**GCC CHCP DEVELOPMENT ISSUES**

| **Development Challenge** | **Issues** |
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| Finance | • There are a range of critical financial issues which need a balanced approach of greater delegation coupled with clear accountability:<br><br>- financial planning and budget setting which give realistic resource to CHCPs;<br>- a shared focus on resolving budget pressures;<br>- delegation of financial decision-making with clear accountability;<br>- financial support which works as a team with CHCPs.<br>- agreement on a system of analysis and reporting;<br>- local flexibility and virement;<br>- ensuring financial systems support case decision making and accountability within CHCPs. |
| Service Integration and Improvement | • The integrated model of CHCPs was intended to be a platform for driving service improvement but integration has not fully progressed. We need to agree:<br><br>- the next phase of integration of services within CHCPs;<br>- Agreeing and focussing effort on delivering service improvements and lining up centres and support to CHCPs to achieve that.<br>- Working with acute hospitals to shift the balance of care. |
| Governance | • Both organisations have been concerned to strengthen governance arrangements in a number of areas:<br><br>- performance framework and reporting;<br>- CHCP Committee roles and responsibilities;<br>- political accountability and scrutiny;<br>- employee and conduct issues;<br>- areas of clinical/care risk created by current systems. |
| Human Resources | • There are a number of HR issues which need to be resolved to enable CHCPs to function effectively:<br><br>- integrated policies;<br>- HR advice and support;<br>- delegation of decisions;<br>- absence management;<br>- salary differentials and equal pay;<br>- training, learning and development support;<br>- staff partnership structures/trade union engagement. |

**ATTACHMENT 2**

| **Development Challenge** | **Issues** |
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| Centre Relationships | • Relationships with NHS and Social Work centres need to be appropriate and proportionate for proper accountability and city-wide coherence but with management delegation and devolution. This requires review of:<br><br>- policy and planning arrangements;<br>- service frameworks;<br>- CHCP Director role in strategic leadership;<br>- CHCP Directors and Heads of Service personal accountability and reporting lines. |
| Public Involvement and Engagement | • Relationships between CHCP PPFs and corporate arrangements. |
| Connection to Other Structures | • A key issues for CHCPs to be effective is how they relate to other structures and services:<br><br>- Community Planning - potential for integrated working;<br>- development of area coordination to drive service change;<br>- education structures for local connections;<br>- Learning Disabilities Partnership dissolution and new arrangements;<br>- Mental Health Partnership delegation and management arrangements;<br>- hospital services connection and influence. |
| Communication | • Current communication to staff is uncoordinated from multiple sources and does not create a sense of cohesive, joint organisations, managing NHS and social work staff in a single entity:<br><br>- coherent and consistent approach to staff communication within CHCPs;<br>- develop use of Partnership People Strategy as a vehicle for integrating communication. |