

## **Greater Glasgow and Clyde NHS Board**

### **Board Meeting**

Tuesday 20<sup>th</sup> August 2013

Board Paper No. 2013/37

Director of Corporate Planning and Policy

## **TRANSITION FROM COMMUNITY HEALTH AND SOCIAL CARE AND COMMUNITY HEALTH PARTNERSHIPS**

### **Recommendation:**

#### **The Board is asked to:**

- **approve the approach to developing proposals for Health and Social Care Partnerships (HSCPs) outlined in this paper**

### **1. BACKGROUND AND PURPOSE**

- 1.1 The draft Public Bodies (Joint Working) (Scotland) Bill which will establish integrated Health and Social Care Partnerships has been published and will begin the Parliamentary process this autumn.
- 1.2 This short paper outlines our approach to working with Local Authorities to establish the new Partnerships.

### **2. COMMUNITY HEALTH AND CARE PARTNERSHIPS**

- 2.1 This section describes the process we have established with the three Local Authorities where we already have fully integrated CHCPs.
- 2.2 These CHCPs have been successful in delivering better services for our patients, closer working with Councils; and savings in management costs. We want to ensure their stability and transition to new Health and Social Care Partnerships with the minimum of disruption to well established and effective ways of working. The CHCPs already manage a much wider range of services than is likely to be prescribed by the Government, a model that this Board has developed and continues to support.
- 2.3 The Board Chief Executive's initial discussion with the Chief Executives of East Renfrewshire, Inverclyde and West Dunbartonshire Councils has proposed the establishment of a transition working group reporting to all four Chief Executives to develop a plan to transition the current CHCPs to shadow Health and Social care Partnerships by April 2014.

- 2.4 Clearly the new Partnerships will be different from the present arrangements but our aim is to ensure that shared objectives, values and ways of working we have developed with Councils are continued into the new arrangements.
- 2.5 The intention is that the Group will bring forward proposals to draft integration agreements covering:
- services and functions to be included;
  - arrangements for support services;
  - financial arrangements and approach to budget setting;
  - relationship to parent bodies;
  - transition of current management teams;
  - accountability, planning and performance arrangements;
  - approach to acute services;
  - relationship to community planning;
  - health improvement resources and leadership;
  - accountability for hosted services.
- 2.6 The proposals which are developed from this group will be submitted to the NHS Board and Councils for consideration and approval. It is likely that there are a number of areas where the Bill may be revised, not least to reflect concerns raised by COSLA and the NHS. The intention is to leave flexibility within the shadow arrangements to ensure we can accommodate any reshaping of the Bill and related regulation and guidance.

### **3. COMMUNITY HEALTH PARTNERSHIPS**

#### **3.1 East Dunbartonshire Council.**

The Council Chief Executive and Council Leader have agreed to meet with the Board Chief Executive and the CHP Director to discuss and agree a process for transition from the current arrangements to a Health and Social Care Partnership.

#### **3.2 Renfrewshire Council**

The Board Chief Executive has met the Council Chief Executive to begin to shape a joint group to develop proposals for an HSCP.

#### **3.3 Glasgow City Council**

A process has been agreed between the Board and Council Chief Executives with the Director of the CHP and the Director of Social Work leading an initial development process to develop proposals for a Health and Social Care Partnership.

### **4. CONCLUSION**

- 4.1 In addition to the work outlined with Local Authorities we have established an integration development group involving Directors from across NHS Greater Glasgow and Clyde. This group is responsible for developing our approach to the emerging issues around integration including planning, finance, governance and acute services. Most importantly the group will also lead the development of our approach to communication, staff engagement and cultural and organisational development as the process of shifting to HSCPs gathers momentum.

4.2 We also continue to aim to influence the development of national policy, through a number of different routes and it remains important to emphasise that much of the direction and guidance which will shape the new HSCPs is still in draft or being developed, including the overall approach to governance.

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

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