

WEST DUNBARTONSHIRE COUNCIL

Report by the Executive Director of Corporate Services

Council: 28 April 2010

Subject: Integration of NHS and Social Work Services – Formation of Shadow Community Health and Care Partnership

1. Purpose

- 1.1** To agree membership of the Shadow Community Health and Care Partnership (CHCP) and to agree the role of this body.

2. Background

- 2.1** On 24 February 2010 Council considered the integration of NHS Health Services presently run by West Dunbartonshire Community Health Partnership and local authority Social Work Services presently run by the Social Work and Health Improvement Committee and the Education and Lifelong Learning Committee. The recommendations approved by Council are detailed in Appendix 1. The NHS Board has also supported the proposals to establish the new Partnership.
- 2.2** As detailed in Appendix 1, it is intended that a Shadow Committee would operate for a six month period from 1 April to 1 October 2010. During this period the NHS's West Dunbartonshire Community Health Partnership and the Council's Social Work and Health Improvement and Education and Lifelong Learning Committees would continue to function. All issues presently remitted to those committees would remain as their responsibility until 1 October 2010. From 1 October 2010 health and social work matters within the remit of these committees would be dealt with by a new Council sub committee and a new NHS Committee. While in legal terms these would remain as two separate committees, they would have the same members, same powers and same standing orders. They would meet at the same time and in practice would operate as one committee. The new bodies would be known as West Dunbartonshire Community Health and Care Partnership.

3. Main Issues

- 3.1** The role of the Shadow Committee is to pave the way for commencement of the Community Health and Care Partnership on 1 October 2010. It would not have powers to make decisions and any decisions which require to be implemented would be referred back to the Council and NHS Board for a decision. It is recommended that the remit of the Shadow Committee is:
- to make recommendations to Council and the NHS Board to take forward the creation of a joint Community Health and Care Partnership. This would include making recommendations on:

- Legal and governance issues including the changes required to Council Standing Orders and the wording of the Community Health Partnership Scheme of Establishment. To a large extent the content of this document is governed by the Community Health Partnership (Scotland) Regulations 2004 and the statutory guidance made thereunder. It is however essential that to enable the two legal bodies (i.e. Council sub committee and NHS CHP) to operate seamlessly as one, that there are no inconsistencies between the terms of the Scheme of Establishment and Council Standing Orders. One set of standing orders will also need to be developed for the joint meeting and consideration will need to be given to trying to ensure that NHS and Council Officers have similar powers under their scheme of delegation.
- To reach a clear joint statement on objectives for integration, particularly in relation to service delivery objectives.
- Discussions on financial and budgeting arrangements.
- Equalities impact assessment.
- Discussions regarding the role of joint commissioning.
- Reporting of consultation with staff and stakeholders.

3.2 Membership – it would be helpful if the membership of the Shadow Committee was the same as that of the CHCP Committee to be established on 1 October 2010. It has already been agreed that there will be equal membership of Council and NHS representation on the new CHCP and it is proposed that this will also be the case for the Shadow Committee. Having regard to the need to ensure adequate representation from both Council and NHS and to the need to have a manageable size of committee, it is proposed that the Shadow Committee should comprise 6 Councillors and 6 persons nominated by NHS Greater Glasgow and Clyde.

While it is hoped that the same 12 members will become the CHCP, it should be noted that to do so will require the consent of Scottish Ministers consent to the proposed new Scheme of Establishment.

3.3 Chair – on 24 February 2010 Council agreed that the new CHCP would be chaired by the Council Spokesperson for Social Work and Health. It would be sensible if the same arrangement applied to the Shadow Committee. Does Council want to specify that the chair of the Shadow Body should be the same or is it happy to allow the Shadow Body to appoint its own chair?

3.4 Dates of Meeting – As the Shadow Committee is not a formal committee or sub committee it is not necessary for Council to specify the dates of its meeting. It is however proposed to have two meetings of the Shadow Committee prior to 1 October, being one meeting prior to the summer recess

and one after the recess in early August. Given that NHS Greater Glasgow and Clyde will need to nominate members of the Shadow Committee at their meeting in May 2010, it is recommended that Council agree to a minimum of 2 meetings and to delegate authority to the Joint Interim Executive Directors of Social Work and Health in liaison with NHS colleagues to identify an initial meeting date. Thereafter the Shadow Committee be allowed to nominate its own meeting dates as required.

4. People Implications

- 4.1 Other than officer support to the Shadow Committee there are no further people issues above those identified in the Council Report of 24 February 2010.

5. Financial Implications

- 5.1 One of the roles of the Shadow Committee is to look at the financial and budgetary implications of the new integrated CHCP. Accordingly the creation of the Shadow Committee should assist future financial planning.

6. Risk Analysis

- 6.1 The creation of the Shadow Committee is intended to resolve many of the potential risks in advance of the new body going live on 1 October 2010. Accordingly from a risk management point of view the recommendations of this report should help to address some of the risks of the new body which were identified in the report to Council on 24 February 2010.

7. Equalities Impact

- 7.1 As detailed in the report of 24 February it is likely that the final proposals for full partnership, once worked up in more detail will have an equalities impact. Part of the role of the Shadow Committee will be to consider any equalities impact assessment prior to the matter coming back to Council.

8. Conclusions and Recommendations

- 8.1 This report explains the proposed purpose of the Shadow Body in paving the way for the Community Health Care Partnership to commence on 1 October 2010, and deals with membership issues.
- 8.2 It is recommended that Council:
- 1 Approves the remit of the Shadow Committee as set above and notes that it will advise the Council and NHS Board on any issues relating to the formation of the joint health and care partnership for West Dunbartonshire;
 - 2 To identify 6 Councillors as members of the Shadow Committee with the intention that those individuals will in due course become the members of the new Partnership Committee;

- 3 Council is asked to invite NHS Greater Glasgow and Clyde to nominate a further 6 members of the Shadow Committee;
- 4 Council is asked whether it wishes to nominate a chair of the Shadow Committee or whether it wishes to remit authority to the Shadow Committee to appoint its own chair;
- 5 That Council delegate authority to the Joint Interim Executive Directors of Social Work and Health in liaison with NHS Greater Glasgow and Clyde to specify the date, place and time of the first meeting of the Shadow Committee. Thereafter Council agrees that the Shadow Committee should agree its own timetable of meetings, with no less than two meetings to be held in total.

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Date:

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Appendices: Appendix 1 – Revised Recommendations in respect of NHS Integration – Council minute of 24 February 2010

Background Papers: Council Meeting of 24 February 2010

Wards Affected: All

Revised Recommendations in respect of NHS Integration

- (1) to establish the new partnership in shadow form from 1 April 2010. The exact governance arrangements would require to be worked up over the period of this shadow partnership. However, the key points would be:-
 - The NHS GG&C and Council would remain legally responsible for services belonging to each of them and would annually set the budget for such services.
 - There would be no pooling of budgets but the partnership would have delegated authority to distribute the combined budgets which had been allocated.
 - No functions would be formally delegated from the Council to NHS GG&C or vice versa.
 - In legal terms the Partnership would be two committees meeting at the same time, with the same membership, same powers and same Standing Orders. It would be a Community Health and Care Partnership which is a committee of the NHS and a sub-committee of the Council's Social Work & Health Improvement Committee with delegated powers. The local authority arrangement is a sub-committee as the Local Government (Scotland) Act 1973 restricts the number of external members who can sit on a committee, but not on a sub-committee.
 - The new Community Health and Care Partnership will have equal membership of Council and NHS GG&C delegates and will be chaired by the Council Spokesperson for Social Work & Health.
- (2) to note that the shadow body is estimated to run until 1 October 2010. However, there is substantial work to be undertaken prior to finalising the new organisation and this timescale may prove optimistic.
- (3) to note that during the shadow period the shadow body would work up the full partnership plans. During this period decisions delegated to the existing CHP and Social Work and Health Improvement Committee respectively would continue to be taken by those committees.
- (4) that during the shadow period officers and the new partnership should work to identify the following:-

- To reach a clear joint statement on objectives for integration, particularly in relation to service delivery objectives. This should include analysis of care pathways, an evaluation of the possibility of employing multi-disciplinary teams with key workers and the possibility of existing joint services moving closer to service integration.
 - Negotiations on legal and governance issues including the NHS Community Health Partnership Scheme of Establishment, amendment of Council Standing Orders to create a Social Work Sub-Committee, amendment of that committee's Standing Orders to align them with the Community Health Partnership Standing Orders (if the two bodies meet as one, they cannot have two different Standing Orders), human resource issues highlighting any significant differences affecting the two organisations, and financial and budgeting arrangements.
 - Equalities Impact Assessment.
 - Discussions regarding role of joint commissioning.
- (5) Until further work has been done to guarantee the continued success of the Argyll Bute & Dunbartonshires' Criminal Justice Partnership Joint Committee, Criminal Justice should not move towards full integration and the current governance arrangements must remain in place;
 - (6) that a change programme led by a Programme Manager is established to project manage the items which are required to ensure that timescales do not drift;
 - (7) A Recruitment Panel comprising the NHS GG&C Chair, NHS GG&C Chief Executive, West Dunbartonshire Community Health Partnership Chair, Leader of the Council, Leader of the Opposition and Spokesperson for Social Work and Health will be formed. This panel will be given the authority to appoint a joint Director, through an open recruitment process, to take on the roles of Director of the Community Health Partnership and Executive Director of Social Work & Health;
 - (8) that authority is given to identify and recruit further joint posts;
 - (9) that the Council's organisational change policy is applied through the transition to the new arrangements. This is a new post and as such should be filled on merit after advertisement in accordance with joint procedures agreed for filling vacancies;
 - (10) that a communications strategy is formulated for both internal and external exchange;
 - (11) that both the NHS GG&C and WDC look at their respective performance management arrangements and also review the number of performance indicators that are in place; and

- (12) that work is undertaken to ensure that relationships with other partners will not be diminished as a result of closer integration with Health, for example Children's Services and Housing Services;
- (13) to the development of information and data sharing protocols between professionals working within the new partnership;
- (14) to note that there is on-going work to analyse the different policies and procedures undertaken in the NHS GG&C and the Council, such as complaints procedures; and
- (15) that agreement will be reached on the provision of support services such as Finance, Human Resources, IT, Legal and committee support to the new body.

The above are subject to any necessary changes to Standing Orders at a future date.