

Report To: Inverclyde Council

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Report No:
CHCP/17/2014/HW

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Subject: ESTABLISHING A SHADOW HEALTH AND SOCIAL CARE
PARTNERSHIP IN INVERCLYDE

1.0 PURPOSE

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

2.0 SUMMARY

- 2.1 Existing CHCP arrangements in Inverclyde are substantively in line with the requirements of the Bill and associated guidance in their current format, as described in the paper presented to the CHCP Sub-Committee in August 2013.
- 2.2 We anticipate that transition to a Health and Social Care Partnership (HSCP) should cause little if any disruption to staff and service users, due to our well established CHCP arrangements that will serve as a natural foundation to build upon.
- 2.3 The Scheme of Establishment was revised in August 2012 but will likely require further revision once the legislation, regulations and guidance are finalised, however in its current format it should serve as a basis for the shadow Integration Plan.
- 2.4 The body of this paper describes in more detail how the Chief Officer role will emerge and develop in the shadow phase of our HSCP.

3.0 RECOMMENDATION

- 3.1 The Council is asked to re-affirm its support for the current Inverclyde CHCP arrangements, and approve the proposed process to transition to a shadow Health and Social Care Partnership from 1st April 2014.

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4.0 BACKGROUND

- 4.1 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 Inverclyde CHCP).
- 4.2 CoSLA is proposing an amendment to the Bill that would specify services that must be included; services that may be included, and services that may not be included. Services described within the must and may be included categories are already included in our CHCP arrangements.
- 4.3 The proposal suggests that functions that may not be included are the role of the Chief Social Work Officer (CSWO) and the role of Social Work Mental Health Officers. It should be noted that in our current and proposed shadow arrangements the Corporate Director also holds the position of CSWO but this is separate from his role as Corporate Director (in other words, the Corporate Director need not have a social work background, but if he did not, then another officer would have to be appointed CSWO). The duties of the CSWO and Social Work Mental Health Officers are discharged through the CHCP on the Council side and cannot be augmented or influenced by the NHS dimension of the partnership.
- 4.4 Each health board and local authority will be required to establish an integration authority equivalent to the existing CHCP Sub-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.

The Body Corporate model is the one which most closely matches the existing arrangements for Inverclyde CHCP.

- 4.5 In August 2013 the CHCP Sub-Committee received a report outlining the potential implications of the Public Bodies (Joint Working) (Scotland) Bill, which highlighted the many areas of alignment between our current arrangements and the requirements of the Bill. We are required to develop shadow Health and Social Care Partnership (HSCP) arrangements, and it is our aspiration that these should be in place by 1st April 2014.
- 4.6 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 Inverclyde Council, and signed-off by Scottish Government).
- 4.7 An initial discussion between the Chief Executives of NHSGGC, Inverclyde, East Renfrewshire 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.

5.0 KEY POINTS

5.1 The discussions regarding how best to transition CHCPs to the shadow HSCPs have been underpinned by an emphasis on maintaining continuity for services, service users and staff as expressed in two core principles:

- That given the positive arrangements within all three existing CHCPs, the proposed shadow HSCPs will be a logical evolution for Inverclyde, with no material changes to how the partnership delivers services in practice through 2014/15.
- That the shadow arrangements would be framed with reference to our current Scheme of Establishment, with sufficient flexibility to accommodate any inevitable reshaping of the Bill and related regulation and guidance

5.2 The proposals therefore reflect the application of both of those principles, with the focus being on targeted adjustments to the current Inverclyde CHCP Scheme of Establishment, namely:

- The CHCP Sub-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 Chief Executive of GG&C and Inverclyde Council will frame the Chief Officer's objectives.
- The CO designate will be a member of the Council and Board corporate management teams as per existing arrangements.
- 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.

5.3 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 paragraph 4.5; 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 Inverclyde.

6.0 IMPLICATIONS

Legal

6.1 The terms of this report reflect the terms of the draft legislation currently available.

Finance

6.2 During the shadow phase, we will continue with our current budgetary reporting and management arrangements.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

Human Resources

- 6.3 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 part of the body corporate model staff will continue to be employed by either NHSGG or Inverclyde Council as they are at present, retaining their respective terms and conditions. The shadow HSCP would continue to enable staff to work well together irrespective of their contractual employing organisation.

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

Equalities

- 6.4 The legislation has been Equalities Impact Assessed with no negative consequences identified.

Repopulation

- 6.5 It is not possible to quantify at this stage, however further improvements to health and social care services and pathways in Inverclyde could potentially have a positive impact on repopulation.

7.0 CONSULTATION

- 7.1 The legislation has been subject to extensive national consultation.

8.0 LIST OF BACKGROUND PAPERS

- 8.1 The Public Bodies (Joint Working) (Scotland) Bill 2013 and its supporting documents:
www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx
- 8.2 Inverclyde CHCP Scheme of Establishment:
<http://www.inverclyde.gov.uk/GetAsset.aspx?id=fAAyADEANAA4ADQAfAB8AFQAcgB1AGUAfAB8ADAAfAA1>