

## Greater Glasgow NHS Board

### Board Meeting

Tuesday 19<sup>th</sup> April 2005

Board Paper No. 2005/33

Director of Planning and Community Care

### **Community Health Partnerships (CHPs) Scheme of Establishment for Glasgow City Community Health and Social Care Partnerships**

#### Recommendation:

The Board is asked to:

- a) **approve the proposed Scheme of Establishment for the Glasgow City Community Health and Social Care Partnerships with Glasgow City Council;**
- b) **note that it is subject to parallel approval by Glasgow City Council;**
- c) **agree, subject to (b), to submit it to the Scottish Executive.**

#### A. INTRODUCTION

- 1.1. Attachment 1 to this paper is the proposed Scheme of Establishment for five Community Health and Social Care Partnerships (CHSCPs) covering the Glasgow City Council area. The proposed CHSCPs bring into a single integrated structure responsibilities for local health and social work services and health improvement but retaining clear lines of accountability into the two statutory organisations.
- 1.2. The Scheme has been prepared in partnership with the Council through a process involving a joint Steering Group including representatives from across the GGNHS and the City Council and will be considered by the Council's Social Care Committee on the same day as the Board meeting.
- 1.3. 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 and the policy framework established by the Council's Policy and Resources Committee. In particular the scheme establishes a joint director post to lead each CHSCP.
- 1.4. The scheme sets out the broad principles for the establishment of CHSCPs in Glasgow, their priorities, the services managed within CHPs, governance arrangements and the strategic framework within which they will operate. At this stage the Scheme of

## **EMBARGOED UNTIL MEETING**

Establishment provides the framework for the ongoing development of CHSCPs in Glasgow City, and if approved will allow the Council and NHS Greater Glasgow to move to appoint the management teams to provide capacity for further work required on the detail of their operation. Initial work on a project plan for the CHSCPs has been undertaken to map out the key tasks for the Council and NHS over the next 3 years in implementing CHSCPs in Glasgow City.

- 1.5. The Scheme is in the format prescribed by the SEHD and sets out much of the detail of how the CHSCPs will operate. In terms of the next steps, subject to Board approval, the scheme will be submitted to the SEHD for approval and implementation will begin, as outlined above. Progress will be regularly reported to the NHS Board.

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

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## GLASGOW CITY CHSCP SCHEME OF ESTABLISHMENT

### 1 INTRODUCTION

- 1.1 This Scheme of Establishment has been prepared in terms of regulation 10 of the Community Health Partnerships (Scotland) Regulations 2004.
- 1.2 This proposal is presented jointly by Greater Glasgow NHS Board and Glasgow City Council and seeks approval to establish 5 **Community Health and Social Care Partnerships** for the Glasgow City 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 vary the membership of the Partnerships governing Committee as detailed later in Section 4.
- 1.4 The draft Scheme of Establishment has been the subject of development over a number of months with all parts of the existing joint planning structures, as well as the separate organisational and professional interests of interested stakeholders, having had the opportunity to engage with and lead the development of specific proposals.

### 2. BOUNDARIES AND PRINCIPLES

- 2.1 There will be 5 CHSCPs in Glasgow City, which will cover populations of between 110,00- 150,000 people. The detail of the CHSCP populations is attached at Appendix One. The CHSCP boundaries have been created based on principles of achieving equity in population terms, coherence with natural communities and minimum disruption to services. There is a strong commitment to match the CHSCP boundaries with the new electoral wards, when agreed, and therefore also to achieve coherence with community planning boundaries. Pending a decision on new electoral boundaries, the CHSCPs will operate along the boundaries as outlined in Appendix One.
- 2.2 The CHSCPs bring together NHS and Local Authority responsibilities but retain clear individual agency accountability for statutory functions, resources and employment issues. This approach builds clearly on the experience of joint working and jointly managing services across health and social work achieved to date in Glasgow City, while maintaining the integrity of two separate organisations.

- 2.3 In building on our experience in establishing jointly managed services, CHSCPs provide a platform for Glasgow City Council and health partners to maximise our ability to improve outcomes for service users. The joint approach to service planning and delivery in learning disability facilitated the huge step change that we have made in shifting from institutionally based services to services which are based within localities and are organised around the needs of service users. Our more recent experience in establishing a jointly managed addiction service has resulted in more people receiving a service which meets the range of their needs and has allowed us to begin to focus much more clearly on moving people through the service to improve outcomes for them and their families.
- 2.4 The CHSCPs operate within the wider context of Community Planning and the existing Council and NHS strategic frameworks, including joint plans and strategies such as the Joint Community Plan, the Extended Local Partnership Agreement, the Children's Services Plan, and the Primary Care Strategy for Greater Glasgow. In addition, the proposals need to sit within the context of the proposals for the implementation of the other aspects of Partnership for Care.
- 2.5 We are constructing CHSCPs as organisations resourced and responsible for making a difference to the health and well being of their population and reducing inequalities and as partners in working with other organisations to improve health and well-being. This means:
- CHSCPs will lead the locally based health improvement effort, covering life circumstances and lifestyle action;
  - A senior officer will have responsibility for leading health improvement within the CHSCP;
  - The CHSCP will be developed as a public health organisation embedded within the NHS and City Council;
  - The facilitation and integration of community involvement will be core to the CHSCP through a Public Partnership Forum;
  - CHSCPs will lead the "health" contribution to local community planning;
  - CHSCPs will have specialist health improvement resources bringing together staff from the LHCC, health promotion and local government forming a specialist health improvement team, supporting the public health orientation and activity of a wide range of non specialist CHSCP staff;
  - CHSCPs will produce an annual health improvement and inequalities plan delivering on NHSGG wide priorities but also reflecting local circumstances and a full partnership with local government;
  - CHSCPs will have specific responsibilities in community development and regeneration;
  - CHSCPs will contribute to the development and delivery of regeneration outcome agreements;
  - All of the CHSCP 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.

The wider reorganisation of the NHS in Greater Glasgow will enable CHSCPs to have a wide range of further specialist support for their work from health promotion and public health staff.

- 2.6 Within this context the purpose of a CHSCP is to:
- Manage local NHS and social care services;
  - Improve the health and well being of its population and close the inequalities gap;
  - Play a significant role in community planning;
  - Achieve better specialist care for its population;
  - Achieve strong local accountability through the formal roles for lead councillors and the engagement and involvement of its community;
  - Drive NHS and Local Authority planning processes.

2.7 The CHSCPs will be characterised by:

- Reduced bureaucracy and duplication;
- A focus on promoting continuous improvement and best value in the delivery of services
- Modern and integrated community health and social care services focused on natural localities;
- Integrated community and specialist health and social care through clinical and care networks;
- A focus on service delivery;
- A Partnership approach to ensuring service users, their families and a broad range of frontline health and social care professionals are fully involved in service delivery, design and decisions;
- Shared governance and accountability with the Local Authority and substantial responsibility and influence in NHS resource deployment;
- Developing a central role in service redesign;
- Establishing a pivotal role in delivering health improvement.

2.8 Initial priorities for the development of the CHSCPs will include:

- Better care pathways for service users;
- A clear programme to tackle health and social inequalities;
- Continued implementation of the new Practice Team model of Social Care Services
- Establishing community involvement;
- Realising the gains for service users of fully integrated local services;
- Reduced bureaucracy and duplication;
- Devolution of services and resources to a locality level to maximise the opportunity for localities to influence service priorities

### **3. SERVICES MANAGED**

3.1 The CHSCPs will directly manage:

- Health visitors;
- District nurses;
- Relationships with primary care contractors;
- Mainstream school nursing;

- Local health and social care older people and physical disability services;
- Chronic disease management programmes and staff;
- Oral health action teams;
- Allied health professionals;
- Palliative care;
- Joint health and social care addictions services
- Joint health and social care learning disability services;
- Local health and social care adult mental health and older people's mental health services;
- Community child health, child and adolescent mental health and SEN school health services are currently under review
- Local planning, public health and health promotion staff

An initial exercise to scope out the human resource managed within a CHSCP in Glasgow City is attached at Appendix Two.

#### **CHSCP will**

- Hold budgets and contracts for the following services:
  - Service level agreements for direct access to diagnostic and laboratory services;
  - Primary care contracts – these are set out by CHSCP at Appendix Three
  - Prescribing;
  - Health improvement and promotion.
- Participate in the management arrangements for the following services:
  - Non local mental health services;
  - Non local rehabilitation and enablement services;
  - Community midwifery services;
  - Acute and children's services.
- Subject to the outcome of the review of the present Primary Care Division functions a CHSCP may host services on behalf of others.

3.2 The Social Work Area Services Manager would be directly responsible for the delivery of local health and social work Children's Services and will be jointly accountable to the CHSCP Director and Director of Social Work.

3.3 This will also provide the platform to develop opportunities for integrated children's health and social care services. Any proposals would require to be tested against a set of principles, which had the improvement of service access and outcomes at its core. There is substantial literature on the benefits and improvements, which are achievable by better integrated local arrangements for children's health and social care services. Potential benefits of such arrangements include:

- Improve joint assessment, care management and intervention;
- Simplified access for children and their families;
- 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;
- Reduced interfaces, duplications, negotiations and gaps between services.

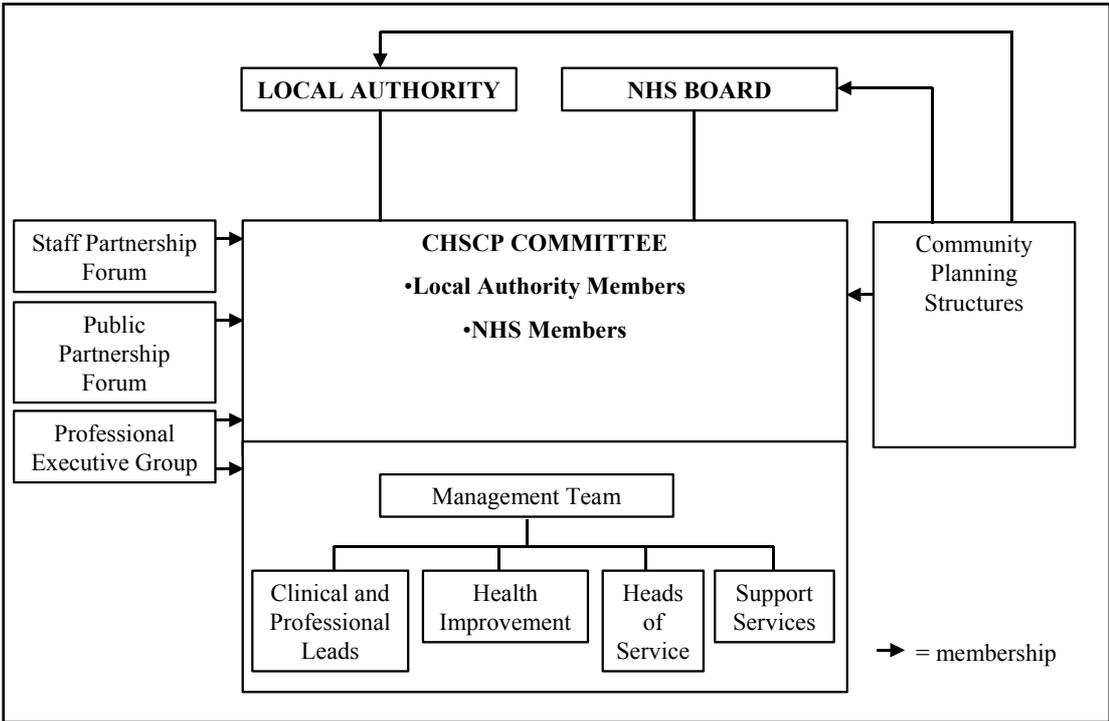
3.4 The exploration of this potential would take place within the context of the current joint planning arrangements in children’s services, with the Children’s Services Plan and joint structures remaining the key drivers in joint strategic planning.

3.5 All service, planning and financial joint futures arrangements will be migrated into this CHSCP structure, which will:

- Fully align budgets for local services;
- Deliver integrated service arrangements for mental health, older people, rehabilitation, children and families, learning disability and addictions;
- Achieve aligned service and resource planning cycles.

**4. GOVERNANCE ARRANGEMENTS, STRUCTURES AND RELATIONSHIPS**

4.1 Our governance arrangements reflect the fact that the CHSCPs will be a full partnership between the NHS and Glasgow City Council. They will have five components, the CHSCP Committee, the Staff Partnership Forum, The Public Partnership Forum, the Professional Executive Group (PEG) and the Management Team, which are described in detail below and can be diagrammatically represented as:



**4.2 The CHP Committee**

4.2.1 The purpose of the Committee is to set budgets within the CHSCP allocation, to take a strategic overview of the CHSCP’s activities, priorities and objectives and to hold to account the management team for the delivery of the CHSCPs annual plan, which that team should develop, in partnership with the PEG. The CHSCP Committee would have the following principal areas of responsibility:

- The approval of policy and strategy for those service areas and functions included within the remit of the Partnership and within the overall frameworks set by the NHS Board and the Council;

- To deal with consultations from Government and other statutory bodies
- To approve the allocation of resources within the specific revenue and capital budgets as delegated by the NHS Board and the Council in accordance with the standing financial instructions/orders of both parent bodies;
- To monitor and review the performance of the Partnership against national and local performance targets and best value requirements;
- To consider issues relating the staffing and structure of the Partnership and where necessary to make recommendations to the parent bodies.

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

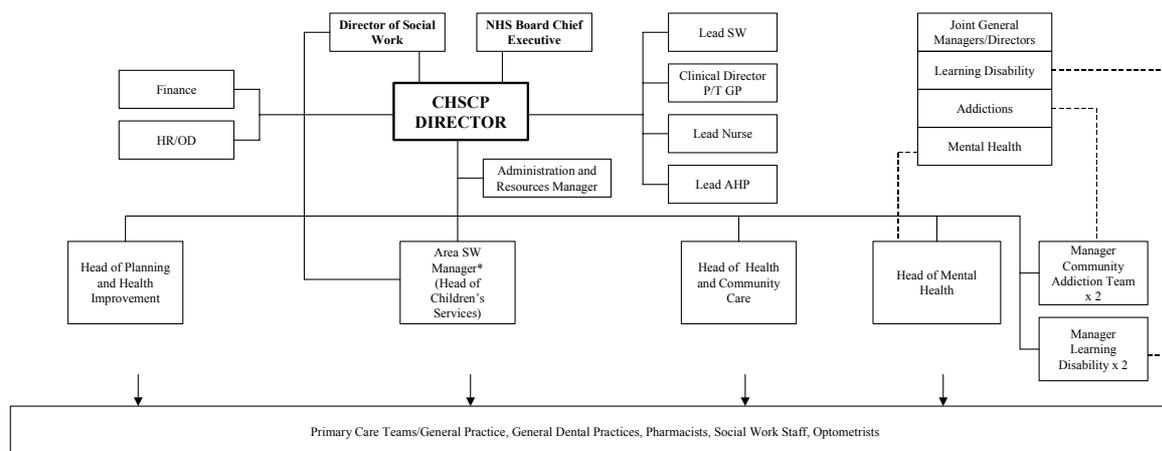
- ❑ Elected Members (5)
- ❑ NHS Board (2)
- ❑ PEG (3)
- ❑ Staff Partnership Forum (1)
- ❑ Public Partnership Forum (1)
- ❑ Voluntary Sector (1)
- ❑ CHP Director (1)

### **4.3 The Management Team**

4.3.1 The CHSCPs will be managed by a Director appointed jointly by the NHS Board and Glasgow City Council separately accountable to the NHS Board Chief Executive and the City Council through the Director of Social Work Services for the range of services managed within the CHSCP that are NHS or Council specific and directly accountable to both where the function is a joint one.

4.3.2 The CHSCP Director will be jointly appointed by the NHS Board and Glasgow City Council and may be an employee of the NHS or the Council depending on the background and circumstances of the agreed candidate. Similarly across the management team, the key posts will be joint appointments and may be employed by either body, with the exception of the Area Social Work Services managers/Heads of Children's Services who will be Council employees to meet statutory accountability requirements. Similarly, four of the five Heads of Mental Health will be NHS employees and one will be employed by the Council to reflect the balance of statutory responsibilities but ensure a clear social work line of accountability. The Social Work Area Services Managers will have a direct responsibility for children's services outlined in Section 3 above, and will retain a professional leadership responsibility for the social care element of community care services, through their role as professional lead for social work within the CHSCP. The Lead Allied Health Professional (AHP), Nurse and Clinical Directors will perform a similar professional leadership role for those services within their professional remit that they do not directly line manage. A clear operating framework for these arrangements will be in place to ensure coherence across the CHSCPs in Glasgow City. This management structure and set of relationships are set out in diagrammatic form below.

## GLASGOW CITY CHSCP ORGANISATION CHART



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

- 4.4.1 This Group is the key way to involve frontline staff in the governance and decision making for the CHSCP. We also expect that the CHSCP will have a wide range of planning and working groups, which will fully involve professional staff, across the range of its activities. The Group will include an older people's medicine consultant, a psychiatrist, a paediatrician, a psychogeriatrician, general practitioners, a nurse, an AHP, a pharmacist, a dentist, an optometrist and social work staff.
- 4.4.2 The consultant members will be nominated by the relevant NHS Division. Lead professionals will be nominated by the local staff of that profession. The three representatives on the CHSCP Committee will be nominated from the local practitioner members of the Group.
- 4.4.3 The Professional Executive Group (PEG) will be fully meshed with the CHSCP 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 CHSCP and clinical input from specialist divisions including acute services, child health and mental health;

### **4.5 Public Partnership Forum (PPF)**

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

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

- 4.5.2 The corporate management of community engagement, community development and the PPF will be managed through the Head of Health Improvement and Planning.
- 4.5.3 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.
- 4.5.4 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 CHSCP areas from recognised local engagement processes) and self selected membership. The PPF Executive Group will elect annually representatives for the CHSCP Committee.
- 4.5.5 The structures and mechanisms for membership and operating of the PPF will be informed by the Community Engagement Strategy for Community Planning currently being developed in Glasgow City. Beyond the PPF the CHSCP will be responsible for developing as :
- ❑ A visible and engaged organisation - through staff involvement in key local public forums, community events, community planning;
  - ❑ An organisation with a capacity to create opportunities for users and communities to learn about their services and structures - proactively enabling local communities and organisations to understand how CHSCPs work and how to influence them;
  - ❑ Able to inform residents and users of the range of services and business of the CHSCP;
  - ❑ Active in all aspects of engagement from information provision and consultation, through to influencing service delivery (including community management of services where appropriate and agreed) to quality management and accountability;
  - ❑ An organisation which pursues the views of users and hard to reach communities through formal structures, e.g., young people. BEM communities, etc;
  - ❑ Able to adapt for engagement, e.g., with translation, physical access and other physical and social adaptation facilities available to enable engagement of people with a wide range of needs;
  - ❑ Skilled in managing conflict and opposition between communities and between communities and service providers.

#### **4.6 Staff Partnership Forum**

Staff Governance is a statutory requirement on NHS Boards. Arrangements for the Staff Partnership Forum and for the way in which the Staff Governance Standard for NHS employees will be applied within CHSCP 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 CHPs which fully include Council employees.

### **5. STRATEGIC FRAMEWORK AND KEY RELATIONSHIPS**

5.1 The CHSCP will be expected to operate within the strategic frameworks established by the Local Authority and NHS Board and to meet the statutory obligations of both bodies. There will be synchronised performance management arrangements to ensure the CHSCP

activities are fully integrated into the corporate governance arrangements of both organisations. Central responsibility and capacity for oversight of operational activities, planning and policy performance and resources management, professional standards and development within Social Care Services will be retained within a Headquarters function. Similarly, central NHS arrangements will include capacity for performance management and governance, financial planning and resource allocation and policy development.

## **5.2 Specialist and Non Local Services**

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

- Involvement of clinical leaders from key specialities, including older people's medicine, paediatrics and psychiatry in the CHSCP management arrangements and in local service delivery teams;
- Creating a strong geographic focus within a single Greater Glasgow Acute Division which will ensure direct senior management connection and cross population of the Acute Division and CHSCP management teams;
- Organisational arrangements for rehabilitation and enablement services, women and children's and adult mental health services which fully engage the CHSCPs at the heart of decision making for those services and ensure the important vertical integration between hospital and community care is strengthened.

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

5.2.3 The framework for these relationships is described in more detail in the section on planning and development, which illustrates how planning and performance management arrangements will underpin whole system working.

## **5.3 Finance**

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

5.3.2 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 Local Authority and NHS system, a combined set of financial protocols reflecting the requirements of both 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.

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

5.3.4 An initial exercise to set out the indicative expenditure by CHSCPs in Glasgow City has been undertaken and is attached at Appendix Four.

#### **5.4 Planning and Development**

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

5.4.2 Within the planning framework established by the NHS and Glasgow City Council, the CHSCP will produce a three-year plan for the range of its responsibilities including resources, service delivery, and health improvement and tackling inequalities. That plan will include agreed joint components for acute, older people's, mental health and children's services and will be developed within the existing statutory planning frameworks. These joint plans will also cover shared care groups, chronic disease, demand management and access issues and service redesign and improvement.

#### **5.5 Improving Service Quality**

5.5.1 The focus for the CHSCPs to improve service quality will include:

- Build on chronic disease and management.
- Consolidate gains of present integration.
- Organise local services around service users
  - Integrated older people;
  - Children's;
  - Mental health.
- Stronger clinical and professional involvement:
  - PEG;
  - Funded clinical time;
  - Acute/paediatric/psychiatry embedded in services and management structure.
- Local Improvement targets.

**APPENDIX ONE**

**CHSCP POPULATIONS**

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

**APPENDIX TWO**

**CHSCP: HUMAN RESOURCES**

CHSCP	Planning & Health Improvement	Area Social Work Services & Childrens Services	Community Health Care	Mental Health	Community Addictions	Learning Disability	Admin & Resources Manager	Other	Total
Health	2.00	61	144.00	87.00	9.00		29.00	10.00	<b>342.2</b>
Social Work	8.00	150	56.00	19.00	35.00	78.00	85.00	3.00	<b>434.00</b>
<b>Total</b>	<b>10</b>	<b>211</b>	<b>200</b>	<b>106</b>	<b>44</b>	<b>78</b>	<b>114</b>	<b>13</b>	<b>776</b>

**THIS INFORMATION HAS BEEN GATHERED ACROSS CHSCP AREAS AND AVERAGED OUT TO GIVE BROAD INDICATIONS OF THE SIZE OF CHSCP IN GLASGOW CITY**

## APPENDIX THREE

### PRIMARY CARE CONTRACTORS BY CHSCP

GCC CHSCP	GP Practices	Dentists	Optometrists	Pharmacies
West	37	85	17	34
North	27	47	11	24
East	40	95	44	28
SE	30	73	20	28
SW	27	51	13	26
Total	161	351	105	140

## APPENDIX FOUR

### INDICATIVE EXPENDITURE BY CHSCPs

CHSCP	£(M)
Health	52.103
Social Work	62.378
<b>Total</b>	<b>114.481</b>

NB: THIS ILLUSTRATES SOCIAL WORK INDICATIVE EXPENDITURE AT THIS TIME AND WILL EVOLVE AS DECISIONS ON WHICH SERVICES ARE INCLUDED/EXCLUDED FROM PARTNERSHIPS.

HEALTH INFORMATION BASED ON 2003/2004 FIGURES.

THE INFORMATION HAS BEEN GATHERED ACROSS CHSCP AREAS AND AVERAGED AS WITH HUMAN RESOURCES FIGURES