

Greater Glasgow NHS Board

Board Meeting

Tuesday 26th July 2005

Board Paper No. 2005/52

Director of Planning and Community Care

East Dunbartonshire CHP Revised Scheme of Establishment

Recommendation:

The Board is asked to:

- a) **Approve the revised Scheme of Establishment for an NHS Community Health Partnership covering the East Dunbartonshire area.**

A. CONTENT AND PURPOSE

- 1.1 In considering the development of Community Health Partnerships (CHPs) the Board has taken the view that these partnerships have enormous potential to improve health services and the health of the population. The Board has also concluded that we should aspire to develop fully integrated CHPs, in partnership with Local Authorities, which would further strengthen the positive impact of their establishment.
- 1.2 We have worked with each Local Authority over the last 18 months to try to reach agreement on that fully integrated approach. The purpose of this paper is to outline why we are not in a position to proceed in that way with East Dunbartonshire Council (EDC) and to make positive proposals to establish an NHS CHP to cover that Council area.
- 1.3 It is important to restate - we believe NHS model CHPs will offer substantial benefits to the population they serve. The proposed Scheme of Establishment attached to this paper (Attachment 1) outlines, in more detail, those benefits.

B. BACKGROUND

- 2.1 Following the publication of the Partnership for Care White Paper in February 2003 which established the concept of Community Health Partnerships (CHPs) - we began discussions with each of our Local Authority partners on the development of CHPs for their area.
- 2.2 In the case of East Dunbartonshire Council (EDC) the Board had already approved an arrangement under the "Joint Futures" policy to bring together adult health and social care in

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the Council area under a Joint Head of Health and Community Care. Our early discussions with Council officers and through the established Joint Health and Community Care Committee focused on how the transition from these arrangements to a CHP could further develop our partnership working.

- 2.3 The first formal discussions on children's services took place through a seminar for Councillors, officers and local interests in October 2003. This event highlighted a range of opinion on the inclusion of children's care services in the CHP. This position was reported to the Joint Committee in December 2003 with agreement that there be a programme of work - led by Council officers but involving health, to put formal proposals to a future Joint Committee. This work was programmed to be reported to the Committee in April 2004. During the period from early 2004 until the autumn of that year limited progress was made. That lack of progress was raised by NHS officers through the route of the Joint Executive group, which carried the responsibility for CHP development, through correspondence and informal exchanges.
- 2.4 During this period there were also difficult exchanges around the way in which a report of the work of the children's services core group (a joint NHS and EDC group) was developed without the full involvement of NHS representatives. A detailed paper developed within NHS Greater Glasgow on the delivery of children's services within a CHP was shared with Council officers but did not seem to provide a basis for progress.
- 2.5 In November 2004, as the Scheme of Establishment was being finalised NHS members of the Executive Group formally raised concerns about the failure to make progress on children's services and the need for clarity to conclude the Scheme. A meeting was convened by the EDC Chief Executive at the end of November of key officers from NHS Greater Glasgow and the Council. That meeting agreed children's social work services should be included in the Scheme managed by the CHP, rather than by the status quo arrangement where children and families social work would have been managed by the Strategic Director (Communities) within the Council structure. That outcome on children's services was reported to the December 2004 Joint Committee meeting.
- 2.6 The Scheme was revised on that basis and approved by the full Council and NHS Board in January 2005. The Scheme also reflected agreement to establish a Joint Director post for the CHP, reporting to the Council and Board Chief Executives and a post of Head of Children's Services, as well as the extant post of Head of Health and Community Care.
- 2.7 During the period from January to early June 2005 a number of critical exchanges took place; these are summarised below in sequential order:
 - the Council's Chief Executive signalled her intention to advertise the Strategic Director (Communities) post which had become vacant in August 2004 when she was appointed from that post. The Board's Chief Executive requested that the material relating to that post was explicit that children and families social work services would be transferred into the new CHP;
 - the Joint Executive Group considered a proposed management structure for the CHP, including the posts outlined in the Scheme of Establishment, and a further post of Head of Planning and Health Improvement. The same meeting agreed that the GGNHSB organisational structure paper, which included those posts, should be reported to the next Joint Committee;

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- the Board's Chief Executive had two written and a number of verbal exchanges with the EDC Chief Executive, sharing for agreement, papers on the NHS reorganisation. Those papers reflected the EDC Scheme of Establishment and the subsequent Executive Group discussion in relation to the CHP management structure. These exchanges also covered the timetable and process for the NHS restructuring and the inclusion of EDC officers in that process.
- 2.8 Though complex and challenging, Board officers believed these exchanges had resulted in agreement to proceed on the basis of the Scheme of Establishment and put in place the management structure and process to populate it, in line with the wider NHSGG reorganisation.
- 2.9 The Board Chief Executive attended a Joint Committee meeting on 8th June 2005. It transpired that Council officers had withdrawn the Board's Partnership for Care: Reforming the NHS in Greater Glasgow paper - following a pre agenda discussion with the Council's Convenor of Social Services who is the Committee's Chair. That paper set out what Board officers understood to be the agreed position in terms of the EDC CHP structure and the assessment and appointment process. The Board's Chief Executive subsequently met with the Council's Chief Executive, Convenor of Social Services and the Council's Leader. During that discussion it became clear that there remained major differences of view on the position in relation to posts within the CHP, including the children's post, which was explicit in the Scheme of Establishment. However, that meeting concluded with agreement to a further meeting with the Convenor of Social Services, Council and Board Chief Executives and their respective HR advisers. The purpose of that further discussion was to try and resolve those issues and enable positive progress. That meeting took place on 17th June 2005. The Board's Chief Executive believed agreement was reached on a way forward to establish the CHP and populate the agreed posts. The Board's HR Director and Council opposite number continued a dialogue within what was understood to be an agreed framework.
- 2.10 A subsequent lengthy response from the Council's Chief Executive raised substantial disagreement on the outcome of the meeting and made a number of critical points including indicating:
- the agreement to include children's services was in principle, not set in concrete and a signal of good intention in the context at that time;
 - the context in which the Council was now considering its position had changed considerably;
 - there were significant issues on the Council's financial position, the Review of 21st Century Social Work, inspection and audit processes which had substantially overtaken that in principle decision;
 - the suggestion that the Joint Committee would need to consider whether the Head of Children's Services post still needed to be established;
 - the suggestion that the NHS might establish a children's services post while the Council wholly managed its own services;
 - the suggestion that we should proceed by consolidating what was already in place – establishing community care in the CHP;
 - concern that there is not a sufficiently strong foundation for the Council to align its children's services;
 - that the Convenor of Social Services shared this position.

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- 2.11 The Board's Chief Executive responded by outlining two key issues which, in his view, needed to be resolved in order to proceed to establish the fully integrated CHP as agreed. These were:
- establishing the CHP to include children's services and proceeding with the critical and agreed post of Head of Children's Services;
 - acknowledging that all posts within the CHP were partnership posts - not designating any as health only.
- 2.12 A series of further telephone and written exchanges followed with no resolution on these points and further suggestions from the Council's Chief Executive to establish a CHP on the basis of adult and community care services only.
- 2.13 Following detailed review of the position by the Board's Chair and Chief Executive we formally wrote to the Council's Chief Executive confirming our appraisal that the absence of agreement to proceed, on the basis agreed in the Scheme of Establishment, left us no option but to develop a revised Scheme to be put to the Board to enable a viable CHP to be established.
- 2.14 Further correspondence from the Council Leader and Council Chief Executive followed which offered no indication that there was an acceptance that the Scheme should proceed as agreed. The Chairman therefore confirmed to the Council Leader our intention to revise the Scheme. We proceeded to notify the Scottish Executive of that position and to issue the attached communication to local NHS staff (Attachment 2).

C. OPTIONS AVAILABLE

- 3.1 In reviewing the exchanges outlined in the previous section the Board Chairman and Chief Executive had three options:

- **To suspend the process of CHP implementation and related reorganisation pending further dialogue.**

Our verbal and written exchanges with the Leader of the Council, its Convenor of Social Services and Chief Executive made explicit that there was a clear difficulty in moving to implement the agreed Scheme of Establishment. That the agreement on children's services was not regarded as binding on the Council and that there was no certainty if or when these issues could be resolved.

This meant there was no basis to pursue this option.

- **To revert to an NHS CHP.**

This option enabled the implementation of a viable Scheme of Establishment in synchrony with other CHPs across Greater Glasgow and with certainty of outcome, subject to Board and SEHD approval, and the appointment of a management team. Given the Scheme is the same as the approved NHS CHP Scheme for West Dunbartonshire we would not anticipate any issue or delay in SEHD consideration. This option offered the ability to move to secure for the local population the benefits

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which we believe will result from CHPs and leaves in play the potential to re-open discussions with the Council, should their position change.

- **To agree to an adult and community care CHP (a partially integrated model).**

The proposal by the Council's Chief Executive and Leader would have required the withdrawal and revision of the Scheme of Establishment. In any event, it is also outside the policy framework established by the Board that integrated CHPs should be fully balanced and joint organisations. In addition, given that such a Scheme would be quite different from our other submitted Schemes there would have been a further new scrutiny by the SEHD and the Health Minister.

- 3.2 After careful consideration the Board's Chair and Chief Executive concluded that the fully integrated Scheme of Establishment could not be implemented, as agreed, because of this change in the Council's position. We therefore notified the SEHD of our intention to take a revised Scheme to the Board for approval and communicated the position to local staff.

D. ROLES AND RESPONSIBILITIES

- 4.1 The regulations and guidance on Community Health Partnerships are rooted in the National Health Service (Scotland) Act 1978 and give NHS Boards the power and responsibility to submit Schemes of Establishment for CHPs. There is no requirement for Local Authority approval for CHPs. Clearly, where we have developed integrated CHPs these have been jointly dealt with through NHS and Local Authority processes but that does not alter the fact that the statutory responsibility remains with the NHS. We are therefore acting within our powers in progressing a revised Scheme of Establishment. The statutory responsibility for the development and submission of the Scheme lies solely with the NHS Board.

D. STAFFING ISSUES

- 5.1 One member of staff was jointly appointed as a result of existing agreement in relation to health and community care. That individual is employed by the Council but we have a clear responsibility for his position given he holds a joint post. The member of staff concerned has opted, along with colleagues from Glasgow City and East Renfrewshire Councils, to be included in the assessment process for senior posts in CHPs, which has now concluded. If that individual is successful in obtaining one of the posts within the new structures then there are no staffing issues in relation to this changed Scheme of Establishment for which the Board has responsibility.

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

Author: Catriona Renfrew, Director of Planning and Community Care

EAST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP
DRAFT SCHEME OF ESTABLISHMENT

1. INTRODUCTION

- 1.1. This draft Scheme of Establishment (SoE) has been prepared in terms of regulation 10 of the Community Health Partnerships (Scotland) Regulations 2004.
- 1.2. This proposal is presented by Greater Glasgow NHS Board and seeks approval to establish a Community Health Partnership (CHP) for the East Dunbartonshire area.
- 1.3. The SoE also seeks approval, under the terms of Regulations 3(4) and (5) of the said regulations, to vary the membership of the CHP Governing Committee as detailed later in Section 7.
- 1.4. An East Dunbartonshire Community Health and Social Care Partnership Steering Group was established in April 2004, with a wide range of representation from the main stakeholder organisations, including the key professional groupings. The steering group led the development process, however delegated the detailed work to other groupings within the existing partnership arrangements.
- 1.5. In developing these proposals the NHS Board sought to establish an integrated health and social care partnership for the area building on the pre-existing, well-established local joint arrangements. In particular, these included Joint Future arrangements in place to improve service outcomes for community care groups. Ultimately it was not possible to conclude a final agreement with the Council on a full range of social care services to be included within the remit and responsibility of the CHP hence this Scheme to establish an NHS CHP on the same basis as the CHP approved for the West Dunbartonshire Council area.
- 1.6. The draft scheme has been formally considered by Greater Glasgow NHS Board at its meeting of 26th July 2005.

2. FUNDAMENTALS

- 2.1. The proposed CHP will be called the East Dunbartonshire CHP and will cover the entire population living in the area defined by the local authority boundary of East Dunbartonshire Council. The total population of the Council area is 109,400. The main population centres included are; Bearsden, Milngavie, Bishopbriggs, Kirkintilloch and Lenzie, along with a collection of smaller more rural villages such as Milton of Campsie, Lennoxton and Twechar.
- 2.2. The CHP will encompass the existing Strathkelvin Local Health Care Cooperative (LHCC) with the Bearsden and Milngavie areas of the current Anniesland, Bearsden and Milngavie LHCC. The new CHP area will cover a total of 17 GP practices (11 from Strathkelvin and six

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from Bearsden and Milngavie) with a total practice population of some 100,087 (as at October 2004). The CHP area will also include 25 dental practices, 20 pharmacies and 15 opticians.

- 2.3. It is intended that community services will be delivered and managed, where practical to do so, in two sub localities within the CHP which reflect the different geographical and demographic issues between the Kirkintilloch/Bishopbriggs area and the Bearsden and Milngavie area. While these two sub localities have been identified, the CHP will seek to ensure that a strong area wide sense of consistency and equality will remain.
- 2.4. These current proposals will sit within the wider context of the NHS Board's wider responsibilities to the local Community Planning structure and have been identified within the recent review of the Community Planning arrangements for the area as a key vehicle in delivering the NHS contribution to health and wellbeing objectives within the Community Plan for the area.
- 2.5. The basis for the development of the new CHP is found primarily within existing joint and single agency plans and strategies such as the East Dunbartonshire Community Plan; the Joint Community Care Plan and the Extended Local Partnership Agreement for Community Care services; the Children's Services Plan; the pre-existing Primary Care Strategy for Greater Glasgow; and the existing LHCC Development Plans and Priorities as one way of trying ensure the continuation of engagement and involvement of primary care practitioners.
- 2.6. It is important to note that the proposed SoE brings together the detailed work at a high level. This document is supported by a number of more detailed papers on individual components. However it should also be observed that this reflects a position statement of work that has been completed to date, and recognises that significant work is required to develop the detail that underpins this proposal.
- 2.7. The purpose of the CHP is to:
 - manage local NHS services;
 - improve the health of its population and close the inequalities gap;
 - co-ordinate and articulate NHS inputs to the Community Planning process;
 - achieve better specialist health care for its population;
 - drive NHS community care and children's service planning processes.
 - lead NHS participation in local joint future and children's planning arrangements with East Dunbartonshire Council.
- 2.8. The CHP will be characterised by:
 - reduced bureaucracy and duplication;
 - modern community health services focused on natural localities;
 - integrated community and specialist health care through clinical and care networks;
 - an organisation, which supports achievement of service delivery, monitored through agreed performance management measures;
 - ensuring patients and a broad range of frontline health care professionals are fully involved in service delivery, design and decisions;
 - a central role in service redesign; and
 - a pivotal role in delivering health improvement.

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- 2.9. Initial priorities will include establishing the new working arrangements for the CHP, and ensuring the smooth transition from the current position. This is of particular importance in respect of existing clinical priorities of the LHCCs who will migrate to the new CHP. It is proposed that the new arrangements will deliver:
- better care pathways for patients, including the priority of integrating primary and acute care services;
 - a clear programme to tackle health inequalities and their root causes;
 - community participation;
 - achieving the gains for patients by delivering on the Performance Assessment Framework and Local Improvement Targets; and
 - bringing a substantial population focus to the work of the NHS in East Dunbartonshire.
- 2.10. A primary objective of the new organisation will be to develop a more consistent health service framework for the area covered by the CHP. In doing so the CHP will aim to develop best practice from both localities across East Dunbartonshire.

3. HEALTH IMPROVEMENT

- 3.1. We are constructing our CHP as a "health improving organisation", resourced and responsible for making a difference to the health of its population, and reducing health inequalities.
- 3.2. As part of the Community Planning arrangements in place in the East Dunbartonshire area, one of the themes of the CHP is Health Improvement and Community Planning Partners have established a Health Improvement Strategy Group with the responsibility to drive forward the broader health improvement agenda for the area.
- 3.3. It is proposed that the CHP:
- will lead the locally based health improvement effort, covering life circumstances and lifestyle action through the NHS;
 - will be developed with a strong public health focus embedded within the NHS and other partner agencies;
 - will be responsible for delivering the geographic health improvement and be monitored by GGNHSB Health Improvement PAF;
 - will appoint a lead for Health Improvement who will have responsibility for leading health improvement within the CHP, and who will direct the collective effort to focus on reducing health inequalities and the root causes;
 - the lead for Health Improvement will ensure that health improvement is a strategic priority for the CHP and permeates throughout the organisation will have a dedicated health improvement workforce bringing a range of dedicated health improvement posts and networks together from the LHCCs, health promotion and complemented with other jointly funded health improvement posts;
 - the workforce will also support the public health orientation and activity of a wide range of staff with a partial remit for health improvement;
 - all the dedicated health improvement workforce will have core skills and competences in line with "Skills for Health" and more senior post advanced skills;

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- will produce an annual health improvement and inequalities plan deliver and contribute to the Regeneration Outcome Agreement, national health and closing “The Opportunity Gap” priorities but also reflecting on local circumstances;
- reinforce its Management Team’s responsibility for health improvement in their area, supported by the dedicated workforce. This connection of service delivery and health improvement will drive a focus on addressing inequalities by targeting resources and services. In addition, service delivery will reflect the imperatives of health improvement as an important and shared priority; and
- will contract and commission with the voluntary sector providers and other groups and agencies for health improvement activity.

- 3.4. All of the 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 towards those objectives.
- 3.5. In addition, service delivery will reflect the imperatives of health improvement. Rather than prevention and inequalities being squeezed out by the immediacies of health and social care delivery we intend to see service delivery driven by the priority to prevent ill health and improve health. The wider reorganisation of the NHS in Greater Glasgow will enable the CHP to have a wide range of further specialist support for their work.
- 3.6. We do however see an obvious link between the need to improve overall the ‘health’ of the population that is served by the CHP and the desire to ensure that the services that are delivered by, through and on behalf of the new CHP, are subject to continuous improvement. This, along with the identification of the need for the development of new and different services, will be a priority for the CHP.

4. IMPROVING SERVICE QUALITY

- 4.1. Delivering improved services for the population is a fundamental objective of the CHP. In developing these proposals the NHS Board has identified a number of areas where the new CHP will provide an opportunity to further improve performance:
- build on chronic disease management activities through the inclusive approach of Managed Clinical and Care Networks;
 - strengthen clinical integration and professional involvement;
 - resource professional, clinical, management and practitioner time to engage in service redesign, consultation and planning;
 - develop a clear action plan for clinical service integration;
 - develop networks between primary, secondary care where appropriate; and
 - develop mechanisms for the scrutiny, regulation and performance monitoring of service quality.
- 4.2. A critical factor to the success of the CHP will be the extent to which it is able to deliver improvements around the primary/secondary care interface. There is recognition that the CHP will need to work along side adjoining CHPs who share access to the same secondary services. Similarly the CHP will need to be involved in the development of the wider network of services for particular specialities. It is expected that the Professional Executive Group will have a lead role in ensuring that these relationships are established and maintained. There is

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also a recognition that the PEG will be working to deliver improvements around the primary secondary care interface.

- 4.3. The CHP will be the main focus for agreed aspects of service integration within East Dunbartonshire linking closely to the range of joint planning and community planning structures. There will be particular emphasis on closing the health gap whilst tackling local health priorities and delivering improvements particularly in relation to the management of chronic diseases.

5. SERVICES MANAGED

- 5.1. Our proposal is that the CHP will manage the following NHS Services and functions

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

- 5.2. It is also proposed, given the importance of the CHP health improvement role, that Public Health Practitioners; geographically based Health Promotion staff and related budgets will be directly managed by the CHP.

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

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

This will be detailed within the CHP Development Plan.

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

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

6. LINKS TO SPECIALIST AND NON LOCAL SERVICES

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

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

The CHP will develop effective working relationship with acute specialist services in Greater Glasgow. The main tasks for the CHP and acute specialist services together is to:

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

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

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

6.3. Rehabilitation Services outwith the Local Area

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

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.

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

Local mental health services for adults and older people will be managed by the Partnership within the context of the wider Mental Health Partnership for whole Greater Glasgow area. The detailed accountability and governance arrangements for these services will be specified in conjunction with the other Partnerships across the Greater Glasgow area and will include the operational arrangements and linkages to in-patient services and specialist area wide resources that are provided and delivered by the broader Mental Health Partnership.

7. GOVERNANCE ARRANGEMENTS AND RELATIONSHIPS

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

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

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

7.3. CHP Committee

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

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

- two Non Executive members of NHSGG Board;
- the East Dunbartonshire Councillor on the NHS Board;
- four representatives from the Professional Executive Group;
- one representative from the Staff Partnership Forum; and
- two representatives from the Public Partnership Forum.
- Director of the CHP

The detail of appointment arrangements will need to be determined by the NHS Board. The Chair will be an NHS Board Non Executive member.

The purpose of the Committee will be to set and monitor budgets within the allocations made by the NHS Boards and to take a strategic overview of the CHPs activities, priorities and

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objectives. The Committee will also hold to account the management team for the delivery of the CHP's Annual Plan, which that team should develop, in partnership with the Professional Executive Group. The Committee will not make operational decisions or micro manage the CHP's day today activities.

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

- community care;
- children's services;
- health improvement and inequalities;
- community services

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

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

7.4. Professional Executive Group (PEG)

The PEG is linked with the CHP Committee (see para 7.5) and an integral part of the CHP management arrangements. It ensures much wider professional representation than can be achieved by Committee membership alone. The PEG will have clear responsibilities to lead service redesign, planning and prioritisation. Initial priorities for the PEG may include key roles in:

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

Its members should include all the professions covered by the CHP, and clinical input from specialist divisions including acute services, child health and mental health. In addition to the

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PEG we also see the need for clinical input across a wide spectrum of individual service, care group and team development programmes. The PEG will be the overarching professional grouping for the CHP, however, even at this stage it is clear that sub-groups will be established to lead on specific agenda items (see Section 11 clinical and professional governance).

The PEG representatives on the CHP Committee will be nominated by members of the Group. The Group will be chaired by one of the 4 PEG representatives who sit on the CHP Committee.

7.5. Wider Stakeholder Involvement

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

7.6. Public Partnership Forum

The recent publication of draft circular guidance on the establishment of Public Partnership Fora (PPF) has been welcomed locally. This has been viewed as a sensible way forward in drawing together the range of existing groups/processes/arrangements that are already in place and operational.

Local NHS services already have in place a variety of mechanisms that appropriately involve patients, service users and their families and carers, the voluntary sector, and the wider general public in the planning and delivery of local Health services. Currently, all the local planning process either have or are working towards having Service Users, Carers and the Voluntary Sector represented and/or involved directly in activities. In addition, the two existing LHCCs, which will evolve into the new CHP, also have arrangements in place that comply with the current requirements of both the PFPI (Public Focus & Patient Involvement) agenda in the NHS, and with the performance assessment requirements of LHCCs more specifically. We welcome the emphasis in the new guidance that current arrangements should be built upon and supported, rather than seeking to start from first principles with entirely new arrangements for the new CHP.

However, the NHS is committed to ensuring that these vital stakeholders are able to play a full part in both establishing the new arrangements and thereafter are supported to take their place in all aspects of the work of the CHP – including ensuring that the Voluntary Sector, Service Users and their Carers can participate as full members of the CHP Committee.

The PPF will provide the formal component of voluntary sector and community engagement within the CHP, but it is only one component of delivering the vision for CHP to be an:

“ . . . Inclusive organisation whose processes for strategic and service development engage stakeholders, users and communities throughout, in accordance with the Community Planning Standards. That 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.”

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The corporate management of community engagement and the PPF will be managed **by the senior officer who has responsibility for health improvement and planning.**

The virtual PPF network will come together formally through a PPF Executive Group which will be a mix of representation from across the CHP area from recognised local engagement processes and self selected membership. The PPF Executive Group will elect annually representatives for the CHP Committee.

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

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

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

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

7.7. Staff Partnership Forum

The CHP will provide an opportunity to build on successful partnership working locally and evolve existing arrangements to support and engage frontline staff. The East Dunbartonshire Joint Trade Union Partnership Forum was established in 2002 to support the implementation of the Joint Future agenda within East Dunbartonshire. This forum has an agreed constitution

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and has proved to be a successful vehicle in delivering the Human Resource and wider Organisational Development aspects of the Joint Future agenda. It is expected that this forum will be extended to cover the wider aspects of the CHP development.

A formal review of the existing constitution is being undertaken and this review will also detail the accountability of the staff side Joint Chair of the Partnership Forum who will sit as a member of the CHP Committee.

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

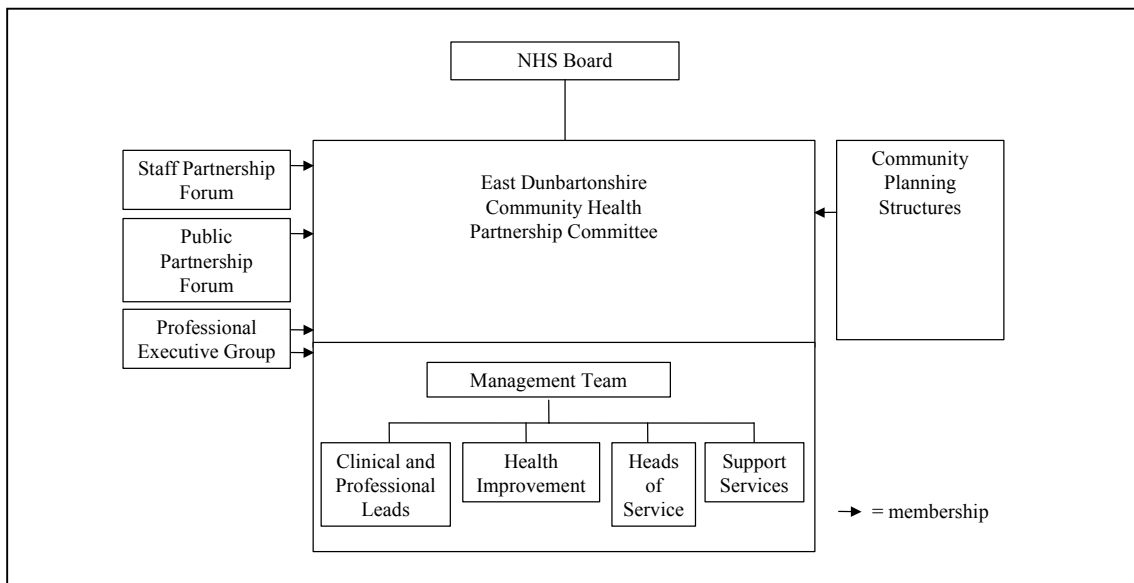
Staff Governance is a statutory requirement on NHS Boards. Arrangements for the Staff Partnership Forum and for the way in which Staff Governance Standards for NHS employees will be applied within the CHP is subject to a minute of agreement between NHS Greater Glasgow and its recognised Trade Unions.

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

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

7.8. Governance Summary

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



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8. MANAGEMENT TEAM

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

- a single CHP Director;
- managers of CHP wide services including – mental health, older peoples/physical disability services, addictions and learning disability;
- managers of locality services including general medical, dental and pharmaceutical services, and community health services;
- management of a range of CHP teams and services delivering planning, health improvement and other support functions.

9. PLANNING AND DEVELOPMENT

9.1. The CHP will be responsible for the planning and development of the services it directly manages and will participate in the development of the full range of services to its population. This will require the CHP to engage with associated, wider planning structures such as corporate planning, neighbouring CHP planning arrangements (in particular, where a relevant hosting arrangement exists); Children's Services Planning; NHSGG Acute Services Planning; Managed Clinical Networks and NHS Regional Planning.

9.2. Influence on wider service structures will ensure that specialist and non-local services and wider service planning and resource allocation activity are directly influenced by the CHP. The CHP will be formally represented on a number of planning and management groups outside its local area, including:

- NHSGG Acute Division;
- NHS GG Board;
- Older People's and other Rehabilitation Services;
- Mental Health Services; and
- other Partnership Arrangements.

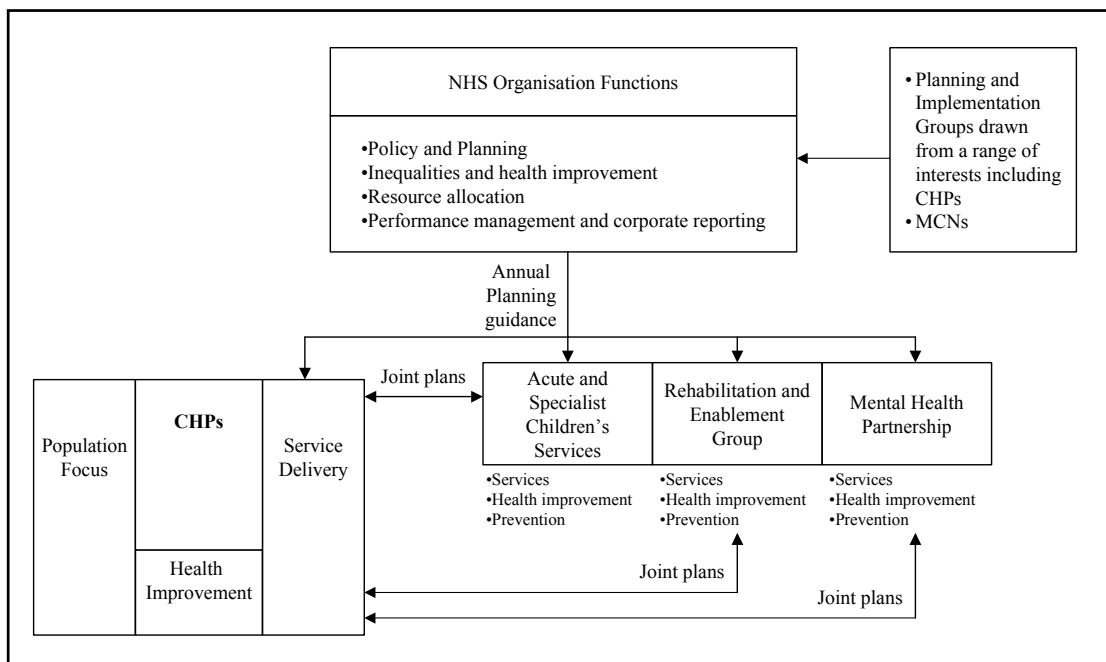
9.3. Additionally, the CHP will have direct influence on relevant local decision-making bodies that can have an indirect impact on population health.

9.4. The CHP planning and policy structures may include increasing opportunities to engage with key Local Authority departments, such as social work, education, leisure and housing as well as local housing associations and the voluntary sector.

9.5. The CHP will endeavour to engage with existing networks, structures and planning arrangements of other key agencies and sectors, rather than setting up new fora or working groups.

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- 9.6. Within the planning framework established by GGNHS Board, the CHP will produce a three-year plan for the range of its responsibilities including resources, service delivery, health improvement and tackling inequalities.
- 9.7. GGNHSB will ensure that the planning support and structure required is in place to ensure the CHP can deliver across this broad range of planning activity. This will require both a planning capacity within the CHP but also access to a range of specialist resources as required:
- joint plans that cover shared care groups;
 - chronic disease;
 - demand management;
 - access issues;
 - service redesign and improvement;
 - Managed Clinical / Care Networks; and
 - performance management framework.
- 9.8. The planning network can be demonstrated diagrammatically.



10. RELATIONSHIPS WITH THE LOCAL AUTHORITY

- 10.1. As a consequence of the Local Government in Scotland Act (2003) there is a duty placed on the Local Authority to lead on Community Planning, in partnership with NHS Boards, Local Statutory Enterprise Agencies, Police Boards, Joint Fire Brigade Boards and Transport Authorities.
- 10.2. One of the many outcomes of this process is that the Community Planning partners produced a Community Plan and Regeneration Outcome Agreement (ROA).

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- 10.3. The ROA will provide a single strategic framework, which links national and local priorities with spending and activities on the ground. Health improvement is a key aim of the Regeneration Outcome Agreement, and will be delivered through meeting the aims of the Joint Health Improvement Plan.
- 10.4. The CHP will represent NHS Greater Glasgow within the Community Planning arrangements and will be responsible for NHS commitments for the Community Plan and ROA. The CHP will have a significant role to play within wider Community Planning arrangements, in order to tackle priority issues of health inequality. This role will include:
- full member of the Community Planning Board and therefore influencing the development and prioritisation of the Community Plan;
 - full engagement with partner agencies in developing the physical, socio-economic development programmes; and
 - contributing to the Regeneration Outcome Agreement process.
- 10.5. The further development of Integrated Community Schools, Community Learning and Development Plans, Local Economic Plans, Local Housing Plans, Transport Plans, The East Dunbartonshire Regeneration Outcome Agreement, and the development of Children's Service Plans will be core to the business of the CHP's engagement with Community Planning. These areas of work present opportunities to influence the provision of health and social care and the wider health improvement agenda.
- 10.6. The PPF presents an opportunity to develop a public involvement vehicle which will complement and integrate public participation within the CHP and Community Planning, taking a tangible and active role in informing the strategic planning process; assisting the local implementation plan and taking part in any accountability review process, for example a best value audit of Community Planning:
- engagement of the CHP in community planning locally;
 - Recognition of and adherence to the statutory guidance on both Community Planning and CHPs;
 - Recognition of the lead role of the Local Authority in Community Planning; and
 - Clarity on the role the CHP is to have in relation to Community Planning and how in turn that may impact on the NHS Board's role in relation to Community Planning.

10.7. Joint Future

The CHP will work actively with the local authority to deliver on the expectations and requirements that have been set out by the Scottish executive in respect of the Joint Future agenda. This will include continued development of both strategic and operational responses that ensures that both organisations meet their respective obligations.

The structures and processes for joint planning will be reviewed with the Council. The CHP will carry the lead NHS responsibility for this area of activity.

The CHP will lead the health input to local joint future arrangements including building on work already completed in relation to:

- align budgets for;
- delivering integrated management arrangements;

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- achieving aligned service and resource planning cycles; and
- Joint planning arrangements across the whole range of community care activity.

The new CHP will be well placed to deliver on the four national outcomes for Joint Future:

- supporting more people at home, as an alternative to residential and nursing care;
- assisting people to lead independent lives through reducing inappropriate admission to hospital, reducing time spent inappropriately in hospital and enabling supported and faster discharge from hospital;
- ensuring people receive an improved quality of care through faster access to services and better quality services; and
- better involvement and support of carers.

10.8. Children's Service

In East Dunbartonshire the Children's Services Core Group is responsible for the continuing development and review of the Joint Children's Services Plan and the 'Better Integration of Children's Services' agenda. The CHP will be the primary health service partner in these joint arrangements.

The CHP will provide the NHS lead to develop local solutions to the five key priorities of the Children and Young people Cabinet Delivery Group:

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

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

11. **CLINICAL AND PROFESSIONAL GOVERNANCE**

- 11.1. The clinical and professional governance framework will build on the existing clinical governance arrangements, which have developed in both pre-existing LHCCs and across the NHS more generally.
- 11.2. A clinical governance lead clinician will be appointed and be accountable to the Director of the CHP. The PEG will establish a clinical and professional governance sub-group that will be responsible for planning and overseeing the implementation of clinical governance throughout the CHP.
- 11.3. The Clinical and Professional Governance sub group of the PEG will take a lead role in ensuring that:

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

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- 11.9. The funding that currently is available through the management allowances to LHCCs will be included within the budget for the new CHP. This funding will, therefore, be available to the CHP to support these developments.

12. BUILDING WORKFORCE CAPACITY

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

13. DEVOLVED FINANCIAL RESPONSIBILITIES

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

- aligned Budget and Joint Accountability;
- detailed financial arrangements – to include agenda implementation;
- financial management; risk management; governance, internal control and audit arrangements; personnel and training arrangements;
- detailed financial protocols - to include resource allocation; financial monitoring and control;
- strategic financial envelope - to include planning assumptions; service baselines; financial envelopes;

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- operational financial budgets - to include budget assumptions; budgets and sources identified for inclusion; operational budgets; operational budget within strategic financial envelope; and
- medium term financial planning - to include financial implications of joint development priorities and targets; 3 year financial plan.

- 13.2. The CHP will be allocated funding on an agreed basis for the defined range of functions and services by NHS Greater Glasgow. Budget allocations will be based on synchronised planning processes and a transparent approach to addressing identified pressures and issues. The CHP Committee will set budgets for its activities within the overall budget.
- 13.3. Detailed financial delegation and monitoring arrangements will be developed. This will include regular reporting into NHS Greater Glasgow, and where joint, into Local Authority financial systems.
- 13.4. The CHP Director will be responsible for remaining within the allocated budget and accounting to the NHS Chief Executive for financial probity and performance.
- 13.5. Indicative operating baseline budgets for the CHP have been agreed equating to £46.5m. However, work is still ongoing to establish full allocations for a number of services that are currently delivered by system wide arrangements. It is expected that the final budget will be in excess of this number.
- 13.6. The CHP will also be responsible for £7.75m of resource transfer (included above) funding to East Dunbartonshire Council to provide community care services within the CHP area.

14. SUPPORT SERVICES

- 14.1. The CHP is committed to devolving support services to the CHP, in particular, arrangements will be further developed around:
- financial management;
 - service planning and performance management
 - human resources and organisational development;
 - IT and facilities management;
 - estates.

INDICATIVE CHP BUDGET - EAST DUNBARTONSHIRE CHP

NHS Services	£m
Community Services	5.0
Prescribing	15.3
GMS Contract	9.6
Pharmacy	2.1
Optometry	0.9
Dental	4.3
Mental Health	1.5
Misc Others	TBC
Resource Transfer	7.75
Total	46.45

EAST DUNBARTONSHIRE COMMUNITY HEALTH PARTNERSHIP

NHS Greater Glasgow submitted a Scheme of Establishment for an integrated CHP, approved by the NHS Board and the full East Dunbartonshire Council covering all local health and social care services.

For a range of reasons - including the Council's own reorganisation, driven by their financial settlement and the drive for more efficient government, we have not been able to reach agreement with the Council to move forward to establish the CHP including children and families social work services. Those services and related structural arrangements were a core and critical part of the agreed Scheme of Establishment reflecting the Board's policy framework that the fully integrated CHP model would include a proper balance of NHS and Local Authority services.

We have therefore had no option but to withdraw the Scheme of Establishment and put in place a process to develop an NHS only Scheme for which we will seek Board approval on 26th July.

This approach enables us to proceed to appoint a management team designate for the CHP in line with the arrangements for the rest of our reorganisation. We will be discussing with the Council the process and timing to move from the present interim management arrangements, as soon as possible. For the present those will remain in play.

We are very disappointed not to be able to proceed as planned with the model of CHP which we believe offers the best opportunity to improve health and service delivery.

We want to continue to work with the Council in a productive way on all services.

This communication is intended to end uncertainty for staff and offer a clear way forward. Please contact us if you have any concerns or queries.

Catriona Renfrew
Director of Planning and Community Care

Roslyn Crocket
Acting Chief Executive - Primary Care Division