EMBARGOED UNTIL DATE OF MEETING

NHS Greater Glasgow and Clyde

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 21st October 2008 **Board Paper No. 2008/47**

Director - South Lanarkshire CHP
Director - North Lanarkshire CHP

REPORT ON PROGRESS WITH REGARD TO THE CAMGLEN/NORTHERN CORRIDOR TRANSFER IMPLEMENTATION

Recommendation:

The Board:

- **is asked to note the attached update report.**

A. PURPOSE

1.1 In January/February 2008 the Boards of NHS Lanarkshire (NHSL) and NHS Greater Glasgow and Clyde (NHSGGC) received papers on the proposed transfer of further accountability, planning and governance for the localities of Cambuslang/Rutherglen (Camglen) and the Northern Corridor (N/C) to NHS Lanarkshire. The attached report provides the Board with an update on the work undertaken to date along with actions still required to be undertaken

B. SUMMARY OF KEY ISSUES

2.1 A formal Project Board has been established for the implementation covering key stakeholders including staff side representatives and local GPs.

2.2 Eight workstreams have been established under the Project Board. These workstreams are co-chaired by key personnel from NHSL and NHSGGC and have included key stakeholders.

2.3 Each of the workstreams has agreed specific terms of reference and a workplan that identifies the path to safe transfer by 1st April 2009.

2.4 The four workstreams covering HR, IM&T, Community Services and Prescribing/ Pharmacy have made good progress and are reporting an “on track” status.

2.5 The remaining workstreams are now firmly established have in the past month made significant and definitive progress. Careful attention will be paid by the Project Board to these workstreams to ensure that they are in a state of readiness for 1st April 2009.

C. ACTIONS REQUIRED

3.1 Of key importance in the coming months are:

- development of a legally acceptable SLA between NHSGGC and NHSL in respect of the management of the GMS contracts;
- completion of all matters associated with TUPE including terms and conditions to ensure transfer of identified staff on 1st of April 2009;
- agreement on the final model for the provision of IM&T services for all professional groups whether by direct services provision from NHSL or via SLA from NHSGGC;
- agreement of the financial package to transfer including agreement of the methodology for SLAs for community services provided to the two localities;
- the clear identification of resources associated with the HQ functions that will transfer to NHSL;
- consistent communication of progress to date with key stakeholders including the public and patients.

D. RECOMMENDATIONS

4.1 The Board is asked to note the good progress being made to date with the implementation process and the actions that require management by the Project Board over the next six months.

E. FURTHER INFORMATION

5.1 For further information or clarification of any issues in this paper please contact.

- Alan Lawrie, Director South Lanarkshire CHP (01698 245194);
- Colin Sloey, Director North Lanarkshire CHP (01698 245100).

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

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ATTACHMENT 1

REPORT ON PROGRESS WITH REGARD TO THE CAMGLEN/NORTHERN CORRIDOR TRANSFER IMPLEMENTATION

1. Background

In January/February 2008 the Boards of NHS Lanarkshire (NHSL) and NHS Greater Glasgow and Clyde (NHSGGC) received papers on a proposed transfer of further accountability, planning and governance for the localities of Cambuslang/Rutherglen (Camglen) and the Northern Corridor (N/C) to NHS Lanarkshire. This proposed transfer would better integrate the two localities into the operations of the South Lanarkshire Community Health Partnership (SLCHP) and North Lanarkshire Community Health Partnership (NLCHP).

Both Boards approved the transfer in principle, subject to this being undertaken in line with current statutory and regulatory directions and with an appropriate implementation process which ensured safe and legal transfer.

Following this decision a properly constituted Project Board was established, chaired by the CHP Directors of North and South Lanarkshire and with membership drawn from both Health Boards across a range of disciplines and inclusive of key stakeholders including staff side representatives and GPs from both localities.

It was agreed by the Project Board that progress on implementation would be shared with the two Boards in the autumn once detailed work had commenced. The Project Board would also report later in January 2009 when assurance would be provided such that a legal transfer could be successfully undertaken on 31st of March 2009.

The work leading up to the approval in principle to transfer had involved discussions with a range of stakeholders across both Health Board areas, including the staff, independent contractors, the local PPFs and elected representatives.

These discussions had centred upon the reason why the transfer of further accountability, governance and planning was felt necessary and what the potential impact would be for the directly employed staff, independent contractors and importantly patients.

These discussions had been formal in terms of engagement with the affected groups but had concentrated upon the principles rather than the detail of implementation.

2. The Project Board and Workstreams

It was recognised that from April 2008 there was a need to move beyond principles and into a level of detail that would ensure that the transfers could take place effectively, within the statutory frameworks and without any risk to patient care.

A Project Board was established in May 2008 with a wide membership. The details of the membership are contained in Appendix A, along with the main responsibilities.

The Project Board has now met on 4 occasions including the initial project start up meeting and has dates in place for the remainder of the year. It has been a well attended meeting with good and ongoing representation from all key stakeholders. The work undertaken and emerging issues are dealt with in section 3 below.

In order to run the project effectively it was agreed to create eight key workstreams as outlined below:

- Primary Care (GMS) Services Contracts and Management;
- Primary Care (Community) Services Contracts and Management;
- IM&T;
- Finance;
  Pharmacy and Prescribing;
- Estates and Facilities;
- Human Resources;
- HQ Functions.

The main responsibilities of these workstreams are outlined in Appendix B. It was agreed at project start up that these groups should be co chaired by an NHSL and NHSGGC lead officer and that membership should be drawn both from subject experts and as well as from the key stakeholders being staff side reps and GPs. This objective has been achieved to the satisfaction of the stakeholders. Dates have been set for the remainder of the year and again the meetings are well attended.

3. Work Completed to Date/Emerging Issues

It was clear from the outset that this was a potentially complex project and as such it was important to properly scope out what needed to be undertaken in the short timescale available, what the key pieces of work needed to be, the level of interdependency between workstreams and the timeline to be followed to ensure clear decision making.

Within the first month all workstreams were required to agree their terms of reference, membership and workplan, communications plan and the potential risks and issues. They were required to report these to the Project Board by means of a monthly highlight reports. All workstreams except for Estates and Facilities were able to comply with this timescale and have embarked upon their workplan. The latter group is now properly established and begin to function with a clear workplan.

A significant number of key pieces of work have now been completed by all workstreams and rapid progress has been made in the areas of IM&T, HR, Prescribing and Pharmacy and Community Services, which are all reporting an **"on track"** status.

With regard to Primary Care (GMS) Services , this workstream has been delayed whilst ongoing debate was had between with the LMC, Central Legal Office and local GPs. The proposal contained in the original paperwork was to transfer the GP contract to Lanarkshire. However, this met with concerns in the GP community and with the LMC. As such following careful consideration a proposal where by the

management of the contracts will transfer rather than the actual contracts themselves has been agreed. This is seen to be acceptable from a CLO perspective and work is now progressing rapidly through this workstream to ensure that this management transfer can be put in place by 31st of March 2009.

With regard to the Finance workstream, the work of this group is clear and background activities have taken place in terms of scoping the budgets to transfer and agreeing the ground rules around matters such as Agenda for Change, prescribing, incremental drift and so forth. Work has yet to move forward in terms of quantifying and agreeing any non recurrent costs associated with the transfer or in terms of agreeing the level of overheads / support department costs that need to transfer on the 1st of April 2009.

The Estates and Facilities group had a delayed start as a result of some initial difficulty in agreeing meeting dates and exactly who should be involved in this workstream. This has now been resolved and a clear set of terms of reference and a defined scope for the workstream have been set. The major risk in this workstream given the delayed start is in fact timescales, in particular where legal work will be required.

At the outset of the proposal to consider the further transfer of these two localities it was agreed that in doing so there would be a need to assess the levels of HQ type functions that would transfer from NHS GGC to NHSL. An outline of those HQ functions is attached at Appendix C. It is clear that a pro rata split of funding is the simplest manner in which this can occur and this will need to be signed off by the finance group along with appropriate budget holders in NHSGGC. Work in defining the levels of finance to transfer and the respective responsibilities will commence in October 2008 based upon the attached list of functions. It is quite possible that in some instances services to Camglen and the Northern Corridor may continue for a period of time beyond April 2009 in order to complete year end processes and so forth.

4. Future Actions

Based upon the analysis above it can be seen that a well organised project has been developed with good engagement and involvement of key stakeholders.

Good progress has been made in most areas and in particular around the issues of IM&T, HR and Community Services which bodes well for the future.

The remaining workstreams have now begun to work well having overcome initial obstacles and barriers to progress. They will however, need careful performance management over the coming months to ensure a safe and complete transfer on the 1st of April 2009.

Of key importance in the coming three months are:

- Development of the SLA between NHSGGC and NHSL in respect of the management of the GMS contracts and ensuring that this is legally water tight.

- Final identification of all those staff that will transfer to NHSL, ensuring that matters associated with TUPE and terms and conditions are signed off by the HR workstream with the staff side representatives and the respective Area Partnership Fora.

- Agreement on the final model for the provision of IM&T services for all professional groups whether by direct services provision from NHSL or via SLA from NHSGGC. In addition the building of resilience into the networks between the two Boards.

- Final agreement of the financial package to transfer including agreement of the methodology for SLAs for community services provided to the two localities.

- The clear identification of resources associated with the HQ functions as identified in Appendix C that will transfer to NHSL.

- Consistent communication of progress to date with key stakeholders including the public and patients.

APPENDIX A

PROJECT BOARD MEMBERSHIP AND HIGH LEVEL TERMS OF REFERENCE

Membership:

Alan Lawrie,	Director, South Lanarkshire CHP
Colin Sloey,	Director, North Lanarkshire CHP
Lena Collins,	General Manager, Camglen
Geraldine Queen,	General Manager, Cumbernauld
Fiona Porter,	Deputy Director of Finance, NHSL
Sandy Mavor,	Deputy Director of Finance, NHSGGC
Ruth Hibbert,	Divisional Director of HR, South Lanarkshire CHP
Anne Fraser,	Head of HR, NHSGGC
Gordon Anderson,	RCN Staff Side Representative
Caroline Fee	Society of Podiatrists Staff Side Representative
Alison Moodie	CSP Staff Side Representative
Stewart McLellan	UNISON Staff Side Representative
Ian Notman,	Lead GP, Camglen
Pali Mahal	Lead GP, Cumbernauld
Fraser McLellan,	Head of IT Primary Care, NHSL
David Browning,	Head of Estates and Facilities, NHSL
Sean Kennedy	GP Representative, Northern Corridor
Robert McNeill	GP Representative, Northern Corridor
Keith Macintyre	GP Representative, Camglen
Douglas Colville	GP Representative, Camglen
George Lindsay,	Chief Pharmacist, Primary Care NHSL
Calum Macleod	Mental Health Partnership Representative.
Alistair Mackintosh	Primary Care Manager, NHSL
Nic Zappia	Head of Primary Care Support, NHSGGC

Main Responsibilities:

To define the scope of the overall project and plan for implementation by 1st April 2009 taking account of all known risks, establish appropriate sub groups (**see below**), identify non recurrent resource implications, monitor progress against agreed milestones, report twice to the NHS Boards on progress and any associated risk issues.

APPENDIX B

WORKSTREAM HIGH LEVEL TERMS OF REFERENCE

Primary Care (GMS) Services, Contracts and Management

Lead Officers: Nic Zappia and Alistair Mackintosh

Main Responsibilities: To produce an acceptable contractual position for the current GP Practices with associated legal coverage, identify all contractor management and governance activities that will require to transfer to Lanarkshire (eg, contract monitoring, QoF, performers list and so forth), Enhanced Service package transfer and associated management

Primary Care (Community) Services, Contracts and Management

Lead Officers: Lena Collins anf Geraldine Queen (plus Mental Health Partnership representative)

Main Responsibilities: To identify primary and community services (incl. MH services) provided to the populations of Camglen and N/C by other parts of GGC and establish appropriate SLAs in regard to continuity of care. To identify services from secondary care that are provided within or to the localities which support primary care provision and establish appropriate SLA

Finance

Lead Officers: Fiona Porter and Sandy Mavor

Main Responsibilities: To identify the financial envelope that supports the two localities covering directly employed staff, GMS/PMS (incl. all Enhanced Services). To identify means of transferring these resources from NHSGGC to NHSL. To identify any funding issues that will need to be addressed by GGC over the coming year in terms of equity of population funding in line with the agreed resource allocation methodology. To identify any other funding streams used to support primary and community services including voluntary organisations and so forth in the two localities.

IM&T

Lead Officers: Fraser McLellan and NHSGGC representative

Main Responsibilities: To identify the IM&T needs of the GP Practices and Directly employed staff in Camglen, N/C. To assess how the current infrastructure and systems functionality is best supported into the future this to include supporting Enhanced Service monitoring, referrals management, diagnostic results, GP systems, community nursing and mental health staff requirements.

Human Resources

Lead Officers: Ruth Hibbert and Anne Fraser

Main Responsibilities: To identify the clear and legal process for engaging with staff and staff side on the formal transfer of staff. To negotiate with staff side representatives on this transfer process. To ensure that staff can transfer efficiently on the required date with appropriate payroll arrangements, induction and so forth.

Estates and Facilities

Lead Officers: David Browning and NHSGGC representative

Main Responsibilities. To identify all property that is to transfer from GGC to NHSL, to assess its fitness for purpose. To agree any capital allocation transfers along with associated budgets for the repair and maintenance of such properties.

HQ Functions

Lead Officers: Alan Lawrie and Colin Sloey

Main Responsibilities: To identify the total quantum of HQ functions that will transfer to NHSL. To agree a transition plan with each HQ department including resources whether by way of finance, manpower or a combination of both. This to be in line with agreements reached early in the process with the Director of Corporate Planning and Policy.

Pharmacy and Prescribing

Lead Officers: George Lindsay and NHSGGC representative

Main Responsibilities. To identify the pharmacy services that are provided to the localities and agree which should transfer to the NHSL managed service and which should remain as an SLA. Where a transfer is to be undertaken to assess the service levels to be provided and the governance aspects of this ensuring a safe service can be delivered. To agree how prescribing advice will be provided to the GPs in the localities and arrangements for budget transfer

APPENDIX C

CENTRAL/HQ/CORPORATE FUNCTIONS TO TRANSFER TO NHSL

1. Risk Management/Safety Services

- Occupational Health Services
- Health and Safety Management and Training
- Risk Management and Assessment Services
- Infection Control
- Moving and Handling Assessment and Training
- Management of Aggression Training

2. Corporate Departments

- Finance
- Human Resources
- eHeath
- Estates and Property Services
- GMS Contract Management and Administration
- Information Management
- Training and Development

3. Specialist Services

- Practice Development
- Elements of Public Health
- Pharmaceutical Services and Management
- Child Protection
- Smoking Cessation
- Domestic Abuse
- Central Health Improvement Funding