DRAFT

NHS GRAMPIAN

SCHEME OF ESTABLISHMENT

AND

DEVELOPMENT PLAN

DRAFT FOR CONSULTATION
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CONTENTS

i. INTRODUCTION

NHS Grampian laid the foundations and began the process of the development of Community Health Partnerships (CHPs) with its Proposal for an Integrated Healthcare System for NHS Grampian. This gained Scottish Executive Health Department (SEHD) approval in early 2004. The proposal built on the success of Local Health Care Co-operatives (LHCCs) in Grampian which had been working as 3 Collectives, broadly coterminous with the 3 Local Authorities in Grampian, since 2002.

In April 2002 the Support services Integration Project (SSIP) led to the appointment of a single NHS Grampian Director for Finance, HR, Planning, Facilities and Corporate Communications. Fully integrated departments were then established and worked across NHS Grampian providing another element of the foundation on which Community Health Partnerships could be created.

A single system was established with one operating division made up of 3 Shadow Community Health Partnerships and Acute Services on 1st April 2004. A number of services, while being managed within one of the 4 sectors, were described as "Services in Transition". This was in recognition of the fact that CHPs would have a major impact by improving or further developing integration across agencies and across the health service. These services were Mental Health (including Learning Disabilities), Care of the Elderly, Children's Services, Laboratory Medicine and Radiology. Mental Health including Learning Disabilities are a fifth sector managed through Aberdeenshire CHP until March 2005.

General Manager and Clinical Lead appointments were made to each of the sectors and these postholders along with the Chief Operating Officer and Corporate Directors have been working together on a collaborative basis to provide operational and performance management within NHS Grampian. This has been done through the Operational Management Team with a Performance Governance Committee fulfilling the requirements of the White Paper - Partnership for Care.

NHS Grampian's Service Strategy and Redesign Committee (SSRC) was established in April 2004 though its predecessor, the Grampian Development Team (the Grampian Local Development Team as required by MEL(2000) 34) in existence since 2001, had laid the foundations of collaborative single system planning, redesign and working.

Primary Care and its continued evolution as part of CHPs will be a crucial part of enabling CHPs to deliver change and redesign of services. The new General Medical Services (GMS) Contract can be utilised to facilitate modernisation of services and to respond to local issues. Contracts for delivery of primary medical services are currently managed centrally by NHS Grampian. All CHPs are actively involved in planning, co-ordination, delivery and performance management via the New GMS Contract Implementation Group (chaired by the Director of Primary Care and including acute services representation), and the Enhanced Services Group (chaired by one of the CHP Clinical Leads and including acute services representation).

Strategic planning of Grampian wide community based services is currently led and co-ordinated by the Grampian Primary Care Group (chaired by a General Manager from within a CHP and including acute services representation). This is supported by the sub-structure of the GMS IM&T Group, Primary Care Finance Group and Premises Group (formed with the establishment of the Primary Care Organisation). Each CHP leads on strategic planning for its own area and in the future CHPs, with their integration and cross system focus, will be the driving force around service design and planning.

ii. CREATION OF THE SCHEME OF ESTABLISHMENT AND DEVELOPMENT PLAN

NHS Grampian has taken an organisation development approach to the preparation of its Scheme of Establishment and Development Plan. The participants on the National CHP Leadership Development Programme became the core of the Project Team for the work. Other members were representatives from Public Health, clinicians, and support functions (see Appendix 1).

A large number of different pieces of work were initiated during the summer of 2004 and these were co-ordinated and/or led by members of the Project Team, including:

- Work within each Shadow CHP to propose their elements of the Scheme of Establishment and Development Plan.
- Work led by each of the Services in Transition and involving a wide range of stakeholders to propose appropriate future management arrangements for the services.
- Work within each Support Directorate to propose how what had been established in SSIP would be further developed to support CHPs and enable them to be maximally effective.

The Chief Executive has led this work and through discussion with the Executive Team has provided the leadership and framework to allow a balanced "bottom up" and "top down" approach. The framework was made up of NHS Grampian's Health Plan and Change and Innovation Plan both of which are led by the SSRC which includes in its membership the Shadow CHP and Acute Services General Managers and Clinical Leads. A further significant part of the framework are the HealthFit Principles developed in 2001 which have guided all planning and development and have wide currency within and across NHS Grampian (see appendix 2).

As part of the process of developing the Scheme of Establishment and Development Plan the Board Executive Team along with senior clinicians re-examined and confirmed existing strategy. They further confirmed that our strategy is for maximum devolution to the community as appropriate but that wherever services are managed, service delivery will be seen as a continuum across health and other agencies. It was recognised that care pathways change rapidly and management structures will fit clinical needs and be flexible and responsive.

It was also recognised that a change in management structures does not of itself deliver change and that the destabilisation in a system which results from restructuring is a major distraction from service delivery. NHS Grampian's emphasis is therefore not on changing management structures as part of the move from Shadow CHPs to formal establishment on 1st April 2005. Management structures were changed on 1st April 2004 and the emphasis now will be on ensuring that ways of working support what the management structures were intended to deliver.

At the commencement of the project the following principles were agreed:

- Managerial boundaries will not interfere with patient access to care or with professional issues such as continuing professional development.
- Improvements and successes resulting from LHCCs and acute services will not be jeopardised but will be built upon.
- Services and other initiatives, for example relating to improving health, will be based on demonstrable needs of communities.
- The focus will be on effective management processes rather than management structures.
- Any changes in management arrangements will be based on clear "added value" to ensure that real integration can be achieved.
- Measurable outcomes will be defined so that progress can be evaluated.
- Links will be established with the process to develop the Health Plan to ensure a co-ordinated approach.

CHP SCHEME OF ESTABLISHMENT

1. IMPROVING SERVICES

1.1 Introduction

NHS Grampian aims to improve services by ensuring that CHPs are established in a way that maximises their ability to support integration across health and between health and other agencies. Direct management of services is seen as appropriate in some circumstances but the ability to influence plans and how services are delivered, organised and co-ordinated is more important. Management of referrals, management of emergency admissions and of delayed discharges are all areas where integration and collaboration can deliver improvements in services.

Budgets are set where management responsibility and accountability for service delivery lies. Maximum flexibility is afforded to the CHP management to innovatively use the resource under their control in order to support service redesign and manage change.

The whole system approach is illustrated by the development of strategies that cross care groups, for example the Disability Strategy which aims to improve access and information for all people with disabilities. In addition a Planned Care Delivery Group has been established with multi-disciplinary membership from throughout the system and chaired by the Chief Operating Officer.

The success of LHCCs, the arrangements for Joint Future and recent redesign work in acute services are viewed as critical elements of the foundations on which CHPs will be created and the Scheme of Establishment will confirm and enhance both.

1.2 The outcomes for CHPs, including local improvement targets

NHS Grampian's Health Plan and Change and Innovation Plan lay out outcomes for the whole system and these are based on a system made up of CHPs. In addition there are outcomes specific to CHPs and also outcomes already defined in the Local Partnership Agreements (LPAs) as part of Joint Future. These relate to the four National Outcomes for all community care groups and have already been submitted (see paragraph 1.2.3). Further detail will be contained in the Joint Performance Implementation Assessment Framework (JPIAF) returns to be submitted in April 2005.

1.2.1 Health Plan and Change and Innovation Plan

The NHS Grampian Change and Innovation Plan 2004-05 describes work related to a number of areas which have system wide relevance:

- Diagnostic and treatment centres
- Modernisation of acute services
- Reshaping the out of hours service
- Achievement of waiting times targets
- Winter planning and implementation of the Older People's Strategy.

The outcomes identified in the Change and Innovation Plan (which was approved by the Scottish Executive earlier this year) are grouped as follows:

1) Unscheduled care
2) Planned care
3) Integrated care
4) Clinical organisation of the acute hospital service
5) Clinical organisation of services in primary care
6) Workforce and pay modernisation
7) Development of clinical infrastructure

Much of the Change and Innovation Plan work is led by managers from within the Shadow CHPs ensuring that the CHPs are leading the agenda and collaborating.

The 2005-06 Health Plan (currently being prepared) includes in addition actions related to reducing health inequalities and to supporting self care and self management for people with long term conditions.

Alongside the plans for changing the way services are delivered and for improving health are actions related to financial sustainability which have been submitted to the Scottish Executive separately but clearly will be an aspect of the outcomes for CHPs.

1.2.2 CHP outcomes

The following headings were developed by NHS Grampian's participants on the National CHP Leadership Development Programme and over the next 3 months each CHP will be agreeing its own local measurable targets:

- Addressing health inequalities
- Improving access to health services, by ensuring patients receive the right service, in the right place, at the right time
- Improving patient/public centredness
- Contributing to the development of sustainable communities by tackling the underlying causes of poor health and chronic disease
- Valuing our staff

1.2.3 National outcomes for all community care groups

1) Supporting more people at home as an alternative to care home
2) Assisting people to live more independent lives through reducing inappropriate admission and enabling supported and faster discharge
3) Ensuring people receive improved quality of care through faster access to and better quality services
4) Better involvement and support of carers.

1.3 The range of services to be devolved to CHPs from day one and how this will expand over time

The following services are **already devolved** to the three Shadow CHPs:

- All community health services
- Community nursing
- Community hospitals
- Rapid response services
- Community midwifery
- Community based health promotion and public health services
- Specialist community nursing services for sexual health, the homeless, breast care, stome care and diabetes
- All Allied Health Professional (AHP) services including a unified Council/NHS Occupational Therapy service in Moray
- Salaried GMS medical services (including Section 17C services) – budgets are already devolved; line management by CHPs will be in place by January 2005 with professional management by the Director of Primary Care
- Health Improvement services
- Community Mental Health services and Integrated Learning Disability services within a matrix framework with specialist services MCN.

The following services **will be devolved to CHPs over time** and with due process in relation to HR and Organisational Change policies. Clinical governance arrangements will also be agreed as part of the process of transfer on management arrangements. Timescales have not yet been agreed but will be within the first year of operation of the CHPs:

- Community and salaried dentistry – Clinical Service Manager post already in place, budget to be devolved by autumn 2005
- Integrated Substance Misuse services
- Community Child Health services including Child Development Teams and School Nursing

  [In the Moray CHP, all children's services with the exception of inpatient, elective and emergency activity in Aberdeen will be directly managed by the CHP as agreed in their LPA in April 2004. Specialist, tertiary services provided from Aberdeen will be managed through acute services.]
- Housing and disability assessments and travel clinic
- All CHP pharmacy support services

The following areas are **currently in discussion** or about to commence discussion with a wide range of stakeholders to determine the most appropriate organisational arrangements for their service:

- Square 13 (Family Planning) – discussion currently underway to determine where these services should be managed in the future (by June 2005)

- Breast Screening – currently in consultation regarding possible integration with the Symptomatic Breast Service or hosting by a CHP (by June 2005)
- Community based unscheduled care
- Rehabilitation Services
- Children's Services in Aberdeenshire and Aberdeen City other than those already mentioned
- Child and Adolescent Mental Health Services

In addition the future organisational arrangements for Managed Clinical Networks (MCNs) is being explored with a view to taking both north of Scotland and Grampian considerations into account. A number of MCNs (Stroke, Cardiology, Cancer, ENT, Diabetes, Epilepsy) are already in place and others (Oral Health) will be created to support the strategy of organising care around care pathways and care networks.

1.4 The services to be managed, co-ordinated or provided by each CHP

Direct management of services by CHPs is outlined above. However CHPs will have influence over the delivery of a significant number of services through various mechanisms many of which are already in place.

1.4.1 Aberdeen City

Service	Mechanism
Community Midwifery Services	CHP membership of NHS Grampian Midwifery Board
Services for people with sensory impairment and/or physical disabilities	Joint Future and Grampian – wide Partnership Committee for Health and Social Care
Child Health Services	CHP membership of unified Child Health Management Board
Respite or short break services for all client groups	Joint Future
Care of the Elderly services	CHP membership of Care of the Elderly Management Board
Joint Services for older people	Joint Future
Palliative Care	Joint Future
Community Assessment and Rehabilitation	Joint Future
Laboratory Medicine, Radiology and Bio-medical Physics	CHP membership of Diagnostic Services Forum
Independent Community Pharmacy	Membership of CHP Committee
Independent General Dental Practice	Membership of CHP Committee
Independent Optometry	Membership of CHP Committee

1.4.2 Aberdeenshire

Service	Mechanism
Services for people with sensory impairment and/or physical disabilities	Joint Future and Grampian – wide Partnership Committee for Health and Social Care
Child Health Services	CHP membership of unified Child Health Management Board

Respite or short break services for all client groups	Joint Future
Care of the Elderly services	CHP membership of Care of the Elderly Management Board plus aligned beds and consultants
Joint Services for older people	Joint Future
Palliative Care	Joint Future
Community Assessment and Rehabilitation	Joint Future
Laboratory Medicine, Radiology and Bio-medical Physics	CHP membership of Diagnostic Services Forum
Independent Community Pharmacy	Membership of CHP Committee
Independent General Dental Practice	Membership of CHP Committee
Independent Optometry	Membership of CHP Committee

1.4.3 Moray

Service	**Mechanism**
Laboratory Medicine, Radiology and Bio-medical Physics	CHP membership of Diagnostic Services Forum
Independent Community Pharmacy	Membership of CHP Committee
Independent General Dental Practice	Membership of CHP Committee
Independent Optometry	Membership of CHP Committee

Grampian wide co-ordination is required for a number of issues and this will be done with the involvement of CHPs. Examples are the Scottish Ambulance Service, NHS 24 and emergency planning.

As noted in the introduction specific work has taken place in relation to Mental Health including Learning Disabilities, Children's Services and Care of the Elderly.

The outcome of the Children's Services work is summarised in paragraph 1.7 below. The Mental Health and Care of the Elderly work is summarised as follows.

For all these services the current management teams will be supplemented to include representatives from all parts of the system – health and non-health. The current clinical management appointments are all secondary care based. They are also short-term appointments (between 1 and 3 year terms of office) as are most clinical management posts in NHS Grampian. When the term of office for clinical managers in these services (Mental Health, Care of the Elderly and Children's Services) come to an end the posts will be opened to applicants from all parts of the system to apply.

1.4.4 Mental Health including Learning Disabilities

The management of Mental Health requires to have 2 main strands:

1) A Grampian-wide approach to planning of services to ensure consistency in the delivery of Specialist Services.
2) A local CHP based integration of Community Services to ensure there is a focus on local needs.

Within these requirements and following the principles of the guidance there will be an overarching Mental Health Partnership Board to ensure Grampian-wide development of services within National Mental Health Guidance. This Board will be a sub-group of the Grampian Wide Partnership Committee. The Mental Health Partnership Board will draw its representation from CHPs, Local Authority, Voluntary Sector, Users/Carers and Secondary Specialist services. This Board will replace the current Common Issues Group.

The management of services will by necessity be a matrix management arrangement for community services with the Specialist Services (as defined in Joint Futures) hosted within one CHP. For this purpose a Managed Clinical Network will exist to ensure a holistic approach to Mental Health Services across Grampian. There will be a MCN Clinical Director and Manager with responsibility for service delivery. Specialist Mental Health Services will have a Clinical and Management Lead within each CHP.

Services at CHP level will continue to be managed through the already existing Joint Future Integrated Management Teams.

1.4.5 Care of the Elderly

Key Principles:

- That services will be delivered locally when at all possible.
- That patients and carers needs will be given the highest priority.
- That over time the CHPs will have increasing responsibility for the planning and delivery of service.
- It is essential that there is consistency across the whole of Grampian in the outcomes we wish to see delivered for patients.
- That the 'Specialist' aspects of the service continue to be developed and resourced.

Proposals:

- **Consultant Geriatricians** will be aligned where possible on a geographical or team basis. The basis of the alignment will be determined taking into account the need for a local focus and responsiveness to local needs but avoidance of the risk of fragmentation and inability to deploy resource where it is required. In the longer-term (1-2yrs) there should be a lead geriatrician for each CHP and they should be supported by a manager. The detailed description of these roles will ensure the issues outlined above are accommodated. However it is envisaged that the lead geriatrician would manage the other consultants working within the CHP. This would be part of a matrix managed care network and therefore the Lead Clinicians would also have a reporting line to the manager of the tertiary or Grampian wide services and in-patient services.

- **Staff currently within the acute sector (nursing, AHPs, management, secretarial and ancillary staff)** will remain within the acute sector and as appropriate will be aligned to CHPs.

- **Continuing Care beds** will be managed locally by the CHP and the reduction in the number of these beds will continue in line with the 'Older People's Strategy'.

- **Geriatric Assessment beds** will continue to be managed within the Acute Sector over the next few years. There are issues around junior doctor rotas/training and Medical receiving that mean it is not possible or sensible to move this specialist service at the moment.

However, these beds should be aligned as the consultants would be to CHP's (same as the Mental Health model). The situation is different in Elgin where the geriatric beds are already part of the acute establishment but are managed by the CHP.

- **Day Hospital** will be hosted by Aberdeen CHP from a date yet to be determined in order to satisfy HR and Organisational Change Policy requirements. Clearly although Aberdeenshire patients do not use this service on a regular basis the CHP should have influence over the planning and delivery of this service.

- **Intermediate Care beds** will remain within Care of the Elderly for a further year while a review of these beds is carried out. CHPs and the service will agree the definition and numbers of these beds.

- There will be an Elderly Strategy Group that meets twice yearly to ensure that the strategy is being implemented and that a Grampian–wide approach is being taken.

- **Management arrangements** – the Elderly Management Team will be jointly managed from April 2005 by both Services in Transition and Aberdeen City CHP.

1.5 How joint future arrangements for jointly improving outcomes and services, in particular joint services for adults and older people, will be integral to and enhanced by CHPs

The governance and management arrangements described in the Extended Local Partnership Agreement (ELPA) anticipated the introduction of CHPs. Each CHP is currently in discussion to agree the proposals for integration of the Joint Future agenda with CHPs. The proposals under discussion are summarised below and it is anticipated that formal approval by each of the Local Authorities will be gained by the time of submission of the Scheme of Establishment and Development Plan to the Scottish Executive.

1.5.1 Aberdeen City

The Aberdeen Partnership Committee for Health and Social Care (APCHSC) will continue to function as the partnership body for Joint Future. A minimum of 2 members of the APCHSC will be members of the CHP Committee. Members of the CHP Committee will also sit on the APCHSC and these will include the Chair of the CHP. The APCHSC has proposed that in year 3 of the CHP full integration of Joint Future and the CHP should take place provided that governance and accountability issues can be fully addressed.

1.5.2 Aberdeenshire

The Joint Future arrangements within Aberdeenshire are led by the Strategic Board for Health, Community Care and Children's Services. The Joint management teams for Older Peoples Services, Mental Health (including Dementia and Substance Misuse) and Learning Disability are accountable to the Board for joint planning, management and delivery of these services. A Children's Executive has been formed between the partner organisations, which at the moment is accountable for the leadership, planning and co-ordination of services across Aberdeenshire.

To ensure meaningful authority for making decisions about NHS resources is devolved to the Strategic Board, and to ensure a proper focus on the Aberdeenshire population, the NHS

contribution to the Strategic Board is taken from the NHS non-executive directors and senior members of the CHP management board.

1.5.3 Moray

Joint Future arrangements will be integrated into CHP arrangements and together they will become the Moray Community Health and Social Care Partnership (CH & SCP). An integrated primary, secondary, community health, community social care and public health partnership will deliver improvements in all areas of health and social wellbeing. At a formal level the Moray CH & SCP body will be a sub-committee of NHS Grampian Board, with 3 Non-Executive Directors sitting on the SCP Committee. In addition the CH & SCP will be a formal advisory committee to the Moray Council, with a minimum of 3 Councillors serving on the Committee.

The Moray CH & SCP Committee has a formal link to the Moray Community Planning framework and has agreed to lead on the development and implementation of the Health, Housing and Social Care theme.

The Moray CH & SCP aims to provide the framework for a unified and whole system approach to all Health and Social Care Services, following the vision, principles and values set out in the extended Local Partnership Agreement.

Success will be determined by improved service delivery performance leading to higher levels of public satisfaction. A baseline customer satisfaction survey is being carried out by independent consultants during Autumn/Winter 2004/5 and will be repeated in 2006/7. In addition, the extended LPA contains 30 local performance measures (JPIAF 11), which will assist in measuring success.

An integrated CH&SCP will benefit the citizens of Moray through:

- efficient organisation and structure of services under one management structure
- increasing the range, quality and capacity of services through careful planning and joint commissioning
- improving access to care by creating best use of pathways, processes and technology
- targeting resources at areas of greatest need to reduce inequalities and provide modern health and social care services.

1.6 The services hosted by a CHP and why

The rationale for the hosting of any service by a CHP will be made according to a number of criteria. These include: where the major component of the service is located, where strongest inter-agency links can be supported, and where management capacity in terms of knowledge of the service, expertise and amount of management resource exist. Mental Health including Learning Disabilities has been managed by the Aberdeenshire Shadow CHP GM as a result of available management capacity since 1st April 2004. This service will be hosted by the Aberdeenshire CHP from 1st April 2005.

1.7 How CHPs will contribute towards better integration of universal and targeted services for children and young people

The Child Health Strategic Management Group has existed in Grampian for some time and has a remit to develop strategic direction for children's services. A Child Health Strategy is close to completion.

In April 2004 a Unified Child Health Management Group was established, with members from specialist services and Shadow CHPs. The members of the group have responsibility for managing different parts of the Child Health Service and will jointly manage the total service. From 1st April 2005, this group will provide the mechanism to integrate the planning and management of targeted services. Within each CHP a network will be set up to plan and co-ordinate children's services in its area. The mechanism by which each CHP contributes to the integration of Children's Services will be:

- Aberdeen City - Aberdeen Children and Young People's Strategic Planning Group
- Aberdeenshire – Children's Executive
- Moray – For Moray's Children

The Unified management Group will jointly manage the specialist services. Its membership will include a General Manager and a Lead GP from each CHP. A Lead Clinician from the specialist services will also be a member of each CHP Committee.

Health Visitors and Speech and Language Therapy services for children will be directly managed by each CHP.

It is proposed that in line with informal guidance from the Scottish Executive, NHS Grampian should have a designated Executive or Non-executive to represent children's services at Board level.

Integration of neo-natology and paediatrics is currently being explored and also links between Child and Adolescent Mental Health Services.

1.8 The formal mechanisms by which CHPs will be involved in Health Board and other strategic planning processes

As outlined in the introduction the Service Strategy and Redesign Committee (SSRC) is the forum for planning and service redesign. SSRC is a sub-committee of the NHS Grampian Board, is chaired by a clinician (who is a Board member) and has, among its members, representatives from the CHPs and Acute Services and the Area Clinical Forum, plus the Employee Director. The original remit of the SSRC was to:

- Commission and lead various redesign initiatives
- Co-ordination of these in order to maximise benefits
- Ensure a consistent approach to service redesign and link planning and management
- Performance manage the delivery of plans
- Maximise organisational support to the delivery of plans

In addition, SSRC now leads the development of the Grampian Health Plan and the Change and Innovation Programme within the Health Plan and leads whole system redesign activity.

In order to provide the lead role in relation to the Health Plan the SSRC now has to define the long term vision for health and health services in NHS Grampian in order to provide the framework within which service redesign will take place.

With the formal establishment of CHPs the SSRC will be able, as it is currently constituted, to facilitate the CHPs to collaborate and it will provide the forum within which the CHPs will "co-create" NHS Grampian's plans thereby avoiding the risk of a creating "silos" within NHS Grampian.

The planning cycle within NHS Grampian begins with the creation in CHPs of Joint Health Improvement Plans (JHIPs). These plans along with the development plans for MCNs and for individual services collectively form the basis of the NHS Grampian Health Plan.

1.9 The formal mechanisms for ensuring that CHPs are central to service redesign decisions and resource allocation

Capital Planning responds to service requirements and is carried out by the Asset Investment Group which is a sub-group of the Operational Management Team. Each CHP General Manager is a member of this group. Any service development bid for funding as part of the NHS Grampian prioritisation process requires to be supported by a CHP sponsor. This prioritisation process is subject to the leadership of SSRC.

2. IMPROVING HEALTH

2.1 Introduction

NHS Grampian's Framework for Reducing Health Inequalities: 2004-2007 was approved in May 2004. The basis of the framework is JHIPs and the Community Planning process and it is therefore firmly rooted in CHPs.

As part of the move to single system working and increasing the focus on improving health the Public Health Department has undertaken a major redesign exercise over the last 2 years and there is now significant health improvement capacity within the Shadow CHPs. Most of the staff who were formerly part of the central Health Promotion Department are now located in and managed within the Shadow CHPs. A Public Health Lead has been appointed in each CHP and is accountable to the CHP General Manager. There are also a number of Public Health Co-ordinators who played a major role in the development of capacity in the LHCCs which can be further built upon. The 4 themes in Improving Health in Scotland – The Challenge are the framework around which activity takes place.

Each CHP has its own network of all those involved in health improvement activity whether from the NHS or from the local authority to ensure that activities are co-ordinated and targeted appropriately.

Specialist expertise remains in a centrally managed function but it is linked very closely with the CHPs and Acute services to ensure that its activities reflect local needs as well as the NHS Grampian requirements.

2.2 The role of CHPs in local community planning processes

2.2.1 Aberdeen City

The Aberdeen Community Planning Process is led by The Aberdeen City Alliance (TACA). TACA has 14 Challenge Forums including one for Health and Social Care. TACA has agreed that the Aberdeen CHP will replace the present Health and Social Care Challenge Forum.

The Aberdeen CHP will have 3 seats on TACA. The Chair of the CHP will have a seat as Chair of a Challenge Forum. The remaining 2 seats are the NHS places on the partnership. These will be taken by the CHP General Manager and the Clinical Lead.

In addition, the CHP will have places on the majority of the other forums, this ensures that we are able to influence the broader determinants of health and wellbeing. In addition, the Public Health Lead sits on the Lead Officer Group for TACA and a significant part of the role profile for this post is to support community planning.

2.2.2 Aberdeenshire

Aberdeenshire CHP is coterminous with Aberdeenshire Community Planning Partnership (CPP) area; this allows the potential for effective partnership working to meet the needs of communities through multi-agency working.

CHP Senior management team members will represent Aberdeenshire CHP on all CPP Forums. The CHP GM, who will ensure appropriate links to NHS Grampian, will provide accountability and Leadership.

In order to be consistent with the Aberdeenshire CHP principle of devolving decision making to local communities, local Community Planning issues will be led by Local CHP management teams. LCHP GMs, who will ensure appropriate links to Aberdeenshire CHP, will provide accountability and leadership.

Aberdeenshire CHP will lead on the Well-being theme of Community Planning on behalf of the Community Planning Partnership.

2.2.3 Moray

The Moray Community Health and Social Care Partnership has a formal link to the Community Planning framework and will take the lead responsibility for progressing the Health, Housing and Social Care “theme”.

2.3 The role of CHPs in helping to shape Joint Health Improvement Plans and local health plans

Each CHP will develop 3-year Joint Health Improvement Plans (JHIPs) in conjunction with Community Planning Partners.

The above process will follow the planning cycle agreed by NHS Grampian and as such will both influence and be guided by the development of the Local Health Plan.

2.4 How public health expertise will be used to support the work of CHPs

In 2003, a redesign of public health resource was undertaken resulting in:

- The creation of a Public Health Lead post in each Collective, now Shadow CHP, directly managed by the CHP
- The transfer of community health promotion staff to Collectives with direct management by the CHP
- The transfer of the NHS lead for community planning to CHPs
- The freedom within CHPs to deploy their staff according to the needs of the CHP

A central Public Health Unit, consisting of 3 work teams – Health Improvement, Health Intelligence and Health Protection - was created to:

- Develop and use integrated public health information to define what needs to happen across a range of determinants of health and to measure progress
- Routinely translate evidence into action to improve health and tackle health inequalities
- Develop public health skills throughout NHS Grampian
- Establish mechanisms for health governance
- Deliver statutory public health duties

This unit is currently managed centrally but this may change over time if management within a CHP is seen to be an appropriate development by the whole system and in particular by the Public Health Network described below.

2.5 How CHPs will be developed to maximise their contribution to health improvement and reducing health inequalities

A Grampian Public Health Network consisting of Public Health Unit staff, CHP, Acute Services and MCN representatives has been established and will be fully functioning by 1st April 2005. The network will ensure that delivery of the public health/health improvement function is co-ordinated and integrated across Grampian. It will also ensure that there is capacity and competence to deliver on the public health/health improvement agenda. Key components of the network's role are:

1) Development of a process to jointly develop priorities, plans and actions for public health and health improvement across Grampian. Actions at local level may vary depending on local needs and circumstances, determined by local needs assessment work, but will all be consistent with an overarching Grampian-wide plan for public health and health improvement. This will be documented in the Grampian Health Plan and the three JHIPs.

2) Monitoring of the delivery of the public health/health improvement function and performance against targets will be undertaken by the Public Health Network as well as through formal performance monitoring mechanisms.

3) Ensuring access for the CHPs and Acute Services to information, resources and expertise within the Public Health Unit and vice versa.

4) Establishing effective communication across the public health system using:

- HI-NET – an interactive communication tool and virtual network for all professionals in NHS Grampian and its partner organisations
- Newsletters
- Quarterly public health meetings with the aim of fostering whole system working
- Regular meetings of Public Health Work Group Leads, Director of Public Health, senior staff in CHPs and Acute with responsibility for health improvement with the aim of fostering whole system working in order to deliver points 1 and 2 above.

5) Agreement with the sectors in relation to specialist functions e.g. immunisation, screening.

6) Agreeing the competencies required and then implementation of a Grampian-wide audit to assess current competence levels. Subsequent development of a rolling programme of educational and training sessions to meet the identified and prioritised needs.

7) Effective management of workload locally and regionally (and where appropriate nationally) to avoid duplication and overlap.

3. ORGANISATIONAL ARRANGEMENTS

3.1 Introduction

The organisational arrangements established on 1st April 2004 following Scottish Executive approval of the NHS Grampian Proposal for an Integrated Healthcare System are those that will remain from 1st April 2005.

However specific aspects of the arrangements are currently under review to ensure that they remain the most appropriate. For example the Operational Management Team is undergoing a formal review and the preparation of the Scheme of Establishment and Development Plan is providing an opportunity to ensure that CHPs will be appropriately supported by the support functions to deliver the improvements in services that are aimed for.

Each CHP will develop its own decision-making and management arrangements to reflect local requirements, responsibilities and Joint Futures context.

3.2 Membership of each CHP committee

NHS Grampian and its partners are determined to ensure that CHPs actually deliver real service change that will make a significant, positive difference to the way that health improvement and healthcare services are delivered. In line with Partnership for Care, CHP membership will include a wide range of stakeholders including frontline staff who are best placed to understand the needs of local communities and how to deliver services to fulfil the greatest need. All members of the CHP Committees will be appointed by the NHS Grampian Board.

3.2.1 Aberdeen City

The Aberdeen CHP Committee will consist of:

- Chair – An NHS Board Non-Executive
- CHP Clinical Lead
- A General Medical Practitioner

- The CHP General Manager
- The CHP Lead Nurse
- The CHP Public Health Lead
- An Associate Medical Director from Acute
- 5 Councillors
- 3 Local Authority Officers
- 1 representative of staff (nominated by the CHP Staff Partnership Forum)
- 6 members of the Public Partnership Forum (3 from the Aberdeen Civic Forum, 1 from the Users Consultation and Monitoring Groups, 1 from the Carers Consultation and Monitoring Group or Aberdeen Carers Centre and 1 from the Patient Involvement Public Focus Committee†)
- 1 Community Pharmacist (nominated by the Locality Pharmacy Group*)
- 1 Allied Health Professional (nominated by the AHP Advisory Committee*)
- 1 Dentist (nominated by the Area Dental Committee*)
- 1 Optometrist (Nominated by the Area Optometry Committee*)
- 3 members of the Voluntary Sector (the Chair of Aberdeen Council for Voluntary Organisations, a Representative of the Healthy Living Network and a representative of the provider sector*)
- 1 representative of Grampian Police *
- 1 representative of North East Housing Forum*
- 1 representative of Higher Education (nominated by the Learning Forum*)
- Mental Health Service Clinical Lead*
- Children's Service Clinical Representative*
- Older People's Services Clinical Lead*
- Sexual Health Service Clinical Representative*
- MCN Lead *

† Must live in Aberdeen
* Must work or provide services in Aberdeen

3.2.2 Aberdeenshire

- Chair – An NHS Non-executive
- CHP Clinical Lead
- 3 – Clinical Leads (GPs) from LCHPs
- CHP General Manager
- 3 x LCHP General Managers
- CHP Public Health Lead
- CHP Planning Lead
- Clinical Director Mental Health
- Acute Sector (Clinician or Manager)
- 1 Staff Representative (nominated by GAPF)
- 1 Community Pharmacist (nominated by Locality Pharmacy Group)
- 1 AHP (AHP Advisory Committee Nomination)
- Councillors/LA Officers representation (still to be discussed and agreed)
- 1 Dentist (Area Dental Committee nomination)
- 1 Voluntary Sector Rep (drawn from CVS Co-ordinators – still to be agreed)
- 3 Members of the Public
- 1 Optometrist (nominated by Area Optometric Committee)
- 1 Lead Nurse (nominated by Nursing Advisory Group)
- HR/Finance/Joint Future Manager will support the Committee

3.2.3 Moray

- 3 NHS Board Members
- 3 – 7 Moray Councillors (final number to be agreed)
- The joint CH & SCP Managers - NHS General Manager
- Council Head of Community Care
- Lead System Managers for Nursing
- AHP
- Health Improvement
- Social Work
- Pharmacist
- Dentist
- 2 GPs
- Acute Sector Consultant
- Optometrist
- Integrated Hearing Disability Manager
- Integrated Mental Health Services Manager
- Chief Housing Officer
- Chief Social Work Officer
- Educational Services Officer – Support for Learning
- Finance Officer – NHS and Local Authority
- 2 Representatives from Joint Staff Forum
- 3 Representatives from the Public Partnership Forum
- 2 Representatives from the Voluntary Sector
- Scottish Ambulance Area Manager

3.3 The formal position of each CHP within the Health Board structures

NHS Grampian remains the board of governance within which all organisational arrangements, including CHPs, reside. The Chief Executive of NHS Grampian remains the accountable officer for the use of all Health Board resources and is accountable for any and all resources transferred to NHS Grampian under agreement with other agencies.

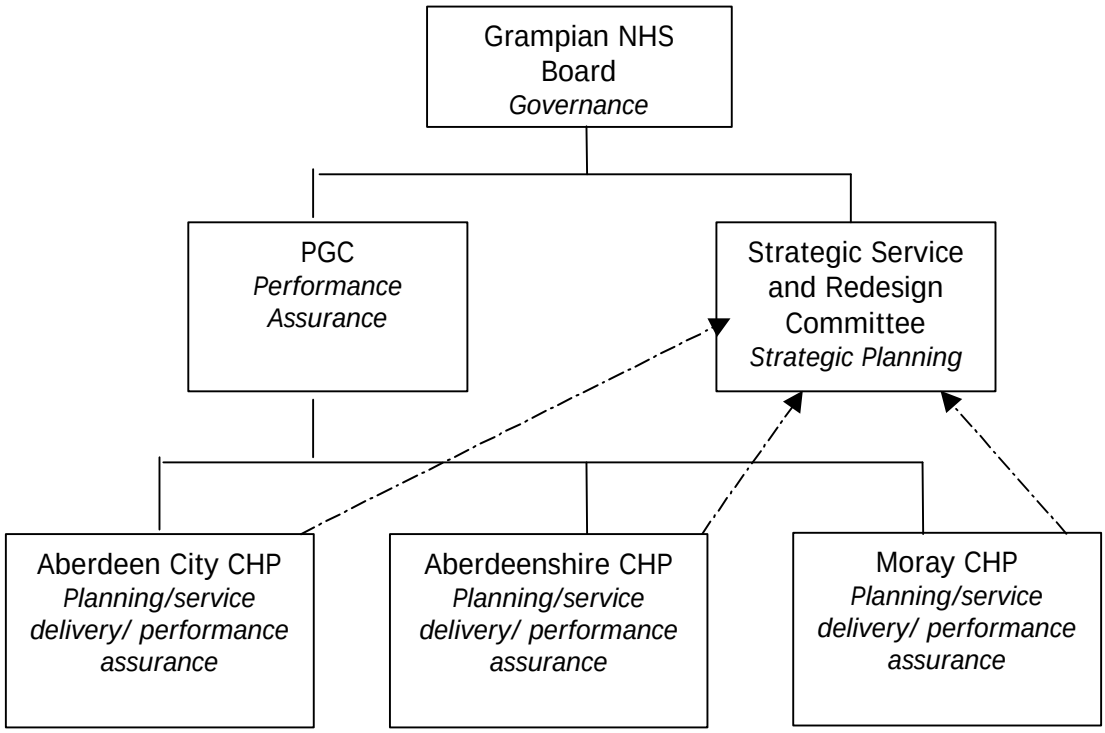
It is essential that CHPs become fully involved in strategic planning and allocation of resources for the Grampian Board area. CHPs must also be equipped to provide leadership for the coordination, planning, development and provision of services for their communities and to be accountable for the delivery of all devolved functions and services and for the use of devolved resources.

CHP organisational arrangements must therefore be sufficiently robust to permit effective and consistent contribution to strategic planning of service change including ongoing devolvement of responsibilities to frontline staff and development of joint working, to provide flexible, pragmatic and timeous decision-making and to ensure effective governance compliance.

To ensure that NHS Grampian CHPs are suitably positioned and equipped to take forward such responsibilities, each of the three CHPs will be formally established as committees of the Performance Governance Committee (PGC) which includes the role of the Divisional Management Team, a requirement that is consistent with NHS Grampian's "Framework for Reform: Devolved Decision-making Moving towards Single System Working" published in February 2003.

As the PGC is a committee of the Grampian NHS Board, it follows that each of the three CHPs will be a sub-committee of the Board. Diagram 1 below sets out schematically, the key governance relationships that will arise from this arrangement that best fits with the NHS Grampian single system approach.

Diagram 1



3.3.1 Key Governance Relationships

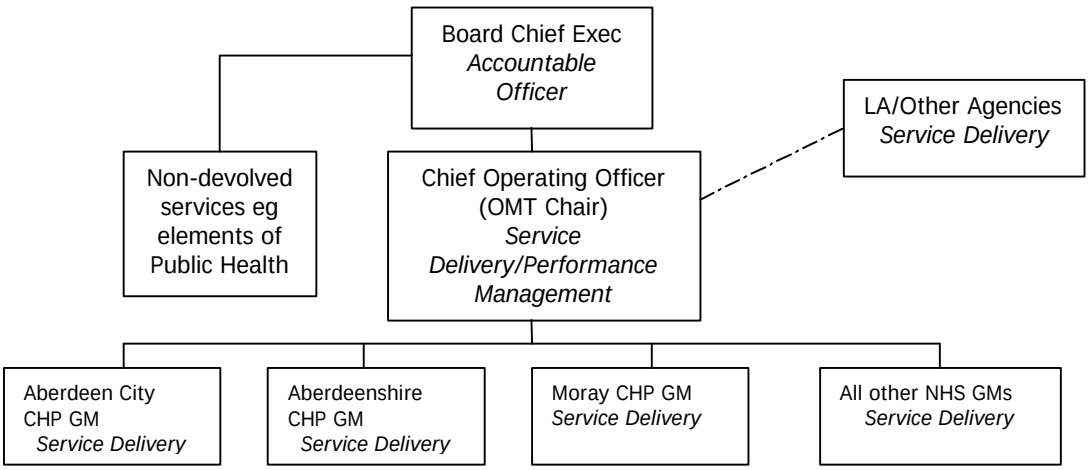
Within the above structure, there are key relationships that must be wholly effective to ensure that the Board can be provided with the assurances that it requires to fulfil its obligations, that the PGC can function professionally in providing such assurances and that the CHPs can exert sufficient influence in terms of strategic planning and service redesign to really make a difference to health in Grampian. The constitution and membership of the PGC will be reviewed and amended to reflect a direct management relationship with CHPs.

Those key relationships are simple in terms of understanding but very complex in terms of the matrix of responsibilities linking them together. The governance relationships follow exactly the committee structure as set out in Diagram 1. That is, the respective chairs of the CHPs are accountable to the chair of PGC who in turn is accountable to the chair of the Grampian NHS Board. The chair of the SSRC is also accountable to the Board chair and has a crucial working relationship with the chairs of the CHPs.

3.3.2 Operational Accountabilities

The CHP general managers form an important link between the CHPs, responsible for ensuring effective service delivery and the functions employed to provide that delivery. Diagram 2 below sets out the key working relationships:

Diagram 2



The NHS Grampian Chief Operating Officer is therefore responsible to the Board Chief Executive for all service delivery including services in the community, specialist and tertiary services, ensuring delivery of this agenda through the Operational Management Team. Each CHP general manager is accountable directly to the Chief Operating Officer in terms of securing effective services while at the same time, working in parallel with the chair and clinical lead of the CHP supporting strategic planning, delivery of devolved services and operational performance management.

3.4 The formal links with the Local Authority

3.4.1 Aberdeen City

The Aberdeen CHP will have a total of 8 members from the Local Authority.

The Director of Community Services at Aberdeen City Council has a formal cross Directorate role in relation to health and care. This Corporate Director and the CHP General Manager work in partnership to bring together the City Council and NHS to deliver effective health and care services for the people of Aberdeen.

The Aberdeen Partnership Committee for Health and Social Care operating within the Joint Governance and Accountability Framework (Local Partnership Agreement April 2003) gives a formal basis for the CHP and City Council to jointly deliver Joint Future Services.

Within the Community Planning Partnership Agreement there are formal links between the NHS and the other partners. The City Council is one of the main partners. The CHP will lead for NHS

Grampian in the Community Planning Partnership and is a formal part of the community planning structure.

3.4.2 Aberdeenshire

The CHP will have members from the Local Authority (numbers/composition yet to be determined).

The Head of Service, Elderly, and the Head of Service, Mental Health/Learning Disability are currently members of the CHP Management team which meets monthly. They both have Local Authority accountability through the Joint Future Agenda.

It is envisaged there will be formal links to the Chief Executive's Management Team and identification of a formal linking relationship with the CHP General Manager.

The Strategic Board for Health and Community Care is the formal arrangement through which the CHP and Aberdeenshire Council jointly deliver services under Joint Future arrangements.

3.4.3 Moray

The Moray CH & SC Partnership Committee will be a formal advisory committee to the Moray Council, with a minimum of 3 Councillors serving on the Committee. The CH & SCP Committee has a formal link to the Moray Community Planning Framework and has responsibility to lead on the development and implementation of the Health, Housing and Social Care Theme.

The General Committee will clarify its powers and authority from the NHS Grampian Board and will report to the Board as required. It will provide advice to Moray Council and will receive direction and advice from Moray Council.

The General Committee shall establish an executive Committee and a Clinical Advisory Committee and may establish such other sub-committees, working parties or advising groups as it may determine.

The Executive Committee shall comprise some or all of the NHS Board members, some or all Moray Councillor members and some or all Community and Voluntary Sector members. The executive Committee shall be responsible for ensuring managers, staff and clinicians develop and implement strategic and service plans in an appropriate and efficient manner.

3.5 How CHPs will work with local partners to jointly plan, commission and deliver services for all care groups

Integrated planning and commissioning arrangements exist within CHP areas in partnership with relevant Councils – and are quantified in ELPA's. A range of NHS Grampian and North of Scotland planning forums exist to support the planning process around wider care pathways, for instance, North of Scotland Managed Clinical and Care Pathways.

3.6 The outcome of the review of the LHCC Professional Committee

NHS Grampian will establish a CHP Professional Advisory Committee which will retain the core set of duties and functions of the LHCC PAC. However in recognition of the different role of CHPs when compared to LHCCs, the new committee will be based on the following principles:

The committee will provide an objective and critical opinion from professionals within the system. In view of its distinct position within the advisory structure as a multi-disciplinary and cross-sector forum, the new committee will focus on undertaking all aspects of its role from the perspective of, and with reference to, the integration agenda.

The new committee will be a cross-Grampian, *CHP* committee with members drawn from all sectors and agencies (extending the membership to include Local Authority, voluntary services and acute sector representation). The Grampian Primary Care Group will continue to be the reference group for primary care matters within the NHS Grampian system.

3.7 Arrangements for professional and clinical leadership including lines of accountability

One of the principles underpinning the move to single system working on 1st April 2004, was that the line management of clinicians would be embedded within the CHPs and Acute Services. However it was recognised that arrangements must be in place to provide professional leadership and to avoid any risks of fragmentation of the professions in to the 4 sectors.

A number of clinical leadership roles therefore exist across the whole of Grampian as well as clinical leadership roles within the CHPs and Acute Services.

3.7.1 Cross Grampian roles

- Medical Director
- Associate Medical Director
- Nurse Director
- Associate Nurse Director
- Lead AHP
- Professional Head – Dietetics
- Professional Head – Occupational Therapy
- Professional Head – Physiotherapy
- Professional Head – Podiatry
- Professional Head – Speech and Language Therapy
- Director of Pharmacy

3.7.2 CHP roles

Clinical Lead positions were created for each Shadow CHP and appointments were made, effective from 1st April 2004.

The role purpose is:

- To provide personal leadership and facilitate partnership working to ensure the “CHP” team and clinical colleagues achieve best possible healthcare outcomes.

- To provide clinical leadership to ensure professional colleagues, CHP Stakeholders and the Community Partners are involved and supportive of the aims and objectives including health and organisational objectives and Clinical Governance.
- Represent the CHP along with the General Manager in wider Strategy Development, Service Delivery, Planning, Advisory and Strategic Health Alliances across NHS Grampian.
- Develop the interfaces and ensure a partnership approach and shared Corporate responsibility for whole System performance.

Each Clinical Lead reports directly to the Chief Operating Officer, is accountable to the Chief Executive and is professionally responsible to the NHS Grampian Medical Director.

Within each CHP there are Lead Clinicians for each of the clinical/professional groups involved in the CHP and in addition there is a Lead Clinician from Acute Services. This arrangement is reciprocal with a Lead Clinician from each CHP involved in the management arrangements for Acute Services.

3.7.3 CHP specific arrangements

- Aberdeen City — Lead GP for each part of the CHP sub-structure (i.e. 4 Clusters)
  Clinical Advisory Group
- Aberdeenshire — Lead GP for each LCHP
  Clinical Governance Leads
- Moray — Lead GP
  Lead Consultant - Dr Gray's Hospital
  Lead Psychiatrist - Mental Health

3.8 Organisation and management support arrangements to enable CHPs to deliver their functions

The Support Services Integration Project in 2002 led to single NHS Grampian Directors for each of the support functions with staff aligned to services. Many of the staff have both a service specific role and a corporate role and joint objective setting ensures that service and corporate requirements are both adequately addressed.

The Chief Executive and his Executive colleagues have established a Single System Development meeting which takes place monthly to monitor and develop all aspects of the single system arrangements established on 1st April 2004. The balance between corporate and service emphasis is currently under discussion and a number of proposals are being developed. In particular, we must be certain that the support services arrangements which have been in place for approximately 2 years remain appropriate in light of the Statutory Guidance. No major review is planned but modifications may be required. It is planned to create a system where all CHPs and Acute Services have a dedicated single point of contact for each support function as far as possible.

NHS Grampian aims to identify central strategic issues and responsibilities for support services and to devolve all other responsibilities wherever this is appropriate taking into account relevant factors, for example, capacity and economy of scale. Frequently support functions develop new initiatives to support service delivery. Transfer of responsibility for such functions eg MCNs, to

CHPs will take place at the earliest opportunity to ensure that the central functions can continue to focus on the central and strategic issues.

CHPs and Acute Services will in the future be involved in decisions about prioritisation within support functions and the allocation of their resource. A process for this will be developed.

3.8.1 Facilities (including Estates)

The Director of Facilities proposes to strengthen the ability of facilities to support service delivery by providing a member of the Facilities Management Team to each CHP and Acute Services.

The Facilities Management Team believe that there is much to be gained from much closer working between themselves and the new management structure across NHS Grampian. They plan to include a member of the Facilities Management Team directly in the management activities of CHPs and the Acute Sector with the aim of accruing mutual benefits. A particular area to be developed is involvement in the earliest stages of planning activities where facilities input will benefit all concerned. Knowledge of, and providing input into the plans which ultimately impact on staff and use of assets will ensure that plans are more complete and robust and help avoid situations where 'rearguard' action is required.

Collaborative working and some integration between planning and facilities is currently being developed to ensure that plans are more complete and robust and that risks are managed.

3.8.2 Human Resources

As part of the SSIP review of HR Strategy and Organisation, the model of Business Partner aligned to Service areas was introduced. This was reviewed with the CHP and Acute Services General Managers in June 2004 and it was validated as “fit for purpose” at this time.

The following alignment to Sectors exist:

- Learning and Development Managers
- Payroll
- Recruitment

Occupational Healthy and Safety is provided through a core team in order to provide an economic and flexible resource.

Currently a CHP has an aligned HR Manager and other HR professional staff. The HR Manager provides a One Stop Shop ensuring that there is easy access to specialist/strategic HR support and advice. Each HR Manager has an 80/20 split of responsibility between the service/business partner (80%) and contribution to corporate policy/strategy (20%).

3.8.3 Finance

NHS Grampian created a single system finance function that became effective from 1st April 2002, integrating the three separate Trust and Board departments that had existed up to that point. The function is headed by the Director of Finance, NHS Grampian (an executive member of the Grampian NHS Board) who is supported by three assistant directors – corporate finance, management accounting and financial accounting. Each budget manager throughout the

organisation has an aligned finance manager as a single point of contact and each finance manager is in turn supported by a management accounting team providing detailed accounting services and can call on specialist advice from a pool of professionally qualified colleagues.

The key advantages of providing financial services in this way include:

- Shared expertise, training and development for finance staff in a specialist setting
- Shared experience to avoid duplication of effort and to provide common solutions
- Very low turnover of staff who feel supported and able to call on competent colleagues for assistance
- Ability to recruit quality staff on the infrequent occasions necessary due to attraction for professionals of joining a quality team already in place and working well together
- Ability to pool resources to handle peaks of workload in different parts of the organisation at different times
- Ability to manage the balance of workload priorities between "corporate" responsibilities – eg annual NHS Grampian financial planning and "service" responsibilities – eg development of an individual business case
- Relatively low cost compared to devolved option where there is duplication of fixed staff costs and lower output for money invested
- Little risk of finance staff being diverted on to non-financial matters as occurs in a devolved arrangement
- Ability to set, maintain and improve standards of working to provide consistency of service to all users across the organisation
- Flexibility in providing consistently competent financial representatives requested to attend various discussions, working groups and committees without overloading one or two individuals

User surveys of a formal and informal nature consistently suggest that the NHS Grampian finance function provides, in general, a competent and professional service to users. While there will always be a case put for "having our own accountant", current arrangements within a single system appear to be effective. We also must be mindful of ongoing work by the national Shared Services team which is proposing a much more centralised approach to the provision of financial, payroll and human resources services. Devolving such services within a relatively small organisation such as NHS Grampian would be contrary to current national strategic thinking.

3.8.4 Information Management and Technology

Support for operational issues will be provided through a Client Services Manager who will develop Service Level Agreements (SLAs) with each sector. These SLAs will define the levels of support and response times each sector will receive from the IM&T function. In addition an Account Manager will be attached to each sector to facilitate the interface between the central function and the sectors.

Following wide consultation the e-Health Strategy for NHS Grampian will be submitted to the Board for approval in January 2005. CHPs and Acute services representatives are represented or are members of all the bodies which have been created to lead and deliver the strategy. An important aspect of the strategy is to encourage a culture of decision making based upon evidence, experience and aspiration. eHealth will work closely with all Sectors, Public Health, senior managers and Health Intelligence to ensure that best use is made of both the information that relates to the position now (Health Informatics) and the functions provided by Health Intelligence – for example, informed judgements to support long term planning and the use of knowledge to stimulate creative thinking.

The e-Health Committee, which is a Board Committee and is chaired by a Non-executive Trustee, will ensure that the NHS Grampian Strategy for e-Health delivers maximum benefits for patient care from our investment in e-Health.

The e-Health Management Steering Group will take responsibility for the operational management of the strategy and will be accountable to OMT for implementing the strategy. Its members will include representatives from the CHPs and Acute Services.

A Clinical Group made up of clinicians from throughout the system has been in existence for some time and has acted as a reference group or forum for strategy development and as a two-way communication mechanism. Its membership and relationship with other groups is being reviewed to ensure that it is appropriate with the development of CHPs and that it functions as a multi-disciplinary group.

A Health Records Committee will be in place by 1st April 2005 with members drawn from throughout NHS Grampian who are directly involved with and/or manage the records function. Its remit and constitution are currently being developed but its aim will be to ensure that the records function supports and facilitates seamless patient care.

3.8.5 Planning

CHPs are a vital element of both strategic and operational planning.

The CHPs will lead specific aspects of the NHS Grampian strategic planning agenda eg. Community Planning, Joint Future etc. in conjunction with local authorities, the independent sector and local communities. They will also contribute local knowledge, experience and expertise to the Grampian-wide strategic agenda and facilitate implementation of strategic plans.

In recognition of this pivotal and developing role in both local and Grampian-wide planning, Service Planning Leads were appointed to each Collective (the forerunners of CHPs in NHS Grampian) as part of the development of the single system. These senior planning staff report to the General Managers of the Shadow CHPs on a day-to-day basis and function as part of the local team whilst retaining a managerial link to the NHS Grampian Head of Service Development. These arrangements reflect the integrated approach adopted by NHS Grampian since September 2002.

CHP Clinical Leads and General Managers are members of the Service Strategy and Redesign Committee, the sub-committee of the NHSG Board charged with developing NHS Grampian's strategic direction at the highest level.

The general managers of the CHPs are also members of the Asset Investment Group, which is responsible for capital planning, the NHS Grampian Property Strategy and the development of infrastructure.

4. SIZE AND GEOGRAPHICAL COVERAGE

4.1 The number, size and catchment areas of each CHP

The establishment of the 3 CHPs – Aberdeen City, Aberdeenshire and Moray – provides a coterminous organisational structure with the three Local Authorities in Grampian. The CHP

boundaries also reflect the 3 Collectives in Grampian which developed from the grouping of the 8 former LHCCs. The establishment of locality-based structures under the CHPs, appropriate to the historic and geographical context of each, ensures the CHPs will continue to reflect and be responsive to their local communities and services. These are explained in further detail below.

The following map details the areas covered by each CHP (by dominance of practice population in each postcode sector). The black boundaries illustrate the Local Authority areas.

Diagram 3: CHP Areas and Local Authority Boundaries in Grampian

Whilst this map depicts the CHP organisational boundaries and catchment areas (as coterminous with each Local Authority) it also illustrates the fluidity of patient access to health services particularly in relation to overlaps of General Practice populations both within and across the CHP areas (explained further below). The population figures for each CHP, based on Local Authority estimates and practice population numbers, are detailed in table 1:

Table 1: CHP Populations Based on Local Authority and Practice Population Figures

CHP	Council Population Estimates (mid-2003)	Practice Population Totals (Jan-Mar 2004 snapshot)
Aberdeen City	**206,600**	**236,400**
Aberdeenshire	**229,330**	**224,488**
Moray	**87,460**	**85,527**

4.2 Relationship to local authorities and to existing or proposed local arrangements for planning and delivering multi agency services at community level

4.2.1 Aberdeen City

The Aberdeen CHP will be co-terminous with the local authority boundary for all issues relating to community planning and geographical service development. There are approximately 11,000 patients however that are registered with Aberdeen City General Practices, but who live in Aberdeenshire in rural areas surrounding the City where no alternative General Practice exists. The Aberdeen CHP will take responsibility for the delivery of health services for this population group. Close working with Aberdeenshire CHP and in particular Central Aberdeenshire Local CHP will be required to ensure that the total health and care needs of these communities are met, particularly in relation to health improvement, AHP services, etc. The Aberdeen CHP Deputy General Manager will take lead responsibility to link with Aberdeenshire CHP to ensure that the needs of this group are not overlooked.

4.2.2 Aberdeenshire

Geographically the CHP is aligned to the Aberdeenshire Local Authority and the catchment population is defined by the patients who are registered with Aberdeenshire GPs. Aberdeenshire, with a population of 229,330 (Council population estimate) covers an area which is 10% of Scotland's landmass. Whilst most of the population lives within towns spread across the area, significant numbers of people live in rural and fairly remote areas. Over the period 1996 – 2006, the population is expected to grow by 11,000, making this one of the highest growth areas in Scotland.

There are significant differences in the make up of the local communities across Aberdeenshire in relation to the age of the population, the employment opportunities, the opportunities for leisure and recreation, the levels of poverty and deprivation and health.

To allow the CHP to respond to this diversity between the communities, three Local Community Health Partnerships (LCHPs) have been created with devolved authority, to ensure the effective planning and delivering of multi agency services at a local level.

4.2.3 Moray

The Moray CH&SCP has put in place an organisational structure around Moray's natural and geographical communities. All planning and operational activity will follow well-established local area led planning forums.

4.3 Any proposed locality arrangements within the CHP

4.3.1 Aberdeen City

The 32 practices in Aberdeen City CHP will be divided managerially into 4 Clusters. The formation of these clusters reflects, to some degree, natural geographical boundaries, but also takes account of historic relationships, successful joint working and existing shared resources (such as premises and nursing teams).

The Integrated Health and Social Care Teams, providing the basis for the City's Joint Future plans, are organised around the clusters. These clusters also map onto the three Aberdeen City Council neighbourhood areas for operational service delivery (North, South and Central). The sub-structure also provides the opportunity for specialist health care services (for example Adult Mental Health and Medicine for the Elderly) to be developed on the same locality basis within the City.

4.3.2 Aberdeenshire

Aberdeenshire encompasses the largest geographical area within Grampian and has a total of 36 General Practices and 13 Community Hospitals. The organisational and management structures of each LCHP are built around geographical localities, reflecting their natural communities and local health and council service networks. Every locality is comprised of health and social teams formed around a group of General Practices, most also including a community hospital. The Local Education and Recreation Networks (LERNs) within each locality support partnership working with Education and provide the basic unit for the development of integrated community schools.

4.3.3 Moray

Moray will operate within 3 area wide divisions for mental health, learning disability and acute health services. Thereafter 4 geographical areas reflecting natural community boundaries will form local management structures.

Health care, social care and health improvement will be brought together under single management via jointly hosted Area Teams, based around the 4 geographical localities of Buckie/Cullen, Elgin/Lossiemouth/Fochabers, Forres and Keith/Speyside. These naturally encompass the CHP's 16 GP practices and 5 community hospitals. The Area Teams link to Moray's 8 Area School Groups, which provide the basis for local community planning.

5. WORKING IN PARTNERSHIP

5.1 How CHPs will discharge their responsibility to involve patients, carers and communities

5.1.1 Aberdeen City

The systems of patient, carer and user involvement described in the Aberdeen City ELPA will continue and be developed as follows:

- The User Consultation and Monitoring Groups will be invited to nominate one of their number to be a member of the CHP Committee.
- The Carers Consultation and Monitoring Group will be asked to nominate a representative to sit on the CHP Committee.
- The Aberdeen City Alliance has a Civic Forum, which has representation from a large number of community groups (including communities of interest). Three members of this Forum will be invited to sit on the CHP Committee.
- The NHS Grampian PFPI Committee will be requested to nominate a representative (living in Aberdeen) to join the Aberdeen CHP.

There will be an Aberdeen Public Partnership Forum which will function as a network with involvement as and when required. The CHP will hold an annual assembly of the PPF. This will form a critical part of the consultation process to inform and develop the Joint Health Improvement Plan and Grampian Health Plan. The development of the PPF will be supported by a Development Officer reporting directly to the CHP General Manager.

5.1.2 Aberdeenshire

Aberdeenshire CHP will treat public involvement and patient focus as two related but separate issues. Aberdeenshire CHP has devolved the responsibility for public involvement to each of its three Local Community Health Partnerships (LCHP). Each of these has experience in involving the public, although it is managed in a slightly different way in each area:

- Aberdeenshire North LCHP - North has well-established public engagement techniques.
- Aberdeenshire Central LCHP - Central has a well-established "consultative forum" which meets every six weeks. This is a group of staff and public representatives who deal with all of the key issues affecting the locality.
- Aberdeenshire South LCHP - The Deeside area of South has established extensive mechanisms for public involvement and a process is currently being developed for Kincardine and Westhill.

Aberdeenshire CHP is committed to Community Planning and will ensure that we consult with community planning partners, where this is appropriate.

Aberdeenshire CHP covers a very large geographic area, with varying demographic characteristics. We consider the development of LCHP public partnership forums to be the most important vehicle for success. Members from this will be asked to come together at least annually to form an Aberdeenshire-wide partnership forum.

5.1.3 Moray

The 4 Area Teams of the Moray CHP connect to 8 Area School Groups which form the basis for local community planning, each one having its own local neighbourhood forum. A Local Public Partnership Forum will be developed in each of the 8 areas as well as a Moray wide PPF and Community Care Forum.

Up to 3 members of the Public Partnership Forum will be invited to be members of the Moray CH & SCP General Committee.

5.2 How these arrangements will fit with other existing or proposed arrangements for consulting with people about public services in the area covered by each CHP

5.2.1 Aberdeen City

The Aberdeen CHP as part of TACA will adopt the TACA commitment to community engagement which can be accessed on the TACA website:
www.communityplanningaberdeen.org.uk/challenges&challengeforums/gettinginvolved

The PPF Development Officer will prepare a detailed action plan with outcome targets and will review performance of the CHP in relation to public involvement through an audit to be performed in 2006. This audit will be based on the "Testing Indicators for Public Involvement" which can be found on the above website.

5.2.2 Aberdeenshire

Again, the role of the LCHPs is vital to the success of public consultations on a local basis. In partnership with Aberdeenshire Council and the other CP partners we are developing local autonomy for the engagement of the public. The local CHP units will be used along with the council areas to consult the public. We have already used the "Planning for REAL" methodology in various areas and will continue to participate in these exercises. Other examples of large-scale public consultation (e.g. Formartine Community Planning Consultations) have proved very successful and we will continue to both support and/or lead these.

5.2.3 Moray

Other existing mechanisms will continue: Carers Forum, Some as Your Group, Mental Health Care Group, Community Care Forum for Older People.

Three members of the PPF will be invited to be members of the MCH and SCP General Committee.

These arrangements also connect into the new Moray Citizens Panel being developed by the Community Planning Partnership.

5.3 The mechanism for appointing PPF members to the CHP

In accordance with the relevant advice notes from the SEHD, the Public Partnership Forum will be a virtual group which is open to all individual patients, carers, organisations etc who have an interest in the work of, or receive services, from the CHP. Two members of the PPF will serve on the CHP committee. It is proposed that each PPF will nominate two of its members to serve on the relevant CHP Committee. It is suggested that this membership should rotate on an annual basis to ensure that opportunities for representation are not restricted. It will be important that these representatives develop mechanisms to communicate with and represent the wider PPF.

5.4 The level of support for CHPs to develop their capacity and capability to effectively involve local communities

NHS Grampian is developing a range of PFPI support mechanisms including a Board committee and a network of officers from across the organisation who undertake components of this work on a day to day basis. While the resource is insufficient to provide dedicated support to each CHP there is a network made up of staff from across the whole system who are involved in PFPI work and staff from the Corporate Communications Department.

At the present time NHS Grampian will not be able to identify resource for dedicated support officers or administrators as described in the advice note but through the network will ensure

that expertise and resource can be shared and that we gain best use of the resource that is available.

The aspiration continues to be to create some dedicated capacity in the form of a Public Involvement Co-ordinator who will have as a major part of their role the support of PPFs.

6. LINKING CLINICAL AND CARE TEAMS

6.1 The overall clinical governance arrangements

The NHS Grampian Medical Director has lead responsibility in relation to Clinical Governance. An integrated model for Clinical Governance has been under development since the commencement of the single system on 1st April 2004 and consists of:

- A Strategic Clinical Governance Committee, chaired by a Non-executive Trustee, as a Sub-committee of the Board
- An Operational Clinical Governance Committee, chaired by the NHS Grampian Associate Medical Director, reporting to the Operational Management Team.
- A Clinical Governance Support Unit consisting of Clinical Effectiveness staff, a Complaints Team, Clinical Governance administration and Clinic Governance Facilitators. This unit is headed up by a newly created role, Head of Clinical Governance Support Unit, which reports jointly to the NHS Grampian associate medical Director and the Director of Performance Improvement. A key element of this role is to establish close links with the associated functions of Risk Management, Learning and Development and Patient Safety.

The CHPs and Acute services each have their own committee arrangements and receive support form the Support Unit. The priorities of the Support Unit will be jointly determined in order to ensure resource is directed to the most important areas.

The NHS Grampian professional heads for each of the clinical professions have a responsibility to make explicit the respective standards of clinical performance while the General Manager and Clinical lead in each of the CHPs take responsibility for performance within their area.

6.2 How CHPs will enable healthcare and other professionals to develop new models of care including joint health and local authority services

The NHS Grampian Change and Innovation Plan has been developed through SSRC with the involvement of CHPs and defines the direction in relation to new models of care. Each element of the plan is led by a manager from within the system.

In addition the Joint Future plans encompass new ways of delivering services. The Grampian Joint Future OD and Training Plan along with the support from corporate departments which is provided to CHPs will enable the implementation of new models of care.

The CHPs will focus on the integration of community and specialist health services and local authority services. It will do this by devolving the responsibility for the provision and redesign of health care and the health/social care interface to the most appropriate level in the organisation. This will vary according to the local situation and may well be different in the 3 CHPs.

This means, for example, that while the CHP as a whole will set the strategic context within which localities will function, it will then be the responsibility of local managers and staff to determine how the local social work care teams and local healthcare practitioners work together to improve/redesign care within their areas.

For some care groups, for example, people with diabetes, the provision of enhanced care may best be developed on a regional basis, devolved by the CHP to the MCN in diabetes, but again implemented on a local basis.

In other areas, such as the provision of intermediate care and outpatient services in community hospitals, the CHP will take a strategic lead, with local teams being responsible both for informing the strategy and for implementing it on a local basis.

The CHP will connect to the North of Scotland planning process largely by high level participation in the MCNs (e.g. Cancer/CHD) and through the Grampian regional planning process.

The CHP planning process will, through the use of the local structures, explicitly include all health and social care professionals and will encourage their contributions to an initiation of new models of care.

6.3 How CHPs will bring closer working between clinicians, for example, managed clinical/care teams

Close working between clinicians in primary and secondary care has been developing since LHCCs grouped together to form Collectives in 2002. Clinical and care teams have also been working very closely together for some time through Joint Future. NHS Grampian will further develop links in both the above areas through supporting and accelerating Joint Future and through a number of other processes:

- Clinicians from acute services represented on CHPs and CHP clinical representation on acute services management team.
- The NHS Grampian Clinical Leadership Group – a multi-disciplinary and whole system group of clinicians.
- Model for Services in Transition ie Management Board consisting of specialist service and CHPs with multi-disciplinary representation – Care of the Elderly, Children's Services, Mental Health.
- Diagnostic Services Forum
- MCNs – Cardiac, Stroke, Epilepsy, Diabetes
- Action-on Projects – ENT, Plastic Surgery, Neurology, Orthopaedics, Dermatology.
- Change and Innovation Plan Projects – Unscheduled Care, Planned Care, Diagnostic and Treatment Services, Intermediate care.

CHPs in Grampian have been configured to further progress the successes of CHPs and are built on locality clinical/care teams based around natural communities, often a town with general practice(s), community teams, care teams, a community hospital and secondary school. Local teams will work with the local authority to develop a shared management structure for the locality.

The CHP will lead the process by which care is delivered close to patient's homes, in a primary care setting when possible. It will be responsible for the planning and delivery of intermediate care on a networked basis and will involve other clinicians and care teams as required.

6.4 How CHPs will contribute towards more effective information sharing between the NHS and other agencies

The creation of integrated health and social care teams, co-located within GP premises wherever possible will create greatly improved opportunities for improved information sharing. Professionals within the integrated team will share the same patient list from which their case loads are derived. The Care Managers and Social Work Occupational Therapists will have their own information systems available within the GP premises, enabling effective access to their databases and communication systems.

The single shared assessment in paper form is well developed in Grampian. The next stage of development is the introduction of the electronic version through the e-care project. Within the Single Shared Assessment there are questions relating to "Getting our Priorities Right", aimed at improving our awareness of the importance of putting the Child First.

7. INVOLVING STAFF

7.1 Introduction

Following approval of "Working in Partnership with Staff – Formal arrangements for the conduct of employee relations" (approved in September 2004), each of the Shadow CHPs is in the process of establishing their own Staff Partnership Forums (SPFs). They will ensure that the relationship between the SPFs and existing Joint Future partnership arrangements are clarified.

7.2 The relationship and accountabilities between the staff representative member of the CHP committee, the area partnership forum and frontline staff

CHP Partnership Forums will be the main vehicle for addressing local employee relations issues. They are accountable to the Grampian Area Partnership Forum (GAPF) and have delegated authority to develop and reach agreements on local issues, which should be notified to the GAPF. Such agreements will also be subject to approval by individual trade unions involved. Their members are committed to working in partnership to achieve outcomes, which benefit staff and NHS Grampian. Each CHP has the flexibility to jointly decide, in accordance with local needs and capacity, how best to establish their Staff Partnership Forum, taking into account existing networks/practices.

The functions of the CHP SPFs are a mirror image of those of the GAPF, the difference being that the emphasis will be on local issues pertaining to the CHP. Some of the issues SPFs will address will relate to service developments or staff groups unique to their area. Some issues may be common to one or more SPFs and it is necessary that they work together to achieve consistent outcomes. Any issue, which may have Grampian-wide significance, must be notified to the GAPF for consideration on how best to address it. This does not prevent in any way the requirement for an SPF and an individual trade union (or a number of individual trade unions depending on the categories of staff involved) from undertaking formal consultation, negotiation and agreement on specific matters relating to those categories of staff.

The membership of each SPF will be drawn from members of the CHP and consist of:

- Management members determined by the CHP including the General Manager
- As far as possible and subject to agreement a minimum of one Staff Side representative per Staff Side Organisation represented in the Sector

Each SPF will have the freedom and flexibility to establish joint arrangements for the conduct of meetings and general modus operandi in keeping with the spirit of those developed for the GAPF. The GAPF should be notified of these arrangements when established. It is expected however that the lead Staff-Side representative, elected by the staff-side organisations, and the General Manager, will be the Joint Chairs of the SPF.

Other staff who have particular expertise which would be of value to the issue being discussed and are not members of Staff Side organisations may also be invited to attend (with the agreement of both sides). They will be able to participate fully in the work of the SPF apart from formal negotiations on employee relations matters which are confined to members of accredited Staff Side Organisations.

The General Manager will arrange all the administrative support.

Staff representatives will be entitled to paid time-off and reimbursement of travelling expenses for preparing for and attending all relevant meetings connected with the SPF.

7.3 The formal arrangements for involving staff in the work of CHPs

Local Partnership Groups (LPGs) are based in service areas. They have a major role in promoting partnership working in their areas and are concerned with involving staff in issues that affect their working lives including service plans and proposed changes in service provision. They consist of management representatives and representatives of Staff Side organisations in the service areas. Other staff who are not members of Staff-side organisations may also be invited to attend who have particular expertise which would be of value to the issue being discussed.

Whilst LPGs do not have a formal role in negotiating and reaching agreement on employee relations matters, they may be consulted by SPFs or the GAPF on such matters as well as on staff governance and partnership issues. They also have a decision making role on matters that fall within their area of responsibility. LPGs may refer issues to either of these forums for consideration and work with other LPGs to share information/address issues of common concern.

Whilst it is not a requirement to have formal LPGs in all service areas the staff in each service area must have access to partnership arrangements which fulfil a function similar to that of an LPG.

Staff representatives will be entitled to paid time-off and reimbursement of travelling expenses incurred for preparing and for attending meetings of LPGs.

7.4 How staff governance principles will be delivered

Each Staff Partnership Forum will promote and support NHS Grampian's staff governance standards which state staff will be:

- well informed
- appropriately trained

- involved in decisions which affect them
- treated fairly and consistently
- provide with an improved and safe working environment

To achieve this, the CHP will have a workforce and learning plan to support the changing requirements of the qualifications and skills staff need as a result of the implementation of Pay Modernisation.

In line with our statutory obligations laid out in the recent HDL, NHS Grampian with the GAPF and staff in all sectors develops an annual action plan to achieve the 5 Staff Governance Standards. Responsibility for delivering on this action plan lies with the CHP General Managers supported by their HR Manager. Progress is reviewed during the year through the NHS Grampian Performance Review process which takes place quarterly. The HR Manager prepares a report for each quarterly review using a locally devised template.

As is the case for all Board areas, the Action Plan and an annual progress report are reviewed by Audit Scotland at year end. Their review then forms part of the NHS Grampian Annual Accountability Review.

7.5 The links with Joint Future staff partnership arrangements

There are Joint Future Staff Partnership Fora which draw their membership from the NHS and Local Authorities. As noted earlier as the SPFs are developed links will be clarified.

8. WORKING WITH LOCAL AUTHORITIES

8.1 The working relationships between each CHP and local authority

As previously described the working relationships between the CHPs and local authorities will be formed on a coterminous organisational basis. The detail in relation to Community Planning, Joint Health Improvement Plans, governance and management arrangements, and the planning and delivery of integrated health and care services, has been specified in earlier sections.

9. WORKING WITH THE VOLUNTARY SECTOR

9.1 Formal arrangements for involving the voluntary sector in CHPs

The Council for Voluntary Services will form the core of the relationship between each CHP and the voluntary sector with at minimum a CVS representative as a member of the CHP Committee. In recognition of the fact that not all voluntary organisations subscribe to the CVS and that some voluntary organisations have significant roles specific to each CHP, involvement over and above the CVS will be determined by and as appropriate to each CHP.

10. BUILDING WORKFORCE CAPACITY

10.1 The priority organisation development areas for CHPs

Each CHP is currently preparing their own development plans to address their own specific circumstances. However there are critical generic issues which are a priority for NHS Grampian as a whole.

a) Development of the CHP Committee, in particular, gaining clarity about the remit of the committee and the role of the chair and the members as well as equipping members to be effective members of the committee

b) Continued emphasis on developing processes to support integration:

- within health, i.e. between primary care and specialist services
- between health and all local authority departments – Social Work, Education, Housing
- between health and other appropriate agencies, for example, with the police
- between health and the voluntary sector

c) Training and development to enable staff to be fully equipped to work across boundaries and work in multi-agency teams

d) Communication to increase awareness throughout the system of the role of CHPs

e) Continued development of information sharing:

- in relation to the Single Shared Assessment
- with health visitors and social workers in relation to child protection
- in multi-disciplinary teams around school catchment areas for older children.

10.2 The leadership and management development strategy for CHPs

During 2003, NHS Grampian developed a leadership strategy which was set firmly in the context of Collectives with a view to a future NHS Grampian consisting of three Community Health Partnerships. The strategy was developed by a multi-disciplinary group with membership from across the whole of the system. Following wide consultation the strategy was approved by the NHS Grampian Board and it was agreed that the Operational Management Team, the single system decision-making body, would take responsibility for monitoring delivery of the strategy and updating it to reflect organisational requirements.

The leadership competencies agreed reflect the agenda of collaboration and integration and the strategy includes:

- Appointment processes to ensure that leadership competence is part of selection for leadership and managerial roles.
- Individual performance review processes to ensure that feedback and reflection on performance takes place and that personal development plans are agreed and implemented.

- The Grampian Leadership Development Programme has been undertaken by approximately 200 managers and leaders in NHS Grampian and continues for middle managers and for new appointees. In addition 32 multi-disciplinary teams are involved in the programme.

NHS Grampian also has a Learning and Development Strategy. Each CHP has an aligned Learning and Development Manager who takes responsibility for the learning and development agenda specific to that CHP and through their reporting line to the Head of Learning and Development also works on the corporate NHS Grampian agenda.

10.3 How senior management and specialist expertise will support CHPs

The forum established by the Chief Executive, the monthly Single System Development meeting, will provide leadership to the system so that CHPs are facilitated and enabled to be as effective as possible. In particular the development of a culture where senior management and specialist expertise are directed both to the corporate agenda and to supporting the CHPs will be a priority. An organisation development approach ie. an approach involving consideration of feedback from the system and reflection and learning, will be fundamental to the continuous development of the NHS Grampian and the CHPs.

10.4 How human resource and organisation development issues will be addressed including joint human resource and joint organisation development

The HR function is aligned to CHPs and Acute Services and is fully integrated and therefore able to contribute to the service objectives. A small dedicated OD resource exists (2.3 wte) and works to the corporate and CHP agenda.

10.5 How workforce planning will underpin the operation of CHPs

Workforce planning is a key component of the business of SSRC. The Director with lead responsibility for workforce planning and Chair of the Pay Modernisation Steering Group is a member of SSRC.

11. FINANCE AND ACCOUNTABILITY

NHS Grampian currently operates a system of devolved budget management. Each Sector (Shadow CHP, Mental Health, Acute Sector and Corporate Support Services) is directly accountable through the Chief Operating Officer for the delivery of a specified range of services, as detailed in Section 1 above. The Standing Financial Instructions and supporting Scheme of Delegation afford a significant degree of autonomy to Sector General Managers to utilise the allocated resource within their direct area of responsibility in a flexible manner to secure delivery of the sectors' overall operational objectives.

Within each sector, as a basic principle, budget responsibility is further devolved to the front line clinical teams with the community team leader or ward manager typically the designated budget holder and authorised signatory under the scheme of delegation.

As a member of the Grampian Operational Management Team each sector General Manager and sector Clinical Lead influences the annual budget setting process and final recommendation on operational budgets to the NHS Grampian Board. Similarly the OMT is required to endorse the five-year capital and revenue financial plan which is a primary component of the Local Health Plan.

11.1 Budgets for devolved functions and services including budgets for workforce development

Appendix 3 details the current budget profile for NHS Grampian, highlighting those areas directly managed, hosted and influenced by the CHPs. The Chief Operating Officer is currently implementing processes that will strengthen the single system working ethic already prevalent throughout the organisation, ensuring that all key budget managers have an opportunity to debate collectively the use of resources, particularly where difficult choices have to be made.

11.2 Arrangements for managing the prescribing budget

The Grampian Medicines Management Group (GMMG) is a single system steering group that brings together a variety of committees that previously operated at Trust and Board level. It is chaired by the Deputy Medical Director and populated by key clinical and management representatives from across the system. Amongst its responsibilities is the task of recommending annual funding levels for Hospital and GP prescribing to the NHS Grampian Board. It is now moving towards longer term planning in an attempt to assess the likely effects of the changing clinical environment on the use and cost of Drugs prescribed. In addition to strategic matters, the GMMG is presently involved in debating the most effective means of performance managing the use and effectiveness of prescribing, identifying suitable indicators that include both financial and non-financial measures. The Acute sector has budgetary responsibility for hospital prescribing while GP prescribing budgets are managed at practice level.

11.3 Joint resourcing arrangements with local authority partners including agreed financial frameworks and budgets

An agreed Joint Framework for Governance and Accountability embraces the following key principles of financial governance:

- Responsibility for budgetary control is devolved through aligned management arrangements as they are organised and established within each partner organisation.

- The budget and resources of each organisation is targeted in accordance with the Local Partnership Agreement and in line with the Local Health Plan and Joint Community Care Plan.

- All financial transactions carried out in the name of the Partnership are regulated by the Scheme of Delegation and Standing Financial Instructions of the Partner organisations within whose accounts the transaction is initiated until such time as each of the Partner organisations agree to adopt a specific common Scheme of Delegation and Standing Financial Instructions for the Partnership Body.

- Powers of virement are managed according to the Scheme of Delegation and Standing Financial Instructions of the Partner organisations until such time as each of the Partner

organisations agree to adopt a specific common Scheme of Delegation and Standing Financial Instructions for the Partnership Body.

The Scheme of Delegation within each partner organisation allows, where appropriate, for an employee of one of the other partner organisations to be formally appointed to the position of manager of a designated service under an agreed joint management structure. The level of delegated authority assigned will be consistent with all other similar service managers within the host organisation. For example, in certain circumstances it may be appropriate to combine a community nursing team with the social work care management budget and appoint a single service manager. This single service manager would carry the delegated authority of a nursing team leader within Health and of a care manager within the Local Authority Scheme of delegation.

11.4 The budget devolved to CHPs for their public partnership forums

The costs of the existing arrangements for public involvement in shadow CHPs are met within the overall devolved budget. Additional requirements will be quantified, assessed in terms of overall affordability and devolved to CHPs when the arrangements for implementation of the Public Partnership Forums as detailed in section 5 above are finalised.

11.5 The % of the total Health Board allocation to be devolved to CHPs

The attached appendix detailing the current budget allocation indicates 36% directly managed and hosted with a further 24% influenced by CHPs within existing management arrangements. Development plans will increase the share of direct management and influence.

11.6 The formal mechanisms for fully involving CHPs in decisions on the use of all NHS financial resources within a CHP and across the Board area

The Chair, General Manager and Clinical Lead of each shadow CHP have significant opportunity to influence and help shape the Local Health Plan which is underpinned by a five year financial strategy. Specifically:

- The Strategic Service Redesign Committee which owns the Local Health Plan
- The Asset Investment Group which is responsible for estate strategy and capital investment planning
- The Operational Management Team which has significant influence over the planning process
- The Grampian Medicines Management Group
- Aberdeen City, Aberdeenshire and Moray Councils

The formalisation of CHPs from April 2005, with a wider spread of key stakeholders, will have an even greater opportunity to influence the shape of health in Grampian in the future. The role of CHP Chair will be crucial in ensuring that maximum involvement is coordinated at the right time in the planning cycle to allow full expression of the CHP to emerge.

11.7 How CHPs will influence the use of integrated funding streams, e.g. children

CHPs will have a key role in bringing together community, specialist and other agency services within the strategic planning process to drive forward an integrated and coordinated strategy that will deliver beneficial change for patients. They will lead the debate on how to optimise use of limited funding streams, ensuring that service change priorities are adequately funded from the available pool of resource.

11.8 The Development Plan budget (organisation, training and learning plan)

This resource is presently partially devolved to CHPs with the majority of the resource managed centrally but through reference to services across the system. NHS Grampian will consider if this process should change by devolving more or indeed all of the funding available or moving towards a more centralised system to take advantage of economies of scale and ensuring that a consistent strategy is followed.

11.9 Budgets for support services eg finance, human resources, IT, estates, planning

Support services in the main are aligned to CHPs with very little in the way of devolved resource in evidence. The CHP development planning process will assess the effectiveness of support service delivery in single system format over the last two years to consider whether this is the most effective and cost efficient method of service delivery or if a change of policy would bring advantages to NHS Grampian including better service at lower cost.

11.10 The areas of "earmarked" funding to be devolved to CHPs

Virtually all ear-marked funding is already devolved to shadow CHPs. The main exception at present is Cancer funding which is under ownership of a North of Scotland consortium. The ongoing development of managed clinical networks will provide more opportunity for CHPs to influence the use of Cancer resources in the future.

11.11 The level of devolved resource transfer funding and support finance

It is anticipated that, subject to agreement on the necessary controls, this budget will be devolved to CHPs on 1st April 2005.

11.12 Lines of accountability including joint accountability arrangements for joint resourcing

Paragraph 3 above sets out the arrangements.

CHP DEVELOPMENT PLAN

1. INTRODUCTION

NHS Grampian places a great deal of emphasis on the continued development of the organisation in order to support improvements in service delivery and improvement in the health of the people we serve. The CHP Development Plan represents a continuation of this development work and the preparation of the Scheme of Establishment has provided an opportunity to restate the elements of the continued development that is planned.

The Development Plan laid out below includes areas of work already under way and areas of work identified during the process of preparing the Scheme of Establishment. At this stage it is incomplete and our aim is to use the process of consultation on the Scheme of Establishment to complete it. Each CHP will also produce its own Development Plan.

The plan includes aspects of organisation development as well as service development and these are summarised below.

2. SERVICE DEVELOPMENT

2.1 Care of the Elderly

The work undertaken so far will result in increased collaboration between the specialist service and the CHPs to provide integrated services which are responsive to local needs.

Further work will take place in the following areas:

- The alignment of specialist resource i.e. staff and beds, to CHPs
- Management of the day hospital facility
- Use of intermediate care beds
- Reporting arrangements for the specialist services management team
- Development of an Elderly Strategy Group to oversee implementation of strategy
- Reduction in the number of continuing care beds and reprovision of service in a non-institutional setting
- Review of the number of psychogeriatric beds

2.2 Children's Services

Similar work to that undertaken for Care of the Elderly has been done for Children's Services.

The future arrangements for Community Paediatrics, Special Needs, Child Protection and Child and Adolescent Mental Health Services will be carefully considered in order to identify the most appropriate management arrangements.

It is intended to locate School Nursing and Child Development teams within CHPs but as noted in the Scheme of Establishment the timescale has not yet been determined in order to allow for full consideration of all relevant issues.

Work has also taken place to improve the linkages between neonatology and paediatrics. No change in management arrangements are planned at present but the work will continue to ensure the best services for patients and minimum impact from organisational boundaries either internal or external.

2.3 Mental Health including Learning Disabilities

Mental Health will be hosted within the Aberdeenshire CHP with the management arrangements outlined in the Scheme of Establishment. There will be a continuous process of review using the collaborative arrangements to ensure the most effective provision of service.

2.4 Managed Clinical and Care Networks

A number of Managed Clinical Networks (MCNs) already exist and others will be created. MCNs may have Grampian responsibilities only or they may be North of Scotland networks. The organisational issues which result from their creation e.g. the interface with local service delivery and performance management and the most appropriate reporting arrangements, will be examined to ensure there is clarity and to ensure the most effective arrangements are in place.

2.5 Review of existing arrangements

A number of services have been identified that, with the introduction of CHPs, it is appropriate for them to review their current management arrangements. This will be done on a whole system basis and with the involvement of stakeholders.

These services include:

- Rehabilitation Services
- Breast Screening
- Retinal Screening
- Family Planning Services

2.6 Services to be devolved to CHPs

The decision has been taken to devolve a number of additional services to CHPs. Timescales have yet to be determined and will be agreed such that HR and Organisational Change Policy requirements can be met. Appropriate governance arrangements will also be agreed prior to any change in management arrangements. The following services are in this category:

- Integrated and substance misuse services
- Child Development Teams
- School nursing
- Housing and disability assessments and travel clinic

2.7 Further devolution to CHPs

The HealthFit principles and the NHS Grampian Change and Innovation Plan will result in the provision of services in a community setting wherever that is appropriate. If the transfer of

budgets from acute services to CHPs will enhance and facilitate the provision of care then appropriate management arrangements will be put in place. However it is recognised that structural change alone does not deliver benefits.

2.8 Measuring improvements

Each CHP will agree local targets which it will use to monitor progress and measure the impact of its actions.

2.9 Capacity and demand analysis

CHPs will work with specialist services to understand both capacity and demand, to manage demand within the system and to gain the best use of the available capacity.

2.10 Redesign

System redesign will take place as laid out in the Change and Innovation Plan. Individual service redesign will also continue led either by specialist services or by drivers in primary care e.g. the incidence of diabetes or ischaemic heart disease.

3. ORGANISATIONAL ISSUES TO SUPPORT SERVICE DELIVERY

3.1 Leadership and management development

Leadership development, management development and succession planning are critical if CHPs are to be effective. NHS Grampian's Leadership Strategy, its Leadership Development Programme and the Learning and Development resource attached to CHPs will all contribute to ensuring NHS Grampian has the capacity to manage and lead effectively.

Clinical management and leadership are critical components of the leadership and management resource in NHS Grampian. Work is currently taking place to ensure that we equip clinical leaders and support them sufficiently to carry out their roles.

3.2 Support services

The Support Services Integration Project referred to in the Scheme of Establishment has resulted in the alignment of support functions to service delivery units. NHS Grampian will continuously monitor the provision of support services to ensure that both corporate requirements and local service delivery needs are met and that the arrangements do in fact enable and facilitate service delivery.

Mechanisms will be developed to ensure that the CHPs can participate in decisions about Support Services resource allocation and priorities.

3.3 Specialist services

Integration within health, across primary and secondary care, is a significant part of the agenda for CHPs. Work will be carried out in secondary care to ensure that those providing specialist services are fully aware of the contribution they are required to make to CHPs and to minimise boundaries within the health system.

3.4 Clinical Governance and Risk Management

Both clinical governance and risk management are whole system integrated functions. They have been supporting the Collectives and subsequently the Shadow CHPs. They will now develop their functions to ensure they are appropriate for the needs of a system based on CHPs.

3.5 Collaboration

NHS Grampian will work to support CHPs and develop organisational processes which enable the CHPs to work together collaboratively and to avoid the risk of creating a fragmented system.

3.6 Patient focus, public involvement

Continued development of the mechanisms to involve the public and to achieve a patient focus is required. The further development of skills and competence among staff will also be addressed.

4. SYSTEM-WIDE CO-ORDINATION

NHS Grampian already works as a whole system. It will continue to develop whole system working and co-ordination to support integration with external agencies, for example, the Scottish Ambulance Service, NHS 24, and Emergency Planning.

5. MONITORING OF THE DEVELOPMENT PLAN

The delivery of the development plan will be embedded in the Performance Management processes. In addition the Single System Development meeting that has been in place since the setting up of the single system in April 2004, will take responsibility for maintaining an overview of the whole system and provide leadership and an organisation development focus to ensure continued development of services and of NHS Grampian as an organisation.

APPENDIX 1

MEMBERSHIP OF NHS GRAMPIAN DEVELOPMENT OF CHPs PROJECT TEAM

NAME	ROLE/REPRESENTATION
Mr Alan Gall	Director of Finance, NHS Grampian/Project Executive Lead (Chairman)
Ms Corinne Blair	OD Facilitator, NHS Grampian
Mr Douglas Boynton	Head of Social Work (Community Care), Aberdeenshire Council
Ms Sally Chisholm	Head of Community Care, Moray Council
Dr George Crooks	Director of Primary Care, NHS Grampian
Ms Julie Fletcher	Assistant General Manager – Services in Transition, NHS Grampian
Dr Karen Foster	Consultant in Public Health, NHS Grampian
Mr Andrew Fowlie	General Manager, Moray (Shadow) CHP
Dr Prasanna Gautam	Medical Lead – Care of the Elderly, NHS Grampian (representing Acute Services)
Dr Jamie Hogg	Clinical Lead, Moray (Shadow) CHP
Ms Anne Inglis	Head of Learning and Development, NHS Grampian (representing Human Resources)
Mr Andrew Jackson	Board Secretary/Legal Advisor, NHS Grampian
Ms Heather Kelman	General Manager, Aberdeen City (Shadow) CHP
Mr Garry Kidd	Senior Finance Manager, NHS Grampian
Ms Angela Logie	Support Manager, Grampian Primary Care Group
Mr Colin McKenzie	Ward Manager, Royal Cornhill Hospital (representing Grampian Area Partnership Forum)
Mr Ken Milroy	Chief Executive, Aberdeen Foyer (representing the Voluntary Sector)
Ms Elaine Mottram	OD Manager, NHS Grampian/Project Manager
Dr Gordon Peterkin	Associate Medical Director – Whole System, NHS Grampian
Mr Mike Scott	Corporate Director (Community Services), Aberdeen City Council
Mr Jack Stuart	General Manager, Aberdeenshire (Shadow) CHP

APPENDIX 2

HEALTHFIT PRINCIPLES

1. Re-modelling traditional forms of care to increase system capacity.

2. Involving the public to improve understanding and gain wider ownership to enable the HealthFit changes to happen.

3. Developing local care and service centres to provide a wide range of services that improve fair access for all Grampian people. This might entail the compression of community hospitals overall with fewer providing a wider range of services, and maximising use of other facilities across the health and social care system.

4. Re-shaping the configuration and activity of the acute and tertiary centres to get the most out of specialist skills within the health system.

5. Developing partnerships to engage with the private and voluntary sectors.

6. Developing appropriate new technologies to assist reconfiguration, e.g. telemedicine, mobile diagnostic facilities, ECCI.

7. Strengthening managed clinical networks at three levels – across Grampian, regionally and nationally.

8. Balancing the needs of communities with the requirement to provide safe and sustainable specialist services.

9. Building on existing partnership working and collaboration within the NHS and between health and social care providers.

10. Focusing on long-term workforce development and integrated workforce planning.

NHS Grampian/Office for Public Management (2002) *HealthFit: Creating the Vision for Grampian's Health*

APPENDIX 3

NHS GRAMPIAN
SUMMARY OF BUDGET RESPONSIBILITY - SEPTEMBER 2004

	Annual Gross Expenditure budget	Percentage	Budgeted Staffing Levels	Percentage
	£'000		W.T.E	
CHP Directly Managed	210,938	30%	2469.74	22%
CHP Co-ordinated (Hosted)	44,039	6%	1161.89	10%
CHP Influenced	169,990	24%	2536.10	23%
Acute Sector Directly managed and not included above	192,400	27%	3931.89	35%
Managed within central Directorates and not included above	51,486	7%	989.88	9%
Operational/Corporate provision (inc cap charges)	20,747	3%	0.00	0%
Service Purchasing	17,486	2%	0.00	0%
	707,086		**11,089.50**	

Notes/Assumptions

1) CHP Directly managed relates to those services for which Shadow CHPs presently have devolved budgetary responsibility, including GP prescribing.
2) Co-ordinated services relates to Mental Health and Learning Disabiities currently hosted with Aberdeenshire Shadow CHP.
3) CHP Influenced relates to Community Radiology, Community Child Health, School Nursing, Woodend continuing care, Labs, Obs & Gynae, care in the community

APPENDIX 4

TIMELINE OF KEY MILESTONES/EVENTS AND STAKEHOLDER INVOLVEMENT IN THE DEVELOPMENT OF CHPs IN GRAMPIAN

DATE	MILESTONE	
	EVENT	**STAKEHOLDER INVOLVEMENT**
2002 onwards	Piloting of Collectives and implementation of the Support Services Integration Project (SSIP) integrating Finance, HR, Planning, Facilities and Corporate Communications and aligning staff with Collectives	
30 May 2003	One day workshop for 130 participants to consider opportunities presented by the White Paper *Partnership for Care*, local progress to date in the context of integration and next steps in realising the vision for NHS Grampian	• NHS Grampian clinicians and managers • Members of the public
June - July 2003	Preliminary paper, informed and shaped by the May event, discussed at key NHS Grampian groups concluding with open NHS Board meeting (to consider all feedback received)	• Trust Management Teams • Grampian Area Partnership Forum • Area Clinical Forum • Grampian NHS Board
August – November 2003	Proposal for an Integrated Healthcare System for NHS Grampian – Consultation Period	• Cross-NHS Grampian system • Local Authorities • Members of the public • North of Scotland Boards • Scottish Ambulance Service
December 2003	Confirmation of Ministerial approval for Grampian's proposals	
January 2004	Development of each CHP's organisational and management proposals	In consultation with NHS and Local Authorities
1 April 2004	Establishment of NHS Grampian single system with one operating division made up of 3 Shadow CHPs and Acute Services	
30 June 2004	Grampian Primary Care Group Away Day – dedicated session to explore aims and key areas of work for the development of the scheme of establishment	• Shadow CHP Clinical Leads and General Managers • Cross-NHS Grampian clinicians and senior managers
24 August 2004	First meeting of NHS Grampian Development of CHPs Project Team	See Appendix 1

DATE	MILESTONE	
	EVENT	**STAKEHOLDER INVOLVEMENT**
27 August 2004	'Services for Elderly People in Grampian' event - focused on exploring the current and future provision of services for the elderly and the interface with other services, in the context of CHPs and NHS Grampian strategy	• Representatives of each Shadow CHP (General Managers, Clinical Leads, Service Planning and Joint Futures Leads) • Elderly Services clinicians and managers • Nursing and AHPs • Local Authorities
31 August 2004	National CHP Leadership Development Programme	NHS and Local Authority participants
3 September 2004	Dissemination of Project Structure (Final) and Project Plan (Working Document)	• Shadow CHPs and Acute Sector • Local Authorities • NHS Board of Directors • Advisory structure • Grampian Area Partnership Forum • Local Health Council • NHS Grampian Intranet
21 September 2004	Mental Health Services Clinical Management Board – discussion of future management arrangements for Mental Health in Grampian	• Mental Health Services Clinicians and Managers • Advisory Structure • Nursing • AHPs • Service Users • Local Health Council
22 September 2004	'Maximising Child Health within the Context of Community Health Partnerships' – Grampian Workshop	• Representatives of each Shadow CHP • Children's Services clinicians and managers
28 September 2004	Project Team meeting – Attended by Ms Kathleen Bessos, Strategic Development Manager, Directorate of Service Policy and Planning, Scottish Executive	See Appendix 1
29 September 2004	Discussion/Consultation with the Grampian Primary Care Group regarding the future management arrangements for Mental Health Services	• Shadow CHP Clinical Leads and General Managers • Cross-NHS Grampian clinicians and senior managers

DATE	MILESTONE	
	EVENT	**STAKEHOLDER INVOLVEMENT**
29 September 2004	Discussion/Consultation with Common Issues Group regarding the future management arrangements for Mental Health Services	• Mental Health Services Clinicians and Managers • CHPs • Local Authorities • Service Users • Local Health Council • General Practice
Late September 2004 onwards	Presentations/Meetings with cross-system groups to discuss and obtain views on the development of CHPs and the scheme of establishment, led by the Project Executive Lead and Project Manager	• Nursing and Midwifery Forum • Grampian Primary Care Group • Aberdeenshire (Shadow) CHP • Acute Services Associate Medical Directors • Area Clinical Forum • LHCC Professional Advisory Committee • Area Medical Committee • GP Sub Committee • Single System Development meetings
5-6 October 2004	National CHP Leadership Development Programme	NHS and Local Authority participants
October 2004	Communication via the Community Forum Newsletter on the development of CHPs and the process/contact details for consultation	Members of the public
20 October 2004	Meeting to agree actions in relation to voluntary services, the scheme of establishment, and defining each CHP's arrangements for involving the voluntary sector, in collaboration with the CVS'	• Councils of Voluntary Services Representatives (Aberdeen City, Aberdeenshire and Moray) • CHP General Managers
29 October 2004	Development of CHPs Project Team meeting – agreeing final objectives and areas of work for completion of draft Scheme of Establishment	See Appendix 1

DATE	MILESTONE	
	EVENT	**STAKEHOLDER INVOLVEMENT**
8-26 November 2004	Consultation period for draft CHP Scheme of Establishment and Development Plan	• Development of CHPs Project Team • Operational Management Team • Grampian NHS Board Members • Grampian Primary Care Group • Area Clinical Forum and constituent committees • Grampian Area Partnership Forum • Service Strategy and Redesign Committee • Performance Governance Committee • Clinical Governance Committee • Acute Services • Local Health Council • Grampian-Wide Partnership for Health and Social Care Committee • Joint Public Sector Group • NHS Grampian Intranet
22-23 November 2004	National CHP Leadership Development Programme	NHS and Local Authority participants
7 December 2004	Submission of final draft to Grampian NHS Board	
24 December 2004	Submission of NHS Grampian CHP Scheme of Establishment and Development Plan to the Scottish Executive	