

South Ayrshire Council

**Report by Director of Health and Social Care
to Leadership Panel
of 18 September 2018**

Subject: Health and Social Care Management Structure Review

1. Purpose

- 1.1 The purpose of this report is to provide an update on the review of Health and Social Care Partnership (HSCP) structural and management arrangements, requested by the Council in December 2017.

2. Recommendation

2.1 It is recommended that the Panel:

2.1.1

- (i) Approve the proposed management restructure within the Health and Social Care Partnership**
- (ii) Requests the Chief Executive and Director of Health and Social Care to report to Leadership Panel in October on proposals the role of the Chief Social Work Officer.**
- (iii) Notes the range of action being undertaken by the HSCP to deliver service change and redesign.**

3. Background

- 3.1. This paper is intended to build on the report presented to Leadership Panel on 24 April 2018. In that paper a wide range of activity being undertaken by the HSCP to reform services in line with both Council and NHS priorities was outlined.
- 3.2. The HSCP is committed to both service improvement and transformational change. Rising demand for services, particularly in relation to vulnerable children and in the older people's population are significant challenges for the HSCP. The HSCP is working collaboratively with a wide range of partners including council departments to deliver change in line with the range of ambitions around poverty and inequality. Appendix 1 summarises some of the key areas in which the HSCP is looking to redefine the ways in which it engages with local people.

Service Improvement and Redesign

- 3.3. The models of service delivery across the HSCP are being redesigned with a view to greater levels of integrated working between health and social care while ensuring collaboration with council departments and other stakeholders.
- 3.4. In children's services there is a high level of engagement through the Children's Planning structure. The HSCP has a key leadership role in relation to the programme of work around GIRFEC (Getting in Right for Every Child) and around support to Young Carers, for example.
- 3.5. The proposals for management structure redesign within this paper are intended to strengthen the leadership capacity within Children's Services. The intention is to provide a stable professional management structure which will act as the springboard for greater engagement in collaborative working, particularly with Education. There are emerging proposals to enable social workers to be based within schools.
- 3.6. In older people's services a wide range of collaborative activity is ongoing with the Library Service and Leisure Services engaged in work with people with dementia for example.
- 3.7. The improvement of services to older people and those with long term conditions is a key function of the HSCP. The proposals for the redesign of the management structure in adult services outlined later in this paper are largely designed to deliver more co-ordinated and, where possible, preventative services to people.
- 3.8. There has been successful and ongoing engagement between service providers, families and communities as well as council services in the redesign of services to people with learning disabilities. The new contract with providers of services is currently being implemented. While delivering significant savings, opportunities to enable more innovative support allowing people to live as fulfilling a life as possible is being progressed.

Learning Organisation

- 3.9. The HSCP has undertaken a series of leadership transformation workshops involving colleagues from across the NHS and South Ayrshire Council. The workshops have asked managers to consider a range of organisational models and cultures; The aim being to move from a model defined by control or defensive practices to one where staff are encouraged to test new ideas, have higher degrees of freedom and listen more to users of service and front-line staff. Staff are being encouraged to "unlearn" old behaviours, be supportive of each-other and work to together to identify what is not working and fix them. It is recognised that the reasons behind failure such as policies, strategies and organisational norms need to be addressed in order to achieve change.
- 3.10. In recognition of the council's ambition to use the model of a "plan on a page", front-line teams have been asked to undertake their own local analysis of what they should look to improve and develop their own "team improvement plan" on a single page. Team managers are being asked to lead on this while ensuring engagement from their teams.

Underpinning Redesign

- 3.11. The HSCP is also delivering a range of supporting and infrastructure improvements designed to create synergy between teams and improve working efficiency. Two examples include; The co-location of social work staff with health colleagues in the health centre in Maybole in the autumn of 2018 as part of a jointly funded refurbishment project; The continued roll-out of Carefirst across the social work service following the successful implementation in Justice Services in July 2018.

4. Proposals

- 4.1. The current senior management arrangements within the HSCP have been in place since 2015. Work has been undertaken to review the current operational arrangements to ensure they remain fit for purpose and respond to the wider Integration Agenda and the objectives of the Council and NHS as well as supporting the range of change activity outlined earlier.
- 4.2. This paper puts forward a number of proposals for consideration which detail senior management structures within the operational service. The development of these proposals had been viewed as the key priority given the need to ensure robust leadership for the operational service. The proposals in this paper relate to tiers three and four.
- 4.3. The HSCP management team is engaged in ongoing activity to review the current arrangements for tier five management and proposals for change, where appropriate will be brought forward at a later date and will be funded within existing resources
- 4.4. The proposals within this report are intended to ensure:
- Robust leadership within the operational service
 - Ensure appropriate professional accountability across all professions within the HSCP
 - Enable a renewed focus on improvement activity within registered services
 - Enable greater levels of integrated working and reduced duplication of effort
 - Focus on priorities including engagement with schools and with primary care
 - Within the new leadership team the intention is to ensure greater clarity of function
 - The management team will be tasked with a renewed focus on prevention and early intervention.

Children's Services

- 4.5. The tier 3 and 4 management structure has been reviewed over recent months with input from the interim Head of Children's Services and Criminal Justice and the recently returned substantive Head of Service. The analysis has concluded that the opportunity should be taken to invest further in leadership capacity in order to provide a sound basis for future service improvement in the outcomes for local children and families.

The reasons for the proposed changes include the following;

- The existing Senior Manager post had a portfolio which was too large for one manager. The process of seeking to recruit unsuccessfully on two occasions to the post confirmed the difficulty in identifying suitable

candidates for a post with a portfolio much broader than similar posts in other authorities.

- The range of responsibility resting with a single manager was not felt to be sustainable given the numbers of vulnerable children and young people being supported within the service.
- Benchmarking with other authorities suggests a significantly smaller senior team in South Ayrshire than other authorities.
- Recent experience has shown significant vulnerability when, for example there has been a vacancy.
- The management team have raised significant concerns about the pressure associated with the Out of Hours responsibilities given these were shared between three people.
- The management arrangements for the Children’s Houses were felt to be insufficiently robust. The proposals establish a Service Manager role to focus on the development and improvement of the Children’s Houses.

The proposals in this paper tackle will enable:

- The establishment of more manageable span of control for senior managers
- Improvements in progress towards integrating services from health and social care
- Additional leadership capacity to ensure greater engagement with schools in order to provide support earlier.
- Tackling the long-standing concern over the burden placed on a small management team to provide out of hours cover. The additional leadership capacity will allow the development of a more manageable rota for 24/7 cover.

4.6. In parallel with the work at tiers 3 and 4 the work of front-line teams is being reviewed; This work includes an analysis of caseloads, reviewing proven models from other areas and the identification of key training and development needs for the wider staff teams. The aim will be to develop proposals which achieve a better balance between early intervention and the response to crises. Proposals in relation to front-line teams will be brought forward at a later date.

It is proposed that the following posts are deleted

	Grade	FTE	Costs (incl. On-Costs)	Total
Senior Manager	17	1	£79,142	£79,142
Co-ordinator (Specialist)	14	1	£63,678	£63,678
Co-ordinator (Generic)	14	1	£63,678	£63,678
Quality Assurance Review Officer	12	1	£54,852	£54,852
Team Leader Children’s Houses	12	1	£54,852	£54,852
Total				£316,202

It is proposed that the following posts are created

	Grade	FTE	Costs (incl. On-Costs)	Total
Senior Manager (Children's Services)	16	2	£72,765	£145,530
Service Manager (Children's Services)	14	4	£63,678	£254,712
Total				£400,242

The difference in costs between the two management structures is £84,040. It is proposed that this difference is funded from the following sources:

Source	Funding
Adult Services Cost reduction	£64,954
Savings in Children's Houses	£19,086
Total	£84,040

The development of proposals for the restructure of the Children's Houses is ongoing. The funding needed for a dedicated service manager for the Houses will be included in the detailed proposals.

Adult Services

4.7. The proposals within adult services are intended to achieve a range of strategic objectives. Within older people's services the priority remains a need to better focus care in the community and within people's own homes whilst seeking to reduce any unnecessary use of hospital services.

There are a number of reasons for the proposed changes;

- A primary concern has been the span of control and responsibilities expected of the Senior Manager (Service Hubs). This role, focussed primarily on older people's services included all social work teams, community nursing, two hospitals and the Care at Home Service. The role is too large for a single manager at a time when substantial service improvement and transformation is required.
- The recent concerns expressed in the Care Inspectorate Report on in house Care at Home Services have confirmed the need for more dedicated leadership in that area in order to achieve the improvements necessary.

The proposals tackle these key concerns by having the operational teams report more directly to the Head of Service through two new Service Managers. The creation of a Service Manager for Registered Services, accountable to the Head of Service is intended to provide leadership and change capacity with a primary focus being the improvement of Care at Home Services

4.8. Proposals are also in development for the redesign of front-line service teams. Proposals which will be brought forward at a later date will be intended to enable greater levels of integration between teams

The table below identifies the posts to be deleted.

	Grade	FTE	Costs (inc. On- Costs)	Total
Senior Manager (Service Hubs)	16	1	£72,765	£72,765
Senior Manager (LDSI)	16	1	£72,765	£72,765
Manager (Service Hubs)	13	3	£59,123	£177,369
Total				£322,899

The following table details the new posts to be created.

	Grade	FTE	Costs (inc. On- costs)	Total
Service Manager	15	2	£67,572	£135,144
Service Manager (Learning Disability)	13	1	£59,123	£59,123
Manager (Registered Services)	14	1	£63,678	£63,678
Total				£257,945

The proposals mean a net reduction in managers at tier 3 and 4 with an annual saving of £64,954.

The Role of Chief Social Work Officer

4.9 With the retiral of the previous Chief Social Work in July 2018 there is an opportunity to consider how best in future to fill the role. This is an important statutory role which is currently being filled by the Director of Health and Social Care on an interim basis. These arrangements are not appropriate in the long term given the conflict of interest between the IJB Chief Officer and Chief Social Work Officer roles. It is proposed that the Chief Executive and Director of Health and Social Care be asked to report to Leadership Panel in October with proposals as to how the duties should be discharged in future.

Contracts and Commissioning Team

4.10 A review of the Contracting and Commissioning function within the HSCP has been undertaken chaired by an Executive Manager from the Place Directorate. In a separate report to Leadership Panel there are proposals for the transfer of two FTE staff from the HSCP Contracts and Commissioning Team to the Council's Procurement Service. It is noted that further work to review the roles and functions of the two services will be undertaken in order to finalise the transfer proposals.

5. Legal and Procurement Implications

5.1 There are no legal implications arising from this report.

6. Financial Implications

6.1 The revenue implications of the proposals will be self-financing and funded from within the budgets delegated to the HSCP. The formal process around organisational change will follow the Leadership Panel decision. It is likely that

two members of the current management team will seek voluntary severance as a consequence of the restructure. The one off costs will be £65,000 and £121,000 for the two posts. The figures have been calculated on the bases of severance taking place on 31 October 2018.

7. Human Resources Implications

7.1 The changes proposed within this paper have been subject to oversight by the HR functions within both South Ayrshire Council and NHS Ayrshire and Arran. Should the proposals be agreed then it is anticipated that the Organisational Change Policies which apply to staff dependent on their employer will be implemented.

8. Risk

8.1 *Risk Implications of Adopting the Recommendations*

8.1.1 There are no risks associated with adopting the recommendations.

8.2 *Risk Implications of Rejecting the Recommendations*

8.2.1 Rejecting the recommendations will have a negative impact on the achievement of the Strategic ambitions of the Council and Integration Joint Board.

9. Equalities

9.1 The proposals in this report allow scrutiny of performance. The report does not involve proposals for policies, strategies, procedures, processes, financial decisions and activities (including service delivery), both new and at review, that affect the Council's communities and employees, therefore an equality impact assessment is not required.

10. Sustainable Development Implications

10.1 ***Considering Strategic Environmental Assessment (SEA)*** - This report does not propose or seek approval for a plan, policy, programme or strategy or document otherwise described which could be considered to constitute a plan, programme, policy or strategy.

11. Options Appraisal

11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

12. Link to Council Plan

12.1 The matters referred to in this report contribute to the Council strategic objective of 'Effective Leadership that Promotes Fairness' and 'Health and Care Systems that Meet Peoples Needs'.

13. Results of Consultation

13.2 Consultation has taken place with Councillor Douglas Campbell, Leader of the Council and Portfolio Holder for Health and Social Care, William Grant Portfolio

holder for Education and Lifelong Learning and Brian McGinley, Depute Leader of the Council and Vice Chair of the IJB and the contents of this report reflect any feedback provided.

The proposals have also been subject to consultation with the staff involved and their representatives from both the NHS and SAC trades unions and staff bodies. The proposals reflect feedback from staff and their representatives.

14. Next Steps for Decision Tracking Purposes

- 14.1 If the recommendations above are approved by Members, the Director of Health and Social Care will ensure that all necessary steps are taken to ensure full implementation of the decision within the following timescales, with the completion status reported to the Leadership Panel in the 'Council and Leadership Panel Decision Log' at each of its meetings until such time as the decision is fully implemented:

<i>Implementation</i>	<i>Due date</i>	<i>Managed by</i>
The proposals for structural change will be implemented in accordance with Organisational Change requirements.	31 October 2018	Director

Background Papers **None**

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Appendix 1

Summary of New Ways of Working with Local People

Developing Community Capacity and Locality Working

1. The HSCP has had a leading role in developing locality planning, including, for example supporting the programme of local Participatory Budgeting events which have taken place over the last two years. These events have had a significant role in delivering on local priorities while building community capacity.
2. A key theme emerging from the locality activity has been the concern around loneliness and isolation. Working with a range of partners including council departments, the HSCP, with support from NHS Public Health, has developed a Social Isolation Strategy and Action Plan which has been endorsed by the Community Planning Partnership. An initial priority will be to work with communities and third sector partners to reduce the isolation experienced by older people.

Culture Change

1. The HSCP is looking to improve the way in which we engage with people and at an earlier stage. The emerging programme of “New Front Doors” and a focus on “Good Conversations” with people in order to identify what is important to them is intended to increase the focus on the assets people have and reduce public expectation for service solutions to problems. The “New Front Doors” are locality based places where social work and other professionals are available for early and more informal discussions with people. The aim is to allow people to have problems resolved at an early stage before a crisis leads to a formal referral. Experience from elsewhere is that early engagement, without a formal referral to social work, for example, can address issues without service intervention and provide reassurance which increases resilience. The “Good Conversation” training which has been accessed by a wide range of staff, not just the HSCP, is intended to enable a more personal and less “medical” approach to engagement with people. The aim is to establish what is important to the person rather than impose professional judgements.
2. Social workers and other staff within the HSCP are being encouraged to change the culture of engagement with people in communities. The intention is to look at people’s strengths and the outcomes they wish to achieve while seeking to minimise the need for state intervention.
3. This approach is mirrored in our work within GP practices. The HSCP has been at the forefront of the deployment of “Community Link Workers” in GP practices. These are staff who’s role it is work with people who attend the GP with underlying problems of a mild to moderate mental health nature often associated with social isolation. The Link Workers are able to support people to access groups and activities in their local communities. The evidence suggests significant improvement in the outcomes for people and a reduced burden on public services.

Engagement with People

1. The HSCP is currently implementing fundamental change to the approach to Self-Directed Support. A review commissioned by the IJB which was undertaken by *In Control* (A third sector organisation specialising in self-directed support) identified both strengths and weaknesses with the current model in South Ayrshire. We want to ensure that we make best use of the resources available to us while giving maximum flexibility in the delivery of support to people. Our programme of change is intended to deliver a new model of Self Directed Support over the next six months. The proposals will be underpinned by the devolution of care and support budgets closer to the front-line.