NHS
Greater Glasgow and Clyde

Greater Glasgow and Clyde NHS Board

Board Meeting
Tuesday 3rd March 2009 **Board Paper No. 2009/17**

Director of Corporate Planning and Policy/Lead NHS Director Glasgow City CHCPs

GLASGOW CITY CHCPS:
REPORT ON JOINT DEVELOPMENT WORK

Recommendations:

The Board:

- **note the substantial progress in resolving issues with the City Council in relation to the CHCPs;**
- **comment on the draft revised Scheme of Establishment, which is work in progress with the City Council;**
- **agree to establish a transition process to move to these new arrangements and develop and final revised scheme of establishment for consideration by the Board at its June meeting.**

1. INTRODUCTION AND PURPOSE

1.1 The Board considered a paper at its October meeting which established arrangements to review joint working with Glasgow City Council and to positively progress the development of CHCPs.

1.2 That October paper set out three main objectives in relation to CHCPs. These were to:

- push forward the development of CHCPs to put in place, without further delay, the organisational model we agreed in the Scheme of Establishment. We need to have made significant progress by the start of the next financial year to retain the credibility and assure the future of the CHCP construct;
- develop with the City Council the initial thinking on the next phase of development for CHCPs and give fresh momentum to the wider reform agenda we had been developing;
- ensure that we agree and implement governance arrangements which give us confidence the situation which has occurred in the West CHCP cannot happen again. This is particularly important for the Board as an employer to be certain it can meet its responsibilities to staff in joint posts.

1.3 These objectives were intended to enable us to address a number of issues with the state of development of the CHCPs. These include the limited levels of delegation

and resource devolution, stalled progress in integrating NHS and social work services, and potential issues with the governance arrangements.

1.4 Following a series of exchanges with the Council Leader and Officers we were able to report to the December Board that a positive meeting between the Board Chair and the Leader of the Council had agreed a clear restatement of the Council's support for the vision established for CHCPs and their commitment to achieve a devolved model. We reported agreement that the Council and Board Chief Executives would work together to develop and bring forward proposals to achieve this vision and address the issues which have caused problems, by the end of January.

1.5 The purpose of this paper is to report on how that joint work has been taken forward and how it has progressed resolution of the issues of concern to the Board.

2. CHCP DEVELOPMENT: THE JOINT PROCESS

2.1 The first discussion with the Council's Chief Executive to start this joint process took place on 18th December 2008. A series of further meetings have followed, establishing and monitoring the programme of work described in section 3 of this paper. The frame for the discussion was agreed as the key points from the NHSGGC Board paper on the development of CHCPs as outlined in Section one, above.

2.2 The premise underlying the process was the clear commitment from both organisations to continue to have integrated Partnerships but the need to achieve resolution to the issues of concern to both partners.

3. THE STARTING POINT PERSPECTIVES

3.1 The first meeting enabled both organisations to outline their perspectives on the issues which needed to be addressed, these are summarised below.

For the Council:

- major issues in relation to the management of resources, particularly how financial control can be exercised if Council resources can be committed by NHS employees;
- the requirement to ensure that Council officers' statutory functions can be properly discharged;
- the need to assess potential issues about equal pay;
- concerns about differences between Council and NHS procedures to deal with complaint and conduct issues, in general, and specifically where these relate to actions by NHS staff affecting Council employees.

For the NHS:

- the importance of the integrity of the management of NHS and Council staff and financial resources in an integrated structure, led by a Director (or Partnership joint general manager), employed by the NHS or Council as the single point of accountability into the two parent bodies. With the construct of

CHCP Committees, chaired by elected members and with substantial Councillor Membership, providing proper governance;
- ensuring that there are clear arrangements for budget setting, agreement and monitoring as a key element of effective financial accountability and that budgets are systematically and consistently related to staffing resources;
- management of staffing should be fully delegated to CHCPs for social work services;
- there are a wider range of issues of delegation and control of resources without which CHCPs cannot operate effectively;
- agreement to progress further service integration;
- revised governance arrangements to address the employment issues for the NHS and ensure that there is clear agreement to deal with issues of different line management and employer situations;

4. PROGRESS ON KEY ISSUES

4.1 A comprehensive programme of work was established to address and provide solutions to these issues. Section four of this paper provides at detailed exposition of each part of that work and indicates the progress which has been made.

4.2 In essence, there are three significant areas of progress which provide the basis for a positive way forward. These are:

- agreement to employment arrangements for Directors, analogous to those for University employees also working in the NHS, which give them status as employees of both organisations;
- the proposal to establish a Joint Partnership Board, populated by CHCP chairs and Board non Executives, to provide a shared governance arrangement for key decisions in relation to policy and resources, to drive the improvements which CHCPs were established to achieve, and to ensure consistency across the City, where that is appropriate. Further information on the proposed arrangement are outlined in the attachment to this paper;
- a changed relationship between CHCP Directors and social work centre with a high level of devolution and delegation overseen by the Partnership Board;
- the reestablishment of an officer "Executive" group to ensure a shared approach to the management and development of CHCPs and underpin the work of the Partnership Board;
- the Council's proposals to revise their budget setting process for the Council element of CHCP resources;

5. POSITION ON JOINT WORK PROGRAMME

5.1 This section provides a more detailed update on each part of the joint work which has taken place since December. The bold text represents the position which has been reached on each element.

- Development of a joint scheme of delegation which expresses appropriate levels of delegation and is reflected in the adjustment of each organisations standing orders and related governance frameworks. **This issue should be**

resolved by the further development of the proposed Partnership Board arrangements.

- Development of an explicit process by which each organisation will set, agree, monitor and report on CHCP budgets and deal with any issues of overspend or other financial control problems. This must include clarity on the process to propose and agree any in year adjustments and base budgets from April 2009 which explicitly relate to CHCP staff and service commitments. **The Joint Partnership Board proposals, and the detailed development of the proposed headline financial arrangements, which it will oversee, should resolve this issue, subject to the confirmation of which budgets the Council does not propose to delegate to the CHCPs.**

- Definition of the relationships between the Partnerships and the corporate arrangements of each organisation. This should include service governance, audit and risk management arrangements, and policy and planning relationships. **These arrangements are set out for the NHS and can now be developed in detail with the Council, as the Partnership Board and Executive group proposals provide a basis for progress.**

- The need to assess potential issues about equal pay. **The arrangements to resolve the position of Directors and our conclusion that we are not able to progress wider salary anomalies, across the management teams, has addressed this issue.**

- The development of a joint policy to deal with complaints by employees of one organisation against another and the process which would be followed if such complaints occur. **The revised employment arrangements for Directors, partly address this issue subject to progressing the points below.**

- Linked to the above point is the need to revisit the framework for joint accountabilities and line management in integrated partnerships and develop a revised framework for HR issues, including handling of performance issues. **We need to agree and progress a programme of work to address these issues, including establishing the necessary partnership dialogue within the NHS. A process has been established to scope the potential to shift to an integrated HR function for partnerships and assess the potential to move to single policies for conduct, capability, bullying and harassment, grievances and absence management. It will be important to reflect progress on this work in the final, revised scheme of establishment, alongside confirmation of agreement on individual performance arrangements and line management accountabilities where there are different employers. A joint employment protocol has been agreed.**

- Development of an integrated CHCP performance framework. **The proposals for the Joint Partnership Board and the redefined role of CHCP Committees provide a platform to address this issue.**

- Confirmation of commitment to the principle of further integration and a clear process by which proposals in that regard can be developed by CHCP Directors and considered jointly for approval. **The proposed, revised**

governance arrangements and scheme of establishment provide a basis for this issue to be addressed.

6. CONCLUSIONS

6.1 Significant progress has been made since the joint process was established buy the Council Leader and Board Chair in December 2008. As this detailed report indicates the Board can have confidence that its areas of concern are either addressed or there is a clear route to address them through the transition process.

6.2 The recommendations in this paper enable the Board to have a final opportunity to conclude that full resolution has been reached in considering a final revised draft scheme of establishment at its June 2009 meeting.

Recommendations:

The Board:

- **note the substantial progress in resolving issues with the City Council in relation to the CHCPs;**
- **comment on the draft revised Scheme of Establishment, which is work in progress with the City Council;**
- **agree to establish a transition process to move to these new arrangements and develop and final revised scheme of establishment for consideration by the Board at its June meeting.**

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

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EMBARGOED UNTIL DATE OF MEETING

ATTACHMENT 1

DRAFT SUBJECT TO JOINT DEVELOPMENT PROCESS

REVISED GLASGOW CITY CHCP SCHEME OF ESTABLISHMENT

1. INTRODUCTION

1.1 This Scheme of Establishment has been prepared in terms of regulation 10 of the Community Health Partnerships (Scotland) Regulations 2004.

1.2 This proposal is presented jointly by NHS Greater Glasgow and Clyde and Glasgow City Council and revises the Scheme of Establishment for the five5 Community Health and Care Partnerships covering the Glasgow City Council area, originally submitted and approved in April 2005.

1.3 Having regard to this context, the Scheme of Establishment also varies, under the terms of Regulation 3(4) and (5) of the said regulations, the membership of the Partnerships governing Committee as detailed in Section 4.

2. BOUNDARIES AND PRINCIPLES

2.1 There will remain five CHCPs in Glasgow City, which will cover populations of between 110,00-150,000 people. The detail of the CHCP populations are attached at Appendix One. The CHCP boundaries were created based on principles of achieving equity in population terms, coherence with natural communities and minimum disruption to services. The boundaries match the multi member electoral wards, when agreed, and achieve coherence with community planning boundaries.

2.2 The CHCPs bring together NHS and Local Authority responsibilities into a integrated management and governance arrangement but retain clear individual agency accountability for statutory functions, resources and employment issues. This scheme of establishment sets out how those accountability and governance arrangements operate.

2.3 The CHCPs operate within the wider context of community planning and the existing Council and NHS strategic frameworks, including joint plans and strategies.

2.4 We are constructing CHCPs as organisations resourced and responsible for directly acting to improve health and reduce inequalities and working with a full range of Partners to achieve that objective. This means:

- CHCPs will lead the locally based health improvement effort, covering life circumstances and lifestyle action;
- a senior manager will have responsibility for leading health improvement within the CHCP;
- the CHCP will be developed as a public health organisation embedded within the NHS and City Council;
- the facilitation and integration of community involvement will be core to the CHCP through a Public Partnership Forum;
- CHCPs will lead the "health" contribution to local community planning;
- CHCPs will have specialist health improvement resources bringing together staff from the LHCC, health promotion and local government forming a specialist health improvement team, supporting the public health orientation and activity of a wide range of non specialist CHCP staff;
- CHCPs will produce, as part of their development plans, health improvement and inequalities plan delivering on NHSGGC wide priorities but also reflecting local circumstances and a full partnership with local government;
- CHCPs will have a range of responsibilities in community development and regeneration and will be fully involved in community planning and related area coordination arrangements;
- all of the CHCP management team will have responsibility for health improvement in their area, supported by the specialist resources. This connection of service delivery and health improvement will drive a focus on addressing inequalities by targeting resources and services. In addition, service delivery will reflect the imperatives of health improvement. Rather than prevention and inequalities being squeezed out by the imperatives of health and social care delivery we intend to see service delivery driven by the imperative to prevent ill health and improve health.

2.5 Within this context the purpose of a CHCP is to:

- manage local NHS and social care services;
- improve the health and well being of its population and close the inequalities gap;
- play a significant role in community planning;
- achieve better specialist care for its population;
- achieve strong local accountability through the formal roles for lead councillors and the engagement and involvement of its community;
- drive NHS and Local Authority planning processes.

2.6 The CHCPs will be characterised by:

- reduced bureaucracy and duplication;
- a focus on promoting continuous improvement and best value in the delivery of services
- modern and integrated community health and social care services focused on natural localities;
- integrated community and specialist health and social care through clinical and care networks;
- a partnership approach to ensuring service users, their families and a broad range of frontline health and social care professionals are fully involved in service delivery, design and decisions;

- operating within the shared governance and accountability arrangements outlined in section 4 a high degree of devolution or responsibility and decision making;
- developing a central role in service redesign;
- establishing a pivotal role in delivering health improvement.

2.7 Priorities for the development of the CHCPs include:

- better care pathways for service users;
- a clear programme to tackle health and social inequalities;
- continued implementation of the new Practice Team model of Social Care Services
- establishing community involvement;
- realising the gains for service users of fully integrated local services;
- reduced bureaucracy and duplication;

3. SERVICES MANAGED

3.1 The CHCPs will directly manage:

- health visitors;
- district nurses;
- relationships with primary care contractors;
- mainstream school nursing;
- local health and social care older people and physical disability services;
- chronic disease management programmes and staff;
- oral health action teams;
- allied health professionals;
- palliative care;
- integrated community addiction services
- integrated community learning disability services;
- local health and social care adult mental health and older people's mental health services;
- community child health, child and adolescent mental health and SEN school health services;
- children and families social work services;
- local planning, public health, community development and health promotion staff;
- criminal justice social work services.

3.2 The CHCPs will hold budgets and contracts for the following

- social work purchasing and commissioning budgets for **(list to be inserted)**;
- service level agreements for direct access to diagnostic and laboratory services;
- primary care contracts;
- prescribing;
- health improvement and promotion;
- participate in the management arrangements for the following services:
  - non local mental health services;

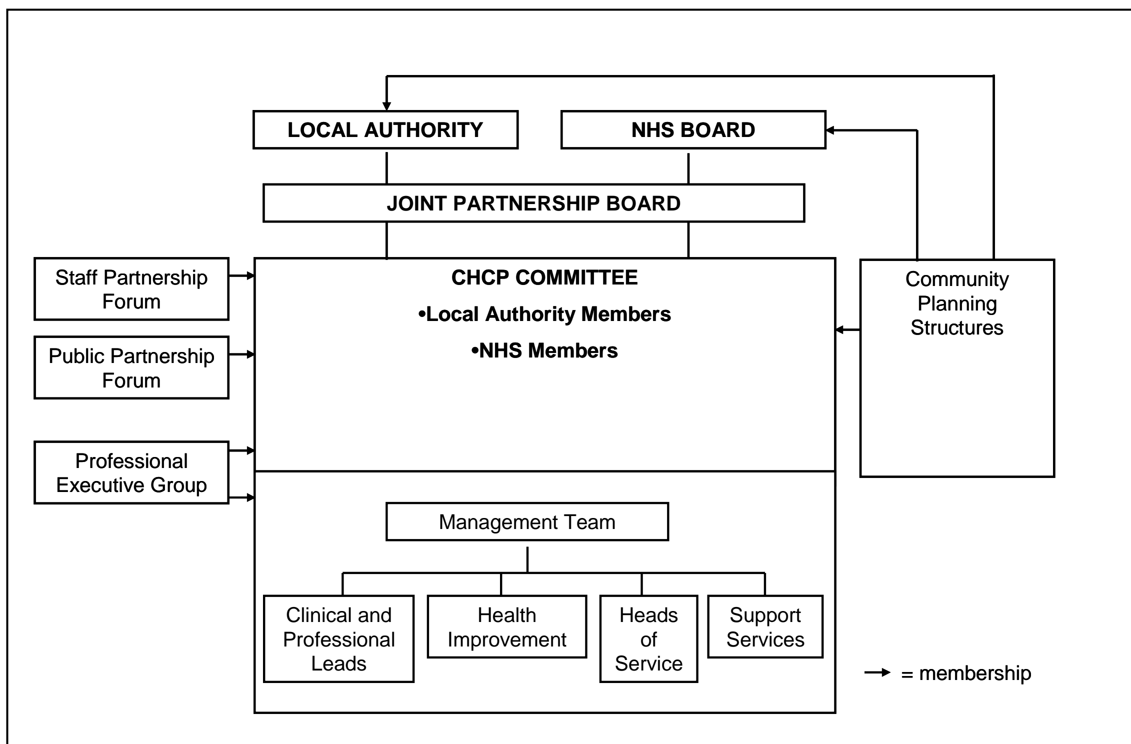
  - non local rehabilitation and enablement services;
  - community midwifery services;
  - acute and children's services;
- CHCPs will host a number of services and functions on behalf of others these are outlined at appendix four.

3.3 This will also provide the platform to further integrate health and social care services. Potential benefits of such arrangements include:

- improve joint assessment, care management and intervention;
- simplified access;
- a stronger focus on vulnerability, early intervention and inclusion;
- shared specialist teams bringing together complementary NHS and social care professionals;
- shared systems and decision making;
- reduced interfaces, duplications, negotiations and gaps between services.

4. GOVERNANCE ARRANGEMENTS, STRUCTURES AND RELATIONSHIPS

4.1 Our governance arrangements reflect the fact that the CHCPs will be a full partnership between the NHS and Glasgow City Council. They will have seven key components, the Joint Partnership Board, and the Executive group supporting it, the CHCP Committee, the Staff Partnership Forum, The Public Partnership Forum, the Professional Executive Group (PEG) and the Management Team. These are described in detail below and can be diagrammatically represented as:



4.2 Joint Partnership Board

4.2.1 The JPB will consist of the five CHCP Chairs, one of whom will Chair the Board, and five non Executive Directors of the NHS Board. The Board will be advised by the Council's executive Director of Social Work and the Health Board's (to be agreed). The Board will oversee the process for the allocation of resources to the CHCPs; ensure consistency across the City, where that is required; contribute to the development of City wide improvement plans.

(Further discussion required on potential role of Board in setting policy and strategic direction, resolving disputes and how the JPB connect to the NHS Board and GCC political structures.)

4.3 CHCP Committee

4.3.1 The purpose of the Committee is to set budgets within the CHCP allocation, to take a strategic overview of the CHCP's activities, priorities and objectives and to hold to account the management team for the delivery of the CHCPs annual plan.

4.3.2 The CHCP Committee would have the following principal areas of responsibility:

- the approval of policy and strategy for those service areas and functions included within the remit of the Partnership and within the overall frameworks set by the NHS Board and the Council;
- to deal with consultations from Government and other statutory bodies
- to approve the allocation of resources within the specific revenue and capital budgets as delegated by the NHS Board and the Council in accordance with the standing financial instructions/orders of both parent bodies;
- to monitor and review the performance of the Partnership against national and local performance targets, improvement plans and best value requirements;
- to consider issues relating the staffing and structure of the Partnership and where necessary to make recommendations to the parent bodies.

4.3.3 The CHCP Committee will be balanced between health and local authority members, to reflect a partnership approach, with an elected member as chair of the CHCP Board and members of the Committee will be appointed by the NHS Board and approved by the Local Authority. It is proposed that the CHCP Committees will be balanced between the key stakeholders as follows:

- Elected Members (5);
- NHS Board (2);
- PEG (3);
- Staff Partnership Forum (1);
- Public Partnership Forum (1);
- Voluntary Sector (1);
- CHCP Director (1).

4.4 Management Team

4.4.1 The CHCPs will be managed by a Director appointed jointly by the NHS Board and Glasgow City Council. Directors are line managed by the NHS Board Chief Executive and the Executive Director of Social Work Services, through the agreed arrangements for individual performance.

4.4.2 CHCP Directors are employees of the NHS Board and Council under the terms agreed by both bodies. In that capacity, as employees of both organisations, they are fully responsible and accountable for the effective and proper discharge of all of the CHCPs functions, including the:

- effective delivery of services;
- appropriate use of purchasing and commissioning;
- development and delivery of a CHCP plan which sets out how the CHCP will utilise resources, and drive change and improvement;
- proper use of NHS and Council resources;
- effective management of staff, including implementing organisational development and related programmes, communication and training;
- relationships with Trade Unions, within each CHCP and as a group of Directors across the five CHCPs;
- ensuring the CHCP has an appropriate public face including answering all queries and complaints about its services and responsibilities on behalf of the Council and the NHS;
- quality assurance, clinical and care governance of CHCP services.

4.4.3 CHCP Directors will also discharge agreed strategic leadership roles on behalf of the NHS and City Council, for services which are managed within CHCPs, including children's, mental health, addictions, learning disability, older people and disability services. These roles will also be developed for cross cutting issues, for example carers and will include leading strategic planning and policy development.

4.4.4 CHCP Directors and their Heads of Service will also be expected to ensure they work effectively as a team, across the five CHCPs, coordinating key areas of activity and decision making to ensure duplication is avoided and good practise is shared and implemented.

4.4.5 Across the management team, the key posts will be joint appointments under the terms agreed by both partners and may be employed by either body, with the exception of the Heads of Children's Services who will be Council employees to meet statutory accountability requirements. Similarly, four of the five Heads of Mental Health will be NHS employees and one will be employed by the Council to reflect the balance of statutory responsibilities.

4.4.6 The Heads of Children's Services will have a direct responsibility for children's services outlined in Section 3 above, and will discharge a professional leadership and advisory responsibility for the social care services of each CHCP. The Lead Allied Health Professional (AHP), Nurse and Clinical Directors will perform a similar professional leadership and advisory role for those services within their professional remit that they do not directly line manage. The primary focus of these professional roles is to provide advice to the CHCP Director, to whom they are each fully

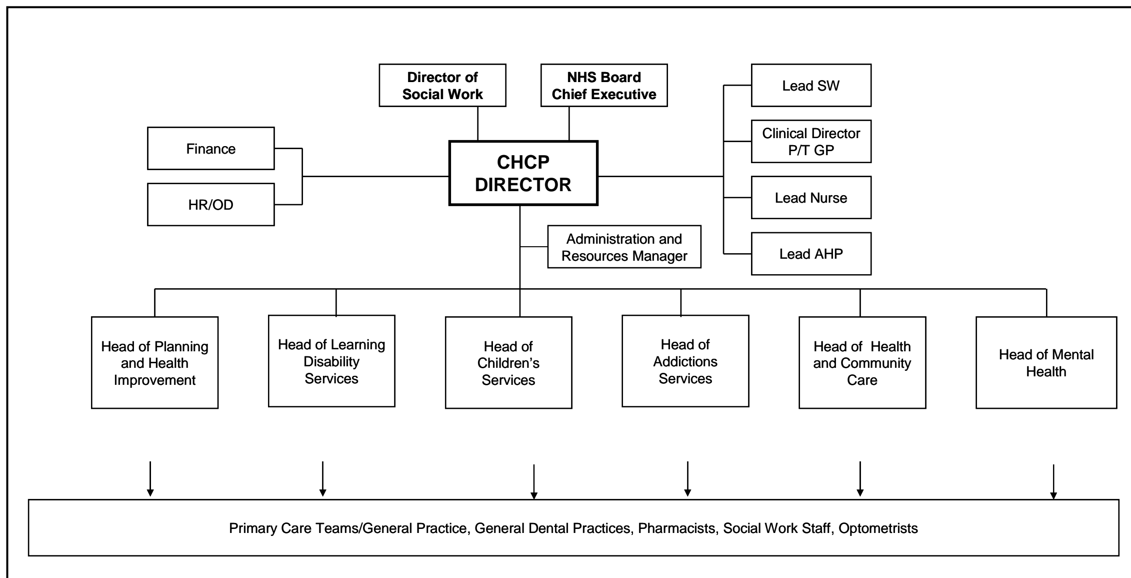
accountable, and Committee although they may be part of wider professional network arrangements.

4.4.7 Members of the management team will have a range of relationships with staff in the two parent bodies but their only line of accountability and direction is to the CHCP Director.

4.5 Executive Group

4.5.1 The Executive group will bring together the five CHCP Directors with the key service and corporate Directors of the Council and NHS Board. It will be jointly chaired and will establish and implement a development agenda for CHCPs, in line with the direction of the Joint Partnership Board; endeavour to resolve any areas of difficulty for the CHCPs and ensure that the two parent bodies deal with the CHCPs in a consistent way and in line with this Scheme of Establishment.

Glasgow City CHCP Organisation Chart



4.6 The Professional Executive Group (PEG)

4.6.1 This Group is the key way to involve frontline staff in the governance and decision making for the CHCP. We also expect that the CHCP will have a wide range of planning and working groups, which will fully involve professional staff, across the range of its activities. The Group will include an older people's medicine consultant, a psychiatrist, a paediatrician, a psycho geriatrician, general practitioners, a nurse, an AHP, a pharmacist, a dentist, an optometrist and social work staff.

4.6.2 The consultant members will be nominated by the relevant NHS Division. Lead professionals will be nominated by the local staff of that profession. The three representatives on the CHCP Committee will be nominated from the local practitioner members of the Group.

4.6.3 The Professional Executive Group (PEG) will be fully meshed with the CHCP Committee and an integral part of the management team. It will have clear responsibilities to lead service redesign, planning and prioritisation. Its members will include all of the professions covered by the CHCP and clinical input from specialist divisions including acute services, child health and mental health;

4.7 Public Partnership Forum (PPF)

4.7.1 The PPF will provide the formal component of voluntary sector and community engagement within the CHCP, but it is only one component of creating the vision for engagement of CHCP as:

"*inclusive organisations whose processes for strategic and service development engage stakeholders, users and communities throughout, in accordance with the Community Planning Standards. That CHCP staff at all levels recognise and utilise the experience and views of communities to the betterment of service provision and foster ownership that bridges people to services and services to people*."

4.7.2 The management of community engagement, community development and the PPF will be through the Head of Health Improvement and Planning.

4.7.3 The PPF will include a wide range of community and voluntary sector organisations in a virtual network utilising community planning processes and existing local structures that will have periodic opportunities to be informed and engaged in line with local needs/requirements.

4.7.4 The virtual PPF network will come together formally through a PPF Executive Group which will be a mix of representation (including equalities, carers and other key groups operating across CHCP areas from recognised local engagement processes) and self selected membership. The PPF Executive Group will elect annually representatives for the CHCP Committee.

4.7.5 The structures and mechanisms for membership and operating of the PPF will be informed by the Community Engagement Strategy for Community Planning currently being developed in Glasgow City. Beyond the PPF the CHCP will be responsible for developing as:

- a visible and engaged organisation - through staff involvement in key local public forums, community events, community planning;
- an organisation with a capacity to create opportunities for users and communities to learn about their services and structures - proactively enabling local communities and organisations to understand how CHCPs work and how to influence them;
- able to inform residents and users of the range of services and business of the CHCP;
- active in all aspects of engagement from information provision and consultation, through to influencing service delivery (including community management of services where appropriate and agreed) to quality management and accountability;

- an organisation which pursues the views of users and hard to reach communities through formal structures, eg, young people. BEM communities, etc;
- able to adapt for engagement, e.g., with translation, physical access and other physical and social adaptation facilities available to enable engagement of people with a wide range of needs;
- skilled in managing conflict and opposition between communities and between communities and service providers.

4.8 Staff Partnership Forum

4.8.1 Staff Governance is a statutory requirement on NHS Boards. Arrangements for the Staff Partnership Forum and for the way in which the Staff Governance Standard for NHS employees will be applied within CHCP is subject to a minute of agreement between NHS Greater Glasgow and Clyde and its recognised trade unions. Alongside the specific obligations of the NHS, we will seek to develop staff partnership arrangements within CHCPs which fully include Council employees.

4.8.2 In addition to local arrangements to work with GCC trade unions, CHCP Directors will have collective responsibility to establish pan CHCP arrangements to formally engage trade unions in relation to their areas of responsibility.

5. STRATEGIC FRAMEWORK

5.1 The CHCPs will operate with full devolution and delegation, under the auspices of the Joint Partnership Board but will be expected to play a key role in the development of strategic and policy frameworks established by the Local Authority and NHS Board and to operate within those frameworks.

5.2 Unless essential to reflect the different statutory responsibilities of the parent organisations, those frameworks will be joint.

5.3 There will also be fully joint planning and performance management arrangements to ensure the CHCP activities are fully integrated into the corporate governance arrangements of both organisations.

6. SPECIALIST AND NON LOCAL SERVICES

6.1 Critical to the success of the CHCPs will be ensuring they work with the Acute Division and other specialist services to improve services for service users. In the context of the wider reorganisation of the NHS in Greater Glasgow, health services intend to take the opportunity to create strong and effective management and clinical relationships to drive change between local and specialist services. The approach to achieve this objective has a number of complementary strands:

- involvement of clinical leaders from key specialities, including older people's medicine, paediatrics and psychiatry in the CHCP management arrangements and in local service delivery teams;

- creating a strong geographic focus within a single Greater Glasgow Acute Division which will ensure direct senior management connection and cross population of the Acute Division and CHCP management teams;
- organisational arrangements for rehabilitation and enablement services, women and children's and adult mental health services which fully engage the CHCPs at the heart of decision making for those services and ensure the important vertical integration between hospital and community care is strengthened.

6.2 In terms of other connections, the CHCPs planning and policy structures will include representatives of key Local Authority departments, education, leisure and housing as well as local housing associations and the voluntary sector.

7. FINANCE

7.1 The CHCP will be allocated funding on an agreed basis for the defined range of functions, by the Council and NHSGGC, through the Joint Partnership Board. Those budget allocations will be based on synchronised planning processes and a transparent approach to addressing identified pressures and issues. The CHCP Committee will set budgets for its activities within the overall allocation.

7.2 Detailed financial monitoring arrangements will be developed in line with and building on existing financial frameworks. They will include regular reporting into the Local Authority and NHS system. Budgets will be aligned and not pooled, therefore there will be a clear track from expenditure to each allocating body.

7.3 The CHCP Director, as with any Glasgow City Council or NHS Director, will be responsible for remaining within the allocated budgets and accounting to the City Council and NHS for financial probity and performance.

8. PLANNING AND DEVELOPMENT

8.1 The CHCP will be responsible for the planning and development of the services it directly manages and will participate in the development and delivery of the full range of services to its population. Planning frameworks will be set centrally within the national and local legislative and policy parameters of both the NHS and Glasgow City Council, and will be set out in planning guidance provided to CHCPs. There will be significant planning capacity at CHCP level, which in addition to specific local planning responsibilities will have a role in shaping the central frameworks.

8.2 Within the join planning framework established by the NHS and Glasgow City Council, the CHCP will produce a three-year plan for the range of its responsibilities including resources, service delivery, and health improvement and tackling inequalities. That plan will be developed within the existing statutory planning frameworks. These joint plans will also cover shared care groups, chronic disease, demand management and access issues and service redesign and improvement.

8.3 Development plans will include a clear set of improvement objectives defined by the CHCP Committee.

ATTACHMENT 1

DRAFT SUBJECT TO JOINT DEVELOPMENT PROCESS

APPENDIX ONE

CHCP POPULATIONS

East	132,530
West	121,027
North	88,192
South East	99,567
South West	102,414

CHCP RESOURCES

Table to show NHS and Council resources managed

APPENDIX TWO

PROPOSED BUDGET SETTING PROCESS

DRAFT PROPOSED BUDGET SETTING PROCESS FOR NHS SERVICES

(To be inserted)

EMBARGOED UNTIL DATE OF MEETING

ATTACHMENT 1

DRAFT SUBJECT TO JOINT DEVELOPMENT PROCESS

DRAFT PROPOSED BUDGET SETTING PROCESS FOR COUNCIL SERVICES

1. Around June of each year the Executive Director of Financial Services prepares a financial statement for the following year taking account of the Scottish Government's financial settlement for Local Government. The statement takes account of anticipated central government grant, estimated pay awards, legislative changes and other spending pressures.

2. The underlying assumptions are discussed at meetings of the Core Corporate Management Team and Extended Corporate Management Team with a proposal then being presented to the Labour Administration's Service Reform and Efficiency Working Group.

3. The financial statement is then circulated to all political groups and ALEO Boards.

4. Budget and Service Plan guidance is issued including savings targets, together with guidance on the treatment of budget pressures and service improvement initiatives.

5. Senior officers from Council Services and ALEOs meet with the Chief Executive of the Council and the Executive Director of Financial Services to discuss the nature of savings being considered. This is followed by presentations by Services/ALEOs to the Service Reform and Efficiency Group, where appropriate.

6. At the end of this cycle of meetings the budget and service plan options are circulated to all political groups within the Council

7. The Budget and Service Plan process is completed at a special Council Meeting, normally held during February, when each political group has the opportunity of presenting their proposals. The outcome of this meeting is the legal budget for the Council.

8. The proposal for CHCPs is that the Joint Partnership Board operates in the same way as an ALEO Board or Council Service.

9. In other words, CHCP Directors would attend a special meeting of the Extended Corporate Management Team and would have the opportunity to take full part in the discussions about the financial situation.

10. They would also have the opportunity to report back to the Joint Partnership Board who would, in turn, have the opportunity of meeting with the Labour Administration's Service Reform and Efficiency Working Group.

11. CHCP Directors would be responsible for preparing budget and service plan options including savings proposals, and for advising the Joint Partnership Board. The Joint Partnership Board would have the opportunity of discussing their proposals with the Service Reform and Efficiency Group.

12. At the end of the cycle of meetings, CHCP budget and service plan options would be circulated to all political groups.

ATTACHMENT 1

DRAFT SUBJECT TO JOINT DEVELOPMENT PROCESS

13. Once set, the CHCP budgets could be subject to change in one of two situations –

    (1) where the Council initiates a service reform proposal which results in one off costs falling to be met by the CHCP. If the proposal is agreed by the CHCP, then the one-off costs will be met by the Council.

    (2) where the CHCP initiates a service reform proposal which results in one-off costs falling to be met by the CHCP. If the proposal is agreed by the Council then the one-off costs will be met by the Council.

EMBARGOED UNTIL DATE OF MEETING

ATTACHMENT 1

DRAFT SUBJECT TO JOINT DEVELOPMENT PROCESS

APPENDIX THREE

AGREEMENTS UNDER PINNING THIS SCHEME OF ESTABLISHMENT

1. **Joint protocol on employment**
2. **Joint management and accountabilities**
3. **Individual performance management for senior management teams**
4. **Strategic planning arrangements**
5. **HR policies and support, (would include exposition of OD, training and development arrangements)**
6. **External support provided to CHCPs**
7. **Joint performance framework and reporting**
8. **Professional advice operating framework**
9. **Centre/CHCP management processes**

ATTACHMENT 1

DRAFT SUBJECT TO JOINT DEVELOPMENT PROCESS

APPENDIX FOUR

SERVICE HOST AND LEADERSHIP ARRANGEMENTS

(To be inserted)