

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 17th December 2013

Board Paper No. 2013/55

Director of Corporate Planning and Policy

ESTABLISHING SHADOW HEALTH AND SOCIAL CARE PARTNERSHIPS: EAST RENFREWSHIRE, INVERCLYDE AND WEST DUMBARTON

Recommendation:

The Board is asked to:

- **note this report.**

1. BACKGROUND AND PURPOSE

- 1.1 The Board heard at the August meeting about the Board Chief Executive's initial discussions with the Chief Executives of East Renfrewshire, Inverclyde and West Dunbartonshire Councils to develop a plan to transition the current CHCPs to shadow Health and Social care Partnerships by April 2014.
- 1.2 We reported that the proposals developed from this group would be submitted to the NHS Board and Councils for consideration and approval. The August paper also noted that there are a number of areas where the Bill may be revised, not least to reflect concerns raised by COSLA and the NHS. Our intention was to leave flexibility within the shadow arrangements to ensure we can accommodate any reshaping of the Bill and related regulation and guidance. The proposals in this paper reflect that intention as national policy continues to develop.
- 1.3 The next section proposes a series of changes to the existing CHCP Schemes of Establishment which the Chief Executives have concluded is the appropriate approach to deliver our objective of beginning the transition from CHCPs to the new bodies while retaining stability.
- 1.4 The amended SOEs would not constitute the full integration plans we will need to develop and submit to the Scottish Government but that process will not be in place until the legislative process is complete.

2. PROPOSED CHANGES

- 2.1 The CHCP Committee will have the additional role of operating as the shadow Integration Joint Board with the current membership and standing orders.

- 2.2 The current CHCP Director will take on the additional role as the Chief Officer designate of the shadow Health and Social Care Partnership.
- 2.3 The Chair and vice Chair of the CHCP/shadow IJB will work with the Board and Council Chief Executives to frame the Chief Officers' objectives.
- 2.4 The Chief Officer designate will be a member of the Council and Board corporate management teams.
- 2.5 At the point the legislation enables the establishment of the full HSCP the Chief Officer designate will become the substantive Chief Officer for the new HSCP.
- 2.6 The CHCP Committee/shadow IJB will develop its performance scrutiny and governance roles to reflect the emerging obligations of HSCPs as defined in Primary Legislation and Statutory Guidance.
- 2.7 The shadow HSCP will bring forward plans for locality working for early consideration by the Committee.
- 2.8 Planning arrangements will remain unchanged for 2014/15 but that year the Chief Officer designate will lead the development of a full strategic plan for the HSCPs first formal year of operation 2014/15 including joint planning for acute services.
- 2.9 Financial arrangements will remain as at present but the change fund resources will become a core part of the CHCP/shadow IJB allocation from the NHS.

3. PROCESS

- 3.1 The content of this paper has been or will be considered by the three CHCP Committees and Councils in the period between November and January enabling due process to be completed to establish shadow HSCPs from April 2014.
- 3.2 In addition to these changes to the Schemes of Establishment the job descriptions for the three CHCP Directors have been revised by the NHS and Council Chief Executives to reflect this move into the new integration arrangements.

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

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