

Greater Glasgow NHS Board**Board Meeting**Tuesday 22nd February 2005

Board Paper No. 2005/06

Chief Executive

**Implementing Partnership for Care- Next Steps:
Outcome of Consultation****Recommendation: The Board is asked to:**

- i) receive the comments submitted in response to the consultation paper “Implementing Partnership for Care – The Next Steps”;
- ii) confirm the Board level governance and committee arrangements set out in the paper;
- iii) approve the creation of the structure proposed for Acute Services, comprising an Operating Division, including Maternal and Specialist Children’s Hospital Services, a Directorate for Rehabilitation and Older People’s Services and an Acute Planning Team.

A. BACKGROUND AND PURPOSE

- 1.1 In December 2004 the Board issued for consultation its proposals for changes to organisational arrangements driven by the NHS White Paper “Partnership for Care”. The purpose of this paper is to report to the Board on the outcome of that consultation. The December consultation paper described the next steps which the Board proposed to take in implementing the health reform White Paper which emphasised the importance of strengthening single system working within NHS Scotland following the dissolution of NHS Trusts. It introduced Community Health Partnerships as its major initiative to be implemented from April 2005. With that significant change in mind, the NHS Board had adopted for the current year a migration from the four previous NHS Trusts to four Operating Divisions which carried out the same service delivery responsibilities.
- 1.2 During 2004, the Board had considered a number of substantial reports about aspects of the new organisational arrangements which are proposed from April 2005. These have included three reports on Community Health Partnerships:
 - Community Health Partnerships: Boundary Proposals and Principles (January 2004);

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- Community Health Partnerships - Outcome of Consultation on Initial Boundary and Service Proposals (April 2004);
- Community Health Partnerships - Update (October 2004).

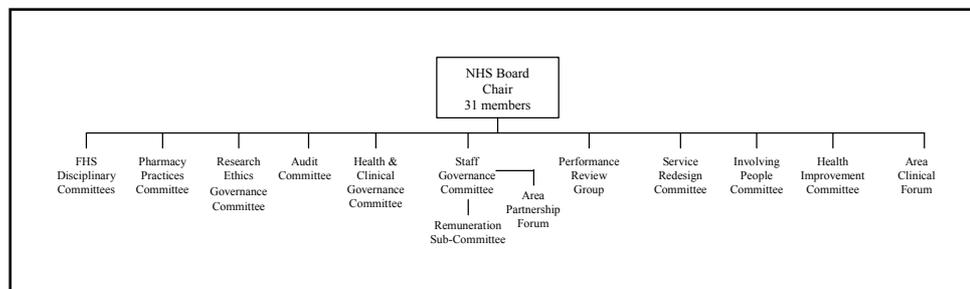
Alongside approving the December consultation paper the Board also approved further detailed proposals on Community Health Partnerships and a Model Scheme of Establishment.

- 1.3 In addition, the Board had separately consulted on the establishment of a Mental Health Partnership as part of its new organisational arrangements, and had agreed its establishment at its October, 2004 meeting.
- 1.4 The main focus of the December paper was therefore to consult on the remaining aspects of the proposed organisational changes on which consultation had not yet taken place. In particular, those included a move away from the current Operating Divisions to a new structure for the planning and delivery of adult acute, maternity and specialist children's services.
- 1.5 In addition to describing the proposals for the management of those services the consultation paper also covered two other important areas:

1. Governance

The consultation paper reaffirmed the Board's role as a Board of governance. The formal subcommittee structure proposed reflected the three key planks of governance stipulated in Partnership for Care - corporate (audit/risk management), health/clinical and staff governance; all three elements are now enshrined in law, as indeed is the requirement to ensure appropriate arrangements for patient focus and public involvement. The proposal was to establish the Committee structure illustrated below which reflected the Board's confirmation of the importance of the role of the Performance Review Group and our statutory responsibility for PFPI by designating that function the status of a Board Subcommittee.

Further, the Board proposed the establishment of an additional subcommittee, responsible for overseeing its role in working with community planning partners, to deliver the step change in health improvement which the Executive's policy seeks.



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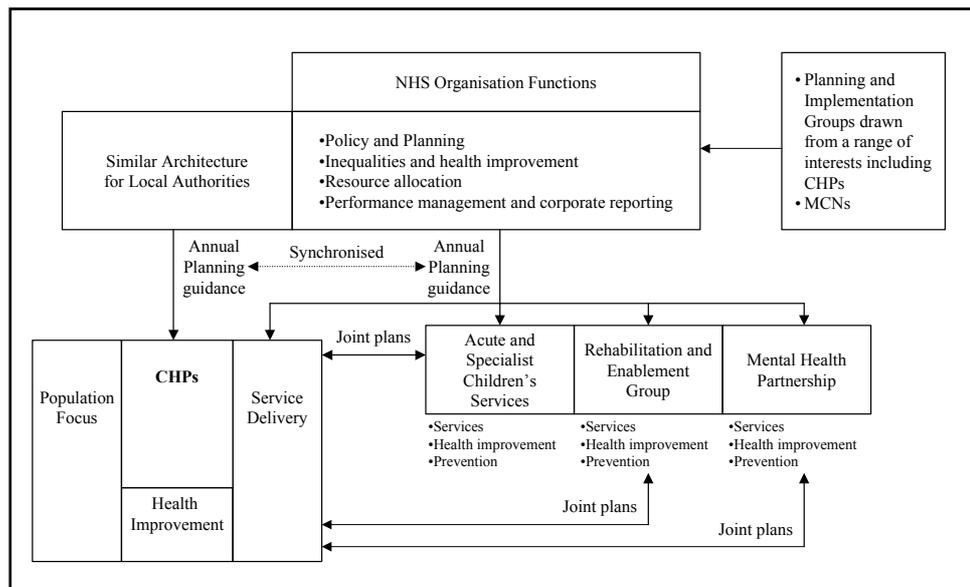
The consultation paper also highlighted further work to design an adequate and streamlined process within the new operating units to assure the NHS Board that clinical governance and risk management processes will be properly embedded. This work has progressed, led by the Board's nursing and medical directors, and will be concluded alongside the development of the detailed structures and management processes.

2. Corporate Cohesion

The consultation paper defined four key functions which need to be delivered across a single system:

- policy and planning;
- tackling inequalities and delivering health improvement;
- robust resource allocation;
- performance management and corporate reporting.

The paper schematically illustrated how these corporate functions would be delivered in a devolved set of organisational arrangements.



- 1.6 The rest of this paper restates the detailed propositions we put to consultation and the responses we have received to those propositions. Eighty responses were received; a summary of these comments is contained in the attachment to this paper. Full copies of the responses are available to Members at the meeting or on request. The consultation process included wide distribution of the paper and engagement with a number of key interests including the Local Health Council, Local Authorities, through our joint structures, Medical Staff Associations, the Local Medical Committee and senior managers.

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- 1.7 The next section of the paper addresses in detail the four major issues on which consultees' comments have been focused. A final section of the paper describes a range of other issues raised in the consultation and how these will be addressed.

B. PROPOSALS AND RESPONSES TO CONSULTATION

2.1 Mental Health Partnership

The December consultation paper made limited reference to organisational arrangements for mental health which had been subject to a separate process including extensive clinical engagement and consultation facilitated by the Sainsbury Centre, over a year long period. The outcome of the process proposed the establishment of a Mental Health Partnership to ensure that there is coherent whole system service delivery and planning for mental health while CHPs would manage local mental health services. The detailed paper the Board approved in October 2004, and which has also been approved by Glasgow City Council's Social Work Committee, set out arrangements to develop the full organisational arrangements for mental health. These included:-

- providing interim operational management of the separate Greater Glasgow NHS services and Glasgow City Council social care mental health services, pending the establishment of the full organisation and structural arrangements of the Mental Health Partnership and CHPs;
- moving to appoint jointly a Director Designate for the Partnership.
- establishing the Partnership Board and management structure;
- working with CHPs, particularly agreeing the detailed roles of CHP mental health managers with each Local Authority and establishing those posts including those with area responsibilities;
- developing accountability and governance arrangements into the NHS and local government;
- putting in place migration arrangements for the present adult mental health services provided by Social Work and the NHS into this new structure and migration arrangements for other mental health service areas into the Mental Health Partnership, or into CHP or other partnership arrangements, subject to the outcome of the separate processes in relation to Older People's Mental Health and Child and Adolescent Mental Health.

A few responses have taken the opportunity of this wider consultation exercise to restate issues in relation to the mental health organisational arrangements which the Board has already approved. It is important to listen to those issues and ensure that they are addressed in concluding the detailed work described above.

2.2 Rehabilitation and Enablement

The consultation paper summarised detailed work underway to develop proposals to integrate the organisation of services for frail and mentally ill older people, physical disability and rehabilitation which would see a Directorate of Rehabilitation and Enablement Services established as a component of the Acute Services Division but closely linked to the Mental Health Partnership and to the Community Health Partnerships which would manage the local components of these services.

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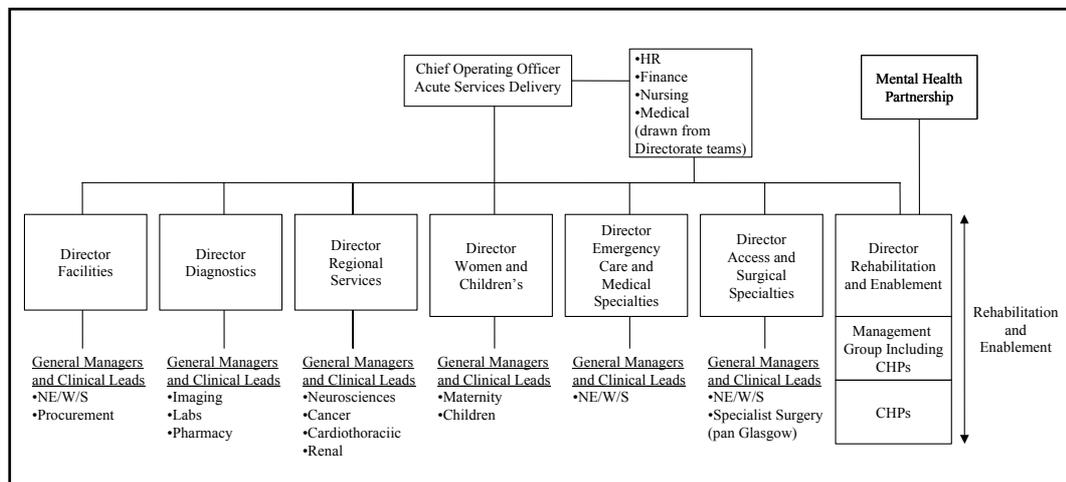
Strong clinical leadership from care of the elderly physicians and old age psychiatrists, both for the Directorate and within CHPs, has also been a key objective. A number of consultation responses have highlighted concerns about this model, particularly the:

- extent to which services will be managed by CHPs rather than the Acute Division Directorate;
- criticality of ensuring the seamless connections between community older people's psychiatry teams and inpatients services are not disrupted;
- need to ensure connections between the proposed Directorate and other acute services;
- risk of physical disability services being overwhelmed in a bigger grouping;
- arrangements to ensure distinct and specialist managerial and clinical leadership for each component.

During the consultation further discussions have taken place with the key clinical and managerial staff responsible for the three component services. Alongside the detailed design of the rest of the organisational arrangements, we will put forward revised proposals for rehabilitation and enablement services which address these concerns while retaining the agreed principle that we should aim to manage these services in a way which brings them together into shared management arrangements.

2.3 Adult Acute Services

The consultation proposed two linked components for acute services. Firstly, a single Acute Division with the organisational structure illustrated below:



The basis of this proposal was an assessment of the key challenges which this sector will face over the next decade. In implementing the Board's plan for modernising acute care, significant change will have to be delivered every year. Changes need to be planned and delivered across Greater Glasgow and the resources available to this sector need to be seen as a single pot not owned by separate Divisions. The Board also needs to be satisfied that it will have an operational structure which will deliver on the national priorities, the key service imperatives and which will secure improved patient experience.

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In the years ahead, it is evident that shortening waiting times for assessment, diagnosis and treatment within the acute sector will remain a key plank of the Executive's policy within NHS Scotland. Successful delivery of these policy commitments will depend significantly on redesign of many aspects of current acute services provision which, in turn, will improve patients' experiences. There is an urgent need, therefore, to achieve stronger cross-city working in order to deliver these challenging targets: in order to support these processes of improvement, there are opportunities to consolidate a number of clinical support services into single, pan-Glasgow arrangements.

The second component proposed a single Acute Planning Team bringing together resources from the previously separate Operating Division and NHS Board structures. This Team would work closely with the Acute Services Operating Division and would have four core responsibilities:

- to develop and enable the implementation of the detailed service change and capital plans required to deliver the Acute Services Strategy;
- to develop annual Joint Service Plans with CHPs;
- to lead the development of the annual service and resources plan for acute services, including capacity planning and efficiency appraisal;
- within the pan-Glasgow planning framework, to lead the development of the acute services components of the overall NHS Plan related to acute services, ensuring that national and local priorities are fully reflected and followed through to detailed implementation plans.

These proposals attracted relatively limited comment at a principle level. Where comments were made, they fell broadly into two groups: the first comprised those who welcomed the move to a single, acute services operating structure as a logical progression from the current Divisional arrangements; the second involved numerous detailed comments about aspects of the staffing arrangements and structures within the Operating Division, which will be picked up as part of the detailed work underway to develop the management arrangements for this Division.

2.4 **Children's Services**

2.4.1 The proposal for a single acute Operating Division included a discrete Directorate bringing together three separately managed maternity units, two separate gynaecology services and hospital children's services, presently based at Yorkhill.

This proposal was made on the basis of three key drivers:

- to integrate the management and planning of children's services with Local Authorities;
- the consensus in support of a single structure to manage maternity services across Greater Glasgow;
- the Ministerial decision that Glasgow should have a new children's hospital, located alongside adult acute and maternity services and so requiring detailed planning alongside adult services.

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2.4.2 The consultation proposal described how these arrangements would ensure:

- a strong, distinct and cohesive Women's and Children's Directorate within the Acute Operating Division;
- strengthened planning for children's services in partnership with Local Authorities;
- a stronger focus on local children's and wider health services through the new CHP organisations.

2.4.3 Consultation responses from a number of clinical groups within Yorkhill and the Yorkhill Medical Staff Association have raised a number of issues with our proposals. The most substantial issue raised is that we should retain a single, Greater Glasgow wide NHS management for all of the services presently managed by the Yorkhill Division, including the predominantly community based services of child health and child and family psychiatry. Their proposal is that the single management entity would relate to CHPs through sectoral arrangements, organised as an integral part of hospital children's services within a partnership arrangement led by its own Executive Team. The key argument for such an approach based on the Staff Association's view of the strengths of the present structures is that without a single organisational structure covering the present Yorkhill services there will be a number of major issues:

- disintegration of NHS children's services would be a risk;
- recruitment and retention issues;
- potential postcode lottery.

2.4.4 Other points raised on the Women's and Children's Directorate proposal relate to issues of detailed structural design rather than the organisational principles set out in the consultation paper. These points will need to be considered by the working group which is taking forward thinking on the design of the management and clinical leadership arrangements for a single Acute Services Division.

In reflecting on the consultation responses in relation to this element of our proposals it is important to set out the strands of work we have been pursuing in relation to community based children's services.

2.4.5 Working with Local Authorities

In arriving at this consultation proposal the Board considered the particular challenges we face in relation to children in our population.

These challenges can be briefly summarised with a few key indicators:

- 160,000 children in Greater Glasgow;
- 65% depicts 6 or 7;
- possibly 20,000+ addiction families;
- 5,000 admitted to hospital each year;
- 6 constituencies with >50% children in poverty;
- nearly half GCC free school meals (Scotland 20%).

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These indicators highlighted in our thinking the massive problems of poverty and inequality, and that the key focuses to address these challenges are local services and action.

2.4.6 CHPs will have a wide focus across a range of strands of activity and issues which are significant to tackling these challenges. These include:

- children in care and leaving it;
- youth justice;
- domestic violence;
- mental health;
- disability;
- addictions;
- child protection;
- vulnerable children and families and their protection;
- homelessness;
- education and related services including:
 - family learning centres;
 - sexual health;
 - asylum seekers.

2.4.7 It was on this basis that the Board took the view that a critical policy objective in the development of CHPs should be to reach agreement with Local Authorities that children and families social work services should be managed within CHPs. In addition, the model for a fully integrated CHP, aimed to bring CHP's children's services into a single management arrangement across health and social care. As we have worked to finalise schemes of establishment with each Local Authority over the last three months we have been able to reach "in principle" agreement with East Dunbartonshire and Glasgow City Councils that delivers this objective. Discussions are ongoing with East Renfrewshire Council. A key part of these important moves by Local Authorities is an appetite to see local management of community children's services presently managed by the Primary Care and Yorkhill Divisions.

2.4.8 These commitments with key Authorities enable us to develop our thinking on the management and organisation of children's services as we had intended - with the clarity the CHPs will:

- be full partnerships with local government;
- lead children's services planning across health and social care;
- act as a comprehensive local NHS focus for children;
- bring together:
 - service management;
 - inequalities challenge;
 - local leadership for crosscutting issues;
- be the major focus for child protection.

It is critical that in the detail of our NHS organisational design we follow through the logic of the integrated CHPs in relation to children's services.

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2.4.9 Child Health Strategy Group (CHSG)

In parallel to our work with Local Authorities, the CHSG has been promoting the development of further thinking within the NHS about how local children's services could be organised and delivered. That process has had a number of elements including:

- a framework for services discussion paper which has enabled a range of NHS interests to contribute to our thinking;
- NHS discussion groups considering the best arrangements for:
 - mental health;
 - community child health;
- a stocktake of current services to ensure that we are clear about:
 - relationships between different clinical services;
 - coverage of our organisational and management arrangements;
- an away day for staff from the child and family psychiatric services and adolescent mental health services presently separately managed by the Yorkhill and Primary Care Divisions;

2.4.10 The CHSG met last week in an extended session, with additional representation from child and adolescent psychiatric services, Yorkhill and the Primary Care Divisions, to consider the outcome of that process. The Group received feedback on a number of conclusions so far:

- management arrangements need to cover all specialist community children's services;
- child and adolescent mental health services should be brought together;
- establishing clear clinical and management links from community services to the proposed Women's and Children's Directorate are key;
- there is great potential in bringing services together but agreeing final models needs further detailed work and a clear migration plan which will take several months;
- there is potential to bring in other Local Authority services in addition to Social Work to local CHP arrangements.

2.4.11 The CHSG agreed that the work so far and progress with Local Authorities put us in a position to develop detailed proposals on a number of key issues:

- how local specialist services could be managed within CHP arrangements;
- how we ensure there are appropriate clinical and service linkages between CHPs and the children's directorate of the Acute Division.

A further important point to make in reflecting on responses from Yorkhill interests is to set out that the analogy to the Mental Health Partnership which underpins their thinking is, in fact, a false one.

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Our proposals for mental health, where there are very significant vertical flows of patients from community to hospital services, and a single set of clinical staff working in both settings, see local specialist mental health services being managed within CHPs but with a clear connection to the Mental Health Partnership which will manage inpatient and other Greater Glasgow wide services and have a whole system responsibility.

- 2.4.12 It is important to recognise the concerns among Yorkhill clinicians and to ensure they are addressed as we finalise organisational arrangements. However, the proposal to continue to manage local NHS children's services in two separate structures - CHPs and in a pan Glasgow Yorkhill evolution - does not properly reflect either the imperatives of our agreement to develop integrated CHPs with Local Authorities, nor the potential they have to make a much greater impact on tackling child health and inequalities. Local Authorities carry the primary statutory responsibility for planning children's services and provide a range of services. If our organisational arrangements do not reflect their boundaries and a shared approach to planning and service delivery, when the opportunity of CHPs are there, we shall have missed a major opportunity to maximise the benefits which the Board's approved approach to CHPs is designed to secure.

It is therefore recommended that the Board confirms the position set out in the consultation paper - to establish a distinct, focused and cohesive Women's and Children's Directorate within the single Acute Division, managing hospital children's services. That Directorate will have a number of key objectives including to:

- deliver child centred, effective and efficient services;
- develop Glasgow's role as the significant tertiary centre for children's services in Scotland;
- establish and improve care pathways clear with primary care and specialist community services;
- play a key role in the planning of the new children's hospital;
- lead the integration of maternity services;
- put in place management and clinical links to CHPs;
- participate in the children's planning system which will ensure a joined up approach across the totality of children's services;

- 2.4.13 Work should continue to develop, in partnership with Local Authorities, detailed proposals for the organisation of community child health, children and family psychiatry and child and adolescent mental health services which deliver:

- management of those services within CHPs except where a service is too small to be organised in that way
- for those smaller services management arrangements which ensure clinical and professional cohesion but robust connections to CHPs.
- shared structures for planning and policy development which ensure the planning for all children's services is coordinated and coherent:
- robust arrangements for professional networking, training and development for NHS children's services across Greater Glasgow;

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- cross representation between the Women's and Children's Directorate and CHPs in management and clinical structures;
- sustainable and efficient care pathways between local specialist services and the Women's and Children's Directorate;
- clinical leadership for local specialist services across Greater Glasgow.

Proposals which address these issues will deal with the substance of the issues raised. When that work is concluded the migration of the present services into the new structures should be carefully managed as part of a detailed transition programme.

C. FURTHER ISSUES FROM CONSULTATION

3.1 This section describes a range of further issues from consultation.

3.2 Transition Arrangements

Linked to the concerns outlined above about the detailed organisational arrangements, a large number of responses raised concerns about implementation arrangements. The consultation paper made it clear that although April 2005 will signal the move into the new structures which the Board approves the expectation is that implementation will progress steadily through 2005/06 as the new organisations develop their capacity. More detailed migration arrangements need to follow the three steps of:

- the Board concluding the major building blocks of its new organisation;
- concluding agreements with Local Authorities on Community Health Partnerships;
- finally, developing detailed organisational and management arrangements.

Our aim is to conclude that final element of work as quickly as possible after the Board's decisions, enabling the earliest possible appointments to the new structures. Thereafter, we will be in a position to put in place detailed migration plans which ensure that there are no changes to present organisational arrangements until we are clear that the new structure is able to take on a particular function. This rigour will be particularly important in relation to mental health services for adults and older people, specialist community children's services, primary care services and the health promotion, public health and planning responsibilities of the NHS Board.

Equally, existing governance arrangements for finance, audit, risk management and clinical governance will not be changed until their replacements are fully developed and robust.

These are important messages to the NHS staff who will, naturally, be concerned about the significance of the change programme the reorganisation requires.

3.3 Disaggregation and Single System

A number of responses raise the concern that the highly devolved arrangements we have proposed will lead to fragmentation, disharmony, competition and inequity. In this regard it is important to emphasise three key points:

- the NHS Board will act as a Board of governance across the range of the functions of the NHS in Greater Glasgow - with the revised subcommittee structure outlined in the consultation paper ensuring comprehensive coverage at Board level.
- there will be NHS system wide planning, performance management and governance arrangements with clear schemes of delegation coupled with explicit individual and organisational accountability;
- confirming the blocks of the organisational arrangements will add momentum to our initial work with Strathclyde Business School to begin the detailed design of the management processes which will ensure system wide cohesion. These processes will describe the organisation of relationships between the components of NHS Greater Glasgow and the leaders of its management team.

The further development of these headline propositions should give confidence that in meeting the Board's key objectives of delegation and devolution we will retain a coherent and coordinated Greater Glasgow NHS.

3.4 Scale of Change

There is a strong sense which comes through in the comments from many consultees of anxieties about the scale of change which is inherent in the Board's overall proposals. As one of the Divisional Chairs observed during a Board Seminar discussion, this is indeed a transformational change and not incremental movement. The drivers within Partnership for Care, including particularly the final moves into a "single system" and reforming our relationship with Local Authorities through the creation of integrated CHPs do indeed have fundamental implications for all parts of the organisational structures within NHS Greater Glasgow. The assurance which we offer to staff is that, in designing the detailed implementation arrangements, we shall ensure a considered and sensibly paced migration to the new arrangements.

3.5 Service and Function Change

A number of responses have concluded that the changes we propose to organisational arrangements will have a direct and immediate impact on frontline clinical staff. It remains important to emphasise that while we do intend that the new organisations - the single Acute Division, the Mental Health Partnership and CHPs - are directed at changing the way we deliver our services and responsibilities, those changes will take place over the medium and long term. The new organisational arrangements establish a structure in which detailed programmes of service change will be developed, in partnership with staff.

3.6 Primary Care

3.6.1 There are a range of responses from primary care interests which raise issues in relation to our proposals for Community Health Partnerships. Particular concerns relate to the absence of a Greater Glasgow wide primary care structure, the potential inclusion of PCD functions into the Acute Division and a desire to see supra CHP single functions, for example, for dentistry.

3.6.2 These issues mainly relate to the development of our policies around CHPs rather than this consultation but it remains important to continue to address these concerns. While we do not believe a pan Glasgow primary care structure is a viable arrangement when the construct of CHPs includes full devolution of primary care services, planning and health improvement, it is clear that there will need to be systematic approaches to pull together the work of individual CHPs. These approaches will include:

- a number of shared support functions to CHPs, including clinical governance, infection control, prescribing advice and primary care contracts expertise;
- cross CHP arrangements including joint planning, strategic leads and inter-relationships at a whole range of levels;
- we will still require arrangements to deliver pan Glasgow strategies for a number of key areas - including primary care and chronic disease. These arrangements will be explicit in the design of the management processes outlined at paragraph 3.3 and in further detailed work on the planning system. What we cannot achieve is the sense of an overarching Board HQ team intervening as a matter of routine in the responsibilities we delegate to the committees, management teams and professional leadership groups of the CHPs.

3.6.3 In terms of the destination of PCD functions the wide consultation on this has just concluded. For many PCD functions there is a clear consensus on future arrangements; in a few areas further reflection and dialogue to conclude the best construct is an appropriate next phase of process.

It is important to challenge the construct that the Acute Division cannot, as a matter of principle, manage services traditionally managed by the PCD. Our aim has been to find the most appropriate arrangement for each service. The context is also important. We are intent on creating an Acute Division which is:

- outward looking and not only internally focused;
- much more focused on the whole patient pathway from primary to secondary and tertiary care;
- has the planning and clinical leadership capacity to work closely with CHPs;
- focused on health improvement and prevention in delivering its own services.

D. CONCLUSION

- 4.1 The consultation has highlighted a wide range of important and useful issues, most of which can only properly be addressed when the Board has concluded the high level principles of organisation which will enable the detail of structures and implementation to be finalised and the complex transition to begin. It is important that we do not lose momentum at the first stage of the change programme - consultation on the overall shape of NHSGG. Approval of that shape at this Board meeting will ensure that the publication of detailed structures for final discussion can take place within the next four weeks.

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

Author: T.A. Divers, Chief Executive
0141 201 4642

NHS GREATER GLASGOW

Summary of Comments Received on the Consultation Document: “Implementing Partnership for Care – The Next Steps”

PROFESSIONAL AND ADVISORY COMMITTEES (INCLUDING LHC)

1 Area Allied Health Professions Committee

- Reorganisation provides an ideal opportunity to establish effective communication between the NHS Board and the Healthcare Scientist workforce
- Moving all AHPs solely to the Rehabilitation and Enablement Services Directorate would be inappropriate across many AHP points of service delivery
- Consideration should be given to a lead AHP at all relevant decision-making levels
- Support the continuation of robust professional leadership within the Directorate and within the entire structure

2 Area Dental Committee

- Future of the Dental Directorate is in doubt consequent to the disaggregation of the Primary Care Division
- Concerned if the benefits of a separate dental support structure were to be lost
- Success of the Directorate largely due to the synergistic effect of the whole team and to separate the team would jeopardise the improvements in governance
- Keen interest in pathway development for children’s dental services
- Urge that the move to single system working takes these factors into account allowing the Dental Directorate to facilitate dental input to CHPs and manage their relationships with primary care dental practitioners to address inequalities in oral health and dental service provision
- Proposals for single system working within Greater Glasgow were silent in relation to dentistry and oral health
- Not clear from the document where primary care dental services will reside or be represented
- Believes the Dental Directorate should remain in place
- Folly having the work of the Dental Directorate replicated across 9 different CHPs
- Should consider placing General Dental Services within a structure akin to a Primary Care Resource Centre model of management
- Welcome the recognition that the Community Dental Service should remain as a single Greater Glasgow structure; Community Dental Service could be housed by a single CHP with enhanced responsibilities
- Agrees that main focus should be in primary rather than secondary care
- Hope any changes in structure will recognise the complexity of dental services and support the academic function of the Dental School

3 Area Nursing and Midwifery Committee

- No indication of the future configuration of the NHS Board and its membership
- Concern at the lack of mention of Child and Adolescent Mental Health Services

- Concern at the integration of Maternity/Women's and Children's Services sitting within Adult Acute; principle concern was a single pot of resources does not recognise the complex nature of Maternal and Child Health Services
- Senior nursing positions not explicated in the diagrammatic representation; concerned about the potential for bias towards the postholder's own Directorate
- Lack of more definitive structure proposals for nursing is of great concern
- Supports the pan-Glasgow approach to service delivery but remains unconvinced that sectoral splits within each Division will ensure equity of service and standards of care

4 **Area Pharmaceutical Committee**

- Concerns about the risk of fragmentation of the pharmacy function, particularly from the primary care perspective in light of the focus for pharmacy within the Diagnostics Directorate of the Acute Services and the absence of an overarching framework for co-ordination above CHP level
- Suggested structure where Acute sector pharmacy services lies within the Diagnostics Directorate and primary care prescribing lies within CHPs will undermine the pan-Glasgow initiatives to improve the efficient and effective use of medicines at patient and policy making levels
- Recommend that the prescribing support function continues to receive centralised professional leadership, working with CHPs through a prescribing lead in each locality
- Strongly supports the continuation of a pan-Glasgow pharmacy professional network

5 **LHCC Professional Advisory Committee**

- Concerns about the proposals which create a large Acute Division, with primary care being represented by 9 very small, in comparison, CHPs which are to be chaired by local councillors; concerned that primary care's voice will be lost within these structures
- Should be an overarching structure to support the CHPs
- Many functions would be better placed at a city-wide level eg primary care clinical governance, contractor support, heads of profession
- Focus and strategic development of primary care will be lost
- Concerned that competing priorities within a CHP would push the continued development of primary care down the list of priorities
- Concern about the dilution of services in CHPs which cover 2 Health Board areas
- Convinced there is a need to have city-wide leadership within primary care to continue to take a pan-city view on the development of primary care
- More emphasis needs to be placed on the interface between CHPs and Adult Acute Services
- Broadly support the proposals for Acute Services

6 **Greater Glasgow Health Council**

- CHPs should lead to less duplication, more community involvement and efficient deployment of resources
- Disappointed that the period for public consultation on such an important issue has been restricted to 7 weeks

- Perception in some quarters which relates to the establishment of the single Acute Hospitals Operational Unit for both adult and children's acute services that it lowers the priority given to specialist children's services; important to provide some reassurance around this, ensuring an appropriate focus on acute children's services
- Helpful if the Board would develop its thinking on the distinct planning process for children's services which allows it to have confidence that the focus on children will be stronger in the totality of the new organisational arrangements
- Objective of an integrated structure for older people's services is welcomed; question whether it is appropriate for services for adults with a disability to be integrated
- Danger that public involvement, openness and public accountability within the NHS may be lessened as a result of these changes although concern arises from decisions made by the Scottish Executive rather than decisions which are determined by the NHS Board
- Welcomes the fact that the Board has reflected its statutory responsibility for PFPI by designating the function to the status of a Board subcommittee; not clear from the information contained how it will ensure that NHSGG will hear what patients say
- Important that PFPI be embedded throughout the NHS
- Welcome clarification how this specific reorganisation, excluding CHPs, will facilitate real and lasting organisational and cultural change
- Council endorses a great deal of the contents within the consultation paper

7 **Area Subcommittee in Anaesthesia**

- "Single acute services structure" - effective systems of communication will be essential. Due to the size and complexity of the organisation, communication has not, thus far, been a particularly strong suit despite considerable time and effort
- "Sector based General Managers" will find it almost impossible to have a clear overview of the City-wide picture
- Somewhat concerned that the largest single specialty (Anaesthesia) within the NHS scarcely rates a mention in the entire paper and is conspicuous by its total absence from the organisational chart
- Assume that anaesthesia will be part of the Access and Surgical Specialties Directorate
- Intensive and high dependency care and the operating theatres should continue to be managed by anaesthesia: theatre utilisation now in excess of 90%
- No doubt that anaesthetic input and advice will be required at Director level within the new structure
- Anaesthetic advice and management input required at sector level with lead clinicians in the North/East, West and South
- Proposed sector management arrangements will also revert to a site-based structure – this should be avoided

8 **Area Paediatric Sub-Committee Hospital Sub-Committee**

- The proposed separation of acute from community paediatric services will constitute the first step in dismantling this service. Dividing community child health services between the CHPs will fragment the community service further.
- Will become more difficult to follow up patients in the community
- Devolving disability, child protection, audiology to the community, especially when community services will be subdivided into various CHPs, will increase further the risk of a child being lost to follow up

- CHPs could increase the risk of duplication of services particularly for the smaller paediatric subspecialties
- Unfortunate that NHSGG fails to recognise the special needs of children and is treating them as small adults
- In the community many of the patients are mobile and could easily be lost between different CHPs if there is no central co-ordinating system
- It would be better for Councils to work in conjunction with the Yorkhill Division in improving Children's services throughout Glasgow
- The dismantling of Yorkhill Division will be a major retrograde step

9 **GP Subcommittee of the Area Medical Committee**

- The structures published marginalize and disempower primary care and general practice
- There must be the ability and capacity to promote and develop Board-wide initiatives
- Seems to be a lack of "organisational memory" and we fail to learn the lessons of history
- 9 CHPs compared to one huge acute section is an unbalanced scenario which means that acute services will be the focus of the Board's energy, unless there is an effective counterbalance
- Strategic medicines management cannot be dealt with at CHP level
- Majority of GPs still feel disengaged with the CHP and GGNHSB proposals thus far
- The senior overarching presence must be maintained
- Recommend that there is an overarching CHP resource structure with strong clinical and managerial leadership

10 **Primary Care Division Allied Health Professions Advisory Committee**

- Fully supportive of management of AHPs being devolved to multi-disciplinary teams and CHPs
- Concern about governance and professional leadership; risk of fragmenting these if PCD services are divided out across the proposed CHP and partnership structures with no central overview
- Seek clarity on where the RES will sit within the structures
- Bringing AHP head for community and acute services to work together in one base may form the first step in the "single system" journey

11 **Royal College of Physicians and Surgeons of Glasgow**

- Seek reassurance that these new structures will not adversely impact on the postgraduate medical education of physicians, surgeons and dentists
- Not clear where the Dental Hospital sat within this organisational matrix

LOCAL AUTHORITIES AND COMMUNITY COUNCILS

12 **East Dunbartonshire Council**

- Note the publication of the NHS Board's proposals
- Recognise the consistency of the proposals with the development of the East Dunbartonshire Community Health and Social Care Partnership
- General support for the further reform of the local NHS system consistent with

the principles outlined in the Board's consultation paper

13 Glasgow City Council

- Welcome the approach in recognising the importance of performance review and public involvement
- Welcomes the focus on and commitment to tackling health inequalities
- Looks forward to continue working in partnership on health improvement and supports the suggestion that this should be linked to the work on community planning
- Acknowledges the rationale for the establishment of a single acute structure
- Commitment for a stronger focus on women and children is very much welcomed by council
- Critical there is ongoing discussion with the Council on links to Council services, particularly within the new Children's Hospital and the wider issues around general inequality and child poverty in Glasgow City

14 North Lanarkshire Council

- Welcome commitment to "strengthen the interface between primary and secondary care sectors"; also tackling inequalities and delivering health improvement
- The role of the CHPs is crucial, particularly in relation to older people's services, services for disabled people and the mental health partnership
- Look forward to continuing to develop positive working relationship with the NHS Board

15 South Lanarkshire Council

- Welcome the proposal to establish a Health Improvement Subcommittee
- Single Acute Services Operating Division – scale of the entity poses significant management challenges
- Stress the importance of the new Clinical Directorates, within the Acute Division, having strong sector-based management arrangements that will ensure close links with CHPs
- Support the proposal to unify Maternal, Women's and Children's services under a single Directorate
- Rehabilitation and Enablement Service (RES) – would welcome the opportunity to consider the implications for Rutherglen/Cambuslang in more detail

16 Mearns Community Council

- Paper lacks precision and cohesion
- See no explanation of implied advantages which the NHSGG may see
- Workforce planning clearly has some way to go, yet strategic decisions have been made which seem to prejudge the outcome
- Schematics of management structure seem inadequate and often contradictory
- Board of Governance – the schematic in 3.3 does not reflect any prioritising between legal requirements and functional management groups
- Performance Review Group – not clear how it is different from the Audit Committee
- Subcommittee schematic – links with community planning partners are not clear
- "Balance between governance role and slimming down" – single system

- working is hardly justified unless it involves some slimming down
- Governance coverage is key; is there to be independent scrutiny of this design?
- Adult Acute 10-year plan – how does it dovetail with the Acute Services Strategy, with its 7 year span?
- Acute Services Structure – not clear how CHPs would interface with Directorates and/or local management
- Appears to be no Directorate of General Surgery
- Remits of the Directorates of Regional Services and Access & Surgical Specialties seem to overlap
- “Yorkhill services to be relocated within 5 years, alongside Adult Acute and Maternity” – seems little realistic chance that these services will be in place by then
- “Detailed design of the new structures being taken forward alongside this consultation” – this statement will make many uneasy, and suspect that the consultation is a formality to be ignored

OTHER ORGANISATIONS

17 Independent Federation of Nursing in Scotland

- Proving that single system working is beneficial from a patient and family outcome perspective is elusive
- All encompassing approach depicts a more complex, administratively demanding and multi-sub-structured organisational penchant
- Adult Acute Services, Maternal, Women’s and Children’s Services – how will professional governance responsibilities be achieved, as well as corporate and strategic objectives
- Separating out Diagnostics into a distinct Directorate will divorce the service operation from a Glasgow-wide perspective
- Maternal, Women’s and Children’s Services – this strategic direction is recognised as being long overdue in terms of national legislation and clinical evidence
- Integrated Structure for Older People’s Services – proposed arrangements are suggestive of a completely fragmented and “hotchpotch” of clinical and social needs
- How will the development of a “rehabilitation” service equate to efficient management of patient flow across service boundaries?
- Where is the “integration” point for older people with mental health problems and the Integrated Community Mental Health Services?
- Difficult to visualise how these proposals will improve governance and accountability arrangements
- How are clinical and professional standards to be maintained?

18 UNISON

- Trade unions must be meaningfully involved in developing the detail
- Can the public and staff alike be assured that the changes will not increase the costs of managing the system?
- General thrust of the paper is accepted
- Believe there should be some form of over-arching organisation to ensure the co-ordination of clinical standards

- Major concerns about how clinical governance standards will be consistently applied across the different CHPs; a need for co-ordination across the various partnerships
- A large part of the work undertaken within the current Yorkhill Division would not slot neatly into the CHPs
- Implementation date of April is extremely ambitious
- Clear need for the current structure for staff partnership for a to be reviewed
- Concerned at the lack of staff partnership involvement to date in developing the detailed structure

19 Executive Dean of Medicine, University of Glasgow

- Aims of achieving better integrated services and ensuring monitoring and improvement in the quality of delivered healthcare for the people of Glasgow are to be welcomed
- A unified “whole system” organisation should simplify the interactions between the University and the NHS in Glasgow
- Important that reorganisation of services, particularly in Acute Care Services, is discussed in working groups
- More pan-Glasgow approach to the organisation of NHS services should it well with the pan-Glasgow approach to clinical academic activity already established by the University

20 School of Pharmacy, University of Strathclyde

- Concerned that a loss of cohesion and strategic focus might result from any dispersion of pharmaceutical innovation across numerous centres of decision-making
- Support redesign of services within a unified pharmacy structure
- A single head of pharmacy service would provide the necessary leadership that would enable the service to take a major step forward

NHS ORGANISATIONS, LHCCs AND GPs

21 AHP Strategy Implementation Group

- Welcome the proposals and support its principles believing that they will go some considerable way to more effectively tackling health improvement
- Aim to achieve better working between acute and primary care – proposal to create a Rehabilitation and Enablement Service RES should facilitate this, especially for older people and those with a disability. More universally achieved by basing most other acute AHP services together in the RES
- Keen to see that there is AHP input to each level of decision-making in recognition of the expanding role and contribution that AHPs make to the delivery of health services
- Consider that there is some scope to reform the advisory committees by making the membership of the Area AHP Committee consistent with “Building on Success” including Healthcare Scientists (with Biomedics) and to link representation on the Area AHP Committee with the wider network of AHP professional leaders

22 **Building People's Capacity Sub-Group of the SIP Board**

- Fully support the suggested changes to allow a "single system" approach and agree to the proposals regarding structures and delivering consistent levels of care and removing duplication

23. **Child & Adolescent Psychiatry Division**

- Welcomes the principles of Community Health Partnerships
- Clinical aim to develop stronger links with Social Work and Education
- Best done from a model of integrated Child & Adolescent Health Services
- Disaggregation into smaller locality based services would be to the detriment of children and young people, particularly with mental health
- Important that services are delivered to the whole clinical population
- Remain concerned that children and young people with the most severe and complex mental illnesses, who require specialised multi-disciplinary treatment packages, will not be able to be provided with this treatment package
- Only by operating an integrated management model will it be possible for the specialist mental health services to offer this specialist role in consultation and training
- Integrated model important to recruitment, retention and training of current mental health specialists
- Combined services provide peer support
- Already developed integrated models - would be to the detriment of this development for these processes to be disaggregated
- We therefore support our colleagues in Paediatrics and Child Health in developing a management structure which is specific to the needs of children and young people.

24 **Child Psychiatric Nursing Service, Yorkhill Division**

- Concern that the new arrangements would result in more complex management structures which would make relationship between Mental Health and Paediatrics more difficult and increase amount of non-clinical activity carried out by nurses within the service
- Concern about maintenance of professional boundaries, which are seen as sacrosanct and entirely consistent with remaining as a professional group able to maintain its own identity, set standards and implement best practice
- Difficult to maintain a focus on clinical governance when there is a situation of perpetual management change or perpetual reorganisation

25 **Clinical Board for Laboratories, Diagnostic Imaging and Pharmacy, Yorkhill Division**

- Many advantages to managing the Adult Laboratories, Diagnostic Imaging and Pharmacy Services within a single system; they are less evident for paediatric services
- The particular and different needs of children's services could be lost within a large Adult Acute Service
- Feel strongly that the management of Paediatric Diagnostic and Clinical Support Services should remain within the Women and Children's Directorate

26 Clinical Board of Maternity & Neonatal Services, Yorkhill Division

- Proposals to separate the management of Diagnostic Imaging for children from the proposed single directorate for Women and Children's Services for Glasgow represents a very serious threat to Diagnostic Imaging services for our population; this alone would justify its retention within the Women and Children's Services Directorate
- Nowhere is there any evidence that the separation of the management of Diagnostic Imaging services from its current base in the Yorkhill Division will enhance the service for children

27 Consultant Clinical Psychology Senior Staff Group, Yorkhill Division

- Effective delivery of children's services relies on the close integration with education and social work colleagues as proposed by the new organisational structure of the CHPs
- Support a combined Children and Young People's Clinical Psychology Service with service level delivery agreements to CHPs and close links to Adult and Learning Disabled Mental Health Services

28 Dental Staff Association, Glasgow Dental Hospital and School

- Where should dentists be best located within the proposed Acute Services Structure?
- Dental Hospital & School provides a service to patients from other Health Boards therefore the appropriate Directorate is the Directorate of Regional Services
- Current Clinical Director structure within the Dental Hospital & School fairly recently established and should not be altered with the change to the new structures

29 Division of Old Age Psychiatry

- Old Age Psychiatry already operates a well integrated model with smooth interface between in-patient and community services
- Strong links with our colleagues in social work, voluntary organisations and geriatric medicine
- Concerned about anything which might disrupt this interface and produce divisions within the service
- Welcome, however, any proposals which would strengthen the resourcing of older people's services
- Concerned about the presumed separation from Adult Mental Health Services
- Who would be managing the Community Nurses and where will they be placed?
- Imperative that the Community Nurses remain within teams consisting of Consultant Psychiatrists
- How will the appropriate specialist clinical input operate within a CHP older people's services?
- What finances have been put in place to support the development of CHPs?

30 **Eastern Glasgow LHCC Patients' Forum**

- Responsibility for managing the majority of primary care services devolved to CHPs was welcomed
- Concerns that the development of central groups may end up giving individual local managers 2 reporting managers – one at CHP level and another at Board level
- Concerned about central control overriding, rather than complementing, welcome local devolution
- Concerns about the creation of costly, centralised management teams
- Greater co-ordination of Acute Services was welcomed, as was the desire to encourage a more “joined-up” approach to acute and primary care service provision
- Concern that for patient/carer/public engagement there were no substantive references to this aspect within the document
- Members would welcome a specific section which laid out the Board’s intentions for Patient Focussed and Public Involvement

31 **Glasgow Occupational Therapy Managers Network**

- There is a risk of fragmenting crucial functions if PCD and Yorkhill services are divided out across the proposed CHP and partnership structures with no central overview
- Without an overarching structure of professional support, there is a danger that clinical and professional standards could be compromised to the detriment of patients and public
- Developing the relationships between the Mental Health Partnership and the proposed Rehabilitation and Enablement Service (RES) will be essential to the development of smooth pathways of care
- Seek clarity on where the RES will sit within the structures
- Collaborative working for Occupational Therapy heads of profession in relation to the Occupational Therapy integration agenda across care groups may form the first step in the “single system” working

32 **Mental Health Partnership Forum**

- Concerned, given the scope and range of the proposed change, about the potential risk of fragmentation and lack of clear clinical and management accountability
- Proposals seem to suggest that services will be fragmented by placing the direct management of CMHTs in CHPs
- Concern that the proposal relating to Elderly Mental Health Services could result in the fragmentation of this service between CHPs, Mental Health Partnership and the proposed new Rehabilitation and Enablement Organisation
- Key issue for clarification is the aims of the new Rehabilitation and Enablement Organisation and proposed supporting structure
- Concerns that the consultation paper describes community mental health as being directly managed within a CHP, in contrast to the recommendations in Sainsbury which supports joint management and accountability
- Concerns were expressed about how clinical governance and professional leadership would be maintained within the CHPs
- Staff governance and partnership working – social work colleagues are technically not bound by these key principles; has any thought been given on how these would be managed to maintain relationships?
- Development of CHPs could lead to duplication and additional management costs

- Strong case for the Primary Care Division to be reconfigured as an overarching body to performance manage and ensure standardisation of high quality care delivery rather than be disaggregated
- Overarching body will address issues about clinical governance and professional leadership across the CHPs

33 **NHSGG Psychology Clinical Governance Committee**

Adult Services

- Fully endorse the devolution of Mental Health Services to Community Health Partnerships and look forward to a constructive working relationship with Social Work Services.
- Provision of services to people with Learning Disabilities in the new structures remains unclear.
- Psychology Services - danger of fragmentation into small units.

Children's Services

- Welcome the increased opportunities to build upon integrated service delivery with social and education colleagues that community health partnerships will offer.
- It is in the interests of children and young people that vertical integration of these services is maintained while horizontal integration is strengthened.
- New learning communities - important building blocks in both the joint planning and delivery of integrated care for children.
- Psychologist work across primary care, community child health, secondary and tertiary care - organisational arrangements that minimise the managerial and cultural barriers to the flexible deployment of their knowledge and skills to children and young people is a priority for them.
- Interested in being located within a framework that enables flexible deployment and maintains critical mass.
- Disaggregating child clinical psychology services to 8 or 9 Community Health Partnerships would lead at best to duplication and competing parallel services.
- Proposes an area-wide combined and unified clinical psychology service for children and young people with close links to adult mental health services.
- Could work via a single CHP hosting or co-ordinating arrangement and/or partnership arrangement with children's acute services.

34 **North Division of Psychiatry**

- Strong concerns about proposals for implementing Partnership for Care
- Proposals do not address many of the issues we raised in April 2004
- Proposals do not secure senior psychiatric input into the management of CHPs
- As CHPs to be chaired by a politician – makes it crucial that there is a structural arrangement for clinical expertise in Mental Health to have authority
- Acute specialty of Adult Psychiatry is being seriously jeopardised by the impairment in its ability to function meaningfully if it is divided from Elderly and from Adolescent Services
- Similarly Liaison, Addictions and Homelessness all need to remain linked with Adult Psychiatry

35 Paediatric Liaison Psychiatry and Paediatric Clinical Psychology Services, Yorkhill Division

- Inherent danger to effective relationships in the proposed dismantling of the current management structure, which supports children's services
- Collaborative working between hospital-based and community-based children's services – future developments would be hampered by separate management structures with distinctive service priorities and budgets

36 Primary Care Division Enhanced Services and Quality and Outcomes Group

- Absence of a pan-Glasgow or Supra CHP (non-acute) level of functioning – 9 separate CHPs makes the continuance of such a significant primary care input to the health system less likely; may lead to a reduction in the benefits to be gained by having a more balanced care system and ultimately one that is less likely to meet the aspirations of Partnership for Care
- The Acute Planning Team is proposed to "... take the lead on planning for chronic disease"; strange that a part of the system that provides 10% of the system contacts plans for the part of the service which meets the other 90%
- Secondary care pressures – solution to many of these pressures lies in better interface working and better chronic disease management. Without this pan-Glasgow strategic approach CHPs may attempt to use the sector level to recreate this level of joint working locally and in the process develop up to 9 different patient pathways
- Sector working – CHP/Acute management teams could also provide a "bottom up" element to the pan-Glasgow agenda
- The Enhanced Services element of the General Medical Services contract cannot be effectively devolved to CHPs as of 1st April 2005; will lead to fragmentation of the clear focus currently enjoyed
- Level of functioning of Glasgow City CHPs – to both lose the benefits of a corporate view and to be one step further from a Health Board than surrounding CHPs would seem to present particular, possibly unnecessary, challenges
- Many of the issues highlighted could be dealt with by the creation of a co-ordinating/support group ("single system working group"?) for the non-Acute part of the health and social care system

37 Primary Care Division Nursing Advisory Committee

- Unequivocally supportive to any developments which improve outcomes for patients, improve the health of the population and promote greater synchronisation of activity through integration
- Welcomes the approval by the Board of a Mental Health Partnership and the move to appoint a Director
- Need for nurse leadership at all levels within the organisation is recognised as fundamental to the effective delivery of high quality patient care
- Concerns around equity of clinical service and financial governance across 9 CHPs; strongly recommend an overarching support structure for CHPs to ensure a consistent approach to all forms of governance. Nurse leadership is fundamental within such a structure
- Considerable progress over the last few years to improve integration between community and in-patients elderly mental health services
- Concern that fragmentation between these services and the wider mental health service would be detrimental to the people who use our services
- Risk management is a key feature of mental health nursing practice; fragmentation and separation of care groups who have common patient safety

issues could raise issues such as access to more intensive support and resources when required

38 **Primary Care Division Psychiatric Advisory Committee**

- Full support to the principles underlying the proposals
- Tackling Inequalities in Health – hope that the proposed subcommittee would work closely with CHPs and the Mental Health Partnership to build on the work done in developing effective services for Greater Glasgow
- The size of the Acute Services Directorate may militate against the ongoing need to resource and develop mental health services
- Present proposals – concern that they may in fact undermine the progress made in the delivery of the city's Mental Health services
- Fully supported the proposal of a Mental Health Partnership
- However, concerned whether the Partnership would be robust enough – whether there would be adequate clinical input
- Important that clear lines of professional accountability and governance are maintained for psychiatrists
- If the Mental Health Partnership only provides an organisational structure for adult services, there is a great danger of fragmentation of mental health services
- Understandable that elderly services are considered with frail elderly and adults with disability services
- Clear line of managerial accountability is also required to link directly into the Mental Health Partnership
- Concerns about the splitting of Old People's and also Child and Adolescent Mental Health Services
- Child & Adolescent Mental Health Services – need for the service to be integrated and for the strengthening of links, both clinically and managerially, with acute child health services
- Concern about the uniting of Acute Services across the city - would dominate the new structure and represent a regressive step towards an Acute Hospital bias across the city
- Without a strong enough Mental Health Partnership, health services will become subsumed by CHPs and lead to a fragmentation of these services
- CHPs – issues relate to the separation of in-patient and community services managerially, the integrity of community adult and elderly teams, and the need to maintain a city-wide focus for co-ordinated service development
- Issues remain to be resolved in those proposed CHPs which cross local authority boundaries to ensure a unified model of care and service delivery
- Disagree with the automatic appointment of a local Councillor as Chair and the presence of four other Councillors on such Committees with no guaranteed clinical input
- Concern about the very tight timescales set for implementing the proposed reorganisational changes

39 **Primary Care Divisional Psychiatric Advisory Committee**

- Hope that the proposed sub-committee would work closely with CHPs and the Mental Health Partnership to build on the work done in developing effective services for Greater Glasgow
- The size of acute services directorate may militate against the ongoing need to resource and develop mental health services
- Clear lines of professional accountability and governance are maintained for psychiatrists

- Mental Health Partnership
Only provide an organisational structure for adult services, there is a great danger of fragmentation of mental health services
- Elderly Mental Health Services
 - i. It is understandable that elderly services are considered with frail elderly and adults with disability services.
 - ii. It is our view that a clear line of managerial accountability is also required to link directly into the MHP
- Child & Adolescent Mental Health Services
Need for the service to be integrated and for the strengthening of links, both clinical, and managerially, with acute child health services
- Community Health Partnerships
 - i. Issues relate to the separation of inpatient and community services managerially, the integrity of community adult and elderly teams, and the need to maintain a city-wide focus for co-ordinated service development
 - ii. Issues remain to be resolved in those proposed CHPs which cross local authority boundaries to ensure a unified model of care and service delivery

40 Scottish Forum for Healthcare Science (SFHS)

- Not surprised that consultation paper makes no mention of Healthcare Scientists – are a relatively new staff grouping; reorganisation provides an ideal opportunity to establish effective communication between the Board and the Healthcare Scientist workforce
- Ideal form of communication would be the creation of an advisory committee analogous to that which has proved so effective for AHPs; willing to discuss an alternative communication network as part of the new structure

41 Westone & Drumchapel LHCC

- Main concern is regarding the level of functioning of Glasgow City CHPs
- To lose the benefits of a corporate view and be further removed from the Health Board may well be counter-productive
- The introduction of 9 CHPs may reduce primary care input into the overall health system in Glasgow and not fully aspire to the principles of Partnership for Care

42 Yorkhill Medical Staff Association

- Fully support the key themes of Partnership for Care and are committed, as part of a “whole system” approach to strengthening the interface between primary and secondary/tertiary care sectors and look forward to the opportunities the development of Community Health Partnerships (CHPs) will bring
- The main opportunities within the proposed re-organisation are;
 - i. closer integration of the existing community and hospital based secondary medical and mental health services for children and young people with primary care, Social work and Education colleagues through the development of CHPs;
 - ii. the development of a jointly managed child, young people and maternity service.
- Existing combined and integrated approach to the care of children and young people in Glasgow must be retained in any future reorganisation
- Integration of the existing services with CHPs should be through an operational

model built on existing sector-based care arrangements and will require additional investment in capacity

- Support the development of a single maternity service, to include specific gynaecological services integrated with child and young people's services in a separate management structure
- Advise the retention of Diagnostic and Pharmacy services specific to child, young people and maternity services within the above structure
- Feel strongly the clinical and diagnostic services specific to children, young people and mothers should have an over-arching management arrangement similar to that of the proposed adult Mental Health Partnership model
- Suggest the maternal and child partnership board should be created with representation from local authorities, NHS non-executives and CHP representatives

NHS STAFF

43 **Dr Jack Beattie, Consultant Paediatrician, Royal Hospital for Sick Children**

- Express concern about the proposal to merge children's diagnostic services within an adult-oriented management structure
- From a Paediatric professional perspective, this is a significant backward step that poses a real threat to clinical support services for children's healthcare
- Diagnostic Imaging for children is not an "add-on" to adult-oriented care but a distinct specialist service
- Formally express concern about the proposed managerial absorption of Paediatric Diagnostic Imaging and ask that NHS Board reconsider that plan

44 **Jacqueline Begbie, Linda Brown, Fiona Crombie, Helen Cupchunas, Sheila Duncan, Dr Sarah Hukin, Lesley Hunter, Dr Michael Morton, Dr Jacqueline O'Neil, Sandra Polding, Judy Thomson – Department of Child & Family Psychiatry, Yorkhill Division**

- Proposals for reorganisation always raise anxieties
- The future of the service could be severely compromised by managerial change
- Strongly supportive of the continuation of an integrated model of maternity and child health

45 **Robert Broadfoot, Dental Director, Primary Care Division**

- Restructuring provides an excellent opportunity to redesign the primary secondary care interface to improve services to patients
- With new contract for General Dental Practitioners and development of managed care networks we should leave our silos and work in partnership
- New structure for dental services should be similarly joined up to provide opportunities for seamless patient journeys within all dental specialties

46 **Gail Caldwell, Pharmacy Manager, Gartnavel General and Head Pharmacist, Specialist Oncology and Cardio-Respiratory Services**

- Strongly support a single system for NHS Glasgow Pharmacy
- My Medicines Project is an example of a whole pharmacy system redesign, linking community and hospital-based services

- Joining up the strands of NHSGG clinical pharmacy, from hospital through to GP practice will increase consistency in prescribing as common policies are agreed and implemented
- Concerned that the current proposal to place Pharmacy within the “Diagnostics Directorate” will jeopardise the delivery of the priorities within a single system for the use of medicines
- An “integrated pan-Glasgow structure bringing together primary and secondary care pharmacy management might be more effective
- A director for NHSGG Pharmacy would provide professional leadership and strong strategic management

47

Hilary Dobson, Consultant Radiologist, Clinical Director, West of Scotland Breast Screening Service

- Have experience of being administered by organisations with predominantly an acute services focus, a health board focus and a community focus
- Performance in relation to capital replacement varies considerably depending on the organisation in which we sit and a significant percentage of our medical equipment requires replacement
- Combining the challenge of uptake in areas of deprivation with the challenge of our capital replacement, then the least practical and efficacious area for us to work in would be an Acute Division
- Service feels strongly that it should be based in the Community rather than with an Acute Trust to help improve uptake and capital replacement
- Also, it should be sited at a regional level relating to the CHPs
- It is preferable for the screening service to sit in the community rather than the Acute Division
- The breast cancer screening programme is a community-based service delivered to 4 NHS Boards which has benefited from being managed by the Primary Care Division; GP involvement is essential
- Screening services “fit” far better in a community setting
- Essential that wherever the service is located we can be confident that there will be no diminution of the service
- The optimal place to site the breast screening service is at a regional level, relating to all CHPs in all the Health Boards which access the service

Dr Rani Balendra, Consultant in Public Health Medicine, Forth Valley NHS Board

- It is preferable for the screening service to sit in the community rather than the acute division.

Carol Colquhoun, National Co-ordinator Screening Programmes, National Services Division

- The breast cancer screening programme is a community based service delivered to four NHS Boards which has benefited from being managed by the Primary Care Division.
- GP Involvement is essential

Margaret Lachlan, Argyll & Clyde Health Board

- Screening services ‘fit’ far better in a community setting

Jennifer Darnborough, NHS Lanarkshire

- Essential that wherever the service is located that we can be confident that there will be no diminution of the service
- Optimal place to site the breast screening service is at a regional level, relating to all CHPs in all the health boards which access the service

48 **Roderick Duncan, Consultant Paediatric Orthopaedic Surgeon, Honorary Clinical Senior Lecturer, Royal Hospital for Sick Children**

- Separating both Diagnostic Imaging and the Laboratories from the Division and into adult directors in particular is inevitably going to make the system more cumbersome and reduce the efficiency
- Not possible to foresee any advantages to the “service end users” ie the children and their families

49 **Gordon Dutton, Consultant Ophthalmologist, Gartnavel & Yorkhill**

- Ophthalmology should be managed city-wide
- Paediatric ophthalmology should be managed through Yorkhill with a link to the city-wide system
- 3 Ophthalmic managers – 1 in Gartnavel, 1 in the Southside and 1 in the Eastside
- Facilitation role and devolved budgets
- Incentive to redeploy savings
- Accountant for Ophthalmology services part of management team
- Uniform structured approach for the whole city

50 **Alex Elliott, Department of Clinical Physics & Bio-Engineering**

- Wish to go back to running DCPB on a pan-Glasgow basis
- Good fit in the ‘Diagnostic’ Directorate

51 **Heather Gardiner, Consultant**

- Concerned about the place of the West of Scotland Adolescent In-Patient Psychiatry Unit in the new configuration
- Best way forward would be for the in-patient unit to be managed with other acute children’s services; cannot see how CHPs will be able to respond to the needs of this specialised group of young people
- Hope can manage the Adolescent In-Patient Unit in the acute sector and it is her opinion that the whole of CAMHS would better be managed together in the Acute sector rather than in CHPs

52 **Marjorie Gillies, Senior Nurse (Patient Services), Yorkhill Division**

- There is no Divisional representation on the reformed Involving People Team and no regular contact with staff at operational level about PFPI
- Where do Child and Adolescent Mental Health Services sit – with Paediatrics or Mental Health?
- Fragmenting well-established existing services eg school nursing is a serious disadvantage of CHPs

- How can we be sure that the children's hospital service will maintain and further develop its share of the funding when it is a small part of such a large organisation?
- Services for children and young people are so different from that for adults that they need to continue being considered separately at a strategic level from adult services
- What consideration has been given to including a representative of Patient Services on the management team?
- Will Chaplains without expertise in dealing with sick children and their families have to share cover with chaplains with this expertise?
- What plans are there for managing regional paediatric services eg cardiac?
- Welcome the concept of further developing links between Paediatrics and all maternity services, and also developing links with Gynaecology
- Service for children, young people and women should be managed in the same way as the integrated service for older people and not as a small part of the new acute structure

53 Ann Harvie, Consultant Paediatrician, Royal Hospital for Sick Children

- Concern about proposal to move Diagnostic Imaging for children to the pan-Glasgow Imaging and Labs Directorate
- In an "adult" Radiology Directorate, priorities would be decided differently, with the risk of under-investment in children's radiology services

54 Rosie Ilett, Sandyford Initiative

- Clarity is contained in the consultation document concerning the role and functions of the revised Board, which is welcomed
- Integrated Mental Health Partnership is the best way forward but question the possible inclusion of other areas like Addictions, Homelessness and Learning Disabilities
- Adult Acute Services – an integrated service, organised by themes not division, is clearly a positive way forward
- Acute planning – very good joined-up concept
- Maternal, Women's and Children's Services – natural outcome of recent developments; would provide consistency and integration. Crucial that this operates within the health and inequalities context

55 Morgan Jamieson, Medical Director, Yorkhill Division

1. Case for jointly managed child and maternal hospital and community based services

The perceived benefits of combining the children's and maternity services provided by NHS Greater Glasgow into a single operational unit emerged as a consistent and uniting theme during the 2003/04 consultation

Organisational

There is a need to create a single unified maternity service both to ensure consistency of service and practice across the city and to provide a framework within which issues of workforce planning, service development, resource allocation and future change and transition can be addressed in a coherent, integrated and equitable manner.

2. Nature, Location and Relationships within a Single-system

Move to single-system working offers the opportunity to configure operational and management systems in a way that is explicitly patient focused and directly affects the clinical and service interactions that constitute actual care pathways.

Primary Care

A key element, common to both children's and maternity services, is the provision of community-based care, a trend likely to continue to develop over coming years.

Prominent community element in children's and maternity services. This community activity involves substantial interaction with the Primary Care sector.

These interfaces will require that child and maternal services have close working relationships with each of the Community Health Partnerships created in the NHS GG area.

Acute Sector

The principal clinical and organisational links of the services for mothers and children currently provided in NHS GG are with Primary Care, Social Work and Education rather than with adult acute services.

3. Involvement of Other Services

Opportunities to consider whether, aside from the merging of existing child and maternal services, any other reconfiguration of organisational arrangements would offer potential clinical or service-delivery benefits.

Adolescent Mental Health

Its provision is closely integrated with child and family psychiatry.

Reproductive Medicine

Closely linked to the maternity services and should be managed and delivered as part of the same organisational entity.

Genetics

Overwhelming case for the continued inclusion of these services in any future child and maternal, organisation.

Dental Services

Gynaecology

There are clear professional links between obstetrics and gynaecology in terms of medical staff having shared consultant roles and training grade staff requiring experience in both specialties these professional links are not replicated in other disciplines, most importantly, nursing/midwifery.

4. Conclusion

The opportunities provided by single-system working must be used to reconfigure health services in ways which reflect patterns and pathways of patient care. Resultant structures should minimise unnecessary organisational barriers and maximise multi-disciplinary and inter-agency working as well as creating strong collaborative linkages across the primary and secondary care interface.

Key elements within the Child and Maternal Partnership model would be:

- strong links to community health partnerships
- robust integration of social work and education
- clear public involvement
- strong local, regional and national relationships with service providers and planners.

56 **Gwen Kavanagh, Primary Care Division**

- concerns that mental health will lose its current influence and power
- CHPs will prioritise 'bigger' health issues than mental health
- Councillors' influence will be heavily political
- We have developed strong professional structures within mental health – not sure if this will continue in the 'new future'
- There requires to be professional representation within the CHPs and will require to be supported by sophisticated reporting structures – nurse/AHP lead within a CHP will have to comment from their professional viewpoint on all things health and must ensure that he/she has a good network of colleagues

57 **Dr Elaine Lockhart, Psychiatrist for Children and Young People, Dr Jim Beattie, Consultant Paediatrician/Chair of the Yorkhill Medical Staff Division, Yorkhill Division**

- Disaggregation of Glasgow's children's services would be detrimental to the service, leaving them separate managerially from either the rest of Glasgow's Child and Adolescent Mental Health Services or from the acute hospital in which they work
- Support the proposal for an integrated Maternity and Children's Service in Glasgow, based on their excellent current working relationships and experience of colleagues throughout the UK
- Feel it is critical that any changes in service organisation consider above all the impact on Glasgow's vulnerable children and young people

58 **Ray McAndrew, Clinical Director – Community Dental Service, Primary Care Division**

- Pleased that there is a general recognition that the CDS should remain as a single Greater Glasgow structure
- Best "housed" in an organisational structure that is rooted in primary care
- The need to maintain the CDS as a Glasgow-wide single service is difficult to reconcile with the establishment of 9 separate CHPs
- Has been suggested that the CDS could be housed by a single CHP with enhanced responsibilities; this may well offer a solution

59 **John McCauley, Primary Care Division**

- Elderly community mental health services would best fit within the mental health partnership with a direct association with the older peoples' group which would allow continued integration with other mental health providers from health and social services
- If acute services for older people were to be redesigned to fit with our geographical boundaries for mental health/CHPs then an opportunity for joint working in a defined patch would present
- The direct link into CHPs via the mental health partnership and older people's group would enable local responses to gaps in service and unmet need to be made quickly and be influenced by all the partners

60 **Peter MacDonald, Consultant Paediatrician, Southern General/Yorkhill**

- Integration of maternity and child health services is to be commended but only if it truly integrates all such child-focused services including paediatric radiology services as well as all children's medical, surgical, community child health and neonatal services

61 **P McGrogan, Consultant Paediatric Gastroenterologist, Royal Hospital for Sick Children**

- Absolutely fundamental to the care provided at tertiary level to have the current structure of support in diagnostic services
- Any restructuring without retention of these services linked to the Child Maternity Services would be detrimental to the care provided to children within the West of Scotland

62 **Robert Monie, Consultant Physician, Southern General Hospital**

- Greater recognition to significant minority of patients or their relatives who abuse our staff
- Staff would feel better supported if better public awareness

63 **Dr Michael Morton, Consultant Child & Adolescent Psychiatrist, Royal Hospital for Sick Children**

- Wish to express strong support for the arguments set out for the retention of children's Diagnostic Imaging within Women's and Children's Services
- Children need an imaging service that is organised with children's needs as the first priority
- Clinicians need an imaging service that is organised with children's needs as the first priority

64 **Michael Morton, Sarah Hukin, Elaine Lockhart, Consultants in Child and Adolescent Psychiatry; Dougie Fraser, Senior Nurse; Judy Thomson, Head of Clinical Psychology; and Sue Robinson, Joint Lead Consultant Clinical Psychologist**

- Wish to emphasise their joint professional view about this process in relation to their area of clinical activity

- Have been attracted to working at Yorkhill by the structures that enable collaboration
- Child and Adolescent Psychiatry is an area of great difficulty for recruitment and retention in all disciplines and these two services at Yorkhill have an exemplary track record in that regard
- Extremely concerned that the management reorganisation might threaten the inter-dependence of Paediatrics, Community Child Health and CAMHS
- See the future health of the service as dependent upon a continuation of management structures that support the model of working which we see as essential
- Grave reservations about the future of their services if the management were to be removed from the current approach of joint management of Paediatrics, Child Health and Child Psychiatry services

65 **Dr Andrew Power, Head of Medicines Management Team, Primary Care Division**

- Retention of a Board-wide prescribing function to support the work of CHPs and to provide analysis of trends to the Board
- The Prescribing Management Group (PMG) has developed the principles of single system working in the arena of medicines use - the line of engagement through the Chair to the MMT and hence to GPs should be retained
- Important that the MMT is retained as a city-wide resource in order to provide the strategic direction and cohesion

66 **Dr Ian J Ramage, Consultant Paediatric Nephrologist, Royal Hospital for Sick Children**

- Supports the statement from the Yorkhill Medical Staff Association
- Diagnostic Imaging and Laboratory Services – concerned the ability to provide these consultant-delivered services at their current standard will not be possible if the afore-mentioned services are absorbed into a larger directorate, inevitably dominated by the pressures of serving the larger adult population

67 **Ian Reeves, Department of Medicine for the Elderly – Southern General Hospital**

- Stroke disease – how it will be controlled managerially
- No reference to MCNs

68 **Lucy Reynolds, Consultant Paediatrician, Yorkhill Division**

- Important to monitor each health indicator at the appropriate level , eg data usefully monitored at CHP, whole Board area
- Need a structure which gives the opportunity for innovative interventions with local ownership and locally appropriate means of implementing Board-wide or national recommendations
- Propose that some central structure and expertise needs to be retained at Board
- Monitor appropriate child health indicators at Board level
- Strengthening child public health capacity at CHP, will give local ownership and enthusiasm for tackling problems demonstrated as being local, increases the potential for local innovation to tackle local problems

- Excited by the potential for CHPs to bring structures for service planning and delivery together in such a way as to have real impact in terms of health improvement
- Important to improve service delivery and outcomes but changes should only be made if they would improve outcomes for children and families
- To transfer management of community child health services for children with disability over to the new CHPs is setting these organisations up for failure
- Should a Board-wide specialist community child health service for children with developmental problems and disabilities be hosted by one CHP on behalf of all the others or managed together with hospital-based paediatric services? Would favour the latter
- Whilst accept that NHSGG has not satisfactorily addressed the public health problems of its child population and RHSC is currently providing a substandard service for children in the community with developmental problems and disability, this service is more cohesive and responsive to the needs of patients that what follows when they are transferred to the care of the adult services

69 **Mark Richards, Sector Nurse, South Glasgow Mental Health Services, Primary Care Division**

- Supports the focus on improving health and patient participation/empowerment.
- Concerned that strong emphasis on social care integration is not achievable within the timeframes suggested
- The elected official bias raises concerns regarding identification of priorities for CHPs based on population needs or high profile political agendas
- CHP chair being local authority councillor needs to be re-thought as does the health/local authority balance of the CHP committee; would want a nurse on the CHP committee
- There should be an overarching structure that provides leadership, management and a collective voice to the CHPs in Glasgow
- Benefits in the joint approach to the mental health partnership where joint social care and health care planning and delivery of services should lead to increased access to resources, reduced duplication of service and needs

70 **Trevor Richens, Consultant Paediatric Cardiologist, Royal Hospital for Sick Children**

- With some alarm note the proposal to remove diagnostic imaging for children from its present position as part of Yorkhill Division to become part of the pan-Glasgow Diagnostic Imaging and Labs Directorate

71 **Dr Kenneth J Robertson, Consultant Paediatrician, Clinical Lead for IM&T, Scottish Executive**

- Separating the governance of Maternal and Children's Services from Children's Diagnostic Imaging Services is a dangerous precedent and profoundly at odds with the delivery of integrated services
- Proximity to the best imaging services is of paramount importance so why manage this provision separately
- Creating artificial barriers to the integrated provision of services is simply stupid

- 72 **Dr Peter H Robinson, Consultant in Paediatric Metabolic Disease, Royal Hospital for Sick Children**
- Request careful consideration of the effects of any laboratory reorganisation on the services to children and adults who have inherited metabolic disease
 - People depend heavily on the diagnostic Biochemistry Laboratory at the Royal Hospital for Sick Children for diagnosis and monitoring
 - Cannot express too strongly the view that any reorganisational change must recognise that this laboratory and this group of people must remain intact
- 73 **John Shemilt, Consultant Psychiatrist, Stobhill Hospital**
- Proposed Directorate of Maternity, Women's and Children's Directorate – why do fathers have no role in the emotional and physical well-being of children
 - Previous success in routinely involving fathers and other family members in mental health service provision for children in Glasgow
- 74 **Dr John Sinclair, Consultant in Administrative Charge, PICU, Yorkhill Division**
- Concerns about plans to remove diagnostic imaging for children from its present position as part of Yorkhill Division to become part of the pan-Glasgow Diagnostic Imaging and Labs Directorate rather than as part of the Women's & Children's Services Directorate
 - Concerns that the specialist tertiary and quaternary PICU services currently supported by the diagnostic imaging services in Yorkhill will be adversely effected by integration with adult services
- 75 **Judy Thomson, Consultant Clinical Psychologist/Head of Clinical Psychology Services, Yorkhill Division**
- Welcome the increased opportunities to build upon integrated service delivery with social work and education colleagues that CHPs will offer
 - Professional management functions are best delivered within a single area wide framework; disaggregating child clinical psychology services to 8 or 9 CHPs would lead, at best, to duplication and competing parallel services
 - Propose an area-wide combined and unified clinical psychology service for children and young people with close links to adult mental health services
- 76 **Dr Iain Wallace, Medical Director, Primary Care Division**
- Welcome the commitment to strengthen the interface between primary and secondary care
 - Integration of primary and secondary care should happen at a sector level ie South, North/East and West
 - Area Clinical Forum not reached its full potential and one reason for this may be that the Forum is primarily made up of representatives; involvement of clinicians with a management responsibility would add to the Group's effectiveness
 - Consider broadening the Mental Health Partnership to take responsibility for other integrated primarily community-based specialist services eg addictions and learning disability
 - Proportion of waiting times money should be spent on primary care to sort out the "upstream" factors affecting waiting times
 - CHPs will want to plan at both a city-wide and CHP level. If a structure is not

put in place to allow them to do this, they will invent it through a consortium arrangement

- Alternative would be an integrated clinical services planning team rather than have teams focused separately on acute and primary care
- Great care needs to be taken to avoid fragmenting the general care of the elderly provided by primary care and services provided by community specialists

77 Dr A J Watt, Dr G J Irwin, Dr S J Butler, Dr S V Maroo, Dr H Kaur, Dr M Bradman – Radiology Department, Royal Hospital for Sick Children

- Removing children's Diagnostic Imaging from Women's and Children's Services and placing it within the adult service will be disadvantageous
- Loss of focus in children's imaging services
- Single system of working already exists for imaging children in Glasgow
- Children's Diagnostic Imaging will become a small part of the adult Diagnostic Imaging Directorate; this invariably results in under-investment in children's services

78 Dr Craig Williams, Dr P Galloway, Dr A Howatson, Dr J McFarlane – Microbiology Department, Yorkhill Division

- Removing children's diagnostic services from Women's and Children's services and placing it within the Diagnostics Directorate will be disadvantageous
- Being a part of an overwhelmingly adult-oriented diagnostics directorate will remove the direct influence of the users over the service with a subsequent loss of clinical focus in children's laboratory services
- If children's laboratory services become part of the Diagnostics Directorate the clinical focus of providing high quality diagnostic services to children will inevitably be lost and risk of eventually losing the specialist paediatric laboratory expertise which is currently present in Glasgow

79 Jimmy Wright, Primary Care Division

- Welcomes the evolution of CHPs for improved planning for services and health improvement
- Creation of a large acute unit suggests a significant bargaining power
- Will see Mental health services once again having to compete against the odds

GENERAL PUBLIC

80 Catherine Fleming

- No comments to make
- Happy with the NHS document which covers a great deal of important information of health matters