

Report

8

Report to:	Social Work Resources Committee
Date of Meeting:	6 September 2017
Report by:	Director, Health and Social Care

Subject:	New Structure/Redesign of Services
----------	---

1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ inform the Social Work Resources Committee of the process for locality development being taken forward by the South Lanarkshire Health and Social Care Partnership (SLHSCP)

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that progress, to date, with the development of Locality Planning and Management arrangements be noted.

3. Background

3.1. Section 29 (3) (a) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires that each Integration Authority establishes (as a minimum), two localities for their Partnership geographical area.

3.2. From a SLHSCP perspective, a decision was taken by the Integration Joint Board (IJB) to establish four localities as follows:

Locality	Population
Hamilton/Blantyre	107,464
East Kilbride	88,877
Clydesdale	61,616
Rutherglen	57,872
Total	315,829

3.3. The Senior Management Team (SMT) are taking a collaborative leadership approach for the development of a locality model for the Partnership with the underpinning principle of focusing on the vision, core values and behaviours that are evidenced in the way people work together to strengthen our communities. Since the latter part of 2016, a significant amount of work has been led by the SMT to undertake a structure re-design that supports the HSCP in the transition to integrated locality management structures. The work has also focused on the re-design of services that support building community capacity through the voluntary sector and carers, single points of

access to services, integrated Health and Social Care teams and developing pathways of care and support that achieve the best possible outcomes for the people in South Lanarkshire.

- 3.4. Much of this activity has been co-ordinated through a series of planned and structured workshops held over February to June 2017 engaging the SMT, wider management team and other stakeholders within the Partnership to ensure that there is the necessary participation, involvement and expertise in shaping the direction of travel across the HSCP. The energy and positivity from the workshops indicated a real desire, on the part of both staff and communities, to empower communities and staff to embrace self management models as well as further developing multi-disciplinary teams. The “need to do things different” was the common theme.

4. Current Position and Progress to Date

- 4.1. A number of key decisions were taken over 2016 to 2017 in terms of progressing the necessary management arrangements to support the establishment of the Health and Social Care Management Team from 1 April 2016 and as a next phase develop an integrated locality model. At its December 2016 meeting, the IJB approved proposed structures and the implementation of these from a strategic and operational perspective has been progressed.
- 4.2. At an SMT level, the Head of Adult and Older People and Head of Health have now transitioned to the role of Head of Health and Social Care, each taking on responsibility for two of the localities in addition to their corporate functions.
- 4.3. Following both South Lanarkshire Council and NHS Lanarkshire’s HR Policies, four Locality Health and Social Care Managers have been appointed as well as a Social Work Services Manager, to align the Social Work professional structures with Health and support governance arrangements.
- 4.4. To support the transition from corporate functions to locality functions within Social Work, a Transitions Manager post was endorsed as part of the structure. This post has now been appointed to for an interim period of two years and will oversee the transition of Home Care and Residential and Day Care services to a locality Health and Social Care model.
- 4.5. In supporting the necessary change management and organisational development capacity, two Service Improvement Managers and the existing Organisational Development Manager and the Learning and Development Manager will provide a combined resource of four posts which will in turn provide support to Locality Managers in developing locality services using improvement methodologies.
- 4.6. Locality Management Teams comprising of Senior Social Work and Health Managers, including senior nurses and GP representation are now in place. Locality Planning Groups are in place, each chaired by an elected member or non-Executive Director from the IJB. There is broad representation from Health and Social Care staff across localities, as well as a range of other representatives from wider stakeholder groups, including carers, voluntary sector and independent sector.
- 4.7. From a practical and operational perspective, a development programme has commenced to support Locality Managers in logistics of day-to-day frontline issues such as Finance, Human Resources and governance arrangements.

- 4.8. Locality Planning Groups will support, strategically, the implementation of the strategic commissioning intentions outlined in the Health and Social Care Partnership Joint Strategic Commissioning Strategy within a framework that best meets the needs of that particular locality.
- 4.9. There are a range of functions that are hosted by either South Lanarkshire HSCP or North Lanarkshire HSCP on behalf of both Partnerships. From a South perspective, we host a range of functions including Primary Care. Mental Health services from an NHS perspective are currently hosted within the North Partnership. Collaborative work is on-going across both Partnerships to shape how those services currently hosted might look in the future. There is significant development work taking place to take forward locality arrangements for Mental Health and, in terms of substance misuse services, work is progressing to develop integrated locality models. An Integrated Substance Misuse Service Manager has been appointed.
- 4.10. In parallel to these developments, Children and Justice Services has carried out a review of their management arrangements and are taking forward an approach that aligns with the locality arrangements within the HSCP with four Locality Managers now in place. There are parallel strategic, operational and governance arrangements across service provision.

5. Governance, Direction and Programme Planning

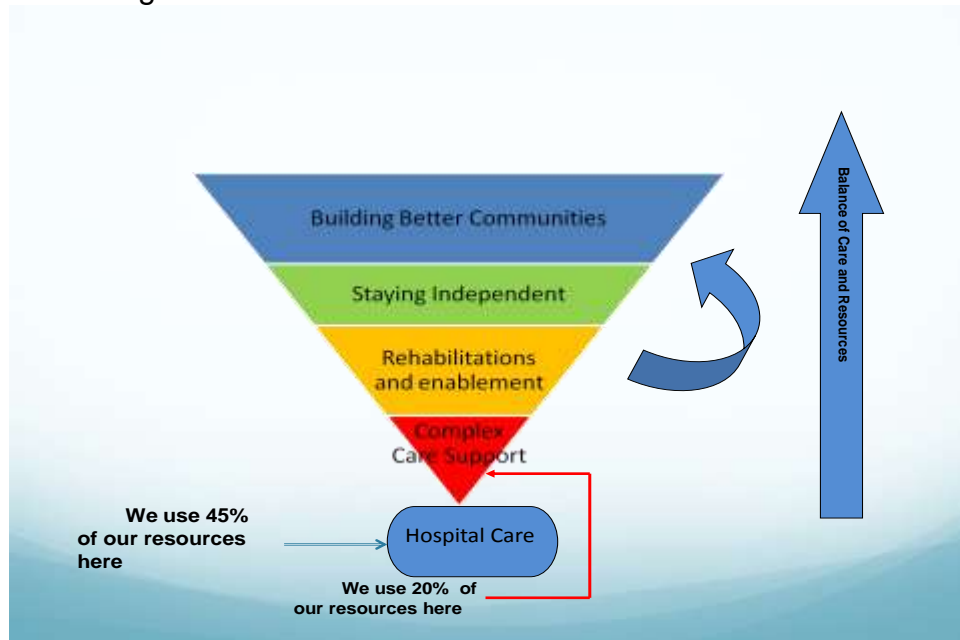
- 5.1. From a leadership, governance and programme planning perspective, a Locality Leadership Group has been established and chaired by the Director of Health and Social Care. Much of the work, to date, has been centred on leading the change agenda and programme planning to ensure that the necessary timescales for implementation are being met. This group also connects with the Social Work Governance Group and the HSCP Support, Care and Clinical Governance Group, to ensure high level professional practice and the continued delivery of safe and effective services.
- 5.2. Through the work of the Locality Leadership Group and through a series of workshops referred to in section 3, locality managers, with input from wider stakeholders, have explored locality models based on national and international research. In determining “what would good look like” for a locality, it is important that the service design is evidence based.
 - 5.2.1. The workshops have included a wide range of staff and stakeholders, managers, front line staff, GPs, acute sector clinicians and representation from voluntary independent sector carer’s organisation attended the workshops. The events focused on the development of a locality model that is person-centred, safe, and effective and provides high quality services that meet the needs of the population.
- 5.3. Running parallel, but intrinsic to the work of localities is the approach of SLHSCP community engagement and capacity building. Building and Celebrating Communities is work that has taken forward with Nurture Development. There were a range of locality events over June that had representatives from all of the

Partnership stakeholders. The focus of this work is intended to stimulate discussion and influence the future development of localities and the interface with the Third Sector and our communities. This work is on-going and intrinsic to building community capacity.

6. Service Redesign Next Steps

6.1. As outlined above, locality development is central to recognising the vision of working together to improve health and wellbeing in the community – with the community. Therefore, maintaining and building on the progress to date remains a key objective of the Partnership.

6.1.1. Fundamental to developing strong communities is ensuring that we have the right resources in the right place at the right time, with a focus on early intervention and prevention. Diagram 1 below illustrates the current balance of care and resources.

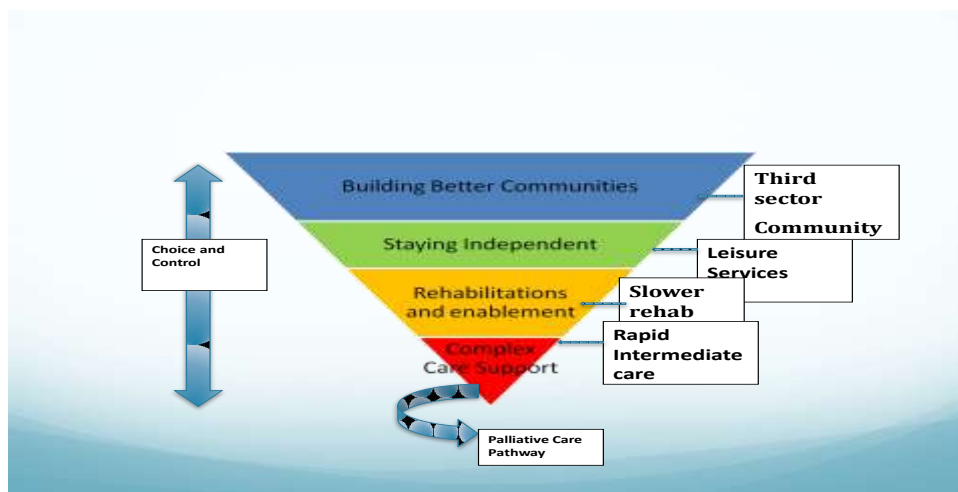


6.1.2. There is a requirement to shift the balance of care from the Acute Sector to community based services. Localities require to build on integrated models of care that support transition to enablement. There is an opportunity to build on the well established approaches across Health and Social Care for example, in-home care services (Supporting Your Independence), the multi-disciplinary Integrated Community Support Teams that are in place across all four localities and Hospital at Home which continues to develop within localities.

6.2. The component parts of the transition to enablement approach are as follows:

- ◆ multi-disciplinary teams (Rapid Access to sustainable rehabilitation)
- ◆ rapid access to services (intermediate care)
- ◆ Discharge to Assess
- ◆ Named Contact (Care Manager)
- ◆ 'What matters to me' (person centred)
- ◆ use of technology

- 6.3. There have been a number of ‘tests of change’ across the Partnership over the last nine months; one example is the use of 22 local authority care home beds to develop a new model of care ‘intermediate care’. This model supports transition to enablement where, following a four to six week period of re-ablement in the care home, the aim is for the individual to return home. There has also been a test of change with the voluntary sector (Red Cross) where support is provided to allow the individual to return home from hospital with some support to settle them at home. This test of change will help inform future Discharge to Assess Models.
- 6.4. The vision for the HSCP is to have multi disciplinary teams across all of the localities that get the right support to people at the right time. Teams that are supporting and enabling life. See diagram below.



- 6.5. Central to the care pathways that are developed in localities is effective anticipatory care planning and use of digital technology to support people to live at home.
- 6.6. The programme plan will continue to be progressed and refined to ensure that the Partnership secures fully implemented locality management arrangements and a planning model which is centred on delivering the nine Health and Wellbeing Outcomes. The next steps are to continue to implement the Partnership work plan within the agreed timelines some key areas are as follows:
- ◆ continue to review current resources and further develop integrated teams that support shifting the balance of care to community based services
 - ◆ ensure workforce are supported to have the skills and experience to operate in multi-disciplinary teams through the organisational development strategy
 - ◆ continue to undertake service re-design that promotes self-management rehabilitation and enablement and use of universal services. Re-design will be evidence based, with appropriate risk assessment and governance arrangements in moving to new models of care
 - ◆ Digital Technology strategy is further developed and implemented
 - ◆ empower communities and staff as the architects of change
- 6.7. It is also crucially important that the work developing in localities enhances and complements the wider Community Planning Partnership (CPP) priority in terms of developing the Local Outcome Improvement Plan (LOIP) and underpinning Neighbourhood Plans. The Director of Health and Social Care is leading this from a health and social care perspective and continues to be the key link between the Partnership and the CPP.

7. Employee Implications

7.1. There are no employee implications associated with this report.

8. Financial Implications

8.1. There are no financial implications associated with this report.

9. Other Implications

9.1. The risks associated with this approach are the changes in management structures. In order to mitigate this risk, each of the managers taking on responsibility for managing either Health or Social Care services that they have not previously managed will be paired and mentored by their peers. Current strategic and hosted arrangements will remain under the same managers in the interim to provide a stable management approach during the period of change.

9.2. As localities develop there will be opportunities to develop sustainable approaches to Health and care delivery in particular with community capacity building.

9.3. There are no other issues associated with this report.

10. Equality Impact Assessment and Consultation Arrangements

10.1. Locality development does not introduce a new policy or strategy and, consequently, no impact assessment is required.

10.2. A significant amount of consultation activity has and is being undertaken with regards to locality development, some of which is outlined above. Moreover, as part of developing the Strategic Commissioning Plan, locality engagement was central to the priorities and themes agreed

Val de Souza

Director, Health and Social Care

24 July 2017

Link(s) to Council Values/Objectives

- ◆ Improve services for older people
- ◆ Protect vulnerable children, young people and adults
- ◆ Improve and maintain health and increase physical activity
- ◆ Strengthen partnership working, community leadership and engagement
- ◆ Provide vision and strategic direction
- ◆ Embed governance and accountability
- ◆ Achieve efficient and effective use of resources

Previous References

- ◆ none

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

Brenda Hutchinson, Head of Health and Social Care

Ext: 3701 (Phone: 01698 453701)

Email: brenda.hutchinson@southlanarkshire.gcsx.gov.uk