

NHS Board Meeting
15th April 2014

Paper No 14/11

Report to: NHS Board
Report from: Interim Chief Officer East Dunbartonshire
Director of Corporate Planning and Policy

**EAST DUNBARTONSHIRE SHADOW HEALTH AND SOCIAL CARE
PARTNERSHIP AGREEMENT**

Recommendation: the Board approve this Partnership Agreement as the basis to establish a shadow Integration Joint Board (IJB) with East Dunbartonshire Council:

- Retaining the current Council and NHS CHP governance arrangements during the shadow period unless changes are proposed by the shadow IJB and agreed by the Board and Council.
- The shadow IJB reporting to the Council and the NHS Board for the programme of work outlined in this Partnership agreement.

These recommendations are subject to approval by East Dunbartonshire Council

1 INTRODUCTION

- 1.1 The Board has approved arrangements to establish shadow Integration Joint Boards with Inverclyde, East Renfrewshire and West Dunbartonshire Councils.
- 1.2 The purpose of this paper is to describe proposed local arrangements for the transition to a shadow Health and Social Care Partnership for the East Dunbartonshire Council area in preparation for the enactment of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 1.3 The paper sets out arrangements for the NHS and the Council to work in Partnership to establish a shadow IJB and then to a full IJB when the legislation required is fully in place.
- 1.4 The first stage outlined in this paper is to establish a shadow IJB to lead, with the interim chief officer, planning for the transition to the new Partnership. At this stage the shadow IJB will operate alongside the current NHS and Council governance arrangements operated by the CHP and Social work committee, respectively.

2 BACKGROUND

- 2.1 The Public Bodies (Joint Working) (Scotland) Bill was introduced in the Scottish Parliament on the 28th May 2013 and received Royal Assent on 1 April 2014. The Act requires territorial NHS Health Boards and Local Authorities to integrate strategic planning and service provision arrangements for Adult Health and Social Care Services (as the minimum required by law) within new Health and Social Care Partnerships (HSCPs).

- 2.2 East Dunbartonshire Council and Greater Glasgow and Clyde NHS Board have agreed to establish a body corporate model, known as an Integration Joint Board, to underpin the new Health and Social Care Partnership and to be responsible for delivering the prescribed national Health and Wellbeing Outcomes. The Integration Joint Board will be established and responsible for a range of associated functions delegated to it and will operate as an Integration Authority, when the Act is enacted. Agreement has been secured to appoint an interim joint Chief Officer who will lead the development process to establish a full IBJ proposed in this report.

3 EAST DUNBARTONSHIRE SHADOW ARRANGEMENTS

- 3.1 The boundary of the proposed shadow IJB will be coterminous with the boundaries of East Dunbartonshire Council. The main population centres included are Bearsden, Milngavie, Bishopbriggs, Kirkintilloch and Lenzie along with the rural villages of Milton of Campsie, Lennoxton, Twechar, Torrance and Balmore.

4 SHADOW AND SUBSTANTIVE INTEGRATION JOINT BOARDS (IJB)

- 4.1 Enactment of the Act, scheduled for April 2015 will enable the creation of a HSCP as a full partnership between NHSGGC and East Dunbartonshire Council governed by a fully empowered Integration Joint Board. In order to ensure readiness for this, the Scottish Government strongly recommends that partnership areas establish shadow arrangements during 2014-15, that will facilitate planned transition to full integration the following year.
- 4.2 In line with this advice, this partnership agreement enables the Council and the NHS Board agree to establish a shadow Integration Joint Board in terms as close as possible to the arrangements that will apply to the substantive Integration Joint Board. At the time of preparing this Partnership Agreement for the shadow year, regulation and guidance on the membership and proceedings of Boards have not been fully developed, but a statement of policy intent is reflected in the Scottish Government's Policy Statement "Integration Joint Board (Section 12)". This would see a new Board structure established as follows:

Voting:

- 3 Elected members
- 3 Non-executive Directors of the NHS Board

Non-Voting:

- The identified Clinical Director of the Health Board;
- The Chief Social Work Officer of the constituent local authority;
- Finance Officer(s);
- Staff-side representative(s);
- A third sector representative;
- A carer representative;
- A service user representative;
- The Chief Officer of the shadow Integration Joint Board

4.3 It is proposed that the shadow IJB is established with this membership

During the shadow period, existing governance arrangements will continue to operate within the Council and with the continued operation of the East Dunbartonshire Community Health Partnership (CHP) reporting to the NHS Board. Operational delivery of health and social care services and functions, plus oversight of the work of the shadow Integration Joint Board will remain with the Council and NHS Board as at present, subject to a process of transition to the HSCP, as may be agreed by the three bodies.

4.4 The initial focus of the shadow Integration Joint Board will be to lead on the development of a range of strategic and preparatory aspects, most particularly to

- Oversee the implementation of a Joint Transition Plan, which will manage the transformation change process required for full integration;
- Develop a process to ensure the establishment of an aligned budget that reflects the range of services and functions proposed for delegation and to inform the budget setting process for substantive integration of services and resources.
- Develop procedures for financial monitoring and reporting of delegated budgets that will meet the requirements of the shadow Integration Joint Board and the constituent bodies;
- Prepare an Integrated scheme to be approved by the Council, NHS Board and Scottish Ministers, which will set out the integration model, the functional scope of integration and the determination of integrated budgets and any other aspects as may be prescribed nationally or agreed locally;
- Prepare a draft Strategic Plan to be considered and endorsed by the full Integration Joint Board, when constituted, that will set out how integration functions will be delivered, how outcomes will be met, how services will be jointly commissioned and how locality planning will be arranged;
- Establish a Strategic Planning Group, as required in the Act and to be prescribed in regulation, that participates in the preparation of the Integration Scheme and Strategic Plan, and which;
 - Embeds patients/clients and their carers in the decision-making process;
 - Treats the third and independent sectors as key partners; and
 - Involves GPs, other clinicians and social care professionals in all stages of the planning work, from the initial stages to the final draft
- Develop mechanisms to achieve meaningful engagement of NHS and Local Authority trade unions and professional organisations, over this shadow period, in order to fully meet NHS Staff Governance Standards and the Council's Partnership at Work arrangements.
- Propose to the Council and Health Board a phased delegation of functions, with the shadow Integration Joint Board progressively undertaking governance of the full scope of delegated functions as set out in the Integration Scheme, from 1 April 2015 or as otherwise prescribed or agreed; and
- Develop a draft framework for Performance Reporting across the range of delegated functions, including financial performance, which will become the responsibility of the substantive Integration Joint Board, when fully constituted from 1 April 2015.

- 4.5 The shadow Integration Joint Board will be established reflecting the above arrangements and may be amended in line with the phased nature of the transition process, developing regulations and guidance and using permitted flexibility by agreement with the Council and Health Board.
- 4.6 When established, the shadow Health and Social Care Partnership will support and broaden the sphere of interest and influence of professional and clinical engagement and leadership.
- 4.7 The role of the Chief Social Work Officer and the delivery of its statutory duties across the shadow HSCP and the Council's retained Children's Services and Criminal Justice services will be ensured during the course of the shadow year, with reference to national guidance and/or regulation.
- 4.8 During 2014-15, the shadow Integration Joint Board will support and broaden the sphere of interest and influence of the Public Partnership Forum to take account of both health and social care service users. Informed by legislative guidance, the shadow HSCP will then build on the essential contribution of the public partnership process within the context of the substantive Integration Authority.

5 INTERIM CHIEF OFFICER

- 5.1 An Interim Chief Officer for the shadow HSCP has been jointly appointed by NHS Greater Glasgow and Clyde and East Dunbartonshire Council.
- 5.2 During the shadow period the interim Chief Officer's accountability will be to the shadow Integration Joint Board and to the NHS and Council Chief Executives. This will be exercised as follows:-
- The interim Chief Officer will be a member of the NHS Board Corporate Management Team (CMT) and a member of the East Dunbartonshire Council CMT.
 - The interim Chief Officer's objectives will be mutually agreed by the two Chief Executives and the shadow Integration Joint Board's Chair and Vice Chair.
 - The interim Chief Officer's mid and end year appraisal will include the input from the same group.
- 5.3 The interim Chief Officer will be an employee of NHS Greater Glasgow and Clyde and East Dunbartonshire Council under the terms agreed by both bodies. The interim Chief Officer role will be as follows:
- Accountable for the transition to effective delivery and development of integrated Health and Adult Social Care Services and improved outcomes for the population of East Dunbartonshire.
 - Work in partnership with the Council and Health Board to develop and deliver an integration scheme for the East Dunbartonshire shadow Health and Social Care Partnership (HSCP) to be approved by NHS Greater Glasgow and Clyde and East Dunbartonshire Council by 1 April 2015 and that the transition to the new organisation is as smooth as possible.
 - Responsible for ensuring the shadow HSCP is highly effective at engaging with its stakeholders in primary care, patients, the public and its employees.

- Responsible for developing and delivering a Strategic Plan and supporting financial plan by 1 April 2015, that allocates budgets to meet the objectives as agreed by the substantive Integration Joint Board, when established, to ensure that financial targets are achieved within the resources available.
- Responsible, as a member of both the East Dunbartonshire Council Corporate Management and NHS Senior Management Teams, for contributing to the overall strategic objectives and priorities in both organisations.

5.4 The substantive Chief Officer for the fully integrated arrangements will be appointed by the substantive Integration Joint Board, after the enactment of the associated enabling legislation (expected to be after April 2015).

6 PLANNING AND PERFORMANCE

- 6.1 The transition from the current structures to the shadow HSCP will formally recognise the legitimacy of shadow arrangements to deliver shared objectives in an orderly fashion that emphasises continuity and minimises potential disruption or uncertainty for employees and service users.
- 6.2 The shadow IJB will transition towards becoming a full partner in Community Planning Partnership arrangements, leading the delivery of the health and wellbeing objectives within the Single Outcome Agreement, when fully empowered. Accordingly, and in line with these timescales, the interim Chief Officer will become a full member of the Community Planning Partnership Board.

7 FINANCIAL ARRANGEMENTS

- 7.1 The Policy Memorandum accompanying the original Bill as presented, sets out the interdependencies between health and social care services and the imperative of integrating all aspects of care (from prevention through to specialist treatment). The ability to look at overall expenditure, and to use budgets flexibly, will be a hallmark of the new integrated arrangements.
- 7.2 Current financial arrangements and accountabilities will continue during the shadow period, while developing an Integration Scheme which will set out relevant issues of financial management and governance in line with the requirements of the legislation and its accompanying guidance.
- 7.3 The interim Chief Officer will be responsible, together with the Directors of Finance of the parent bodies, for the preparation of a draft integrated budget during 2014-15 for consideration by the shadow Integration Joint Board, as the basis for an integrated budget for 2015-16.
- 7.4 In the event that the Council and NHS Board agrees financial delegation to the shadow Integration Board (once established), prior to April 1st 2015, the interim Chief Officer will develop detailed financial monitoring arrangements in line with existing financial frameworks and emerging regulation and guidance. This will include regular reporting of financial statements to the shadow Integration Joint Board, the Council and NHS Board. These will be prepared by the interim Chief Officer, jointly with the NHS Director of Finance and the Council's S95 Officer. In such circumstances, the shadow Integration Joint Board will be allocated funding on an agreed basis for the delivery of an agreed range of defined services.
- 7.5 The costs of and arrangements for the governance, management and support functions for the shadow Health and Social Care Partnership and Integration Joint Board will be agreed by the Council and NHS Board.

8 WORKFORCE IMPLICATIONS

- 8.1 Employees working in functional areas delegated to the shadow HSCP will be able to work together irrespective of their contractual employing organisation and will continue to be employed by either NHS Greater Glasgow and Clyde or East Dunbartonshire Council, operating to their respective terms and conditions.