

## Greater Glasgow and Clyde NHS Board

### Board Meeting

Tuesday 18<sup>th</sup> April 2006

Board Paper No. 2006/19

Director of Corporate Planning and Policy

## SCHEME OF ESTABLISHMENT FOR RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP

### Recommendation:

#### The Board is asked to:

- **approve the proposed Scheme of Establishment for the Renfrewshire Community Health Partnership (covering the Renfrewshire 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 Renfrewshire Council area. The proposed CHP brings into a single authority-wide structure, the responsibilities for management of local health services and health improvement.
- 1.2 Although at this point Renfrewshire Council do not wish to pursue the Board's preferred model of a fully integrated CHP, the Scheme is a significant step forward in bringing together the coordination and management of services to a single population and, achieving coterminosity with the Renfrewshire Council area, providing a basis to build, strengthen and extend joint working arrangements.
- 1.3 Renfrewshire Council approved the Draft Scheme of Establishment on 16<sup>th</sup> March 2006 and we now seek NHS Greater Glasgow and Clyde Board approval prior to submission to the Scottish Executive Health Department.

**B. DEVELOPING THE CHP**

- 2.1 The Renfrewshire CHP Director and the Head of Health and Community Care have now been appointed and there is a process now in hand to form the remainder of CHP management team and fully the establish the CHP by summer 2006.

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

**Author:** Catriona Renfrew, Director of Planning and Community Care

**RENFREWESHIRE COMMUNITY HEALTH PARTNERSHIP  
DRAFT SCHEME OF ESTABLISHMENT**

**1. INTRODUCTION**

- 1.1. This draft Scheme of Establishment (SoE) has been prepared in terms of regulation 10 of the Community Health Partnerships (Scotland) Regulations 2004. The content has been agreed with Renfrewshire Council.
- 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. The content of this document proposes a single CHP for the Renfrewshire area that will be a Committee of Greater Glasgow and Clyde NHS Board.
- 1.3. The SoE also seeks approval, under the terms of Regulations 3(4) and (5) of the said regulations, to vary the membership of the Partnership Governing Committee as detailed later in Section 7.
- 1.4. This SoE has been developed through a short but inclusive process building on work undertaken to develop the previous CHP proposals by Argyll and Clyde NHS Board. The scheme is consistent with already approved NHS Greater Glasgow CHPs.
- 1.5. A particular objective of the scheme is to incorporate joint activity between the NHS and Renfrewshire Council into the CHP arrangements, notwithstanding that, at this point, the CHP will primarily have responsibility for NHS services and that objective is reflected in the arrangements proposed throughout this SoE.
- 1.6. The draft SoE has been formally considered by Greater Glasgow and Clyde NHS Board.

**2. FUNDAMENTALS**

- 2.1. The proposed CHP will be called the Renfrewshire Community Health Partnership (CHP) and will cover the entire population living in the area defined by the local authority boundary of Renfrewshire 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 health of Renfrewshire's population.
- 2.2. The proposed boundary of the CHP will be coterminous with the boundaries of Renfrewshire Council. The main population centres included are Paisley, Renfrew, Johnstone, Linwood, Erskine, Bishopton, Bridge of Weir and Elderslie along with a collection of smaller villages such as Houston, Howwood, Kilbarchan and Lochwinnoch. The total population of the Council area is 168,600.
- 2.3. The CHP will encompass the existing LHCCs of West Renfrew and Paisley. The new CHP area will then cover a total of 30 GP practices (17 from West Renfrew and 13 from Paisley)

with a total practice population of some 177,228 (as at October 2004). The CHP area will also include 30 dental practices, 44 pharmacies and 20 opticians.

- 2.4. Given its scale the CHP will need to consider appropriate locality arrangements. The development of the CHP needs to be viewed within the context of wider reorganisation. Partnership for Care will be implemented through the development of “single system” working within Greater Glasgow, and the new Clyde localities which joined NHS Greater Glasgow.
- 2.5. This document is supported by a number of more detailed papers on individual components. However it should also be observed that significant work is required to develop the detail that underpins this proposal as the CHP is implemented.
- 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 planning processes including leading NHS participation in children’s planning arrangements with Renfrewshire Council. Those arrangements are currently under review and this SoE will be amended to reflect the outcome of that process.
  - lead and give direction to NHS services that contribute to the protection of children;
  - make significant progress towards joint working, integrated services and improving the health and wellbeing of service users and their carers;
  - provide the best possible support and care to vulnerable individuals and families;
  - implement a single shared assessment and care management process with service users and carers;
  - provide leadership, direction and support to the benefit of people with community care needs;
  - provide leadership, direction and support to child health services;
  - develop integrated services and systems for and with community care service users and their carers which reduce organisational and cultural barriers, are practicable and deliverable and provide better outcomes.

Joint decision making arrangements will underpin the promotion of joint resources and joint management of community care services.

- 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;
  - achieving more effective service delivery, monitored through agreed performance management measures;
  - involving patients and a broad range of frontline care professionals in service delivery, design and decisions;
  - a pivotal role in delivering health improvement.

2.8. As outlined above the CHP will bring together, for the first time, the opportunity to plan and manage the provision of health services for the population of Renfrewshire within a local health organisation. The CHP will absorb additional responsibility for the functions of the present Renfrewshire Joint Care Partnership. The initial challenge will be to maximise the opportunity offered by the authority-wide CHP including establishing the new working arrangements for the Partnership, and ensuring the smooth transition from the current ways of working. The CHP will also contribute to integrated children's services planning, structures for which will be reviewed by partners at an early stage in the life of the CHP. It is proposed that the new arrangements will deliver:

- better care pathways for patients, including the priority of integrating primary and acute care services;
- a clear programme to tackle health inequalities and their root causes;
- community participation;
- on the Performance Assessment Framework and Local Improvement Targets;
- bringing a substantial population focus to the work of the NHS in Renfrewshire.

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

### **3. GOVERNANCE ARRANGEMENTS AND RELATIONSHIPS**

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

3.2. The proposed governance arrangements also reflect our objective to ensure the relationship between the CHP and Renfrewshire Council is as integrated as possible and fully coordinated.

3.3. These objectives 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 as follows:

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

#### **3.4 Community Health Partnership Committee**

3.5 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 Greater Glasgow and Clyde NHS Board. Decisions affecting Renfrewshire Council's resources will be remitted to the full Council for approval. The governance arrangements for decision-making between the CHP and Renfrewshire Council will be those set out in the ELPA for Renfrewshire Joint Care, which will migrate across to the CHP.

## DRAFT

- 3.4. The expectation is that both partners will conduct business consistent with each partner's Standing Orders, Schemes of Delegation and Standing Financial Instructions. While the national guidance on development of CHPs recognises the powers that are available under the Community Care and Health Act 2002, it is not deemed acceptable or desirable for either statutory partner to formally "delegate" its functions to the other partner.
- 3.5. It would be expected that decisions of the CHP Committee would be reached by consensus. In instances where a consensus cannot be reached, because the NHS and the Council have each retained their own statutory responsibilities, there is no question of one party overriding the wishes of the other in the exercise of their separate responsibilities. The reality of this position will only reinforce the need to proceed on the basis of agreement and partnership in its widest sense.
- 3.6. In effect, a CHP Committee is created that reflects the legally constituted arrangements of the parent bodies. The CHP will meet as a single body with all members contributing to consideration of all items of business. Matters pertaining to the Council's area of governance and accountability will automatically be referred to the Council's Community and Family Care Policy Board for approval.
- 3.7. Membership of the proposed CHP Committee will be representative of the partnership and the wider group of stakeholders will reflect the joint arrangement outlined above with Renfrewshire Council and include the following:
- 2 Non Executive member of Greater Glasgow and Clyde NHS Board;
  - 4 Local Authority nominated members;
  - 3 representatives from the Professional Executive Group;
  - 1 representative from the Staff Partnership Forum;
  - 2 representatives from the Public Partnership Forum including one from the voluntary sector;
  - the Director of the CHP
- 3.8. The Chair will be an NHS Board Non Executive member.
- 3.9. The purpose of the Committee will be to set and monitor budgets within the allocations made by the NHS Board and Renfrewshire Council and to take a strategic overview of the Partnership's 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.
- 3.10. It is intended that the Partnership Committee will set the terms for planning, resource allocation, service management and delivery, and performance management in relation to NHS responsibilities for:
- community care;
  - child health and child protection;
  - health improvement and inequalities;
  - community and neighbourhood services.

- 3.11. In terms of specific responsibilities the Partnership Committee will be required to:
- produce an overall Partnership rolling three year plan which covers all Partnership 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 at NHS Board level;
  - contribute to the development of policy and plans related to the functions of the organisation and relevant local authority services;
  - ensure effectiveness of service 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, particularly the local authority and its key departments including social work, housing, planning and economic development, education and leisure services.
- 3.12. Section 7 sets out in more detail the joint responsibilities the Committee will exercise.
- 3.13. The Committee will have the power to make recommendations to both parent bodies on the use of resources, facilities, staff and property and will consider any proposals by either partner to transfer or pool budgets or transfer functions. If such a transfer is agreed the Committee will approve the formal terms for transfer.
- 3.14. The Committee will, in addition to its direct management functions, act as a joint advisory body to NHS Greater Glasgow and Clyde and Renfrewshire Council.
- 3.15. Professional Executive Group (PEG)
- 3.16. The PEG is linked with the Partnership Committee and an integral part of the CHP management arrangements. It ensures much wider professional representation than could be achieved by Committee membership alone. The PEG will have clear responsibilities to have a key role in service redesign, planning and prioritisation. Initial priorities for the PEG may include:
- service redesign and clinical developments;
  - contributing to service planning and prioritisation;
  - engagement with secondary care;
  - clinical governance;
  - organisational development;
  - communication and consultation issues.
- 3.17. 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.

- 3.18. 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.
- 3.19. Wider Stakeholder Involvement
- 3.20. Public participation will be facilitated by the establishment of a Public Partnership Forum (PPF), and staff participation would be facilitated by a Staff Partnership Forum (SPF). The PPF would appoint a member to the CHP Joint Board, and the Staff Partnership Forum would appoint one member.
- 3.21. Public Partnership Forum
- 3.22. The CHP is committed to ensuring meaningful and supported public participation in the activities of the proposed Partnership. The development of PPFs is an important opportunity to ensure that patients, carers and voluntary sector partners influence the development of services and the wider CHP agenda.
- 3.23. Firstly, the requirements of the PPF are to provide an informed, representative, independent and accountable voice in the formal decision making processes of the CHP by:
- ensuring local people are informed on the range and location of services for which the CHP is responsible;
  - ensuring local service users and carers are engaged in discussions around the development and improvement of local services;
  - providing information to enable the CHP to respond to the needs, concerns, and experiences of patients, carers and families;
  - engaging the wider local community in issues concerning the nature, design and quality of service delivery and outcomes, supporting involvement and seeking to ensure public services are more responsive and accountable to citizens and local communities;
  - engaging with community involvement and consultation structures such as community planning partnerships, local authority area committees, community councils, citizen's panels;
  - providing a link with local involvement mechanisms in relation to health improvement and service planning issues;
  - the Public Partnership Forum (PPF) will be the vehicle for formal public participation and recognise that other mechanisms for engagement will need to be developed to strengthen this process;
  - 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.
- 3.24. The CHP will adopt the Community Engagement Standards from the Scottish Community Development Centre as a benchmark for all community participation.
- 3.25. Working in Partnership with the Voluntary Sector
- 3.26. The CHP recognises the valuable contribution made to community health services from the voluntary sector in Renfrewshire. 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.

3.27. Staff Partnership Forum

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

3.29. 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 Staff Partnership Forum will be established and a representative form this group will be full member of the CHP Committee.

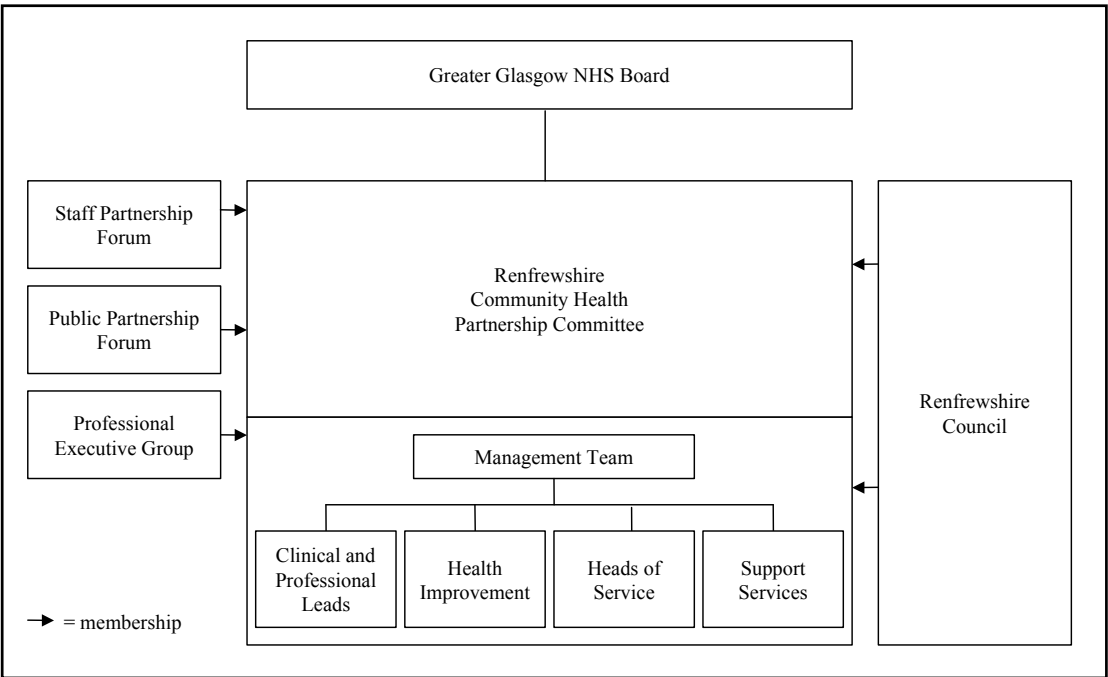
3.30. A key priority for the CHP will be to establish a partnership working approach with staff and develop formal links with existing partnership arrangements. Further work will take place to ensure local arrangements are in place to connect to both NHS system wide fora.

3.31. 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;
- provided with an improved and safe working environment.

3.32. Governance Summary

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



#### **4. HEALTH IMPROVEMENT**

4.1. 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.

4.2. It is proposed that the CHP will:

- lead the locally based health improvement effort, covering life circumstances and lifestyle action through the NHS;
- be developed with a strong public health focus embedded within the NHS and other partner agencies;
- be responsible for delivering the geographic health improvement and be monitored by the NHS Board's Health Improvement PAF;
- 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;
- ensure that health improvement is a strategic priority for the CHP and permeates throughout the organisation through a dedicated health improvement workforce from the LHCC, health promotion and complemented with other jointly funded health improvement posts.
- support the public health orientation and activity of a wide range of staff with a partial remit for health improvement;
- ensure that dedicated health improvement workforce will have core skills and competences in line with "Skills for Health" and more senior post advanced skills;
- produce an annual health improvement and inequalities plan deliver and contribute to the Regeneration Outcome Agreement, national health and closing "The Opportunity Gap" priorities but also reflecting on local circumstances;
- reinforce its Management Team's responsibility for health improvement in their area, supported by the dedicated workforce. This connection of service delivery and health improvement will drive a focus on addressing inequalities by targeting resources and services. In addition, service delivery will reflect the imperatives of health improvement as an important and shared priority;
- contract and commission with the voluntary sector providers and other groups and agencies for health improvement activity.

#### **5. IMPROVING SERVICE QUALITY**

5.1. 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.
- 5.2. 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 partnership will need to work along side adjoining CHPs who share access to the same secondary services. Similarly the partnership will need to be involved in the development of the wider network of services for particular specialities. It is expected that the 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, this will be a particular challenge as specialist services are integrated into Greater Glasgow.
- 5.3. The CHP will be the focus for service integration within Renfrewshire with a range of joint structures. There will be particular emphasis on closing the health gap whilst tackling local health priorities and delivering improvements particularly in relation to the management of chronic diseases.

## **6. SERVICES MANAGED**

- 6.1. 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 and Clyde delegation of services to be managed builds on the service framework previously delivered by LHCC plus a substantial range of other primary care and community based services. At present, there are variations in the models of care being delivered, including differences in the balance between community and in-patient activity compared to other parts of Greater Glasgow. 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 programmes and staff;
  - Oral Health Action Teams;
  - Allied Health Professionals;
  - Palliative Care;
- 6.2. Community learning disability services will be managed by Renfrewshire Council but with a reporting relationship into the CHP. Mental health and addictions services will be managed by general managers working between the Mental Health Partnership and the CHP, in the short term, until local community services are fully in place at which point the CHP will assume full managerial responsibility.
- 6.3. Specialist children’s community services will be managed by the CHP.
- 6.4. 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.

## DRAFT

6.5. 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. It is recognised that year one will be a time of transition and change for the CHP and the wider NHS system. However, there is the expectation that within year one, budgets and contracts for the following will be fully devolved to the CHP:

- contracts for primary care services;
- diagnostics and laboratory services;
- special educational needs school health;
- prescribing.

This will be detailed within the CHP Development Plan.

6.6. 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;
- joint services with the local authority as highlighted at 7.3.

6.7. Hosting

6.8. The CHP will link to a number of Greater Glasgow wide hosting arrangements including for:

- sexual health services;
- primary care support.

6.9. The CHP will itself host:

- specialist children's services for the Clyde area;
- responsibility for developing and implementing change programmes for older people's services for the Clyde area.

## 7. JOINT RESPONSIBILITIES

7.1. The CHP's joint responsibilities with Renfrewshire Council will include

- developing an over-arching (CHP) plan and planning cycle for the development of community care taking account of existing joint plans as well as the relevant plans, policies and procedures approved by the respective partners which lay out priorities, actions and outcomes for improving the health, wellbeing and care of all community care groups;
- maintaining an overview of health, social care and accommodation needs of the Renfrewshire population, including needs analysis and projections;

- identifying and facilitating access to dedicated resources from the respective partners for the purpose of integrated planning and commissioning arrangements;
- identifying opportunities for improving the quality, efficiency and accessibility of health, local authority services and accommodation provision in accordance with the principles of joint working;
- providing accountability in governance arrangements and agreeing clear outcome measures for shared resources;
- ensuring the planning and delivery of health, social care and housing support services;
- supporting the development of partnership working;
- making joint representation to local and national agencies on local issues which affect the health improvement and well-being of the population;
- operating joint performance information and assessment framework (JPIAF).
- contributing to integrated children's service planning;
- participating in inter-agency child protection committee and in the provision of child protection services.

7.2. These responsibilities relate to the following community care groups and services.

Community care groups:

- older people;
- older people with dementia;
- adults with mental illness with the Mental health Partnership
- adults with learning disabilities;
- substance misusers with the Mental Health Partnership;
- adults with physical disabilities;
- carers;
- young disabled people;
- people with HIV/AIDS;
- people with palliative care needs.

Services:

- domiciliary services, eg, personal care, domestic and housing support services;
- assessment and care management services;
- places, or funding for places in residential care homes and nursing homes;
- supporting people services;
- special needs housing, amenity housing and housing with support;
- health, social work and housing aids, equipment and adaptation services;
- community rehabilitation and intermediate care services;
- crisis care services;
- advocacy services;
- care and repair services;
- community alarms;
- respite and day care services whether purchased or provided, including NHS day hospitals;
- relevant services provided through grant funding of organisations.

7.3. Staffing

The CHP shall be responsible for recommending joint management posts and such supporting staff on such terms including salary and by such partners as the CHP considers appropriate. The staff appointed will support the implementation of the CHP's responsibilities including joint accountability for those staff, services and aligned budgets.

The CHP will take responsibility for existing jointly appointed posts and teams set out below

- Principal Officer (Joint Commissioning);
- staff of the Joint Commissioning and Supporting People Team;
- Assistant Finance Manager;
- Manager, Renfrewshire Community Mental Health Team;
- Staff of Renfrewshire Community Mental Health Team;
- Manager, Joint Learning Disability Service;
- staff of Joint Learning Disability Service;
- Senior Resource Officer (Joint Future Training and Staff Development);
- Principal Officer (Integrated Children's Services);
- Senior Resource Officer (Integrated Children's Service Planning);
- Manager, Older Adults Community Mental Health Team;
- Staff, Older Adults Community Mental Health Team;
- Manager, Multi-agency Care at Home Team (MATCH);
- staff, Multi-agency Care at Home Team (MATCH);
- Health Improvement Manager.

7.4. Aligned Budgets

Each partner confirms that it is committed to aligning budgets in order to further the aims and objectives of the partners

Members of the CHP shall participate in the budget setting and service planning process of each partner and come forward with proposals in relation to aligned budget activity. Partners shall develop financial planning for the medium and long term.

The partners, through the CHP management team, shall prepare detailed revenue estimates of income and expenditure for those projects where resources are aligned.

In arriving at the aligned budgets in any year the partners will treat the projects budgets in a manner consistent with the treatment of all other revenue and capital budgets within their respective organisations.

Budget monitoring statements will be submitted on a quarterly basis to the CHP Committee of the budgets/services' financial position, highlighting any material budgetary variances, giving an opinion on the adequacy of the corrective action and making other recommendations as necessary.

The CHP management group shall consider all matters in relation to the aligned resources. A nominated and suitably qualified officer will be identified to act as the financial adviser to the CHP and will be responsible for providing both the partner organisations and the CHP with appropriate financial information and advice.

A CHP finance group will be involved in the budget setting and monitoring process for each aspect of the aligned budget.

The chief auditors of each of the partners will work together to develop a joint approach to the audit of the governance and accountability aspects of joint resources and will jointly prepare strategic and annual plans on the basis of an agreed risk assessment methodology.

The CHP Management Team/Committee will continue to develop and report on local indicators to monitor the implementation and effectiveness of service outcomes as outlined in JPIAF 10 and 11 alongside the local outcome agreements.

## **8. LINKS TO SPECIALIST AND NON LOCAL SERVICES**

8.1. 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.

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

8.3. The CHP will develop effective working relationship with acute specialist services in both 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 of key service providers;
- identify service priorities;
- agree joint investments;
- manage local performance.

8.4. 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 which will ensure direct senior management connection across CHP and specialist provider management structures.

8.5. Mental Health Services

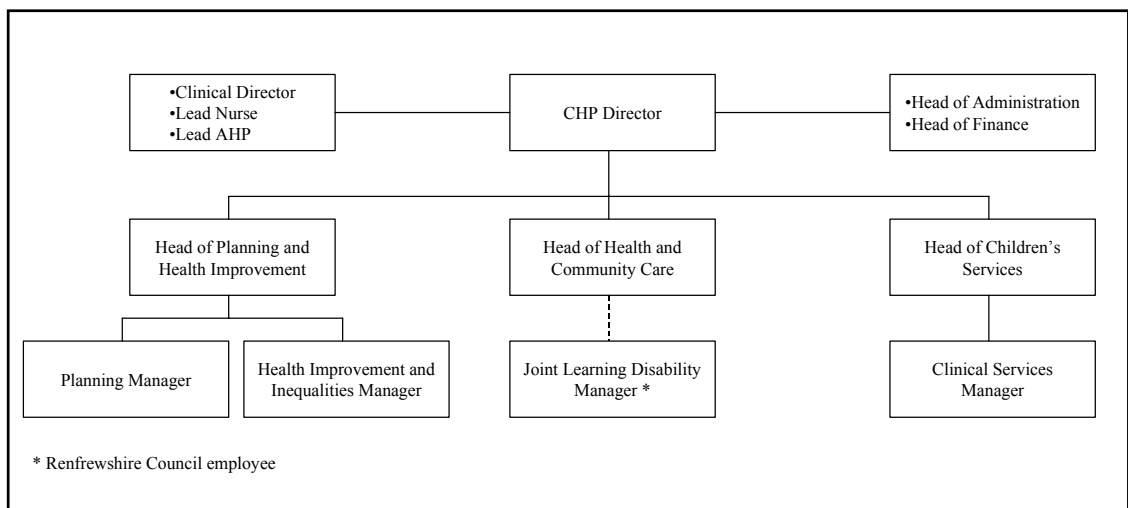
8.6. We intend to establish a platform for a fully integrated NHS and social care mental health network by the initial integration of primary and secondary mental health care. This integration will be a comprehensive NHS network, offering a full range of services from primary care support through to inpatient care.

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

- to manage Greater Glasgow 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;
- 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.

**9. MANAGEMENT TEAM**

9.1. 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:



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

9.3. 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 coordinates the implementation and development of integrated services;
- enable the engagement of all stakeholders;
- advise and support the Board, the PEC, the PPF;

- develop relationships with the NHS Board, Renfrewshire Council, other CHPs and secondary care.

9.4. In addition to the posts outlined above the Council’s Director of Social Work, Head of Child Care and Criminal Justice and Community Care will be full members of the management team.

**10. PLANNING AND DEVELOPMENT**

10.1. 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 at NHS Board level, neighbouring CHP planning arrangements (in particular, where a relevant hosting arrangement exists); integrated children’s services planning; community planning, inter-agency child protection arrangements, NHS Greater Glasgow and Clyde Acute Services Planning; Managed Clinical Networks and NHS Regional Planning.

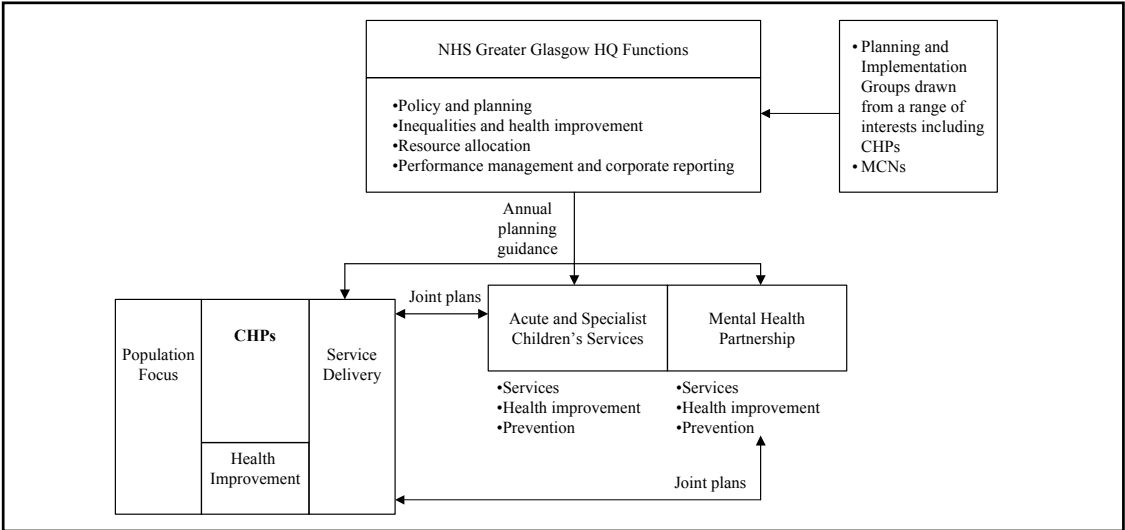
10.2. The CHP will be formally represented on a number of planning and management groups outside its local area, including:

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

10.3. Where appropriate the CHP will engage with existing networks, structures and planning arrangements of other key agencies and sectors, rather than setting up new fora or working groups.

10.4. Within the planning framework established by NHS Greater Glasgow and Clyde systems the CHP will produce a three-year plan for the range of its responsibilities including resources, service delivery, health improvement and tackling inequalities.

10.5. The planning network can be demonstrated diagrammatically:



## **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.
- 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 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 link to service redesign and best value; to health improvement and service improvement; to forward planning and to the other governance and accountability structures for the CHP.
- 11.5. One of the major achievements of the LHCCs has been in increasing the co-operation of the practices and community teams involved in the delivery of care. The consideration of a wide range of issues that directly impacts on the continued delivery of high quality care has taken place on a regular, planned and recorded basis through LHCC meetings and protected learning time events, with audit data being shared and discussed
- 11.6. The PEG will wish to encourage all practices in the CHP to engage in these processes and the associated activity. There is an acknowledged risk that the good development work that has been achieved by LHCCs in the last five years will be lost if the CHP does not take action to build on these developments. It is therefore proposed the CHP takes responsibility for maintaining and developing this shared work as responsibilities migrate from LHCCs, across Greater Glasgow to the CHP. The CHP will therefore through the PEG, promote:
- clinical audit and significant event analysis within the CHP;
  - sharing of audit data;
  - needs based protected learning events;
  - the detection and remediation of under performance.

## **12. DEVOLVED FINANCIAL RESPONSIBILITIES**

- 12.1. 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. Paragraph 7.4 outlines arrangements for aligned budgets.
- 12.2. Detailed financial delegation and monitoring arrangements will be developed. This will include regular reporting into the wider NHS financial systems, and the development of a clear set of financial protocols and related audit requirements.
- 12.3. The CHP Director will be responsible for remaining within the allocated budget and accounting to the NHS Chief Executive for financial probity and performance.
- 12.4. 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 wider corporate governance arrangements.
- 12.5. The CHP will also be responsible for resource transfer funding to Renfrewshire Council to provide community care services within the CHP area.

## **13. SUPPORT SERVICES**

- 13.1. We are committed to devolving support services to the CHP, in particular, arrangements will be further developed around:
  - financial management;
  - service planning and performance management;
  - human resources and organisational development;
  - IT and facilities management;
  - estates.
- 13.2. We will work with Renfrewshire Council to agree the detail of these arrangements and how they can be accommodated, with the CHP management team in new joint facilities.