EAST AYRSHIRE COUNCIL

CABINET – 2 APRIL 2008

COMMUNITY HEALTH PARTNERSHIP REVIEW

Report by Depute Chief Executive/Executive Director of Corporate Support

1. PURPOSE OF REPORT

1.1 Cabinet is asked to consider a report submitted to, and approved by, the NHS Ayrshire and Arran Board of 12 March on progress made in respect of the review of Community Health Partnerships in Ayrshire. The Council is represented on the East Ayrshire Community Health Partnership Sub Committee by Councillors Filson and John Mackay.

2. BACKGROUND

2.1 Community Health Partnerships (CHPs) were established in Ayrshire in 2004. They evolved from the previous role undertaken by Local Health Care Co-operatives and have operated in parallel with other partnership arrangements between local authorities and NHS Ayrshire and Arran, including and principally, Community Planning, Joint Futures, Integrated Children's Services and the Community Justice Authority.

2.2 Community Health Partnerships carry out two functions, namely, they are the direct local management arrangement for NHS services and they are also the partnership arrangement between NHS Ayrshire and Arran, local authorities, independent contractors and the public.

2.3 With respect to the expected function of CHPs in Scotland, the most recent policy decision is that given by the Cabinet Secretary in September 2007 when she reaffirmed the central role of CHPs in improving the health of local communities and in delivering better services and care for local people. Building on the direction of travel previously set out at the inception of CHPs, the priority areas which she expects them all to address are based on three key policy areas:-

- A shift in the balance of care to more local settings;
- Reducing health inequalities; and
- Improvement in the health of local people

2.4 Within that overall agenda, there are 9 specific priority areas which include improving health and tackling inequalities.

2.5 This statement by the Cabinet Secretary is further confirmed by the direction of travel signalled in "Better Health, Better Care: Action Plan" and the Concordat between the Scottish Government and local authorities, which strongly emphasise partnership working supported by effective community planning arrangements.

2.6 Over the past year NHS Ayrshire and Arran have undertaken a review of Community Health Partnership arrangements. An interim report of the Review was presented to the NHS Ayrshire and Arran Board in November 2007. The overall picture was of many examples of excellent joint working in frontline services and a real willingness from those involved in frontline partnership working to move forward and deliver the required agenda as outline above. There was also, however, concern expressed that the existing structure and framework did not seem to support the necessary service change.

2.7 This is not, however, unique to Ayrshire. It is worth noting the comments of the Auditor General with respect to the national picture on CHPs when he said "To date Community Health Partnerships have focused on structures and processes and now need to focus on delivering benefits for patients" (Overview of Scotland's Health and NHS Performance in 2006/07).

3. DEVELOPMENT OF IMPROVED PARTNERSHIP ARRANGEMENTS

3.1 Considerable work has been undertaken since the November meeting of NHS Board to develop proposals between NHS Ayrshire and Arran and the 3 Ayrshire Councils all of whom recognise the successes of the current models of CHPs and which, therefore, provide the basis for further development.

3.2 The attached paper (Appendix 1) as indicated above, was submitted to, and approved by, the NHS Board on 12 March and details the discussions held and the conclusions reached between partners to date. The paper also provides the statutory and legislative framework for CHPs for Cabinet's information.

3.3 The paper proposes the formation of a stronger Strategic Alliance between NHS Ayrshire and Arran and the 3 Ayrshire local authorities and indicates the role which this Alliance would play in the further development of partnership working. As can be seen, the Alliance comprises 6 senior officers from NHS Ayrshire and Arran based on the new portfolios arising from "Re-focusing NHS Ayrshire and Arran" and 2 senior officers from each of the 3 local authorities as determined by the relevant Chief Executive. It is proposed that in respect of East Ayrshire these senior officers be the Depute Chief Executive/Executive Director of Corporate Support and the Executive Head of Finance and Asset Management.

3.4 In addition, in each of the local authority areas work will be undertaken to develop the detailed local partnership arrangements which will meet the original and current policy requirements of Community Health Partnerships. It is important to note that the 3 Partnerships will deliver the functions as described for CHPs in the NHS Reform (Scotland) Act 2004, CHP Statutory Guidance and Better Health, Better Care: Action Plan. Work will also continue on further strengthening the bonds between the organisations using our existing well developed Community Planning structures in East Ayrshire.

3.5 The work on the development of the local partnership models will be completed for presentation to a meeting of Cabinet prior to the NHS Ayrshire and Arran Board meeting in June 2008 when it will also receive the Outcomes Report.

4. FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications from this report. The considerations, however, may have an impact on the overall management arrangements for the delivery of Community Health and Social Care Services in East Ayrshire.

5. COMMUNITY PLANNING IMPLICATIONS

5.1 The further development of Community Health Partnerships will strengthen relations between NHS Ayrshire and Arran and East Ayrshire Council and will contribute to the achievement of the Improving Health Theme of the Community Plan.

6. LEGAL/PERSONNEL IMPLICATIONS

6.1 None.

7. RECOMMENDATIONS

7.1 It is recommended that Cabinet:-

(a) note the progress in relation to the review of Community Health Partnerships across Ayrshire;

(b) note the decision of the Chief Executive that the 2 East Ayrshire Council Officer representatives on the Strategic Alliance be the Depute Chief Executive/Executive Director of Corporate Support and the Executive Head of Finance and Asset Management;

(c) agree to receive an Outcomes Report at an appropriate meeting of Cabinet prior to the NHS Board meeting in June 2008 which is due to receive the proposals also; and

(d) to otherwise note the contents of the report

Elizabeth Morton
Depute Chief Executive/Executive Director of Corporate Support
7 March 2008

BACKGROUND PAPERS

Nil

Anyone wishing further information should contact Elizabeth Morton, Depute Chief Executive/Executive Director of Corporate Support, Tele: 01563 576001

Appendix 1

NHS BOARD MEETING

12 March 2008

Subject:	**CHP Review**
Purpose:	**To advise NHS Board members of current developments regarding CHP structure and governance.**
Recommendation:	**That the NHS Board approves the proposals in section 3.**

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1. Background

1.1 The NHS Board meeting of 7th November 2007 received a detailed commentary regarding the CHP Review and approved the further development of proposals for submission to the March 2008 meeting.

2. Current situation

2.1 Considerable work has been undertaken since the November NHS Board meeting to develop proposals in partnership with the Local Authorities which both recognise the successes of the current models of CHPs and also provide a basis for further development.

2.2 The attached paper provides details of the discussions held and the conclusions between the partners. The paper also provides the statutory and legislative framework for CHPs which Board members may find of assistance.

2.3 The attached paper has been developed in partnership and is being considered simultaneously by the appropriate structures in local authorities.

3. Proposals

3.1 The paper proposes the formation of a stronger strategic alliance between the NHS and three Ayrshire local authorities and indicates the role that this alliance should play in the further development of partnership working. The alliance for the NHS will be based on the new portfolios arising from "Refocusing NHS Ayrshire and Arran". For local authorities representation will be of senior officers as determined by the relevant Chief Executive.

3.2 In addition, in each of the local authority areas work will be undertaken to develop the detailed local partnership arrangements which will meet the original and current policy requirements, but more importantly strengthen bonds between the organisations. It is an aspiration to see the development of health and social care partnerships between the organisations. The NHS is committed to the development of partnership working and through the new organisational structure will provide director level leadership in this area. The work on the development of the local partnership models will be completed for presentation to the June 2008 NHS Board and simultaneously to appropriate local authority structures.

3.3 Community Planning will be strengthened as the vehicle by which joint plans are developed, recognising at the same time the future importance of Single Outcome Agreements for the public sector.

3.4 In respect of the independent contractor communities their greater engagement in CHP working will be supported through the new organisational arrangements focusing both on corporate and local partnership working.

3.5 The existing mechanisms for engagement with the public will be sustained and supported by the Director of Nursing.

3.6 The existing Local Partnership Forums for staff will be sustained and supported by appropriate directors as joint chairs.

4. Consultation

4.1 There has been extensive consultation through the initial review and subsequent development work, particularly with local authorities recognising the seminal nature of this relationship. The paper gives some indication of the range of activities undertaken.

5. Resource Implications

5.1 Not applicable.

6. Risks

6.1 Previous papers have highlighted the current risks and issues regarding the CHP review.

7. Impact Assessment

7.1 This paper does not require formal EDIA as it is a recommendation for a process leading to a strengthening of the Community Planning model across Ayrshire. The formation of the Strategic Alliance, as outlined in the paper, is the main substantive recommendation and, as this is an organisational development internal to the partners, it therefore does not require EDIA. However, the Strategic Alliance will, as one of its earliest tasks, be developing the engagement models, roles and remits for itself and the remodelled CHPs. It is these recommendations that will require a comprehensive EDIA as part of their development process.

8. Conclusion

8.1 Considerable effort has been undertaken to develop these proposals for future partnership working. The work of those involved and the commitment of the partners is commended to the NHS Board and approval of the proposals in section 3 is requested.

Allan Gunning
Chief Operating Executive, NHS Ayrshire and Arran
22nd February 2008

[Paul Ardin, Director of Contracts, Planning and Performance]

CHP structure and governance

1. Background

In developing the Scheme of Establishment for Community Health Partnerships for NHS Ayrshire and Arran it was recognised that the organisational arrangements would require review to ensure effective delivery of the new policy direction. On 15 November 2006 NHS Board considered and agreed the proposal to review:

> The Scheme of Establishment for the three local CHPs and (which) included proposals for a review of the local model in 2006/7. The proposed review would ensure that the model was developing as intended and that the Scheme of Establishment was fit for purpose. The Board agreed that the review be undertaken and that it should seek to link with the overall development of NHSAA.

The NHS Board noted:

> The Local Authorities and CHP Advisory Committee had welcomed the proposal to review, which would be done in partnership with them and other relevant groups.

In November 2007, the NHS Board reviewed the proposed next steps and recognised that the:

> Review had highlighted a need to examine further the future of NHS partnerships with the local authorities in order to create a more confident climate for strategic joint working…
>
> Members welcomed the proposals to review the direction and vision of the CHPs and agreed that the partnerships would benefit from a clear agreed statement of function. Comments were made on the forthright tone of the document, which reflected the clear and unambiguous need for reform…
>
> The Board supported the proposed work programme and noted that Development Group would submit their recommendations for implementation to the March Board meeting for implementation in April 2008.

The proposals for modification of the current CHP arrangements have been developed in partnership between the NHS, North, East and South Ayrshire Councils. A series of meetings have been undertaken between senior officers as well as a major whole day event which have explored the issues regarding change in some depth. However this paper recognises that more work is required on the implications for individual partnership working taking account of the specific context of each local authority.

This paper provides the direction for the future development of CHP working between NHS Ayrshire and Arran, North, East and South Ayrshire Councils. It has resulted from the CHP Review and other significant influences, for example “Refocusing NHS Ayrshire and Arran” and “Better Health, Better Care”. The proposed arrangements are expected to be transitional leading to greater partnership working in future years. For ease of reference the appendices to this report provide an overview of the guidance and current policy direction for CHPs and extracts of the appropriate legislation.

2. New partnership arrangements

2. 1 Partnerships between the NHS and Local Authorities

A working group was established between the 4 partner organisations to develop improvements to partnership arrangements from an NHS A&A perspective. This paper describes the direction agreed resulting from the discussions of this group on 25th October 2007, 12th December 2007, 21st January 2008 and 5th and 18th February 2008

At the event on the 5th February success criteria were suggested by the attendees including:

- The rapid introduction of a strategic alliance;
- Development of an enterprising culture based on trust and co-operation;
- Commitment to local arrangements with local action and local partnership:
- Ensure communication with and involvement of partners, staff and the public;
- A focus on outcomes and performance of the partnership; and,
- Retention of corporate memory, recognising that we are building on success and strength.

These comments have been recognised and incorporated into the development of this paper.

Overall CHP arrangements

It is recognised that there is a need to build on the successes of the current CHPs. It is the intention to streamline and simplify current CHP arrangements providing improved opportunities for local decision making as well as clearer overall strategic direction. The partners aspire to the development of health and social care partnerships and seek to support this through the remodelling of current arrangements. There will be director level leadership of the partnerships from the NHS and the partnerships will be coterminous with the three local authorities.

The 3 partnerships will deliver the functions as described for CHPs in the NHS Reform (Scotland) Act 2004, CHP Statutory Guidance and Better Health, Better Care: Action Plan.

Community Planning and Well Being

Community planning will be the vehicle through which local partnership is further developed between the NHS and each Local Authority, and consequently reflected in the Single Outcome Agreement for that area. The NHS components of the plan should be contained within the Local Delivery Plan or other relevant strategic documents. Health improvement and well-being is seen as intrinsic to this area and is expected to be fully integrated into the NHS A&A community planning arrangements. These new arrangements will enable better contributions to the community planning process.

It is expected that shared services developments will continue to be taken forward on a pan-Ayrshire basis, for example, Data Sharing.

A Strategic Alliance

Partnership working requires senior commitment particularly to drive strategic development. There will be a stronger strategic alliance between the 4 partners to achieve the following aims, recognising the need for each of the partner representatives to be mandated appropriately:

- Ensure partnership working in the planning and delivery of services within the context of community planning;
- Agree pan-Ayrshire policy issues and ensure cohesion across NHS Board where this is necessary;
- Assessment of need and corresponding allocation of joint resources;
- Development and agreement of joint financial framework, informed by the Integrated Resources Framework as described in Better Health, Better Care;
- Resolve partnership issues which cannot be concluded locally;
- Ensure general direction of partnership meets the strategic intent of the four partners; and,
- Simplify and generally improve partnership arrangements.

The strategic alliance will be based around the following key representatives:

From the NHS

- Associate director of health promotion and equalities
- Director of primary care development
- Director of planning, policy and performance
- Director of mental health services
- Health Care Directors (2)

From Local Authorities

- Two senior officers nominated by the Chief Executive of the local authority.

Development of health and social care partnership

The first task of the strategic alliance will be to recommend improved local partnership mechanisms which will be specific to the requirements of each local authority area. This will include role, remit, membership and governance arrangements. This work will be completed by May 2008 for submission to the June NHS Board and, through the decision-making processes of each of the local authorities with the aim of implementing the improvements immediately thereafter.

Transitional arrangements

The existing three CHPs in their current form will continue to operate until the remodelled partnerships have been approved by the four statutory partners.

2.2 NHS internal arrangements

NHS Service Delivery

The responsibility for delivery of NHS services will be as follows:

- Health Care Directors (2)
- Director of Information and Clinical Support Services
- Director of Mental Health: Services
- Director of Pharmacy
- Director of Primary care development

One of the two Health Care Directors will have designated leadership for the NHS in the health and social care partnerships.

Independent Contractors

There will be an expectation that independent contractors will form locality groups where they can raise issues and develop a co-ordinated agenda with the NHS. It is expected that these groups will allow discussions around the better joining-up of local services. These will be supported by the Director of Primary Care Development who will route issues appropriately in the NHS.

Local Public Forums

For the NHS there will continue to be local patient public forums (PPFs) providing information to service directors about the quality and direction of NHS and joint services. Responsibility for PPFs will lie with the Executive Director of Nursing.

However the intention is to more closely align public engagement and accountability methods between the partners, including any implications that might arise from the Local Healthcare Bill.

Ultimately the voice of the public within the NHS and the broader partnerships will be strengthened.

Local Staff Partnership Forums

There will continue to be local partnership forums providing a level below the area partnership forum for staff and management to get together to address local issues. The management side chairs will be the NHS service directors.

Refocusing of NHSAA

To dovetail with the refocusing of the NHS, staff and functions in the current CHPs will be transferred to the appropriate Health Care Director from April 2008. Their future roles and functions will be determined when the remodelled partnerships have been approved by the NHS Board in June 2008.

Appendix 1 – overview of current legislative and policy framework for CHPs

CHPs have been established in accordance with statute and the section below provides a brief over of the relevant legislation, regulation and guidance:

> The context for partnership working in Scotland and for the Development of Community Health Partnerships was set out in the White Paper Partnership for Care and Delivering for Health and strengthened in the NHS Reform (Scotland) Act 2004, providing impetus for the development of CHPs.
>
> Statutory Guidance was published in October 2004. The CHP Regulations form the legislative base within which the guidance is based and came into effect on 1st October 2004.
>
> Subsequently the Scottish Government has published the Better Health, Better Care action plan, which has CHPs at the heart of this agenda, shifting the balance of care by improving access, managing demand, reducing unnecessary referrals and providing better community care services.

http://www.sehd.scot.nhs.uk/chp/Pages/CHPPolicyBackground.htm

In relation to these statutory instruments the (NHS board/Local Authority Committee) should note the following points.

The National Health Service Reform (Scotland) Act 2004 requires Health Boards to have a CHP and for there to be a scheme of establishment for the CHP. The Act also notes the functions of the CHP under paragraph 4A(5). It is important to note that these may be taken as general functions of NHS management.

The Community Health Partnership (Scotland) Regulations 2004 stipulates the membership of CHP committees and certain other matters.

Section 4B(7) of the Act allows ministers to provide statutory guidance in relation to CHPs which Health Boards are required to consider in relation to the formation of their scheme of establishment. The guidance sets out key requirements of CHPs which ministers expect to be addressed in the Scheme of Establishment. The full list of these requirements is given at appendix 2.

With respect to the expected function of CHPs in Scotland the most recent policy position is given below:

> The Cabinet Secretary gave a key note speech at the September 2007 Association of CHPs Conference, reaffirming the central role of CHPs in

improving the health of local communities and in delivering better services and care for local people.

Building on the direction of travel, previously set out at the inception of the CHPs, the priority areas which she expects them all to address are based on three key policy areas:

A shifting of the balance of care to more local settings;
Reducing health inequalities; and
Improvement in the health of local people.

Within that overall agenda, the specific priority areas are:-

Better access to Primary Care Services
Taking a systematic approach to long term conditions
Anticipatory care
Supporting people at home
Preventing avoidable hospital admissions
More local diagnosis and treatment
Enabling discharge and rehabilitation
Improving specific health outcomes
Improving health and tackling inequalities

http://www.sehd.scot.nhs.uk/chp/Pages/CHPOutcomes.htm

Which is confirmed by the direction of travel signalled in "Better Health, Better Care: Action Plan":

Community Health Partnerships (CHPs) offer the opportunity for NHSScotland and its partners to work together to tackle health inequalities, enhance anticipatory and preventative care, shift resources to community settings and provide a wider variety of services at local level. Our key priorities for health care require the drive towards locally provided services. The successful implementation of the waiting time target of 18 weeks from GP referral to treatment will, for example, require us to increase the availability of local diagnostic services which, in turn, requires development and investment plans for community hospitals and other facilities, including shard or joint premises wherever practicable.

Community Health Partnerships will increasingly be expected to shift the balance of care; improve access, manage demand, reduce unnecessary referrals to specialist services and provide better community care services. But in order to do this effectively they need to have a broader range of delegated resources and greater flexibility of decision making. We will therefore work with them to introduce an "integrated resource framework" which will build on the progress that has been made so far in devolving budgets to local levels and extend the responsibility and accountability of CHPs for delivering better outcomes by ensuring that resources follow the patient or client. This framework will support strategic joint commissioning and collaborative contracts to deliver local shifts in the balance of care.

> Work is underway through the Strategic Partnership Group to develop a transparent resource framework that can be sued locally to support the delivery of new service and care models. The approach may include the development of collaborative contracts, programme budgets and transitional funding as enablers of change.
>
> Better Health, Better Care: Action Plan

In addition the further objectives of "Better Health, Better Care" and of the Concordat between the Scottish Government and Local Authorities, strongly emphasise partnership working supported by effective community planning arrangements.

It is worth noting the comments of the Auditor General with respect to CHPs:

> To date Community Health Partnerships have focused on structures and processes and now need to focus on delivering benefits for patients
>
> 61. CHPs were developed to help facilitate moving services from acute to community settings. All boards have now created CHPs, with different types of arrangements with councils being developed; for example some CHPs have also incorporated social care into the arrangement making Community Health and Care Partnerships. Five boards have a single CHP covering the whole board area, the majority have two or three CHPs, while NHS Lothian has four and NHS Greater Glasgow and Clyde has ten.
>
> 62. CHPs appear to be making slow progress; to date CHPs have focused on structures and processes but they now need to focus their attention on delivering benefits for patients.
>
> 63. Auditors, in their annual audit reports, highlighted a number of areas of good practice currently in place at CHPs, together with a number of common challenges that need to be addressed over the next year.
>
> Overview of Scotland's health and NHS performance in 2006/07

Paragraph 62 is particularly relevant to the current stage of CHP development and was the main motivation for the CHP Review. The original scheme of establishment interpreted the statutory guidance strictly and answered specifically each of the issues raised within it. This paper provides a more general direction for CHPs and interprets the intentions within the statutory guidance more freely in light of the CHP Review and the current organisational requirements within NHS Ayrshire and Arran.

Appendix 2, Requirements to be addressed in the Scheme of Establishment

Box 1 Improving Services

It is expected that schemes of establishment will specify:

- the outcomes for CHPs, including Local Improvement Targets;
- the range of services to be devolved to CHPs from day one and then outline how this will expand over time;
- which services will be managed, co-ordinated or provided by each CHP;
- 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;
- any services hosted by a CHP and why;
- how CHPs will contribute towards better integration of universal and targeted services for children and young people;
- the formal mechanisms by which CHPs will be involved in Health Board and other strategic planning processes; and
- the formal mechanisms for ensuring that CHPs are central to service redesign decisions and resource allocation.

Box 2 Improving Health

It is expected that schemes of establishment will specify:

- the role of CHPs in local community planning processes
- the role of CHPs in helping to shape Joint Health Improvement Plans and local health plans
- how public health expertise will be used to support the work of CHPs
- how CHPs will be developed to maximise their contribution to health improvement and reducing health inequalities

Box 3 Organisational Arrangements

It is expected that schemes of establishment will specify:

- membership of each CHP committee;
- the formal position of each CHP within the Health Board structures;
- the formal links with the Local Authority;
- how CHPs will work with local partners to jointly plan, commission and deliver services for all care groups;
- the outcome of the review of the LHCC Professional Committee;
- arrangements for professional and clinical leadership including lines of accountability; and
- organisation and management support arrangements (e g finance, human resources, IT, estates, planning) to enable CHPs to deliver their functions

Box 4 Size and Geographical Coverage

It is expected that schemes of establishment will specify:

- the number, size and catchment areas of each CHP;
- relationship to local authorities and to existing or proposed local arrangements for planning and delivering multi agency services at community level; and
- any proposed locality arrangements within the CHP.

Box 5 Working in Partnership

It is expected that schemes of establishment will specify:
- how CHPs will discharge their responsibility to involve patients, carers and communities
- 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
- the mechanism for appointing PPF members to the CHP
- the level of support for CHPs to develop their capacity and capability to effectively involve local communities

Box 6 Working in Partnership
It is expected that schemes of establishment will specify:
- the overall clinical governance arrangements
- how CHPs will enable healthcare and other professionals to develop new models of care including joint health and local authority services
- how CHPs will bring closer working between clinicians, for example, managed clinical/care teams
- how CHPs will contribute towards more effective information sharing between the NHS and other agencies

Box 7 Working in Partnership
It is expected that schemes of establishment will specify:
- the relationship and accountabilities between the staff representative member of the CHP committee, the area partnership forum and frontline staff;
- the formal arrangements for involving staff in the work of CHPs;
- how staff governance principles will be delivered; and
- the links with Joint Future staff partnership arrangements

Box 8 Working in Partnership
It is expected that schemes of establishment will specify:
- the working relationships between each CHPs and local authority

Box 9 Working in Partnership
It is expected that schemes of establishment will specify
- formal arrangements for involving the voluntary sector in CHPs

Box 10 Building Workforce Capacity
It is expected that schemes of establishment will specify:
- the priority organisation development areas for CHPs;
- the leadership and management development strategy for CHPs;
- how senior management and specialist expertise will support CHPs;
- how human resource and organisation development issues will be addressed including
joint human resource and joint organisation development; and
- how workforce planning will underpin the operation of CHPs

Box 11 Finance and Accountability
It is expected that schemes of establishment will specify:
- all budgets for devolved functions and services including budgets in paragraph 159;
- arrangements for managing the prescribing budget;
- the joint resourcing arrangements with local authority partners including agreed

financial frameworks and budgets;
- the budget devolved to CHPs for their public partnership forums;
- the % of the total Health Board allocation to be devolved to CHPs
- 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 formal mechanisms for ensuring CHPs are involved in decisions on the use of **all** development funding;
- how CHPs will influence the use of integrated funding streams, e g children;
- the Development Plan budget (organisation, training and learning plan);
- budgets for support services (e g finance, human resources, IT, estates, planning)
- areas of "earmarked" funding to be devolved to CHPs;
- the level of devolved resource transfer funding and support finance;
- the lines of accountability including joint accountability arrangements for joint resourcing.

159. In addition to the budgets for devolved services Health Boards will also be expected to devolve:
- primary care investment funds;
- funding for the enhanced services component of Primary Medical Services;
- development funding for Primary Medical Services; and
- any further budgets to support service integration and the shift in the balance of care into the community

Box 12 Schemes of Establishment
It is expected that schemes of establishment will:
- address all questions included in Box 1-12 in this statutory guidance;
- describe the process for developing schemes including the level of stakeholder involvement.