

Report To: Community Health & Care
Partnership Sub-Committee

Date: 25 August, 2011

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Report No:
CHCP/37/2011/RM

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Subject: Inverclyde CHCP – Progress Report

1.0 PURPOSE

- 1.1 The purpose of this report is to inform members of the CHCP Sub Committee of the progress made since the establishment of the Inverclyde CHCP and action still required as presented in the attached Progress Report (Appendix 1) Appendix 1

2.0 SUMMARY

- 2.1 Inverclyde Council and NHS Greater Glasgow and Clyde Health Board had entered into negotiation around the establishment of an enhanced partnership arrangement which would integrate community health and social care service within the Inverclyde area. This had been an ongoing discussion for some years with differing arrangements considered.
- 2.2 As part of the consideration of a proposed management restructure within the Council the possibility of revisiting such an arrangement arose and led to negotiations between the Council and the Board as there appeared to be opportunities for positive progression.
- 2.3 Following comprehensive exploration of the circumstances and options available a decision was reached to develop an Inverclyde Community Health and Care Partnership. The partnership would be inclusive of all Social Work Services and the community health services for which the Community Health Partnership had responsibility.
- 2.4 The outcome of these deliberations was an agreement to establish this enhanced partnership as of the 1 October, 2010, with a single manager and joint management Team. This decision was approved by the Council and Health Board in August, 2010.

3.0 RECOMMENDATIONS

- 3.1 Members are asked to acknowledge the progress made over the first six months of the CHCP as outlined in the Report.
- 3.2 Members are requested also to approve the action points for progression.

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PROGRESS REPORT

June 2011

CHCP Progress Report

1. INTRODUCTION

- 1.1 The purpose of this report is to outline the progress made in establishing the enhanced Inverclyde Community Health and Care Partnership (CHCP). The establishment of this Partnership has been an area of consideration over a number of years and is based on a very sound foundation of joint working between the Council and the Health Board.
- 1.2 The delivery of joint services which are singly managed is not a new feature within the health and social care landscape of Inverclyde and indeed such service developments have been at the forefront of our development for a long time.

2. BACKGROUND

- 2.1 The Corporate Management Restructuring of Inverclyde Council, approved at the full Council on the 19th November, 2009, encapsulated an opportunity to develop a closer partnership with health, taking account of the good existing partnership arrangements. It was considered that this offered a facility to maximise efficiencies, whilst providing an integrated, improved and effective service to the public. This view established further the idea for the proposed development of the CHCP.
- 2.2 Within Inverclyde there has been a history of strong joint working between the Council's social work services and our Health partners in developing and delivering services in such a manner as to secure better outcomes for individuals and families who access our services.
- 2.3 It was anticipated that the CHCP would operate within the wider community planning context and have specific management responsibility for all of the Social Work Services of the Council and Primary and Community Health Care Services of the Board.
- 2.4 It has been recognised throughout this time that the integration of services presents significant opportunities to further progress the agenda to tackle both health and social inequality within Inverclyde. Such integration had already been established around specific service areas and had also been evidenced in a number of joint partnership approaches developed to meet need.
- 2.5 Whilst acknowledging the significance of such partnership arrangements it was also apparent that there could be further positive outcomes to be derived from a more formal partnership which also strengthened the management structure of both organisations. To this end consideration was given to the development of a singly managed joint body which could direct the development and delivery of services to our community and improve the outcome for individuals and families..

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- 2.6 Both organisations have given serious consideration to the development of a more formal integration of service delivery and service management arrangement and have agreed the establishment of the Inverclyde CHCP.

3. PROGRESS TOWARDS IMPLEMENTATION

- 3.1 Having agreed the principle of establishing the CHCP the initial phase of work was centred on how we would construct the partnership both in terms of Governance and Management.
- 3.2 This process engaged a wide range of stakeholders inclusive of Elected Members, managers, staff and staff representatives. The outcome of this was an agreed process through which we could create and populate the management structure for the CHCP. This also included the compilation of new job descriptions in both the Health and Council formats. This agreement was signed off in May 2010.
- 3.3 Between May 2010, and October 2010, all posts were filled with one exception, the Head of Health and Community Care, through either a matching or recruitment process. As at the establishment of the CHCP on 1 October 2010 all management posts with the one exception had been appointed.
- 3.4 As with the establishment of any formalised partnership the need for clear and focussed governance arrangements was essential. With this in mind a Scheme of Establishment (SOE) was developed, consulted upon and formally approved through the Council and the Board in August 2010. This agreement underpinned the establishment of the CHCP in October 2010.
- 3.5 Within the context of the SOE the structure of the Committee and process was approved, as was the management structure and agreement on the services which would be included within the CHCP from each organisation. It was further agreed that the level of budget allocation would be identified and would be managed on the basis of aligned budgets.
- 3.6 Procedures were also developed which would determine the operating procedures for the business of the Committee.
- 3.7 Having agreed the structure of the Committee, a process of agreeing the individual membership was initialised and concluded. This facilitated the establishment of a programme of Committee meeting dates. These meetings would be placed within the programme of Committee meetings of the Council and would be administered through the Council Committee Clerks. The Council agreed also to provide legal representation.
- 3.8 In order to facilitate the engagement of the Committee an informal session was arranged in December, 2010, to allow the members to meet and explore the challenges for the new Committee. At this meeting an agreed process for development was established which would be delivered before each committee meeting.
- 3.9 In December, following competitive interview, the final management post was appointed with a start date of February 2011.

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- 3.10 Throughout this timescale the Financial Officers of both the Council and Board engaged in negotiations which concluded in the establishment of a Service Level Agreement to provide an integrated financial reporting mechanism.
- 3.11 Further ongoing negotiations have led to an agreed formula for the cost share of the senior management group of the CHCP which has identified savings for both organisations and will be fully achieved through the 2011-12 financial year.
- 3.12 The importance of ensuring staff engagement was also highlighted with an integrated Staff Partnership Forum being established who meet on a regular basis jointly chaired by the Corporate Director and a representative from the staff side, who also sits as a member of the CHCP Committee.
- 3.13 As the CHCP formed, the various Heads of Service have worked hard to bring together their respective management teams and to explore the issues for these sections. Though early days, this appears to be developing positively. The Senior Management Team has formed as a cohesive group which offers support and critical challenge. Development time has also been earmarked for the team facilitated by the Organisational Development section.
- 3.14 Staff engagement and ownership has been viewed as particularly important with regular updates on the progress of the establishment of the CHCP being provided. A programme of staff engagement events were held which afforded an opportunity for staff to come together and hear first hand from the Corporate Director the plans for the future and to participate in the development of a clear vision for the CHCP with focussed values and a “strap line” for the service. The process was inclusive and was evaluated as positive. The outcome of the consultation and events has been an agreed vision and set of values for the CHCP. This was seen as an important development towards creating a profile for the CHCP.
- 3.15 Following the establishment of the CHCP an opportunity arose to further consolidate the profile of the partnership by bringing together the senior management team and a number of other central services into a single office, at the Kirn Unit in Ravenscraig hospital. This also enabled the move of staff from outlying offices into the centre of the town.
- 3.16 These moves provided a platform which facilitated the Council asset management strategy and planned closure of Highholm School with a view to the establishment of a CHCP office base, with other Council services, in 2013 within the town centre.
- 3.17 Over the course of the past year there has also been the establishment of integrated services for alcohol addiction with a new purpose built building, the Wellpark Centre, opened to accommodate staff and from which services are delivered. In respect of drug addiction, refurbished premises were also opened to provide services. This building also accommodates an integrated Learning Disability provision.

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- 3.18 It is important to stress that as the CHCP has been forming the management team have also ensured that as far as possible there has been minimal disruption to the delivery of front line services and have responded to new developments in a positive and committed manner.
- 3.19 There has also been an ongoing involvement with both parent organisations in meeting the demands of the financial pressures affecting public services and in a variety of significant service redesign initiatives which have impacted upon the CHCP. There is no doubt that the senior management team are under some pressure to meet the meeting requirements and engagement demands of both organisations in order to appropriately and meaningfully represent the CHCP.
- 3.20 The role of the CHCP, as we have progressed, has taken on wider Community Planning responsibilities and strategic roles such as the establishment and support of the Alcohol and Drug Partnership, Lead Officer roles in the SOA and wider involvement in the Community Planning arena.
- 3.21 Overall there has been significant progress achieved in the establishment of the CHCP thus far. This has only been possible with the commitment of staff and colleagues across both organisations. However it is important to acknowledge that we are still in the very early phase of the journey, with a significant amount still to be achieved. This will undoubtedly be influenced by ongoing pressures and changes in policy directions over the next few years.
- 3.22 The continued development of the CHCP has also included the extended responsibility for Mental Health inpatient provision in Inverclyde following the review and disaggregation of components of the Mental Health Partnership. This will expand the remit of the CHCP and Sub-Committee.

4. OUTSTANDING AREAS FOR ACTION

The establishment of this new enhanced partnership will take time and there is still a wide range of issues which will need to be progressed over the next year.

- 4.1 The development of an integrated service also requires us to initiate a clearer and focussed approach to staff and in this connection there are significant challenges. The conditions of service for staff will remain different in respect to the host organisation. However for managers to operate in an inclusive manner we need to develop a structure of day to day management which facilitates their role. It has been acknowledged that negotiations are required which can explore, evaluate and initiate a Service Level Agreement for the provision of HR services in a unified way for the CHCP. Such a development will further consolidate the CHCP and facilitate collective ownership of the entity for staff. An integrated workforce management approach would be beneficial. There is, however, an expected change within the Children and Family section due to the retrial of two experienced managers. This will require the recruitment of at least two new Service Managers by late 2011.
- 4.2 Within this context there are some specific issues which require action. With regard to disciplinary matters there could be problems relating to the authority of managers within the integrated structure concerning the issue of host employer.

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This has been experienced in other partnerships and resolved through the use of “Honorary Contracts”, i.e. contracts which provide employment status within each parent organisation. Such a development for the CHCP could resolve this issue. An added benefit to the use of such contracts would be a possible resolution for the need for VAT to be added to cross charges for staff.

- 4.3 Linked to the HR arrangements above, the “Hub and Spoke” development in respect of HR within the Council will include the training team for social work services. This team aims to meet the needs of the service and should be a component of the above agreement. This area of work should also acknowledge the role for training from a health perspective and if integrated could provide an opportunity to secure a wider involvement of staff across the CHCP in the SVQ assessment centre initiative. This could also start to evaluate the possibility for integration of both staff appraisal and review systems. It is also of significance that the role of the Organisational Development section of health is included in the evaluation as this sits outwith the Health HR area of responsibility. There can be no doubting the need for support in securing the continued change agenda being progressed within the CHCP.
- 4.4 The importance of developing a clear understanding of how we provide a performance reporting mechanism which takes into account the needs of the respective parent organisations is essential. This requires significant deliberation as there is no benefit to be achieved in duplicating work. The priorities of the CHCP must reflect those of the Council and Board in a manner which is integrated, targeted and meaningful to all three.
- 4.5 As the financial imperatives continue to press on the organisations it is also essential that there is clarity in respect of the impact change in either parent organisation might have on the CHCP. The present service redesign developments across the health sector could result in management of certain community services being located outwith the CHCP. The balance between savings and the principles of local management and accountability will have to be clearly articulated in order not to undermine the philosophy of establishing the CHCP.
- 4.6 There will be a need to continue the restructuring within the CHCP particularly exploring the Administrative Support systems in order to ensure adequate resources are provided in an efficient and value for money basis. A review of the Team Leader level of the organisation will also have to be undertaken. In this context there will be a need to take cognisance of the emerging Shared Services proposals which are being considered by the Clyde Valley Community Planning Partnership.
- 4.7 In addition to the local initiatives the CHCP is involved in progressing a number of national policy directives. These will put added pressure on the staff groups and management. The following are some areas identified for development;
 - Reshaping Services for Older People
 - Personalisation, Self Directed Care, Direct Payments
 - Redesign of the Home Care Service, impacting upon older people service, Mental Health Service and Learning Disability Services

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- The commissioning strategy
 - Redesign of Allied Health professionals Services
 - Redesign of Children's Specialist Health Services
 - Review of the Mental Health and Addiction Partnership
 - CHCP role in the decommissioning of Ravenscraig Hospital
- 4.8 In accordance with the general provision of service there is a need to evaluate and review the Asset Management strategy for the CHCP. There is a Council strategy and also one across the Health Board area. However within the CHCP catchment we require to consider the three Health Centres, Elizabeth Martin Clinic, Boglestone Clinic and the Children's Centre. With regard to the Health Centres the strategy needs to take account of the circumstances of GP Practices. It is apparent that GP Practices are considering proposals to move out of the Centres. Such moves could jeopardise the viability of the Centres. With regard to accommodation for social care provision the continued involvement in the Council strategic group will be essential.
- 4.9 Within the CHCP we also view the importance of engaging positively with the wider community and in doing this in a manner which is meaningful. We will work with existing patient, service user and community groups to build on the existing community engagement structures with a view to improving these.

5. CONCLUSION

- 5.1 There has been a significant amount achieved in the establishment of the CHCP in a relatively short timescale, and there is a commitment from the majority of staff to succeed in this task and to aim towards improving our service to the people of Inverclyde. The profile of the partnership will increase locally and we will also ensure that services provided to tackle the identified poor health associated with Inverclyde, lead to improved outcomes.
- 5.2 There is an acknowledgement that for staff and management the transformational change associated with the establishment of the CHCP, within both parent organisations and national policy directives will continue to present significant challenge and demand on the existing resources. The commitment and motivation, however, remains high.

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June 2011