

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health & Care Partnership: 20th November 2013

Subject: Establishing a Shadow Health and Social Care Partnership for West Dunbartonshire

1 Purpose

- 1.1** The purpose of this report is to provide the Committee with an update on the local preparations for the transition to shadow Health and Social Care Partnership arrangements for West Dunbartonshire in preparation for the enactment of the Public Bodies (Joint Working) (Scotland) Bill 2013.

2 Recommendation

2.1 The CHCP Committee is recommended:

- (1) To re-affirm its support for the current West Dunbartonshire CHCP arrangements to transition to a shadow Health and Social Care Partnership from the 1st April 2014, subject to final approval by both the full Council and the NHS Board; and
- (2) To endorse the adjustments to the CHCP Scheme of Establishment, proposed in paragraph 4.2 of this report, to facilitate that transition.

3 Background

- 3.1** The Committee will recall earlier reports that it received last year in relation to the Scottish Government's proposals for integrating health and adult social care; as well as the formal response to the national consultation from the CHCP that the Committee endorsed at its August 2012 meeting.
- 3.2** The CHCP's encouraging and constructive response to the consultation reflected our experience in practice of delivering integration, both operationally and strategically at a local level. This included our expressing the clear logic for the managerial responsibilities of the new partnerships being wholly inclusive of health and social care across all age groups (as is the case in our current span of services).
- 3.3** As Committee will recall, the Public Bodies (Joint Working) (Scotland) Bill was introduced in the Scottish Parliament on May 28, 2013. This Bill requires territorial NHS health boards and local authorities to integrate strategic planning and service provision arrangements for adult health and social care services (as the minimum required by law) within new Health & Social Care Partnerships (HSCPs). The Bill also recognises and supports the local discretion to allow for the inclusion of further functions – such as children's

health & social care services (as are already included within the CHCP in West Dunbartonshire) - should the public bodies involved wish to pursue that.

3.4 Each health board and local authority will be required to establish an *integration authority* (equivalent to the existing CHCP Committee) to deliver nationally agreed outcomes for health and social care. The health board and local authority can form an integration authority in one of two ways:

- By delegating functions and resources to a 'body corporate' governed by a joint board, serviced by a Chief Officer; or
- By delegating functions and resources to each other for the delivery of services.

As Committee will recall, the Body Corporate model is the one which most closely matches the existing arrangements for West Dunbartonshire CHCP.

3.5 The starting point for the new arrangements will be that - unlike the current position for the CHCP where the partners retain their separate statutory responsibilities - the members of the new *Integration Joint Board* (IJB) will be jointly responsible for the totality of the HSCP's functions.

The partners will agree how they intend to integrate services through an *integration plan*, the detail of which will include the model of integration to be used, along with the functions and resources to be delegated. This integration plan equates broadly to the current Scheme of Establishment for the existing CHCP (as approved by NHSGGC and West Dunbartonshire Council, and signed-off by Scottish Government).

The integration plan will also cover a wide range of other partnership issues, such as provision for dispute resolution; financial management; staff governance; and clinical and care governance. In preparing the integration plan, the local authority and Health Board must give consideration to the integration principles outlined in the Bill and also to the national health and well being outcomes. The local authority and the health board will be required to submit their locally agreed integration plan to Scottish Ministers for approval and following appropriate consultation as set out in the Bill.

3.6 Where a local authority does not have a coterminous boundary with a health board - such as the case for West Dunbartonshire Council and NHS Greater Glasgow & Clyde - the Bill states that the integration plan must pay due regard to the combined effect of the models adopted by different local authority and health partners in the same board area, and their inter-relationship in respect of the effective running of the Health Board.

3.7 As Committee will recall, an initial discussion between the Chief Executives of NHSGGC, East Renfrewshire, Inverclyde and West Dunbartonshire Councils proposed the establishment of a working group reporting to all four Chief Executives to develop a plan to transition the current CHCPs to shadow HSCPs by April 2014.

The proposals developed from this working group would be submitted to the NHSGGC Board and each of the three Councils for consideration and approval.

3.8 Members will recall that at its August 2013 meeting, the Committee:

3.8.1 Confirmed its support for the principle of West Dunbartonshire being an early adopter of the new legislation;

3.8.2 Noted that the Chief Executives of NHSGGC, East Renfrewshire, Inverclyde and West Dunbartonshire Councils had agreed to establish a working group reporting to all four Chief Executives to develop a plan that could allow the transition of the current CHCPs in those three areas to shadow Health and Social care Partnerships by April 2014; and

3.8.3 Noted that a further detailed report on the development of the transition plan referred to above would be presented to the CHCP Committee prior to any final change proposals being presented to the full Council and the NHS Board.

3.9 Following a number of highly productive meetings (as per para 3.4.2), this report has been prepared for the Committee as per para 3.4.3.

4 Main Issues

4.1 The discussions regarding how best to transition CHCP's to the shadow HSCPs have been underpinned by an emphasis on maintaining continuity for services and staff as expressed in two core principles:

- That given the positive arrangements within all three existing CHCPs, that the proposed shadow HSCPs would fundamentally be representative of a logical evolution for each area, with no material changes to how the partnerships deliver services in practice through 2014/15.
- That the shadow arrangements would be framed with reference to the current Schemes of Establishments for all three CHCPs, with sufficient flexibility to accommodate any inevitable reshaping of the Bill and related regulation and guidance.

4.2 The proposals in this paper then reflect the application of both of those principles, with the focus being on targeted adjustments to the current West Dunbartonshire CHCP Scheme of Establishment, namely:

- The CHCP Committee will have the additional role of operating as the shadow Integration Joint Board with the current membership and standing orders.
- The current CHCP Director will take on the additional role as the Chief Officer (CO) designate of the shadow Health and Social Care Partnership.
- The Chair and vice share of the CHCP/shadow IJB with the Board and Council Chief Executives to frame the Chief Officers objectives.
- The CO designate will be a member of the Council and Board corporate management teams.
- At the point the legislation enables the establishment of the full HSCP the CO designate will become the substantive CO for the new HSCP.

- 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.
- The shadow HSCP will bring forward plans for locality working for early consideration by the Committee.
- Planning arrangements will remain unchanged for 2014/15 but during that year the CO designate will lead the development of a full strategic plan for the HSCPs first formal year of operation 2015/16, including joint planning for acute services.
- Financial arrangements will remain as at present but the Older People's Change Fund resources will become a core part of the CHCP/shadow IJB allocation from the NHS.

4.6 It is important to recognise that a subsequently adjusted Scheme of Establishment as proposed here does not constitute the formal integration plan referred to in para 3.5; and so the approval of the proposals for shadow arrangements set out here does not in any way equate to the approval for the activation of a formal HSCP for West Dunbartonshire.

4.7 The shadow HSCP arrangements proposed here are similar to shadow CHCP arrangements that were put in place by West Dunbartonshire Council and the NHSGGC Board in April 2010, prior to their formally agreeing and then establishing the current CHCP in October 2010.

4.8 The adjusted Scheme of Establishment proposed here then that formally recognises the legitimacy of shadow arrangements would enable the partners to deliver a shared objective of beginning the transition from the current CHCP to the new HSCP in an orderly fashion that emphasises continuity – and minimises potential disruption or uncertainty - for staff and service users.

4.9 If endorsed by the CHCP Committee, the proposals within this report will be formally and separately presented to full Council and the NHSGGC Board before the end of January 2014 to enable due process to be completed such that a shadow HSCP could be in place from 1st April 2014.

5 People Implications

5.1 As Committee will recall, the integration plan required by the Bill for each HSCP will have to attend to relevant issues of staff governance in line with the requirements of the legislation and its accompanying guidance. As per para 3.4 above, if the body corporate model is finally agreed for West Dunbartonshire then staff will continue to be employed by either NHSGG or West Dunbartonshire Council as they are at present, retaining their respective terms and conditions. As the Committee has already acknowledged, the shadow HSCP would continue to enable staff to work well together irrespective of their contractual employing organisation - not least as affirmed by the recent UK Healthcare People Management Association (HMPA) Excellence in Human Resource Management award that the current CHCP has been recognised with.

5.2 In addition to the adjustments to the Schemes of Establishment proposed here, the job descriptions for the three existing CHCP Directors within the NHSGGC area have been revised by the NHSGGC and Council Chief Executives to reflect this move into the new integration arrangements.

6 Financial Implications

6.1 The Policy memorandum accompanying the Bill explains that the premise underpinning integration of budgets is that the allocation and utilisation of resources should recognise the interdependencies between health and social care services; and that the service imperative of integrating all aspects of care (from prevention through to specialist treatment) should be reflected in, and enabled by, integrated resource models. The ability to look at overall expenditure, and to use budgets flexibly, is a hallmark of integrated care. This is important, both to enable efficient allocation of resources; and also to ensure that needs are met in the most appropriate and cost-effective way.

6.2 As Committee will recall, the integration plan required by the Bill for each partnership have to attend to relevant issues of financial management and governance in line with the requirements of the legislation and its accompanying guidance.

6.3 As per para 4.2, for the period of the shadow arrangements financial arrangements will remain as at present but the Older People's Change Fund resources will become a core part of the CHCP/shadow IJB allocation from the NHS.

7 Risk Analysis

7.1 Not required for this report.

8 Equalities Impact Assessment

8.1 Not required for this report.

9 Consultation

9.1 Not required for this report.

10 Strategic Assessment

10.1 The issues considered here relate to the following strategic priorities of the Council:

- Improve care for and promote independence with older people.
- Improve the well-being of communities and protect the welfare of vulnerable people.
- Improve life chances for children and young people.



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Appendices: None

Background Papers: The Public Bodies (Joint Working) (Scotland) Bill 2013
and its supporting documents:
www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx

The Children and Young Peoples (Scotland) Bill 2013
and its supporting documents:
www.scottish.parliament.uk/parliamentarybusiness/Bills/62233.aspx

CHCP Committee Report: Update on Health and Social
Care Integration Legislation: the Public Bodies (Joint
Working) Bill (august 2013)

CHCP Committee Report: Proposed Response to
Scottish Government Consultation on Integrated Health
and Adult Social Care Partnerships (August 2012).

CHCP Committee Report: Scottish Government
proposals for integrated health and adult social care
partnerships (June 2012).

CHCP Shadow Committee Report: Draft Scheme of
Establishment (September 2010).

West Dunbartonshire CHCP Scheme of Establishment:
www.wdchcp.org.uk/who-we-are/scheme-of-establishment

Wards Affected: All