

**Greater Glasgow NHS Board**

**Board Meeting**

19 April 2005

Board Paper No. 05/32

Director of Planning

**Community Health Partnerships (CHPs)  
Scheme of Establishment for East Renfrewshire Community Health and  
Care Partnership**

**Recommendations:**

Members are asked to:

- (a) approve the proposed Scheme of Establishment for the East Renfrewshire Community Health and Care Partnership with East Renfrewshire Council and Argyll and Clyde NHS;
- (b) note that it is subject to parallel approval by East Renfrewshire Council and Argyll and Clyde NHS;
- (c) agree, subject to (b), to submit it to the Scottish Executive.

**1. Introduction**

- 1.1. Attachment 1 to this paper is the proposed Scheme of Establishment for a Community Health and Care Partnership (CHCP) covering the East Renfrewshire area. The proposed CHCP brings into a single integrated cross-border structure responsibilities for local health and social work services and health improvement.
- 1.2. The scheme has been prepared in partnership with East Renfrewshire Council and Argyll and Clyde NHS. Following agreement by its Cabinet the full Council is due to consider the scheme for approval at its meeting on 27 April. The scheme will be presented to the Argyll and Clyde NHS Board meeting on 9 May.
- 1.3. The proposed scheme has been developed through a process involving a Development Group including representatives of both Local Health Care Co-operatives in the area, the NHS Boards, the local health council and officers of the Council. There has been active engagement of the joint Staff Partnership forum established under the Joint Future arrangements.
- 1.4. In terms of content the scheme is in line with the principles and policies established by the NHS Board in relation to CHPs and reflected in the draft model scheme of establishment approved at the December Board meeting. In particular the scheme establishes a joint director post to lead the CHCP reporting to the respective chief executives of both NHS Boards and East Renfrewshire Council.
- 1.5. The scheme is in the format prescribed by the SEHD and sets out much of the detail of how the CHP will operate. In terms of the next steps, subject to Board approval, the scheme will be submitted to the SEHD for approval. In parallel to SEHD consideration we will develop detailed implementation proposals to establish the new CHCP committee and CHCP management arrangements. Progress will be regularly reported to the NHS Board.

**EAST RENFREWSHIRE**

**COMMUNITY HEALTH AND CARE  
PARTNERSHIP**

**SCHEME OF ESTABLISHMENT**

**13 APRIL 2005**

**EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP  
SCHEME OF ESTABLISHMENT**

**CONTENTS**

<b>1.</b>	<b>INTRODUCTION .....</b>	<b>3</b>
<b>2.</b>	<b>FUNDAMENTALS .....</b>	<b>3</b>
<b>3.</b>	<b>IMPROVING HEALTH.....</b>	<b>5</b>
<b>4.</b>	<b>IMPROVING QUALITY .....</b>	<b>6</b>
<b>5.</b>	<b>INTEGRATING COMMUNITY CARE SERVICES .....</b>	<b>7</b>
<b>6.</b>	<b>INTEGRATING CHILDREN’S SERVICES.....</b>	<b>8</b>
<b>7.</b>	<b>SERVICES MANAGED WITHIN THE CHCP .....</b>	<b>9</b>
<b>8.</b>	<b>WORKING WITH SPECIALIST AND NON-LOCAL SERVICES.....</b>	<b>11</b>
	<b>8.2 Acute Specialist Providers (including Children’s Services) .....</b>	<b>11</b>
	<b>8.3 Rehabilitation Services outwith the Local Area .....</b>	<b>12</b>
	<b>8.4 Mental Health Services .....</b>	<b>12</b>
	<b>8.5 Non-Local Primary Care Services .....</b>	<b>12</b>
<b>9.</b>	<b>GOVERNANCE ARRANGEMENTS AND RELATIONSHIPS.....</b>	<b>13</b>
	<b>9.1 Principles .....</b>	<b>13</b>
	<b>9.2 The CHCP Committee .....</b>	<b>15</b>
	<b>9.3 Management Arrangements.....</b>	<b>17</b>
	<b>9.4 The Professional Executive Group (PEG).....</b>	<b>17</b>
	<b>9.5 Engaging with Patients, Users and Carers.....</b>	<b>18</b>
	<b>9.6 Involving Staff.....</b>	<b>20</b>
<b>10.</b>	<b>PLANNING AND DEVELOPMENT.....</b>	<b>20</b>
	<b>10.1 Single System .....</b>	<b>20</b>
	<b>10.2 Community Planning .....</b>	<b>22</b>
<b>11.</b>	<b>CLINICAL AND PROFESSIONAL GOVERNANCE .....</b>	<b>23</b>
<b>12.</b>	<b>BUILDING WORKFORCE CAPACITY .....</b>	<b>25</b>
<b>13.</b>	<b>DEVOLVED FINANCIAL RESPONSIBILITIES .....</b>	<b>27</b>
<b>14.</b>	<b>SUPPORT SERVICES .....</b>	<b>29</b>
<b>15.</b>	<b>APPENDICES .....</b>	<b>30</b>

## **EAST RENFREWSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP SCHEME OF ESTABLISHMENT**

### **1. INTRODUCTION**

- 1.1 This Scheme of Establishment (SoE) has been prepared in terms of Regulation 10 of the Community Health Partnerships (Scotland) Regulations 2004.
- 1.2 The proposal is presented jointly by East Renfrewshire Council, Greater Glasgow NHS and Argyll and Clyde NHS and seeks approval to establish a Community Health Partnership for the East Renfrewshire area.
- 1.3 Having regard to this context, the Scheme of Establishment also seeks approval, under the terms of Regulation 3(4) and (5) of the said regulations, to deviate from the Guidance and vary the membership of the Partnership's Governing Committee as detailed later in Section 9.
- 1.4 The drafting of the Scheme has been an inclusive process. A CHP Development Group, which has met on a regular basis during 2004, has a wide range of representation from the main stakeholder organisations and includes the key professional groupings. Patient representatives and staff-side colleagues have also been included in the group. In developing the Scheme, the Development Group has set up several sub-groups which have had a wider representative function.
- 1.5 The Scheme builds on a long and constructive experience of joint working on Joint Future, children's services, health improvement and community planning within East Renfrewshire.

### **2. FUNDAMENTALS**

- 2.1 Within the East Renfrewshire context partners have agreed that the partnership will be known as the **East Renfrewshire Community Health and Care Partnership (CHCP)**. The CHCP will cover a population of 89,000 living in the East Renfrewshire local authority area. The main centres of population are Barrhead in the west of the area and Newton Mearns, Giffnock, Clarkston, Thornliebank and Busby in the east. In addition, there are smaller communities of Neilston, Uplawmoor and Eaglesham.
- 2.2 The partnership encompasses the existing Eastwood and Levern Valley LHCCs which are respectively in Greater Glasgow and Argyll and Clyde NHS Board areas. The CHCP will build on the progress of service development which has characterised the two LHCCs and strengthen and further develop the joint working relationship between the local authority and the NHS.
- 2.3 The new partnership will cover a total of 16 GP practices, 18 dental practices, 20 pharmacies and 14 optometrists.

- 2.4 While the proposed CHCP will be coterminous with the local authority boundary there are two anomalies. Firstly in Thornliebank where the health centre with its two GP practices are in East Renfrewshire but the vast majority of their patient lists reside in south Glasgow. For these reasons the GP practices will fall under South West Glasgow CHP but will still be involved in East Renfrewshire CHCP initiatives affecting the Thornliebank area. Secondly the G76.8 post code sector covering Busby lies within the Lanarkshire NHS boundaries and negotiations are continuing around access to community nursing and mental health services.
- 2.5 It is anticipated that the two localities of Eastwood (population 65,000) and Lovern Valley (population 24,000) will retain a local focus for some elements of CHCP activity. The differing socio-economic make up of the two areas leads naturally to distinct approaches for example in community engagement, and the links between primary and secondary care. For certain services locality working will continue to be valid. While there are currently different arrangements for clinical governance and service redesign, it is, however, anticipated that in most areas of activity, the two localities will act together as a single local system.
- 2.6 The ambition of all partners is that the CHCP will bring together NHS and local authority responsibilities to form an integrated partnership **but in a way that retains clear individual agency accountability for statutory functions, resources and employment issues**. It is a partnership organisation not a separate, new entity.
- 2.7 The purpose of the CHCP will be to:
- manage local NHS and social care services;
  - improve the health of its population and close the inequalities gap;
  - play a major role in community planning;
  - achieve better specialist care for its population;
  - achieve strong local accountability through the formal roles for lead councillors and the engagement and involvement of its community; and
  - drive NHS and Local Authority planning processes.
- 2.8 The CHCP will be characterised by:
- reduced bureaucracy and less duplication;
  - modern and integrated community health and social care services focused on natural localities;
  - integrated community and specialist health care through clinical and care networks;
  - organisations which support achievement of service delivery;
  - ensuring patients and a broad range of frontline health care professionals are fully involved in service delivery, design and decisions;
  - shared governance and accountability with the Local Authority and substantial responsibility and influence in NHS resource deployment;
  - a central role in service redesign; and
  - a pivotal role in delivering health improvement.

2.9 Priorities for development include:

- better care pathways for patients;
- a clear programme to tackle health inequalities;
- community involvement;
- realising the gains for patients of fully integrated local services;
- reduced bureaucracy and duplication; and
- bringing a substantial population focus to the work of the whole of the NHS.

3. **IMPROVING HEALTH**

3.1 It is expected that the partnership will be a primary vehicle for promoting the health of the population. Within the context of Community Planning within East Renfrewshire the statutory agencies recognise the wider role which they have collectively and individually to tackle the factors which contribute to poor health.

3.2 We are therefore constructing the CHCP as a “health improvement” organisation resourced and responsible for making a difference to the health of the population and reducing inequalities and as a partner in working with other organisations to improve health.

3.3 This means:

- the CHCP will lead the locally based health improvement effort, covering life circumstances and lifestyle action and will assume the lead role for this responsibility under community planning;
- a senior officer will have responsibility for leading health improvement within the CHCP;
- the CHCP will be developed as a public health organisation embedded within the NHS and Local Authority;
- the facilitation and integration of community involvement will be core to the CHCP through a Public Partnership Forum;
- the CHCP will lead the ‘health and social care’ contribution and support wider themes within local community planning to promote health improvement;
- the CHCP will have specialist health improvement resources bringing together staff from the LHCC, health promotion and local government forming a specialist health improvement and inequalities team, supporting the public health orientation and activity of a wide range of non-specialist CHCP staff;
- as part of the community planning process the CHCP will produce an annual health improvement and inequalities plan (JHIP) delivering on Board-wide priorities but also reflecting local circumstances and a full partnership with the local authority;
- the CHCP will develop substantive partnerships with a range of agencies to support health improvement including voluntary sector, economic and regeneration agencies and community groups;

- the CHCP will co-ordinate the gathering and utilising of local health information to inform and monitor its health improvement function capitalising on skills and expertise within the NHS Boards and Local Authority;
- the CHCP will contribute to the development and delivery of regeneration outcome agreements;
- all of the CHCP management team will have responsibility for health improvement in their area, supported by the specialist resources. This connection of service delivery and health improvement will drive a focus on addressing inequalities by targeting resources and services. In addition, service delivery will reflect the imperatives of health improvement. Rather than prevention and inequalities being squeezed out by the imperatives of health and social care delivery we intend to see service delivery driven by the imperative to prevent ill health and improve health;

3.4 The wider reorganisation of the NHS in Greater Glasgow and Argyll and Clyde will enable the CHCP to have a wide range of further specialist support for their work.

#### **4. IMPROVING QUALITY**

4.1 Delivering improved services for the population of the area is a fundamental objective of the CHCP.

4.2 The stakeholders involved in the development of the CHCP have identified a number of target areas for service improvement:

- build on chronic disease management and the outcomes from the new General Medical Services (GMS) contract;
- explore opportunities for service redesign including diagnostics;
- within the cross NHS boundary context develop single management for all services;
- improve service access, including for housebound patients;
- work towards the development of local integrated services for patients in respect of;
  - older people;
  - physical disability;
  - children;
  - substance misuse;
  - mental health;
  - learning disability;
- stronger clinical and professional involvement through funded participation in the Professional Executive Group (PEG) and the embedding of clinicians from secondary care, children's services and mental health in the management structure of the CHCP;
- for each of the key Joint Future care groups a range of key success factors has been identified; and,

- the CHCP will have a key role in implementing the Local Improvement Targets jointly submitted to the Joint Future Implementation and Advisory Group.
- 4.3 The initial priorities for the partnership will include establishing the new working arrangement for the partnership itself and ensuring a smooth transition from the current position. This is particularly important in respect of the existing clinical priorities of the LHCCs which will migrate to the new partnership.
- 4.4 Of critical importance will be the extent to which the partnership can deliver improvements in the primary/secondary care interface. It is anticipated that the partnership will need to work alongside other adjoining CHPs which share access to the same secondary services. The mechanisms for this interaction are summarised in the section on Planning within this Scheme (see section 10) and on improving working across the interface (see section 8).
- 4.5 It is recognised that the issues identified above are not exhaustive and that once fully constituted, the CHCP will wish to further refine areas of improvement activity.

## **5. INTEGRATING COMMUNITY CARE SERVICES**

- 5.1 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 between both NHS systems and East Renfrewshire Council.
- 5.2 The CHCP will lead the input to local Joint Future arrangements including building on work already completed in relation to:
- aligning budgets;
  - delivering integrated management arrangements;
  - achieving aligned service and resource planning cycles; and
  - joint planning arrangements across the whole range of community care activity.
- 5.3 The local arrangements for implementing the Joint Future requirements are being fully subsumed within the responsibilities of the new CHCP. The Partners will continue to build on the joint working arrangements as set out in the Extended Local Partnership Agreement (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.

## **6. INTEGRATING CHILDREN'S SERVICES**

6.1 All of the partners are committed to using the CHCP to drive forward the integrated management and delivery of health and social care services for children. The CHCP will build on the work of the existing Joint Children's Services Planning Group.

6.2 It is essential that this arrangement, which is the key to joined up planning, policymaking, monitoring and effective resource management continues, and is strengthened to ensure that the activities of the CHCP in relation to children are fully linked to the rest of the Council's departments and functions (in particular Education) as well as those of the other key partners, e.g. Police and Reporter to the Children's Panel. The CHCP 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 and implementation of the most recent guidance on CHPs and Integrated Child Health Services.

6.3 Through the CHCP it is expected that there will develop:

- a shared vision for children and young people;
- effective integrated management arrangements for joint planning and delivery of children's services;
- coherent systems for assessment and sharing information;
- a children's services workforce with the necessary skills and qualifications;
- co-ordinated quality assurance and inspection systems that encourage excellence across children's services;
- better outcomes for children through opportunity to improve services, strengthen child protection and further develop relationships across the totality of children's services in East Renfrewshire (including for example schools); and
- a single response to the recommendations For Scotland's Children and the report of the Child Protection Review, "Its Everyone's Job to Make Sure I'm Alright".

6.4 The CHCP will provide the joint governance and accountability structures within which integrated children's health and social work services will report and furthermore will aid the development of extended partnerships with the wider health community. Although the CHCP is a fully joint body, which is to be chaired by a local Elected Member, it is proposed that the manager of the integrated children's service referred to must be an East Renfrewshire Council employee and a qualified social worker-. This is to recognise the specific statutory social work responsibilities of the local authority and builds on the effective integration and improved outcomes already achieved by the Council.

## **7. SERVICES MANAGED WITHIN THE CHCP**

7.1 All the partners are in agreement to maximise the devolution of the management of services and resources to the CHCP. The approach of the Argyll and Clyde and Greater Glasgow NHS systems is different. NHS services in Argyll and Clyde currently delivered through divisional arrangements will be delegated to CHPs where this is possible and practical. The Greater Glasgow approach is based on the service framework previously delivered by the LHCC 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 (eg differing investment profiles, models of care being delivered and the balance between community and in-patient activity). Within the CHCP the partners are committed to develop a single service management model wherever possible.

### **7.2 Health Services**

7.2.1 The Partnership will manage the following NHS services and functions:

- community nurses (including district nurses and health visitors);
- relationships with Primary Care contractors (GMS, pharmacy, dental, and optometrist);
- local older people's and physical disability services;
- primary care mental health service;
- mainstream school nursing;
- chronic disease management programmes and staff;
- oral health promotion (including the Oral Health Action Team);
- geographically based health promotion and public health practitioner staff;
- allied health professionals (AHPs);
- community addiction services;
- community learning disability services; and
- local mental health services for adults and older people.

7.2.2 There is agreement between both Boards to develop consistent devolved management arrangements based on completing further work in respect of the following services:

- podiatry;
- physiotherapy;
- dietetics;
- speech and language therapy;
- community child health services;
- child and adolescent mental health services;
- community adult and elderly mental health services;
- community assessment and rehabilitation;
- community physical disability teams; and
- oral health promotion

7.2.3 The CHCP will hold budgets and contracts for the following services:

- service level agreements for direct access to diagnostic and laboratory services;
- primary care contracts;
- SEN school health;
- enhanced services under the new GMS contract;
- prescribing; and
- non-local health improvement and promotion.

### **7.3 Local Authority Services**

7.3.1 East Renfrewshire Council proposes to delegate its functions and resources for the full range of its community care and children's services to be managed within the CHCP. This will include:

#### Community Care

- assessment and care management teams for older people, physical disability, mental health and learning disability;
- day and residential units for people with a learning disability;
- home care (including the purchasing budget);
- occupational therapy;
- purchasing budgets for residential/nursing home care;
- services provided via 'Supporting People' funding;
- Community Addiction Team; and
- planning and commissioning for community care services;

#### Children

- looked after and accommodated children;
- child protection;
- substitute care
- Integrated Community Schools
- child care
- respite
- special needs
- early intervention
- purchased services
- Changing Children's Services Fund.

7.4 A particular objective is to see the principle agreement that children and families social work services are managed within the CHCP creating the medium-term opportunity to achieve integration with local NHS children's services. Potential benefits of such arrangements include:

- improved coordination of assessment, care management and intervention;
- simplified access to services;
- a stronger focus on vulnerability, early intervention and inclusion;
- shared specialist teams bringing together complementary NHS and social care professionals;
- shared systems and decision making for child protection; and
- reduced interfaces, negotiations and gaps between services.

7.5 Criminal Justice services are currently subject to separate negotiation between the Scottish Executive and COSLA regarding the creation of Criminal Justice Boards. As the entire Social Work budget and staffing are within the CHCP, until such time as a decision is made about the location of Criminal Justice Social Work, these services will be managed within the CHCP by the Chief Social Work Officer. There are clear benefits for vulnerable people, both adults and children, when criminal justice services, child care services, domestic violence, mental health and substance misuse services work together in a holistic way.

## **8. WORKING WITH SPECIALIST AND NON-LOCAL SERVICES**

8.1 Critical to the success of the CHCP will be ensuring effective working relationships with the acute service and specialist providers to improve services to patients. For specialist services delivered from outwith the area a formal accountability framework will be developed. Managers of these services will be accountable to the CHCP Director for the delivery of services within the Partnership area.

### **8.2 Acute Specialist Providers (including Children's Services)**

8.2.1 The CHCP will develop effective working relationships with acute specialist services in both Greater Glasgow and Argyll and Clyde. Both NHS Boards agree that the main tasks for the CHCP and acute specialist services together are 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 Managed Clinical Networks;
- develop common analysis;
- identify service priorities;
- agree joint investments; and
- manage local performance.

8.2.2 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 specialties including from older people's medicine, paediatrics and psychiatry in the CHCP 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 CHCP and specialist provider management structures.

### **8.3 Rehabilitation Services outwith the Local Area**

- 8.3.1 Within Greater Glasgow it is proposed to establish a Directorate which will manage the non-local elements of rehabilitation including geriatric assessment and rehabilitation service, and services for adults with a disability.
- 8.3.2 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.
- 8.3.3 There is a recognition that the final form of the structure is dependent on ongoing consultation with existing service providers and partner agencies. However, there is already agreement for CHP involvement in the Directorate Management arrangements.
- 8.3.4 For Argyll and Clyde access to the equivalent non-local rehabilitation services will be secured through the Renfrewshire CHP.

### **8.4 Mental Health Services**

- 8.4.1 Both health systems intend to establish an integrated mental health network involving effective integration of primary and secondary mental health care. This integration also has to cover a comprehensive network, offering a full range of services from primary care support through to inpatient care.
- 8.4.2 Within this framework the CHCP will manage all community adult mental health services for its population and participate in the management for all other mental health services accessed by its population.

### **8.5 Non-Local Primary Care Services**

- 8.5.1 A review has been undertaken by GGNHS of those primary care services or functions currently delivered on a Greater Glasgow wide basis. The aim of the review has been to maximise devolution to CHPs where possible. The review has recommended a series of solutions for individual services including hosting by:
- a specific CHP;
  - Rehabilitation and Enablement Service;
  - acute operating division;
  - Board single system;
  - a nominated cross CHP.

- 8.5.2 The CHCP will have to form effective working relationships with whichever host.
- 8.5.3 Similarly in Argyll and Clyde it will be important that the CHCP develops clear and productive relationships with Renfrewshire CHP and other host CHPs.

## **9. GOVERNANCE ARRANGEMENTS AND RELATIONSHIPS**

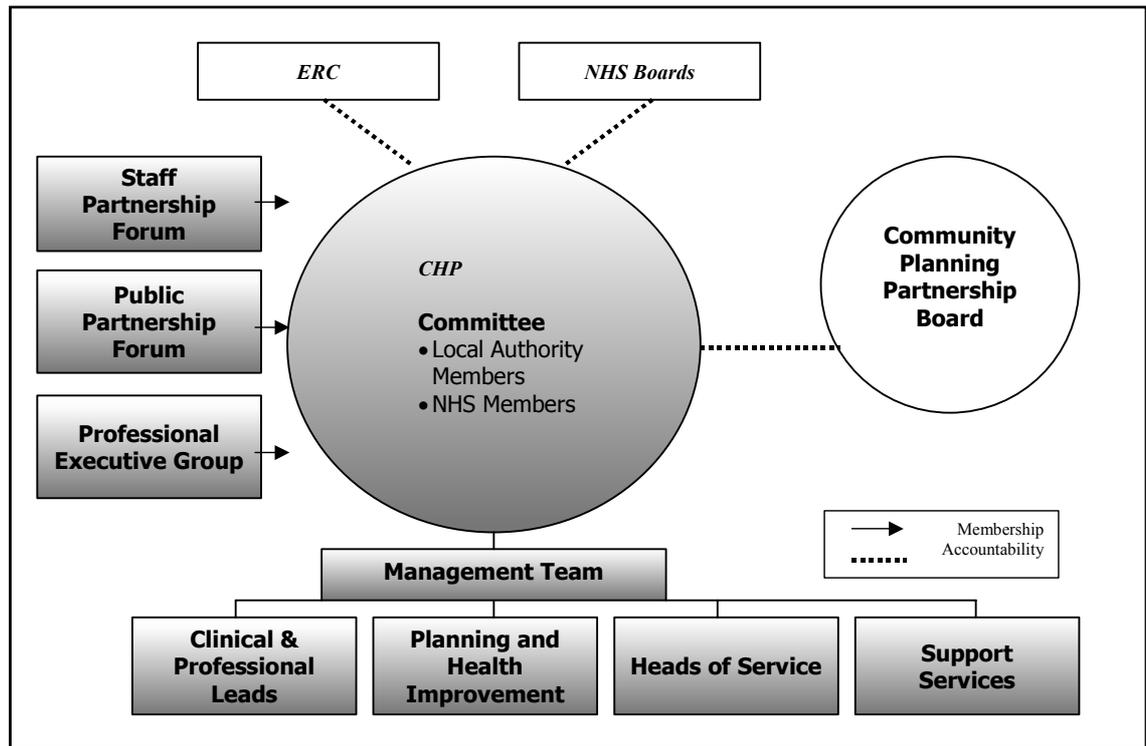
### **9.1 Principles**

- 9.1.1 The NHS Boards propose that the new Partnership Governing Committee is established as a formal sub committee of each NHS Board to emphasise the status and significance that the Partnership will have within the overall NHS systems within Greater Glasgow and Argyll and Clyde. The emergence of these new Partnerships has been a significant factor in both NHS Boards' wider review of their local systems.
- 9.1.2 Likewise, the Council proposes to establish the Partnership Committee formally within its Scheme of Administration. This would be as a sub-committee of the Council but operating with delegated powers. Decisions that were beyond the delegated authority would require to be remitted to the full Council.
- 9.1.3 The expectation is that all statutory partners will delegate significant and substantial authority to the Partnership Committee, albeit consistent with each Partner's Standing Orders, Schemes of Delegation and Standing Financial Instructions.
- 9.1.4 While the National Guidance on the development of CHPs recognises the powers that are available to Councils and NHS Boards under the Community Care and Health Act 2002, it is not deemed an acceptable nor desirable local solution for a statutory partner to formally 'delegate' functions to another partner.
- 9.1.5 In this situation, the statutory partners wish to establish a single integrated working arrangement through which the Council and the NHS Boards will together plan/deliver/manage a range of agreed functions and responsibilities as detailed earlier within this draft scheme.
- 9.1.6 However, current legislation does not provide for such a joint solution to be promoted – particularly as the legislation surrounding the establishment of local authority committees and sub-committees is significantly different to that governing who can and cannot be formal members of NHS Boards.
- 9.1.7 The most obviously contrasting position is to compare the NHS model, where officers of the Board carry certain executive functions and sit as full voting members of the NHS Board, against a local authority model where officers of the Council cannot sit as 'members' of Council committees or sub committees.
- 9.1.8 While initially not appearing to present a streamlined response, the view is that the NHS Boards and the Council will each establish a sub committee with the agreed delegated authority from each statutory partner. These sub committees will actually

meet together in the same place at the same time with an agreed common agenda. This model has been used in other parts of Scotland as a way dealing with the statutory limitations identified earlier. This is known as a **Concurrent Partnership Body**.

- 9.1.9 In this model it would be expected that decisions would be reached by consensus. In instances where a consensus cannot be reached, because both NHS Boards and the Council have each retained their own statutory responsibilities, there is no question of one party overriding the wishes of the others in the exercise of their separate responsibilities. The reality of this position will only reinforce the need to proceed on the basis of agreement and partnership in its widest sense.
- 9.1.10 In effect, a Joint Committee is created that includes the properly constituted Sub Committees of the parent bodies – supplemented by representatives who have an interest across health and social care (e.g. the public) and/or officers with delegated authority, meeting as a single body with all ‘members’ contributing to consideration of all items of business.
- 9.1.11 Any decisions that exceed the delegated authority of each of the respective sub committees or officers would be subject to approval by the separate parent bodies. Any proposals to amend the levels of authority and decision making arrangements would again need to be approved by the parent bodies.
- 9.1.12 The governance arrangements reflect the fact that the Partnership will be a full and equal relationship between Greater Glasgow NHS Board, Argyll and Clyde NHS Board and East Renfrewshire Council.
- 9.1.13 The governance and other organisational arrangements for the CHCP are proposed to be as follows.

Diagram 1 Governance Arrangements



## 9.2 The CHCP Committee

9.2.1 The proposed membership of the Committee will be as follows:

- 1 NHS Board non-executive member from Greater Glasgow
- 1 NHS Board non-executive member from Argyll and Clyde
- 4 Councillors from East Renfrewshire Council nominated by the local authority
- 4 Representatives from the Professional Executive Group (including the clinical lead)
- 1 Representative from the Staff Partnership Forum
- 2 Representatives from the PPF (including 1 from voluntary sector)
- 1 Director of the CHCP

9.2.2 As with current arrangements, other officers will routinely be expected to attend meetings of the Joint Committee to provide formal advice on issues under consideration. This will include the statutory duty of the Council's Chief Social Work Officer to provide advice to the Council on the discharge of its statutory responsibilities.

9.2.3 The chair will be the East Renfrewshire Councillor who is the non-executive member on one of the partner NHS Boards.

9.2.4 The purpose of the Committee is to allocate resources within the CHCP allocation, to take a strategic overview of the CHCP's activities, priorities and objectives and to hold to account the management team for the delivery of the CHCP's annual plan,

which that team should develop, in partnership with the PEG. The Committee will not make operational decisions nor micro-manage the CHCP's activities.

9.2.5 It is intended that the CHCP Committee will set the terms for planning, resource allocation, service management and delivery and performance management for health and social care in relation to:

- community care;
- children's services;
- health improvement;
- primary secondary interface;
- community or neighbourhood services.

9.2.6 In terms of specific responsibilities the CHCP Committee will be required to:

- produce an overall annual rolling 3 year plan which overviews all CHCP activities and priorities and which takes account of national and local policy, objectives and guidance;
- approve the allocation of resources within specific revenue and capital budgets as delegated by the NHS Boards and the Council in accordance with the standing financial orders of each of the partners;
- promote the 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 the overall performance against defined local and national targets and best value requirements;
- fulfil the evaluation and scrutiny requirements of the partners
- influence the strategic direction of health and social care at NHS Board and ERC levels;
- contribute to the development of policy and plans related to the functions of the organisation;
- consider issues relating to the staffing and structure of the partnership and where necessary to make recommendations to the parent bodies;
- ensure decision-making is inclusive by actively involving stakeholders in the planning and delivery of services;
- work effectively with other local authority functions such as housing, education and community and leisure.

9.2.7 The Committee will not manage the day to day operation of the CHCP and will be advised in professional matters by the Director and the Professional Executive Group

9.2.8 The CHCP Committee will be accountable to:

- Greater Glasgow NHS Board as a formal committee/sub-committee of the Board;
- Argyll and Clyde NHS Board as a formal sub-committee of the Board;
- East Renfrewshire Council as a formal sub-committee of the Council.

### **9.3 Management Arrangements**

- 9.3.1 The Partnership will be managed by a Director appointed jointly by the NHS Boards and the Local Authority. The Director would be separately accountable to both NHS Board Chief Executives and the Chief Executive of the Council for the delineated range of functions that are NHS or Council specific, and directly accountable to all Chief Executives where the function is a joint one, for example, health improvement and tackling health inequalities. The functions which fall into each of these accountabilities will be clearly set out in the job description for the post.
- 9.3.2 The Director will be jointly appointed by the NHS Board and the Council and may be an employee of the NHS or Local Authority depending on the background and circumstances of the agreed candidate. Agreement will be reached on the management structure following appointment of the Director.
- 9.3.3 The Director will lead the management team. The remit of the management team will be to:
- support the CHCP committee to fulfil its agenda;
  - manage the CHP's services and wider health improvement responsibilities
  - enable the engagement of all stakeholders;
  - advise and support the Board, the PEC and PPF;
  - develop relationships with the NHS Boards, East Renfrewshire Council, other CHPs and secondary care.
- 9.3.4 The partners agree that members of the management team may be employed by either the NHS or Local Authority, but given the particular statutory responsibilities it is proposed that the mental health lead is an NHS employee and the lead for children's services is a Local Authority employee and a qualified social worker. Each member of the management team will manage health and social care services in their defined area of responsibility.

### **9.4 The Professional Executive Group (PEG)**

- 9.4.1 This Group is the key way to involve frontline staff in the governance and decision-making for the CHCP. We also expect that the CHCP will have a wide range of planning and working groups which will fully involve professional staff, across the range of its activities.
- 9.4.2 The Professional Executive Group (PEG) will be fully meshed with the CHCP Committee and an integral part of the management team. It will have clear responsibilities to lead service redesign, planning and prioritisation. Its members will include all of the professions covered by the CHCP and clinical input from specialist divisions including acute services, child health and mental health.
- 9.4.3 The Group will include as a minimum general practitioners, a nurse, an AHP, an elderly medicine consultant, a psychiatrist, a paediatrician, a psychogeriatrician, a

pharmacist, a dentist, an optometrist and local authority professionals including a qualified social worker.

- 9.4.4 Clinical members of the PEG will be appointed by the NHS Boards. Local authority professional members of the PEG will be nominated by East Renfrewshire Council. The PEG representatives on the CHCP Committee will be nominated by members of the Group. The Group will be chaired by the lead clinician for the CHCP who will be jointly appointed by both NHS Boards and East Renfrewshire Council.

## **9.5 Engaging with Patients, Users and Carers**

### Public Partnership Forum (PPF)

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

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

- 9.5.2 The PPF will be fully integrated with the local authority led community engagement structures which are currently being devised as part of community planning. A review of community involvement has been undertaken by the Council as part of the development of community planning which will provide the basis of establishing the PPF. It is likely that the local authority will develop a number of area forums. It is anticipated that each of these geographically based forums will nominate representatives to the PPF.
- 9.5.3 The PPF will include a wide range of community and voluntary sector organisations in a virtual network utilising community planning processes and existing local structures that will have periodic opportunities to be informed and engaged in line with local needs/requirements.
- 9.5.4 The virtual PPF network will come together formally through a PPF Executive Group which will be a mix of representation, including equalities, carers and other key groups operating across CHP areas from recognised local engagement processes and self-selected membership. The PPF Executive Group will elect annually representatives for the CHP Committee.
- 9.5.5 The executive group of the PPF will meet regularly and assume a leadership role in relation to involving patients, carers and the community. Where particular issues emerge it is intended that a wider “virtual” grouping will be involved in the community engagement process.

- 9.5.6 The PPF will nominate a member to the CHCP Committee through an electoral process where necessary. The PPF will also involve its members in the various working groups of the CHCP as appropriate.
- 9.5.7 The corporate management of community engagement and the PPF will be managed through the senior manager responsible for health improvement and planning.
- 9.5.8 The structures and mechanisms for membership and operating of the PPF will be informed by the Community Engagement Strategy developed in East Renfrewshire for Community Planning.
- 9.5.9 Beyond the PPF the CHCP will be responsible for developing an organisation:
- which is visible and engaging - through staff involvement in key local public forums, community events, community planning;
  - with a capacity to create opportunities for users and communities to learn about their services and structures - proactively enabling local communities and organisations to understand how the CHCP works and how to influence it;
  - able to inform residents and users of the range of services and business of the CHCP;
  - active in all aspects of engagement from information provision and consultation, through to influencing service delivery (including community management of services where appropriate and agreed) to quality management and accountability;
  - pursues the views of users and hard to reach communities through formal structures, eg, young people, BEM communities, etc;
  - able to adapt for engagement, eg, with translation, physical access and other physical and social adaptation facilities available to enable engagement of people with a wide range of needs;
  - staff skilled in managing conflict and opposition between communities and between communities and service providers.

#### Voluntary Sector Engagement

- 9.5.10 The CHCP will aim to build a relationship with the voluntary sector based on the values and principles outlined in the Scottish Compact between Government and the Voluntary Sector. The term “voluntary sector” covers an array of organisations with a multitude of differing capacities, visions and internal structures. This diversity will pose a challenge for the CHCP in its efforts at meaningful engagement.
- 9.5.11 It is, however, recognised that engagement will be at a number of levels.
- many smaller scale community groups within East Renfrewshire are linked to the local umbrella body “Voluntary Action East Renfrewshire”. It is intended that the CHCP will build a formal relationship with this organisation. This body has experience of holding “themed network events” which enable an exchange of information and views on issues relevant to the

voluntary sector. The CHCP would wish to sponsor such an event to enable networking and the sharing of good practice ideas and experience;

- in parallel the smaller, local groups are likely to be represented at the Locality Forums being established through Community Planning. As indicated elsewhere, these forums will themselves form the basis for the PPF, thus ensuring further engagement with the voluntary sector;
- the CHCP will also wish to build on existing relationships with a range of larger, service providing organisations. These organisations will be likely to interact directly with the CHCP structures through local networks, community care forums, mental health forums etc.

9.5.12 The CHCP recognises particularly the contribution made by community/voluntary organisations and volunteers to the Health Improvement agenda. Many of the organisations are close to communities and understand their needs and priorities; they are able to put forward innovative ideas and contribute financial, physical and human resources. Examples include East Renfrewshire Carers Project, ACE Dementia, Age Concern, RAMH/Causeway BandF, RSVP, Magic Wand, BefriendER (Voluntary Action), Disabled Persons Housing Service, Jewish Care, Cosgrove Care and many more. Other examples include sports groups, childcare, youth groups, self help groups, women's groups and other small groups which all contribute positively to the well-being of their community.

## **9.6 Involving Staff**

9.6.1 Staff governance is a statutory requirement on both NHS Boards. Arrangements for the Staff Partnership Forum and for the way in which the Staff Governance Standard for NHS employees will be applied within Community Health Partnerships is subject to a Minute of Agreement between NHS Greater Glasgow and its recognised trade unions. Alongside the specific obligations of the NHS, we will seek to develop staff partnership arrangements within the CHCP which extend across both Boards and which fully include Council employees.

9.6.2 In addition to these arrangements the CHCP 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

## **10. PLANNING AND DEVELOPMENT**

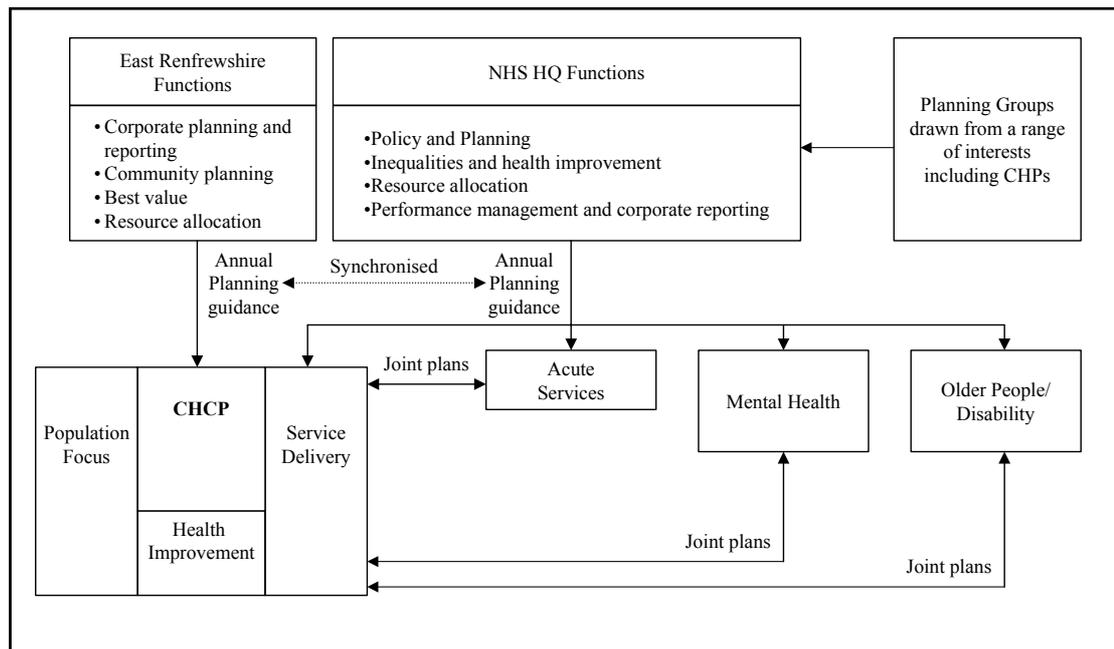
### **10.1 Single System**

10.1.1 The CHCP will be expected to operate with the strategic frameworks established by both NHS Boards and the Local Authority (including those agreed for joint planning

and development purposes across the partners). There will be synchronised performance management arrangements to ensure the CHCP activities are fully integrated into the corporate governance arrangements of all three organisations. The wider reorganisation of both NHS Greater Glasgow and Argyll and Clyde will provide a sharper focus on planning and performance management systems to ensure proper accountability back to the NHS Boards.

- 10.1.2 The CHCP will build on a range of current planning arrangements. These include, the Extended Local Partnership Agreement for Community Care Services; the Children’s Services Plan; the Joint Health Improvement Plan and the existing Primary Care Strategy for Greater Glasgow.
- 10.1.3 The CHCP 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. CHCP will be involved in a relatively complex set of planning arrangements which includes two NHS Boards.
- 10.1.4 The diagram below illustrates the planning system which will be established.

Diagram 2: Planning System



- 10.1.5 Within the planning framework established, the CHCP will produce a three year plan for the range of its responsibilities including resources, service delivery, health improvement and tackling inequalities. That plan will include agreed joint components for acute, older people’s mental health and children’s and other partnership arrangements and services.
- 10.1.6 These joint plans cover shared care groups, chronic disease, demand management and access issues and service redesign and improvement.

- 10.1.7 In terms of managing performance the CHCP will be accountable
- from an NHS perspective within the Performance Assessment Framework (PAF) to meet the identified national and local targets;
  - with East Renfrewshire Council within the Council's Best Value regime for all joint services;
  - with East Renfrewshire Council to the Scottish Executive for progress on the JPIAF including the achievement of Local Improvement Targets.
- 10.1.8 As part of the process of developing the CHCP both NHS Boards and East Renfrewshire Council wish to pursue the opportunity offered by the introduction of the CHCP to further develop a "single" planning function in East Renfrewshire. Such a development would further reinforce a partnership solution, the need for an area wide agenda and accelerate the change programme. Each of the partners recognises the importance of creating shared capacity to drive the development and integration agenda. Both health systems and the local authority have committed to identify and delegate specific planning capacity to the CHCP from current system-wide arrangements in addition to contributions from service managers and clinicians.
- 10.1.9 It is proposed that the CHCP planning capacity be brought together into a single planning function. Further work is now required to identify the resource and associated management arrangements.
- 10.1.10 The CHCP will have a direct influence on relevant decision making bodies that can have an indirect impact on population health.

## **10.2 Community Planning**

- 10.2.1 The CHCP will assume the health and care remit from the East Renfrewshire Community Planning Partnership. Within this context the CHCP be responsible for:
- driving forward work relating to the community care and health theme of the Community and Regeneration Plans;
  - tackling health inequalities;
  - promoting health awareness and healthier lifestyles;
  - modernising healthcare services;
  - developing care services in the community.
- 10.2.2 The CHCP Committee is therefore firmly embedded within the community planning process which is led by the Council through the Community Planning Partnership. The CHCP Committee will report when required to the Community Planning Partnership.
- 10.2.3 The CHCP will have a significant role to play in wider community planning:
- as a full member of the Community Planning Partnership contributing to and influencing the Community Plan;
  - full engagement with other partners on regeneration and local economic development programmes;

- as a partner to the Regeneration Outcome Agreement process.

10.2.4 There is also acknowledgment there may well be opportunities more generally under the banner of 'efficient government' to consolidate a variety of support functions across the Council and the NHS. The CHCP will be in a good position to benefit from any such revised arrangements.

## **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 Partnership. It is envisaged that a clinical governance sub-group of the PEG will be responsible for planning and overseeing the implementation of clinical governance throughout the Partnership.

11.3 In addition it is intended that clear professional support arrangements are put in place that support the role of the Council's Chief Social Work Officer (CSWO). This needs to be set in a dual context of the CSWO continuing to provide formal advice to the Council on the discharge of its statutory social work functions as well as the specific managerial arrangements for service delivery on a day to day basis where the CSWO does not have day to day managerial accountability for the service.

11.4 The detailed final organisational structure for the Partnership will address these requirements.

11.5 However it is also recognised that some of the historical differences that have been experienced between clinicians working within the NHS and professional social workers and others working in social work, are coming closer together with the relatively new requirements for social workers to become registered with the Scottish Social Services Council. Many of the systems and processes that have become routine within the NHS are now equally applicable in terms of social work practice, and we would see the arrangements being put in place for the Partnership being developed and applied consistently and comprehensively for all professional staff.

11.6 In this context, we would see the Clinical and Professional Governance sub-group of the PEG taking a lead in ensuring that:

- services are client centred;
- professional staff can evidence the development and application of the knowledge base to support their professional decision making;
- services provided by/within/for the Partnership 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 Partnership;

- every professional is supported in gaining and sustaining the skills, knowledge and attitude that delivers high quality care; and
  - the coordination of effective action is achieved by the communication and application of effective information.
- 11.7 The arrangements for clinical and professional governance do not sit in isolation from many of the core functions and responsibilities that the new Partnership 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 Partnership.
- 11.8 Indeed, these linkages go outwith the Partnership as well. While the Partnership is an extension of the Council and the NHS Boards, its activities do need to link back to other services and functions both within the Council and the wider NHS family.
- 11.9 While the Partnership 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 within East Renfrewshire.
- 11.10 The diagram at Para. 10.1.4 above sets out a number of the wider structures and processes that the new Partnership will establish links with. The primary route for these linkages will be through the Professional Executive Group.
- 11.11 As with any change programme, there always exists a danger that some will disengage in the short term rather than remain as key leaders in the new arrangements. We are very aware that the Partnership does not sit in isolation from the work of other agencies, and that we all have a responsibility to ensure that we work effectively together to ensure the best possible service for our population. This ultimately is the primary focus for everything that we do.
- 11.12 It is recognised that clinical and professional staff (both directly employed and contractors) have a duty to develop and maintain their ability to deliver high standards of care independently of any contractual relationship with the Partnership.
- 11.13 One of the major achievements of LHCCs has been in increasing 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.
- 11.14 The Professional Executive Group will wish to encourage all practices in the Partnership 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 could be lost if the Partnership does not take action to build on these developments. It is therefore proposed that the Partnership takes responsibility for maintaining and developing this shared working after April 2005.

- 11.15 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.
- 11.16 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 local clinical and professional staff can continue to develop the previous LHCC based audit and review activities after 1st April 2005.
- 11.17 These local fora should comprise representatives from all practices and community teams and would be extended to include relevant Social Work staff where not already included. These groups 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.
- 11.18 The funding that currently is available through the management allowances to LHCCs is expected to be included within the budget for the new Partnership. This funding should therefore be available to the Partnership to support these developments, and would provide a resource to enable NHS contractors to continue to participate in these revised arrangements subject to CHP decisions on resource allocation.

## **12. BUILDING WORKFORCE CAPACITY**

- 12.1 A range of Organisational Development (OD) activity is being undertaken to support the development of the CHCP. Broadly, the intervention can be viewed as operating at two levels. The CHCP Development Group has dedicated OD support which has assisted the early stages of planning and implementation activities. In addition, a range of system-wide activity is being undertaken which is intended to support the transition to the CHCP.
- 12.2 The locally aligned OD resource has helped facilitate the Development Group to identify and work in partnership towards resolution of organisational and related workforce capacity issues. Mapping and sharing of all OD activities and initiatives will be undertaken to provide a local OD and Training Plan for the CHCP. It is anticipated early priorities will be around;
- team integration;
  - developing a shared culture;
  - partnership and collaborative decision-making processes;
  - developing an ethos of service improvement and redesign;
  - creating and developing effective cross-boundary relationships.

12.3 Specific supportive training programmes and initiatives are in development or being delivered via existing OD and Training plans to support these key themes.

12.4 Discussions are beginning to consider how OD support will be provided within and aligned to the CHCP. This will be done in conjunction with Council HR and OD staff.

## **12.5 Stakeholder Involvement and Participation**

12.5.1 Initial activities are already underway to design and support key stakeholder events within the CHCP, encouraging involvement and participation from all stakeholders, including General and Dental Practice representatives, to determine how the organisation will form to provide improved services.

12.5.2 At Board level, OD is working closely with organisations such as Involving People to support communication and involvement events and to assist staff organising such events to build upon and develop key outcomes to improve CHCP development. Communication and involvement is core to all OD and Training initiatives.

12.5.3 Work is also underway to support local delivery of the Scottish Executive approach to developing Health Improvement participation within the CHCP. Local OD facilitators will be trained to support this process in early 2005.

12.5.4 Linkage internally to Regional Workforce Development activities to recognise the emerging roles and skills of staff within CHPs will be undertaken. In addition it is essential that OD influence the work of external educational and training bodies to ensure the programmes which provide staff across functional and professional areas fully encompass the core skills required for the CHCP to be an effective organisation.

## **12.6 Leadership and Management Development**

12.6.1 A number of staff from both NHS and local authority have already participated in both NHS and local CHP Leadership programmes. These participants are involved in the new partnership development processes in East Renfrewshire. The local programme is based on developing a high level of skill on areas of competence critical to effective operation of the CHCP.

12.6.2 The CHCP will build upon work to develop accredited Management and Leadership Modules in partnership with Strathclyde University.

12.6.3 Dedicated OD support is also being aligned from the beginning of 2005 to research clinical leadership issues and needs. This will encompass any needs peculiar to clinical leadership within the CHCP.

## **12.7 Supporting Staff through the Transition**

- 12.7.1 OD will maximise many of the excellent practices, initiatives and protocols developed to support staff working and governance in Joint Future arrangements. It is also important that OD initiatives being designed to support organisational change at Board and Local Authority level dovetail to those being developed locally within the CHCP e.g. processes to assist management teams develop joint planning processes and accountability for shared outcomes.
- 12.7.2 The complex nature of relationships across organisations, dual accountabilities of staff and necessity for effective multidisciplinary working will feature heavily in any OD and Training initiatives developed.
- 12.7.3 Early discussion on how the knowledge and skills framework relating to “Agenda for Change” and the equivalent Council development processes can be aligned to provide joint approaches with adequate shared opportunities for staff in development is planned.
- 12.7.4 A high priority will be placed on developing processes and products to bring teams at all levels together successfully to develop new corporate cultures, whilst valuing and retaining organisational diversity.

## **12.8 Developing Linkage to Acute Services and Managed Clinical Networks**

- 12.8.1 Dedicated OD resource is being aligned from early 2005 to work with the Professional Executive Groups to consider how the CHCP can best link with clinicians and leaders in acute and managed clinical networks to provide services, achieve collaborative advantage and develop effective relationships.

## **13. DEVOLVED FINANCIAL RESPONSIBILITIES**

### **Allocations**

- 13.1 The CHCP will be allocated funding on an agreed basis for the defined range of functions, by the Council and both NHS Boards. Those budget allocations will be based on synchronised planning processes and a transparent approach to addressing identified pressures and issues. The CHCP Committee will set budgets for its activities within the overall allocation.
- 13.2 Both NHS Boards agree that health services and resources should be devolved to the control of East Renfrewshire CHCP wherever possible. Section 7 of the Scheme of Establishment and attached financial schedule summarise those services and resources devolved to the CHCP and identifies those other services where work is continuing to confirm the devolved budget. At this point the indicative consolidated operating baseline budget for the CHCP equates to some £68M (see Annex 1). The financial schedule of devolved services relates to 2004-05 and will be updated to 2005-06 once the respective NHS Board and Council budgets for the new financial year are approved.

### **Budget Management**

- 13.3 As a cross boundary CHCP the two NHS Boards are committed to have a consistent and transparent approach to funding allocations, transfers, planning and investments. Both NHS systems agree that their respective budgets should be managed as a single budget for the overall benefit of the area supporting a single management model and with a single clinical lead for those services identified in the Scheme of Establishment. It is acknowledged that it will not be possible to move to a single service overnight and work is ongoing to develop consistent devolved arrangements with clear timetables. For a small number of services, such as specialist rehabilitation services for physically disabled people, there is ongoing negotiation as to best service model and it is likely that these services may transfer to the CHP over a longer time-scale. This will require to take account of the need for the CHCP to link with the provision of non-local specialist services such as mental health, learning disability and addictions as part of an overall integrated service framework.
- 13.4 The consolidated NHS budget and the devolved local authority budget will be managed on an aligned basis. A process to vire monies between budgets will be agreed between the partners and will take account of current progress of developing protocols for joint resourcing under Joint Future. Any budget virements will require to be justified, reported for approval to the CHCP committee and notified to the parent bodies.

### **Investment Planning**

- 13.5 The partners agree that any change by any of them in investment planning relating to any of the functions of the CHCP, concerning either allocation of new funds or re-profiling of existing funding following service redesign should ensure a fair outcome for the East Renfrewshire CHCP, based on a n agreed formula derived from a current population basis weighted or otherwise, rather than on historical patterns of service use. The partners further agree that in such circumstances the CHCP should be fully engaged from the outset, the decision making process and all financial transactions should be open, transparent and accountable with any change reported to the CHCP committee. Investment planning will be inclusive of overhead and support costs relating to accommodation, management and equipment where this is appropriate in terms of scale of changes planned.
- 13.6 The partners all agree that services should as far as possible be provided on an equitable basis. There is however a recognition that the CHCP will begin from a position of differential levels of provision for some services and that in some cases it may be appropriate to maintain differences reflecting different population needs and priorities. The financial schedule will highlight the differences in investment. For some services, like mental health the actual spend per head of the population is similar, it is the model of service that is different. Therefore the ability to progress towards equity will depend on the re-provisioning of NHS hospital beds within an agreed medium term strategic plan. In other cases the Director will explore opportunities to achieve more equitable provision within the flexibility of the functions and budgets delegated to the CHCP.

**Monitoring and Accountability**

- 13.7 The CHCP will be expected to operate within the strategic frameworks established by both NHS Boards and the Council and to meet the statutory obligation of each parent body. There will be synchronised performance management arrangements to ensure that the CHCP activities are fully integrated into the corporate governance arrangements of both organisations.
- 13.8 Detailed financial delegation and monitoring arrangements will be developed in line with and building on existing financial frameworks within extended local partnership arrangements. They will include regular reporting into the NHS and Council systems, a combined set of financial protocols reflecting the requirements of all three organisations and related audit requirements. Budgets will be aligned and not pooled, therefore there will be a clear track from expenditure to each allocating body.
- 13.9 The CHCP Director will be responsible for remaining within the allocated budgets and accounting to the Council and NHS Chief Executives for financial probity and performance.

**14. SUPPORT SERVICES**

- 14.1 Both NHS Boards and East Renfrewshire Council are committed to devolving support services to the CHCP once organisational arrangements are confirmed. Further with East Renfrewshire Council there is a commitment to apply the aims of the Efficient Government policy to the structure and delivery of support services.
- 14.2 In particular arrangements will be further developed around:
- finance;
  - planning and performance management;
  - HR;
  - OD;
  - IT;
  - estates and facilities management.
- 14.3 Both NHS Boards and East Renfrewshire Council wish to use the opportunity offered by the introduction of the CHCP to further develop single support service functions for each of the above for the CHCP. Such a development would further reinforce the partnership solution. Each of the partners has significant investment in support service capacity for the area. Both health systems are also committed to identify and delegate support service capacity to the partnership from current system-wide arrangements. It is proposed that for each support service capacity can be brought together into a single function. Further work is now required to identify the partnership resource and how hosting arrangements will operate.
- 14.4 In the NHS where staff are not devolved exclusively to the CHCP there will be an identifiable nominated contact responsible for support. In addition there may be a

desirability to encourage a hybrid function spanning local and Board-wide responsibilities.

- 14.5 These plans will take due account of the current review of support staff being commissioned by Argyll and Clyde NHS.

15. **APPENDICES**

- Annex 1 CHCP Budget and Staffing:

## ANNEX 1: EAST RENFREWSHIRE CHCP BUDGET AND STAFFING

### DIRECTLY MANAGED NHS SERVICES

	£'000	WTE
<b>LHCC Community Services</b>		
• District Nursing	837.9	25
• Health Visiting	594.5	18
• Other Community Nursing	112.7	2
• Community Treatment Room		
• AHPs:		
- Physiotherapy	197.1	6
- Occupational Therapy	52.0	2
- Speech Therapy	67.2	2
- Diet	29.9	1
- Podiatry*	122.0	5
• Enhanced Homecare	100.3	1
• Accommodation/Admin & Clerical	333.9	12
• Other	30.3	3
• Local Incentives/Joint Working	51.4	1
<b>LHCC Allowances</b>	341.4	6
<b>LHCC Developments and Projects</b>		
• Community Older Peoples Team	442.9	17
• Primary Care Mental Health	100.0	4
• Diabetes	47.3	1
<b>Community Addiction Teams</b>	110.5	3
<b>Oral Health Promotion/Teams*</b>	22.6	1
<b>Practitioner Contracts</b>		
• GMS	7,703.7	
• Pharmacy*	1,155.1	
• Optometry*	557.1	
• Dental*	2,700.4	
<b>School Nursing</b>	121.6	5
<b>Health Promotion/Improvement</b>	71.8	2
<b>Community Learning Disability Teams**</b>		
<b>Prescribing</b>	12,937.1	
<b>Community Mental Health Teams</b>		
• Adult	608.1	19
• Elderly*	337.5	13
<b>SUB TOTAL</b>	<b>29,786.3</b>	<b>149</b>

\*GNHS only; work in progress to confirm ACNHS equivalent

\*\*Work in progress

**DIRECTLY MANAGED SOCIAL WORK SERVICES**

	<b>£'000</b>	<b>WTE</b>
<b>Services for Children and Families</b>	4,296.1	61
<b>Community Care Services</b>	1,707.4	73
<b>Services for Older People</b>	9,358.3	91
<b>Services for People with a Disability</b>	8,890.9	84
<b>Mental Illness</b>	234.4	9
<b>Home Care</b>	4,447.0	243
<b>Addiction</b>	216.1	19
<b>Other Services</b>	636.7	8
<b>Service Support, Strategy &amp; Training</b>	882.4	36
<b>Support Services and Administration</b>	2,562.2	52
<b>Supporting People</b>	5,004.1	
<b>SUB TOTAL</b>	<b>38,235.6*</b>	<b>676</b>

\* includes £13,356,385 income

<b>CHCP TOTAL</b>	<b>68,021.9</b>	<b>825</b>
-------------------	-----------------	------------