

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 24th October 2006

Board Paper No. 2006/60

Director of Corporate Planning and Policy

INVERCLYDE COMMUNITY HEALTH PARTNERSHIP - DRAFT SCHEME OF ESTABLISHMENT

Recommendation:

The Board is asked to:

- approve the proposed Scheme of Establishment for the Inverclyde Community Health Partnership (covering the Inverclyde Council area);
- note the next steps in developing the Community Health Partnership.

A. BACKGROUND AND PURPOSE

- 1.1 Attachment 1 to this paper is the Draft Scheme of Establishment for a Community Health Partnership (CHP) covering the Inverclyde Council area. The proposed CHP brings into a single authority-wide structure, the responsibilities for management of local health services and health improvement. The Scheme is similar to those covering East and West Dunbartonshire Council areas.
- 1.2 At this point Inverclyde Council do not wish to pursue the Board's preferred model of a fully integrated CHP, but the establishment of a coterminous CHP responsible for the coordination and management of health services and responsibilities to a single population provides a basis to build and strengthen existing joint working arrangements.
- 1.3 The Scheme has been developed through an inclusive local process building on the previous development work by Argyll and Clyde NHS Board. Inverclyde Council have made proposals for a more extensive Local Authority role, although within an NHS only CHP. Our appraisal is that the Scheme as proposed provides a platform for rapid evolution as more substantial local relationships are developed.

B. NEXT STEPS

- 2.1 Further to the Board's approval, the Scheme will be submitted to the Scottish Executive and recruitment for a Director will commence as soon as possible.

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

Author: Catriona Renfrew, Director of Corporate Planning and Policy

INVERCLYDE COMMUNITY HEALTH PARTNERSHIP SCHEME OF ESTABLISHMENT

1. INTRODUCTION

- 1.1 This Scheme of Establishment (SoE) has been prepared in terms of regulation 10 of the Community Health Partnerships (Scotland) Regulations 2004.
- 1.2 Under section 4A (2) and 4 of the Act, Community Health Partnerships (CHPs) must be established as committees or sub-committees of NHS Boards unless the area or district of a CHP will include all or part of the area of two or more NHS Boards. This document proposes a single CHP for the Inverclyde Council area that will be a Committee of Greater Glasgow and Clyde NHS Board.
- 1.3 The Scheme of Establishment also seeks approval, under the terms of Regulations 3(4) and (5) of the said regulations, to vary the membership of the Partnership Governing Committee as detailed later in Section 7.
- 1.4 The development of the Scheme has been a short but inclusive process building on the work previously undertaken by Argyll and Clyde NHS Board. An Inverclyde CHP Steering Group was established in August 2006, with a range of representation from the main stakeholder organisations, including key local professionals and Local Authority representation. The scheme is consistent with already approved NHS Greater Glasgow and Clyde CHPs.
- 1.5 In developing these proposals we are aiming to build on the existing local joint arrangements. In particular, Joint Future arrangements are in place to improve service outcomes for community care groups; children's services planning arrangements and joint organisational arrangements through the Inverclyde Alliance (Inverclyde's Community Planning Partnership) and Inverclyde Joint Care Board.
- 1.6 The scheme has been formally considered by Greater Glasgow and Clyde NHS Board at its meeting of 24th October 2006.

2. FUNDAMENTALS

- 2.1 The proposed CHP will be called the Inverclyde Community Health Partnership (CHP) and will cover the entire population living in the area defined by the local authority boundary of Inverclyde Council. Its planning and development processes will take account of the diversity of local communities within the catchment, including contrasting levels of social and economic deprivation, and the overall need to improve the population health in Inverclyde
- 2.2 The proposed boundary of the CHP will be coterminous with the boundaries of Inverclyde Council. Inverclyde's population is concentrated in the three main coastal towns of Greenock, Gourock and Port Glasgow with smaller towns including Inverkip and Wemyss Bay. Inland the villages of Kilmacolm and Quarriers Village also fall within the Inverclyde district. The total population of the Council area is 84,200.

DRAFT

- 2.3 The CHP will build on the steady progress of service development within primary care and community services and strengthen and aim to further develop the joint working arrangements with the Local Authority. The basis for continued joint working is found primarily within existing joint plans and strategies such as the Inverclyde Community Plan; the Joint Community Care Plan and the Extended Local Partnership Agreement for Community Care Services and the Integrated Children's Services Plan.
- 2.4 An Inverclyde CHP offers opportunities for a community based organisation of significant scale to have influence over the provision of acute services and the establishment of a single entity to engage in local joint planning arrangements for community care, children's services and community planning. Opportunities to realign service management and planning capacity and to develop best practice for the benefit of the local population will be explored.
- 2.5 The new Partnership will include a total of 16 GP Practices, 14 dental practices, 19 pharmacies and 10 opticians.
- 2.6 The purpose of the CHP is to:
- manage local NHS services;
 - improve the health of its population and close the inequalities gap;
 - coordinate and articulate NHS inputs to the community planning process;
 - achieve better specialist health care for its population;
 - drive NHS contributions to children's service planning processes, including leading NHS participation in children's planning arrangements with Inverclyde Council;
 - lead NHS participation in local Joint Future and community planning arrangements with Inverclyde Council.
- 2.7 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;
 - a pivotal role in delivering health improvement.
- 2.8 As outlined above the CHP affords the opportunity to plan and manage the provision of health services for the population of Inverclyde within a local health organisation. The initial challenge will be to maximise the opportunity offered by the authority wide CHP. Initial priorities will include establishing the new working arrangements for the CHP and ensuring the smooth transition from the current position:
- 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;
- bringing a substantial population focus to the work of the whole of the NHS in Inverclyde.

2.9 A primary objective of the new organisation will be to develop a more consistent health service framework for the area covered by the CHP, reflecting the wider context of Greater Glasgow and Clyde.

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 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 NHS Board's health improvement JPIAF;
- 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. The CHP will have a dedicated health improvement workforce bringing a range of health improvement posts and networks together. These will complement jointly funded health improvement posts;
- the workforce will also support the public health orientation and activity of a wide range of staff with a partial remit for health improvement;
- all the dedicated health improvement workforce will have core skills and competences in line with "Skills for Health" and more senior post advanced skills;
- will produce a health improvement and inequalities plan deliver and contribute to the Regeneration Outcome Agreement (ROA), national health and closing "The Opportunity Gap" priorities but also reflecting on local circumstances;
- will 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;
- will contract and commission with the voluntary sector providers and other groups and agencies for health improvement activity.

3.3 Inverclyde Alliance is the local community planning forum in which the NHS participates and contributes to influence and support the local health improvement

effort. This to date, has been mainly through the development of the local Joint Health Improvement Plan (JHIP). The work being taken forward through this mechanism is key in terms of reducing health inequalities across Inverclyde.

3.4 Three overarching priorities have been agreed for Inverclyde as follows:

- to improve the health of people in Inverclyde and reduce the gap between those who experience good health and those who have poorer health (increasing the rate of improvement for the most deprived communities by 15%);
- to promote positive mental health and well being and raise awareness of mental health issues;
- to put in place effective prevention and support for people affected by alcohol.

3.5 To complement the JHIP, a draft action plan is currently being developed locally, which adopts the same three priorities as the JHIP. This plan focuses on:

- taking action to reduce health inequalities;
- prioritising health improvement;
- planning for health improvement;
- strengthening partnership working;
- building capacity and resources for health improvement.

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;
- 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 specialties. It is expected that the Professional Executive Group (PEG) will have a lead role in ensuring that these relationships are established and maintained. There is also a recognition that the PEG will be working to deliver improvements around the primary/secondary care interface, not only on a locality basis, but within the wider NHS Greater Glasgow and Clyde system.

- 4.3 The CHP will work with Inverclyde Council operating within a range of established joint structures. Inverclyde Alliance, Health and Wellbeing Thematic Group offers the opportunity to further align activities to close the health inequalities gap whilst tackling local health priorities and delivering improvements particularly in relation to access to service and the management of chronic diseases.

5. SERVICES MANAGED

- 5.1 The services that will be directly managed by the CHP reflect the significance for service delivery within the “single system” responses to Partnership for Care. The NHS Greater Glasgow delegation of services to be managed reflects the service framework previously delivered by Inverclyde Primary Care Division.
- 5.2 The following range of services will be delegated:
- Community Nurses;
 - Health Visitors;
 - relationships with primary care contractors;
 - local older people’s and physical disability services;
 - mainstream school nursing;
 - Chronic Disease Management programme and staff;
 - Oral Health Action Teams;
 - Allied Health Professionals;
 - community based palliative care services;
 - Community Learning Disability Team.
- 5.3 Mental health and addictions services will be managed by general managers working between the Mental Health Partnership and the CHP in the short term. Arrangements to allow the CHP to assume responsibility for the management of the NHS element of local community mental health services will be developed and implemented during early 2007.
- 5.4 The NHS Board has agreed a process of redesign of children’s services in Inverclyde. As part of this process, there will be developments in community based children’s services. It is anticipated that these community based services will be managed by Inverclyde CHP.
- 5.5 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.
- 5.6 It is further proposed that consideration be given to new approaches to involving primary care in the demand management and delivery of investigations conducted by secondary care. In conjunction with secondary care services there will be a sharing of responsibility through delegation to the CHP for aspects of laboratory and imaging functions. Prescribing budgets will be progressively devolved to the CHP with appropriate development of competency and management of shared risk across the respective NHS systems. It is recognised that year one will be a time of transition and change for the CHP and the wider NHS systems. However, there is the expectation

DRAFT

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.

5.7 This will be detailed within the CHP Development Plan.

5.8 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;

5.9 Hosting

5.10 It is not proposed from the outset that the Inverclyde CHP will host any services for any other CHP area, although it should be noted that a range of other community based services are managed for the population of Inverclyde by other CH(C)Ps.

5.11 In particular West Glasgow CHCP manages the local provision of sexual health services, across Greater Glasgow and Clyde as well as providing a single system wide service for primary care support services.

5.12 In addition Renfrewshire CHP currently hosts the management of specialist health services for Children provided from Larkfield Child and Family Centre at Inverclyde Royal Hospital.

6. LINKS TO SPECIALIST AND NON LOCAL SERVICES

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

6.2 Acute Specialist Providers (including Children's Services)

6.3 The CHP will develop effective working relationship with acute specialist services in Greater Glasgow and Clyde. 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;
- manage local performance.

6.4 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;
- creating a strong geographic focus within health systems will ensure direct senior management connection across CHP and specialist provider management structures.

6.5 Rehabilitation Services:

6.6 Shifting the balance of care to community based services requires effective links with the Greater Glasgow Rehabilitation and Assessment Directorate and with local forums such as the local Older People's Development Group. The CHP will work with appropriate groups to progress the development of frameworks for anticipatory/integrated/ intermediate care.

6.7 Mental Health Services

6.8 We intend to build on our established platform of integrated NHS and social care community mental health services resulting in the integration of primary and secondary mental health care (see paragraph 5.2).

6.9 The CHP will have direct representation in the Greater Glasgow and Clyde wide Mental Health Partnership. The core functions of which are to:

- to manage the strategic direction of Greater Glasgow and Clyde wide services in partnership with CHPs;
- to ensure a whole system approach to the planning and delivery of mental health services;
- to ensure clear and consistent implementation of performance management arrangements, reflecting all aspects of health and Local Authority governance requirements including areas of joint governance;
- to provide effective managerial and professional leadership at all levels of the Partnership;
- to provide robust and safe arrangements for the management of mental health services with particular focus on balancing the risk to individuals to that of the community;
- to lead the development of health improvement and prevention strategies for mental health and well being in partnership with CHPs.

6.10 The joint mental health team will report as part of the Joint Future arrangements, via the CHP to Inverclyde Joint Care Board. The core functions of the Joint Care Board in relation to mental health services are:

- providing the structure to support the continued development of joint services managed locally by a single manager on behalf of both the local authority and NHS;

- the strategic and operational development of joint adult and older persons mental health services within Inverclyde, in partnership with the CHP and the Mental Health Partnership;
- ensuring the continued integration of joint service processes, user consultation and performance management under the current Joint Future arrangements;
- ensuring the coordination of statutory health and social care mental health services with other Local Authority and voluntary sector services across the mental health system in Inverclyde.

6.11 The CHP will also participate within the existing Inverclyde Mental Health Development Group, although it is envisaged that the role and function of this group will be subject to early review along with all other elements of the joint future planning processes as detailed at paragraph 10.13 below.

7. GOVERNANCE ARRANGEMENTS AND RELATIONSHIPS

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

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

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

7.3 Community Health Partnership Committee

7.4 The new CHP governing Committee is established as a formal sub-committee of the NHS Board to emphasise the status and significance that the CHP will have within the overall NHS system. Formal accountability for an agreed range of functions will rest with the CHP Committee which will in turn report to the Greater Glasgow and Clyde NHS Board.

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

- two Non Executive members of NHS GG & C Board;
- one Local Authority nominated member;
- four representatives from the Professional Executive Group (including clinical lead);
- one representative from the Staff Partnership Forum;
- two representatives from the Public Partnership Forum including one from voluntary sector.
- the Director of the CHP

DRAFT

- 7.6 The Chair will be a Non Executive Member on the NHS Board.
- 7.7 The purpose of the Committee will be to set and monitor budgets within the allocations made by the NHS Board and to take a strategic overview of the Partnerships activities, priorities and objectives. The Committee will also hold to account the management team for the delivery of the Partnership's Annual Plan, which that team should develop, in partnership with the Professional Executive Group. The Committee will not make operational decisions or micro manage the Partnership's day today activities.
- 7.8 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 NHS responsibilities:
- community care;
 - children's services;
 - health improvement and inequalities;
 - community or neighbourhood services.
- 7.9 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 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;
 - work effectively with other local functions such as Local Authority social work, other community care providers, housing, education and culture and leisure services.
- 7.10 Professional Executive Group (PEG)
- 7.11 The PEG is linked with the CHP Committee (see above membership) and an integral part of the CHP management arrangements. It ensures much wider professional representation than can be achieved by Committee membership alone. The PEG will have clear responsibilities to lead service redesign, planning and prioritisation. Initial priorities for the PEG will include key roles in:
- service redesign and clinical developments;
 - contributing to service planning and prioritisation;
 - engagement with secondary care;

- clinical governance;
- organisational development; and
- communication and consultation issues.

7.12 Its members should include all the professions covered by the CHP, and clinical input from specialist divisions including acute services, child health and mental health. In addition to the PEG we also see the need for clinical input across a wide spectrum of individual service, care group and team development programmes. The PEG will be the overarching professional grouping for the CHP, however it is clear that sub-groups will be established to cover specific issues.

7.13 The PEG representatives on the CHP Committee will be nominated by members of the Group. The Group will be chaired by the Clinical Director for the CHP.

7.14 Wider Stakeholder Involvement

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

7.16 Public Partnership Forum

7.17 The CHP is committed to ensuring meaningful and supported public participation in the activities of the proposed Partnership. The development of the PPF is as an important opportunity to ensure that patients, carers and voluntary sector partners influence the development of services and the wider CHP agenda. A range of people have been involved in developing the PPF in Inverclyde and broad agreement has been reached to develop a number of requirements.

7.18 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, community councils, citizen's panels and Community Care Stakeholder network;
- 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 Committee;
- where possible we would look to use the PPF and developing community participation mechanisms to mirror those within the Community Planning process;
- we would look to use a number of identified support mechanisms and resources in the development of the PPF.

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

7.20 Working in Partnership with the Voluntary Sector

7.21 The CHP recognises the valuable contribution made to community health services from the voluntary sector in Inverclyde. 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.

7.22 With the development of the CHP, it has been acknowledged that there will be a key role for the voluntary sector in providing services, and also working with the PPF to support the evaluation of local engagement and responsive service delivery.

7.23 Staff Partnership Forum

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

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

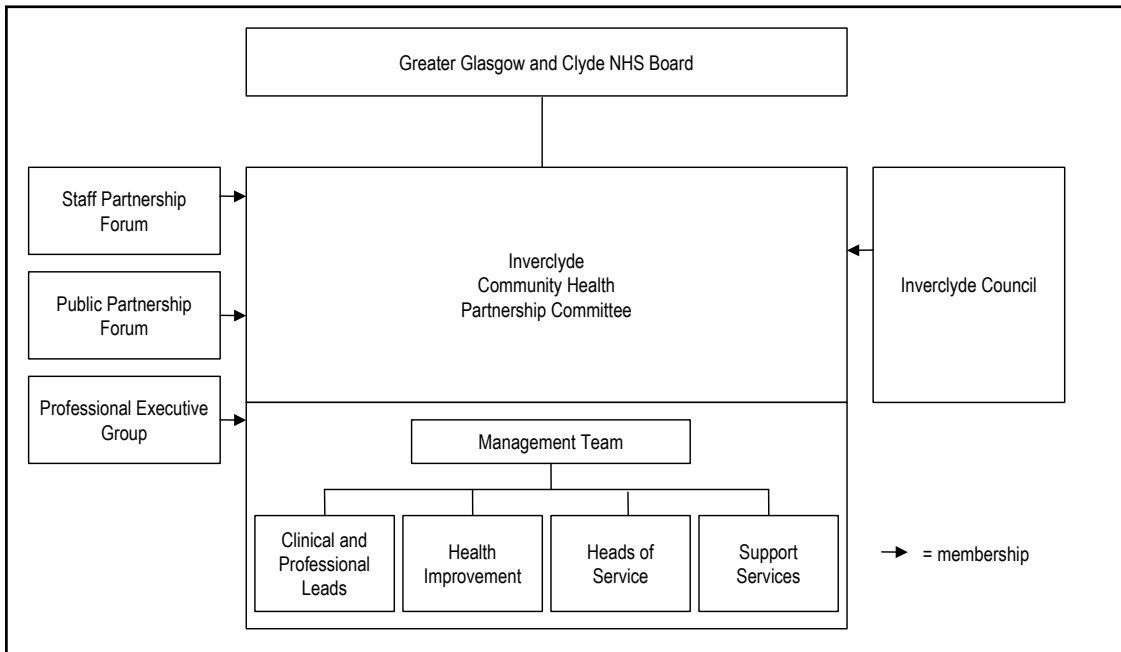
7.26 A key priority for the CHP will be to establish a partnership working approach with staff and develop formal links with existing partnership arrangements. Further work will take place to ensure local arrangements are in place to connect to both NHS system wide fora.

7.27 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.

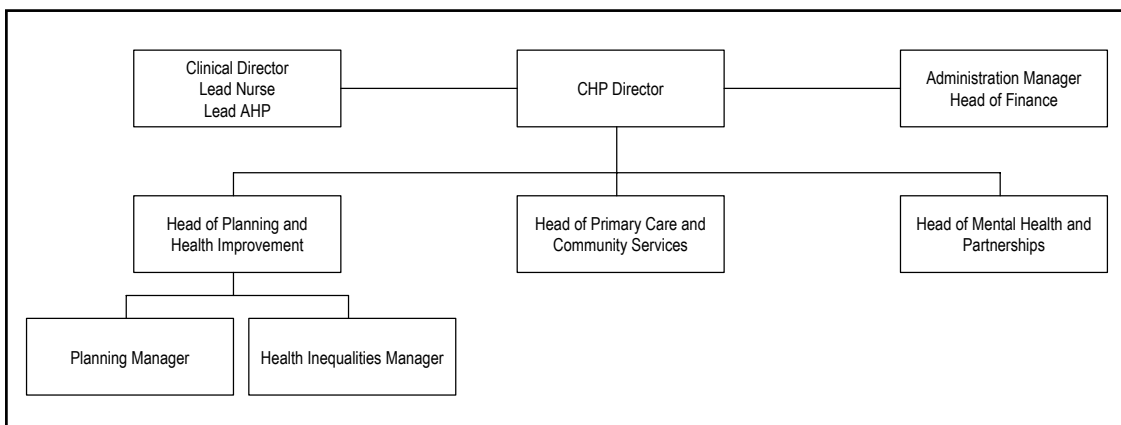
7.28 Governance Summary

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



8. **GOVERNANCE ARRANGEMENTS AND RELATIONSHIPS**

8.1 The management team reflects the agreed range of services delegated to the Partnership and a need to establish strong managerial and clinical leadership across the CHP area. Over time these arrangements will be revised to reflect the development of more CHP wide service arrangements. The top-level structure is:



8.2 The CHP will be managed by a Director accountable to the NHS Board Chief Executive.

8.3 The Director will lead the management team. The remit of the management team will be to:

- support the CHP Committee to fulfil its agenda;
- manage services delegated to the CHP, wider health improvement responsibilities and coordinate the implementation and development of integrated services;
- enable the engagement of all stakeholders;
- advise and support the Board, the PEG, the PPF;
- develop relationships with the NHS Board, Inverclyde Council, other CH(C)Ps and secondary care.

9. PLANNING AND DEVELOPMENT

9.1 The CHP will be responsible for the planning and development of the services it directly manages and will participate in the development of the full range of services to its population. This will require the CHP to engage with associated, wider planning structures such as corporate planning for NHS system, neighbouring CHP planning arrangements (in particular, where a relevant hosting arrangement exists); children's services planning; NHS Greater Glasgow and Clyde 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:

- Greater Glasgow and Clyde NHS Acute Division;
- Greater Glasgow and Clyde NHS Board;
- Mental Health Partnership;

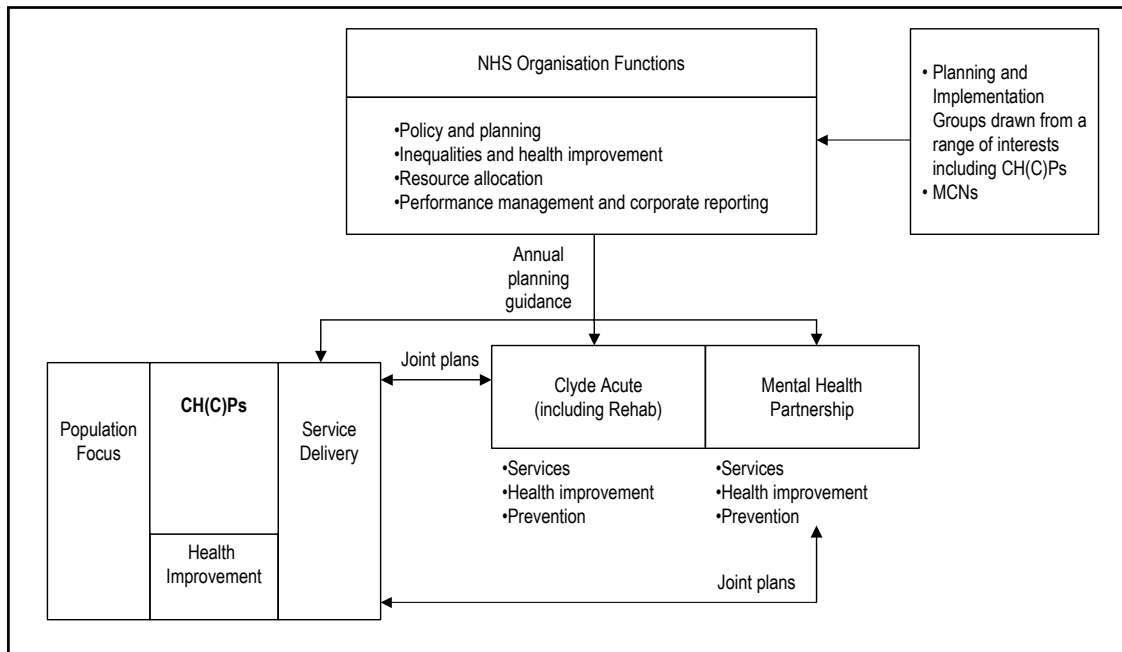
9.3 Additionally, the CHP will have direct influence on relevant local decision-making bodies that can have an indirect impact on population health.

9.4 The CHP's planning and policy structures may include increasing opportunities to engage with key Local Authority departments, such as Social Work, Education, Leisure and Housing as well as local Housing Associations and the voluntary sector.

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

9.6 Within the planning framework established by the NHS Greater Glasgow and Clyde 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. The planning network can be demonstrated diagrammatically below.



10. RELATIONSHIPS WITH THE LOCAL AUTHORITY

10.1 Community Planning

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

10.3 One of the many outcomes of this process is that the Community Planning partners produces a Community Plan and Regeneration Outcome Agreement (ROA).

10.4 The Community Plan will provide a single strategic framework, which links national and local priorities with spending and activities on the ground. Health improvement and Health Inequalities are a key aim of the ROA, and will be delivered through meeting the aims of the JHIP.

10.5 The CHP will represent health system 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. This role will include:

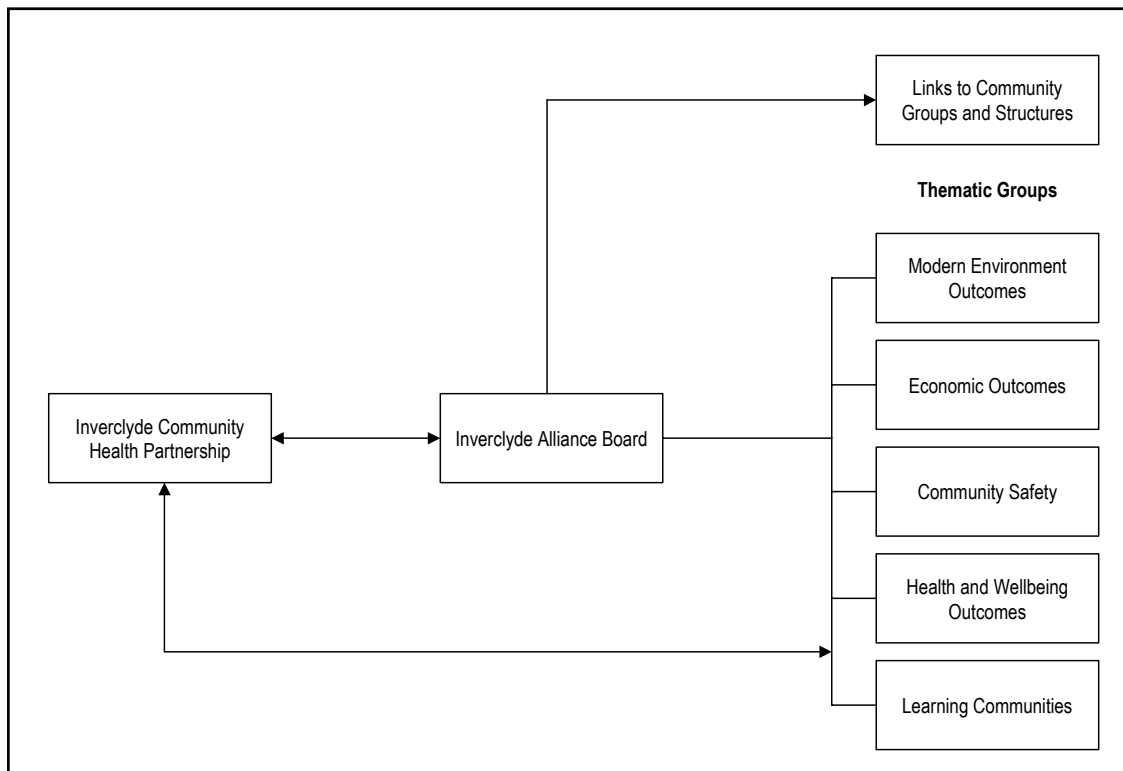
- full member of the Community Planning Partnership contributing and influencing the development of the Community Plan;
- full engagement with other partners on regeneration and local economic development programmes;
- contributing to the ROA process.

10.6 The further development of Integrated Community Schools, Community Learning and Development Plans, Local Economic Plans, Local Housing Plans, Transport Plans, The Inverclyde Regeneration Outcome Agreement, and the development of Integrated Children’s Service Plan will be core to the business of the CHP’s engagement with Community Planning. These areas of work present opportunities to influence the provision of health and social care and the wider health improvement agenda.

10.7 The PPF presents an opportunity to develop a public involvement vehicle which will complement and integrate public participation within the CHP and Community Planning, taking a tangible and active role in informing the strategic planning process; assisting the local implementation plan and taking part in any accountability review process, for example a best value audit of Community Planning:

- engagement of the CHP in community planning locally;
- recognition of and adherence to the statutory guidance on both Community Planning and CHPs;
- recognition of the lead role of the Local Authority in Community Planning;
- clarity on the role the CHP is to have in relation to Community Planning and how in turn that may impact on the NHS Boards role in relation to Community Planning.

10.8 The best fit between the CHP and Community Planning at strategic and operational level needs to be found. The proposed option is outlined in the following diagram.



10.9 Based on current knowledge and with the integration of the previous Inverclyde Regeneration Partnership (SIP) and Community Planning process this could be the

DRAFT

structure that evolves and represents the linkage with the CHP and Community Planning.

10.10 Joint Future

10.11 The local implementation of the recommendations of the original Joint Future report, and subsequent policy initiatives, has formed a very clear foundation for the further development of joint working with Inverclyde Council.

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

- align budgets for;
- delivering integrated management arrangements;
- achieving aligned service and resource planning cycles;
- joint planning arrangements across the whole range of community care activity.

10.13 The existing arrangements and governance structures set out in the Extended Local Partnership Agreement (ELPA) and the Joint Community Care Plan will remain in force. However an early priority for the CHP will be to work with the Inverclyde Council and other planning partners to review existing joint future planning structures and processes to ensure they meet requirements to deliver and support the Joint Future agenda

10.14 In particular, the CHP Chair and Director, once appointed, will become members of the existing Joint Care Board and assume the lead NHS responsibility for participation in this Joint Forum.

10.15 The CHP will be responsible on behalf of the NHS Board for meeting the requirements of the Joint Performance Information and Assessment Framework (JPIAF) and in developing and monitoring joint Local Improvement Targets with their Local Authority partner.

10.16 The CHP will build on the existing joint future arrangements and will further progress in partnership joint service re-design to ensure the most appropriate community based services are developed. This will take account of Scottish Executive/COSLA guidance in particular:

- Better Outcomes for Older People;
- Framework for Joint Services for Older People.

10.17 Joint Services for Older People, Learning Disability, Mental Health and Addiction services will be developed with the focus being on seamless service provided predominantly in the community.

10.18 It is recognised that the existing planning and reporting arrangements required by the Scottish Executive provide a mechanism within which the future development and direction of local services and structures can be developed. The CHP will work with Inverclyde Council to keep under review its organisational structures to ensure that

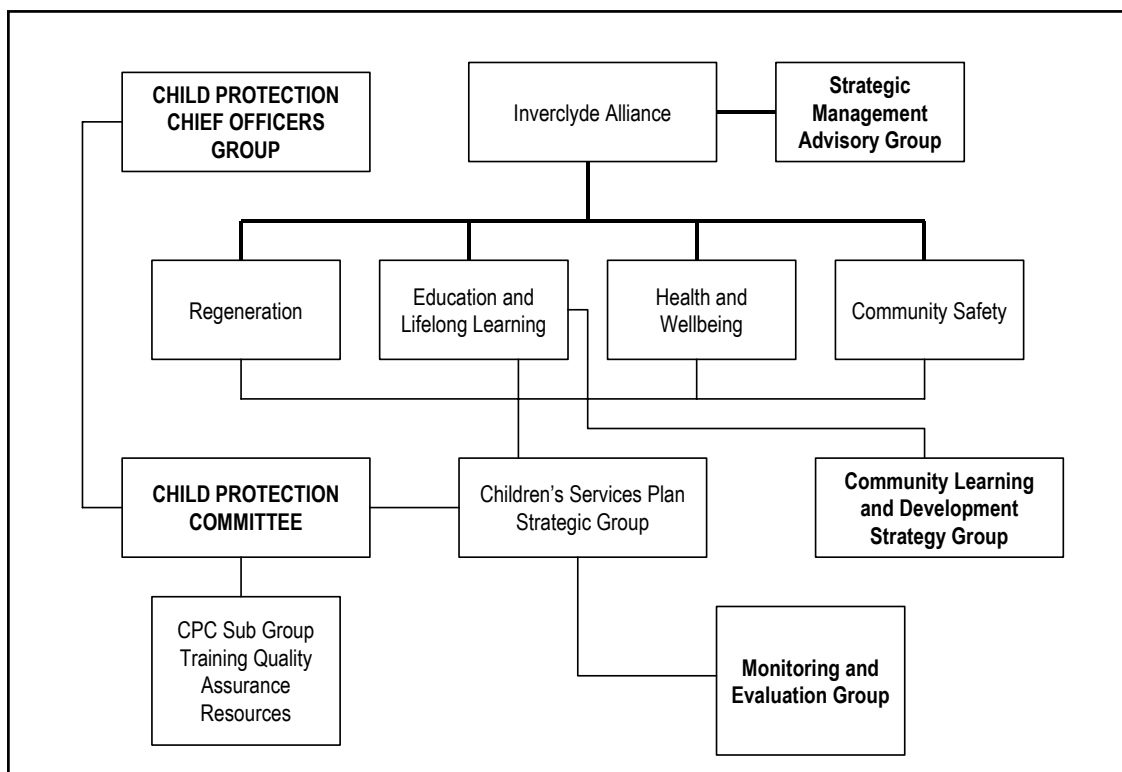
these represent the most effective method of managing the day to day delivery of health and social care services for the local community

10.19 Children's Services

10.20 The CHP has responsibility for the planning, management and delivery of children's community health services in Inverclyde. The CHP will appoint a lead for Children's services who will have overall responsibility for Children's Services including leading the integration agenda for local children's services from health.

10.21 The strategic planning of children's services is led by the Children's Services Plan Strategic Group. The CHP will be the primary Health service partner in the joint planning arrangements.

10.22 The undernoted diagram illustrates the current children's services planning structure and its relationship to the community planning structure.



10.23 These structures will enable the CHP and our local partners 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 fort joint planning and delivery of children's services;
- coherent systems for assessment ands 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.

10.24 The structure allows for both strategic planning and operational responsibilities in child Protection ensuring we build on the recommendations of the Child Protection Review, For Scotland's Children and It's 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 LHCCs and across the NHS more generally.

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

11.3 The Clinical and Professional Governance sub group of the PEG will take a lead role in ensuring that:

- services are client centred;
- professional staff can evidence the development and application of the knowledge base to support their decision-making;
- services provided by/within/for the CHP are safe and reliable;
- clinical and professional effectiveness is enhanced;
- appropriate quality assurance and accreditation processes and systems are a routine and organised part of the work of the CHP;
- every professional is supported in gaining and sustaining the skills, knowledge and attitude that delivers high quality care;
- 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 Inverclyde. The primary route for these linkages will be through the PEG.

11.6 The CHP will develop such forums and groups as required to ensure the continued delivery of high quality care for all people in Inverclyde. These local groups will be coordinated through the PEG and will outreach to other NHS and partner organisations as appropriate. Platforms such as the Primary Care Collaborative and the Unscheduled Care Collaborative provide vehicles for discussing and sharing ideas to improve service locally, regionally and nationally

11.7 One area of innovation within primary care locally has been the establishment of a multi professional and multi agency Educational Steering Group (ESG). It is envisaged this group will become a key sub group of the PEG. The aim of this group is to coordinate and promote education to support the re-design and improvement of services. NES are a key partner in the ESG. The CHP will also through the ESG, promote such basic educational content as:

- clinical audit and significant event analysis within the CHP, this has already been effected through the use of IR1 forms for governance purposes;
- sharing of audit data; particularly that gained through QOF outcomes;
- needs based protected learning events through the PLT Sub group of the ESG.

12. BUILDING WORKFORCE CAPACITY

12.1 Effective leadership, both clinical and non-clinical is vital to ensure the effective functioning of the CHP. The CHP will develop a culture to encourage effective leadership at all levels of the CHP.

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. This will mainly be developed through the ESG.

12.4 Discussions are ongoing to move to single system working that Board-wide HR and OD support which will be aligned to CHPs.

12.5 Organisational, team and individual development will be given the high priority within the CHP.

13. DEVOLVED FINANCIAL RESPONSIBILITIES

13.1 The CHP will be allocated funding on an agreed basis for the defined range of functions and services by NHS Greater Glasgow and Clyde. Budget allocations will be based on synchronised planning processes and a transparent approach to addressing identified pressures and issues. The CHP Committee will set budgets for its activities within the overall budget.

13.2 Detailed financial delegation and monitoring arrangements will be developed. This will include regular reporting into both NHS financial systems, and the development of a combined set of financial protocols and related audit requirements.

13.3 The CHP Director will be responsible for remaining within the allocated budget and accounting to the NHS Chief Executive for financial probity and performance.

- 13.4 In addition the CHP will be expected to operate within the strategic frameworks established by the NHS Board. There will be performance management arrangements to ensure that the CHP activities are fully integrated into the corporate governance arrangements.
- 13.5 The CHP will also be responsible for £6.763M of resource transfer funding to Inverclyde Council to provide community care services within the CHP area.

14. SUPPORT SERVICES

- 14.1 The CHP development process will include Council representation to ensure that existing joint arrangements, which have been positively developed over a number of years, are properly connected to the CHP. Opportunities to further develop joint working in line with the modernising government agenda, will be full explored in particular around:
- financial management;
 - service planning and performance management
 - human resources and organisational development;
 - IT and facilities management;
 - estates.

INDICATIVE CHP BUDGET - INVERCLYDE CHP

	Annual Budget	Establishment
Care Group	£000	WTE
Children and Families	2,069	52
Health and Community	4,870	164
Learning Disability	475	13
Mental Health (CMHTs)	1,641	45
Planning and Health Improvement	552	20
Primary Care	26,251	-
Transfer to Local Authority	6,763	-
Capital Charges	321	-
Total Budget	42,942	294