

SOUTH LANARKSHIRE COMMUNITY HEALTH PARTNERSHIP A PROPOSAL FOR THE FUTURE ARRANGEMENTS OF THE CAMBUSLANG/RUTHERGLEN LOCALITY

A. BACKGROUND AND PURPOSE

- 1.1 Over the course of the past nine months there has been an ongoing dialogue between the management of the South Lanarkshire Community Health Partnership (SLCHP), NHS Greater Glasgow and Clyde (NHSGGC) and a range of stakeholders within and external to the SLCHP including directly employed staff, General Practitioners and local politicians.
- 1.2 The aim of this dialogue has been to discuss in some detail the manner in which the locality is currently managed within the CHP and to consider whether these are the most effective arrangements for the Locality in the medium term. Of particular concern has been the complexity of the links to NHSGGC as well as the SLCHP which is part of NHS Lanarkshire (NHSL).
- 1.3 On the basis of the discussions that have been held to date, the purpose of this paper is to outline a proposed way forward for the future in respect of the Cambuslang/Rutherglen (Camglen) Locality.
- 1.4 The paper looks to address the following questions:
 1. Where are we now and why?
 2. What are the reasons for considering any change?
 3. What sorts of changes could be made?
 4. What would these changes mean for patients, staff, and contractors?
 5. What options exist to allow such changes to occur?
 6. What might be the associated timetable for change?
- 1.5 In addition, attached to this paper at Appendix 1 is a list of the frequently asked questions raised by stakeholders and the responses provided to date on these issues. There have also been questions raised in regard to the impact of any change on secondary care and other NHS GGC services currently used by the Locality. For clarity a further table is attached at Appendix 2 indicating what, if any, changes would occur to established patterns of service.

B. WHERE ARE WE NOW?

- 2.1 The Camglen Locality was established in April 2006. This followed significant discussion with a range of bodies including Health Boards, South Lanarkshire Council and a variety of other stakeholders within the Locality. It is therefore part of the South Lanarkshire Community Health Partnership (SLCHP).
- 2.2 The new Locality replaced the Camglen Local Health Care Cooperative, which was fully part of NHS Greater Glasgow.
- 2.3 Three of the Localities in the SLCHP (Hamilton, East Kilbride and Clydesdale) are the responsibility of NHS Lanarkshire. However, the health of the population of Cambuslang and Rutherglen remains the responsibility of NHSGGC. These responsibilities are discharged through the SLCHP under the terms of the Scheme of Establishment approved by the Scottish Executive Health Department in September 2005.

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- 2.4 Although part of SLCHP, the contracts for staff and independent contractors (GPs, general dental practitioners, pharmacists and optometrists), working within the Camglen Locality are held by NHSGGC.
- 2.5 The current hybrid arrangements mean that the Locality is not fully integrated as part of the SLCHP and has to operate between both NHSL and NHSGGC. It is the only functioning Locality where this happens within Scotland.
- 2.6 In governance and accountability terms, the reporting mechanisms for the Locality are to the SLCHP Director, who in turn is accountable to the Chief Executive of NHSGGC. Given the current setup within the Locality, as detailed above, there is a clear requirement for close working partnerships with NHSGGC colleagues.

C. WHY ARE WE HERE?

- 3.1 Community Health Partnerships (CHPs) were introduced to manage community health services and develop closer working between health, social care and hospital-based services.
- 3.2 Their main aim is to improve long-term health and well-being and to improve health and social care services for the population.
- 3.3 It was felt this would be best achieved if they had the same boundaries as Local Authorities. This principle was set out in "Partnership for Care" Scotland's Health White Paper.
- 3.4 Rutherglen and Cambuslang are both within South Lanarkshire Council's area. They were therefore included, after some considerable debate, in the SLCHP. This was approved by the SEHD and has been in operation now for just under 18 months.

D. WHAT ARE THE REASONS FOR CONSIDERING CHANGE?

- 4.1 During the establishment phase of the CHP, work has been undertaken to more closely align the Camglen locality into the SLCHP. In particular, the General Manager is fully involved with both a range of groups within NHSL and also with the joint planning structures with SLC.
- 4.2 However, this position is already seen to be questionable in terms of sustainability in the medium/long term as, at a number of levels, it is clear that there are:
 - 1. Divergent operational policies for front line staff and potential lack of coherence.
 - 2. Divergent strategic direction in regard to deployment of the community nursing resource with different models of care being pursued by the two NHS Boards.
 - 3. Potential divergence in strategic direction across the "Joint Future" agenda given the arrangements within the rest of Greater Glasgow and Clyde with their local authority partners. This applies in particular around Mental Health and Older People's Services.
 - 4. Differing approaches to a range of policy directions including the public involvement agenda, health improvement key targets and so forth.
- 4.3 As a result of these prima facie concerns, NHSGGC and NHSL have had a number of open discussions with a range of stakeholders. Their aim has been to review how the Locality has operated so far and to ensure it has the best opportunity to continue to provide high-quality healthcare to patients in the future.
- 4.4 Both Boards have a duty to ensure that the SLCHP is working optimally so that it is best able to look after the health of the people of Rutherglen and Cambuslang now and in the future.

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- 4.5 The initial discussions have looked at the pros and cons of the existing arrangements. From the discussions so far, a number of disadvantages in the current arrangements have been identified. For example;
1. Strategic planning and long term planning for the Locality is virtually impossible as it is not linked into either Boards' arrangements.
 2. Access to financial resources to deliver strategic change is substantially more difficult given that the locality sits outside these planning arrangements. The need for the CHP to utilise resources across the patch in a flexible manner is of growing importance.
 3. Whilst the Locality has good links with South Lanarkshire Council, inability to follow policy agreed between SLC and NHSL has deprived the Locality of access to health improvement and other "third party" funding streams.
 4. The development of wider primary care services through the new contracts is outside an agreed or refreshed primary care strategy.
 5. The governance and accountability of the locality is complicated with the potential for greater rates of error or omission due to having to deal with two different sets of systems and support for:
 - clinical governance;
 - child protection;
 - information management and technology;
 - communication;
 - finance and financial planning;
 - prescribing;
 - data sharing and eCare.
 6. The current arrangements make it more difficult for the Locality to:
 - further develop GP services in line with the emerging SLCHP Primary Care Strategy;
 - introduce and fully develop the new pharmacy and optometry contracts;
 - develop and integrate services with South Lanarkshire Council.

E. WHAT CHANGES COULD BE MADE?

- 5.1 A way forward that would alleviate a number of the issues identified above would be to transfer responsibility for the Camglen Locality from NHS GGC to the SLCHP.
- 5.2 The physical areas of Cambuslang and Rutherglen would still remain within the NHSGGC boundary. However, the full financial and operational responsibility for staff and independent contractors would pass to the SLCHP, which would fully manage the services on NHSGGC's behalf as an integrated part of the wider CHP.
- 5.3 This would allow the Camglen Locality to work more efficiently, share best practice more easily and communicate with ease with the rest of SLCHP.
- 5.4 It would also allow Camglen to operate and develop a consistent approach with the rest of the CHP with regard to:
- primary care strategy development both within General Medical Practice and the wider team;
 - a single system for child protection arrangements;
 - operation of, and within, consistent policies and procedures;
 - access to training and development resources locally and at a CHP wide level;
 - financial planning advice and financial management control;
 - further delivery of enhanced primary care services in coming years;
 - influencing the strategic development of local services;
 - arrangements with SLC and partners at a CHP wide level.

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F. WHAT COULD THESE CHANGES MEAN?

- 6.1 These changes should improve the way that both the Locality and the CHP functions, which would ultimately benefit patients. However, they would not mean any fundamental changes in health services for patients, health staff and independent contractors in Rutherglen and Cambuslang.
- 6.2 For patients, the following would stay the same:
- their GP;
 - the local services they receive;
 - the acute hospitals they would be referred to.
- 6.3 For staff, the following would stay the same:
- pay and conditions covered under Agenda for Change;
 - place of employment;
 - nature of job.
- 6.4 For Independent Contracts, the following would stay the same:
- their current nationally negotiated contracts and in addition there would be no detriment to the package of Locally Enhanced Services currently in place;
 - the deployment of national contracts in Pharmacy and Optometry would have the same nationally negotiated financial packages;
 - their appropriate referral rights to the hospitals
- 6.5 The transfer of further responsibility as described in section E and the impacts as outlined above can be achieved in a variety of ways. For directly employed staff, this could be actioned by means of a staff transfer order to NHSL or via a long term secondment from NHSGGC. Both routes have similar outcomes and ensure that the benefits described can be achieved.
- 6.6 For Independent Contracts there are a range of different NHS and commercial contracts for the individual contractor groups. The proposals that are put forward above would ensure that there was no detriment to the independent contracts as they stand now. The further transfer of accountability and control to the SLCHP for the operation of the contracts will be marginally different depending upon the exact statutory framework that covers their profession. Issues in regard to membership of professional committees and access to the Board are similar across all NHS organisations. These rights of access and membership issues would continue, although predominantly to NHSL rather than NHSGGC.

G. AREAS TO BE ADDRESSED

- 7.1 During the dialogue with stakeholders, a raft of questions were raised which considered service implications. It was made clear that in any proposal to change the status quo, these issues would be fully addressed to determine the implications and any changes that might occur. Outlined below are some of the main service related issues and enclosed at Appendix 1 is an amalgam of the frequently asked questions which arose primarily from staff and GPs.

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7.2 There were some key issues and the position on these is outlined below.

- **Primary and Secondary Mental Health Services**

It is probable that there would be little, if any, change to existing mental health services:

- Cambuslang/Rutherglen Locality has just launched Gateway (Primary Care Mental Health Team) and this service would remain;
- Cambuslang/Rutherglen Locality has access to the Greater Glasgow Crisis Intervention Team. This does not exist in Lanarkshire and therefore arrangements would be put in place to allow continued access to the Glasgow team;
- there is currently a different model of substance misuse services in Cambuslang and Rutherglen. However, it is intended that this would be introduced across NHS Lanarkshire.

- **Locally Enhanced Primary Care Services**

There are 33 GPs in Cambuslang/Rutherglen working across 13 practices. The NHS Greater Glasgow and Clyde General Medical Services (GMS) contract with GPs includes more locally enhanced services than the Lanarkshire GMS contract. These services would be retained.

- **Other Independent Contractors: Dentists, Pharmacists and Optometrists**

There are only minor differences in working practices and services between the Cambuslang/Rutherglen Locality and the rest of South Lanarkshire CHP as these are mainly based on national contracts. The development of the new contracts for Pharmacy and Optometry would be consistent with emerging Primary Care strategies for the SLCHP and national policy.

- **Boundary Issues**

Responsibility for the health of the people of Cambuslang and Rutherglen would remain with NHS Greater Glasgow and Clyde, but would effectively be sub-contracted to the South Lanarkshire CHP. In theory, NHS Greater Glasgow and Clyde could “take back” Cambuslang and Rutherglen if it felt the CHP was not fulfilling its role.

- **Primary/Secondary Interface**

Currently there is a requirement to ensure that Cambuslang/Rutherglen is involved and contributes to this agenda as the bulk of patient flow and close working relationships are with the acute sector in GGC. This element fits closely also with the whole acute reconfiguration agenda that will be implemented by both Boards over the next five years.

H. THE RELATIONSHIP WITH NHSGGC

8.1 It is important to emphasise that these proposals are not about changes to boundaries but are aimed at achieving more effective working within the current boundaries. Given NHSGGC's continuing responsibility for the population, the proposals to further transfer responsibility to the SLCHP, as outlined in Section 5, will require revision to the current arrangements to NHSGGC.

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- 8.2 These arrangements will need to be enshrined within a Service Level Agreement between the two NHS Boards which clearly sets out the requirements in regard to:
- Quality Standards;
 - Access Standards;
 - Governance Standards.
- 8.3 The SLCHP will need to be able to demonstrate clear adherence to such standards and provide such assurance to the Boards.
- 8.4 Such arrangements will need to be achieved within a given level of resource. There will be an annual discussion between the CHP and NHSGGC in regard to the level of this resource and the anticipated requirements set against the backcloth of both national and local priorities with a clear focus upon delivery.
- 8.5 It is also important to state that NHSGGC would continue to directly allocate funding to the hospital services which the population of Rutherglen and Cambuslang and their GP's choose to access.

I. THE NEXT STEPS

- 9.1 The proposals that are put forward are very clearly about improving upon the governance, planning and accountability framework under which the Locality operates. It is important that the Camglen Locality does not become an island between the two Boards starved of the ability to further develop primary care services for the benefit of the population.
- 9.2 This proposal sets out a series of arrangements following stakeholder engagement and takes on board, in significant measure, the issues and concerns raised. The proposal now requires further discussion within both Board areas with the formal clinical and partnership fora. This is planned to occur between September 2007 and November 2007.
- 9.3 The outcome and conclusions of these further formal discussions will be considered by both Boards and a final recommendation made in December 2007.
- 9.4 Dependent upon the final conclusions of the Boards, any required contractual changes would come into effect from 1st of April 2008.

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FREQUENTLY ASKED QUESTIONS

1. The current arrangements for community nursing services have worked well for years. Why change now?

There is no plan to change the model of delivery of any of the services at this point. However, as time passes they will need to be refreshed and possibly redesigned in line with new models of care. Consistency of approach across the CHP would add great value in that regard.

2. The Child Protection procedures in operation have worked well for 10 years. There is no need to change.

There is often a need to work with two Local Authorities depending on where the families live. However, the issues of governance and accountability as well as clarity around procedures are currently more complex than need be, for example in regard to the CP Committee structures.

3. I and many of my colleagues would be happy to use computers for SSA and CPM. This doesn't mean that we need to be employed by NHSL.

Not essential, it is about making the systems compatible and work is already under way on this one. However, the way in which systems linked to the Council are developed will go at very different paces and directions over the next few years

4. We run a specialist service in Camglen that does not exist in NHSL. Would this cease if the SLCHP takes more control and if not how would we work with colleagues in Glasgow?

All specialist services would continue to be delivered and networks with colleagues in services in Glasgow would continue to be in place. Refer to Appendix 2.

5. I have no confidence in NHSL's commitment to primary care – what can you say to reassure me?

NHS Lanarkshire are at the beginning of the journey of pulling together their Primary Care Strategy and is embarking on the Picture of Health Strategy to improve health services and, in particular, primary care services in Lanarkshire. The current GG&C strategy is over 6 years old and will need to be refreshed. It is the view of GG&C that the Camglen Locality should look towards the NHSL Primary Care Strategy to guide the future development of service and, in fact, to have a significant influence over its final design.

6. The Health Improvement agenda is suffering as a result of this position.

It is fully acknowledged that this is an important issue and is one of the reasons for looking at how the Locality operates in reality. This demonstrates a real need to change.

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7. I feel that we are being missed out by our colleagues in NHSGGC and we need to have a strong voice in any new arrangement. How can you reassure me about this?

The Locality has been, and will continue to be, represented around the management table and various other fora and this will continue, which is largely why this discussion is happening.

8. Question a. Mental Health services are well developed in Camglen and are not so in NHSL with a different philosophy. What would any change mean for me?

The development and delivery service model will continue and the linkages with Glasgow will also continue.

Question b. PCMHT in Camglen is 1 of 9 across GGC and we have strong strategic, professional and organisational links with our colleagues and the new world of PCMHT in Glasgow. We are a strong team providing a valuable service to people locally experiencing mild to moderate mental health problems. Given that NHSL does not have these teams and does not intend to develop them, how will this affect us with regard to maintaining our service, development of service and professional and strategic links with the world of PCMH?

We are aware that PCMHTs do not exist in Lanarkshire. Far greater community mental health services will be in place in the next three years. The concerns expressed in regard to professional links would be explored.

9. I am aware that the Back Pain service we have in the Locality does not exist in that form in NHSL, what will happen to that service and others?

The service will continue to be delivered and supported. If the service was to expand then the CHP and the Locality would have to take a view about the priorities that they have and how such a development fitted with those competing priorities. The day when the Health Board handed out ring fenced sums for services is now long gone. The decision making must be made by the CHPs based upon assessed need and resource availability.

10. Question a. Please can you tell me how I would continue to get professional support in any new arrangement?

There will be a need for the continuance of professional support mechanisms. It would be wrong to second guess at this stage what these might look like and we would look to address this within proposals to be brought forward following this range of stakeholder events.

Question b. Peer support for current management structure i.e. currently no Head of Profession for Physiotherapy, will my line of accountability change and will my job role change?

Professional support could have input from NHS Lanarkshire and accountability will be to the Locality General Manager. There are no plans to change job roles.

Question c. Peer support for staff and training what is the plan?

Links would be made with colleagues in NHS Lanarkshire to provide this. New Professional support structures are being put in place to reflect the two CHPs at present.

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11. What is the intention in regard to access to training programmes?

A Learning Plan is currently being developed for the Cambuslang/Rutherglen Locality as they are elsewhere. This is based / will be based upon a range of factors including the KSF as well as the service development agenda.

12. Can you please explain the linkage to acute services.

The direction of most patient flows is to the Glasgow hospitals at present but there are some patient flows to Hairmyres. These issues are being discussed with Acute Planning personnel from both Board areas.

13. Contractual changes, how can our employment change from NHS GG&C to NHS Lanarkshire? You are telling me that we might have to transfer to NHS Lanarkshire. What if I don't want to go – do I have a choice?

A set of proposals has not been developed at this stage, but if there is a transfer then there will be no detriment and all terms and conditions would transfer.

14. It appears as though we have management by NHS Lanarkshire, protocols, policies and procedures from Glasgow, no change to Health Board boundaries so why change?

This was the main reason for now looking at this issue one year down the road and having a close look at the management arrangements and how effectively they have proved to be working.

15. Since joining the CHP Cambuslang/Rutherglen has suffered considerable reductions in staff resources, both from planning level and health promotion level and topic teams no longer work in our area. Our structures do not reflect NHSL and as a consequence there is a weakened voice with local authorities which is detrimental e.g. Best Fed Babies where a NHSL model does not fit with Glasgow strategy resulting in pull back of £117k allocated to this area to reduce LBW and breastfeeding rates.

There was an acknowledgement of frustrations, and it was stated that this cannot be allowed to continue to happen.

16. It is increasingly the case that Greater Glasgow and Clyde departments are not including Cambuslang/Rutherglen in their work, eg, Greater Glasgow Public Health, a recent report by the Department of Public Health on Youth Health Needs, why is this occurring ?

Cambuslang/Rutherglen are not part of Greater Glasgow and Clyde Community Health (and Care) Partnerships so would not be included in work relating to Greater Glasgow and Clyde Community Health (and Care) Partnerships.

17. Will the public be consulted about these changes?

This issue is, primarily, about organisational and management arrangements and should not directly affect patient services. There is, therefore, no need for public consultation. However there would be full discussion through the appropriate routes both within Greater Glasgow and Clyde and Lanarkshire.

POTENTIAL IMPACT TO OTHER CLINICAL AND SUPPORT SERVICES

Service Description	Current Provision	Future Provision
General Acute Secondary Care Services	GGC Hospitals some in NHSL	No change
Primary Care Out of Hours	GEMS	No change
Therapies not directly provided by Locality	GGC NHS providing	No change
Community Equipment	GGILES	No Change (SL may sign up to GGILES)
Mental Health In Patient Services	Leverndale	No Change – with enhanced access to Hairmyres in due course
Mental Health Network	Across South Sector	No change – would require this link re-acute MH care
Stroke Services	Support from acute	No Change
Rehabilitation Services	Links with acutes	No Change
INR Monitoring		
LES for GP Practices	GGC NHS GMS contract	Would be retained
Open Access Services; Spirometry, Echo, CT	GGC Hospitals some in NHSL	No Change
Patient Transport Service	GGC/SAS	No Change