

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 1st December 2009

Board Paper No. 2009/62

Director of Corporate Planning and Policy/Lead NHS Director Glasgow City CHCPs

FINAL DRAFT GLASGOW CITY CHCP SCHEME OF ESTABLISHMENT

Recommendation:

The Board:

- approve the revised Scheme of Establishment (SOE) to be implemented in full from April 2010;
- approve the formal establishment of the Joint Partnership Board, currently in place in shadow form;

(these two recommendations also to be subject to due City Council process and approvals)

- approve the delegation to the Joint Partnership Board any required further amendments to the SOE, with a formal review by the Joint Partnership Board six months after the implementation of the SOE;
- note the further work which is required to fully implement the Scheme of Establishment and which the Joint Partnership Board will oversee.

A. INTRODUCTION AND PURPOSE

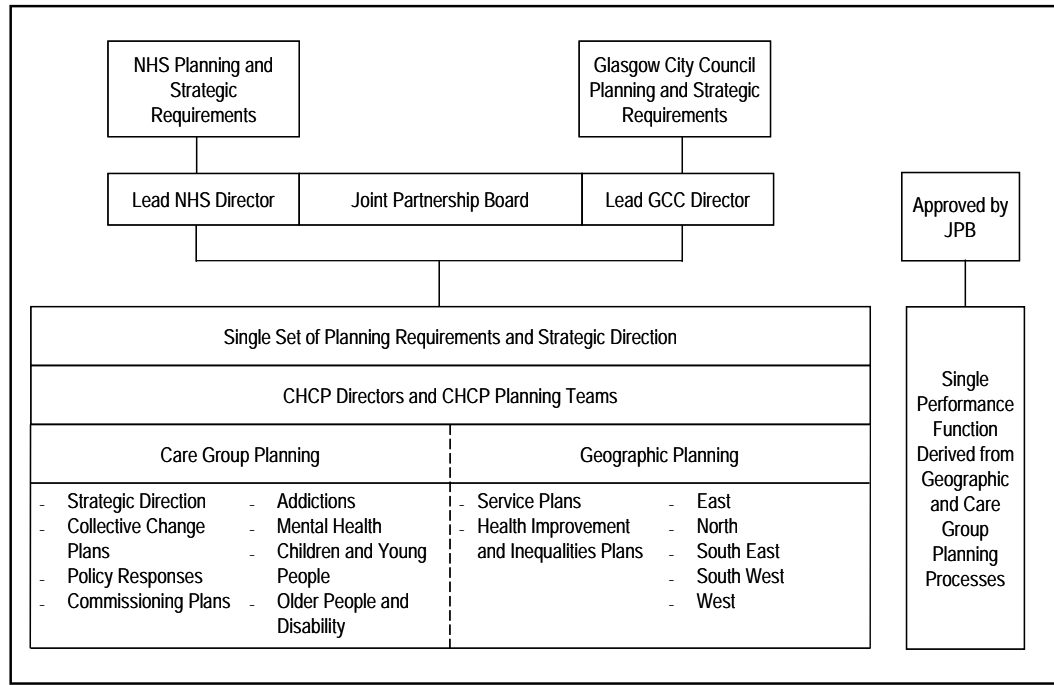
- 1.1 The basis for the creation of any CHCP or CHP is a Scheme of Establishment (SOE) which describes the responsibilities, structures, financial and governance arrangements for each Partnership.
- 1.2 The attachment to this report is the final draft SOE, developed as an output of the programme of joint work established by the Council Leader and Board Chair in late 2008 and the work over which the Joint Partnership Board (JPB) has presided since September 2009.
- 1.3 This revised SOE would replace the April 2005 SOE, which formed the basis for the original establishment of the CHCPs with Glasgow City Council. From the NHS perspective the changes reflect the agreed devolved model; the revised status of CHCP Directors as employees of both organisations, resolving a number of governance issues; responding to the concerns of Directors with regard to the current

arrangements; and offer greater alignment of the approaches of the Council and the NHS.

- 1.4 The revised SOE was approved by the JPB on 25th November 2009. That approval included the recommendations outlined above and will be subject to the required due process within the City Council.
- 1.5 In approving the SOE the JPB agreed to receive further reports on detailed work on the timing of devolution, the operation of commissioning arrangement, host CHCP arrangements, resource allocation between CHCPs and the devolution of resources from social work centre where required to support the transfer of resources and responsibilities;
- 1.6 In establishing the programme of joint work with the City Council which has produced this revised SOE the health Board set out three key issues to be resolved these were:
 - to achieve the full devolution of budgets for social care services;
 - to resolve issues in relation to governance and accountability;
 - to establish clear, joint leadership roles for CHCP Directors in an integrated planning and performance system;
- 1.7 This short paper provides an update on how those three issues have been addressed in this revised final draft and sets out the other changes of substance from the original Scheme.
- 1.8 The primary issue requiring resolution to finalise this revised SOE was the devolution of resources. The September 2009 JPB confirmed the agreement with the Council that by April 2010 the CHCPs should hold, on a devolved basis, all of the resources for the services and care groups for which they are responsible. That meeting also agreed to move to the full devolution of budgets, including budgets and responsibilities for commissioning services. The JPB's endorsement of those principles and proposals has enabled the CHCP Directors to lead programmes of work to deliver the conclusions set out in the SOE. The SOE includes information on the elements of the current Social Work budgets which relate to mental health; children and family services; learning and physical disability; older people; and addictions, which will **not** be devolved to CHCPs at this stage. Members will note the vast majority of social care resources will be devolved and a detailed statement to reflect the headlines in the SOE will be considered by the next JPB.
- 1.9 The JPB also wishes to develop the detail of the arrangements for its engagement in the budget setting processes of the NHS and Council, in line with the headline agreement on its oversight role in relation to all financial and budget issues.
- 1.10 Further detailed work is continuing on the timing of devolution; the operation of commissioning and contracting; host CHCP arrangements; resource allocation between CHCPs; and devolution of resources from Social Work centre, where required, to support the transfer of resources and responsibilities. Proposals from this further work will be reported to the JPB over the next two months.
- 1.11 That further work will enable the JPB to have a detailed appraisal of the NHS and social care resources devolved into CHCPs and to explicitly agree any recommendation from CHCP Directors that any element of devolution cannot be delivered by the agreed date of April 2010.

- 1.12 The headline effect of the SOE is to increase the social care budgets held by CHCPs from £190 million to around £400 million, alongside their NHS resources of £480 million.
- 1.13 The second significant issue for the revised SOE was to reach agreement that the CHCP Directors would be the single line of accountability into the NHS and City Council for the management of the CHCPs' responsibilities. The SOE now reflects that agreement, including agreement with the City Council Director of Financial Services on the statutory accountability requirements she has in relation to CHCP Directors and their Heads of Finance.
- 1.14 The final significant issue relates to the role of the CHCP Directors in leadership of planning within the headline agreement to move to integrated NHS and Social Work planning and performance arrangements. The SOE reflects progress so far in the work to bring detailed proposals to the JPB on the operation of that single planning and performance system and establishes those shared leadership roles for the CHCP directors. The detailed outcome of that work should be reported to the next JPB.
- 1.15 At headline level, the SOE reflects the clarity that integrated planning needs integrated leadership arrangements therefore, with the CHCP Directors and their integrated planning teams in key leadership roles on behalf of Social Work and the NHS for the care groups and services which lie within the CHCPs.
- 1.16 The work so far has concluded that there should be continue to be integrated geographic planning, in each CHCP, and integrated care group planning, operating across the five CHCPs. The integrated care group planning should include:
- establishing broad care group strategic objectives which all planning partners agree, sign up to and work towards achieving singularly and collectively;
 - receiving, interpreting and implementing policy from within the NHS, Council or from Government, initiating and supporting change;
 - assessing the needs of our care group populations as they develop and change in terms of age, prevalence, scale of needs, population functioning, health, economics and culture;
 - examining the most effective design and delivery of services to meet care group population needs, assessing evidence of interventions as they develop and supporting service improvement;
 - development of integrated commissioning plans to support service delivery;
 - supporting the development of practice frameworks which meet organisational and professional governance requirements.
- 1.17 Further potential functions for care group planning may also include:
- Workforce planning to support cost effective, service delivery. This requires integration of care group and locality workforce planning and workforce planning across the NHS and Social Work services. Therefore a cohesive approach, currently not consistently in evidence, requires to be developed;
 - Joint/integrated financial planning - going beyond our current aligned approach which emphasises income and spend within either Social Work services or the NHS.

1.18 The core agreement and the points above can be diagrammatically represented as follows.



1.19 The final draft SOE reflects the logic of a single planning system requiring integrated leadership and planning support, the requirement for geographic and care group planning and the oversight role of the JPB, operating on behalf of the Council and the NHS, with a specific brief to ensure City wide consistency where that is required. The JPB will have the opportunity to consider further the detailed conclusions of the work to move to a single planning and performance system.

B. OTHER AREAS OF REVISION

2.1 The section above outlined the major areas where progress was required and has been made to achieve this revised SOE. This section briefly outlines the further areas of change from the original SOE which have been agreed and are also incorporated into the final draft.

2.2 The changes can be briefly summarised as:

- The SOE includes the agreed roles and memberships for the JPB and Executive Group and the revised budget planning arrangements agreed by the Council. It is proposed that in endorsing this SOE the Health Board also endorse the formal establishment of the JPB in the terms outlined.
- CHCP Directors answering all initial queries and complaints about CHCP services and responsibilities on behalf of the Council and the NHS. Complaints about a Director or complaints which have not been fully addressed will be escalated through the agreed line management arrangements and procedures of each organisation.

- The CHCP Directors will be accountable for the management of criminal justice social work services.
- Accountability will be exercised as follows:
 - each Director will have a set of individual personal objectives which will be signed off in a single process by the Council and NHS leads. Where a Director has lead responsibilities these will be reflected in their objectives;
 - each CHCP Director will be responsible for ensuring that proper governance arrangements are in place for the CHCP's responsibilities. Where either the NHS or GCC line manager has concerns these arrangements are not in place or not operating effectively this will be discussed and resolved with the CHCP Director concerned. If such issues require formal action this will take place under the agreed employment arrangements for CHCP Directors;
 - each CHCP Director will ensure the CHCP produces a three year development plan which will set out how the CHCP's plans and priorities will respond to the planning and priorities guidance agreed by the CHCP Committee and by the JPB;
 - The NHS and Council leads will establish a single, joint process to scrutinise progress against the development plans and the single, joint performance framework at two points in each financial year. The outcome of this review will be reported to each CHCP Committee and a summary of progress will be scrutinised by the JPB.
- CHCP Directors and their Heads of Service will also be expected to ensure they work effectively as a team, across the five CHCPs, coordinating key areas of activity and decision making to ensure duplication is avoided and good practice is shared and implemented.
- Professional advice:
 - CHCP Directors will be able to seek professional advice from the arrangements established within their CHCP structures. The key professional advisers include the Heads of Children's Services, who will discharge a professional leadership and advisory responsibility for the social care services of each CHCP. The Lead Allied Health Professional (AHP), Nurse and Clinical Directors will perform a similar professional leadership and advisory role for those services within their professional remit. The primary focus of these professional roles is to provide advice to the CHCP Director, to whom they are each fully accountable, and to the CHCP Committee. Each CHCP is in turn fully accountable to the Council and the NHS for the services within their CHCP. The employment status change enables this change;
 - CHCP Directors will also be able to seek advice from appropriate officers within the NHS and the Council, who are external to the CHCP, including the Board's Medical and Nurse Directors and the Council's Chief Social Work Officer (CSWO). For the NHS, where those advisers are not line managers of the CHCP Directors, in circumstances where those external professional advisers have

- concerns their advice is not being appropriately taken, there will be agreed arrangements to escalate those concerns;
- the Council's CSWO exercises specific statutory functions and proposals on the development of the wider advisory role of the CSWO will be considered and approved by the JPB and incorporated into a detailed governance framework;
 - in addition to local arrangements to work with GCC trade unions, CHCP Directors will participate in the City wide arrangements to engage the trade unions.

C. CONCLUSION

- 3.1 The approval of this SOE by the JPB and the NHS Board formalises the significant progress which has been made in recent months to resolve longstanding issues in relation to devolution, financial, governance and accountability arrangements. Approval also provides the positive platform for the CHCPs to deliver on the aspirations which the Board and Council established.
- 3.2 The JPB has, to date, operated in shadow form and it is proposed that the next meeting should consider a proposal to move into substantive operation reflecting the fact that a new SOE is the definitive marker of agreement between the NHS Board and Council about the future of CHCPs.



FINAL DRAFT REVISED GLASGOW CITY CHCP SCHEME OF ESTABLISHMENT REVISED 19TH NOVEMBER 2009

1. INTRODUCTION

- 1.1 This Scheme of Establishment has been prepared in terms of regulation 10 of the Community Health Partnerships (Scotland) Regulations 2004.
- 1.2 This proposal is presented by NHS Greater Glasgow and Clyde and revises the Scheme of Establishment for the five Community Health and Care Partnerships covering the Glasgow City Council area, originally submitted and approved in April 2005.
- 1.3 Having regard to this context, the Scheme of Establishment also varies, under the terms of Regulation 3(4) and (5) of the said regulations, the membership of the Partnerships governing Committee as detailed in Section 4.

2. BOUNDARIES AND PRINCIPLES

- 2.1 There will remain five CHCPs in Glasgow City, which will cover populations of between 110,00-150,000 people. The detail of the CHCP populations are attached at Appendix One. The CHCP boundaries were created based on principles of achieving equity in population terms, coherence with natural communities and minimum disruption to services. The boundaries match the multi member electoral wards, and achieve coherence with community planning boundaries.
- 2.2 The CHCPs bring together NHS and Local Authority responsibilities into an integrated management and governance arrangement but retain clear individual organisation accountability for statutory functions, resources and employment issues. This Scheme of Establishment sets out how those accountability and governance arrangements operate.
- 2.3 The CHCPs operate within the wider context of community planning and the existing Council and NHS strategic frameworks, including joint plans and strategies. There is agreement to move to a single, integrated planning system as a core element of this SOE.
- 2.4 CHCPs are organisations resourced and responsible for acting to improve health and reduce inequalities and working with a full range of Partners to achieve that objective. This means:
 - CHCPs will lead the locally based health improvement effort, covering life circumstances and lifestyle action;
 - a senior manager will have responsibility for leading health improvement within the CHCP;
 - the CHCP will be developed as a public health organisation embedded within the NHS and City Council;
 - the facilitation and integration of community involvement will be core to the CHCP through a Public Partnership Forum;

- CHCPs will lead the “health and social work” contribution to local community planning;
- CHCPs will have specialist health improvement resources supporting the public health orientation and activity of a wide range of non specialist CHCP staff;
- CHCPs will produce, as part of their development plans, health improvement and inequalities plans delivering on NHSGGC wide priorities but also reflecting local circumstances and their contribution to the Glasgow City Single Outcome Agreement;
- CHCPs will have a range of responsibilities in community development and regeneration and will be fully involved in community planning and related area coordination arrangements;
- all of the CHCP management team will have responsibility for health improvement in their area, supported by the specialist resources. This connection of service delivery and health improvement will drive a focus on addressing inequalities by targeting resources and services. In addition, service delivery will reflect the imperatives of health improvement. Rather than prevention and inequalities being squeezed out by the imperatives of health and social care delivery we intend to see service delivery driven by the imperative to prevent ill health and improve health.

2.5 Within this context the purpose of a CHCP is to:

- manage local NHS and social care services and related resources;
- improve the health and well being of its population and close the inequalities gap;
- play a significant role in community planning;
- achieve better specialist care for its population;
- achieve strong local accountability through the formal roles for lead councillors and the engagement and involvement of its community;
- drive NHS and Local Authority planning processes.

2.6 The CHCPs will be characterised by:

- reduced bureaucracy and duplication;
- a focus on promoting continuous improvement and best value in the delivery of services
- modern and integrated community health and social care services focused on natural localities;
- integrated community and specialist health and social care through clinical and care networks;
- a partnership approach to ensuring service users, their families and a broad range of frontline health and social care professionals are fully involved in service delivery, design and decisions;
- operating within the shared governance and accountability arrangements outlined in section 4 a high degree of devolution or responsibility and decision making;
- a pivotal role in delivering health improvement.

2.7 Priorities for the development of the CHCPs include:

- service reform and improved outcomes;
- better care pathways for service users;

- a clear programme to tackle health and social inequalities;
- establishing community involvement;
- realising the gains for service users of fully integrated local services;
- increasing efficiency and reducing costs.

3. SERVICES MANAGED AND BUDGETS HELD

3.1 The CHCPs will directly manage:

- health visitors;
- district nurses;
- relationships with primary care contractors;
- school nursing;
- local health and social care older people and physical disability services;
- chronic disease management programmes and staff;
- oral health action teams;
- allied health professionals;
- palliative care;
- integrated addiction services;
- integrated learning disability services;
- local health and social care adult mental health and older people's mental health services;
- community child health, child and adolescent mental health and SEN school health services;
- children and families social work services;
- local planning, public health, community development and health promotion staff;
- criminal justice social work services.

3.2 The CHCPs hold budgets and contracts for the following

- service level agreements for direct access to diagnostic and laboratory services;
- primary care contracts;
- prescribing;
- health improvement and promotion;

3.3 For social care services from April 2010 the CHCPs will hold on a devolved basis the totality of budgets for the services and care groups for which they are responsible. These budgets which are excluded from these arrangements are outlined in appendix two.

3.4 CHCPs will participate in the management arrangements for the following services:

- inpatient and specialist mental health services;
- specialist rehabilitation and enablement services.

3.5 The NHS is considering the potential of further devolution of budgets to CHCPs. Proposals will be put to the Joint Partnership Board for agreement.

3.6 CHCPs already host a number of NHS services and functions on behalf of other CHCPs. In finalising the detailed arrangements for the agreed devolution of social

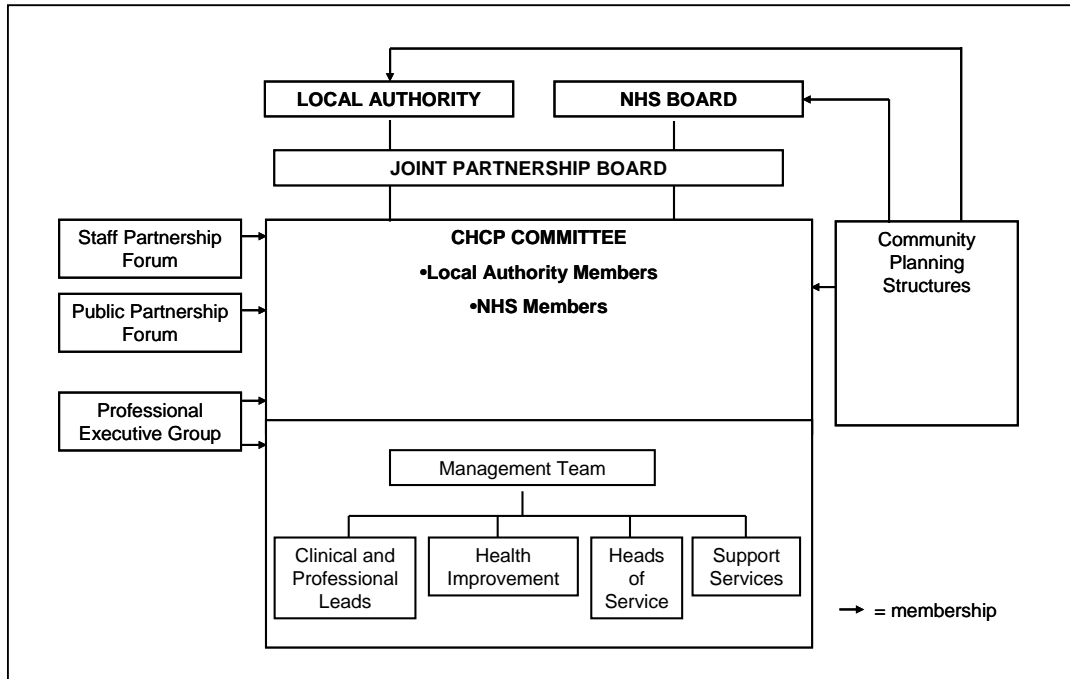
work budgets, host or lead CHCP arrangements may be proposed for smaller services where a pan-CHCP, for agreement by the Joint Partnership Board. This will also be linked to the Joint Partnership Board consideration of the approach to the detail of the devolution of commissioning budgets and the future arrangements for contracting.

3.7 This will provide the platform to further integrate health and social care services. Potential benefits of such arrangements include:

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

4. GOVERNANCE ARRANGEMENTS, STRUCTURES AND RELATIONSHIPS

4.1 Our governance arrangements reflect the fact that the CHCPs will be a full partnership between the NHS and Glasgow City Council. They will have seven key components, the Joint Partnership Board, and the Executive Group supporting it, the CHCP Committees, the Staff Partnership Fora, the Public Partnership Forum, the Professional Executive Group (PEG) and the CHCP Management Teams. These are described in detail below and can be diagrammatically represented as:



4.2 Joint Partnership Board

4.2.1 The Joint Partnership Board (JPB) will consist of the five CHCP Chairs and the Council's Executive Member for Social Work Services who will Chair the Board, and six non Executive Directors of the NHS Board, one of whom will be Vice Chair.

4.2.2 The JPB will be advised by the Council's Executive Director of Social Work and the NHS Board Chief Executives nominee. The Board will oversee the process for the allocation of resources to the CHCPs; ensure consistency across the City where that is required; contribute to the development of City wide improvement plans.

4.2.3 The JPB will have responsibility for a number of decisions and processes including to:

- exercise an overview of all of the resources deployed into CHCPs;
- consider budget and service plans prepared by the CHCP Directors for submission into the Council Corporate Management Team and wider Council budget planning processes;
- consider the NHS framework for resource allocation and savings and its application to CHCPs and make submissions in that regard to the NHS Board;
- approve the joint, single, planning and priorities guidance and performance framework which will apply to CHCPs and be derived from the NHS and Council corporate planning requirements;
- ensure through the development of the planning and priorities guidance that frameworks are established which ensure there is citywide consistency where that is appropriate;
- Consider how NHS and GCC policy will apply to CHCPs ensuring consistency and a fully joint approach.

4.2.4 CHCP Directors and the GCC and NHS Advising Directors will always be in attendance at the Committee. Other professional advisers from GCC or the NHS may be involved for specific agenda items at the request of the Executive Group or the discretion of the Chair or Vice Chair.

4.2.5 The JPB has been put in place in shadow form with a work plan to include:

- resolution of current budget issues;
- the speed of budget devolution, within the agreement to full devolution of the agreed budgets by April 2010;
- the detail of professional advisory arrangements and the relationship between social work centre, within the agreement to the Directors accountability and individual performance arrangements, the single planning and performance system with the NHS and the framework of this Scheme of Establishment;
- the development of service level agreements;
- the development of a framework for future budget savings and challenges.

4.3 CHCP Committee

4.3.1 The purpose of each Committee is to set budgets within the CHCP allocation, to take a strategic overview of the CHCPs activities, priorities and objectives and to hold to account the management team for the delivery of the CHCPs annual plan.

4.3.2 The CHCP Committee will have the following principal areas of responsibility:

- the approval of policy and strategy for those service areas and functions included within the remit of the Partnership and within the overall frameworks set by the NHS Board and the Council;
- to contribute to consultations from Government and other statutory bodies;
- to approve the allocation of resources within the specific revenue and capital budgets as delegated by the NHS Board and the Council in accordance with the standing financial instructions/orders of both parent bodies;
- to monitor and review the performance of the Partnership against national and local performance targets, improvement plans and best value requirements;
- to consider issues relating the staffing and structure of the Partnership and where necessary to make recommendations to the parent bodies;
- to take a strategic overview of the CHCPs activities, priorities and objectives including considering and approving the CHCP development plan;
- to hold the Director accountable for the delivery of the plan and management of resources within the CHCP budget allocations;
- to hold the Director accountable for the clinical and care governance of the CHCP and the quality and effectiveness of services.

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

- Elected Members (5);
- NHS Board Members (2);
- PEG (3);
- Staff Partnership Forum (1);
- Public Partnership Forum (1);
- Voluntary Sector (1);
- CHCP Director (1).

4.4 Management Team

4.4.1 The CHCPs will be managed by a Director appointed jointly by the NHS Board and Glasgow City Council. Directors are line managed by the NHS Board Chief Executive or his nominee and the Executive Director of Social Care Services, through the agreed joint arrangements for individual performance. In order to achieve a single line of accountability through the CHCP Director to each organisation the Directors will have joint contractual arrangements.

4.4.2 CHCP Directors are employees of the NHS Board and Council under the terms agreed by both bodies. In that capacity, as employees of both organisations, they are fully responsible and accountable for the effective and proper discharge of all of the CHCPs functions, including the:

- effective delivery of services;
- appropriate use of devolved purchasing and commissioning budgets;
- development and delivery of a CHCP plan which sets out how the CHCP will utilise resources, and drive change and improvement;
- proper use of NHS and Council resources;

- effective management of staff, including implementing organisational development and related programmes, communication and training;
- relationships with Trade Unions, within each CHCP and as a group of Directors participating in City wide arrangements;
- ensuring the CHCP has an appropriate public face including answering all initial queries and complaints about its services and responsibilities on behalf of the Council and the NHS with agreed policies and procedures;
- Quality assurance, clinical and care and practice governance of CHCP services.

4.4.3 That accountability will be exercised as follows:

- each Director will have a set of individual personal objectives which will be signed off in a single process by the Council and NHS leads. These objectives will be subject to three joint meetings per annum with each Director, one signing off objectives for the coming year, one reviewing performance at the mid year point and one reviewing performance at the end of year. The outcome of these meetings will be agreed and recorded. Further details of these arrangements will be set out in the agreement between the NHS and GCC on individual performance management for senior management teams. Where a Director has lead responsibilities these will be reflected in there objectives;
- each CHCP Director will be responsible for ensuring that proper governance arrangements are in place for the responsibilities outlined above. Where either the NHS or GCC line manager has concerns these arrangements are not in place or not operating effectively this will be discussed and resolved with the CHCP Director concerned. If such issues require formal action this will take place under the agreed employment arrangements for CHCP Directors;
- each CHCP Director will ensure the CHCP produces a three year development plan which will set out how the CHCP's plans and priorities will respond to the planning and priorities guidance agreed by their Committee and by the JPB;
- the NHS and GCC Leads will establish a single, joint process to scrutinise progress against the development plans and the single, joint performance framework at two points in each financial year. The outcome of this review will be reported to each CHCP Committee and a summary of progress will be scrutinised by the JPB.

4.4.4 With regard to financial accountability; in the light of the differential statutory financial responsibilities between the NHS and Local Authorities the City Council's Executive Director of Financial Services has a right of direct access to CHCP Directors and their Heads of Finance to satisfy herself that proper financial governance and budget management are in place.

4.4.5 In addition to leading geographic planning, CHCP Directors will lead care group planning, with their integrated planning teams, for the care groups and services which lie within the CHCPs. These roles may also be developed for cross cutting issues, for example, carers, and leading planning and related activity. These arrangements will be an integral part of the agreed single, joint planning system

4.4.6 The accountability arrangements reflect Directors dual accountability and the agreed high level of devolution which will characterise the revised CHCP arrangements.

4.4.7 CHCP Directors and their Heads of Service will also be expected to ensure they work effectively as a team, across the five CHCPs, coordinating key areas of activity and decision making to ensure duplication is avoided and good practise is shared and implemented.

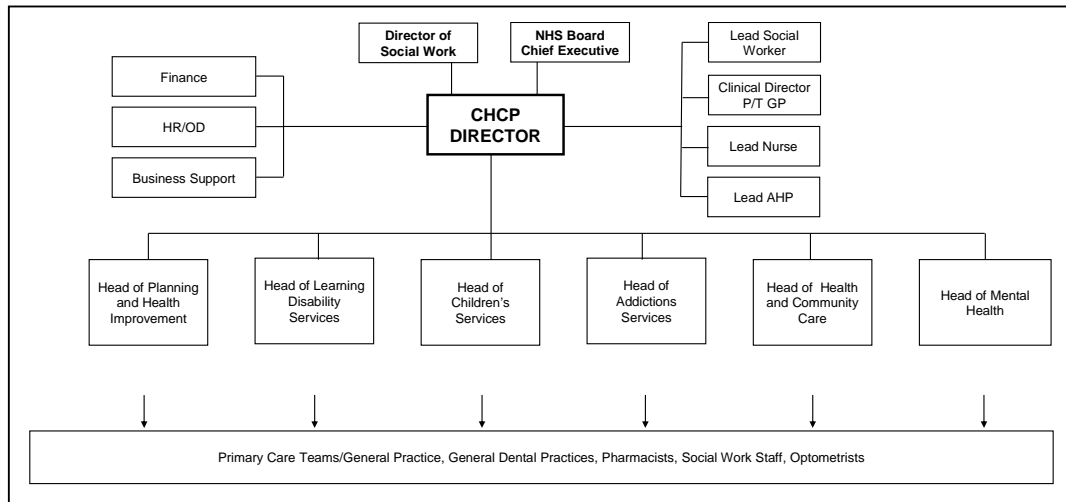
4.4.8 Across each CHCP management team, the key posts will be joint appointments under the terms agreed by both partners and may be employed by either body, with the exception of the Heads of Children's Services who will be Council employees to meet statutory accountability requirements. Similarly, four of the five Heads of Mental Health will be NHS employees and one will be employed by the Council to reflect the balance of statutory responsibilities. A joint protocol on employment has been agreed which sets out the detail of these arrangements.

4.4.9 Professional advice:

- Directors will be able to seek professional advice from the arrangements established within their CHCP structures. The key professional advisers include the Heads of Children's Services, who will discharge a professional leadership and advisory responsibility for the social care services of each CHCP. The Lead Allied Health Professional (AHP), Nurse and Clinical Directors will perform a similar professional leadership and advisory role for those services within their professional remit. The primary focus of these professional roles is to provide advice to the CHCP Director, to whom they are each fully accountable, and to the CHCP Committee. There is no line of accountability for these professional roles outside the CHCP but where their advice is not taken by the CHCP Director they may seek the support of the appropriate professional advisor outside the CHCP;
- CHCP Directors will also be able to seek advice from appropriate officers within the NHS and the Council, including the Board's Medical and Nurse Directors and the Council's Chief Social Work Officer (CSWO). For the NHS, where those advisers are not line managers of the CHCP Directors, in circumstances where those external professional advisers have concerns their advice is not being appropriately taken, there will be agreed arrangements to escalate those concerns;
- the Council's CSWO exercises specific statutory functions.

4.4.10 Members of the CHCP management team will have a range of relationships with staff in the two parent bodies but their only line of accountability and direction is to the CHCP Director.

Glasgow City CHCP Organisation Chart:



4.5 Executive Group

4.5.1 The Executive Group will bring together the five CHCP Directors with the key service and corporate Directors of the Council and NHS Board, or their agreed substitutes. It will be jointly chaired by the nominees of the Council and Board Chief Executives and it will:

- endeavour to resolve any areas of difficulty or dispute in relation to the CHCPs, referring unresolved issues to the JPB;
- ensure that the two parent bodies deal with the CHCPs in a consistent way and in line with the Scheme of Establishment;
- manage the process to support the JPB;
- manage the processes to develop a single set of planning guidance for CHCPs and the development of a single performance framework for approval by the JPB;
- ensure that planning and policy development arrangements are fully joint and provide integrated direction to CHCPs.

4.6 The Professional Executive Group (PEG)

4.6.1 This Group is the key way to involve frontline staff in the governance and decision making for the CHCP. We also expect that the CHCP will have a wide range of planning and working groups, which will fully involve professional staff, across the range of its activities. The Group will include an older people's medicine consultant, a psychiatrist, a paediatrician, a psycho geriatrician, general practitioners, a nurse, an AHP, a pharmacist, a dentist, an optometrist and social work staff.

4.6.2 The consultant members will be nominated by the relevant NHS Division. Lead professionals will be nominated by the local staff of that profession. The three representatives on the CHCP Committee will be nominated from the local practitioner members of the Group.

4.6.3 The Professional Executive Group (PEG) will be fully meshed with the CHCP Committee and an integral part of the management team. It will have clear

responsibilities to lead service redesign, planning and prioritisation. Its members will include all of the professions covered by the CHCP and clinical input from specialist divisions including acute services, child health and mental health.

4.7 Public Partnership Forum (PPF)

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

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

4.7.2 The management of community engagement, community development and the PPF will be through the Head of Health Improvement and Planning.

4.7.3 The PPF will include a wide range of community and voluntary sector organisations in a virtual network utilising community planning processes and existing local structures that will have periodic opportunities to be informed and engaged in line with local needs/requirements.

4.7.4 The virtual PPF network will come together formally through a PPF Executive Group which will be a mix of representation (including equalities, carers and other key groups operating across CHCP areas from recognised local engagement processes) and self selected membership. The PPF Executive Group will elect annually representatives for the CHCP Committee.

4.7.5 The structures and mechanisms for membership and operating of the PPF will be informed by the Community Engagement Strategy for Community Planning. Beyond the PPF the CHCP will be responsible for developing as:

- a visible and engaged organisation - through staff involvement in key local public forums, community events, community planning;
- an organisation with a capacity to create opportunities for users and communities to learn about their services and structures - proactively enabling local communities and organisations to understand how CHCPs work and how to influence them;
- able to inform residents and users of the range of services and business of the CHCP;
- active in all aspects of engagement from information provision and consultation, through to influencing service delivery (including community management of services where appropriate and agreed) to quality management and accountability;
- an organisation which pursues the views of users and hard to reach communities through formal structures, eg, young people. BEM communities, etc;
- able to adapt for engagement, eg, with translation, physical access and other physical and social adaptation facilities available to enable engagement of people with a wide range of needs;

- skilled in managing conflict and opposition between communities and between communities and service providers.

4.8 Staff Partnership Forum

4.8.1 Staff Governance is a statutory requirement on NHS Boards. Arrangements for the Staff Partnership Forum and for the way in which the Staff Governance Standard for NHS employees will be applied within CHCP is subject to a minute of agreement between NHS Greater Glasgow and Clyde and its recognised trade unions. Alongside the specific obligations of the NHS, we will seek to develop staff partnership arrangements within CHCPs which fully include Council employees.

5. STRATEGIC FRAMEWORK

5.1 The CHCPs will operate with full devolution and delegation, under the auspices of the JPB and CHCP Committees but will be expected to play a key role in the development of strategic and policy frameworks established by the Local Authority and NHS Board and to operate within those frameworks.

5.2 There will be single planning and performance management arrangements to ensure the CHCP activities are fully integrated into the corporate governance arrangements of both organisations.

6. SPECIALIST AND NON LOCAL SERVICES

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

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

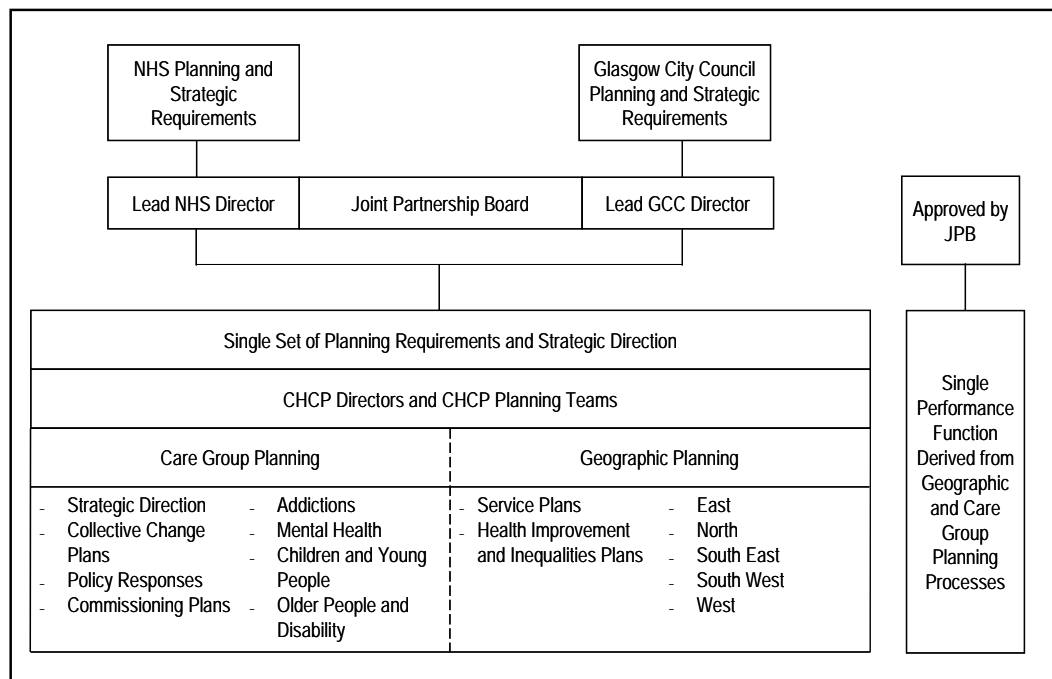
6.2 In terms of other connections, the CHCPs' planning structures will include representatives of key Local Authority departments, education, leisure and housing as well as local housing associations and the voluntary sector.

7. FINANCE

- 7.1 The CHCPs will be allocated funding on an agreed basis for the defined range of functions, by the Council and NHSGGC, through the JPB. Those budget allocations will be based on synchronised planning processes and a transparent approach to addressing identified pressures and issues. The CHCP Committee will set budgets for its activities within the overall allocation.
- 7.2 Detailed financial monitoring arrangements will be developed in line with and building on existing financial frameworks. They will include regular reporting into the Local Authority and NHS system. Budgets will be aligned and not pooled, therefore there will be a clear track from expenditure to each allocating body.
- 7.3 The CHCP Director, as with any Glasgow City Council or NHS Director, will be responsible for remaining within the allocated budgets and accounting to the City Council and NHS for financial probity and performance.

8. PLANNING AND DEVELOPMENT

- 81.1 This Scheme of Establishment reflects progress so far in the work give effect to the agreement to deliver a single planning system for the NHS and Council in relation to the CHCPs. Detailed proposals, within these principles, will be approved by the JPB for the operation of that single planning and performance system. At headline level, this Scheme of Establishment reflects agreement that there should be geographic and care group planning and that integrated planning needs integrated leadership arrangements, therefore, the CHCP Directors will lead geographic and care group planning. The diagram below illustrates these arrangements and the role of the JPB, which will sign of the final detail which underpins these headlines.



APPENDIX ONE

CHCP POPULATIONS

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

APPENDIX TWO

COUNCIL RESOURCES TO BE HELD BY CHCPS BY APRIL 2010

It has been agreed that the CHCPs will hold on a devolved basis, all of the resources for the services and care group for which they are responsible. The social care budgets by care group which will **not** be held by CHCPs are set out below, the first column relates to service expenditure and the second column to the costs of SW centre management and support.

	Services and Support	Centre Management
Mental Health	£700K	£450K
Children and Families	£1200K	Information not available
Older people and disability	£0K	Information not available
Learning disability	£0K	£700K
Addictions	£0K	£760K*

The services and support retentions reflect support functions in relation to child and adult protection provided to CHCP by social work centre.

* NHS proposal for future Partnership would see this within a lead CHCP.

Further detailed work is continuing on the timing of devolution; the operation of commissioning and contracting; host CHCP arrangements; resource allocation between CHCPs; and devolution of resources from Social Work centre, where required to support the transfer of resources and responsibilities. Proposals from this further work will be reported to the JPB over the next two months.

That further work will enable the JPB to have a detailed appraisal of the NHS and social care resources devolved into CHCPs and to explicitly agree to accept any recommendation from CHCP Directors any element of devolution which cannot be delivered by the agreed date of April 2010. The headline effect of the Scheme of Establishment is to increase the social care budgets held by CHCPs from **£190 million to around £400 million**, alongside their NHS resources of **£480million**.

APPENDIX THREE

BUDGET SETTING PROCESS FOR NHS SERVICES

CHCPs hold on a fully devolved basis £480 million of NHS budgets. The annual process to review those budgets is as follows:

June/July	<ul style="list-style-type: none">- Financial planning process begins with Directors discussion of financial scenarios.- Initial development of savings and investment programmes and targets.
September/October	<ul style="list-style-type: none">- Savings and investment programmes firmed up.- Performance Review Group (PRG), JPB and CHCP Committees briefed on scenarios and programmes.
January	<ul style="list-style-type: none">- Savings and investment programme applied to rollover allocations- Draft allocations issued for debate.
February	<ul style="list-style-type: none">- Allocations finalised and reported to JPB.
March	<ul style="list-style-type: none">- Detailed budgets signed off.

BUDGET SETTING PROCESS FOR COUNCIL SERVICES

June-December	<ul style="list-style-type: none">- Forward year financial statement from Corporate Director of Finance is prepared for discussion in the Administrations budget planning process;- Budget and service plan guidance issued including savings budgets, budget pressure and service improvement initiative guidance.- CHCP Directors attend special finance meeting of Extended Corporate Management Team and play a full part in financial situation discussion.- CHCP Directors report to JPB which engages with the Council's budget planning process.- CHCP Directors prepare budget and service plan options for JPB discussion in the Council's wider budget planning process;
February	<ul style="list-style-type: none">- Council approves legal budget.

Once set, the CHCP budgets could be subject to change in one of two situations:

1. Where the Council initiates a service reform proposal which results in one off costs falling to be met by the CHCP. If the proposal is agreed by the CHCP, then the one-off costs will be met by the Council.
2. Where the CHCP initiates a service reform proposal which results in one-off costs falling to be met by the CHCP. If the proposal is agreed by the Council then the one-off costs will be met by the Council.

APPENDIX FOUR

AGREEMENTS UNDERPINNING SCHEME OF ESTABLISHMENT

1. Joint protocol on employment - Agreed.
2. Joint management and accountabilities - In draft.
3. Individual performance management for senior management teams - In draft.
4. Single planning arrangements – Final detail to be developed.
5. HR policies and support - To be developed.
6. External support provided to CHCPs - To be developed.
7. Joint performance framework and reporting - Agreed in principle, detail to be developed.
8. Professional governance and advice framework - Headlines in this SOE, detail to be agreed with JPB.
9. Centre/CHCP relationships and management processes - To be developed and agreed by JPB.