structure within NHS Fife was developed, and continues to be developed, within the principles and guidelines set out in “Partnership for Care”.
- 3.13 Key aspects of the required organisational change arising from the dissolution of NHS Trusts and the establishment of single system working, which were highlighted in the above document, were:
- NHS Board Chief Executive as the single “Accountable Officer” within an NHS system (e.g. NHS Fife);
 - Operational decision making and management should be devolved to, and within Operating Divisions, through Divisional Chief Executives who report directly to the NHS Board Chief Executive; and
 - Community Health Partnerships to be established within each NHS area with a key role in both the planning and delivery of local services.
- 3.14 In line with the above principles and in recognition of the fact that CHPs will have significant management responsibility for Fife’s clinical services, Fife NHS Board will establish one Operating Division alongside three CHPs. The Division will have responsibility for those specialist or Fife-wide services that will not be included in CHPs from 1 April 2005.
- 3.15 Most of the existing Primary Care Division services will become part of the direct management responsibility of Fife’s CHPs on 1 April 2005, but some services will not, either because they are shifting into a Fife-wide approach (e.g. IM&T), or would not be appropriate for a CHP to manage (e.g. Primary Care organisation and support) or because they are likely to move at a later stage.
- 3.16 NHS Fife expects most Acute Hospital services to move into the management responsibility of the single Operating Division on 1 April 2005. Discussions continue on services that should move fairly early to CHPs.
- 3.17 Details of services to be included in the CHPs as from 1 April 2005 are shown at Section 4, paragraph 4.3 to 4.4.
- 3.18 The organisational structure for **operational delivery of services** is as described in the diagram below. CHP sub structures will be developed and agreed once the general managers have been appointed.



(Note: this schematic does not include the NHS Fife Corporate Directorates, e.g. Public Health and Communications)

CHP Involvement in Strategic Planning, Redesign, Joint Working and Resource Allocation Processes

- 3.19 CHPs are to be established as standing committees of the Board, and therefore will work within the strategies, policies and priorities determined by the Board and its partners, both nationally and locally.
- 3.20 CHPs will be fully involved in Fife NHS Board's strategic planning, priority setting and resource allocation for the whole NHS Board and be operationally responsible for implementation and delivery of their part of the overall strategic plans. They will provide leadership for the co-ordination, planning, development and provision of NHS services for their communities.
- 3.21 They will contribute to the overall design of services across the whole system. This will include the provision of acute care, maternity, mental health, children's and community care services with local authority partners so that changes in one service will be less likely to have a detrimental impact on any other, and to increase accountability across services.
- 3.22 CHPs in Fife will be responsible for a significant proportion of NHS Fife's overall funding and resources. This brings with it major responsibilities around corporate prioritisation and responsibility. Decisions around Fife-wide priorities, resource allocation and investment/disinvestment decisions will be taken corporately with full CHP involvement.
- 3.23 CHPs will identify local need and priorities for redesign and may agree local developments and redesign initiatives within their levels of delegated authority.
- 3.24 Where funding required would exceed delegated limits, CHPs will set these proposals on the agenda for the SIGs (see Section 2). Membership of the SIGs and Redesign Board will ensure that priorities are agreed and resources allocated consensually. The same process will apply where priority groups have access to development or "earmarked" funding. Again, CHPs will be fully involved in the corporate decision making processes.
- 3.25 The SIGs, Redesign Board and other priority groups will make priority and resource decisions, as appropriate within NHS Fife's Scheme of Delegation, with the involvement of stakeholders and partners, including the CHPs.

Review of the LHCC Committee

- 3.26 The LHCC Professional Committee has had a role, amongst other things, in advising Fife NHS Board on service design and redesign, commenting on Board proposals and advising on the use and prioritising of resources.

- 3.27 In relation to the CHPs, these functions will in future be delivered through the CHP Chairpersons and one of the Clinical Leads being members of Fife NHS Board. However, the LHCC Professional Committee also acted as a forum for sharing good practice and identifying solutions to problems across the LHCCs. The review of the LHCC Committee has concluded that this latter role needs to continue across the CHPs.
- 3.28 A Co-ordinating Group encompassing representation from the CHPs, and those parts of the Division not yet within CHPs, will therefore be established and the LHCC Committee will be disbanded. This Group will share good practice, co-ordinate work across CHPs and the Division and ensure that CHPs and the Division exercise appropriate governance within their areas of responsibility.

Professional & Clinical Leadership including Lines of Accountability

- 3.29 In line with statutory guidance, there will be a designated Clinical Lead for each CHP. Clinical Leads will have, among other duties to be determined, responsibility for ensuring that:
- local health needs and priorities are identified and integrated strategies developed to address them;
 - clinical and care networks are developed;
 - local clinical governance arrangements are put in place to improve quality and ensure patient safety;
 - multi-disciplinary education and training is promoted; and
 - new contract opportunities are used to develop new models of care.
- 3.30 The CHP Clinical Lead will be a health professional drawn from one of the professional disciplines making up the CHP. The CHP Clinical Leads will be accountable to the CHP Chairperson but will have a professional line of accountability to the relevant Board Director (e.g. Medical Director).
- 3.31 The Medical Director of NHS Fife will work with the relevant Board Directors as appropriate to provide clinical leadership and professional support to the Clinical Leads in the CHPs. Discussion will take place between the relevant Board Directors and the CHP General Managers and/or Clinical Leads on the most appropriate configuration of support to the Clinical Leads.
- 3.32 The CHP Clinical Lead, in consultation with the CHP Committee, will consider whether he/she should be supported by other clinicians leading on areas such as national priorities e.g. Coronary Heart Disease or Health Improvement.
- 3.33 With the disbanding of the LHCC Professional Committee, membership of Fife NHS Board by the Chairperson of the Committee falls by default.

- 3.34 However, in order to ensure the continuity of the clinical voice that the LHCC Professional Committee Chairperson represented, the Board will appoint one of the three CHP Clinical Leads as a Board Stakeholder member.
- 3.35 A review of the senior nursing professional structure in Fife is to be conducted. The review will examine the strategic and operational leadership of the profession, together with the necessary systems and structures required to give both strategic and operational leadership across a single system. Nursing management arrangements within CHPs will be an integral part of this review, which will be completed by 1 April 2005.
- 3.36 Management structures that develop through CHPs will still have professional links to NHS Fife advisory committees.

Organisation and Management Support Arrangements

Public Health and Health Promotion

- 3.37 Designated locality link officers from Public Health and Health Promotion will support CHPs and facilitate access to other public health support functions such as Health Intelligence and Information Services.
- 3.38 NHS Fife's Public Health Department will remain as a central function and each CHP will have designated link consultants. Access to generic public health advice will continue to be through the link officers with specialist advice available from the department as and when required.
- 3.39 The Health Intelligence Team will remain as a central Fife-wide resource within the Public Health department with support provided on request.

Other Support Services

- 3.40 CHPs will receive organisation and management support from system-wide support functions including Corporate Services, Communications, Finance, Human Resources and Organisational Development teams, Operations (i.e. Facilities and Estates), IM&T, Information Services, the Redesign Team, and Primary Care Administration. Where these services are not currently provided Fife wide, this will be reviewed.
- 3.41 In the immediate term, Fife-wide services and functions will be provided from central NHS Fife departments with designated link officers. Wherever feasible, support staff will be co-located with the CHPs.
- 3.42 Within the first year of establishment, CHPs and managers of the aforementioned support services will review the service needs and constraints to identify the most appropriate models of service delivery to support the future development of CHPs.

4. NUMBER, CONFIGURATION AND SERVICES

- 4.1 It is proposed that there will be three CHPs in Fife defined by the population of registered patients for the GP practices contained within each CHP geographical boundary. The table below details the population coverage for each CHP as at October 2004.

| CHP | Boundaries | Population |
|------------------------------|-------------------------------|----------------|
| Glenrothes & North East Fife | Glenrothes & North East areas | 127,284 |
| Kirkcaldy & Levenmouth | Kirkcaldy & Levenmouth areas | 96,894 |
| Dunfermline & West of Fife | Dunfermline & West Fife areas | 139,407 |
| Total | | 363,585 |

Range of Health Services

- 4.2 CHPs in Fife, working jointly with Fife Council and other partners will, on behalf of Fife NHS Board, manage and provide, or have a role in co-ordinating, influencing or directing the delivery of the services and functions detailed below.

Management Arrangements for Health Services

- 4.3 Services currently managed or provided through LHCCs will move into the appropriate CHP from 1 April 2005. These are detailed in the table below:

| |
|--|
| Independent Contractor Services |
| Public Health Nursing (incl. School Nursing Service) |
| Community Nursing |
| Community managed Physiotherapy |
| Community managed Podiatry |
| Integrated Response Teams (health component) |
| Joint Health & Social Care for Older People (health component) |
| Community Hospitals |
| Community Access to Outpatient & Diagnostic Services |
| Support to Community Based Services provided by the voluntary sector |

Hosted Services

- 4.4 In addition, CHPs in Fife will manage the following services on behalf of the whole NHS Fife system:

| Service | Dunfermline & West | Kirkcaldy & Levenmouth | Glenrothes & North East |
|---|-------------------------------|-----------------------------------|------------------------------------|
| Psychology | ✓ | | |
| Community Dental | | | ✓ |
| Community Speech & Language Therapy | ✓ | | |
| Family Planning/Well Woman | | ✓ | |
| Dietetics & Nutrition | | ✓ | |
| Pharmacy Service | ✓ | | |
| Older People Services: | | | |
| • Randolph Wemyss | | ✓ | |
| • Carlyle Ward, Forth Park | | ✓ | |
| • Cameron Hospital | | ✓ | |
| • Lynebank Hospital | ✓ | | |
| Rheumatology Service | | ✓ | |
| Learning Disabilities | ✓ | | |
| Child Health Services | ✓ | | |
| Palliative Care | | | ✓ |
| Community Equipment | | | ✓ |
| Resuscitation Service | ✓ | | |
| Continence Serv (excl. NEF) | ✓ | | |
| Mental Health Services (incl CAMHS and Addiction Service) | | ✓ | |
| Health Promotion | | | ✓ |

- 4.5 Where Fife-wide services are initially being hosted by one CHP on behalf of others, the host CHP has been determined by taking into account the relevant capacity, geographical, historical and clinical factors and will be reviewed to ensure the optimum integration and co-ordination of service delivery.
- 4.6 It is recognised that the organisational arrangements of CHPs will evolve and change. For example, some services hosted by one CHP at the outset may in future change to different arrangements following discussion and consultation among key stakeholders. A review process will be put in place, with the first reviews being completed by September 2005.
- 4.7 In particular, the Health Promotion service will be subject to early review. Health Promotion relates across a very wide spectrum of services, e.g. a strategic interface with Public Health, operational interfaces with health care services and close working with a range of Fife Council departments. A full review of the options for the right longer term place for Health Promotion functions, involving all stakeholders, will therefore be carried out, with a report and recommendations by 30 September 2004.

4.8 Some services require further discussion both within Health and jointly with Fife Council before their final location, management and reporting arrangements can be agreed. These services are as follows:

| Services to be reviewed and require further discussion |
|---|
| Child Health Protection Service |
| Hospital at Home |
| Maternity Services provided in the Community |
| Services for People with Sensory Impairment |
| Respite/Short Breaks |
| Fife Rehabilitation Services |
| Primary Care Emergency Service |

Other Clinical Services

4.9 All the specialist NHS Fife clinical services that are not included in the list of services to migrate into CHPs will be part of the single Operating Division when established. These are mainly acute specialist services. However, NHS Fife is committed to better integration of community and specialist health services, and a process for agreeing the migration of appropriate specialist health services into CHPs, with timescales, has been put in place.

4.10 The following services are being considered :

- Genito-Urinary Medicine;
- Low Vision and low visual aid services;
- Mobility and Rehabilitation Therapy Services (prosthetics, orthotics, bio-engineering etc);
- Dermatology;
- Day Hospital Services for Older People.

4.11 Early consideration is being given to Genito-Urinary and Low Vision services.

4.12 The key factor in this joint determination of specialist services which CHPs should either directly manage or have a lead role in co-ordinating, influencing and directing through appropriate managerial and clinical networks, will be the overall quality of service delivery to patients.

5. FINANCE AND ACCOUNTABILITY

Budgets

- 5.1 A draft schedule of budgets is attached (Appendix 3). Where budgets are currently allocated in a particular way, the schedule reflects that. Adjustments can be made when decisions are taken on the services which are to be transferred to CHPs, and on the location within the CHPs of those services. The proportion of the overall budget will be determined at that stage.
- 5.2 Further devolution of budgets will take place as the range of services encompassed by the CHPs evolves.

Managing the Prescribing Budget

- 5.3 GP Prescribing expenditure is a major influence on the Board's overall financial position. Management of the GP Prescribing Budget will be the responsibility of the CHPs, the budget being allocated to each CHP in agreed proportions.
- 5.4 CHPs will be expected not only to keep their own expenditure within budget limits, but on an ongoing basis to seek efficiency, effectiveness and value for money in prescribing as a contributory factor to overall financial stability. CHPs will also be expected to participate in any Fife-wide schemes to achieve those same aims. Through their General Managers, CHPs will be held accountable for the impact GP Prescribing expenditure has on the Board's financial position.

Mechanisms for CHP Involvement in Resource Allocations / Influencing Integrated Funding Streams

- 5.5 The CHPs will be fully involved as members of the various groups which consider and develop proposals for the use of resources allocated to the Board. In doing so, CHP members will be expected to be mindful of the overall financial position of the Board and to focus their input accordingly. CHP General Managers, as part of their governance role, will have a key part to play in ensuring that the CHP team is fully conversant with the parameters which apply.

Joint Resourcing Arrangements and Financial Frameworks

- 5.6 The Extended Local Partnership Agreement (ELPA) forms the basis of the formal agreement between NHS Fife and Fife Council and outlines the ways in which they will work together to deliver benefits to individuals and their carers through Community Care services.

- 5.7 The ELPA responds to the requirements of the National Circular (CCD 2/2004) by reflecting the need to extend the scope of Joint Future to all Community Care groups from April 2004 and extending the requirement of the Joint Performance, Information and Assessment Framework (JPIAF).
- 5.8 The Fife Joint Strategy and Resources Group approved a Joint Resourcing Budget as part of the ELPA. This is based on the “aligned budget” model, whereby each partner organisation retains budgetary responsibility for their part of the joint budget, but in which arrangements can be made (in particular through use of part 2 of the Community Care and Health Act 2002) for access across joint partners to alignment budgets for better provision of joint services
- 5.9 The financial accountability, governance and decision making for the individual budgets is laid out in the “Joint Future – Financial Regulations” which forms part of the ELPA. These Regulations have been approved, both jointly and individually, by Fife NHS Board and Fife Council. The CHPs will have a strong role within the decision making process for Joint Future arrangements.
- 5.10 These regulations refer back to the two organisations’ own Standing Orders, Standing Financial Instructions, and Financial Operating Procedures, all of which must be adhered to at all times.

Lines of Accountability

- 5.11 Current local management and accountability arrangements will be used as far as practicable to streamline and integrate local decision-making processes and to set CHPs within an explicit accountability framework. These arrangements will be fully compliant with the Board’s Code of Corporate Governance, including Standing Financial Instructions, and the Board’s Financial Operating Procedures, all of which may be revised from time to time.
- 5.12 Whilst the CHP Committees and their Chairs will operate within the governance and strategic/policy framework set by the Board, the line of managerial accountability runs from the CHP General Managers to the Board Chief Executive.
- 5.13 That accountability will include the responsibility for the delegation of functions and resources (under the Community Care and Health Act 2002), aligned budgets, and joint management arrangements.
- 5.14 CHPs will use as part of their performance assessment framework, the NHS Performance Assessment Framework (PAF), the Joint Performance, Information and Assessment Framework (JPIAF), the national user and carer outcomes, and local improvement targets set for the Joint Future agenda.

6. IMPROVING HEALTH

- 6.1 CHPs are based around defined populations and will therefore be well positioned to make a significant contribution to improving the health of local communities, including local areas of deprivation and need, and the most excluded and disadvantaged groups. They will strive to improve health outcomes across communities, working closely with all community planning partners.
- 6.2 To fulfil this role CHPs will work with local partners to:
- support the planning and delivery of health improvement locally;
 - support the delivery of health improvement priorities set by the JHIP;
 - influence and inform health improvement priorities within the JHIP through ongoing needs assessment for local communities, focused on reducing health inequalities;
 - ensure there is a focus for health improvement within their communities, working closely with all partners e.g. Integrated Community Schools;
 - take action locally to promote well being, life circumstances and lifestyles, especially of the most excluded or disadvantaged communities and to empower communities to take greater responsibility for their own health;
 - take action locally, with partner agencies and communities, to improve health and wellbeing and reduce health inequalities;
 - support capacity building for staff to undertake health promotion and public health functions; and
 - develop and manage innovative and effective projects that will deliver health improvement outcomes.
- 6.3 The Health and Wellbeing Alliance (See Section 2) is supported by a Lead Group which is responsible for co-ordinating and supporting the implementation, monitoring and evaluation of the Joint Health Improvement Plan. CHPs representation on both groups will ensure appropriate input at this strategic level.

Joint Health Improvement Plan and Local Health Plan

- 6.4 CHPs will play a key role in shaping the Joint Health Improvement Plan (JHIP). Working with local community planning partners they will ensure that actions identified in the JHIP are based upon the best evidence of action that will, in turn, result in the delivery of health improvement for the community.
- 6.5 These priority actions will be reflected in the Local Health Plan (LHP) developed by NHS Fife, which is subject to annual performance assessment by the Scottish Executive Health Department.

- 6.6 CHP representation on those groups that contribute to the development, review and monitoring of the above plans, particularly the SIGs, will ensure that CHP priorities and plans are established in accordance with those priorities identified in the JHIP and LHP.

Maximising Contribution to Health Improvement & Reducing Health Inequalities

- 6.7 In line with national strategy, Fife NHS Board, Fife Council and CVS Fife are working to develop as health improvement organisations. As part of their work to improve health and reduce inequalities, CHPs will also develop as health improvement organisations.
- 6.8 CHPs will work in partnership to improve health and reduce inequalities. This work will be underpinned by national and regional health and social policies such as “Towards a Healthier Scotland, 1999”, “Improving Health in Scotland: The Challenge, 2003” and the Fife Joint Health Improvement Plan 2003-2006.
- 6.9 Evidence from national programmes such as the National Demonstration Projects will be used to inform health improvement work. CHPs will utilise data on local health needs, local evaluations and levels of deprivation to shape and inform health improvement work.
- 6.10 Health Improvement will feature as a main priority agenda item of the CHP Committee meetings.
- 6.11 The development of CHPs provides the opportunity to build on and strengthen local health and wellbeing networks through integration of designated link officers from Public Health and Health Promotion functions.
- 6.12 A series of workshops is proposed for the first six months of 2005 to take forward structures and systems for local and Fife-wide co-ordination of Health Improvement based on existing strategy and implementation groups and learning from the “Skills for Health” pilot project.
- 6.13 CHPs will build upon work already undertaken e.g. regeneration and social inclusion initiatives, healthy living centres and integrated community schools, and will continue to contribute to inter-organisation collaboration supported by information services, health intelligence and the Data Set Co-ordinator. They will influence health improvement and work to reduce health inequalities through their integration in the community planning framework and local links to initiatives such as regeneration.
- 6.14 NHS Fife’s Public Health Department will support CHPs in health needs assessment, mapping population needs and providing access to training through regular public health tutorials.

- 6.15 These arrangements will be further supported by regular meetings of health and wellbeing networks (which will build on existing arrangements and develop in line with the new arrangements), joint CPD sessions and the development of a Public Health training strategy.
- 6.16 CHP development plans will, through a training needs analysis, identify the training needs and/or staff training and development requirements to support the CHPs in developing their health improvement role. They will also include organisational development and training activities to ensure that all members of staff have opportunities to develop relevant public health competencies for the health improvement agenda and that local team capacity is developed. The recent Skills for Health pilot (which took place in the West Fife LHCC) and the roll out programme will inform this work.
- 6.17 Review of the CHPs' progress in developing their health improvement role and capacity to maximise their contribution to health improvement will be carried out through the Public Health Governance Sub-Committee of the Board. Overall progress will be monitored through the Monitoring and Evaluation Framework developed for the JHIP and the Health Improvement PAF.

7. IMPROVING SERVICES

- 7.1 CHPs in Fife will improve the quality of services within the Community Planning Framework, set out in Section 2, continuing to work with partner organisations through existing arrangements at a Fife-wide and local level in the design, development and delivery of services by:
- developing their enhanced role in service planning and delivery focussing on service integration across community and acute hospital services, and across health and social care for local communities;
 - frontline staff being given the opportunity, skills, resources and encouragement and capacity to introduce different ways of working to improve the care and treatment of their patients and improve the health of their communities;
 - being appropriately placed to meet the increasing challenges of tackling chronic disease with their ability to provide a holistic approach to care when patients present with multiple conditions requiring an integrated response from staff and services;
 - being well placed to identify and address the local needs of minority groups (homeless, disabled, ethnic etc) to deliver better integrated services; and
 - fostering innovation in shaping demand and redesign of Fife-wide and local services through staff development and expanding affiliations between professions.

Outcomes

- 7.2 Each CHP will agree local health service priorities with partners based on needs assessment and will develop expected outcomes and success measures for these and for national priority areas through existing planning arrangements that are influenced by the national agenda.
- 7.3 CHPs working within local planning frameworks will develop local action plans in line with priorities and in line with the Local Health Plan (see para. 6.5). Each CHP will, working jointly with all partners, produce a Local Service Plan which details agreed priorities for action. A number of key areas have already been identified as follows:

Joint Working within the Community:

- develop more responsive and faster access to services for patients and clients through a wide range of professionals using single shared assessment;
- develop more effective networks of community and acute/specialist professionals working within teams to provide care closer to the patient's home;
- reduce the number of people whose discharge is delayed within the hospital sector through development of alternatives to admission and increased provision of a range of services including rehabilitation and integrated response teams;
- improve the management of chronic disease through increasing community based support alongside Fife Council and other services in order to reduce the number of emergency admissions and support general health improvements in this patient group;
- develop local action plans in order to improve the health of the population and reduce the number of emergency admissions and support general health improvements;
- develop local action plans in order to improve the health of the population and reduce the number of premature deaths by preventable disease.

Joint Working With NHS Specialist Services:

- establish formal, effective links with secondary care in Fife and neighbouring boards to promote integrated services across primary and secondary care;
- increase the provision of "one-stop" services in community settings, where clinically appropriate, facilitated by training and resource allocation;
- achieve measurable reductions in waiting times by the use of care pathways, protocols and guidelines with an increase in direct access services to support primary care management;
- actively manage waiting lists using available information to match demand and capacity. Allied to this will be analysis and support to primary care teams to modify existing referral numbers and patterns;
- increased focus on delivering integrated care through the existing managed clinical networks; and
- explore the potential for reciprocal arrangements with regard to representation on management teams and committees.

Local Improvement Targets

- 7.4 Local Joint Future partnerships are required to agree local improvement targets that can demonstrate improved outcomes as a result of better joint working.
- 7.5 Fife's local improvement targets are contained within the Joint Future Performance Scorecard and cover Home Care, Long Term Care, Occupational Therapy, Hospital Care, Delayed Discharges, Single Shared Assessment and Support for Carers. These mainly apply to services for older people.
- 7.6 The Scorecard is an easy way for all partners to access statistical information relevant to community care. The information is currently Fife-wide. However, as time progresses the aim is to develop local targets focused on outcomes and scorecards that will sit alongside the Fife-wide card.
- 7.7 The work on the local improvement targets is focused initially through the LMUs that integrate local authority and NHS services alongside those of the voluntary sector and serve as a key mechanism for service delivery at a local level for adults and older people.
- 7.8 CHPs will work with partners through the LMUs and other local joint teams to set, monitor and review the local improvement targets and will assist in the completion of annual Joint Performance and Information Assessment Framework.

Other Success Measures: Performance Assessment Framework and NHS Fife Performance Indicators

- 7.9 CHPs' progress and success in improving services at a local level will also be measured through a range of methods and tools. These will include staff and patient satisfaction surveys, audits and reviews of areas such as activity and GP referral patterns.
- 7.10 The performance indicators set out in the NHS Scotland Performance Assessment Framework, which also reflect the targets and action in the Local Health Plan, will form the basis for the performance measurement of NHS functions carried out by CHPs. Other NHS Fife performance indicators, agreed by Fife NHS Board, will also be put in place to reflect particular local priorities and anticipated outcomes within NHS Fife's agreed strategies.

Improving Service Quality

7.11 CHPs will make progress towards improving the quality of local services by:

- working with partners and local communities to determine needs and priorities for action through a range of measures including research, audits, needs assessments and patient and staff satisfaction surveys;
- developing service plans which reflect Community Planning objectives and outline priorities and proposed actions, milestones and monitoring frameworks;
- empowering front line staff where appropriate to lead redesign initiatives with devolved budgetary responsibility;
- developing local CHP performance assessment frameworks incorporating the priorities and targets in the Community Plan, Joint Health Improvement Plan, Local Health Plan, Joint Future Extended Local Partnership Agreement and local service plans;
- building upon existing networks which bring primary, community and secondary care colleagues together with local authority and voluntary sector colleagues to promote a corporate vision and agreed priorities;
- taking a person-centred whole system approach to services;
- building upon the joint working arrangements set out in Fife's Extended Local Partnership Agreement, the Joint Health Improvement Plan and Children's Services Plan;
- playing a wider role within Community Planning e.g. in the area of Community Safety;
- developing links with national organisations to ensure knowledge and dissemination of research findings and recognised good practice;
- determining the best patient care pathway for specific client groups and establishing plans for local delivery including the governance and monitoring and evaluation frameworks.

Joint Future Arrangements

7.12 The Joint Future Extended Local Partnership Agreement (ELPA) details the "Partnership Model" adopted in Fife based on aligned budget and aligned management arrangements. The ELPA extended Joint Future arrangements to include all community care services, i.e. Adults and Older People, Mental Health, Learning Disabilities and Drug and Alcohol Services. These services, from the NHS perspective, will be managed directly by CHPs.

7.13 Recent SEHD guidance on the development of local arrangements to deliver the policy objectives of CHPs and the Joint Future ELPA in relation to services for people with learning disabilities and/or Autistic Spectrum Disorder will be considered in this context.

7.14 The LMUs are the key co-ordinating mechanisms for service delivery at a local level for adults and older people's services, particularly with regard to joint planning with Social Work Services.

- 7.15 The proposed CHP areas are aligned with LMUs and each CHP will link to two LMUs within its boundaries. Membership of the LMUs will include strong representation from the CHPs.
- 7.16 It is anticipated that these arrangements will evolve over time with joint discussion at local level determining the most appropriate models for communities involved to address locally determined needs. Local joint team working in Mental Health and Learning Disability will also develop and evolve.
- 7.17 The six LMUs operate on the basis of "twinned" management arrangements. These are the planning and delivery mechanism for local joint management arrangements in Fife. These arrangements will be strengthened by delegation of operational responsibility through aligned management arrangements to the CHP members of LMUs and other teams. Through joint planning and implementation of local plans, health and council services will aim to meet the aspirations of Joint Future and Designed to Care by:
- providing local robust joint management arrangements;
 - allowing decision making to be kept as close to the service delivery point as possible, allowing localities to develop responsive services resulting in jointly redesigned services delivered flexibly supporting local communities;
 - involving local voluntary and private sector organisations; and
 - ensuring wider health improvement objectives are considered within local service delivery systems.
- 7.18 The Fife Partnership will continue to support the development of joint services and where possible through the development of joint teams with joint management arrangements. Community Planning partners have agreed a Framework for Older People's Services which is being used as a resource in providing tools to assist the development of the new joint services which both support the re-balancing care agenda and focus on improved outcomes for users.
- 7.19 The development of Local Improvement Targets has given an opportunity to set a Fife Framework that complements the national JPIAF 10 and 11 indicators. This work will be further advanced to provide performance data to each of the Local Management Units.
- 7.20 Joint working between the statutory community care agencies for services for older people is well established in Fife. The ELPA outlines the expansion of these arrangements to other care groups.
- 7.21 CHPs will contribute to the joint working, resourcing and management arrangements for all community care groups by working as part of these arrangements at a local level.

Integration of Services for Young People and Children

- 7.22 Fife's Children's Services Plan 2004/05 is the first plan to encompass both universal services (Education, Health, Housing and Community Services) together with more targeted or specialist services such as social work, voluntary sector projects, the Children's Hearing System and specialist health and education services.
- 7.23 The plan sets out delivery priorities, the joint framework to allow the redesign and development of local services to achieve outcomes. The next plan for the period 2005-08 is due for publication in April 2005.
- 7.24 CHPs will nominate a lead person who will take responsibility for engaging with partners in the strategic planning of children's services and for the delivery of child health services. The Child Protection Committee for Fife has an established remit and terms of reference and oversees the strategic development of child protection services.
- 7.25 There are six local Children's Services Groups whose boundaries match those of the LMUs and membership will include representatives from the CHPs. The local Children's Services Groups were established in the summer of 2004. They determine both local priorities and co-ordinate action plans within the context of Fife-wide priorities agreed by the Children's Service's Group. The first action plans will be implemented from April 2005.
- 7.26 School liaison groups, or similar mechanisms, bring together local practitioners to co-ordinate early intervention and support children, where required.
- 7.27 The CHPs will also work together with the Chair of the Children's Services SIG, child health services (secondary and tertiary care), primary care services (including independent contractors), respite services, social care, education, other services for children and young people to achieve integrated services for children and young people. This will include:
- a shared vision for children and young people as encompassed in the Children's Services Plan;
 - the CHP role in local children's services groups and associated action plans;
 - effective management arrangements for joint planning and delivery of children's services;
 - child protection services;
 - coherent systems for assessment and sharing information
 - a children's workforce with the necessary skills and qualifications;
 - co-ordinated quality assurance and inspection systems that encourage excellence across children's services; and
 - wider appreciation and recognition of health improvement objectives within local service delivery systems.

8. WORKING IN PARTNERSHIP

Involving Patients, Carers and Communities

- 8.1 CHPs will provide a focus for public involvement with their respective local communities. The duties placed upon NHS Boards to involve and consult the public and promote equality of opportunity will also apply to CHPs. The discharge of that responsibility will be achieved in part through Public Partnership Fora (PPF).
- 8.2 PPFs will be a virtual grouping of existing and developing local networks and organisations that are open to individual patients, carers, community groups and organisations that have an interest in the work of, or receive services, from the CHP.
- 8.3 In line with national guidance each Public Partnership Forum will:
- ensure local people are informed about the range and location of services and information which the CHP is responsible for;
 - engage local service users and carers in discussion about how to improve services and information which are available to enable CHPs to respond to the needs, concerns and experiences of patients, carers and families;
 - support wider public involvement and to seek to make public services more responsive and accountable to citizens and local communities.
- 8.4 In Fife we envisage that the work of the PPF will form an integral part of current involvement structures and processes already established to support and inform the work of the CHP and the wider service planning and delivery agenda. Within Fife, this will also take into account Fife Council's existing community engagement process. This agenda also includes health improvement activity.

Existing and proposed arrangements

- 8.5 NHS Fife has robust public involvement mechanisms in place, however, the establishment of CHPs and their links to local communities will strengthen and enhance overall public involvement in service planning, service change and service delivery or monitoring.
- 8.6 The opportunity to further increase both capability and capacity through current joint working arrangements such as Joint Future, Managed Clinical Networks and Community and Regional Planning is key to delivering sustainable patient focused services through public involvement in the longer term.
- 8.7 Both the existing LHCCs and Divisional Directorates (e.g. Mental Health) have well established mechanisms for Patient Focus and Public Involvement (PFPI). Links across these local processes and the Board are through a recently established Involving People Team. This Team, whose

membership includes members of the public (13 in total), staff from across NHS Fife, and partner agencies, namely Fife Council and CVS Fife, currently has lead responsibility for the delivery of the PFPI agenda.

- 8.8 This remit also includes promoting new ways of working/methodologies including the development of local networks with partners such as Fife Council, the voluntary sector and community groups to maximise both capability and capacity.
- 8.9 The role of this group and how it will then link to the newly established Standing Committee (PFPI) of the Board, CHPs and the PPF is currently being developed with maximum input from the Involving People Team and lay members of the Board. This work will address the equality and diversity agenda of PFPI.

Appointment of PPF Members

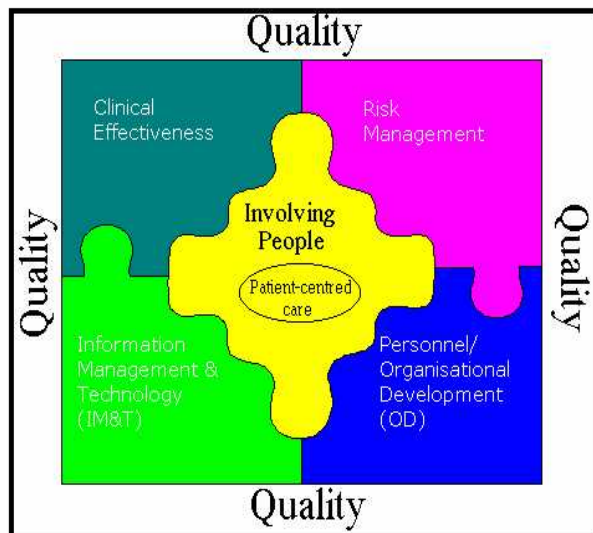
- 8.10 Each CHP Committee will reserve as a minimum two places on the committee for a Public Partnership Forum member. These appointments will follow an open and transparent selection and recruitment process. Local Advisory Councils will play a key role in any recruitment and selection process.
- 8.11 Support to enable the PPF to undertake their role will be on an ongoing basis and will include training and development opportunities for PPF members. It is acknowledged in order for this role to be effective members of the PPF will need access to a number of individuals across the CHP, NHS Board and other key agencies.
- 8.12 The support team working with the PPF in each CHP will assess their training and development needs and action these appropriately. This will enable members of the PPF to gain or enhance their knowledge and understanding of both NHS and Local Authority practice and services.
- 8.13 It is envisaged the support team will comprise staff from across NHS Fife with expertise in PFPI established in such a way that there is appropriate experience in each CHP.
- 8.14 A key contact or administrator will be appointed to support each PPF with links to the General Manager or appropriate delegated member of the CHP. Resources to underpin and support the ongoing sustainability of public involvement in local health system decision making need to be agreed.

Linking Clinical and Care Teams

Clinical Governance – NHS Fife

- 8.15 Clinical Governance is used as an overarching term to describe the cohesive set of clinical management and quality improvement systems being developed by NHS Fife in order to meet its commitment to deliver high quality services.

- 8.16 NHS Fife has used a model to orientate thinking and activity around clinical governance. It includes a complex range of activities including Professional and Staff Development, IM&T, Risk Management, Clinical Effectiveness and the Involving People agenda.



- 8.17 Clinical Governance is seen in the broader context of healthcare governance incorporating the issues of clinical, staff and financial governance. This requires that Health Boards establish an overall Healthcare Governance structure which would bring together at Health Board level, the clinical, staff and financial governance agendas.
- 8.18 The responsibility for maintaining effective arrangements for clinical governance lies with the Chief Executive of NHS Fife. The duty of quality is enforced through two interlinked mechanisms; the Performance Assessment Framework (PAF) and the role of NHS Quality Improvement Scotland. Both are linked to the accountability reviews of NHS Boards.
- 8.19 NHS Fife has a Clinical Governance Committee which is a standing committee of the Board. Other component parts of clinical governance structures within Fife will be reviewed before March 2005. Arrangements with regard to CHPs are shown below.
- 8.20 A Clinical Governance Steering Group (CGSG) will support clinical governance arrangements. It will have representation from CHPs and the Operating Division, NHS Fife Executive Directors, relevant managers and senior clinicians including Public Health.
- 8.21 The professional clinical governance staff group will work together as the Clinical Governance Support Team covering the CHPs and operating Division. Members of this team include:
- clinical effectiveness staff (some of whom are based localities and directorates);

- the research and development co-ordinators;
- the risk management staff;
- administrative staff; and
- staff who support NHSQIS and SIGN guideline related work.

8.22 The output of the CGSG will be considered at the most appropriate Clinical Governance Committee or group as decided by the head of the Clinical Governance Support Team. However the CGSG and the Clinical Governance Support Team report to the NHS Fife Executive Lead for Clinical Governance.

Clinical Governance – CHPs

8.23 CHPs will have local discretion in shaping their activities to meet their duty of quality. They will be expected to demonstrate variation in priorities that reflect local communities' needs and preferences. However, to ensure a consistency of purpose, Clinical Governance objectives should be outlined in NHS Fife's Clinical Governance Strategy and reflected in the development plans of the Operating Division, CHPs and other major services.

8.24 CHPs will therefore develop their own clinical governance arrangements within NHS Fife's overall strategy and agreed processes.

8.25 Each CHP will establish a Clinical Governance Group which will have the responsibility for overseeing the delivery of the Clinical Governance agenda within CHPs. This will include health improvement as well as service delivery.

8.26 The CHP Clinical Governance Groups will report directly to the Chairperson of their respective CHP Committees and, through the Chairpersons, will have a formal link to the NHS Fife Clinical Governance Committee.

8.27 The Clinical Lead within the CHP will be accountable for ensuring local arrangements are sufficient to meet the duty of quality.

Closer Working: Integration of Service Delivery

8.28 Relationships between primary, community and acute/specialist clinicians is continually developing through a variety of forums including the Managed Clinical Networks e.g. for Diabetes, CHD/Stroke ENT and Vascular service and in contributions to planning and strategy groups. Additionally, local clinicians are involved in South East Of Scotland (SEAT) networks e.g. for Neurology and Cancer.

8.29 CHPs will facilitate close working relationships and enable healthcare and other professionals to develop new models of care by:

- devolving appropriate responsibility and budgets to front line staff;

- involving a wider range of clinicians and staff in whole system redesign and promoting closer working with social care managers and professionals;
- jointly agreeing how to deploy development resources to improve service delivery.
- developing and providing network opportunities where staff can explore the incentives for and opportunities to work closer together;
- creating opportunities for much closer working and inter-dependency between all health and social care professionals and teams;
- bringing clinical and care teams together to work as part of a single local health system;
- widening clinical involvement in managed clinical and care networks;
- evolving CHP clinical governance arrangements and care pathways/protocols;
- aligning some specialists more closely with CHPs; and
- encouraging the creative use of consultant job plans to work more closely with community based practitioners.

More Effective Information Sharing

- 8.30 CHPs will contribute towards more effective information sharing between NHS and other agencies via the roll out of electronic information systems.
- 8.31 There is currently a joint manual system for sharing information for Single Shared Assessment that is used by staff in directorates and LHCCs as well as Fife Council. There is also an agreed Information Sharing Protocol to support this.
- 8.32 The development of shared electronic information sharing systems in Fife will be through the e-Care programme. Fife has submitted a funding request to the Scottish Executive, which if successful, will allow this agenda to be moved forward more quickly.
- 8.33 ISSACS is the agreed multi-agency development forum in terms of information sharing with regard to children.
- 8.34 Fife Direct and Agewise are shared information systems which give detail on service provision across agencies.
- 8.35 Electronic Clinical Communication Implementation (ECCI) is a national programme to implement clinical communication between primary and secondary care. Its objectives are to establish electronic results reporting (Laboratory and Radiology), Clinical Messaging (secure email for clinicians), electronic referrals, electronic discharges and remote outpatient booking. Target dates for implementation of the different deliverables in Fife are as follow:
- Direct access to Results Reporting via GPASS/non GPASS practice systems by September 2005;

- Clinical email protocols to allow use by a number of specialties by June 2005;
- Electronic referrals from 30% of practices by September 2005;
- Immediate electronic discharge target is for letters from one specialty by March 2005; and
- No targets have been set for outpatient bookings although this will link with the work being done locally on patient focussed booking.

Involving Staff

- 8.36 Each CHP will continue to build on successful partnerships working locally and evolve further existing arrangements to support front line staff. Staff will continue to be treated as full partners in decisions that affect the planning and delivery of services in line with the objectives set out in “Partnership for Care” and the NHS Staff Governance Standard. Each CHP has a responsibility to ensure that it communicates, consults and involves its staff in all aspects of work.
- 8.37 Each CHP will have a Local Partnership Forum, the membership of which will be determined to ensure that the component parts of the CHP are fully represented. The staff side members will all be NHS Fife employees and accredited shop stewards of recognised trade unions or professional associations.
- 8.38 The Local Partnership Forum will have a responsibility to communicate and consult with staff regarding issues around planning and service delivery being addressed by the CHP and develop ways in which staff can be involved in partnership at the appropriate times and forums. It will also:
- Promote opportunities for staff to be involved in local decision making on the planning and delivery of services;
 - act as a focal and communication point for staff across the CHP to enable staff to contribute to the business of the CHP;
 - provide input to the CHP to ensure that the Staff Governance Standard is implemented locally;
 - ensure full participation in the audit of Staff Governance across NHS Fife including the development and implementation of agreed action plans.

Relationships and Accountabilities

- 8.39 Each CHP will have a Local Partnership Forum chaired on a joint basis between the General Manager and the nominated staff side chair. The staff side chair will be a full member of each CHP committee.
- 8.40 The Area Partnership Forum will establish Key Principles for local partnership arrangements. Each Local Partnership Forum will be required to submit their proposed partnership agreement for approval by the Area Partnership Forum.

- 8.41 The co-chairs of each of the Local Partnership Forums will be full members of the Area Partnership Forum. The staff side chair will be approved by the Area Partnership Forum.
- 8.42 The staff side chairs of the Local Partnership Forums will be members of the NHS Fife Staff Governance Committee.
- 8.43 As a member of the CHP Committee the Local Partnership Forum staff side chair will:
- be responsible to the staff side of the Local Partnership Forum;
 - provide a staff perspective on redesign and service delivery;
 - be a full member of the Area Partnership Forum;
 - represent the views of the staff side of the Local Partnership Forum to the CHP where necessary and appropriate.

Links with Joint Future Staff Partnership Arrangements

- 8.44 Fife currently has a Joint Future Partnership Forum, the primary function of which is to facilitate change within the context of national and local initiatives linked to the Joint Future and joint community-care agendas, bringing together management and employees in a partnership approach.
- 8.45 Each of the staff side chairs of the Local Partnership Forums will be a member of the Joint Future Partnership Forum.

Working with the Voluntary Sector

- 8.46 There are over 1500 voluntary organisations in Fife, ranging in size from clubs and societies run purely by volunteers to relatively large companies such as housing associations employing over 50 staff and a financial turnover of over £1m.
- 8.47 National figures indicate that Fife's voluntary sector employs c 3,500 FTE employees and c 21,000 volunteers. As well as being a provider of services and volunteering opportunities, the sector is therefore a significant employer in Fife, and a provider of employment training.
- 8.48 The voluntary sector plays a crucial role in identifying and meeting health needs within communities, making primary and community services more accessible to members of the public and in increasing public involvement in the planning and design of services. It is essential, therefore, that appropriate mechanisms are developed and resources identified that will support the effective engagement of the voluntary sector in CHPs.
- 8.49 Council for Voluntary Service (CVS) Fife is one of approximately 58 CVS organisations and a member of CVS Scotland, the national network. A member of Fife Partnership, the Community Planning strategic group, CVS Fife is responsible for facilitating the involvement of voluntary sector service providers in Community Planning processes.

- 8.50 Currently, this is achieved through three voluntary sector forums - Fife Voluntary Sector Children's Forum, Fife Voluntary Sector Health & Social Care Forum and Fife Voluntary Sector Lifelong Learning Forum. Supported by CVS Fife and open to voluntary organisations throughout the region, full Forum meetings are held on a quarterly basis.
- 8.51 Forum representatives are already engaged in joint initiatives such as Joint Future and the integration of children's services. The Forums are currently developing processes and procedures that will support effective representation and accountability. Through these Forums, therefore, CVS Fife will identify, support, and develop knowledgeable people who can articulate the interests of the sector locally within CHPs. A representative elected by these Forums will sit as a full member on each CHP Committee.
- 8.52 It should be acknowledged, however, that the voluntary sector has no obvious hierarchy and is complex in its makeup. As a result local voluntary sector networks and structures supporting health, social care and wellbeing will not claim to fully represent the sector; instead they will identify and articulate the priorities that the sector has in common.
- 8.53 Equally, it is acknowledged that individual organisations within the voluntary sector have great pride in their independence and their own unique identity. Whilst many may wish to align themselves with Fife's voluntary sector forums, it must be remembered that they are independent organisations and the work that they undertake may only be one part of their own work plan and accountability framework.

9. BUILDING WORKFORCE CAPACITY

Priority Organisation Development Areas

- 9.1 The priority development areas for CHPs in Fife will include:
- promoting joint learning opportunities e.g. building upon existing protected learning time schemes;
 - developing roles and extending scope of roles and skill mix to improve service design and delivery;
 - developing roles to maximise contributions to health improvement agenda;
 - developing the opportunities offered by new contracts to develop new ways of working;
 - contributing to local workforce planning to support new models of care and service delivery.
- 9.2 In order to deliver the functions devolved to them and improve services and patient care, CHPs will require significant and sustained organisational, leadership and management development support. The attached

development plan describes the nature and extent of the development support to be put in place to support the evolution of CHPs in Fife.

Workforce Planning and Development

- 9.3 NHS Fife has an integrated approach to workforce planning. The CHPs will be part of NHS Fife's Workforce Planning Group. This Group has the responsibility for overseeing all of the workforce planning and development for NHS Fife.
- 9.4 It also ensures that NHS Fife's approach to workforce planning is fully engaged with the regional and national planning agenda for NHS Scotland and is working closely with Fife Council through Joint Future. The Employee Director is a member of this Group.
- 9.5 The Nurse Workforce Planning sub group has a specific role to take forward the "Facing the Future" agenda. Each CHP will be represented on this sub group by a senior nurse who will ensure that planning and development issues for nursing are fully integrated within the NHS Fife Nurse Workforce Plan.
- 9.6 The Medical Workforce Planning sub group has a specific role for the medical work force planning and development. As part of its remit it is considering the workforce planning issues within the GMS and Consultant contracts along with Modernising Medical Careers. Each lead clinician from the CHPs will be a member of this sub group.

10. STAKEHOLDER INVOLVEMENT

- 10.1 A number of different methodologies and forums have been used to date to inform and involve partners and stakeholders in the development of CHPs in Fife. These are detailed in Appendix 4.
- 10.2 Further involvement and awareness raising events will be held over the period January to March 2005 as Fife moves towards the establishment of CHPs, the migration of services, and the continued development of single system working in NHS Fife.

11. DEVELOPMENT PLAN

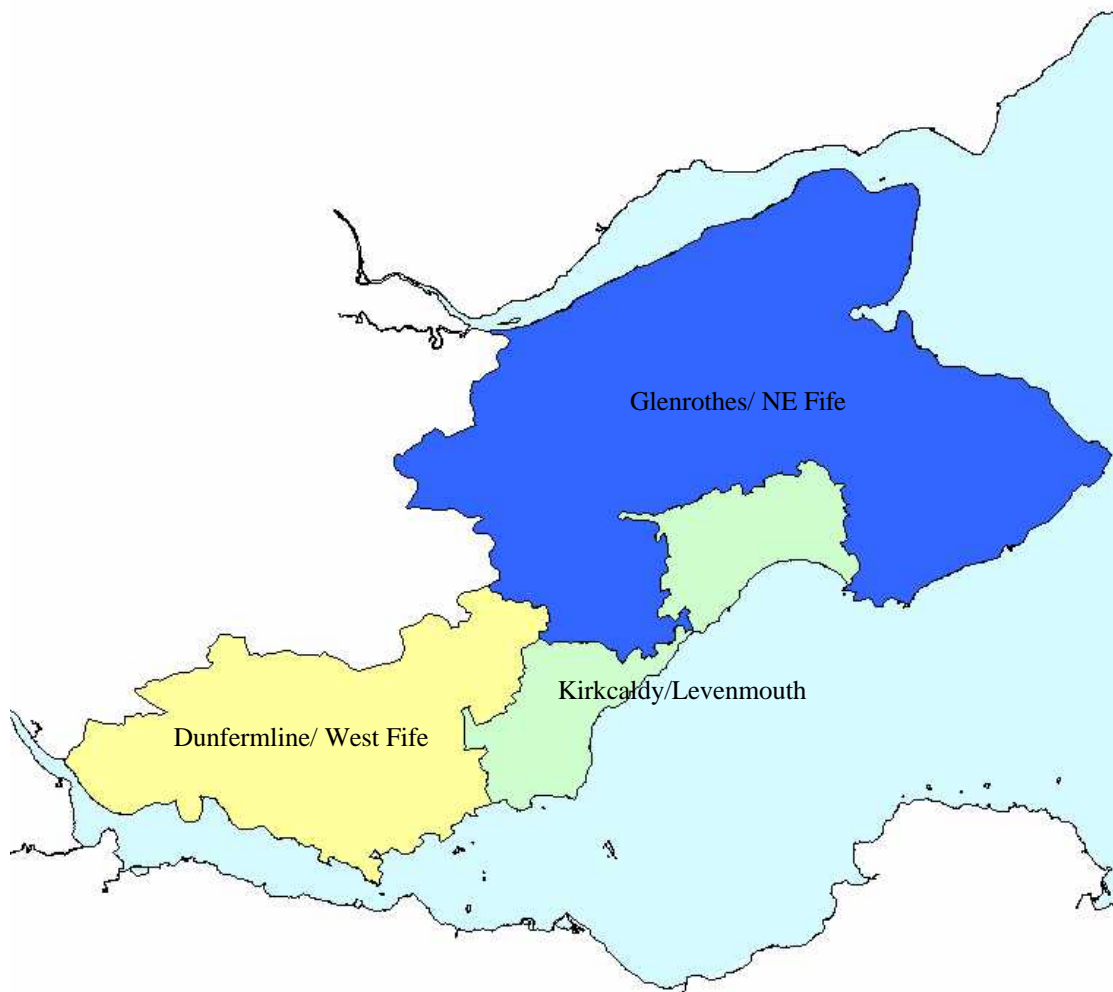
- 11.1 An Implementation Group will oversee the operational implementation of the CHPs on behalf of NHS Fife. This Group will report to the Board through the Strategic Management Team.
- 11.2 The introduction and development of CHPs will be supported by a robust Development Plan. This covers areas such as :

- Appointment of chairs, general managers and clinical leads
- Transitional arrangements
- Process and timescale for review of services
- Further developing leadership skills
- Further developing relationships with partner organisations
- Linkages into NHS Fife wide single system review process

11.3 It must be emphasised that throughout the implementation process, as with previous changes to structures, existing arrangements will remain in place until agreed changes can be introduced in an orderly way and on a firm basis which meets Governance Standards. An example of this transitional process is the development of Clinical Governance arrangements within CHPs.

11.4 The Development Plan as set out in Appendix 5 is a live document which will change over time as the Implementation Group fulfils its brief to bring CHPs into being and looks ahead to the next stages of development once CHPs are formally established on 1 April 2005. The Implementation Group will also look to emerging good practice across Scotland to inform this Development Plan.

**Fife NHS Board
CHP Boundaries**



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APPENDIX 2

Partnership Diagram

Key to partnership diagram

The Fife Partnership has lead responsibility for community planning in Fife, directs action and monitors progress toward achieving the Fife Community Plan.

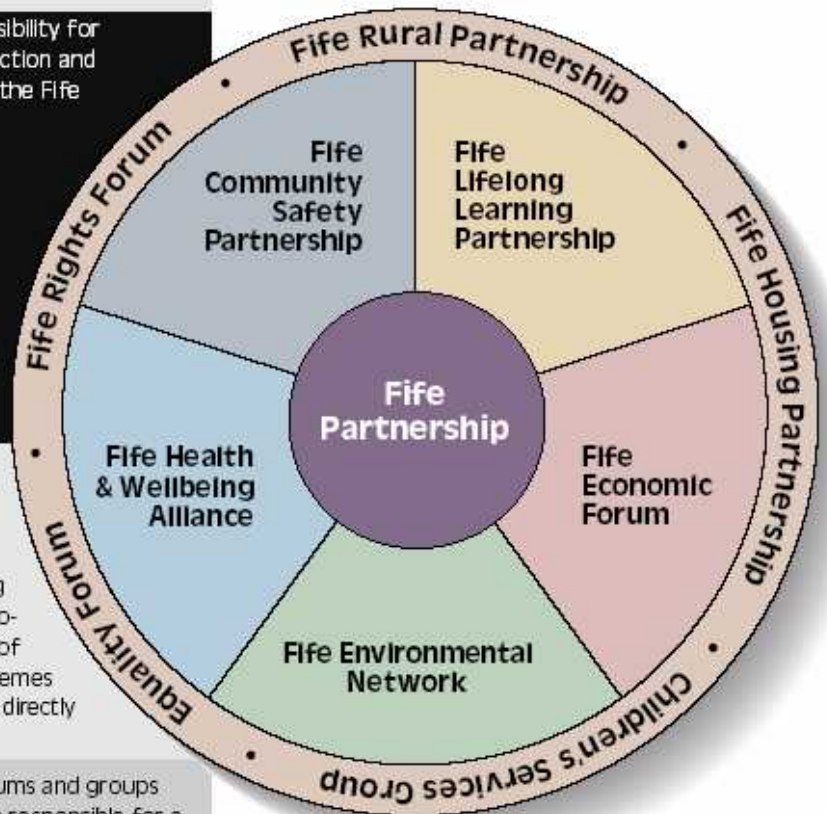
The Partner Agencies are:

- Fife Council
- Fife Constabulary
- NHS Fife
- Scottish Enterprise
- CVS Fife
- Communities Scotland
- Fife's Further & Higher Education Sector

The five Strategic Partnerships (Fife Economic Forum, Fife Environmental Network, Fife Health and Wellbeing Alliance, Fife Community Safety Partnership and Fife Lifelong Learning Partnership) have responsibility for co-ordinating the work of a wide range of partners to take forward the main themes of the Fife Community Plan and report directly to the Fife Partnership.

The 'cross-cutting' partnerships, forums and groups in the outer circle of the diagram are responsible for a range of activities across the community planning themes. The effective working of these groups contributes to achieving the goals outlined in the Community Plan.

All of these partnerships and groups continue to work together to achieve Fife's community planning objectives and there are many other partnerships and organisations in the public, private and voluntary sector working to ensure a stronger future for Fife.



APPENDIX 3

CHP BUDGETS Based on FYE 2004/5

| | Total | D'Line & West | Kirkcaldy & L'mouth | G'rothes & North East | Balance |
|--|----------------|---------------|---------------------|-----------------------|--------------|
| | £k | £k | £k | £k | £k |
| Direct Services | | | | | |
| Family Health Services | 57,252 | 22,569 | 15,378 | 19,305 | |
| Prescribing | 61,451 | 22,591 | 18,285 | 20,575 | |
| Mental Health | | | | | |
| Mental Health Directorate (incl. Addictions and CAMHS) | 24,777 | | 24,777 | | |
| Specialist Services | | | | | |
| Learning Disability/Care of Elderly | 6,451 | 6,451 | | | |
| Child Health | 3,601 | 3,601 | | | |
| Cameron Hospital | 3,022 | | 3,022 | | |
| Randolph Wemyss | 1,403 | | 1,403 | | |
| Carlyle Forth Park | 629 | | 629 | | |
| Palliative Care | 650 | | | 650 | |
| Community Equipment | 245 | | | 245 | |
| Rheumatology | 709 | | 709 | | |
| Administration/General | 505 | | | | 505 |
| Allied Health Professionals | 458 | | | | 458 |
| Health Promotion | 1,145 | | | 1,145 | |
| Dunfermline LHCC | | | | | |
| Core Clinical | 3,327 | 3,327 | | | |
| Psychology | 1,966 | 1,966 | | | |
| SALT | 1,891 | 1,891 | | | |
| Glenrothes LHCC | | | | | |
| Core Clinical | 4,299 | | | 4,299 | |
| Community Dental | 1,964 | | | 1,964 | |
| Kirkcaldy/Leven LHCC | | | | | |
| Core Clinical | 6,567 | | 6,567 | | |
| Family Planning | 490 | | 490 | | |
| Dietetics | 802 | | 802 | | |
| North East Fife LHCC | | | | | |
| Core Clinical | 8,521 | | | 8,521 | |
| West Fife LHCC | | | | | |
| Core Clinical | 4,116 | 4,116 | | | |
| Continence Service | 623 | 623 | | | |
| Pharmacy Services | 716 | 716 | | | |
| Total Direct Services | 197,580 | 67,851 | 72,062 | 56,704 | 963 |
| Potential Inclusions | | | | | |
| Nursing | 1,077 | | | | 1,077 |
| Primary Care Admin | 416 | | | | 416 |
| PC Emergency Service | 2,908 | | | | 2,908 |
| Rehabilitation Services | 964 | | | | 964 |
| Total Potential Inclusions | 5,365 | | | | 5,365 |

CHP INVOLVEMENT AND INFORMATION EVENTS

The following are indicative of the type and range of events which have been ongoing across Fife.

| Date | Event Details | Participants |
|-------------------------------|---|--|
| Oct 2003 to date | Discussions at LHCC Board and Executive Team meetings | LHCC Board and executive Team Members |
| Oct 2003 to date | Existing networks, management, staff and professional team meetings | LHCC Staff, Management Teams and partners, clinical directorates |
| Oct 2003 to date | Staff newsletters and internal web sites to keep staff informed and up to date with progress | Staff and wider distribution within NHS and partner organisations and networks |
| December 2003 to date | Variety of LHCC, LMU and SIG away days and workshops | LHCC and LMU staff and partner/ stakeholder organisations |
| May 2004 | Fife-wide Stakeholder Day | Staff, Board officers and members, public and partner organisations |
| August 2004 | Establishment of CHP Development Group: Workshops throughout August – December 2004 | LHCC staff, managers, public, staff-side, local authority, representatives from the acute & primary care divisions & voluntary sector |
| Aug 2004 to date | Variety of presentations to professional advisory groups, joint planning forums, Fife NHS Board and NHS divisions' operational teams | |
| September 2004 to date | Staff involvement exercises | |

CHP Development Plan

| OD Priority | Significant Theme | Action | Process | Lead Person | Timescale |
|---|--------------------------|---|---|--------------------|------------------|
| Developing and embedding governance requirements | Corporate governance | <p>Through the corporate governance function of NHS Fife, the NHS Fife Board Chair and Chief Executive will, as appropriate :</p> <ul style="list-style-type: none"> • Examine and develop overall management and organisational arrangements to ensure they are "fit for purpose" • Seek NHS Board approval as necessary • Involve and disseminate organisational arrangements / reporting mechanisms to all parts of NHS Fife, including CHPs and the single system operating division to ensure clarity | <p>The CHP Implementation Group will:</p> <ul style="list-style-type: none"> • work with the Board in its development of arrangements for the appointment of CHP Chairs • work with the Board and Financial Services to develop CHP budgets and financial frameworks, including appropriate finance staffing support arrangements for each CHP. • work with the Board to develop CHP structures and mechanisms to ensure appropriate reporting / accountability arrangements are in place • support each CHP committee in the implementation of the formal scheme of delegation as determined by the Board through the Fife Code of Corporate Governance • work with others to review the role, linkages and membership of key strategic groups such as the Fife Health and Wellbeing Alliance, Joint Strategy & Resources Group, Children's Services Group to ensure effective organisational arrangements/communications | Dr Elliot | January 2005 |

| | | | | | |
|--|--------------------------|--|---|------------------|--|
| | Building on Joint Future | <p>Clarify the relationship of Local Joint Teams, including Local Management Units, Local Children's Service Group, etc to CHPs, aligning the governance frameworks as appropriate.</p> <p>Review the role of joint future management groups in relation to CHP committees.</p> <p>Review the role of the Joint Future OD sub group and how this relates to the development of CHPs.</p> | <p>Through the joint future structure, ie Joint Senior Management Group and Joint Strategy and Resources Group. This will include developments sessions involving CHPs</p> <p>Local joint teams, including the Local Management Units which reflect CHP boundaries and the Local Children's Services Groups will, through the Joint Future governance structure process, review and agree future working relationships and arrangements</p> | Mrs Adamson | <p>January 2005</p> <p>February 2005</p> |
| | Clinical Governance | <p>Need to ensure awareness of the current Corporate and clinical governance arrangements and requirements. Discuss proposed CHP Clinical Governance framework and how it will interact with NHS Fife Clinical Governance framework. Determine arrangements for establishing the CHP clinical governance groups in the system and agree how these will be populated by the CHPs. Discuss how the NHS Fife Clinical Governance Support team can provide advice and support to CHPs.</p> | <p>Initial stakeholder conference for all 3 CHPs.</p> <p>Establishment of CHP Clinical Governance Groups/transitional arrangements through existing PCD Committee</p> | Dr Gordon Birnie | February 2005 |
| | Staff governance | <p>Develop framework and systems to ensure compliance with staff governance requirements</p> <p>The HR Service will develop arrangements for the appointment of General Managers and Clinical Leads</p> | <p>Clarify the process for the development of CHP local partnership forums and the linkages with the area partnership fora and joint future joint staff partnership forum.</p> <p>Appoint staff side rep to CHP committee</p> | Mrs Rona Webster | Jan-April 2005 |

| | | | | | |
|---------------------------------|---|---|---|-------------------|-------------------------|
| | | <p>Develop local partnership fora within CHPs</p> <p>Develop communication strategy to ensure all staff are kept informed</p> | | | |
| Migration of Services | | <p>The CHP Implementation Group will:</p> <ul style="list-style-type: none"> work with each CHP and the services to be considered for migration to develop implementation plans for migration of services <p>For all services that migrate the following is required:</p> <ul style="list-style-type: none"> clarity of reporting mechanisms review, development and agreement on role and responsibilities of local managers clarity of professional links/accountabilities for clinicians develop process for review of migration arrangements | <p>Each service identified as migrating will be offered OD intervention and support to ensure effective transition</p> <p>1st review to be completed by 1 September 2005. Further review by 31 March 2006.</p> | Dr Frances Elliot | February 2005 – ongoing |
| Learning and development | CHPs have the skills and resources required to fulfil potential | <p>Develop effective performance management systems to support the achievement of corporate priorities</p> <p>Support appraisal and PDP processes at all levels within the organisation.</p> <p>Ensure all professional and clinical staff are equipped with the required knowledge and skills to provide quality services, and to develop and enter enhanced roles where required.</p> | <p>Ensure that all staff have personal development plans</p> <p>Continue to utilise and develop existing appraisal systems</p> <p>Support all staff to undertake appropriate CPD activity to meet professional development requirements</p> <p>Courses are delivered on a monthly basis, and are also available for delivery to clinical teams within the workplace on request.</p> | Mr David Christie | Ongoing |

| | | | | | |
|--|-------------------------------------|---|---|--|--|
| | | <p>Redesign and Clinical Governance Training Programme</p> <p>Identify priority learning and development needs of staff within CHPs and resources available to deliver</p> <p>Ensure continuing access to a range of learning and development provision from central services – NHS Fife OD and Learning Departments / Primary Care Nurse Development Team etc.</p> | <p>Develop high level learning plans based on constituent training plans / PDPs mapped against CHP service priorities</p> <p>Well publicised and communicated range of programmes available on a regular basis or on request</p> | | |
| | Leadership / Management Development | <p>Creation of an enabling and supportive development culture which recognises leadership as empowering and enabling</p> <p>Identify the leadership qualities and competencies required of the CHP senior positions and the leadership development needs of CHPs leaders</p> <p>Ensure appropriate learning and development opportunities (formal and informal) are provided and support and resources are available</p> <p>Develop a framework to provide leadership / management development support to address specific issues</p> | <p>Cultural change / OD interventions are normative within the organisation</p> <p>Scoping exercise using national leadership framework and the forthcoming NHS 360degree appraisal instrument</p> <ul style="list-style-type: none"> • CHP Development Programme • Fife Multi-agency Leading and Learning Programme • National leadership development programmes <p>Provision of internal short courses, informal learning opportunities , management networks, action learning sets, secondments etc</p> <p>Redesign training modules</p> <p>Change management development programme</p> | | |

| | | | | | |
|------------------------------------|---------------------------------|--|--|----------------|--|
| | | <p>Develop and provide a range of management development programmes to support CHP managers and clinicians</p> <p>Ensure all lead CHP managers and clinicians possess the requisite management of change skills</p> <p>Ensure skilled OD support in facilitation and change management is available to support CHP development, both through provision from the OD Dept, and from increasing OD capacity and skills within the CHPs themselves</p> | <p>Coaching courses and coaching networks / Facilitation courses – both accredited modules and short courses are available</p> <p>OD network being established for ongoing CPD in sphere of OD and change management</p> | | |
| | Learning and Development Plans | To develop comprehensive CHP learning plans to ensure “fit for purpose” | Each LHCC currently has a learning and development plan. These will be used to capitalise on the information and knowledge currently available to determine 3 x CHP ones. | | |
| Health Improvement Strategy | Skills for Health events | Co-ordination of Health Improvement locally will be supported by a series of workshops to take forward structures and systems for local and Fife-wide co-ordination based on existing strategy and implementation plans and learning from the "Skills for Health" pilot in West Fife LHCC. | Facilitated events for each CHP. Will explore the opportunities for external facilitation support also. | Dr L MacDonald | Submit application 24.12.04 Jan to June 2005 |
| | Public Health Training Strategy | CHPs have the skills and resources to function as health improvement organisations. An important requirement of each CHP is to develop as health improvement organisations. | This will be supported by a review of the information collected in the training needs analyses which have already been carried to ensure the CHPs have the skills and resources to fulfil the potential for local | | |

| | | | | | |
|---------------------------|--|---|--|------------------|------------|
| | | <p>professional links to appropriate NHS Fife advisory committees</p> <ul style="list-style-type: none"> • to each CHP in identifying the development needs of new CHP Management/Professional support teams • for Senior Management in the cross fertilisation of challenges and opportunities relating to new structures and relationships – particularly in the early stages of implementation | | | |
| | Developing effective operational systems and processes within CHPs | Clinical leads and general managers (when appointed) will work with the CHP Implementation Team to develop appropriate operational systems and processes | The CHP Implementation team will use the existing skills with NHS Fife to develop systems that support operational delivery and governance responsibility | | Ongoing |
| <i>Involvement</i> | Staff | <p>To develop a staff communication plan to inform and engage staff throughout the implementation phase of CHPs</p> <p>To ensure the involvement of independent contractors also</p> <p>To support CHPs in retaining engagement of primary care contractor services and other key stakeholders as necessary.</p> | Work with corporate services / HR / Communications to devise and implement communication mechanisms | Mrs Rona Webster | Ongoing |
| | Communities | Oversee and support CHPs in establishing Public Partnership Fora | CHPs to agree with communities and partners arrangements for delivering the communication and involvement functions of the CHP whilst recognising PPF alone will not necessarily enable a CHP to fulfil its statutory duties to involve and promote equal opportunities. | Mrs Cathie Cowan | April 2005 |

| | | | | | |
|----------------------------|------------------------------|---|---|-------------|---------------------|
| | | | <p>The PPF as a virtual group open to individual patients and carers, local networks, groups and organisations that have an interest in the work and services provided by the CHP should be defined. Linkage with Fife Council/public engagement mechanisms.</p> <p>Agree and establish communication links with the PPF and others.</p> <p>Recruit PPF members.</p> <p>Identify 'support team' that will work with PPFs to assess their training needs and provide admin support to enable PPFs to fulfil their role.</p> <p>Identify Administrator within each CHP who will be responsible for the co-ordination of the 'support team' within each CHP.</p> | | |
| Partnership Working | Determining local priorities | <p>The CHP Implementation Group will work with each CHP and partners to define local priorities, outcomes and targets including :</p> <ul style="list-style-type: none"> • The development of local service plans for community care services • How the CHP will improve patient care and how they will agree targets, actions and timescales (including relevant parts of acute services both in relation to improving health and health services) | <ul style="list-style-type: none"> • Review of Strategic Planning/Redesign Bodies, e.g. SIGs, Redesign Board, etc. to ensure CHP involvement. • Development of local priorities within NHS Fife strategies and national targets/priorities. • Performance management mechanisms aligned to PAF, JPIAF, etc. | Dr F Elliot | Ongoing from Jan 05 |

| | | | | | |
|--|---|--|---|--------------------|---------------------|
| | | <ul style="list-style-type: none"> To agree local and Fife wide outcomes and targets specific to Fife's population and circumstances Defining redesign priorities and local developments. | | | |
| | The Voluntary Sector | <p>To capitalise and continually build on the links with the voluntary sector at all levels.</p> <p>To ensure that each CHP works with the wider voluntary sector (not only the CVS) to ensure they can participate.</p> <p>To ensure frontline staff have a good working knowledge of local voluntary networks/organisations and consider how their vast knowledge and experiences can be integrated with the work of NHS Fife and community planning partners.</p> | Define how the relationship with the voluntary sector will work in practice with each of the CHPs | Mrs Alison Cameron | Ongoing from Jan 05 |
| | Partners within Health - the acute sector | <p>Further consideration of services that could potentially migrate</p> <ul style="list-style-type: none"> 2 way communications and dialogue Acute representation on all CHP committees and vice versa | | | |
| | Across CHPs | <p>The CHP Implementation group will :</p> <ul style="list-style-type: none"> Support the establishment of a co-ordinating group across all CHPs and services to be considered for migration, ensuring the exercise of appropriate governance, sharing of good practice | | | February 2005 |

| | | | | | |
|--|-----------------------------|---|---|------------------|-----------------------|
| | Links between CHPs and MCNs | Develop mechanisms which strengthen the seamless delivery of clinical and care networks | Build linkages with MCNs and SIGs as appropriate in Fife. | | |
| Workforce Planning | Changing Roles | To develop and deliver effective workforce planning and development arrangements which support service strategies and redesign arrangements. | Underpinned by a stakeholder engagement process. Underpinned by learning and development plans. | Mrs Rona Webster | |
| Monitoring and review of the development plan | | Delivery of the Development Plan will be integrated in to NHS Fife Performance Review processes. The CHP Implementation Group, led by the Board Medical Director, supported by the Director and the Head of OD will maintain a focus on the development of the system and delivery of the Development Plan. | A review of progress involving all partners is undertaken after one year of operation of the CHPs. The process will be developed collaboratively with our partners. | Dr F Elliot | Ongoing to April 2006 |