

Greater Glasgow NHS Board

Board Meeting

Tuesday 22nd February 2005

Board Paper No. 2005/07

Director of Planning and Community Care

Community Health Partnerships:

- **Scheme of Establishment in West Dunbartonshire Council**
- **Update on Progress**

Recommendation:

The Board is asked to:

- **approve the proposed scheme of establishment for a Community Health Partnership in West Dunbartonshire Council;**
- **note progress on establishing Community Health Partnerships with:**
 - **South Lanarkshire Council;**
 - **East Renfrewshire Council;**
 - **Glasgow City Council**

A. WEST DUNBARTONSHIRE COUNCIL

- 1.1 Attachment 1 to this paper is the draft Scheme of Establishment for a Community Health Partnership (CHP) covering the West Dunbartonshire area. The proposed CHP brings into a single authority wide structure the responsibilities for local health services and health improvement of Argyll and Clyde and Greater Glasgow NHS Boards.
- 1.2 The Council did not wish to pursue the Board's preferred model of an integrated CHP and, therefore, the Scheme of Establishment covers only NHS responsibility and largely reflects Scottish Executive Health Department guidance.
- 1.3 The Scheme, subject to approval by Argyll and Clyde NHS Board in early March, is a significant step forward in bringing together services to a single population and, in achieving coterminosity with the Council area, providing a platform to strengthen and extend joint working.

B. PROGRESS WITH OTHER LOCAL AUTHORITIES

2.1 The Board has already approved a Scheme of Establishment for a Health and Social Care Partnership with East Dunbartonshire Council. The present position with other Authorities is described below.

2.2 Glasgow City Council

The Council has endorsed a joint approach to the development of CHPs and instructed the Chief Executive and Director of Social Work Services to lead negotiations with GGNHS to establish those joint CHPs. Discussions are underway to develop a Scheme of Establishment for consideration by the Council and the NHS Board during March.

2.3 South Lanarkshire Council

The previous update to the Board noted that South Lanarkshire Council did not wish to pursue an integrated model CHP and that Lanarkshire NHS Board did not wish to establish a cross boundary CHP including the population of Rutherglen and Cambuslang. This raised the issue about the viability of a health only CHP for a relatively small population which we undertook to discuss further with the Council. The outcome of those further discussions was an agreement to engage with Lanarkshire NHS Board to discuss their boundary proposals. That further engagement has led to a detailed review between the three parties of potential boundary options. The Board will be kept informed of progress.

2.4 East Renfrewshire Council

The Council is considering its position on the integrated model of CHPs over the next three weeks. The Council's conclusions will then inform the development of a Scheme of Establishment for Board consideration.

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

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**WEST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP
DRAFT SCHEME OF ESTABLISHMENT**

1. INTRODUCTION

- 1.1. This draft Scheme of Establishment (SoE) has been prepared in terms of regulation 10 of the Community Health Partnerships (Scotland) Regulations 2004. The submission is on behalf of Argyll & Clyde NHS Board (ACNHSB); and Greater Glasgow NHS Board (GGNHSB). This content has been shared with West Dunbartonshire Council.
- 1.2. Under section 4A (2) and 4 of the Act, Community Health Partnerships (CHPs) must be established as committees or sub-committees of NHS Boards unless the area or district of a CHP will include all or part of the area of two or more NHS Boards. In such cases, the CHP must be established jointly as 'joint' committees of those Boards. The content of this document proposes a single CHP for the West Dunbartonshire area that will be a 'joint committee' of Greater Glasgow and Argyll & Clyde NHS Boards.
- 1.3. The Scheme of Establishment also seeks approval, under the terms of Regulations 3(4) and (5) of the said regulations, to vary the membership of the Partnership Governing Committee as detailed later in Section 7.
- 1.4. The development of the Scheme has been an inclusive process. A West Dunbartonshire CHP Steering Group was established in May 2004, with a wide range of representation from the main stakeholder organisations, including the key professional groupings. The steering group led the development process, however delegated the detailed work to other groupings within the existing Partnership arrangements. To ensure that the local discussions were informed by system wide policy, and to ensure that there was a consistent 'health system' input a Liaison Group involving policy leads from both NHS Board areas. The proposals presented reflect the outcomes from this wider and inclusive process.
- 1.5. In developing these proposals the partners were building on the existing, well-established local joint arrangements. In particular, these included Joint Future arrangements in place to improve service outcomes for community care groups; well-established Children's Services planning arrangements and well-established joint committee arrangements through the Health Improvement and Social Justice Partnership (HISJP). On a health system wide basis senior management teams from both NHS Boards meet on a regular basis to develop policy on areas that effect both populations.
- 1.6. The draft scheme has been formally considered by Argyll and Clyde NHS Board at its meeting on 7th March 2005 and by Greater Glasgow NHS Board at its meeting of 22nd February 2005.

2. FUNDAMENTALS

- 2.1. The proposed CHP will be called the West Dunbartonshire Community Health Partnership (CHP) and will cover the entire population living in the area defined by the local authority boundary of West Dunbartonshire Council (approximately 93,500 people). Its planning and

development processes will take account of the diversity of local communities within the catchment, including contrasting levels of social and economic deprivation, and the overall need to improve the population health in West Dunbartonshire.

- 2.2. The development of the CHP needs to be viewed within the context of wider reorganisation of both health systems. GGNHSB have recently completed a consultation exercise on implementing Partnership for Care which sees the development of 'single system' working within Greater Glasgow, and at the same time ACNHSB are proposing the abolition of its Operating Divisions with all NHS services being delegated to its CHPs. The Scheme of Establishment therefore needs to recognise this change programme and the commitment of both NHS Boards to the pivotal role of CHPs in health systems.
- 2.3. From early on in the development process, the case for a West Dunbartonshire wide CHP was made and agreed. A single health organisation for the whole of the local authority area offered the potential for further service improvement and planning realignment. Existing area wide collaboration exists in a number of areas: Clydebank LHCC accesses Diagnostic and Laboratory services at Vale of Leven and integrated teams with West Dunbartonshire Council have been established for Addictions and Learning Disability services. Both health localities have come together to plan for the development of older people's services, joint equipment stores, and capacity planning.
- 2.4. A single West Dunbartonshire wide CHP also offers opportunities for a community based organisation of significant scale to have influence over acute service providers and the establishment of a single entity to engage in local joint planning arrangements for Community Care, Children's Service Planning and Community Planning. The potential will exist for significant economies of scale in service management and planning capacity, as well as the potential for the CHP to develop best practice from both health systems for the benefit of the local population.
- 2.5. In developing our proposals we have recognised that there are two distinct health communities covered by the existing LHCC areas of Clydebank and Dumbarton/Alexandria respectively. The new partnership will cover a total of 20 GP practices; 24 dental practices; 18 pharmacies and 9 opticians.
- 2.6. It is anticipated that the two localities will retain a local focus for service delivery. This is recognition of the variation in existing service profiles and organisational arrangements. It is however anticipated that in most areas of activity, partnership-wide arrangements will be established.
- 2.7. It is important to note that the proposed Scheme of Establishment brings together at the high level, the detailed work that has been produced over the last year by the arrangements outlined above. This document is supported by a number of more detailed papers on individual components. However it should also be observed that this reflects a position statement of work that has been completed to date, and recognises that significant work is required to develop the detail that underpins this proposal.
- 2.8. The purpose of the CHP is to:
 - manage local NHS services;
 - improve the health of its population and close the inequalities gap;
 - co-ordinate and articulate NHS inputs to the Community Planning process;

- achieve better specialist health care for its population;
- drive NHS community care and children's service planning processes.
- Lead NHS participation in local joint future and children's planning arrangements with West Dunbartonshire Council.

2.9. The CHP will be characterised by:

- reduced bureaucracy and duplication;
- modern community health services focused on natural localities;
- integrated community and specialist health care through clinical and care networks;
- an organisation, which supports achievement of service delivery, monitored through agreed performance management measures;
- ensuring patients and a broad range of frontline health care professionals are fully involved in service delivery, design and decisions;
- a central role in service redesign; and
- a pivotal role in delivering health improvement.

2.10. As outlined above the CHP will bring together, for the first time, the opportunity to plan and manage the provision of health services for the population of West Dunbartonshire within a single health organisation. The initial challenge will be to maximise the opportunity offered by the authority wide CHP whilst recognising and supporting the distinct health localities within the area. Initial priorities will include establishing the new working arrangements for the Partnership, and ensuring the smooth transition from the current position. This is of particular importance in respect of existing clinical priorities of the LHCCs who will migrate to the new Partnership. It is proposed that the new arrangements will deliver:

- better care pathways for patients, including the priority of integrating primary and acute care services;
- a clear programme to tackle health inequalities and their root causes;
- community participation;
- achieving the gains for patients by delivering on the Performance Assessment Framework and Local Improvement Targets; and
- bringing a substantial population focus to the work of the whole of the NHS in West Dunbartonshire.

2.11. The development of the West Dunbartonshire CHP offers a unique opportunity to improve health service provision. Both health service systems are committed to the development of a single CHP for the West Dunbartonshire area. In doing so, it is important that both of the existing health localities are seen as equal partners in this new organisation. This will be reflected in the management and governance arrangements developed and posed in the following documentation.

2.12. A primary objective of the new organisation will be to develop a more consistent health service framework for the area covered by the CHP. In doing so the CHP will aim to develop best practice from both localities across West Dunbartonshire.

3. HEALTH IMPROVEMENT

- 3.1. We are constructing our CHP as a "health improving organisation", resourced and responsible for making a difference to the health of its population, and reducing health inequalities.
- 3.2. Current both NHS systems make a significant contribution to an existing West Dunbartonshire Health Improvement Strategy Group (HISG), which is a multi-agency forum that has developed this initial thinking on maximising the health improvement potential offered by the establishment of the CHP. The CHP in fulfilling its obligations will lead the development of the local health improvement plan for the HISG. The core partners represented on the HISG include:
- NHS Health Improvement staff;
 - West Dunbartonshire Council
 - Communities Scotland;
 - Voluntary Sector (WDCVS);
 - Community members;
 - Local Housing Associations;
 - Job Centre Plus;
 - Scottish Enterprise Dumbarton; and
 - SIP/Community Planning.
- 3.3. The HISG will continue to be pivotal to the agenda, as it will evolve into the health improvement forum for the CHP and Community Planning. It is therefore proposed that the CHP:
- will lead the locally based health improvement effort, covering life circumstances and lifestyle action through the NHS;
 - will be developed with a strong public health focus embedded within the NHS and other partner agencies;
 - will be responsible for delivering the geographic health improvement and be monitored by both health boards Health Improvement PAF;
 - will appoint a lead for Health Improvement who will have responsibility for leading health improvement within the CHP, and who will direct the collective effort to focus on reducing health inequalities and the root causes;
 - the lead for Health Improvement will ensure that health improvement is a strategic priority for the CHP and permeates throughout the organisation will have a dedicated health improvement workforce bringing a range of dedicated health improvement posts together from the LHCCs, health promotion and complemented with other jointly funded health improvement posts.
 - the workforce will also support the public health orientation and activity of a wide range of staff with a partial remit for health improvement;
 - all the dedicated health improvement workforce will have core skills and competences in line with "Skills for Health" and more senior post advanced skills;
 - will produce an annual health improvement and inequalities plan deliver and contribute to the Regeneration Outcome Agreement, national health and closing "The Opportunity Gap" priorities but also reflecting on local circumstances;
 - reinforce its Management Team's responsibility for health improvement in their area, supported by the dedicated workforce. This connection of service delivery and health improvement will drive a focus on addressing inequalities by targeting resources and

services. In addition, service delivery will reflect the imperatives of health improvement as an important and shared priority; and

- will contract and commission with the voluntary sector providers and other groups and agencies for health improvement activity.

4. IMPROVING SERVICE QUALITY

4.1. Delivering improved services for the population is a fundamental objective of the CHP. In developing these proposals the NHS Boards have identified a number of areas where the new CHP will provide an opportunity to further improve performance:

- build on chronic disease management through the inclusive approach of Managed Clinical and Care Networks;
- strengthen clinical integration and professional involvement;
- resourcing professional, clinical, management and practitioner time to engage in service redesign, consultation and planning;
- acute, paediatric and psychiatry embedded in services and management structure;
- the development of a clear action plan for clinical service integration;
- develop networks between primary, secondary care where appropriate; and
- scrutiny, regulation and performance monitoring of service quality.

4.2. A critical factor to the success of the CHP will be the extent to which it is able to deliver improvements around the primary/secondary care interface. There is recognition that the partnership will need to work along side adjoining CHPs who share access to the same secondary services. Similarly the partnership will need to be involved in the development of the wider network of services for particular specialities. It is expected that the Professional Executive Group will have a lead role in ensuring that these relationships are established and maintained. There is also a recognition that the PEG will be working to deliver improvements around the primary secondary care interface in the two different health systems. The principle will be that it will take best practice from either system and help improve the practice within the other system i.e. there will be no levelling down.

4.3. The CHP will be the main focus for service integration within West Dunbartonshire linking closely to a range of joint structures, in particular the Health Improvement and Social Justice Partnership, developed in response to the Joint Futures agenda. There will be particular emphasis on closing the health gap whilst tackling local health priorities and delivering improvements particularly in relation to the management of chronic diseases.

5. SERVICES MANAGED

5.1. The services that will be directly managed by the CHP reflects both the significance given by both health systems for service delivery within the respective 'single system' responses to Partnership for Care. The approach taken by Argyll and Clyde sees all services currently delivered through divisional arrangements being delegated to CHPs. In the case of the West Dunbartonshire CHP this includes all services delivered at the Vale of Leven Hospital. The Greater Glasgow response builds on the service framework previously delivered by LHCCs plus a substantial range of other primary care and community based services. As a result there are variations between the services provided in both localities evidenced by the differing investment profiles, and models of care being delivered, including the balance between

community and in-patient activity. However, the following range of services will be delegated by both health systems:

- Community Nurses;
- Health Visitors;
- Relationships with Primary Care contractors;
- Local Older People's and Physical Disability services;
- Mainstream School Nursing;
- Chronic Disease Management programmes and staff;
- Oral Health Action Teams;
- Allied Health Professionals;
- Palliative Care;
- Addiction services;
- Learning Disability services; and
- Community Mental Health Services.

5.2. Both NHS systems are reviewing children's community health services (including health visiting and school nursing services) with the potential for these services to be managed in the CHP.

5.3. Additionally, NHS Argyll & Clyde Board will delegate the following services to its Community Health Partnerships:

- acute services located within the Vale of Leven Hospital, including:
 - diagnostics and laboratory services;
 - community midwife services;
 - acute mental health services;
 - acute older peoples services ;
- child and adolescent mental health services.

5.4. It is also proposed, given the importance of the CHP health improvement role, that Public Health Practitioners; geographically based Health Promotion staff and related budgets will be directly managed by the CHP. Both NHS Boards are currently reviewing how their relevant resources can be devolved and managed to support this core CHP activity.

5.5. It is further proposed that consideration be given to new approaches to involving primary care in the demand management and delivery of investigations conducted by secondary care. In conjunction with secondary care services there will be a sharing of responsibility through delegation to the CHP for aspects of laboratory and imaging functions. Prescribing budgets will be progressively devolved to the CHP with appropriate development of competency and management of shared risk across the respective NHS systems. It is recognized that year one will be a time of transition and change for the CHP and the wider NHS systems. However, there is the expectation that within year one, budgets and contracts for the following will be fully devolved to the CHP:

- contracts for primary care services;
- diagnostics and Laboratory Services
- special educational needs school health;
- prescribing; and
- health improvement and promotion.

This will be detailed within the CHP Development Plan

5.6. The CHP will participate in the management arrangements for the following services:

- non-local older people's and physical disability services;
- community midwifery services;
- non-local mental health services;
- acute and children's health services planning; and
- community Planning.

5.7. Hosting

5.8. At this point in time both Greater Glasgow and Argyll and Clyde are reviewing services that are delivered on a system wide basis, and considering hosting options as they move towards single system working. As a consequence the CHP may manage services on behalf of other neighbouring CHPs.

5.9. Clydebank LHCC currently hosts services on behalf of the West of the City:

- Continence Nurse Specialist;
- Dietetics Team;
- Physical Disability Team; and
- Palliative Care Resource.

5.10. The CHP will engage with the Argyll and Bute CHP to determine arrangements to reflect the natural clinical community of 'Lomond'. This is in recognition of the interdependency of the three localities of Alexandria, Dumbarton and Helensburgh/Lochside. In establishing the West Dunbartonshire CHP co-terminus with local authority boundary the Helensburgh/Lochside locality now sits in the neighbouring CHP.

6. LINKS TO SPECIALIST AND NON LOCAL SERVICES

6.1. Critical to the success of the CHP will be ensuring effective working relationships with the acute service and specialist providers to improve services to patients.

6.2. Acute Specialist Providers (including Children's Services)

6.3. The CHP will develop effective working relationship with acute specialist services in both Greater Glasgow and Argyll and Clyde. Services provided from the Vale of Leven District General Hospital will be managed within the CHP arrangements and as such will be internal to the CHP. Both NHS Boards agree that the main tasks for the CHP and acute specialist services together is to:

- improve patient access to diagnosis treatment and care;
- advance health improvement;
- address national and Board priorities and targets;
- scrutinise patient pathways and develop local MCNs;
- develop common analysis;
- identify service priorities;

- agree joint investments; and
- manage local performance.

6.4. In the context of the wider reorganisation of the NHS in Greater Glasgow and Argyll and Clyde, we intend to take the opportunity to create strong and effective management and clinical relationships to drive change between local and specialist services. Our approach to achieve this objective has a number of complementary strands:

- involvement of clinical leaders from key specialities including from older people's medicine, paediatrics and psychiatry in the CHP management arrangements and in local service delivery teams; and
- creating a strong geographic focus within both health systems will ensure direct senior management connection across CHP and specialist provider management structures.

6.5. Rehabilitation Services outwith the Local Area

6.6. Within Greater Glasgow it is proposed to establish a Directorate which would manage the non-local elements of geriatric assessment and rehabilitation, assessment and rehabilitation services for adult with a disability and mental health services for older people.

6.7. Within the proposal are substantial Directorate wide clinical leads for psychiatry and elderly medicine and physical disability. Proposals will be developed to enable a more sectorised clinical leadership linking to CHPs.

6.8. There is a recognition that the final form of the structure is dependant on ongoing consultation with existing service providers and partner agencies. However, there is already agreement for CHP involvement in the Directorate Management arrangements.

6.9. Mental Health Services

6.10. Both health systems intend to establish an integrated mental health network involving effective integration of primary and secondary mental health care. This integration also had to cover a comprehensive network, offering a full range of services from primary care support through to inpatient care/

6.11. Within this framework the West Dunbartonshire CHP will manage all adult mental health services delivered within the CHP area and participate in the management for all other mental health services accessed by its population.

7. GOVERNANCE ARRANGEMENTS AND RELATIONSHIPS

7.1. The CHP governance arrangements will reflect the desire to achieve high levels of stakeholder and 'frontline staff' involvement in a devolved organisation.

7.2. This cannot be achieved through a single Committee or Board but through a number of complementary decision-making and advisory structures. It is proposed that the primary components will be:

- Community Health Partnership Committee;
- Professional Executive Group;
- Management Team;
- Public Partnership Forum; and
- Staff Partnership Forum.

7.3. Community Health Partnership Committee

7.4. Both NHS Boards propose that the new CHP governing committee is established as a formal sub-committee of the NHS Boards to emphasise the status and significance that the CHP will have within the overall NHS system. The emergence of these new CHPs has been a significant factor on the NHS Boards wider review of the local system. Formal accountability for an agreed range of functions will rest with the CHP Committee which will in turn report to the Greater Glasgow and Argyll & Clyde NHS Boards.

7.5. Membership of the proposed CHP Committee would be representative of the partnership and the wider group of stakeholders and include the following:

- 1 Non Executive member of NHS A & C Board;
- 1 Non Executive member of NHSGG Board;
- Local Authority members of NHSGG and NHS A & C Boards;
- 4 representatives from the Professional Executive Group;
- 1 representative from the Staff Partnership Forum; and
- 2 representatives from the Public Partnership Forum.
- Director of the CHP

7.6. The detail of appointment arrangements will need to be agreed between the NHS Boards but the assumption is that Committee members would be approved by both bodies.

7.7. The purpose of the Committee will be to set and monitor budgets within the allocations made by the NHS Boards and to take a strategic overview of the Partnerships activities, priorities and objectives. The Committee will also hold to account the management team for the delivery of the Partnership's Annual Plan, which that team should develop, in partnership with the Professional Advisory Group. The Committee will not make operational decisions or micro manage the Partnership's day today activities.

7.8. It is intended that the Partnership Committee will set the terms for planning, resource allocation, service management and delivery, and performance management in relation to:

- community care;
- children's services;
- health improvement and inequalities;
- community or neighbourhood services; and
- acute service provision for the 'Lomond' locality.

7.9. In terms of specific responsibilities the Partnership Committee will be required to:

- produce an overall Partnership annual rolling three year plan which covers all Partnership activities and priorities and which takes account of national and local policy, objectives and guidance;

- set, align and monitor budgets consistent with these priorities and delegation.
- promote further integration and redesign of local and specialist services in terms of management, user/patient pathways, processes and provision where this delivers public gain;
- manage overall performance against defined local and national outcomes and targets;
- contribute to and influence the strategic direction of health NHS Board level;
- contribute to the development of policy and plans related to the functions of the organisation;
- ensure effectiveness of core delivery including quality;
- ensure decision-making is inclusive by actively involving stakeholders in the planning and delivery of services; and
- work effectively with other local functions such as local authority social work, other community care providers, housing, education and culture and leisure services.

7.10. Professional Executive Group (PEG)

7.11. The PEG is linked with the Partnership Committee (see above membership) and an integral part of the CHP management arrangements. It ensures much wider professional representation than can be achieved by Committee membership alone. The PEG will have clear responsibilities to lead service redesign, planning and prioritisation. Initial priorities for the PEG may include key roles in:

- service redesign and clinical developments;
- contributing to Service planning and prioritisation;
- engagement with secondary care;
- clinical governance;
- organisational development; and
- communication and consultation issues.

7.12. Its members should include all the professions covered by the CHP, and clinical input from specialist divisions including acute services, child health and mental health. In addition to the PEG we also see the need for clinical input across a wide-angle individual service, care group and team development programmes. The PEG will be the overarching professional grouping for the CHP, however, even at this stage it is clear that sub-groups will be established to lead on specific agenda items (see 11.2 clinical and professional governance).

7.13. It is also proposed to initially establish 2 locality professional sub groups within each of the current LHCC areas with a clear responsibility for ensuring that current work programmes are maintained, further development of links with the acute sector and other specialist providers plus local development of the PEG priorities.

7.14. It will be a core function of the CHP to develop CHP wide clinical arrangements. In this respect the locality arrangements will be in place for one year to support the transition from current arrangements.

7.15. The PEG representatives on the CHP Committee will be nominated by members of the Group. The Group will be chaired by the lead clinician for the CHP who will be jointly appointed by both NHS Boards. There will be equal representation from both Greater Glasgow & Argyll and Clyde areas.

7.16. Wider Stakeholder Involvement

7.17. Public participation will be facilitated by the establishment of a Public Partnership Forum (PPF), and staff participation would be facilitated by a Staff Partnership Forum (SPF). The PPF would appoint two members to the CHP Joint Board, and the Staff Partnership Forum would appoint one member.

7.18. Public Partnership Forum

7.19. The CHP is committed to ensuring meaningful and supported public participation in the activities of the proposed Partnership. The Health Improvement Strategy Group has considered the guidance on the development of PPFs as a crucial opportunity to ensure that patients, carers and voluntary sector partners influence the development of services and the wider CHP agenda. A range of people have been involved in developing the PPF in West Dunbartonshire and broad agreement has been reached to develop a number of requirements.

7.20. Firstly, the requirements of the PPF are to provide an informed, representative, independent and accountable voice in the formal decision making processes of the CHP by:

- ensuring local people are informed on the range and location of services for which the CHP is responsible;
- ensuring local service users and carers are engaged in discussions around the development and improvement of local services;
- providing information to enable the CHP to respond to the needs, concerns, and experiences of patients, carers and families;
- engaging the wider local community in issues concerning the nature, design and quality of service delivery and outcomes, supporting involvement and seeking to ensure public services are more responsive and accountable to citizens and local communities;
- engaging with community involvement and consultation structures such as community planning partnerships, local authority area committees, community councils, citizen's panels;
- providing a link with local involvement mechanisms in relation to health improvement and service planning issues;
- the Public Partnership Forum (PPF) will be the vehicle for formal public participation and recognise that other mechanisms for engagement will need to be developed to strengthen this process;
- agreement has been reached that two members of the PPF will be full members of the CHP Board;
- where possible we would look to use the PPF and developing community participation mechanisms to mirror those within the Community Planning process; and
- we would look to use a number of identified support mechanisms and resources in the development of the PPF.

7.21. The CHP will adopt the Community Engagement Standards from the Scottish Community Development Centre as a benchmark for all community participation.

7.22. Working in Partnership with the Voluntary Sector

7.23. The CHP recognises the valuable contribution made to community health services from the voluntary sector in West Dunbartonshire. We are committed to further developing our relationship with that sector through the local Voluntary Sector Networks (including the CVS), and ensuring that this is explicitly linked to our service delivery and PPF arrangements.

7.24. Services managed and operated by Voluntary Sector Organisations in West Dunbartonshire are already jointly commissioned by the NHS Boards and West Dunbartonshire Council. With the development of the CHP, it has been acknowledged that there will be a key role for the voluntary sector in providing services, and also working with the PPF to support the evaluation of local engagement and responsive service delivery.

7.25. Following discussions with West Dunbartonshire CVS they have proposed that the CVS are commissioned to pilot a Facilitated Network as the formal mechanism for the voluntary sector to engage with the CHP. The CHP will have a responsibility to develop the voluntary sector Compact

7.26. Staff Partnership Forum

7.27. The CHP will provide an opportunity to build on successful partnership working locally and evolve existing arrangements to support and engage frontline staff.

7.28. The CHP will ensure staff are treated as full partners in decisions that effect the planning and delivery of services in line with the objectives set out in Partnership for Care and the NHS Governance standard. A Staff Partnership Forum will be established and a representative from this group will be full member of the CHP Committee.

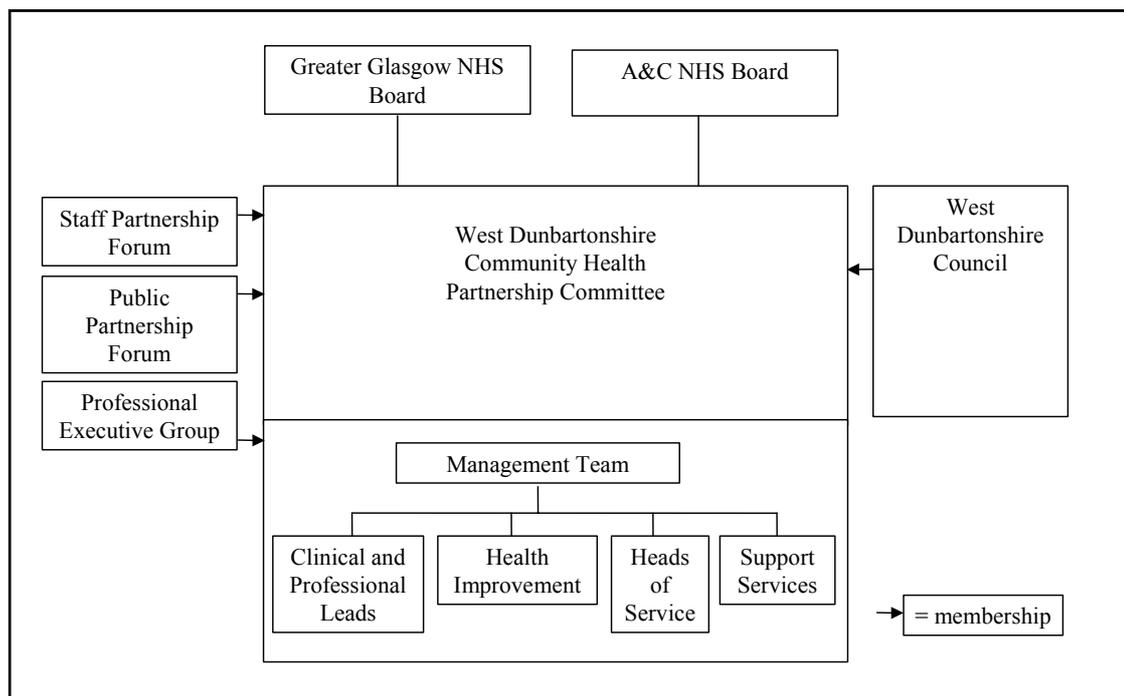
7.29. A key priority for the CHP will be to establish a partnership working approach with staff and develop formal links with the Joint Staff Forum (JSF), already established under Joint Future. Further work will take place to ensure local arrangements are in place to connect to both NHS system wide fora.

7.30. In addition to these arrangements the CHP will set up a range of mechanisms to fulfil the requirements of the Staff Governance Standard for NHS Employees which state that staff must be:

- well informed;
- appropriately trained;
- involved in decisions that affect them;
- treated fairly and consistently; and
- provided with an improved and safe working environment.

7.31. Governance Summary

7.32. The component parts outlined above come together to form the governance arrangements for the CHP and this can be represented diagrammatically.



8. MANAGEMENT TEAM

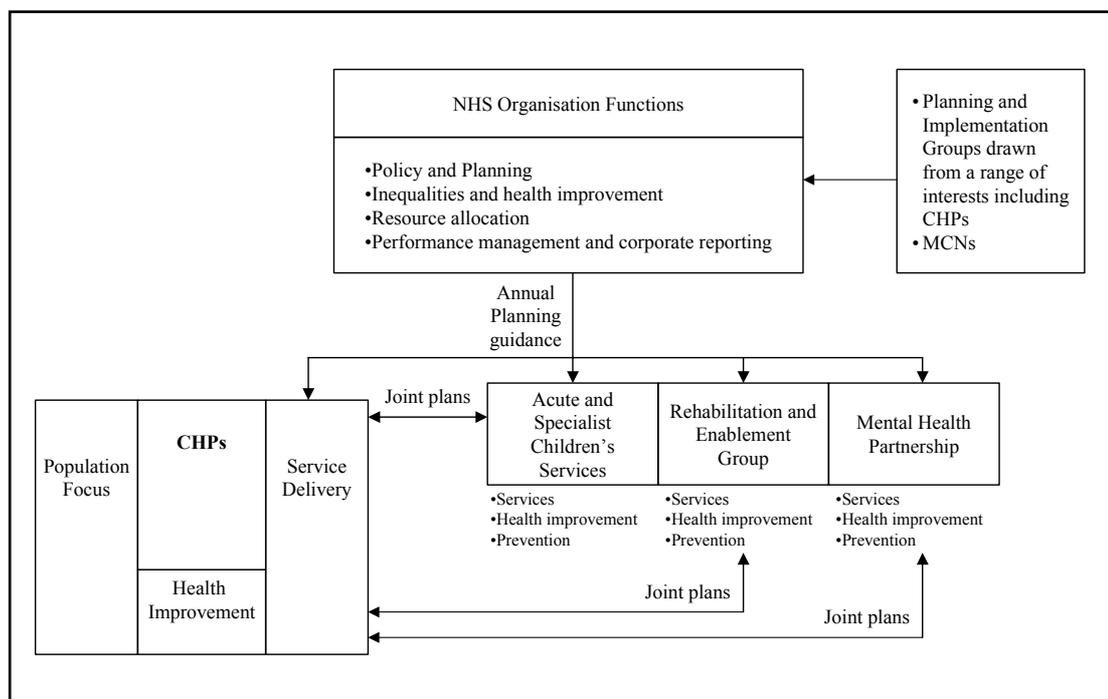
8.1. The final management team will reflect the agreed range of services delegated to the Partnership. Initial work has identified a need to establish strong managerial and clinical leadership across the CHP area. This will be complemented by locality arrangements that see both clinical and managerial capacity for services within both of the existing LHCC areas. Over time these arrangements will be revised to reflect the development of more CHP wide service arrangements. Therefore, initially we would see:

- a single Partnership Director;
- managers of authority wide services including – mental health, older peoples/physical disability services, addictions and learning disability (professional and clinical and some jointly with West Dunbartonshire Council);
- managers of locality services including general medical, dental and pharmaceutical services, and community health services;
- acute services management for the Vale of Leven District General Hospital; and
- management of a range of CHP teams and services delivering planning, health improvement and other support functions.

9. PLANNING AND DEVELOPMENT

- 9.1. The CHP will be responsible for the planning and development of the services it directly manages and will participate in the development of the full range of services to its population. This will require the CHP to engage with associated, wider planning structures such as corporate planning for both NHS systems, neighbouring CHP planning arrangements (in particular, where a relevant hosting arrangement exists); Children's Services Planning; NHSGG Acute Services Planning; Managed Clinical Networks and NHS Regional Planning.
- 9.2. Influence on wider service structures will ensure that specialist and non-local services and wider service planning and resource allocation activity are directly influenced by the CHP. The CHP will be formally represented on a number of planning and management groups outside its local area, including:
- NHSGG Acute Division;
 - NHS AC and GG Boards;
 - Older People's and other Rehabilitation Services;
 - Mental Health Services; and
 - Other Partnership Arrangements.
- 9.3. Additionally, the CHP will have direct influence on relevant local decision-making bodies that can have an indirect impact on population health.
- 9.4. The CHP's planning and policy structures may include increasing opportunities to engage with key Local Authority departments, such as social work, education, leisure and housing as well as local housing associations and the voluntary sector.
- 9.5. The CHP will endeavour to engage with existing networks, structures and planning arrangements of other key agencies and sectors, rather than setting up new fora or working groups.
- 9.6. Within the planning framework established by both NHS systems the CHP will produce a three-year plan for the range of its responsibilities including resources, service delivery, health improvement and tackling inequalities.
- 9.7. Both NHS systems will ensure that the planning support and structure required is in place to ensure the CHP can deliver across this broad range of planning activity. This will require both a planning capacity within the CHP but also access to a range of specialist resources as required:
- joint plans that cover shared care groups;
 - chronic disease;
 - demand management;
 - access issues;
 - service redesign and improvement;
 - Managed Clinical / Care Networks; and
 - performance management framework.

9.8. The planning network can be demonstrated diagrammatically:



10. RELATIONSHIPS WITH THE LOCAL AUTHORITY

10.1. Community Planning

10.2. As a consequence of the Local Government in Scotland Act (2003) there is a duty placed on the Local Authority to lead on Community Planning, in partnership with NHS Boards, Local Statutory Enterprise Agencies, Police Boards, Joint Fire Brigade Boards and Transport Authorities.

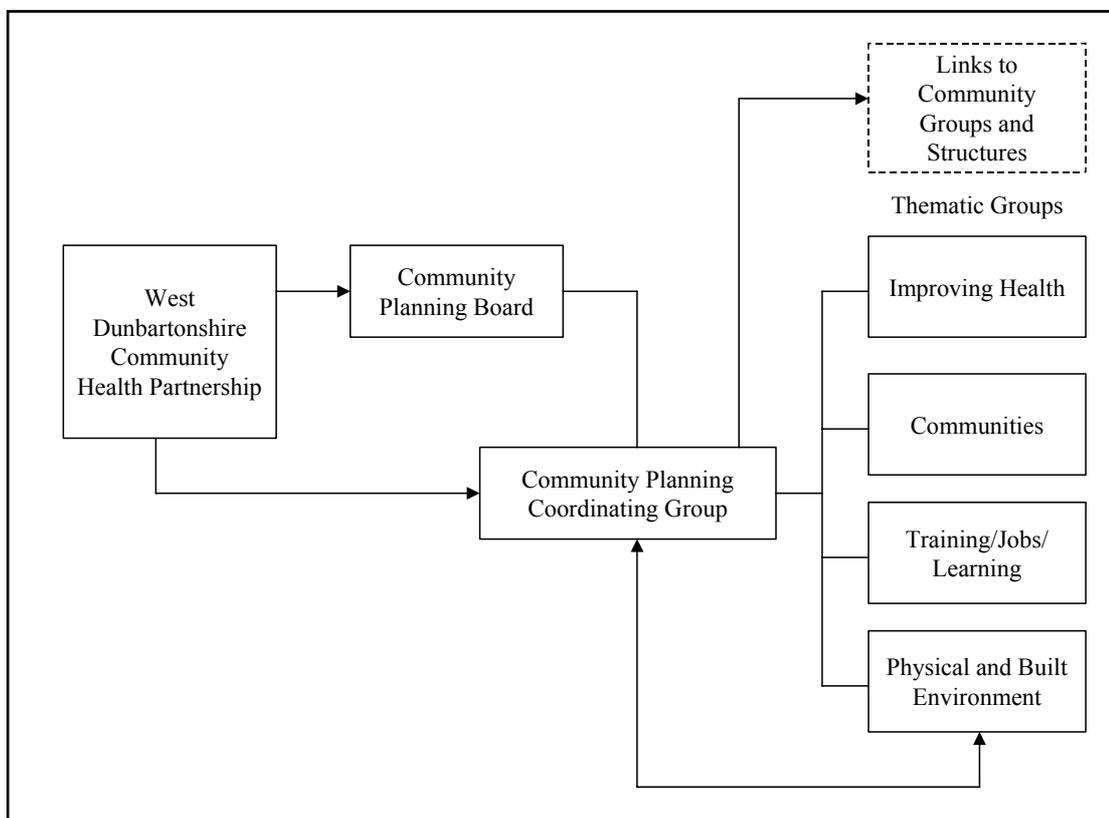
10.3. One of the many outcomes of this process is that the Community Planning partners produces a Community Plan and ROA .

10.4. The 'Regeneration Outcome Agreement' (ROA) will provide a single strategic framework, which links national and local priorities with spending and activities on the ground. Health improvement is a key aim of the Regeneration Outcome Agreement, and will be delivered through meeting the aims of the Joint Health Improvement Plan.

10.5. The CHP will represent both health systems within the Community Planning arrangements and will be responsible for NHS commitments for the Community Plan and ROA. The CHP will have a significant role to play within wider Community Planning arrangements, in order to tackle priority issues of health inequality. This role will include:

- full member of the Community Planning Board and therefore influencing the development and prioritisation of the Community Plan;
- full engagement with partner agencies in developing the physical, socio-economic development programmes; and

- contributing to the Regeneration Outcome Agreement process.
- 10.6. The further development of Integrated Community Schools, Community Learning and Development Plans, Local Economic Plans, Local Housing Plans, Transport Plans, The West Dunbartonshire Regeneration Outcome Agreement, and the development of Children’s Service Plans will be core to the business of the CHP’s engagement with Community Planning. These areas of work present opportunities to influence the provision of health and social care and the wider health improvement agenda.
- 10.7. The PPF presents an opportunity to develop a public involvement vehicle which will complement and integrate public participation within the CHP and Community Planning, taking a tangible and active role in informing the strategic planning process; assisting the local implementation plan and taking part in any accountability review process, for example a best value audit of Community Planning:
- engagement of the CHP in community planning locally;
 - Recognition of and adherence to the statutory guidance on both Community Planning and CHPs;
 - Recognition of the lead role of the Local Authority in Community Planning; and
 - Clarity on the role the CHP is to have in relation to Community Planning and how in turn that may impact on the NHS Boards role in relation to Community Planning.
- 10.8. The best fit between the CHP and Community Planning at strategic and operational level needs to be found. The proposed option is outlined in the diagram below.

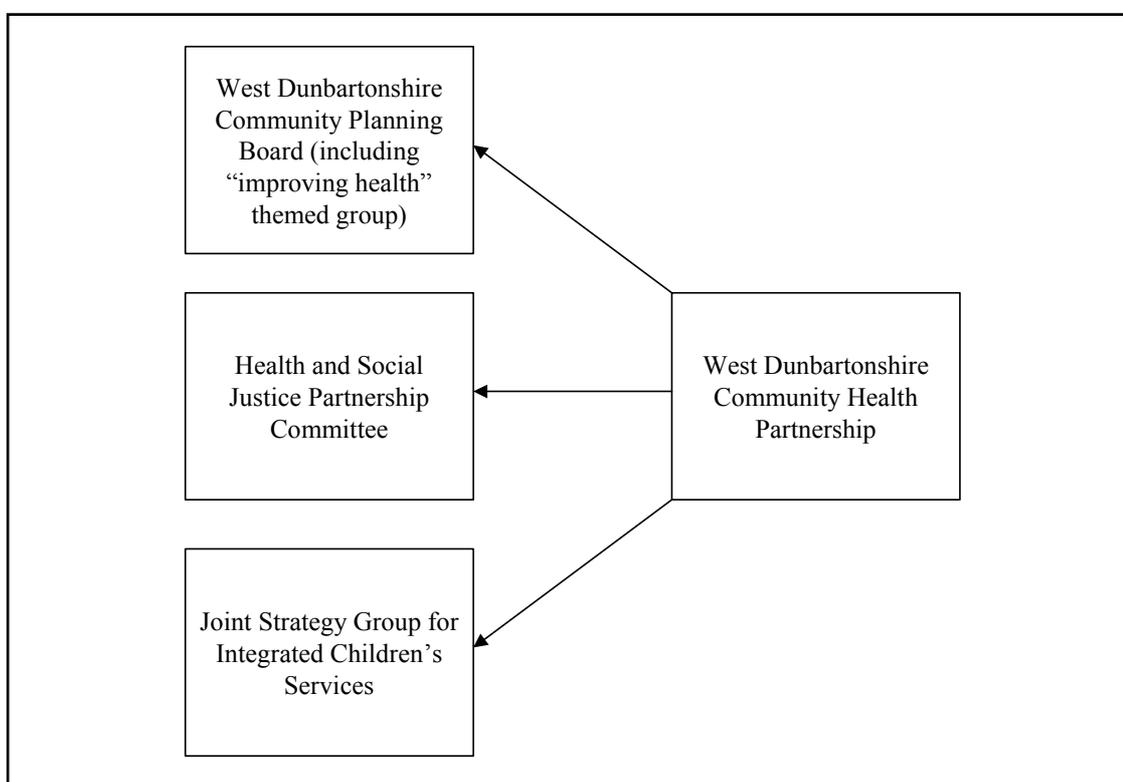


- 10.9. Based on current knowledge and with the integration of SIP and Community Planning process this could be the structure that evolves and represents the linkage with the CHP and Community Planning.
- 10.10. Joint Future
- 10.11. The local implementation of the recommendations of the original Joint Future report, and subsequent policy initiatives, has formed a very clear foundation for the further development of joint working with West Dunbartonshire Council.
- 10.12. The CHP will lead the health input to local joint future arrangements including building on work already completed in relation to:
- align budgets for;
 - delivering integrated management arrangements;
 - achieving aligned service and resource planning cycles; and
 - Joint planning arrangements across the whole range of community care activity.
- 10.13. Agreement has already been reached on a small number of fully integrated health and social care authority wide services, and there will need to be agreed arrangements for joint accountability to the CHP and West Dunbartonshire Council:
- Addictions services; and
 - Learning disability services.
- 10.14. The Joint Future Partnership has also developed and invested in a shared support structure to support the existing joint planning and service delivery arrangements. This includes planning capacity, financial management and human resources.
- 10.15. The Partners will continue to build on the joint working arrangements as set out in the ELPA and the Joint Community Care Plan, and delivering the requirements of the Joint Performance Information and Assessment Framework (JPIAF), and Local Improvement Targets (LITS). The advancement of this agenda will be seen across the following range of activity:
- A clear commitment to advancing the integration agenda across all community care services;
 - The implementation of Single Shared Assessment and service access framework;
 - The development of a joint equipment service; and
 - Capacity planning across the whole range of community and institutional care settings.
- 10.16. Children's Service
- 10.17. The Joint Strategy Group for Integrated Children's Services will be responsible for the continuing development and review of the Joint Children's Services Plan and the 'Better Integration of Children's Services' agenda. The CHP will be the primary health service partner in these joint arrangements.
- 10.18. The Joint Strategy Group for Integrated Children's Services will develop local solutions to the five key priorities of the Children and Young People Cabinet Delivery Group:

- a shared vision for children and young people;
- effective management arrangements for joint planning and delivery of children's services;
- coherent systems for assessment and sharing information;
- a children's workforce with the necessary skills and qualifications, and
- co-ordinated quality assurance and inspection systems that encourage excellence across children's services.

10.19. These priorities build on the recommendations For Scotland's Children and the report of the Child Protection Review, Its everyone's job to make sure I'm Alright.

10.20. The following diagram summarises the main CHP engagement with joint planning partner agencies and in particular West Dunbartonshire Council.



11. CLINICAL AND PROFESSIONAL GOVERNANCE

11.1. The clinical and professional governance framework will build on the existing clinical governance arrangements, which have developed in both pre-existing LHCCs and across the NHS more generally.

11.2. A clinical governance lead clinician will be appointed and be accountable to the Director of the CHP and connect into the wider clinical structures within the two NHS systems. The PEG will establish a clinical and professional governance sub-group that will be responsible for planning and overseeing the implementation of clinical governance throughout the CHP.

- 11.3. The Clinical and Professional Governance sub group of the PEG will take a lead role in ensuring that:
- services are client centred;
 - professional staff can evidence the development and application of the knowledge base to support their decision-making;
 - services provided by/within/for the CHP are safe and reliable;
 - clinical and professional effectiveness is enhanced;
 - appropriate quality assurance and accreditation processes and systems are a routine and organised part of the work of the CHP;
 - every professional is supported in gaining and sustaining the skills, knowledge and attitude that delivers high quality care; and
 - that co-ordination of effective action is achieved by the communication and application of effective information
- 11.4. The arrangements for clinical and professional governance do not sit in isolation from any of the core functions and responsibilities that the new CHP will have. These arrangements will all have obvious links to service redesign and best value; to health improvement and service improvement; to forward planning and to the core governance and accountability structures for the CHP.
- 11.5. While the CHP accepts full responsibility for what it does we need to develop strong linkages with services that are provided by others (mainly in the wider NHS system) for the whole population in West Dunbartonshire. The primary route for these linkages will be through the Professional Executive Group.
- 11.6. One of the major achievements of the LHCCs has been in increasing the co-operation of the practices and community teams involved in the delivery of care. The consideration of a wide range of issues that directly impacts on the continued delivery of high quality care takes place on a regular, planned and recorded basis through LHCC meetings and protected learning time events, with audit data being shared and discussed
- 11.7. The PEG will wish to encourage all practices in the CHP to engage in these processes and the associated audit activity. There is an acknowledged risk that the good development work that has been achieved by LHCCs in the last 5 years will be lost if the CHP does not take action to build on these developments. It is therefore proposed the CHP takes responsibility for maintaining and developing this shared work as responsibilities migrate from the LHCCs to the CHP. The CHP will therefore through the PEG, promote:
- clinical audit and significant event analysis within the CHP;
 - sharing of audit data;
 - needs based protected learning events; and
 - the detection and remediation of under performance.
- 11.8. To facilitate the development of the new clinical and professional governance agenda and to provide continuity with the present local arrangements, the PEG proposes to establish a framework within which the local clinician and professional staff can continue to develop the previous locality based audit and review activities after April 2005.

- 11.9. These fora should be representative from all primary and secondary care teams within the CHP and would be responsible for implementing and promoting cross practice audit and for developing projects in care and professional development, which would then go to the PEG for approval.
- 11.10. The funding that currently is available through the management allowances to LHCCs will be included within the budget for the new CHP. This funding will, therefore, be available to the CHP to support these developments.

12. BUILDING WORKFORCE CAPACITY

- 12.1. A number of existing staff from the NHS/voluntary sector has participated in both the national and Greater Glasgow CHP leadership programmes. These participants are all still involved in the new CHP development processes. These programmes are based on delivering high skills on areas of competence critical to effective delivery of the CHP. Additional cohorts for the Greater Glasgow programme are being considered for 2005.
- 12.2. Ongoing and emerging development of leadership and management development initiatives are focusing on continuing to grow skills in areas of integrated team working, collaborative decision making and effective relationship building.
- 12.3. In addition the PEG will be integral from an organisational development perspective in contributing to influencing the education and training bodies to ensure that functional and professional areas fully encompass core skills required for the CHP to be an effective organisation.
- 12.4. Discussions are beginning as part of the Greater Glasgow NHS/Argyll and Clyde move to single system working that citywide HR and OD support will be aligned to CHPs.
- 12.5. An organizational development programme is being developed to build capacity within the health improvement component of the CHP with a 24 hour event for stakeholders planned between Spring and Summer 2005. The programme will make use of resources allocated through the Scottish Executive to develop the "Skills for Health" model and will: continue to build and develop the Organisational Development Programme of the CHP and specifically support the CHP in its Health Improvement role; ensure continuity of support for Health Improvement Planning and development in the CHP; provide ongoing support for the Health Improvement Team in the CHP; ensure that ongoing area wide training and development for Health Improvement is linked to the established generic training programme provided by both health systems

13. DEVOLVED FINANCIAL RESPONSIBILITIES

- 13.1. The proposed Devolved Financial Responsibilities are substantially being built on the work and progress already undertaken and currently in progress, in respect of the Joint Resourcing Financial Framework (JRFF). This was submitted to the Scottish Executive as part of the ELPA in April 2004. A CHP finance group has been established to further develop this material into a financial framework that will support the CHP operations. Work has already been developed in the following areas:

- aligned Budget and Joint Accountability;
 - detailed financial arrangements – to include agenda implementation;
 - financial management; risk management; governance, internal control and audit arrangements; personnel and training arrangements;
 - detailed financial protocols - to include resource allocation; financial monitoring and control;
 - strategic financial envelope - to include planning assumptions; service baselines; financial envelopes;
 - operational financial budgets - to include budget assumptions; budgets and sources identified for inclusion; operational budgets; operational budget within strategic financial envelope; and
 - medium term financial planning - to include financial implications of joint development priorities and targets; 3 year financial plan.
- 13.2. The CHP will be allocated funding on an agreed basis for the defined range of functions and services by NHS Greater Glasgow and NHS Argyll & Clyde. Budget allocations will be based on synchronised planning processes and a transparent approach to addressing identified pressures and issues. The CHP Committee will set budgets for its activities within the overall budget.
- 13.3. Detailed financial delegation and monitoring arrangements will be developed. This will include regular reporting into both NHS financial systems, and the development of a combined set of financial protocols reflecting the requirements of both organisations and related audit requirements. Budgets will be aligned (and not pooled) and accordingly there will be a clear track of expenditure to each allocating body.
- 13.4. The CHP Director will be responsible for remaining within the allocated budget and accounting to the NHS Chief Executives for financial probity and performance.
- 13.5. In addition the CHP will be expected to operate within the strategic frameworks established by both NHS Boards and to meet the statutory obligation of both bodies. There will be synchronised performance management arrangements to ensure that the CHP activities are fully integrated into the corporate governance arrangements of both organisations.
- 13.6. Indicative operating baseline budgets for the CHP have been agreed, prepared on the basis of an aligned budget, as noted above and at this point equates to some £74m. However, work is still ongoing to establish full allocations for a number of services that are currently delivered by system wide arrangements. It is expected that this final budget will be in excess of this number.
- 13.7. The CHP will also be responsible for £6m of resource transfer funding to West Dunbartonshire Council to provide community care services within the CHP area.

14. SUPPORT SERVICES

- 14.1. The partnership is committed to devolving support services to the CHP, in particular, arrangements will be further developed around:
- financial management;
 - service planning and performance management

- human resources and organisational development;
- IT and facilities management;
- estates.

14.2. The partners will use the opportunity offered by the establishment of the CHP to develop a core support services function for the CHP, which draws on the wider resources of the agencies involved. Each of the partners has, individually, significant investment in support services capacity for the area and have collectively invested in 'Joint Future' planning, finance and HR posts with West Dunbartonshire Council. Both health systems have also committed to identify and delegate support services capacity to the Partnership from current system wide arrangements that will be brought together into a single support services function.