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Item No: 7

Meeting Date: Wednesday 25th January 2023

Glasgow City Integration Joint Board

**Report By: Mike Burns, Assistant Chief Officer Children's Services
Karen Dyball, Head of Service Children's Services**

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Specialist Children's Services Single Service Alignment

Purpose of Report:	To advise Glasgow IJB of the new managerial and governance arrangements for Specialist Children's Services.
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Background/Engagement:	These arrangements have been discussed with Chief Officers and the decision reached within NHS GG&C.
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Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input checked="" type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input checked="" type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none">Note the attached reports relating to East Dunbartonshire and the recommendations outlined;Note the change in governance and managerial arrangements for Specialist Children's Services;Note the progress to date, since June 2020; andNote the implications for Glasgow HSCP, the IJB and the wider Glasgow system.
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Relevance to Integration Joint Board Strategic Plan:

Specialist Children's Services will remain aligned to the integrated arrangements across the Board and consequently, will continue to deliver services in line with the strategic plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):

The National and wellbeing outcomes will remain relevant for the children and young people of Glasgow.

Personnel:

Specialist Children's Services will no longer operate under the day-to-day line management of the Chief Officer, Assistant Chief Officer or Head of Service for Glasgow City HSCP as the Service will transition to East Dunbartonshire. There are implications for posts that have been funded through Glasgow's integrated arrangements and such posts will now need to be reconciled within the new arrangements.

Carers:

The desire will be to sustain the local integrated arrangements for Carers to ensure that there is effective alignment with the current early help for carers, the community mental health services (Tiers 1 and 2), the Carers Service and the access to the Whole Family Wellbeing Fund provision and Glasgow Family Support Services.

Provider Organisations:

The new arrangements will need to protect the investment and work done with respect to developing Tier 1 and Tier 2 community mental health services. Furthermore, the alignment with the Third Sector and the connections with the local Primary Care arrangements will remain critical to addressing families' needs, and to responding to requests from practitioners.

Equalities:

EQIA has not as yet been shared.

Fairer Scotland Compliance:

It is the intention of both the Glasgow City HSCP and East Dunbartonshire Leadership to ensure that these strategic adjustments do not unnecessarily disrupt the promotion of early identification, the access of early help and prevention strategy currently in place. It remains critical that services continue to operate with due regard to the socio-economic disadvantage and inequality that pervades many of our communities. It is hoped that the EQIA addresses this challenge and ensures that the pathways and routes towards assistance is enhanced within these new arrangements and with particular regard to Primary Care and Health Visiting. The whole system's implementation of getting it right for every child and the Promise must remain fundamental to the way all services operate.

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Financial:	Further work is required to ensure that due diligence is completed with respect to the demarcated Health Budget.
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Legal:	N/A
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Economic Impact:	N/A
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Sustainability:	N/A
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Sustainable Procurement and Article 19:	N/A
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Risk Implications:	This change represents another restructure for the workforce, which may be unsettling for staff, and poses a challenge with respect to both the success of the transition and the new financial arrangements. Any change in the strategic direction of SCS may also disrupt the alignment with the current direction of travel for Glasgow HSCP, Glasgow Education Service, and local key Third Sector Partners.
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Implications for Glasgow City Council:	The current arrangements within SCS, and alignment with the transformation agenda, have been positively received by the Glasgow Education Service and the Glasgow Psychology Service (GPS), particularly with respect to the Tier 1 and Tier 2 community mental health investment and alignment in planning for children with complex needs and school attendance challenges. In addition, alignment with the Third Sector around Tier 1 and Tier 2 and Family Support has sought to strengthen the preventative strategy and provide a more robust earlier intervention approach to divert and better manage demand and expectations. It will remain critical to sustain the coordinated and preventative approach for nurseries, schools and the community.
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Implications for NHS Greater Glasgow & Clyde:	As indicated there will be financial implications around the current arrangements and the need for a review of governance arrangements.
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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	<input checked="" type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

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1. Purpose

- 1.1. The purpose of this report is to advise Glasgow IJB of the new managerial and governance arrangements for Specialist Children's Services, and to describe the transition from the integrated management arrangements in Glasgow HSCP to the new single system arrangements under the leadership of the East Dunbartonshire's Chief Officer. The report will outline the progress achieved so far in integrating SCS into Glasgow City, and the implications of the new governance arrangements. The report also provides an analysis of the attached reports coordinated by the Chief Officer for East Dunbartonshire and the implications for both Children's Services and the wider HSCP.

2. Background

- 2.1 The Specialist Children's Service (SCS) arrangements have remained subject to ongoing review and debate about where the point of integration should exist. There are critical connections into Tier 4 and with respect to acute care.
- 2.2 SCS were previously not in the Glasgow Scheme of Delegation. A decision was consequently made to align those Services in 2019 to ensure that the governance arrangements were consistent with the 5 other Partnerships across the Greater Glasgow and Clyde Health Board.
- 2.3 To that end, the decision was made to integrate SCS into the Glasgow IJB and HSCP. This was delayed until April 2020, because of both the onset of the pandemic and staffing issues.
- 2.4 The HSCP Executive Team, Senior Management (SMT) and the Children's Core Leadership have all reviewed and reflected on both papers attached, incorporating our own recent experience of integration and sense of what has worked to date. Progress to date has centered around a whole and single system approach to prevention along with earlier intervention approach in diverting children, young people, and families to early local help rather than a growing waiting list of unmet need and demand. To date, the Service has had sustained support from colleague GPs in Primary Care, colleagues in Education and the Third Sector.
- 2.5 The Local Team in Glasgow remains eager to provide a reflective analysis of where progress has been made and areas which should be highlighted to inform the next stages of integration and improvement. The senior team have met with the new lead Chief Officer and we are committed to working closely with our colleagues in East Dunbartonshire to ensure that the transfer and transition occurs effectively. It is anticipated that any progress secured to date within Glasgow is protected and the new arrangements continue to enhance the outcomes for children, young people and their families.

3. Specialist Children's Service Single System Alignment

- 3.1 SCS is transitioning to East Dunbartonshire at a time when waiting times have reduced, and there has been significant progress in introducing new supports for families while they are waiting for a CAMH service. There has been positive

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feedback from families and practitioners about the new services and from recent engagement sessions with families on the waiting list for CAMHS support.

- 3.2 The rationale for this change is to create a single system, therefore there is a need to scope out the parameters of the 'single system', and co-dependencies, particularly in relation to our national responsibilities to implement *the Promise* and *Getting It Right for Every Child* (GIRFEC), and to integrate co-production and feedback from the lived experience of children, young people, parents, carers and practitioners. There is also a need to consider the arrangements across Health Visiting and Primary Care to ensure effective early help and diversion from CAMHS, in circumstances where clinical intervention is not required, to continue to support the improvements and positive outcomes for families.
- 3.3 In addition, given the support from Scottish Government for these new arrangements, it might be helpful to broaden out the Scottish Government narrative in relation to integration, the Promise, GIRFEC and the potential implications of the research associated with the arrangements for Children's Services in the National Care Service.

4. Implications

- 4.1 It is recognised there is a need to define the parameters of the 'single system' to ensure that it functions effectively for children, young people, parents, and carers. The proposal and analysis in the papers would be strengthened by reference to the need for early help for families to support diversion from CAMHS, where appropriate, and manage CAMHS demand.
- 4.2 We acknowledge there is complexity of the challenge and the ongoing issues in respect of increasing demand for services, high expectations of the service and ongoing issues in respect of waiting times, both externally and internally.
- 4.3 To date, the integrated Children's arrangements in Glasgow are developing in response to the strong evidence that the most effective response is in delivery of local, integrated and neighborhood services predicated on the principles of GIRFEC and the Promise.
- 4.4 The team has reflected on the progress made and would want to maintain these developments and indeed further develop and improve these outcomes, based on the learning. There has been a significant reduction in waiting times for initial appointments across Glasgow. This progress has been achieved by:
- building positive relationships in each locality over the period of two years;
 - reviewing the previous appointment invitation structure to introduce more family focused date, time and method of appointment (simultaneously reducing DNA rate);
 - engaging and building trusting relationships with each of the GP forums (in recognition that 80% of CAMHS referrals come from GPs) and the strategic direction of our integrated model has been welcomed by GPs;
 - development of a Networking team modelled on the GP community link worker service, focusing on Glasgow children under 5 on the autism waiting

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list with the aim to link families with projects in their communities and provide earlier help;

- Involvement of Service Managers in learning communities and children's services working groups to explain the role and function of CAMHs and SCS, thereby reducing the number of young people being referred into services by providing earlier help;
- Collaborative approaches with Education colleagues working alongside HSCP, Health Improvement and CAMHS staff on the tier 1 and 2 Mental Health group to develop services where gaps are identified;
- Involvement of a SCS Service Manager in the School Counselling quality assurance steering group to ensure an integrated approach to meeting young people's needs;
- Development of the Emotionally-based school non-attendance (EBSNA) initiative to address non-attendance at school through a blended model delivered by Education and the third sector, with Service Manager representation on the multi-agency steering group which oversees the development and implementation of the model. A number of young people who were waiting for CAMHs services are now receiving support from the service;
- Development of a web-based digital platform offering 24-hour support to young people (Kooth for under 16's and Togetherall for young people aged 16 to 24 years), with one Service Manager assigned as safeguarder for this service;
- Collaboration with the virtual school to provide information and support in relation to supporting young people who receive a CAMH service;
- Contribution to the funding of the Youth Health Service via community mental health monies, recognising the importance of earlier help, which has produced positive outcomes for young people;
- Delivery of services to families with young people on the waiting list for CAMHs by Glasgow Central Parenting Team. The Parenting Team also work with the Specialist Community Paediatric Team (SCPT) to jointly offer steppingstones in response to families' needs, particularly for parents of children who are neurodiverse;
- CAMHS early intervention psychology team has been working with the school nursing team to develop shared knowledge and skills, and to deliver LIAM (lets introduce anxiety management);
- Contribution of SCPT and CAMHs staff to a variety of fora which focus on the strategic development of the service including CP forums, locality planning, poverty forum, family support strategy group and the education-led children's services working group;
- Implementation of test of change in relation to children requiring autism assessment, with Health Visitors trained to provide more robust information to enhance the assessment process which accelerated the process and consequently reduced waiting times, and a reduction in the number of children waiting from 253 to 144 in the period of a year;
- SCS Vulnerability team's contribution to the Glasgow Promise Action Plan which involved changing the name of the service following a consultation with young people. Young people suggested the current name of the team, 'Health For All' and the team developed their assessment model in alignment with the National Practice Model, which is also in line with the aspirations of The Promise;

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- Named nurse linked to each of the Glasgow Children's houses.

4.5 There has therefore been significant developments and innovations based on an integrated approach to practice between health visiting, social care and specialist paediatric services, and it is importance that this work continues in order to meet the needs of children, young people, parents, carers and practitioners in Glasgow City.

5. Financial issues

5.1 It is acknowledged that there is a complex financial framework for Specialist Children's Services including GG&C NHS, HSCP and Scottish Government funding and this will need to be worked through due diligence to ensure appropriate budget transfer at the point of the implementation of the new single system.

6. Recommendations

6.1 The Integration Joint Board is asked to:

- a) Note the attached reports relating to East Dunbartonshire and the recommendations outlined;
- b) Note the change in governance and managerial arrangements for Specialist Children's Services;
- c) Note the progress to date, since June 2020; and
- d) Note the implications for Glasgow HSCP, the IJB and the wider Glasgow system.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	19 JANUARY 2023
REPORT REFERENCE:	HSCP/19012023/06
CONTACT OFFICER:	CAROLINE SINCLAIR, CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP
SUBJECT TITLE:	SPECIALIST CHILDREN'S SERVICES SINGLE SERVICE ALIGNMENT

1.0 PURPOSE

- 1.1** The purpose of this report is to provide an update to East Dunbartonshire Health and Social Care Partnership Board on the progress towards planning for implementation of a single service structure for Specialist Children's Services Child (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services. This report will provide an opportunity to update on the planning, engagement and initial process for the creation of a single management for SCS, with a view to a fuller report being submitted in March for approval of the details of transition.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

- 2.1** Note the content of the Report; and
- 2.2** Note that a further report will be submitted in March including the details of the transition of staff and budget, for approval.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Within the GG&C Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Hosted Tier 4 services.
- 3.2** The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, are intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.
- 3.3** A single system management arrangement is a development that Scottish Government are keen to see progressed and it has been raised within the CAMHS performance support meetings that are currently in place. It is seen as critical to the improvement of the co-ordination and management of services across GG&C and the performance of CAMHS and community paediatrics across the health board area.
- 3.4** The main principles that will guide the transition is as follows:
- Services will continue to be delivered locally, and by existing teams
 - Services will remain located within their current HSCPs
 - Services will continue to work closely in partnership with HSCP colleagues
- 3.5** Change will be guided by a project plan which will be developed and will include a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group will be put in place to support the work, with representation from all HSCPs within the GGC area.
- 3.6** Further and fuller details are available in **Appendix 1** - SCS Realignment Briefing- which sets out the background, current structures, proposed process for implementation, current financial framework and associated staffing compliment, current management arrangements and clinical, care governance and performance arrangements.
- 3.7** A further report will be submitted to the next meeting of each affected Integration Joint Board including the details of the transition of staff and budget, for approval.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2022-2025 Priorities;-
1. Empowering People
 2. Empowering Communities
 3. Prevention and Early Intervention

- 4. Public Protection
- 5. Supporting Carers and Families - Yes**
- 6. Improving Mental Health and Recovery - Yes**
- 7. Post-pandemic Renewal
- 8. Maximising Operational Integration

- 4.2** Frontline Service to Customers – None.
- 4.3** Workforce (including any significant resource implications) – Realignment of line management for a small number of existing SCS Service Managers.
- 4.4** Legal Implications – None.
- 4.5** Financial Implications – Realignment of SCS budgets, Tier 3 and 4 into a single budget hosted by East Dunbartonshire HSCP. A process of due diligence is underway, as part of the project plan, to provide assurance that the budgets to be re-aligned will be sufficient to support the new consolidated service delivery model with any financial risks to be highlighted. There are financial implications in the movement of the relevant budgets which will be set out in more detail in the next report.
- 4.6** Procurement – None.
- 4.7** ICT – None.
- 4.8** Corporate Assets – None.
- 4.9** Equalities Implications – None.
- 4.10** Sustainability – None.
- 4.11** Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

- 5.1** An Oversight Group will ensure the effective and efficient transition to a single model and will capture any risks for mitigation within the project plan.

6.0 IMPACT

- 6.1 STATUTORY DUTY** – None
- 6.2 EAST DUNBARTONSHIRE COUNCIL** – None.
- 6.3 NHS GREATER GLASGOW & CLYDE** – None.
- 6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1 – SCS Realignment Briefing**

Appendix 1 Realignment Briefing

Briefing setting out the pre-established rationale for realignment of Child and Adolescent Mental Health Services and Specialist Children's Services

Implementation plan to support transition to a whole system management arrangement for Specialist Children's Services and the delivery of the Mental Health Recovery and Renewal plan.

Draft 0.1 27-11-22

1. Situation

Within the Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board hosted Tier 4 services.

The single system management arrangement aims to offer the following advantages:

- Flexibility, cross system and read across for budgets and workforce (for medical staffing this currently exists)
- Ability to better plan and implement improvement programmes on a GGC basis taking cognisance of local arrangements and variances
- Meeting increasing demand for CAMHS through creation of a single workforce plan to minimise waiting times for children and young people
- Improved standardisation of service delivery and reduced variation across the Board area
- Improved resilience and contingency arrangements
- Cohesion between Tier 3 and Tier 4 services
- Continued positive interface with acute Women and Children's Directorate and strengthens links with secondary care
- A structure to take forward the development of regional services including FCAMHS and Secure Care to include reviewing the increasing pressures from the private Secure Care estate on local teams where these units are situated across HSCP's.

Consideration has been given to where this single management arrangement will be held and it has been agreed that this will be held in a single HSCP, with strategic, financial and management responsibility for the full service. This will require revised management arrangements to ensure the capacity and capability to deliver on a single structure and some changes to the current governance arrangements.

2. Background

Specialist Children's Services (SCS) provides CAMHS and Specialist Community Paediatrics Teams (SCPT) services for Children and Young People, both in and out of hours, at Tier 3 (community HSCP level), and Tier 4 (GGC wide, Regional and National Services).

In 2015 Tier 3 CAMHS and Tier 3 Community Paediatric services were delegated to Renfrewshire, Inverclyde and East Renfrewshire HSCP's (excluding medical staff). In 2019, and in line with other HSCPs, Tier 3 SCS services were delegated to Glasgow City HSCP.

Table 1 below details the team breakdown of the current delegated **Tier 3** Specialist Children's Service, including CAMHS and SCPT, by HSCP. Services for East Dunbartonshire, with the exception of Speech and Language Therapy, were provided by Glasgow.

HSCP	Number of CAMHS Teams	Number of SCPT Teams
Glasgow City	4xCAMHS (North/South/East/West)	4xSCPT (North/South/East/West)
Renfrewshire	1xCAMHS	1xSCPT
East Renfrewshire	1xCAMHS	SCPT provided from Glasgow HSCP
Inverclyde	1xCAMHS	1xSCPT
West Dunbartonshire	1xCAMHS	1xSCPT
East Dunbartonshire	CAMHS and SCPT services provided by Glasgow City HSCP, other than SLT	

Table 1

The Tier 4 and Board wide professional functions and services have remained retained by the Health Board, rather than delegated to HSCPs, and they are managed by a single HSCP Chief Officer, currently East Dunbartonshire, on behalf of the Board, rather than on behalf of the HSCP.

Tier 4 services are delivered Board wide, regionally and nationally and include:

- Child and Adolescent inpatient units
- Unscheduled and intensive CAMHS
- Eating Disorder, FCAMHS, Learning Disability CAMHS and Trauma services
- Infant Mental Health Team

Tier 4 SCS also deliver services into Women and Children's Directorate and includes:

- Paediatric OT, SLT and the Community Children's Nursing team
- Liaison Psychiatry, Paediatric Psychology and Maternal and Neonatal psychology

3. Implementation

Change will not be immediate, rather it will be guided by a project plan which will be developed and will include a communication and engagement plan. Work will be inclusive of all key stakeholders and our staff partnership colleagues. An oversight group will also be put in place to support the work.

The single system management arrangement will require a robust governance, management and financial structure to enable and drive improvement, and provide a GGC focus to strategic planning.

The roadmap for change will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition

Principles

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs
- Services will continue to work closely in partnership with HSCP colleagues

Maintenance of local service delivery, links, and co-dependencies with preventative services and community based services will continue to be essential, and so there is a commitment to ensuring ongoing joint planning and collaboration. The services that are moving into the single service will commit to continuing to work closely with services being delivered and commissioned by HSCPs as part of their integrated local plans for services for children and families, including Tier 1 and Tier 2 services.

An Implementation Oversight Group will be established to oversee the development and implementation of the single service model. A range of sub groups will be required in order to ensure attention to all required areas.

3.1 Communication and Engagement plan

A communication and engagement plan will be required to ensure that we have a consistent and clear message that ensures that everyone is well informed and therefore minimising any cause for concerns. There are four key groups:

- Staff in both Tier 3 and Tier 4 of Specialist Children Services
- Staff in services in HSCPs and staff involved in transition areas
- Patients / Carers: All Patients and carers currently known to the service to receive an update on the service changes, the rationale for why we are making the service changes and our commitment to retain service delivery in the local areas.
- Referrers: Local Service managers to continue to communicate with referrers in local area about the changes and that local connections will be retained

3.2 Finance realignment

Tier 3 delegated CAMHS services has a total annual budget of £9.1m with circa 153.5wte. The Mental Health Recovery and Renewal workforce plan will see a significant increase in the workforce by a further 127.8wte, £7.2m. Tier 3 delegated SCPT services has a total budget of £12.5m with a circa 265 wte.

Tier 4 hosted services has a total annual budget of £24.2m with circa 340 wte. The Tier 4 mental Health recovery and Renewal funding will see an increase in budget of £2.8m. A workforce plan is in development for the new regional Intensive Psychiatric Care Unit and the regional services development for FCAMHS, SECURE and Learning Disabilities. These will see an overall increase in the service estate and reach.

Implementation of the single management model requires drawing together the funding currently held across a range of HSCP and SCS budgets, under a range of different codes, into one structure. This will include costing of the new model of service delivery to ensure this is viable within the budgets that are transferring. This will be overseen by a Chief Finance Officer.

3.3 Management Structure

The delegated Tier 3 services are currently operationally managed in HSCP's by 6.0 service managers whose remit is predominately SCS. The service managers are line managed by HSCP Heads of Children's Services who also manage a range of other services in their remit ie Health visiting/School nursing and social work and social care children's services

The hosted Tier 4 services are currently operationally managed by 2.5 wte service managers. The service managers are line managed by the Head of Specialist Children's Services (HoSCS) who also has line management responsibility for the Clinical Directors, Professional Leads and Quality Improvement team. The HoSCS also has responsibility for strategic planning and governance for SCS as a whole alongside the Clinical Directors.

Bringing the services together in to a single management and financial arrangement would see a combined annual budget of approximately £55.8 million with a staff of circa 926wte (including additional MHRR funding and posts). This would create a combined operational and strategic team of 19.5 wte (Table 2).

	Service Managers tier 3 & 4	Professional Leads	Clinical Directors	Total
Total	9 wte	8.5 wte	2 wte	19.5

A Workforce Change Group will be established to oversee, advise and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.

In order to manage the realigned Tier 3 services it is assessed that there would be a need for a new permanent Head of Specialists Children's Service replacing the functions currently delivered by the HSCP's Heads of Children's Services. This would sit alongside the current post of (HoSCS) managing the Tier 4 services.

In order to manage the transition and the existing service developments associated with the Mental Health Recovery and Renewal plan it is proposed to create a temporary Project Manager Post to support the implementation of the new arrangements. Slippage from the Mental Health Recovery and Renewal funding will be used to fund this temporary role.

3.4 Clinical Governance

The current clinical governance arrangements are complex. With Tier 3 services reporting through individual HSCPs while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire HSCP clinical and care governance forum and through the Women and Children's Directorate governance group.

3.5 Performance

There exists a regular reporting framework for HSCPs and the Women and Children's Directorate Which includes performance against national targets and service developments. There also exists quarterly interface meeting with all HSCP's where the respective Heads of Service, Service Managers and CDs consider challenges and achievements.