

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 21st October 2008

Board Paper No. 2008/46

Director of Corporate Planning and Policy/Lead NHS Director Glasgow City CHCPs

JOINT WORKING WITH GLASGOW CITY COUNCIL

Recommendation:

The Board:

- **Note these revised arrangements.**
- **Comment on the issues described in this paper.**
- **Consider how non Executives will be engaged in the CHCP development and joint working review processes.**

1. INTRODUCTION AND PURPOSE

- 1.1 Local Authorities are our most important partners. Glasgow City Council is our largest Local Authority partner and the one with which we face the most significant challenges to deliver on our purpose to improve the health of our population and to do everything we can to address inequalities.
- 1.2 To achieve that purpose we need to ensure that we have the most effective joint working with the City. A key part of that effective joint working is ensuring that the Community Health and Care Partnerships, which we established to improve services and reduce inequalities through integration and innovation, are fully developed.
- 1.3 Over the last two years there have been substantial changes to our working arrangements with the City Council. Community Planning structures have been reshaped, the Council has merged its Education and Social Work Directorates and changed its management structures. The relationship between Scottish Government and Local Authorities has significantly changed. CHCPs have been in the process of full establishment. While these changes have the potential to offer better joint working they also present challenges and there have been particular issues with regard to the development of CHCPs.
- 1.4 In establishing a review of joint working with the City and revised, temporary arrangements for the management of CHCPs, the Board is positively responding to these challenges by providing a stronger and more positive focus on these key organisational issues, with four main objectives:

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- push forward the development of CHCPs, to put in place, without further delay the organisational model we agreed in the Scheme of Establishment. We need to have made significant progress by the start of the next financial year to retain the credibility and assure the future of the CHCP construct;
- develop with the City Council the initial thinking on the next phase of development for CHCPs and give fresh momentum to the wider reform agenda we had been developing;
- ensure that we agree and implement governance arrangements which give us confidence the situation which has occurred in the West CHCP cannot happen again. This is particularly important for the Board as an employer to be certain it can meet its responsibilities to staff in joint posts;
- take stock of wider arrangements for joint working and bring forward proposals for change, improvement and development.

1.5 These arrangements will remain in place until the spring of 2009, at which point the review of joint working will be concluded and we will want to have substantially progressed forward the development of the CHCPs.

1.6 The purpose of this paper is to set out for discussion an outline of the proposed approach to this work and the issues which need to be addressed.

2. DEVELOPMENT OF CHCPS

2.1 The creation of the CHCPs, combined with the Government's decision to abolish NHS Trusts within the Scottish Health Service, led the Board to transform its entire organisation. In abolishing the previous, city-wide Primary Care Trust, the Board delegated all primary and community care staff and resources into the five Glasgow City CHCPs. In addition, in establishing CHCP committees, chaired by an elected member, the Board gave authority to those committees and their Directors to take delegated authority for day to day decision making. Within the Board's management structure the CHCP Directors sit as key members of the top management team.

2.2 The City Council is in a rather different position with regard to the CHCPs. The level of delegated and devolved decision making on financial, human resources and services issues is substantially less than for the NHS. Only 40% of the Social Work budget has been fully devolved to the CHCPs. The Social Work "centre" has been retained with limited changes and maintains control of the decisions about resource deployment which have been fully devolved from day one in respect of NHS resources.

2.3 A further key element of the Scheme of Establishment which created CHCPs was the integration of services. There have been substantial discussions about how this can be progressed which provide a platform to deliver the integration which was envisaged, but at this point firm plans for change are not yet in place.

2.4 The objective of these new arrangements is to create additional capacity, focus and leadership within the NHS system, to work with the CHCP Directors team and the Directors of the City Council to address these issues and ensure there is a clear process and plan to deliver fully formed CHCPs from April 2009.

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- 2.5 A further important output of this work will be clarity on any revisions required to governance arrangements to ensure that Board's ability to properly discharge it's responsibilities to staff in joint posts is not compromised.
- 2.6 Further discussion of the reporting and accountability arrangements for this programme of work will be required.
- 2.7 There have also been initial discussions with the City Council about the next phase of development of CHCPs and our aim would be to develop and progress that thinking in parallel to the work outlined above.

3. ARRANGEMENTS FOR JOINT WORKING

- 3.1 Section one of this paper outlined the changed context for joint working with the City Council and the challenges that changed context presents. This review will cover a wide range of areas of joint work, including community planning, children's services planning, health improvement and partnership arrangements (in addition to those delivering services). The focus will not just be on processes and systems for doing joint business but also on organisational arrangements, the cultures and behaviours which characterise our ways of working together.
- 3.2 While this review has been initiated by NHS Greater Glasgow and Clyde it is important that the programme of work for the review is developed in an inclusive and engaging way to ensure that its outcome provides a positive platform to develop and change joint working.

4. CONCLUSION

- 4.1 This paper has provided an outline of these revised arrangements, their purpose and direction for development. It is critical to underline the Board is putting them in place as a positive move to strengthen and develop its relationship with a very important partner organisation. Our intention is to constructively challenge ways of working within both the NHS and the City Council with the clear objective of improving that joint working, and ensuring our integrated CHCPs can deliver their full potential.

Publication: The content of this Paper may be published following the meeting

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