

## Greater Glasgow and Clyde NHS Board

### Board Meeting

Tuesday 15<sup>th</sup> October 2013

Board Paper No. 2013/45

Director of Corporate Planning and Policy

## CHANGES TO HEALTH BOARD BOUNDARY

### Recommendation:

#### The Board is asked to:

- note the contents of this paper.

### 1. BACKGROUND AND PURPOSE

- 1.1 This paper has been prepared to update the NHS Board on progress towards the alignment of Health Board and Local Authority boundaries. Following the June announcement by Mr Alex Neil, Cabinet Secretary for Health and Well Being, a joint Steering Group for NHS Lanarkshire and NHS Greater Glasgow and Clyde has been initiated, with several key workstreams now underway. The principle aim is to overcome the administrative barriers which misalignment presents to integrated working and ensure the areas affected become an integral part of the adult health and social care integration process set out in the Public Bodies (Joint Working) (Scotland) Bill. The changes come into effect on 1<sup>st</sup> April 2014.

### 2. SUMMARY OF KEY ISSUES

- 2.1 Following further discussion with the Scottish Government, the overall change in Board population is outlined in the following table:

Area	Population from NHSGGC to NHSL	Population from NHSL to NHSGGC
Cambuslang and Rutherglen	58,583	
Northern Corridor	20,450	
Busby		1,677
Area South West of Carmunock "White Gables"		100
Area South West of Carmunock "Parklea"		6
<b>Total</b>	<b>79,033</b>	<b>1,783</b>

2.2 A number of key workstreams have been established, reporting to the joint Steering Group. Progress and key issues are as follows.

### 2.3 Independent Contractors

With the new boundary, NHS Greater Glasgow and Clyde will lose 65 Independent Contractors:

- 16 GP practices;
- 17 GDP practices;
- 11 Ophthalmic practices;
- 21 Community Pharmacy practices.

Engagement with the independent contractor committees and individual practices will be essential in developing relationships and ensuring a smooth transition into NHS Lanarkshire. An extensive exercise is underway to identify the differing enhanced services agreed for each contractor subgroup in NHS Greater Glasgow and Clyde and NHS Lanarkshire. It is vital that a smooth transition be agreed on transfer to ensure the stability of the practices affected, though the potential financial impact of this approach requires to be fully identified as part of this process.

### 2.4 eHealth

An extensive eHealth action plan has been developed, identifying a number of key issues and priorities from each workstream group. The Practitioner Services Division is undertaking a scoping exercise to identify whether the practice codes need to change from their current Glasgow codes over to Lanarkshire codes as this has a significant impact around payment mechanisms. In addition, work is also underway to identify if patient CHI numbers will change over to Lanarkshire. If this goes ahead, it would require significant set-up changes for practice systems, but if staying the same, would impact on national screening systems.

### 2.5 Property and Support Services

A project plan is being developed for all property and support services identifying facilities and the underlying infrastructure that will require to transfer. A key issue is that of the condition and capacity of the accommodation, especially in the Northern Corridor. Work is underway to scope this in detail, but it seems certain that there will be a shortfall in capacity to deliver all services from within the existing health centres.

### 2.6 Directly Managed Services

Work is underway to identify the services that will transfer across to NHS Lanarkshire. Not all services will require the transfer of staff, but some service areas, such as Out of Hours nursing teams, will require the TUPE transfer of staff to NHS Lanarkshire. A full service matrix is being developed to identify all services transferring and the likely staff resource involved.

### 2.7 HR

The HR workstream will follow a similar process to that agreed in 2009, supporting the TUPE transfer of staff to NHS Lanarkshire as required.

## 2.8 Public Health/Health Improvement

Work is underway to identify all areas that will transfer to Lanarkshire, such as the responsibility for screening programmes and immunisation programmes. A number of issues have been identified around the national screening systems including the call and recall of patients, forming a core component of the eHealth action plan.

## 2.9 Finance/Corporate

Finance teams in both Boards are providing support to the workstreams to identify current service spends and the likely resource requirements post transfer. A key issue is in ensuring a fair transfer of resource that will allow the continued provision of a fair and equitable service for the residents of the areas affected. We need to engage with the Scottish Government to be clear how they will realign resources to reflect the population changes and will support their Boards if that realignment creates financial pressures in one or other of the Boards.

2.10 All workstreams are working towards a deadline of December 2013 to complete the scoping of services and the identification of future transfer arrangements.

## 3. FINANCIAL CONSEQUENCES.

3.1 A comprehensive financial framework is being developed for the project, outlining current service spends and performance trends, along with the post transfer resource requirements to ensure patients from the area are able to receive a fair and equitable service in NHS Lanarkshire

## 4. EQUALITY AND DIVERSITY IMPACT ASSESSMENT.

4.1 An initial Equality and Diversity Impact Assessment has been undertaken. A scoping exercise is underway within each workstream to identify current service provision and compare with that of NHS Lanarkshire, to plan for the future transfer of services. As the scoping exercises progress, the Equality and Diversity Impact Assessment will be reviewed and updated in line with findings.

4.2 At present, the main areas of concern identified are noted below:

- **Continuity of care** - patients transferring over to NHS Lanarkshire services may suffer a loss in continuity of care. This will be minimised where possible through the TUPE transfer of existing staff to NHS Lanarkshire.
- **Travel** - patients may have to travel to a different site to access services once transferred, impacting especially on older people and those with a disability. A full Travel Impact Assessment is being undertaken to inform each workstream of the potential impact any site changes will have.
- **Waiting times** - patients transferring to NHS Lanarkshire could see a change in service waiting times (potentially positive or negative). Each workstream is identifying such issues and plans will be put in place to address these prior to transfer where possible.

4.3 The groups with the greatest potential to be adversely affected are older people and those with a disability, but the findings of the impact assessment will be utilised across the project workstreams to minimise identified risks.

## **5. RISK ASSESSMENT/MANAGEMENT.**

- 5.1 A risk matrix will be developed through the project Steering Group with areas of concerns reported in subsequent updates to the Board.

## **6. CONSULTATION AND ENGAGEMENT.**

- 6.1 The consultation process is being developed to ensure all stakeholders are engaged in the process based on national guidance. A meeting has taken place with representatives of both Glasgow and Lanarkshire LMCs with further meetings planned to maintain dialogue. The same approach is planned for all contractor committees, along with meeting individual independent contractors to engage on the changes. Staff and patients will also be engaged on a service by service basis.
- 6.2 A full communications plan has been developed for the project, which will ensure all key stakeholders including independent contractors, patients, locally elected members and MSPs are kept fully up to date with developments.

## **7. CONCLUSION**

- 7.1 The Board is asked note the contents of the paper. Further updates will be provided to ensure the Board is kept informed of progress.

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

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