

## Greater Glasgow and Clyde NHS Board

### Board Meeting

Tuesday 26<sup>th</sup> October 2010

Board Paper No. 2010/47

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

## PROPOSED INTEGRATED SERVICE DELIVERY FOR ADDICTIONS: NHSGGC AND GLASGOW CITY COUNCIL

### Recommendation:

#### The Board is asked to:

- note this report.

### 1. INTRODUCTION AND PURPOSE

- 1.1 The Council and the NHS have agreed to establish separate management and delivery arrangements for health and social care services as a result of the failure to find a way forward for the current CHCPs. In reaching that agreement the general principle was agreed that both organisations would look to ensure that the impact on services of the end of CHCPs would be minimised and that in the case of addiction services there would be a joint approach to consider options to continue to have integration of the operational delivery.
- 1.2 This commitment was based on the shared recognition that:
  - the integrated services delivered under the management of the CHCPs and Glasgow Addiction Services Partnership have been highly successful at meeting the needs of service users;
  - the integration of addiction services with the management of other local services within the CHCPs has been a major strength.
- 1.3 The process agreed by the Director of Social Work and the Lead NHS Director was to ask the West CHCP Director (formerly Joint General Manager of the Glasgow Addiction Services Partnership) to lead a process to provide recommendations on how this objective could be delivered.
- 1.4 The initial work identified three potential options, these were:
  - development of a new partnership management arrangement for addiction services;
  - management of the whole service by the NHS on the basis of a service agreement with the Council;
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- 1.5 The Joint Transition Group, which was established to oversee the process to move from CHCPs by the Council and Board Chief Executives, agreed that the first option should be

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developed and a detailed paper outlining arrangements to deliver this has been considered by the Joint Transition Group.

- 1.6 The detailed paper proposes establishing a partnership agreement which would set out:
  - single integrated financial planning for addictions and the creation of a single financial support role, accounting to both organisations;
  - clear agreement and protocol on the commitment of resources by, and on behalf of each partner agency's staff;
  - single, integrated workforce planning and a singular, devolved approach to recruitment, within available budget.
- 1.7 It also requires the establishment of joint management posts working as part of the NHS and Social Work local management teams and jointly managing the delivery of addiction services.
- 1.8 The outcome of that consideration was agreement that the proposal should be considered by the appropriate processes within the Council. For the NHS there was delegated authority to approve the arrangements and that approval has been confirmed.
- 1.9 This short paper provides a summary of the key elements of the proposal.

## **2. THE BASIS FOR CHANGES TO CURRENT ADDICTION SERVICES STRUCTURES**

- 2.1 When CHCPs were established the responsibilities of the Glasgow Addiction Services Partnership were revised and addiction services are currently managed by two distinct but linked structures. The CHCPs each have a Head of Addictions managing all NHS and Social Work community addiction services. The Head reports to the CHCP Director who, as joint employees of the City Council, establishes the required governance lines.
- 2.2 The Glasgow Addiction Services Partnership manages specialist NHS services and social care commissioning budgets and provides support to the joint planning structures. The Partnership includes a number of senior NHS posts which have responsibility across the NHS Board area. The intention was the Joint General Manager of the Partnership would be a joint NHS and Council employee but as this is filled on an interim basis that is not presently the case. The future of the Partnership was a point of dispute between the NHS and the Council in the process which has led to the dissolution of the CHCPs.
- 2.3 The dissolution of CHCPs ends the governance and accountability arrangements which are currently in place and the Glasgow Addiction Services Partnership does not have an agreed future.
- 2.4 The creation of Alcohol and Drug Partnerships by the Scottish Government, to be led and supported by Councils, requires the Council to establish its own planning leadership and support while the NHS has already established coordinating arrangements across the Board area.
- 2.5 The proposals outlined in the rest of this paper focus on delivering integrated services, with the key features of: NHS and social care staff working in single teams; integrated assessment and care planning; a single access point for service users; and aligned NHS and social care resources under the direction of a single management team.

### **3. PROPOSED APPROACH**

3.1 The proposed approach has two primary elements:

- a formal partnership agreement which defines a structured shared approach to decision-making and the range of services and resources which it is proposed to manage within these new arrangements;
- a single management structure, operating within and reporting to the three Sector structure which is being put in place for NHS and social care services

3.2 These arrangements will deliver;

- cohesive management, within a single team, of services across all tiers;
- collaborative and engaged management of resources to ensure optimal efficiency, reduction in barriers between services, cohesive implementation of policy and practice across all service tiers, including services purchased from the non-statutory sector;
- implementation of a managed care/care management approach to ensure that the most intensive and expensive resources are used effectively for those most in need and that people are planned back to community supports where appropriate.

3.3 The following section describes on more detail each of these elements

### **4. PARTNERSHIP AGREEMENT AND MANAGEMENT ARRANGEMENTS**

#### **4.1 Partnership Agreement**

The partnership agreement will include three components:

1. A joint budget setting protocol which will deliver a single financial framework for addictions which will ensure that:
  - the service is stabilised within a jointly agreed financial envelope, reflecting current resource pressures and the need for cost improvement in both the NHS and GCC;
  - there is transparency and joint agreement on reductions in the resource base for addictions in line with corporate demands of the NHS and Council and to ensure that differential demands can be planned and jointly agreed, with clarity on the impact on service delivery and joint agreement of service reprioritisation;
  - a single financial framework, jointly agreed and reviewed annually, will reduce tensions and competing pressures/priorities that emerge when budgets are planned in isolation from each other and unilaterally, often with lack of regard for consequences for each partner.

A joint finance support resource is proposed to oversee this process.

2. A single workforce plan and approach - the agreement would include a statement of the agreed establishment for the services and a protocol to establish joint agreement for any in-year changes to that establishment. This is essential to avoid the possibility that unilateral corporate decision-making creates instability in one or other aspects of the workforce or displaces activity on to one or other partner.
3. A protocol for the commitment of resources.

## 4.2 Single Management Structure

There would be three senior posts, one in each Sector, managing all local addiction services and resources. These post holders would be accountable to the NHS Sector Director and the Social Work manager. That detail of accountability would be framed by the partnership agreement

The core functions of the senior posts are outlined in the detailed proposal, at headline level they include:

- responsibility for the entirety of community based provision for alcohol and drug treatment services including management of GCC and NHS staff, budgets and other resources;
- within the respective schemes of delegation commitment of resources, for and on behalf of both the NHS and Council budgets for local purchased services.

One of the three Heads would be a more senior grade and would have wider responsibilities, including:

- medical services supported by an Associate Medical Director;
- direct and contracted community pharmacy services supported by a Lead Pharmacist;
- inpatient and partial hospitalisation services, city wide specialist (ARBD/comorbidity/218/Acute Liaison) supported by a Lead Nurse and Secondary Services Manager;
- city wide purchased services/contracting and shared care contract monitoring and compliance with procurement and contract requirements;
- support for system wide initiatives.

Heads would be supported by Community Services Managers who will manage the Team Leaders. Appendix 1 outlines the current and proposed responsibilities.

There are no responsibilities within these proposed posts for strategy and planning and these functions would lie outside the partnership agreement. The sole and singular focus of this structure is the delivery of high quality, cost effective, integrated addiction services. A schematic for this arrangement is shown at Appendix 2

This structure will deliver management cost reductions because of the move from five areas to three and the full integration of addiction service delivery into local NHS and Social Work structures.

## 5. NEXT STEPS

5.1 If this approach is agreed by the Council the next steps are:

- job descriptions for the key management posts have been developed and a joint process would be established to appoint to those roles from the existing pool of CHCP and Partnership addictions staff;
- development of an interim partnership agreement detailing resources, joint roles, structure and accountabilities and the process to review and establish second tier structures including a joint finance role. This agreement would be for the period until end March 2011 when a full agreement would be developed;
- these processes would need to be concluded without delay to enable the transition from the current CHCPs to the new structures.

**6. CONCLUSION**

- 6.1 This approach will ensure that the addiction services delivered to patients are not compromised by the dissolution of CHCPs.

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

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**SERVICES AND POSTS TO BE MANAGED WITHIN AN ADDICTIONS PARTNERSHIP AGREEMENT**

<b>Service/Function</b>	<b>GCC/NHS</b>	<b>Current Management Arrangements</b>	<b>Proposed Management Arrangements</b>
All NHS and Social Work Services staff within Community Addiction Teams	GCC	CHCP Directors	Local Heads of Service accountable to SW Area Managers/NHS Sector Directors
Team Leaders	GCC	Community Addiction Managers	Community Addiction Managers
Senior Addiction Workers	GCC	Team Leaders	Team Leaders
Social Care Workers	GCC	Senior Addiction Workers	Senior Addiction Workers
Administration and Clerical		Business Managers	To be considered
Nurse Team Leaders	NHS	Community Addiction Managers	Community Addiction Managers
Senior Addiction Nurses	NHS	Nurse Team Leaders	Nurse Team Leaders
Addiction Nurses	NHS	Senior Addiction Nurses	Senior Addiction Nurses
Healthcare Support Workers	NHS	Senior Addiction Nurses	Senior Addiction Nurses
Administration and Clerical		Business Support Managers	To be considered
Homeless Addiction Team	GCC/NHS	Health and Homelessness Manager	Head of Addiction Services*
ARBD team		Secondary Services Manager	Secondary Services Manager
COMHLA (Co-morbidity Service)		Secondary Services Manager	Secondary Services Manager
218 Service		Secondary Services Manager	Secondary Services Manager

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Service/Function	GCC/NHS	Current Management Arrangements	Proposed Management Arrangements
Senior Officers (Service Development/Commissioning)		Secondary Services Manager	Secondary Services Manager
Acute Liaison Service		Senior Nurse	Senior Nurse
Inpatient		Senior Nurse	Senior Nurse
Partial Hospitalisation		Senior Nurse	Senior Nurse
Purchased Services Budget		Joint General Manager	Lead Head of Service
Residential		Secondary Services Manager	Secondary Services Manager
Non Residential		Secondary Services Manager	Heads of Addiction Services
ABI Support Team/LES		Support Services Manager	Lead Head of Service
GP Shared Care Contract		Community Services Manager	Lead Head of Service
Community Pharmacy Contract		Lead Pharmacist	Lead Pharmacist
Needle Exchange Contract		Lead Pharmacist	Lead Pharmacist
Nurse Practice Development		Senior Nurse	Senior Nurse

**\*subject to further discussion**

LINES OF ACCOUNTABILITY

