

Date: Thursday 12 February 2004
Venue: Committee Room 3, National Assembly for Wales
Title: Review of the Interface between Health and Social Care Services
– Response from Caerphilly Local Health Board

1. Mechanisms for Joint Planning and Provision of Services In Health and Social Care

Within Caerphilly County Borough, structural arrangements are in place to facilitate joint planning and associated action linked to the development and delivery of the Community Strategy. The attached diagram (Appendix 1) illustrates this structure which is headed by the Standing Conference, a multi-agency forum responsible for the development and delivery of the Community Strategy. First established in 1999, the Conference meets twice a year, bringing together agencies that operate throughout the County Borough and, in some cases, beyond. At these meetings, agencies have jointly identified what they see as the key issues and opportunities facing the County Borough.

The work of the Standing Conference builds on – and feeds into - more localised partnerships. These include a network of community partnerships (both Communities First and non-Communities First funded) based on individual Wards within the County Borough. These partnerships meet every 4-6 weeks. There are currently sixteen Communities First Partnership Boards (covering nineteen areas) and ten non-Communities First Partnerships established or in the process of being established in the County Borough.

The Community Strategy is based upon four key themes, each of which has a partnership board (Appendix 2 sets out the structure, membership and protocols for community planning in the borough). The Health and Well-Being theme and associated partnership board has responsibility for the development and delivery of the Health, Social Care and Well-being Strategy for the borough. Accountability arrangements for this key task are vested in the partnership board on which there is representation of chief officers from both Health and Social Care. Appendix 3 sets out the accountability structure for the Health Social Care and Well-being Partnership as it links to the Standing Conference.

Needs Assessment

Caerphilly Local Health Board, in conjunction with Caerphilly County Borough Council, has recently launched the Needs Assessment for the Health, Social Care and Well-being Strategy for the local area. Many key partners have been involved in producing the Needs Assessment in order to ensure it is comprehensive and reflects the needs of the borough population.

Substance Misuse Strategy

The LHB has also been involved in the joint production of a Substance Misuse Strategy for Caerphilly Borough. In May 2000, the Welsh substance misuse strategy, *'Tackling Substance Misuse in Wales: A Partnership Approach'*, was launched. Responsibility for planning and implementing actions to tackle substance misuse

rests with the Responsible Authorities, namely the Local Health Board, Police and Fire, Police and Local Authorities. In June 2003, the Local Health Board established a task-and-finish editorial team, comprising partners from the Local Health Board, Caerphilly County Borough Council and the National Public Health Service, to develop a draft Substance Misuse Action Plan. All partners involved at LSMAT and sub-group level have been consulted during this process, ensuring all local priorities are reflected in the plan.

Caerphilly Health Alliance

The Caerphilly Health Alliance is led by the Leader of Caerphilly County Borough Council and includes a range of partners from the Local Health Board, NPHS, Police, Local Community, Business and Voluntary Organisations. The Alliance looks at how individual and community health is affected by policies and actions relating to the environment, employment, housing, access to leisure, education, transport, and community safety. In response to this it works in partnership to develop specific initiatives to improve community health and well-being, for example by leading on workplace health initiatives, smoking advice and to develop health promotion strategies generally.

The Caerphilly Health Alliance has identified the following six priority areas for action:

- i) Accident & Injury Prevention
- ii) Nutrition and Physical Activity
- iii) Healthy Schools
- iv) Healthy Workplaces
- v) Smoking Cessation
- vi) Sexual Health

The following are examples of schemes set up through the Health Alliance:

- ◆ The Sexual Health sub group have devised a four-year rolling strategy for the county borough, to address teenage pregnancies and rising rates of sexually transmitted infections.
- ◆ The Healthy Eating sub group have set up a funky fruit project with the aim of encouraging youngsters to drink/eat fruit based foods.
- ◆ The Health Alliance have also established 'weaning parties' which is a project aimed at weaning small children on to solid foods.
- ◆ EXTEND is a fall prevention scheme facilitated through sheltered housing wardens, which involves gentle upper and lower body exercise with the aim of improving stability, confidence and flexibility thereby reducing falls. The scheme also provides a social element and has been taken up by the wider community in some areas.

2. Accountability Arrangements for Joint Planning and Service Provision

The joint planning structure, referred to in 1, details the specific arrangements in place for service planning, accountability for which is vested in the Health, Social Care and Well-being Partnership (the joint chief officers group).

The Tripartite Compact involving Caerphilly LHB, Caerphilly County Borough Council and Gwent Association of Voluntary Organisations has joint shared values and principles which facilitate shared involvement in the planning of services and the development of policy and strategy. The organisations agree and commit to their respective responsibilities and commitments in order for the partnership to work successfully.

Caerphilly LHB and Caerphilly County Borough Council's Social Services Department have successfully agreed to utilise the lead commissioning flexibility mechanism for two voluntary sector organisations (Drugaid and Islwyn Drug and Alcohol Project) delivering substance misuse services throughout the county borough. Negotiations are soon to take place to develop similar arrangements for three voluntary sector organisations delivering services around emergency pressures.

With regards to the Standing Conference, the Joint Working Protocol has been written to give to the Executive Board of the Standing Conference a mandate for decision-making, within the context of an annual work programme for community planning that will be approved by the Standing Conference. The Joint Working Protocol enables the Executive Board of the Standing Conference to make focussed decisions regarding community planning within the County Borough.

3. Joint decision-making across Health and Social Care

In examining this area we have concentrated on the opportunities there are for joint flexibilities, which we are utilising throughout the Borough. In addition, joint decision-making is facilitated through the LHB Commissioning Framework.

Joint Flexibilities

Opportunities in relation to joint flexibilities are being utilised within the borough, particularly in the areas of lead commissioning and pooled budgets.

Key examples of this are:

- ◆ Joint service level agreements with voluntary sector organisations, eg Drugaid and Islwyn Drug and Alcohol Project where Caerphilly County Borough Council has assumed the role of lead Commissioner.
- ◆ Joint reablement scheme across health and social care (Appendix 4 sets out the detail of the reablement project).
- ◆ Appointment of a Joint Officer for the management of Emergency Pressures.

Appendix 4 includes further details on the some of the schemes set up using joint flexibilities.

Commissioning Framework

The LHB Commissioning Framework comprises a number of key multi-agency groups (see structure at Appendix 5). The Commissioning Group, to which all sub-groups report, has responsibility for developing and agreeing the LHB Annual Service and Commissioning Plan which will need to reflect the priorities set out in the Health, Social Care and Well-Being Strategy. .

4. Provision of a seamless service

Taking a 'whole systems approach' and partnership working has been an accepted principle across the partners working within Caerphilly County Borough with the aim of providing better outcomes for patients/public/service users. On 30th April 2003, the Welsh Assembly Government issued instructions to the LHB to produce action and implementation plans to improve whole systems working at both a local and all-

Gwent level. As a result a whole systems action and implementation plan (attached as Appendix 6) has been developed by the partners (Caerphilly Local Health Board, Caerphilly County Borough Council and Gwent Healthcare NHS Trust) using a participative and inclusive approach. The plan will also involve primary care practitioners, voluntary and independent sector organisations and will encompass directorates within the Local Authority including Housing and Environmental Health.

The whole systems action and implementation plan is closely linked to other strategic plans, in particular the Community Plan and the Health, Social Care and Well-being Strategy.

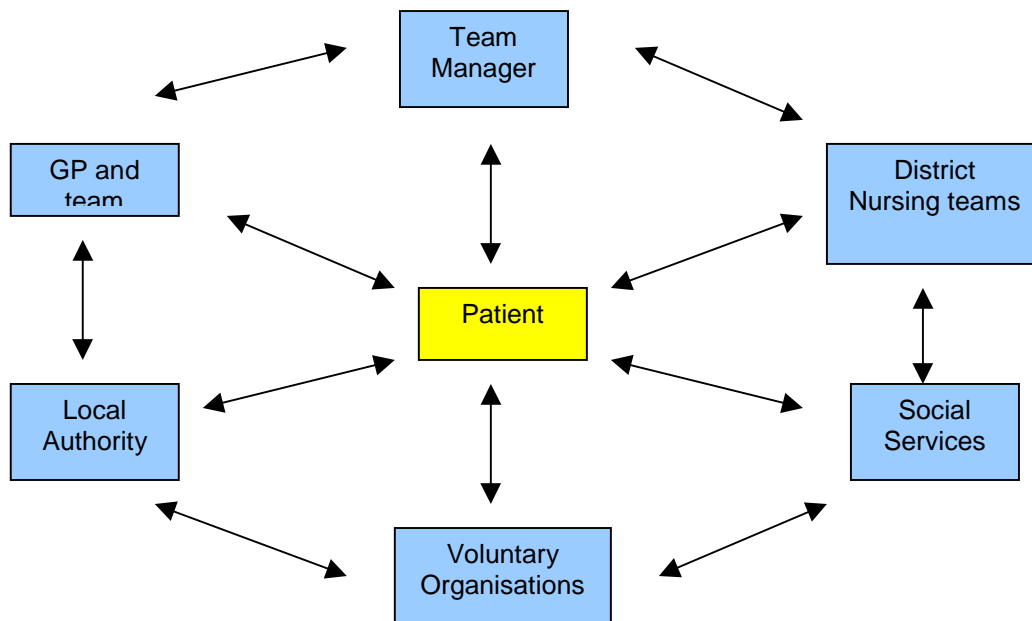
Examples of the schemes established/planned to achieve the aims and objectives set out in the plan are detailed in Appendix 6. Some of these schemes include:

- ◆ Rapid Response scheme
- ◆ Reablement Scheme
- ◆ Respite care
- ◆ Over 75 years old holistic assessment

The over 75 years old holistic assessment scheme is a particularly good example of whole systems working in practice. Funded from Townsend monies, the aim of the scheme is to identify those who may be at risk of increasing dependency on services by providing an annual assessment of over 75's. The assessment:

- ◆ Promotes health and well-being;
- ◆ Facilitates early detection and prevention of disease;
- ◆ Facilitates the implementation of the Unified Assessment Process;
- ◆ Gathers, systematically the views of older service users and their carers to inform future service development;
- ◆ Enhances practice knowledge of individual and community health profile of older residents;
- ◆ Enhances integration of primary and community services; and
- ◆ Maintains the independence of the over 75 age group to enable them to remain living in their homes.

The following diagram illustrates the whole systems approach involved:



Emergency Pressures

A multi agency Emergency Pressures Group exists to review and agree action on Delayed Transfers of Care issues. It is proposed to extend the remit of this group to focus on monitoring and measuring progress against the Whole Systems Action Plan, against agreed criteria. This group reports progress upwards to the Expert group and the existing Adult Joint Services Planning Group (see structures set out earlier in Appendix 3).

5. Role of health and social services in promoting patient independence

Caerphilly Borough Hospital and Community Services Project

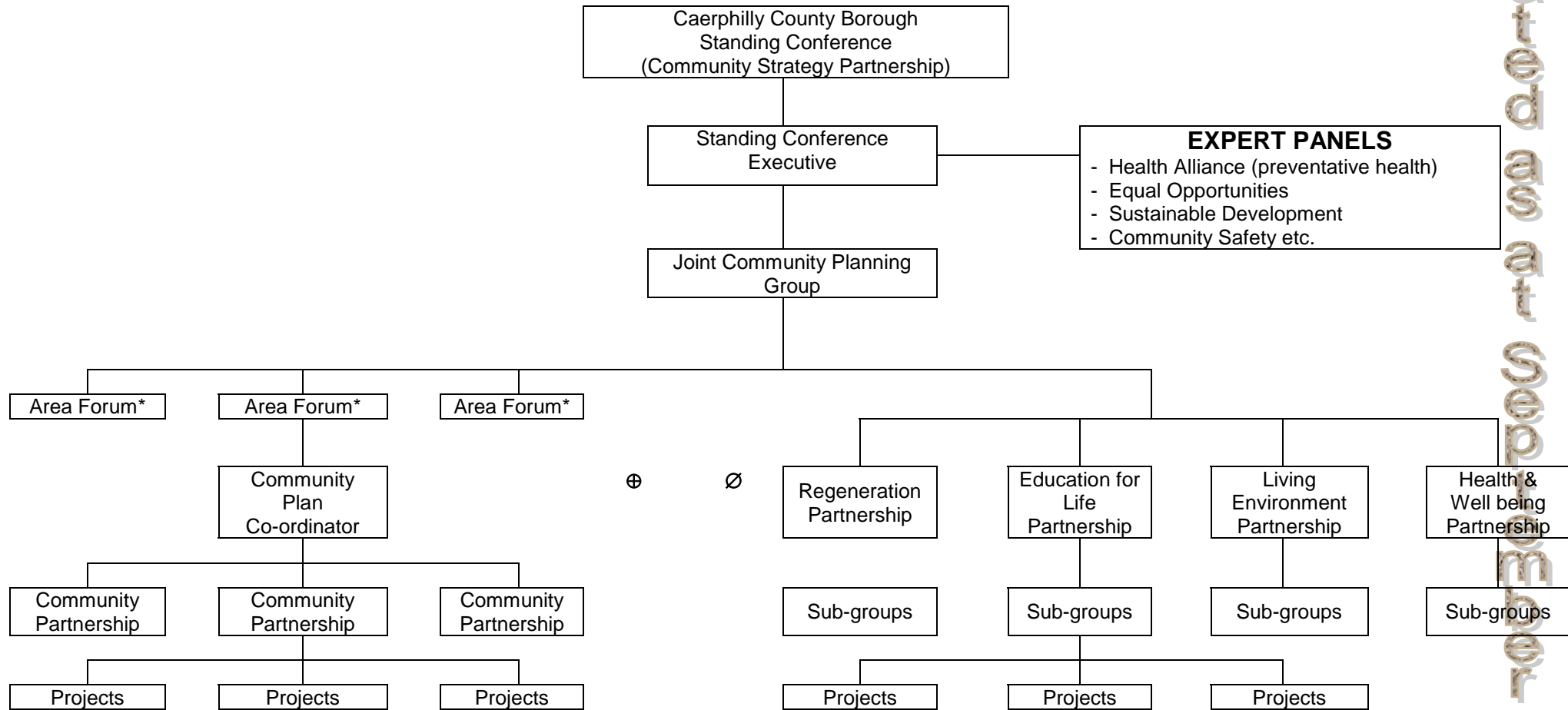
The Caerphilly Borough Hospital and Community Services Project has been established to develop plans for a new hospital in Caerphilly Borough which will replace some of the existing hospital facilities. As part of this project a Community Services Task and Finish Group has been established which is developing service models, as part of the project, which will actually prevent unnecessary admissions, readmission and facilitate early discharge from hospital. (Appendix 5 details membership of the group).

Examples of the proposed developments include:

- ◆ An Integrated Care Centre, including a Chronic Disease Resource Centre, due to the growing need for chronic disease management services in Caerphilly Borough. The resource centre will enable promotion/prevention. Primary, Community, Social and Secondary Care facilities to be integrated in one building, with access to diagnostic services and teaching facilities.

- ◆ A Rapid Access Stroke Clinic, which would be a nurse-led service with access to GP/Consultant input. The aim of the clinic would be to prevent admission to hospital.
- ◆ A service for older people whose focus is on prevention, self-care, elderly screening initiative, joint agency initiatives – reablement, joint admission and discharge teams, rapid response, hospital at home and a joint 24hour service to include out-of-hours health and social care model.

Structure of Community Planning Process



*Note - because of limited space, not all five Area Forums have been shown on this diagram

APPENDIX 2

JOINT WORKING PROTOCOL of the Standing Conference of the Caerphilly County Borough

1. Introduction

- 1.1 The Standing Conference is a means for organisations in the Caerphilly County Borough area (“the Area”) to meet and liaise with each other in order to develop and implement, to the benefit of all the participants and the inhabitants of the Area, the process of community planning and related community strategy partnerships envisaged by the Welsh Assembly Government, and by legislation, regulations and statutory Guidance in force from time to time.
- 1.2 This Protocol will be reviewed on an annual basis.

2. The Standing Conference

2.1 The Standing Conference comprises

- a) A membership from statutory bodies companies, organisations and individuals in the following areas;
- The Caerphilly County Borough Council
 - Gwent Police
 - NHS
 - County Voluntary Council
 - Voluntary sector
 - Business and Investment sector
 - Environmental sector
 - Housing sector
 - Education and training
 - Equalities issues
 - Community sector
- b) An Executive made up of eleven voting members from The Standing Conference with one seat each from the areas mentioned above although any of the areas may nominate up to three representatives to attend The Executive but will have only one vote for each allocated seat

3. Membership nominations

- 3.1 The first four organisations listed in the table below will have representation on the Executive. In addition, nominations for the Executive will be made by the sectors that are listed.

Organisation	Representatives nominated by:
The Caerphilly County Borough Council	The Caerphilly County Borough Council
Gwent Police	Gwent Police
NHS	Local Health Board Health Trust Health Commission Wales
County Voluntary Council	GAVO (Caerphilly CB)
Sector	Nominations from:
Voluntary sector	Caerphilly CB voluntary sector representatives' committee
Business and investment sector	Business Forum, WDA, private businesses etc
Environmental sector	Countryside Council for Wales, Environment Agency, Forestry Commission, Forest Enterprise, Gwent Wildlife trust, CPRW, Environment Wales, Groundwork Caerphilly etc
Housing sector	Housing Forum
Education and training sector	Schools and colleges in Caerphilly County Borough, ELWa, CCET and other organisations in the education/training/careers sectors etc
Equalities sector	CHAD, Disability Caerphilly, Access Group, VALREC, Chwarae Teg, Youth Forum, Menter Iaith etc
Community sector	Community partnerships

- 3.2 Where the person(s) having the right to nominate comprise more than one body, it is the responsibility of those bodies to agree amongst themselves, in whatever manner they deem appropriate, to nominate a representative.
- 3.3 The nominating bodies will also identify one or more substitutes, who will be entitled to attend and exercise that body's vote, in the absence of the main nominee.
- 3.4 Membership of The Standing Conference shall be in the discretion of The Caerphilly County Borough Council having regard to the aims of The Standing Conference and the principle of inclusivity. The proper officer after consultation with the Executive of the Council shall have power to add to or reduce the membership of The Standing Conference to reflect the proper needs and aims of this Protocol

- 3.5 Once appointed, a nominee will remain in post for two years, but may at the end of that time be re-nominated for further periods of two years.

4. Principles of working

4.1 The Standing Conference will operate, subject to any requirement of law or Guidance, to the following principles that are based upon the views of the Welsh Assembly Government on community strategy partnerships (“CSPs”):

- a) CSPs are a **voluntary** framework for co-operation and should seek to be broadly representative
- b) the method of CSP operation is for the partners themselves to decide
- c) Operating to an inclusive community strategy forum with a smaller steering group (in Caerphilly County Borough this amounts to the Standing Conference and the Executive respectively)
- d) representatives should have the necessary authority to speak for their organisation/sector, to sign up to the long term vision and to influence the commitment of mainstream resources towards implementing the annual work plan
- e) the local authority should initiate the partnership but must recognise the operational autonomy of the partners
- f) the CSP should have links with other key partnerships involved in strategic plans and should seek to rationalise these arrangements under a single strategic umbrella
- g) the CSP should provide a point of reference to which all other partnerships relate
- h) all partners need to develop a mutual understanding of each partner’s statutory responsibilities, chains of command, management structures, funding regimes, organisational culture, operational priorities and decision-making processes
- i) barriers to partnership working for local government will be minimised by the new power to promote well-being in the Local Government Act 2000. Other legislative changes/requirements have helped to pave the way for closer partnership working – for example in the areas of crime, health and partnerships involving private finance
- j) partnerships have agreed to their Executive body making decisions in cases of urgency or in certain other specified cases
- k) areas of potential conflict between partners need to be highlighted at an early stage (see 6.4 below), but areas where quick successes can be achieved should also be identified
- l) partners need to look at sharing resources (finance, property, human resources and information) - and using them in different ways - to achieve desired ends

m) partners, in the end, make their own decisions but organisations should seek that these decisions are informed by the community strategy

4.2 Members of The Standing Conference whilst not signatories to this Protocol will join on the basis that they accept the principles and the operating rules of this Protocol

4.3 Where any member of the Standing Conference or its Executive has a financial interest, or a personal interest which could benefit or affect that member or that member's family or friend, then he/she should declare that interest and withdraw from the meeting while the item is being discussed.

5. The Standing Conference

5.1 The Standing Conference will meet twice a year, or more often if the proper officer of The Caerphilly County Borough Council deems it appropriate

5.2 Meetings will be convened by formal notice and Agenda given by the proper officer of The Caerphilly County Borough Council and posted to the nominated address of each of the member organisations

5.3 It is the responsibility of each member organisation or sector to keep the proper officer of The Caerphilly County Borough Council advised of the up to date address for correspondence for that organisation or sector

5.4 The meeting will be chaired by the Leader of The Caerphilly County Borough Council or some person nominated by the Leader in the event of his/her absence

5.5 The quorum for a meeting of The Standing Conference shall be one quarter of the total number of organisations for the time being members of The Standing Conference

5.6 The Standing Conference may consider any matter not on the Agenda but which appears to the proper officer of The Caerphilly County Borough Council or the Chair of the meeting to need urgent discussion

5.7 While the emphasis on the proceedings of The Standing Conference is informality, the Conference, or the Chairman at any meeting, may adopt such procedural rules as may be necessary for the proper conduct of business

5.8 The Standing Conference and its constituent organisations will have the following responsibilities:

- a) each to their own organisation/sector
- b) each to this community strategy partnership for their organisation's/sector's progress in taking steps to implement the community strategy
- c) to other bodies which have a role to play in reviewing the work of strategic partnerships, or in funding such work or projects
- d) individually and collectively to the residents of the County Borough for delivering responsibilities set out in the community strategy (elected members have accountability to the residents in this respect too)

6. The Executive

- 6.1 The Executive will meet regularly and at least once in every three months with the date(s) of meeting(s) agreed by the Chair of The Executive. More than one member may be nominated by each area to attend (and these nominations shall be notified in writing to the proper officer of The Caerphilly County Borough Council in advance) but each seat shall be entitled to exercise only one vote
- 6.2 The meeting will be chaired by the Leader of The Caerphilly County Borough Council or some person nominated by the Leader in the event of his/her absence.
- 6.3 The quorum for a meeting of The Executive shall be six voting members
- 6.4 Decisions shall be made by a consensus, but failing this by a majority of those voting on a proposition. Each member of The Executive shall have one vote, and the Chairman will have a casting vote in the event of equality of voting
- 6.5 The Executive will in consultation with members of the Standing Conference develop and monitor an annual work programme, drawing on inputs from sectors directly or via partnerships. The Executive will make day to day decisions on behalf of the Standing Conference on matters arising from this work programme.
- 6.6 Decisions of The Executive will not be such as to bind any member of The Standing Conference without the specific consent of those parties being committed by that proposed decision
- 6.7 The Executive may adopt any processes or procedures it thinks fit to help the conduct of its business (by way of example on consultation) and may invite any person to attend its meetings to give advice or assistance.
- 6.8 The Executive will have the following responsibilities:
 - a) to their own organisation/sector
 - b) to this community strategy partnership for progress in taking steps to implement the community strategy
 - c) to other bodies which have a role to play in reviewing the work of strategic partnerships, or in funding such work or projects.
 - d) individually and collectively to the residents of the County Borough for delivering responsibilities set out in the community strategy (elected members have accountability to the residents in this respect too)
- 6.9 The Executive will arrange as a group to report formally to The Standing Conference a record of its decisions and will ensure that representatives of The Executive will be present at meetings of The Standing Conference to explain any such reported decisions

7. Adoption of the Protocol

7.1 The Executive has before the adoption of this Protocol agreed its format and content

7.2 Members of The Standing Conference are deemed to accept its terms as the basis of their membership of The Standing Conference

ADOPTED the day of 2003

Chairman The Standing Conference

Proper Officer The Caerphilly
County Borough Council

Signatures of other Standing Conference Executive Members:

-----Gwent Police

-----N.H.S.

-----County Voluntary Council

-----Voluntary Sector

-----Business & Investment Sector

-----Environmental Sector

-----Housing Sector

-----Education & Training Sector

-----Equalities Sector

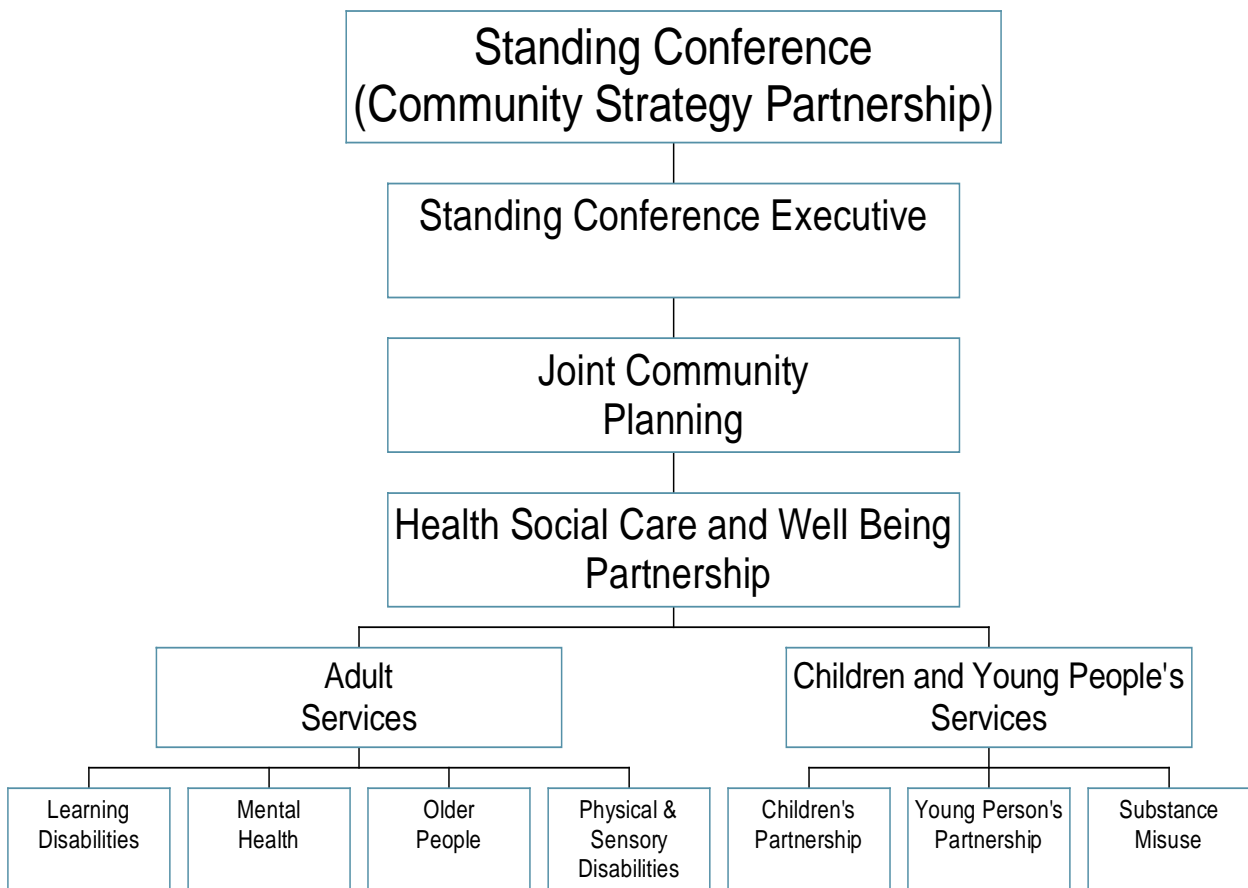
-----Community Sector

GLOSSARY OF TERMS

“Community Planning”	The process of agencies and communities working together to achieve increases in well-being
“Community Strategy”	Document setting out how those operating in the Caerphilly county borough will work to ensure the social, economic and environmental well-being for the residents of their areas
“CSP”	Community Strategy Partnership (see Standing Conference)
“Standing Conference”	The Community Strategy Partnership covering the county borough, with representation from a wide range of partner agencies and organisations operating in the area
“The Executive”	The Executive Board of the Standing Conference, constituted by representatives from the statutory and other sectors of the Standing Conference

Organisations

CCET	Caerphilly Consortium for Education and Training
CHAD	Centre for Help and Advice for the Disabled
CPRW	Campaign for the Protection of Rural Wales
ELWa	Education and Learning Wales
GAVO	Gwent Association of Voluntary Organisations
VALREC	Valleys Race Equality Council
WDA	Welsh Development Agency



APPENDIX 4

JOINT FLEXIBILITIES SCHEMES

REABLEMENT PROJECT

The Project was set up to pilot the Community Rehabilitation Pathway which aims to promote independence amongst service users.

Aims of the Project

- To maximise the independence of individuals by preventing dependency on traditional services and/or carers.
- To provide support and advice to carers, to relieve strain and enable them to continue in their supporting role.

Objectives of the Project

- To facilitate discharge from hospital enabling rehabilitation on a continuum between Health and Social Care. Equally to avoid admission to hospital where possible and consequently promote social well-being.
- To reduce dependency on homecare services and prevent unnecessary admissions to residential care/or facilitate discharging from residential homes back to the community where appropriate.
- To provide a medium for clients to reclaim skills enabling them to improve or maintain functional abilities in daily skills.
- To improve clients confidence, motivation and reduce risks within the home as far as it is reasonably practicable.
- To set goals for service users, which are subsequently monitored by qualified therapists, thus achieving maximum gains for clients in a short time. NB. Following review, agreed objectives need to focus on improving well-being, in addition to functional abilities and confidence.

Staff

The Reablement Team, consists of a Project Co-ordinator/OT, part-time physiotherapist, 5 Reablement /Workers and 1 administrator.

Contributions from each partner

Part-time physiotherapist seconded from Gwent Healthcare NHS Trust. Accommodation to be provided by the Housing Department once the Sheltered Housing with Extra Care scheme is completed; current

accommodation provided by a Day Centre. Some staff seconded from Social Services. IT support from Social Services. Some 6 weeks free home care money also supporting the scheme as it is rolled out from its original pilot area

Monitoring and evaluation arrangements

Monthly monitoring reports are submitted to the Partnership Development Manager (copy attached for information). Presentation to be made to the Adult Joint Services Planning Group in March 2003 on progress of the Project.

FFIM Standard Outcome Measures Tool currently being piloted – this links to the other Flexibilities Special Grant Project of the Development of a Joint OT Service and enables the Project to be evaluated.

Satisfaction surveys completed by service users who have received a service from the team.

JOINT OT SERVICE

The Project was set up in 2001-2 to develop a fully integrated OT Service between Health and Social Services. This has initially focused on providing a seamless OT service for hospital discharge.

Aims of the project

1. To provide a seamless OT service to users
2. To ensure appropriate and timely discharge from hospital, with access to equipment and adaptations
3. To develop a project plan for implementation of a Joint OT Service
4. To pilot using one OT for hospital discharge, transcending the boundaries of Health and Social Services, building on protocols developed in Year 1 of the Project

Contributions from each partner

Education, training, supervision, direction and support from Joint Project Board. Premises for staff in both Health and Social Services. Administrative support and IT in both organisations.

EARLY BEHAVIOUR AND LANGUAGE DEVELOPMENT SUPPORT

This scheme was set up to build on existing Sure Start funded posts to develop a small “skills-mixed” team, who will work with nursery classes in schools in the designated target area to facilitate the delivery of the behaviour, language and learning elements of the programme, in partnership with teachers, Sure Start partners, parents and other key stakeholders. The team will further co-ordinate and enhance the activities currently being delivered by Sure Start partners and in nursery classrooms.

Aims of the project

1. To support pre-school children’s ability to learn and communicate effectively on entry to primary school, maximising the benefits of educational provision and reducing the number of children requiring a Statement of Special Educational Need.
2. To establish a team of qualified and support staff to identify and deliver an early intervention programme for pre-school children in the target area. The approach will be to maximise the resource of qualified staff by establishing a programme delivered by classroom teachers, support staff and parents.
3. To provide a programme of interventions to pre-school children in the target area:
 - Deliver activities to counteract identified speech and language delay
 - Develop young children’s ability to manage their own behaviour
 - Offer learning support to children identified within the target group
 - Work collaboratively with parents to deliver the above activities

Contributions from each partner

Management of the Project and day-to-day involvement re programmes for behaviour problems is provided by Caerphilly County Borough Council. Gwent Healthcare NHS Trust provides Speech and Language Therapy in-put. The Education Support and Inspection Service provides an Advisory Teacher and the development of amended PATHS curriculum; it also directs work in schools. Sure Start Caerphilly funds the Educational Psychologist and Advisory Teacher.

CRISIS RESOLUTION AND HOME TREATMENT TEAM FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS

The Crisis Resolution and Home Treatment Team offers a 24-hour service to older adults in the Rhymney and Bargoed areas of Caerphilly County Borough who have acute mental health problems.

The Team's remit is to prevent unnecessary admissions to hospital by provision of an assessment and treatment programme to manage people in their own homes. The Project will also allow for early discharge from District General Hospital assessment beds.

Aims of the project

To reduce admissions and length of hospital stay by provision of 24-hour 7-day per week Crisis Resolution and Home Treatment Team

To respond to psychiatric emergencies in the older adult quickly and in the person's own home (reducing hospital admissions)

To support, treat and manage the older person (and the carers) at home until the emergency is resolved and the person is linked up to on-going care

To facilitate early discharge from hospital as support is available in the person's own home

Contributions from each partner

Staff from Gwent Healthcare NHS Trust and Social Services, buildings, computer networks, equipment and management support from both organisations.

DEVELOPMENT OF SPECIALIST HEALTH VISITORS FOR CHILDREN WITH SPECIAL HEALTH NEEDS

A small team of Specialist Health Visitors for Children with Special Health Needs has been established, who will act as the key link for NCH Children's Centre, Social Services and Education colleagues across the full range of health professionals (including Child Health, therapies, Learning Disability services etc). The post holders will become key members of the Child Development Team and will provide advice, guidance and support to children/young people with special health needs and their families/carers.

Aims of the project

To improve the co-ordination of care and care planning for children and young people with special health needs across all health, social care and education services

To improve the co-ordination of care planning for young people with special health needs as they transfer between children and adult services

Contributions from each partner

- Staff supplied by Gwent Healthcare NHS Trust
- Equipment provided by Gwent Healthcare NHS Trust
- 2 named Social Workers from Social Services support the Project
- Generic Health Visitors from Gwent Healthcare NHS Trust support the Project
- NCH provides accommodation and admin support
- Commitment from the Education Psychology Department

ALL GWENT CHILDREN'S SPEECH AND LANGUAGE THERAPY TRAINING AND INFRASTRUCTURE PROJECT

A small multi-professional team will be established to develop and deliver training for parents, teaching staff and other professionals that will provide a shared language to promote:

- communication in its broadest sense
- development of speech and language 'sounds'
- improved understanding of specific speech and language difficulties
- understanding of curriculum-related issues

Aims of the project

- To provide an infrastructure to support understanding and to facilitate communication of all children in Early Years education
- To give children, including those in the most deprived communities, a flying start in life
- To support children in need and to enable them to have full access to a broad and balanced curriculum
- To reduce levels of anxiety and behaviour problems that can arise when children are unable to understand what is required of them or to cope with unexpected changes to routine
- To provide a safety net to children in areas not already supported by Sure Start projects

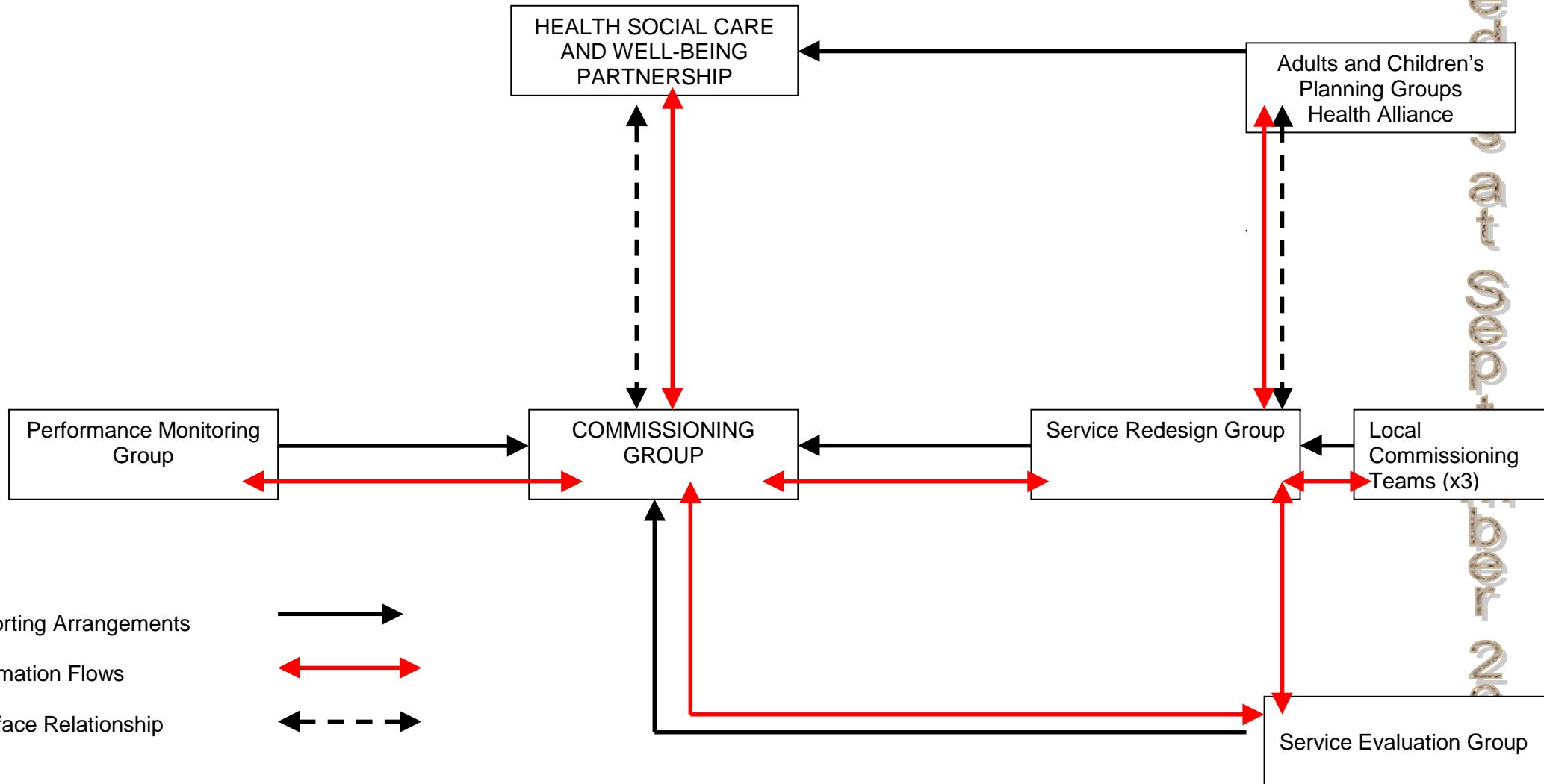
Contributions from each partner

This is a Gwent-wide Project and each Local Authority/Local Health Board area will be bidding for Flexibilities Special Grant to finance the Project.

- Gwent Healthcare NHS Trust will provide the Speech and Language Therapist
- Education services will provide the Advisory Teacher and Speech Therapy Assistant
- IT equipment and support, accommodation, administrative support, travelling expenses etc will be provided by the Local Authority/Local Health Board partners.

APPENDIX 5

Commissioning Arrangements



Key:
Reporting Arrangements



Information Flows



Interface Relationship





**WHOLE SYSTEMS WORKING ACTION & IMPLEMENTATION PLAN
CAERPHELLY COUNTY BOROUGH
JUNE 2003**

1. Purpose

The purpose of this report is to provide the Welsh Assembly Government (WAG) with a summary of the action and implementation plan proposed by partners within Caerphilly county borough together with a description of how this action plan has been developed and agreed through a participative and inclusive approach taking into account the short timescale afforded.

It should be noted that this plan is submitted as a draft until due process has been followed and the Action & Implementation Plan has been considered and approved formally by the Local Health Board, Gwent Healthcare NHS Trust Board and Caerphilly County Borough Council.

Caerphilly county borough partners have recognised that there is a clear relationship with this plan within the Community Plan and that it will be a foundation block to support the development and delivery of the Health, Social Care & Well Being Strategy.

Taking a “whole systems approach” and partnership working has been an accepted principle across the partners working within Caerphilly county borough with the aim of providing better outcomes for patients/public/service users. It must however be recognised that the LHB has only been in existence since April 2003 and therefore firm agreements between the NHS Trust, LHB and LA are still developing.

In order to prepare and produce this plan, a range of organisational factors and process issues together with a number of existing/proposed schemes have been identified. However, it has not been possible to identify everything that each organisation does and therefore this action plan is an evolving and organic document.

2. Partners

The partners responsible for the development and implementation of this plan are: -

Caerphilly Local Health Board (LHB)
Caerphilly County Borough Council (CCBC)
Gwent Healthcare NHS Trust (GHT)

Whilst the above 3 partners have responsibility for developing this plan, the impact and proposals outlined are far reaching. This plan will also involve primary care practitioners (including General Practitioners), voluntary and independent sector organisations and will encompass directorates within the Local Authority (LA) (including Housing and Environmental Health).

3. Background

Representatives from across the partnerships within Caerphilly county borough attended the WAG conference "Promoting Whole Systems Working" held on the 11th April 2003. On the 30th April, WAG issued instructions to the LHB to produce action and implementation plans to improve whole systems working both at a local and all-Gwent level for submission by the 20th June 2003.

Partnership working across statutory and voluntary sectors within Caerphilly has been well established for a number of years prior to the establishment of the LHB. Multi agency joint services planning groups are in place across Adult services together with mechanisms to plan, deliver and monitor Delayed Transfers of Care.

Caerphilly Local Health Group and Caerphilly County Borough Council were runners up and were highly commended in the category of Joint Working to Improve Health Inequalities of the Health Service Journal Health Management Awards 2002.

4. Relationship with other Strategic Plans

4.1 Community Plan

Community Plan arrangements are well established within the county borough. The whole ethos of community planning is one of breaking down organisational barriers to achieve end goals more effectively. This plan will need to sit within the context of the Caerphilly Community Plan, which has 4 overarching themes of Health & Social care, Educational Achievement, Living Environment and Regeneration.

4.2 Health, Social Care & Well Being Strategy

It is recognised that this plan will become one of the foundation blocks to support the development and delivery of the Health, Social Care & Well Being Strategy.

4.3 Service and Financial Framework/Social Services Performance Indicators

This plan will support the implementation of the health family SaFF targets and Social Service Performance Indicators in respect of reducing Delayed Transfers of Care.

4.4 COMPACT & Building Stronger Bridges

From April 2003 the LA and LHB have agreed a Tripartite COMPACT agreement with the Voluntary Sector. A local Action Plan has been developed to progress this COMPACT agreement, to take forward recommendations from the Building Stronger Bridges report from WAG during 2002/03 and to raise mutual understanding and how this contributes towards a whole systems approach across the statutory and voluntary sector. It is recognised across the partnership that the action within this Whole Systems Working Action plan will need to be incorporated into the COMPACT action plan.

4.5 Local Housing Strategy

The draft Local Housing Strategy is currently being produced and will be published in July 2003. There has been a wide consultation exercise through the development of a Local Housing Forum that includes Health, Social Services, Education, the Voluntary sector and a number of housing organisations. The plan will reflect the needs, aspirations and potential for delivery of the strategic objectives for housing related services in Caerphilly, both within the context of the WAG's national strategies for "Better Homes for People in Wales" and "Better Health Better Wales" and the authorities Community Plan.

4.6 Supporting People

The Supporting People Plan is required by WAG to be produced by this Autumn. The plan will identify funding priorities for the strategic support services funded by the LA that are provided by a wide ranging number of providers. The document will be produced by the LA through the mechanism of the Strategic Health & Well Being Planning Group and associated working groups.

5. Partnership Process in Caerphilly County Borough

5.1 Stakeholder Event – 27th May 2003

Following the WAG workshop on the 11th April, a local Stakeholder event was held and hosted by Caerphilly LHB to explore with partners issues facing the group with regards to delayed transfers of care, emergency pressures and intermediate care. Members of the voluntary and independent sectors and representatives from the Ambulance service joined representatives from the local Trust, LHB and LA Social Services. The event was facilitated by Rob Hemmings (WAG Change Agent Team) and Rhian Jones (WAG Social Services Directorate) who set the scene with presentations outlining the national context. Local context presentations were given by Judith Paget, Chief Executive of the LHB, Alex Howells, Head of Planning, GHT, Joe Howsam, Director of Social Services and Margaret Ellis, Assistant Director Adult Care Services, CCBC. Presentations were also given on the Just Do It schemes and three examples of good practice in Primary Care Nurse Practitioner, Hospital at Home scheme and the local Reablement scheme.

The workshop considered challenges to partnership working within the context of emergency pressures, delayed transfers of care and intermediate care and explored issues of the different service perspectives. The afternoon workshop considered how to turn these challenges into opportunities and to identify top three schemes from each group. A report from the workshop has been prepared and distributed to participants.

5.2 Expert Group

Following the Stakeholder event, an “Expert Group” was established from across the partners (statutory, voluntary and independent sector) with the following remit: -

- Developing an action and implementation plan from the challenges and opportunities identified at the Stakeholder event.
- Agree a process to identify consistent detailed information on local projects/proposals
- Plan further stakeholder events to continue to involve as many partners as possible in the development and implementation of the action and implementation plan.
- Consider the structure of the project and project management arrangements
- Identify process required to secure formal LHB and Trust Board/CCBC Council approval of the Action & Implementation Plan
- To consider Gwent wide issues and how to link with other Whole Systems Planning partnerships.
- To ensure that schemes and proposals are outcome focused and develop and follow a clear monitoring framework within the Whole Systems Working Plan

5.3 Local Emergency Pressures Group

A multi agency Emergency Pressures Group is already in existence to discuss and agree Delayed Transfers of Care issues/actions. It is proposed to extend the remit of this group to focus on monitoring and measuring progress against this action plan against agreed criteria. This group will then report progress upwards to the Expert Group and the existing Adult Joint Services Planning Group.

6. Principles

A set of overarching principles has been developed for service planners and developers to consider when progressing elements of the action plan. These principles should guide decision-making throughout the project.

The overarching principles

Partnership Working

All partner agencies should demonstrate commitment to meaningful partnership working:

- WAG – recognition of the inter-relationships across strategies and plans and commit to consistency of timescales, priorities, etc.
- NHS Trust - Develop responsiveness of the Trust to be able to respond to community based/zoned services to compliment the broader network of services that span the catchment area of the Trust.
- LHB – to continue to build partnership working into its development plans
- Local Authority – to ensure the whole council, different directorates and members are committed to and acknowledge their responsibilities to Health, Social Care & Well being
- All – Commitment to reviewing the use of existing resources to support investment in capacity and growth of services
- All - The relationship between the Trust, LHB and LA should be strengthened at Board level.

Service principles

- Ensure that a philosophy of maximising independence of the population of Caerphilly county borough is a strategic driver across organisations and permeates throughout the services
- Ensure services are focussed on the “right place, right person, right time”

Communication

- Share these principles across organisations and cascade to staff at all levels to ensure they are shared and understood
- Empowerment to staff to create a “can do” culture
- Transparency

Organisation

Ensure a partnership project structure with an agreed Board/management, capacity and lead officers

- Robust project plan
- Clear agreements about financing

Commissioning

- Continue work on joint commissioning framework
- Engage fully in wider health & social care commissioning (Gwent Health economy)
- Partners to engage in the reconfiguration of hospital and community based services within the county borough

Performance Management

- Performance and service activity should be monitored within and across agencies
- Agreements should be reached about definitions, validations etc so that meaningful comparisons can be made.

7. Summary of Action Plan

The following is a brief summary of the actions identified as improving whole systems working within Caerphilly. Further detail and action proposed together with partner and lead agency is identified in the Action & Implementation Plan attached as Appendix 1.

The timescales agreed are as follows:-

Short term – within 12/18 months

Medium term – 18 months to 3 years

Long Term – 3 – 5 years

7.1 Organisational Factors and Process issues

7.1.1 Local Services

There is a need to develop a joint understanding of what health services can be delivered locally and those that need to be provided on a Gwent-wide basis or tertiary level.

7.1.2 Roles of Agencies

To raise awareness and understanding of the roles and collective responsibilities of each agency/directorate.

7.1.3 Joint Training & Organisational Development

To take a strategic and co-ordinated approach to joint training opportunities and organisational development

7.1.4 Workforce Planning

To ensure that workforce planning is considered within organisational issues/factors and schemes and that opportunities for joint working and workforce implications are recognised.

7.1.5 Information & Performance Management (including SaFF)

There is a need to identify what the current differences are in relation to information collection/reporting and performance measures/indicators and to develop mechanisms that co-ordinate and agree these at a local level.

7.1.6 Communication

To develop an agreed process and framework to communicate consistently across organisations in relation to joint working areas.

7.1.7 Patient & Public Involvement

It is essential that organisations do not consult or involve people separately and end up talking to the same people at different times. It is proposed that we develop a co-ordinated Patient & Public involvement strategy and plan to respond to Whole Systems Working and to ensure that there is a consistent approach to PPI across each of the schemes being developed.

7.1.8 Empowerment of Staff

There is a view that staff are not empowered to identify issues or organisational barriers that affect joint working at an operational level. It is proposed to establish a mechanism that proactively seeks the views of staff (across organisations)

7.1.9 Corporate links across organisations

It is recognised that there is a need to establish links across the organisations at a corporate level (ie Board/Council/Member) to ensure that Board Members and Council Members are aware of the Whole Systems Working Plan and that the Gwent Healthcare NHS Trust is supported to focus on Caerphilly wide issues and services.

7.1.10 Financial Implications & Impact

A long-term view is required of the financial implications and impact of the issues/schemes in order to identify costs, potential release of resources and to dovetail these plans into organisational financial planning mechanisms.

7.1.11 Pooled & Interdependent Budgets

Joint working special grant has been used to fund new schemes/developments but it is recognised that there is a need to look wider and to maximise the opportunities to pool budgets and integrated commissioning.

7.1.12 Protocols for Joint Working

To promote smooth working across organisational boundaries and to identify management arrangements and local protocols to take this forward.

7.1.13 Intermediate Care

To develop a shared agreement and understanding of what Intermediate Care means within Caerphilly county borough, identify existing resources/services and develop a local strategy and action plan.

7.1.14 Review of Community Hospitals

Continue to review the current use of community hospitals and service provision in order to identify gaps and opportunities for health & social care services (to be considered alongside plans for the new hospital development)

7.1.15 Recruitment, retention and capacity of primary care

There is a need to develop capacity- workforce, skills, estate and ICT- within primary care settings to deliver new service models and enable primary care to make its full contribution to the health and social care system. In Caerphilly, the vehicles for developing this capacity will be a primary care strategic framework and action plan to be developed by September 2003. This will be underpinned by: the Primary Care

Estates Strategy, the LHB Workforce Plan, the LHB primary care recruitment and retention strategy the Primary Care Investment Plan. The work to implement the new GMS contract will be the key delivery vehicle (if agreed). The overarching medium-term aim will be to position primary care as the foundation of an integrated system of care both in terms of management of chronic disease and effective first contact. Accordingly: active management of chronic conditions, in line with the agreed patient pathway and effective first contact services from an appropriate healthcare professional, will be key to the LHBs approach.

7.1.16 Care pathways for disease specific conditions

To review and develop chronic disease management services within primary care settings

7.2 Schemes

7.2.1 Medical Assessment Unit

To implement proposals for a Medical Assessment Unit at the Royal Gwent Hospital and to ensure links with local community based services (including GP's, District Nursing, Rapid Response developments, etc)

7.2.2 Hot Clinics

To consider the appropriate use/development of "hot" clinics and protocols between acute consultants and GP's.

7.2.3 Rapid Response

To develop a rapid response service in the south catchment area of Gwent Healthcare NHS Trust which focuses on prevention of admission and facilitation of early discharge

7.2.4 Rapid Response Caerphilly

To identify and agree a service model for Rapid Response within Caerphilly county borough that works within and across existing and proposed Whole Systems Working schemes.

7.2.5 Reablement

To continue to develop a community reablement service and to expand this service on a county-wide basis.

7.2.6 Discharge Procedures & Protocols

Develop and agree a joint discharge policy, benchmarking this against best practice and to develop a "choice" procedure for residential/nursing care.

7.2.7 Data for Discharge

Linked to the action above, identify current differences in definitions, timescales, performance indicators, information requirements across the organisations and further develop the sharing of information.

7.2.8 Over 75 years old Holistic Assessment

To implement a project which will identify older people (Over 75 years) in the community who may be at risk of increasing dependency on services, providing an annual assessment that promotes health & well being, integrates primary and community services, facilitates early detection and prevention of disease, assists in the management of chronic disease, systematically gathers the views of older service users and their carers to inform future service development and enhances practice knowledge of individual and community health profile of older residents.

7.2.9 Respite Care

To review the current level of respite care services (voluntary, independent, health & social Service provision) against current demand in order to identify gaps/proposals for service reconfiguration/opportunities as alternatives to hospital admission.

7.2.10 Unified Assessment

Implement Unified Assessment across the county borough and working as part of the Gwent-wide multi disciplinary group to establish compatible approaches to unified assessment protocols, policy and procedures across the region.

7.2.11 Continuing Care

Following WAG guidance on the future recommendations for Continuing Care, contribute towards the development of an All Wales Continuing Care Policy and ensuring local mechanisms are established to report progress/developments across the local partnerships.

7.2.12 Free Nursing Care

To establish arrangements for LHB's responsibility in respect of NHS contribution to Funded Nursing care.

7.2.13 Unified Disabled adaptation process

Strengthen working links between Housing, Social Services and Health to co-ordinate the disabled adaptation process

7.2.14 Sheltered Housing Accommodation for the Elderly

Review current Sheltered Housing Accommodation for the Elderly and to develop recommendations and action plan to respond to gaps and identified need.

7.2.15 Very Sheltered Accommodation

Develop and commission a scheme to meet local need for very sheltered accommodation/housing with extra care for the elderly.

7.2.16 Safety within the Home

Develop processes and interlink actions that may provide preventative measures to promote safety within the home, ill health & well-being.

7.2.17 Expansion of Emergency Care at Home

Expand the Emergency Care at Home service to link with the developing Rapid Response service and palliative care services

7.2.18 Enhancement of services for Older People with Mental Health

Complete a review of Day service provision for older people with mental health needs and review boundaries of Older Persons Community Care Teams to match those of multi disciplinary teams.

7.2.19 Expansion of provision of residential places for EMI

Implement plans to increase EMI beds within the county borough.

7.2.20 Upgrading of social services Emergency duty team

Secure political approval and Implement plans to create a new stand-alone social services emergency duty team for all Gwent authorities.

7.2.21 Enhancing Dedicated social work time to hospitals

Develop and implement a proposal for joint funded posts to form part of new Social Services centralised duty team with direct link to hospitals

8. Patient & Public Involvement

In order to develop services that have a focus of "Right Place, Right Person, Right time" participants in the stakeholder event and Expert Group all agreed that a structured and co-ordinated approach to Patient and Public involvement is required. Whilst patient & public involvement will be built into all of the proposed schemes, it has been agreed to develop an overarching Patient & Public Involvement Strategy that brings together all organisations PPI principles, and to develop a combined action plan in order to consult and communicate with the local population. This will be undertaken by maximising existing mechanisms within the Community Planning process and local area forums, Communities First partnerships and CCBC Viewpoint Panel.

9. Next Steps

The timescale to submit this Action & Implementation Plan to the Welsh Assembly Government is 20th June 2003. The plan submitted is therefore only in draft status until such time as the three lead partner organisations can process and agree the plan through the formal Board/Council structures.

This plan will be submitted to: -

Caerphilly Local Health Board – Board meeting
Gwent Healthcare NHS Trust Board meeting
Caerphilly County Borough Council - Council

A further Stakeholder Event will be held during July to share the action and implementation plan with the individuals who participated in the first event, to widen the membership to more operational staff and to agree future structures and detailed proposal arrangements.

The Expert Group will continue to meet and to report to the Chief Executives of the statutory organisations.

Conclusion

Recognition should be given to the commitment and support of the partners in Caerphilly in order to develop this plan within the timescale given by the WAG. In true Caerphilly tradition, a partnership approach has been taken to involve as many people/partners as possible in identifying the challenges, opportunities and action plan. The action and implementation plan identifies a whole systems approach to the issue of Delayed Transfer of Care and Emergency Pressures and an extensive work programme over the coming year.

Recommendation

The Welsh Assembly Government is:-

1. Requested to note that the status of this plan is draft until such time as it can be approved formally by the partners
2. Approve the Caerphilly Whole Systems Working Action & Implementation Plan

Organisational factors and process issues	Action and development required	Responsible agency/individual	Timescale
delivered locally and which will be provided on a Gwent-wide basis or at a tertiary level. To be based on assessment of current priorities and within existing strategic context	hospital services in the borough and the development of intermediate care and primary care elements including the delivery of the new GMS contract		
	<ul style="list-style-type: none"> Consider as part of the new hospital development to identify which services can be delivered locally, Gwent wide or on a tertiary basis. Identify mechanisms to ensure that social care, primary care and community care services are developed alongside plans for the new hospital. 	Local Health Board/Gwent Healthcare NHS Trust	
<p>7.1.2 Roles of Agencies Raise awareness and understanding of the role each agency has to play and collective responsibilities</p> <p>Cross reference to LHB and LA Communications Strategies</p> <p>Build on the work of the Health</p>	<ul style="list-style-type: none"> Local clarity needed in terms of roles in the development & agreement of the Health, Social Care & Well Being Strategy and relationship across strategies. Clarity needed regarding accountability at Board and Council level in terms of responsibility of delivery of Health, Social Care & Well Being Strategy Health & Social Care Planning Group is already undertaking raising awareness at Senior Officer level and to consider how to extend across the strategic planning mechanisms. Seminars/roadshows to be arranged Produce & publish Communications Strategy Ensure the involvement of Health Alliance 	<p>LHB and LA</p> <p>LHB/LA/Trust</p> <p>LHB LHB</p> <p>LHB/LA/Trust</p>	<p>Interim arrangement for accountability and delivery via existing for 2003.</p> <p>Longer term more robust accountability arrangements need to be agreed 2003/04</p> <p>Ongoing but engagement</p>

Organisational factors and process issues	Action and development required	Responsible agency/individual	Timescale
7.1.5 Information & Performance Management (including SaFF)	<ul style="list-style-type: none"> • Agree a common language, definitions, timeframes and outcomes. • A Joint Executive Group which supports the Health, Social Care & Well Being Plan and annual service delivery plans has already been established. • A Joint Executive Group which supports the Health, Social Care & Well Being Plan and annual service delivery plans has already been established. • Establish task & finish groups to consider areas such as:- <ul style="list-style-type: none"> - Finance Information - Human Resources - Balanced Scorecard - Performance Indicators - Language 	LHB/LA/Trust LHB/LA/Trust	
7.1.6 Communication In relation to joint working, ensure communication frameworks are efficient and effective, avoid duplication, mistakes, errors or omission	<ul style="list-style-type: none"> • Continue to develop an agreed process and framework to communicate consistently across organisations. • Produce & publish a Communications Strategy • Consider employing an independent consultant to map existing communication processes across organisations and to identify opportunities to co-ordinate/avoid duplication. 	Health & Social Care Planning Group LHB	July 2003
7.1.7 Patient & Public Involvement	<ul style="list-style-type: none"> • Build on work already established to ensure PPI is built into all schemes/projects. • Identify existing PPI principles within the separate organisations and develop a set of shared PPI principles across the LHB, LA and NHS Trust. 	LHB/LA/Trust/CHC	On-going

Organisational factors and process issues	Action and development required	Responsible agency/individual	Timescale
	<ul style="list-style-type: none"> • Involve the partners and negotiate and agree principles to produce an overarching PPI Strategy for Whole Systems Working. • Undertake resource-mapping exercise. • Define the aims and objectives of the strategy and produce a combined Action Plan that all partners are signed up to, with identified areas of responsibility. • Agree a common language. • Identify level of resources required to take forward the PPI agenda. • Agree a process to monitor the progress of the Action Plan and evaluate its impact on services. • Continue to engage with the public with regard to the well-being agenda • Dovetail to work with Communities First. • Develop individual awareness of how to self manage minor illness. 	<p>Health Alliance`</p> <p>Health Alliance</p> <p>Health Alliance</p>	<p>October 2003 – Strategy</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
7.1.8 Empowerment of Staff	<ul style="list-style-type: none"> • Establish a mechanism to proactively seek the views of staff (across organisations) as to whether and how they can be empowered and decisions made at the best level. 	All Agencies	End 2003
	<ul style="list-style-type: none"> • Incorporate issues into Organisational Development plans. 		
7.1.9 Corporate links across organisations	<ul style="list-style-type: none"> • Strengthen mechanisms and links at a corporate level with Gwent Healthcare NHS Trust to focus on Caerphilly wide issues and services. • Establish importance of links and identify individuals at Board/Council level to demonstrate commitment to the plan. 	<p>LHB/Trust</p> <p>LA/LHB/Trust</p>	2003

Organisational factors and process issues	Action and development required	Responsible agency/individual	Timescale
	<ul style="list-style-type: none"> Review and extend Trust membership at Health & Social Care Planning Group. Maintain links with the Health Alliance and the NPHS. 	All	
7.1.10 Financial Implications & Impact	<ul style="list-style-type: none"> Cost the elements of proposed and existing schemes within the WSW plan. Identify impact of schemes on existing services and potential release of resources. Ensure financial proposals for schemes dovetail into overall financial plans at organisational level. 	LHB/LA LHB/LA LHB/LA	
7.1.11 Pooled and Interdependent budgets	<ul style="list-style-type: none"> Establish financial, procedural and monitoring mechanisms for pooled budgets for existing and proposed schemes (using the Reablement Scheme as a pilot vehicle) Joint Working Special grant Review Group already in existence. Jointly agreed Memorandum of Understanding in respect of Flexibilities/Special Grant. Establish a Task & Finish Group to identify mechanisms, procedures and opportunities to extend the use of Health Act Flexibilities.	LHB/LA Social Services/Housing/LHB	September 2003 December 2003
	<ul style="list-style-type: none"> Report recommendations/action required to Audit Joint Services Planning Group & Health & Social care Planning Group. 		
7.1.12 Protocols for Joint Working. Organisational factor is the promotion of smooth working across organisational boundaries.	<ul style="list-style-type: none"> Agree protocols and management arrangements to support joint working. 	Health & Social Care Planning Group LA/LHB/Trust	

Organisational factors and process issues	Action and development required	Responsible agency/individual	Timescale
7.1.13 Intermediate Care Development of organisations understanding of Intermediate Care.	<ul style="list-style-type: none"> • Hold a facilitated workshop to develop a shared understanding of intermediate care and identify existing and proposed services. • Develop a local strategy and action plan • Optimise the input of the Health Alliance with schemes such as reablement. 	LA/LHB Health Alliance	September 2003 December 2003 On going
7.1.14 Review of Community Hospitals Review current use of community hospitals in Caerphilly Borough	<ul style="list-style-type: none"> • Profile the range of service provision and use of service facilities. • To be progressed as part of whole system plan for new hospital within the county borough. 	Trust/LHB Trust/LHB	2003 (end)
7.1.15 Recruitment, Retention & Capacity of Primary Care Recruitment and Retention of Primary Care Staff and Review capacity within primary care. This will be underpinned by the Primary Care Estates Strategy. Workforce Plan and Primary Care Investment Plan.	<ul style="list-style-type: none"> • Complete Primary Care Estates Strategy and action plan to develop fit for purpose premises to deliver enhanced primary care services. • Consider and develop further schemes for GPs with Special Interests. • Review and expand the role of Nurse Practitioners within Primary Care. • Develop the role of Community Pharmacies (including pilot a minor ailment service) • Continue to implement the Heads of the Valley Scheme. • Review and expand Salaried GP Model within the LHB. 	LHB	September 2003 October 2003 October 2003 Ongoing Ongoing Ongoing
	<ul style="list-style-type: none"> • Develop a CPD programme for GPs within the county borough. Develop a project plan to implement new GMS		Ongoing From June 2003

Organisational factors and process issues	Action and development required	Responsible agency/individual	Timescale
7.1.16 Care Pathways for Disease specific conditions – chronic	<p>Contract as and when agreed.</p> <ul style="list-style-type: none"> • Audit of disease information following completion of ICT Foundation programme • Develop action plans for NSF implementation (including Inequalities in Health Projects) • Review the current ration of Practice Nurse/Practice population in order to develop plans to increase chronic disease management capacity in primary care. • LHB Service Development Group to review provision of services. • Identify priority areas for Care Pathway development (through secondary care commissioning structure) and develop subsequent action plans. • Develop health improvement initiatives to meet NSF ill health prevention standards. • Maintain independence through schemes such as the “Expert Patient”. 	<p>LHB/LA/Trust</p> <p>Health Alliance NPHS</p> <p>NPHS</p>	<p>ICT Programme completion date December 2003 Plans developed by September 2003</p> <p>Incorporate in Primary Care Investment Plan. Plan completed by end July 2003.</p> <p>Group to be established by July. Aim to complete review by December 2003.</p> <p>On-going once the group is established.</p>

Part Three – The Schemes (see 7.2 of overarching report)

Scheme	Action and development required	Responsible agency/individual	Timescale
7.2.1 Medical Assessment Unit Appropriate Use of Medical Assessment Unit (RGH)	MAU facility being progressed, further work needed to raise awareness of the facility within primary care through the development of a communication process, involving:	Trust	July '03
	<ul style="list-style-type: none"> • Link to the LHB Primary care Team to target GPs & Practice Managers • Link to Gwent Urgent Primary Care to target out of hours GP services and district nursing triage team. • GP Newsletter to be developed. • Establish an educational event for GPs • MAU update letter on the Trust Intranet • Link to district nursing team leaders • PPI Strategy / Network / Forum • Monitor impact on primary and community care services. • Develop the district nursing role and ability with health promotion eg. Diet and smoking cessation. 	NPHS	July '03 June '03 July 03 Ongoing Developed
7.2.2 Hot Clinics Appropriate use of 'hot clinics'	<ul style="list-style-type: none"> • Development of joint protocols between acute consultants and GPs • Communication process as above. 	Trust	August'03
7.2.3 Rapid Response Rapid Response Service Prevention of admission & facilitation of early discharge	<ul style="list-style-type: none"> • Establish a project planning and implementation group for the development of rapid response in the south catchment area of the Trust, involving: Caerphilly LHB Caerphilly Social Services Borough Trust Rep • Identify performance indicators. 	Trust / LHB / LA Planning and Implementation Group	Inaugural meeting June 9 th '03

Scheme	Action and development required	Responsible agency/individual	Timescale
	<ul style="list-style-type: none"> Raise awareness of the rapid response service within acute and community settings through the development of a communication strategy that involves: 	Trust	September '03
	<ul style="list-style-type: none"> Links to district nursing meetings Educational programme for MAU Participation in medical staff induction programme & awareness 	Ongoing	
	<ul style="list-style-type: none"> Link to the LHB primary care team to target GPs and practice managers. <ul style="list-style-type: none"> Links to Gwent Urgent Primary Care to target out of hours GP services and district nursing triage team. Link to Social Service teams Link to existing primary care schemes GP Newsletter to be developed Poster presentation Commence Recruitment Campaign Develop Induction Programme for Rapid Response Team Establish and agree medical cover arrangements. Develop criteria which links the referral pathways across disciplines and services within primary care social services and acute sector MAU & 	LHB Trust Social Service Representative Trust Trust Trust & Social Services. Trust	August '03 Seminar July '03 with MAU Processing with service implementation in Caerphilly Borough from July '03 Advertisements place May. Interviews July '03 August '03 September '03

Scheme	Action and development required	Responsible agency/individual	Timescale
	A&E <ul style="list-style-type: none"> Establish ongoing links with the MAU The project will progress incrementally and will follow 2 distinct pathways ie, from the acute sector MAU & A&E in the Royal Gwent and also via direct referral from primary care / GPs Develop secondary prevention through access to public health advice. 	Trust Health Alliance / NPHS	September 03 Ongoing
7.2.4 Rapid Response Caerphilly	In parallel with the development of the rapid response service in the south catchment area of the Trust, develop a model that fits the specific needs of the Caerphilly Borough.	Trust / LHB	2004
	<ul style="list-style-type: none"> Establish a Caerphilly Borough steering group to: <ul style="list-style-type: none"> Oversee progress of the service Identify Caerphilly specific performance indicators Ensure communication strategy implemented Throughout the borough. Establish regular reviews / monitoring Arrangements 	LHB LHB & Partners LHB & Partners	September 2003 Ongoing
7.2.5 Reablement	Continue to implement a reablement scheme across the county borough Identify performance indicators and measurement tools. <ul style="list-style-type: none"> FFIM – continue usage Develop performance indicators for 	LA / NHS Trust LA / NHS Trust	Ongoing Ongoing January 2003

Scheme	Action and development required	Responsible agency/individual	Timescale
	physiotherapy <ul style="list-style-type: none"> • Establish Care Pathways re: elective surgery • Agree and plan discharge dates to prevent delayed discharges. Benchmark discharge process. • Compare outcomes against "similar" clients not in project area, in terms of financial impact, and independence • Establish referral/transition from Emergency Care Home, Nursing Rapid Response Scheme either to prevent admission or facilitate transfer from MAU. • Establish clear pathways Re: usage of beds • Establish pathways for Reablement vs outpatients vs Day Hospital 	LA / NHS Trust LA / NHS Trust LA LA / NHS Trust LA/NHS Trusts LA/NHS Trust	January 2004 January 2004 October 2003 January 2004 January 2004 January 2004
	<ul style="list-style-type: none"> • Make clear links to health promotion to promote secondary prevention and on-going well-being. • Use of other voluntary and Local Authority services such as 'meals on wheels' and Homecare to promote independent living. • Ensure that on discharge advice includes information, access contact and advice possibly link to healthy living centres to promote independent living. 	Trust Local Authority	

Scheme	Action and development required	Responsible agency/individual	Timescale
7.2.6 Discharge Procedures & Protocols Improve discharge procedures & protocols	<ul style="list-style-type: none"> • Develop joint discharge policy to incorporate agreed timescales, definitions and reporting process (see work on data 7.2.7 below) • Benchmark against best practice. • Choice procedure for Residential/Nursing Care to be implemented • Develop choice procedure protocols and joint training. • Establish a workshop between Social Services Managers and Discharge Liaison Nurses within and without Gwent (14 discharging hospitals) to raise awareness of local protocols and network. • Social Services and health discharge liaison role to be expanded and developed further to incorporate: 	Trust / LA Social Services Social Services Social Services / Trust LA / Trust	To be agreed August 2003 September 2003
	<ul style="list-style-type: none"> • Post take ward round (RGH) • MAU (RGH) • Unified Assessment • Existing discharge liaison co-ordination 	July 2003	
	<ul style="list-style-type: none"> • LHB and Social Services to develop a joint bid to access funding streams to take forward the expansion of the discharge liaison role • Make clear links to health promotion to promote secondary prevention and on-going fitness. 	Social Services / LHB	

Scheme	Action and development required	Responsible agency/individual	Timescale
	<ul style="list-style-type: none"> • Use of other voluntary services such as 'meals on wheels' and Homecare. • Ensure that on discharge advice includes information, access contact and advice possible link to healthy living centres. 	CCBC CCBC Trust NPHS	
7.2.7 Data for Discharge	Linked to 7.2.6 above <ul style="list-style-type: none"> • Review current partner organisations definitions, performance indicators, timescales and reporting processes in respect of DTOCs to inform the development of a joint discharge policy. • To further develop the sharing of information to ensure a more efficient cross match between health and social services. 	Trust /LA Trust / LA	On going On going
7.2.8 Over 75 years old Holistic Assessment (primary care based service)	<ul style="list-style-type: none"> • Draft job descriptions for Project Officer, Assessment Nurses & Phlebotomists. On receipt of approval of funding commence recruitment process. • Raise awareness of the assessment initiative involving: <ul style="list-style-type: none"> - GPs - Social Services 	Lead Nurse / Clinical Services Manager	July 2003-10-02 August 2003
	<ul style="list-style-type: none"> - District Nursing Teams - Voluntary organisations such as Age Concern and Care and Repair. 		
	<ul style="list-style-type: none"> • Project officer appointment 		October 2003

Scheme	Action and development required	Responsible agency/individual	Timescale
	<ul style="list-style-type: none"> • Work programme for assessments developed and performance indicators agreed with partners and Performance Indicators agreed with partners. • Assessment nurses and phlebotomists appointed: induction process commenced. • Initiative to go live. • Establish review / steering group with partner agencies. • Review on a quarterly basis against agreed performance indicators. • Link to Safer Home project 		<p>November 2003</p> <p>December 2003</p> <p>December 03/January 04</p> <p>December 2003</p> <p>Ongoing</p>
7.2.9 Respite Care Respite care within <ul style="list-style-type: none"> • Residential • And at home 	<ul style="list-style-type: none"> • Map existing voluntary, independent, Health & Social Services respite service provision:- <ul style="list-style-type: none"> - self help - Voluntary sector - Independent sector - Social Care at home - Social Care facilities (Day centre, residential, out of area) - Community nursing - Specialist Palliative Care - Community Hospital - General Hospital - Health Out of Area 	CCBC and LHB (Social Services – Planning Manager LHB – Senior Nurse)	July 2003

Scheme	Action and development required	Responsible agency/individual	Timescale
	<ul style="list-style-type: none"> • Review demand and provision of night and evening sitting services. • Assess possible service duplication with palliative care provision. • Develop proposals for service reconfiguration:- <ul style="list-style-type: none"> - identify categories of need - agree eligibility criteria - Consider Human Rights and patient choice directives - integrate services across statutory and voluntary sectors - cost proposals 	<p>Mid July 2003</p> <p>July 2003</p> <p>August 2003-10-02</p>	
7.2.10 Unified Assessment	<p>Joint working is already well established to implement Unified Assessment within the county borough.</p> <ul style="list-style-type: none"> • Consider the need for dedicated resources for a project co-ordinator for local lead to ensure implementation of this agenda. • Identify lead officers within each organisation. • Continue to establish joint criteria & protocols for assessment by Health Care Professionals & Local Authority staff. <ul style="list-style-type: none"> • Continue to establish information sharing protocol to avoid duplication of data collection within and between Health and Local Authority services • Agree joint protocol/policy for the use of unified assessment across Caerphilly County Borough 	<p>LA /LHB / Trust</p> <p>Social Services – Services Manager LHB – Senior nurse Gwent Healthcare NHS Trust – General Manager Community Services</p>	<p>Joint policy, protocols and procedures implemented within WAG timescale – April 2004</p> <p>Achieve consensus and agreement across organisations – July 2003</p> <p>Achieve agreement across organisations –</p>

Scheme	Action and development required	Responsible agency/individual	Timescale
	<p>in preparation for implementation.</p> <ul style="list-style-type: none"> Develop and Test pro-formas for Unified Assessment with Health & Local Authority staff:- <ul style="list-style-type: none"> train staff in use, rationale and concept of 		<p>September 2003</p> <p>Achieve agreement across organisations – September 2003</p>
	<ul style="list-style-type: none"> Unified Assessment support multi-disciplinary training to encourage improved joint working pilot joint assessment process 		Commence training & pilot programmes – December 2003
	<ul style="list-style-type: none"> Continue to work within Gwent-wide multi-disciplinary group to establish compatible approaches to unified assessment protocols. Policy and procedures across the Region. From the unified assessment data build population profiles which identify trends and health needs. 		Ongoing to June 2004
7.2.11 Continuing Care	<ul style="list-style-type: none"> Awaiting WAG guidance which will take into account the Coughlan judgement and future recommendations. All Wales Steering Group established (SE Wales NHS reps incl. RCT/MT LHB Nurse Director and Gwent Healthcare Trust) All Wales Policy to be agreed. Establish mechanisms to report progress to Caerphilly partners. 	Local Health Board & Gwent Healthcare NHS Trust	Timescale unknown at present until WAG guidance received
7.2.12 Free Nursing Care	<ul style="list-style-type: none"> Torfaen LHB currently leading – Gwent LHB's to agree future arrangements for nurse assessors, administration etc. Agree financial allocation for English patients. Review financial allocations across LHBs. 	Local Health Board	Establish LHB arrangements by September 2003

Scheme	Action and development required	Responsible agency/individual	Timescale
	<ul style="list-style-type: none"> • Develop service contracts with Nursing Homes. Agree local management arrangements for Free Nursing Care. • Identify possible funding shortfall and strategy to action. 		April 2004
7.2.13 Unified Disabled adaptation process	<ul style="list-style-type: none"> • Develop working links between Housing and Social Services and Health 	Local Authority (Directorates of Environment (Housing) & Social Services), LHB, Trust	Short term (12/18 months)
7.2.14 Sheltered Housing Accommodation for the Elderly	<ul style="list-style-type: none"> • Establish review mechanism. • Identify issues/recommendations and develop action plan 	Local Authority (Housing & Social Services)	Short Term Medium Term
7.2.15 Very Sheltered Accommodation – Housing with extra care for the elderly	<ul style="list-style-type: none"> • Develop and commission a scheme. 	LA (Housing & Social Services), LHB	December 2003
7.2.16 Safety within the Home	<ul style="list-style-type: none"> • Develop processes and interlink actions that may provide preventative measures to promote safety within the home, ill health and well-being. 	LA (Housing & Environmental Health & Social Services), LHB, Care & Repair	Short term and medium term
7.2.17 Expansion of Emergency Care at Home (ensuring linkage with rapid response team	<ul style="list-style-type: none"> • Developing services as part of palliative care services. 	LA, Trust, St David's Foundation	Ongoing
7.2.18 Enhancement of services for older people with mental health including linkage with consultant's geographical patches	<ul style="list-style-type: none"> • Day service review reaching conclusion • Review boundaries of Older Persons Community Care Teams to match those of multi disciplinary teams 	LA, Trust, LHB, Independent Sector LA	August 2003 Medium term

Scheme	Action and development required	Responsible agency/individual	Timescale
7.2.19 Expansion of provision of residential places for EMI	<ul style="list-style-type: none"> LA agreement to increase EMI beds in Min-y-Mynydd (2003), new EMI unit Ty Darran (2004) and increase beds in Brodawel (2004) 	LA	2003/2004
7.2.20 Upgrading of social services emergency duty team	<ul style="list-style-type: none"> New stand alone team for all Gwent Authorities awaiting political approval 	(Lad (5 authorities)	Nov – Jan 2004
7.2.21 Enhancing dedicated social work time to hospitals	<ul style="list-style-type: none"> Proposal being developed for joint funded posts to form part of new Social Services centralised duty team, to have direct link to hospitals. 	LA, Trust	Short- Medium term (subject to availability of funds)

Conclusion

The public health aspects of the action and implementation plan will be strengthened by consideration of the inclusion of these recommendations within the plan.

Alan Brown
Mererid Bowley
Chrissie Hayes

23 September 2003

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