

NHS Board Meeting
Tuesday, 24 February 2009



Director, South Lanarkshire CHP
Director, North Lanarkshire CHP
Director of Corporate Planning and Policy, NHSGG&C

Board Paper No. 09/10

FINAL REPORT REGARDING THE
CAMBUSLANG AND RUTHERGLEN / NORTHERN CORRIDOR
TRANSFER

RECOMMENDATION

The NHS Board is asked to:

1. note the positive progress that has been made on this project over the past ten months and the assurance provided in regard to statutory requirements in readiness for the transfer of staff
2. note that there will be ongoing work in 2009/10 in regard to the transfer of buildings and associated services
3. note that there will be ongoing work in 2009/10 in regard to the transfer of Public Health functions and responsibilities to NHS Lanarkshire at a pace which is both safe and sustainable
4. agree that the final decisions in regard to the sign off of the various Service Level Agreements (SLAs) be delegated to the Chief Executive and appropriate Directors.
5. agree that the final decisions in regard to the sign off of the financial transfer be delegated to the Chief Executive and appropriate Directors.

1. Background

Over the course of the past year the Boards of NHS Lanarkshire (NHSL) and NHS Greater Glasgow and Clyde (NHSGG&C) have received papers on progress with the transfer of further accountability, planning and governance for the localities of Cambuslang/Rutherglen (Camglen) and the Northern Corridor (N/C) to NHS Lanarkshire. This transfer is designed to better integrate the two localities into the operations of the South Lanarkshire Community Health Partnership (SLCHP) and North Lanarkshire Community Health Partnership (NLCHP) respectively.

Both Boards approved the transfer in principle in February 2008, 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.

The Project Board provided an update on progress with the implementation in October 2008 which identified that matters were on track. The Project Board was asked to provide a final report to both Boards in February 2009 in order to give an assurance that a legal transfer could be successfully undertaken on 31st of March 2009.

The report below looks to provide that reassurance, identify areas that continue to be worked upon and outline any outstanding issues.

2. Progress to date

The process to achieve a safe and sustainable transfer of services as outlined above required that very careful planning and organisation occurred during 2008/09. A Project Board was established in May 2008 which included all key stakeholders.

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

Human Resources

IM&T

Primary Care (Community) Services Contracts and Management

Primary Care (GMS) Services Contracts and Management

Finance

Pharmacy and Prescribing

Estates and Facilities

HQ Functions

In addition, during the course of the year, it became evident that a workstream was required in relation to responsibilities for Public Health.

As at the end of January 2009, excellent progress has been made as outlined below:

a. Human Resources

In relation to the formal transfer of staff currently working within the two localities, there have been regular open meetings where staff affected by the change can discuss issues associated with the transfer in terms of their terms and conditions, policies, procedures, support and so forth. Staff from NHS Lanarkshire have attended some these open meetings to discuss issues such as IT and professional and practice development. This/...

has had the full backing of Staff Side organisations and has / continues to work well. The requirements associated with TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) have been adhered to both between the Boards and with staff side organisations. The transfer of staff will take place in line with statutory requirements on 1st April 2009.

b. IM&T

Clear arrangements are being put in place to ensure that staff can access appropriate IT facilities within NHSL and also, where required, to continue to access IT services within NHS GG&C. A clear Service Level Agreement is in place between the two Boards outlining service levels and cost. In addition a range of additional functionality will be provided both to the GPs and staff through the IM&T services.

c. Primary Care (Community) Services

A number of services are provided into the two localities by other CHCP's and the Acute Operating Division within NHS GG&C. These services had been mapped out and agreements are now in place with each of these services, such as Specialist Children's Services, Sexual Health Services, Podiatry, CAMHS, Dietetics and so forth, to ensure that service levels continue to be provided by Glasgow to Lanarkshire beyond 1st April 2009. In addition, these services will be effectively monitored in coming years.

d. Primary Care (GMS) services

When proposals were first being put forward, it was anticipated that the contracts for GP services currently held by NHS GG&C would transfer to NHSL. After a considerable debate with GP colleagues, it was felt that this was not the most effective way to move forward, given concerns about contractual status. It was therefore agreed that rather than transfer the contracts, certain aspects of the management of those contracts would initially transfer to NHS Lanarkshire. This means that NHSL will be responsible for ensuring that elements of the GP contract are delivered to the specification, assessing their performance in the Quality and Outcomes Framework and jointly ensuring with NHS GGC that the range of Enhanced Services currently provided continue and are developed accordingly. There has been good co-operation with GP colleagues in moving to this position and working with primary care administration to put appropriate arrangements in place between the two Boards which are binding.

e. Finance

Work is nearing completion that identifies the resources that will transfer in regard to the two localities. This includes funding for the directly employed staff and services, the SLAs for community services and FHS / GMS funding. The funding package associated with HQ functions has not been formally agreed as at date of writing.

f. Prescribing and Pharmacy

This workstream considered three areas, prescribing support, pharmaceutical public health and delivery of vaccine supplies. A funding transfer is in place for the former and SLAs have been developed for the remainder.

3. Workstreams requiring further action

Two areas of work that have not moved as quickly as has been anticipated relate to Estates and Facilities Management and also to the roles and responsibilities associated with the Public Health Departments in both Health Boards.

a. Estates and Facilities Management

In relation to buildings, as of 1st April 2009, the various buildings within the area will remain the responsibility of NHS GG&C, along with the staff that maintain, clean and inspect these buildings. However, during 2009/10 there will be a process whereby these assets transfer to NHSL along with the responsibilities associated with ownership of the buildings. This will be done at a pace which ensures continuity of service in these buildings and is not considered to be a reason to slow down the transfer date previously set.

b. Public Health Services

There has been ongoing discussion over the past months in regard to services such as screening, immunisation, environmental health liaison, pandemic flu planning, activity on health improvement and so forth. It had originally been planned that the bulk of these services would remain within NHS GG&C.

However, following discussions between the two Directors of Public Health and consideration of local operational arrangements, it was clear that to all intents and purposes the populations of Cambuslang/Rutherglen and the Northern Corridor should be considered to be from a public health perspective part of South & North Lanarkshire respectively. The two Directors of Public Health, along with their teams, are now working out exactly what this means in operational terms in defining both things that will transfer on 1st April 2009, such as responsibility of immunisation, liaison with the Council on environmental health matters and the public protection agenda. In addition they are looking at those issues which are slightly more complex and will transfer during 2009/10. The important issue in this regard is that there is clarity about which Public Health Department is responsible for which particular functions on 1st April 2009 and this will be crystal clear at that point. Clear messages will be sent to key stakeholders, in particular South and North Lanarkshire Councils, in regard to this issue over the coming month.

4. Final Actions prior to 1st of April 2009

- a. There are a range of actions taking place over the course of the next few weeks to ensure that all operates smoothly on 1st April 2009. This includes ensuring all staff have undertaken the NHS Lanarkshire induction programme, have been issued with NHS Lanarkshire uniforms and NHS Lanarkshire ID badges. In addition, very important operational procedures and policies such as those associated with infection control, child protection, health and safety, complaints and so forth will all be in place before 1st April 2009.

- b. Meetings will be held with local General Practitioners to ensure that they are clear in relation to the management of their contracts and also importantly the public health responsibilities. There have been ongoing discussions and involvement of the local Public Partnership Forum in the transfer arrangements and this will continue with a full integration of the Partnership Fora within NHS Lanarkshire.
- c. In order to ensure that the local population is aware of the changes, a range of communications including adverts within the local press will be taken out in the weeks running up to the transfer.

5. Future Actions beyond April 2009

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.

Excellent progress has been made in all except two areas where work will continue into 2009/10 and they will need careful performance management over the coming months to ensure a safe and complete transfer during 2009 /10.

Of key importance in the coming two months are;

- ❖ Final agreement of the financial package to transfer including agreement of the methodology for SLAs for community services provided to the two localities. This will be signed off by the Chief Executives of the two Boards
- ❖ The clear identification of resources associated with the HQ functions as identified in Appendix A that will transfer to NHSL. This will be concluded by 31st of March and signed off by the Chief Executives of the two Boards
- ❖ Consistent communication of progress to date with key stakeholders including the public and patients.

At the outset of this project, there were concerns being raised both by staff and General Practitioners in relation to the transfer. These issues and concerns have being worked through in significant detail over the course of the last 10 months with significant levels of reassurance being provided that there can be no detriment to either patients, staff or independent contractors as part of the transfer or associated with the transfer.

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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
eHealth
Estates and Property Services
GMS Contract Management and Administration
Training
Organisation and Development

3. Specialist Services

Practice Development
Public Health
Pharmaceutical Services & Management
Child Protection
Smoking Cessation
Domestic Abuse
Central Health Improvement