

## Greater Glasgow NHS Board

### Board Meeting

19 October 2004

Board Paper No. 04/60

Director of Planning and Community Care

## Lanarkshire NHS Board: Consultation on Community Health Partnerships

### Recommendation:

Members are asked to note the report.

### 1 Introduction

The consultation paper prepared by Lanarkshire NHS on community health partnerships (CHPs) in Lanarkshire, titled *Joining Up for Healthy Communities* essentially seeks views on the proposed boundaries for CHPs in Lanarkshire, describes in general terms the expectations for CHPs and maps out the further work that will be undertaken to complete the scheme of establishment. The consultation period ends on 31 October.

The proposals are of interest to GGNHS because of cross boundary implications, the emerging CHP model including response to the guidance and the timescale for implementation.

### 2 Cross Boundary Implications

From the consultation paper there are three boundary issues which have implications for Greater Glasgow. These concern Cambuslang/Rutherglen, Northern Corridor (Chryston, Moodiesburn, Stepps and Muirhead) and Busby.

#### 2.1 Cambuslang/Rutherglen

Cambuslang Rutherglen has a population of 56,000 and is in South Lanarkshire Council. In its consultation paper the Board proposed a cross boundary CHP combining Cambuslang Rutherglen with East Kilbride to form a single CHP with total population of 142,000. Discussions with Lanarkshire NHS, South Lanarkshire Council and local clinicians in both LHCCs revealed little enthusiasm for this option. Some of these reasons are listed in para 5.5 of the Lanarkshire NHS consultation paper. As a consequence the consultation paper puts forward CHP options only for the Lanarkshire NHS area. In Greater Glasgow we have initiated a process with South Lanarkshire Council to test the potential of a CHP for Cambuslang Rutherglen. While this is running behind other areas we are aiming to include proposals for this area within the scheme of establishment due to come to the Board's December meeting depending on progress with South Lanarkshire Council.

#### 2.2 Northern Corridor

The Northern Corridor incorporating the communities of Chryston, Moodiesburn, Stepps and Muirhead has a population of 16,000 and is in North Lanarkshire Council. The Board's consultation paper recognised that this was below the minimum population threshold 50,000 advocated by the Scottish Executive in its draft guidance and as it was not sustainable as a stand alone CHP it should be part of a Lanarkshire CHP. Discussions with Lanarkshire NHS have concurred with this view and the Northern Corridor will be part of a CHP most likely containing Cumbernauld, Kilsyth, Airdrie and Coatbridge with a total population of 181,000. Discussions with Lanarkshire NHS have focused on maintaining the current level and range of services, service access and patient flows. Lanarkshire NHS has agreed that the Northern Corridor should be a discrete locality within the wider

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CHP but with responsibility for service provision remaining with Greater Glasgow NHS for the foreseeable future. Local LHCC managers from Glasgow North and Cumbernauld are examining the basis of associated pragmatic arrangements. The local community and staff have been kept fully informed of developments.

### 2.3 Busby

The post code sector G76.8 forming part of Busby with a population of 1669 falls within East Renfrewshire Council but is covered by Lanarkshire NHS. This anomaly stems from an error made by the General Register Office (Scotland) when a change in boundary was made to the Eastwood local government boundary was not matched by a similar change in health board boundaries. The affected population are served by Eastwood based GPs but receive some services from Lanarkshire NHS. Discussions with Lanarkshire NHS have confirmed that, consistent with the guidance, this area will nonetheless be part of the planned East Renfrewshire CHP. The main issues concern provision of health visiting and community mental health services and LHCC managers from Eastwood and East Kilbride are reviewing the scope for improved arrangements.

## **3 The CHP Model**

In its consultation paper Lanarkshire NHS is looking for a number of the advantages and advances from CHPs as in Greater Glasgow. Its aspirations follow on from those set out in the guidance and in many ways are similar to our own. In designing its CHPs Lanarkshire NHS seeks “optimal health gain for the people of Lanarkshire”.

The main focus of the consultation paper is to determine the number and boundaries of CHPs in Lanarkshire. The paper candidly admits that it “does not go into detail about how CHPs will be managed and resourced and what governance arrangements will be required”. This is presently being worked through.

The principal discernable distinction with Greater Glasgow is in the scope and emphasis of the CHP. Lanarkshire NHS intends to integrate primary and secondary care services within each of its CHPs thereby replacing its divisions. Three of its CHPs will have a district general hospital within their boundaries. Under this model CHPs will provide all NHS services with individual CHPs hosting current pan Lanarkshire services.

In its consultation paper Lanarkshire NHS is aware that structural or organisational change alone will not be sufficient to deliver the potential gains of CHPs. It recognises that cultural change in terms of working practices, relationships and staff outlook and skills will be critical if CHPs are to fulfil their potential.

Although it acknowledges that its CHPs should develop significant partnerships with local authorities and should act as a catalyst for further integration of community care and children’s services it is as yet unclear how far and in what way local authorities will be engaged in CHPs. However the consultation paper does allude to local authorities being a source of the support capacity which CHPs will need and that more than social work involvement is sought.

If the favoured option of four CHPs is supported then CHPs in Lanarkshire will on average be considerably larger than their counterparts in Greater Glasgow (140,000 to 100,000). In fact two at 181,000 and 172,000 will be notably larger than our largest (140,000) with another matching it. As part of its CHP model Lanarkshire NHS wishes to stay in touch with its communities and pledges in its consultation paper to create a number of localities within its CHPs.

Lanarkshire NHS is conscious of issues surrounding balance of representation in decision-making. The consultation paper reports that clinicians fear loss of influence with the new arrangements for CHPs, but gives no hint as to how this is to be resolved.

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While the consultation paper stays fairly true to the guidance in terms of the functions of CHPs it makes no reference to the future functions of the Board or indeed whether each CHP will be a formal committee of the Board. The creation of CHPs is though taking place in the context of a wider public consultation on a strategic framework for NHS services in Lanarkshire A Picture of Health.

At one level none what another Board proposes to do regarding its CHPs need be of no great direct relevance to Greater Glasgow NHS. However the relevance of Lanarkshire NHS's proposals is that they affect a small part of our catchment, the Scottish Executive will in all likelihood take a close interest in the various CHP models proposed by individual health boards and one of our local authority partners, South Lanarkshire Council, is likely to be faced with two noticeably different CHP models.

### **4 Timescale for Implementation**

The timescale for implementation listed in the consultation paper has a critical difference from our own proposals. That is that the introduction of CHPs required by the guidance for 1 April 2005. In its consultation paper Lanarkshire proposes introducing CHPs in a transitional form from April 2005 with full establishment a year later in 2006. It is assumed that the additional year is necessary to dismantle their divisions and restructure these under CHPs but it is unclear what form the transitional phase will take.

Concurrently with the consultation process Lanarkshire NHS has set in motion work via ten working groups to produce proposals for the scheme of establishment. Although the consultation paper presumed that the scheme of establishment would be drafted and submitted to the Scottish Executive this month it is more likely now that like ours this will be done in December. The working groups are concerned with

- Improving services
- Improving health
- Organisational arrangements
- Working in partnership
- Linking clinical and care teams
- Involving staff
- Working with local authorities
- Working with the independent sector
- Building workforce capacity
- Finance and accountability