ARGYLL AND BUTE COUNCIL **COUNCIL**

COMMUNITY SERVICES **19 MARCH 2015**

HEALTH & SOCIAL CARE OPTIONS APPRAISAL

INTEGRATED MANAGEMENT STRUCTURE

1.0 EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an update on progress to date on the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 - and in particular to present the work undertaken to develop a new integrated management structure through a robust options appraisal process. The primary aim of integration is to deliver improved outcomes for people across Argyll and Bute who require support and services relating to their health and social care needs.

1.2 The Chief Officer Health and Social Care has developed a new integrated management structure through a robust options appraisal process with the assistance and input from senior officers from the Councils Social Work Service and Community Health Partnership core management team. The initial work relating to the options appraisal was facilitated by Alex Davidson from the Joint Improvement Team (JIT). The JIT have a long association with the Argyll and Bute Partnership and have assisted in improvement activity over many years across Adult Services.

1.3 This report recommends model 4 as the preferred option relating to a new integrated management structure that will ensure the Argyll and Bute Health and Social Care Partnership meets its new statutory duties and responsibilities to deliver improved outcomes and better integrated services.

1.4 Additionally this report seeks delegation to the Chief Executives of Argyll and Bute Council and NHS Highland and the Integration Joint Board to implement the structure as soon as practically possible.

1.5 It is proposed that a similar process of assessment centre, presentation and interview process currently in place within the Council will be followed for the recruitment of the Heads of Service posts within the Health & Social Care Partnership management structure.

1.6 **RECOMMENDATIONS**

It is recommended that the Council;

a) Note work has been undertaken by the Chief Officer for Health and Social Care to develop a new integrated management structure through a robust options appraisal process.

b) Endorse model 4 as the preferred option relating to a new management structure to deliver improved outcomes relating to health and social care.

c) Delegate authority to the Chief Executives of Argyll and Bute Council and NHS Highland and the Integration Joint Board to implement the new management structure.

ARGYLL AND BUTE COUNCIL **COUNCIL**

COMMUNITY SERVICES **19 MARCH 2015**

HEALTH & SOCIAL CARE OPTIONS APPRAISAL

INTEGRATED MANAGEMENT STRUCTURE

2.0 INTRODUCTION

2.1 The purpose of this report is to provide an update on progress to date on the implementation of the Public Bodies (Joint Working) (Scotland) Act - and in particular to present the work undertaken to develop a new integrated management structure through a robust options appraisal process. The primary aim of integration is to deliver improved outcomes for people across Argyll and Bute who require support and services relating to their health and social care needs.

2.2 Argyll and Bute Council and NHS Highland are actively planning for the implementation of new arrangements to meet statutory duties and responsibilities that will shape the future delivery of Health and Social Care in Argyll and Bute. The legislation places a duty on Councils and NHS Boards to develop defined arrangements for the integration of Health and Social Care services in their area.

2.3 An initial report relating to Integration was presented to full Council on 20th March 2014 and to NHS Highland Board on 1st April 2014. The report made a number of key recommendations in relation to the preferred model of integration and set out additional recommendations in relation to the creation of a Shadow Integration Board, the scope of services to be delegated and the drafting of an Integration Scheme to meet statutory regulations and guidance associated with the Public Bodies (Joint Working) (Scotland) Act 2014.

2.4 The Chief Officer Health and Social Care has developed a new integrated management structure through a robust options appraisal process with the assistance and input from senior officers from the Councils social work service and Community Health Partnership core management team.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Council;

a) Note work has been undertaken by the Chief Officer for Health and Social Care to develop a new integrated management structure through a robust options appraisal process

b) Endorse model 4 as the preferred option relating to the implementation of a new management structure to deliver improved outcomes relating to health and social care.

c) Delegate authority to the Chief Executives of Argyll and Bute Council and NHS Highland and the Integration Joint Board to implement the new management structure.

4.0 DETAIL

4.1 Principles of Integration

The principles agreed by the partnership moving towards the integration of its management structure are as follows;

The new management structure will have integrated management posts across health and social care
Chief Officers/Third Tier managers will have overall responsibility for strategic and operational decisions appropriate to their grade/position
The new structure will be based across our longstanding geographical localities of Oban Lorn and Islands, Mid-Argyll Kintyre and the Islands, Bute and Cowal and Helensburgh and Lomond
Staff will be co- located wherever possible to ensure improved joint working across agencies and that professional working is improved across staff teams.

4.2 Outcomes

The main test to be applied to the options appraisal process is whether the preferred option identified enables the partnership to meet the outcomes outlined in the Public Bodies (Joint Working) (Scotland) Act 2014. These outcomes are described as follows;

People who use health and social care have positive experiences of those services, and have their dignity respected
People are assisted to look after and improve their own health and wellbeing and live in good health for longer
People with long term conditions or who are frail are able to live, as far as reasonably practicable, independent and at home or in a homely setting in their community
Services are centred on helping to maintain or improve the quality of life of people who use services
Services contribute to reducing health inequalities
People who use services are safe from harm
Resources are used effectively and efficiently in the provision of health and social care services

4.3 **Methodology- Options Appraisal**

Appendix one of this report sets out in detail the individual steps undertaken to complete the options appraisal process which included the completion of a robust SWOT analysis which considered a number of configurations currently deployed across various Scottish health and social care partnerships.

4.4 The SWOT analysis detailed in Appendix two sets out the key strengths, opportunities, weaknesses and threats relating to the 4 options considered. The long list of four options were considered to be the most appropriate options to meet the principles and outcomes detailed in Section 4.1 and 4.2.

4.5 The preferred option, namely option 4 was considered to be the best configuration to meet the principles and outcomes identified during the options appraisal process. A number of key strengths were identified which included the following factors;

	Real Integration occurs at senior management level and third tier level within this option
	This option enables the building of locality focus in development and redesign of services and teams to ensure identified need is met, in partnership with community assets and resources
	This option increases capacity re planning and strategy to meet increasing demands from Scottish Government.
	This option offers a holistic approach to building care/support around children/young people/adults/ older people/communities.
	This option retains specialist senior officers for adults and children and families services
	This model is deliverable within the available budget
	The overall strengths identified in the SWOT analysis in relation to option 4 demonstrates this model is the best fit with the principles and outcomes detailed within this report

4.6 **Recruitment Process**

4.7 The recruitment and appointment of the 4 Heads of Service posts identified in Option 4 will be ring-fenced to the existing Head of Adult Care and the Head of Children & Families within the Council, along with the Head of Planning & Performance within the NHS. The recruitment and selection process will be undertaken jointly by Argyll and Bute Council and NHS Highland and it is anticipated that council members and non-executive Directors who are members of the Integration Joint Board as well as subject matter professional/s will be invited to participate as appropriate in the recruitment process.

4.8 Vacant Heads of Service posts will initially be ring-fenced for managers within the health and social care management structure impacted by the changes.

4.9 The Integration Programme Board agreed that the process applied would closely mirror the Council process for the recruitment of Chief Officers. New job descriptions will be compared with existing posts and where there is no material change exists, postholders will be matched to the new posts. Where there is a material change to posts, it is intended that a similar process of assessment centre, presentation and interview process currently in place within the Council will be followed for the recruitment of the Chief Officer posts within the Health & Social Care Partnership.

4.10 Any Council employee who is unsuccessful following the recruitment process will be subject to the Council's Redundancy and Redeployment Policy and Procedures.

4.11 Both NHS and Council HR Teams are consulting with Joint Trades Unions/Staff Side Representatives to agree a joint recruitment process which will be put in place within the new Integrated Health and Social Care Partnership to enable key posts to be filled.

4.12 Financial Information

The preferred option is affordable and is deliverable within the financial envelope available to the partnership. A detailed financial appraisal has been undertaken by strategic finance staff and will continue to be developed as decisions are made relating to posts at third and fourth tier management levels.

4.13 Trade Union Representatives and HR staff from the Council and CHP have been actively involved in the work relating to this options appraisal.

5.0 CONCLUSION

5.1 Argyll and Bute Council and NHS Highland are working towards the implementation of a new Health and Social Care Partnership which will deliver improved outcomes and more integrated services for people.

The Partnership needs to meet new duties and responsibilities as detailed in the Public Bodies (Joint Working) (Scotland) Act 2014 Regulations and Guidance. The endorsement and implementation of a new integrated management structure is the next significant step towards integration of health and social care services across Argyll and Bute.

6.0 IMPLICATIONS

Policy:	In line with Scottish Government Legislation to improve health and social care outcomes for customers.
Financial:	The move to an integrated management framework will be cost neutral.
Legal:	To meet the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
Personnel:	Process will follow Council and NHS policies.
Equal Opportunities:	Process will follow regulations and guidance.

Risk:	The Council are required to meet new statutory measures under the Public Bodies (Joint Working) (Scotland) Act 2014.
Customers:	Improved outcomes for customers sits at the heart of this Scottish Government legislation.

Policy Leads Councillor Dougie Philand / Councillor Mary Jean Devon

Christina West Chief Officer Health and Social Care
Cleland Sneddon Executive Director Community Services

For further information contact:

Allen Stevenson Lead Manager-Improvement
Argyll and Bute Council
Tel 01369 708513; e mail allen.stevenson@argyll-bute.gov.uk

Appendix One

Chronology
The following table sets out the main activities relating to the development of a new management framework for the Argyll and Bute Health and Social Care Partnership.

Date	Stage	Activity
08/09/2014	Scope out options	Senior Management Team including Alex Davidson from Joint Improvement Team met to discuss future requirements to support the Chief Officer. It was agreed to develop a management model options paper to highlight a list of various models to support the new Partnership arrangements. This work will include an options appraisal detailing a SWOT analysis of options. Bench marking will be undertaken in relation to current Health and Social Care Partnerships across Scotland including West Dumbarton, Inverclyde, East Renfrewshire and West Lothian.
01/10/2014	Scope out options	Initial discussion with senior officers.
01/10/2014	Long list options identified and SWOT analysis undertaken	Completed version 1 management model options paper (long list) including SWOT analysis.
02/10/2014	Feedback	Shared version 1 of the management model options with Chief Executive and reference group.
17/10/2014	Feedback	Comments back from the Chief Executives and reference group.
19/10/2014	Version 1 complete	Management model options Version 1 updated taking account of comments from the Chief Executives and reference group.
24/11/2014		Meeting with Trade Union and HR postponed due to unforeseen circumstances.
11/12/2014	Additional discussion version 1	Project Manager met with senior officers for further discussions re management model options version 1.
15/12/2014	Short list options identified	Further work undertaken on the management model options paper taking account of comments from the meeting on 11/12/2014. Chief Executives requested additional work on model options 2 and 4 (short list).
16/12/2014	Further discussion short list	Project Manager met with Chie Officer Integration and other senior officers in relation to Adult Care management structure.
18/12/2014	Short list completed	Completed version 2 management model options paper (short list)
19/12/2014	Short list completed	Chief Officer – Integration and relevant Heads of Service discussed Children and Families management structure.
22/12/2014	Version 1 of the third tier management	Issue of version 1 of the third tier management options paper for initial consideration.

	options	
21/01/2015	Version 2 third tier completed	Drafted version 2 of the third tier draft management model options paper which includes the financial report. Chief Officer – Integration shared with Chief Executives.
23/01/2015	Version 2 discussion	Chief Officer - Integration met with the Chief Executives to discuss version 2 of the third tier draft management model options paper.
05/02/2015	Further consultation	Trade Union meeting with lead members.
11/02/2015	Further consultation	Joint Staff Side / Trade Union meeting (all representatives).
12/02/15- 19/02/2015	Further consultation	Scheduled meetings with the Chief Officers affected by the proposed management framework led by Chief Officer – Integration.
19/02/15	Further consultation	Scheduled meeting with all staff affected by the proposed management framework led by Chief Officer-Integration

Appendix Two

DRAFT MANAGEMENT MODEL – OPTIONS PAPER

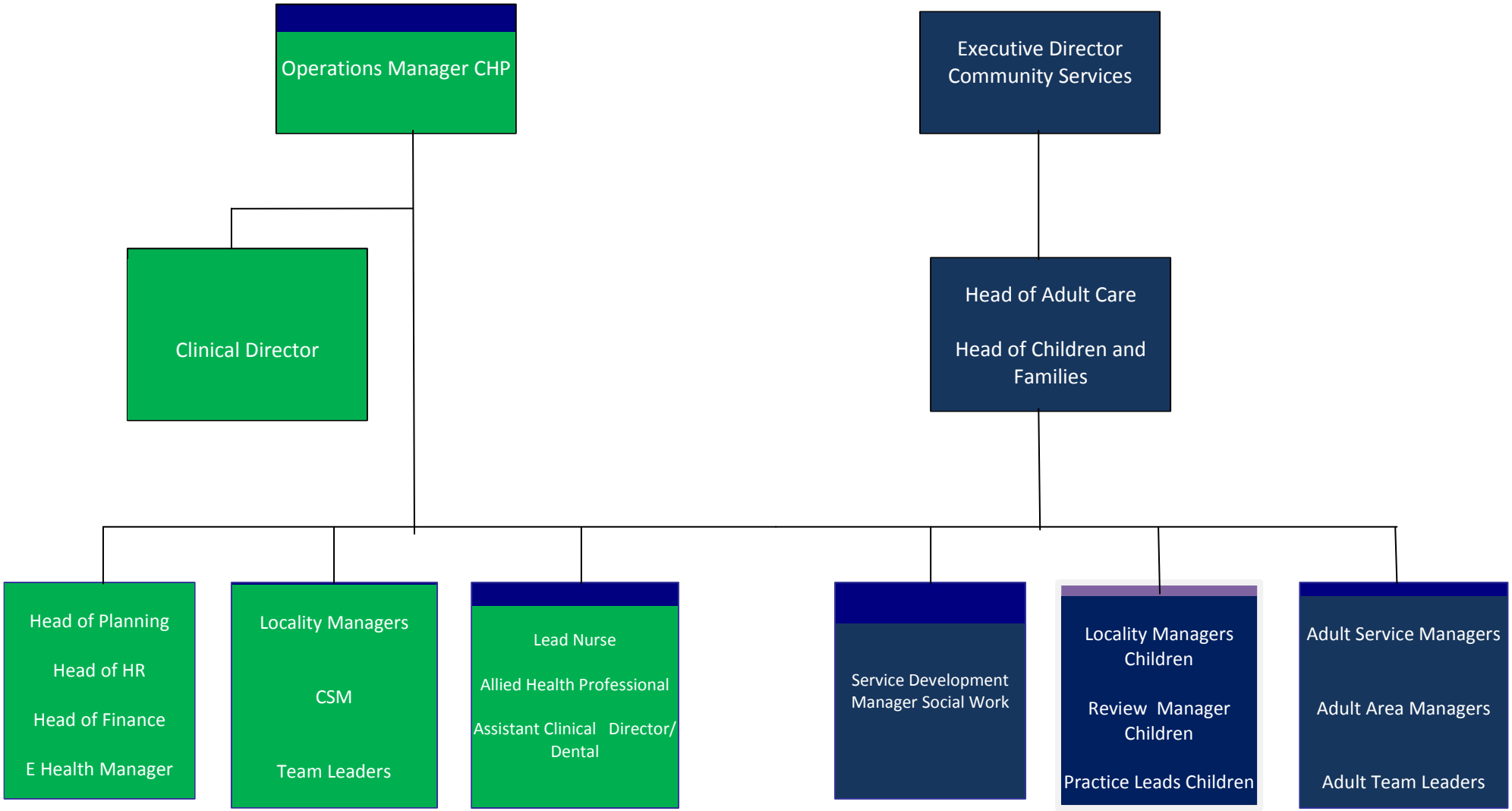
ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP

Allen Stevenson

Last Updated 02.10.2014

Version 0.2

Current Argyll and Bute Council and NHS Highland Structure



Current Health & Social Care Senior Management Structures

a) Inverclyde HSCP

1. Head Planning
2. Head Children and Families + Justice
3. Head Mental Health
4. Head Health & Community Care
5. Clinical Director

b) West Lothian HSCP

1. Head Social Policy
2. Head Health
3. Hospital Director
4. Chief Nurse
5. Clinical Director

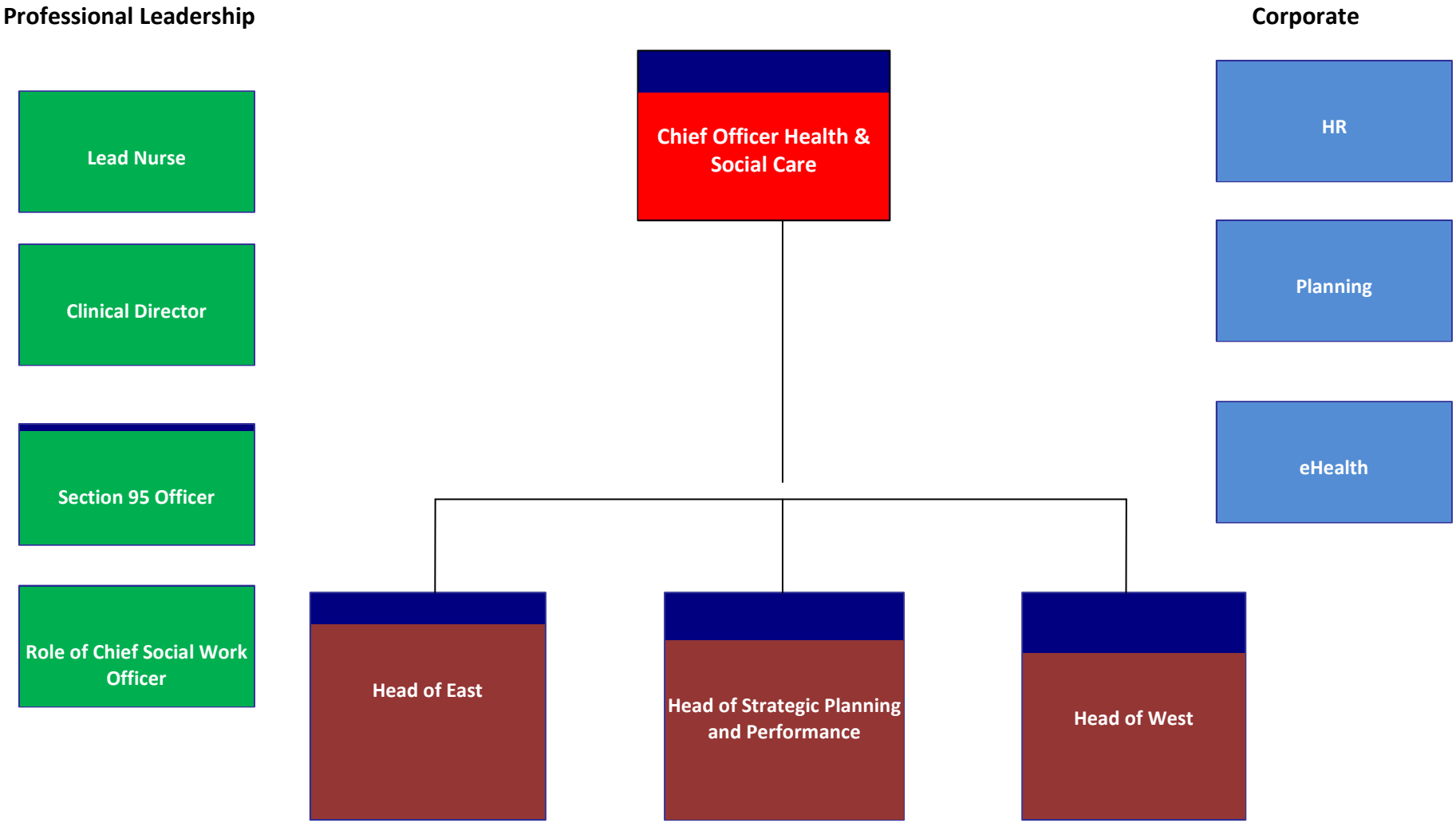
c) East Renfrewshire HSCP

1. Head Children & Families+ Justice
2. Head Community Care +Planning + Performance
3. Clinical Director

d) West Dunbartonshire HSCP

1. Head Children & Families + Justice
2. Head Mental Health & L/D & Substance Misuse
3. Head Planning
4. Clinical Director

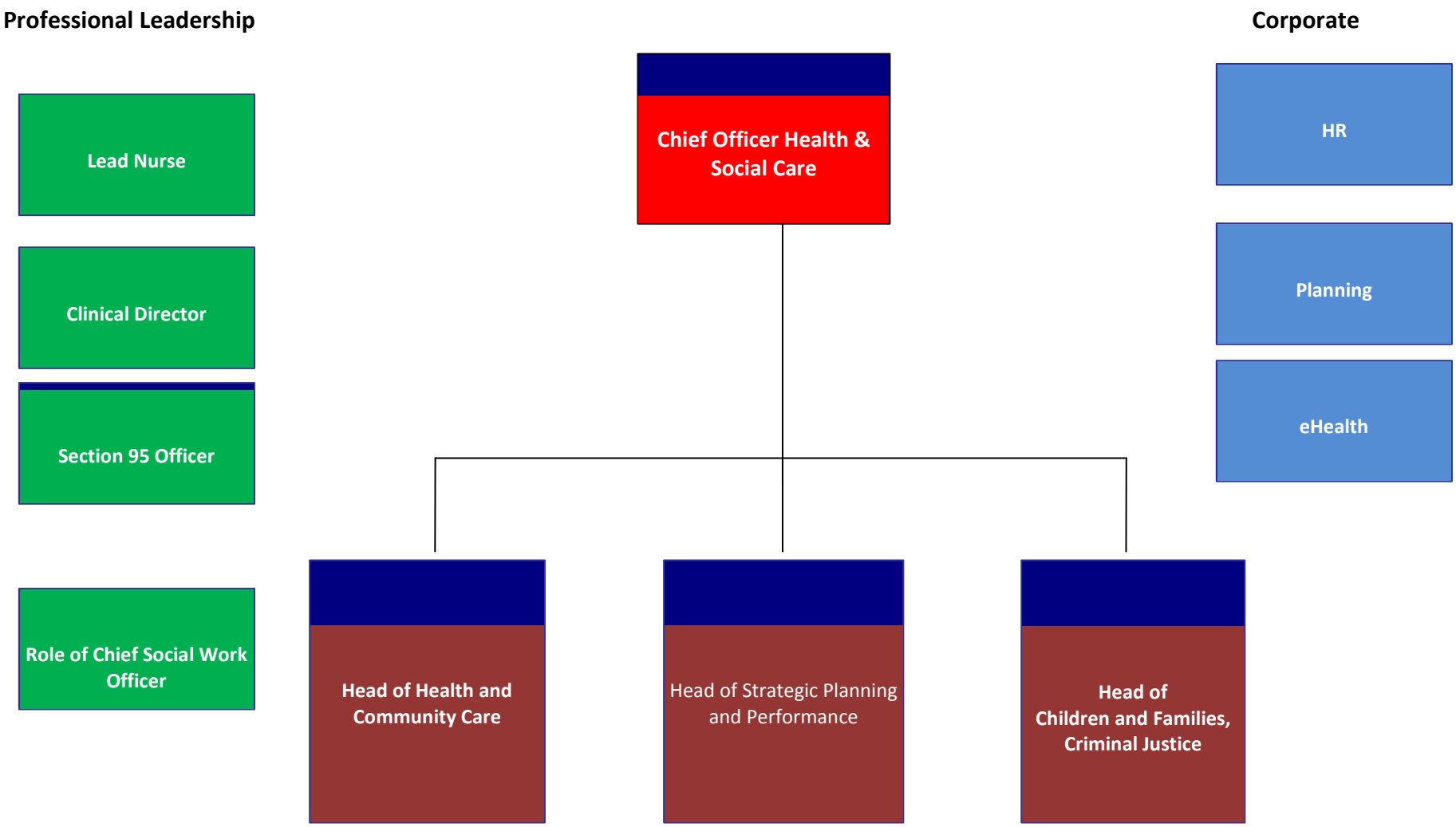
HSCP Management Model 1



HSCP Management Model 1

Strengths	**Weaknesses**
• Real Integration occurs at senior management level. • Shared learning and sharing of good practice across adult and children's services. • Enables building of locality focus in development and redesign of services and teams to ensure identified need is met, in partnership with community assets and resources. • Increased capacity re planning and strategy to meet increasing demands from Scottish Governement. • Decrease in care group silo's/focus issues- enables transformational change. • Holistic approach to building care/support around children/young people/adults/ older people/communities. • Good fit with Primary care services which provide care across the age continuum within a defined geographical area.	• Loss of specialist senior officers for Adults/Children and Families. • Could create tensions between two localities re resources and decisions relating to the use of budget. • Not tested-not a current model in use by any other HSCP. • The geographical spread of the population is not evenly distributed. • High concentration of high risk services due to population and deprivation. e.g Hels/Dunoon. • Potential recruitment of appropriate staff could be problematic. • Role and function of CSWO in this model is still to be determined. • Current inspection bodies will not understand this configuration of senior leadership posts.
Opportunities	**Threats**
• Potential to have integration embedded at senior officer level in the new HSCP and across adult/children services. • Operation of services within the two localities strategically led by an integrated senior manager. • Faster move towards locality plans driven by increased capacity with planning and strategy. • Opportunity to look at driving quality through the development of a Head of Service planning and strategy. • Opportunity to share good practice across adult/children services as well as across geographical areas. • Opportunity to ensure focus on early intervention/anticipatory care and tackling health inequalities as service planning on geographical basis allows for community assets to be considered within planning arrangements.	• Potential loss of focus on strategic priorities of the specialisms i.e. Adults/Children at senior operational management level. • Potential for conflict over decisions relating to resources and budgets between the two localities. • Tension between three heads post in relation to operational v strategic priorities. • Potential issues relating to the oversight of statutory Adult/Child Protection. • Potential for middle management tier to receive conflicting messages due to competing priorities of Strategic and Operational Heads of Service.

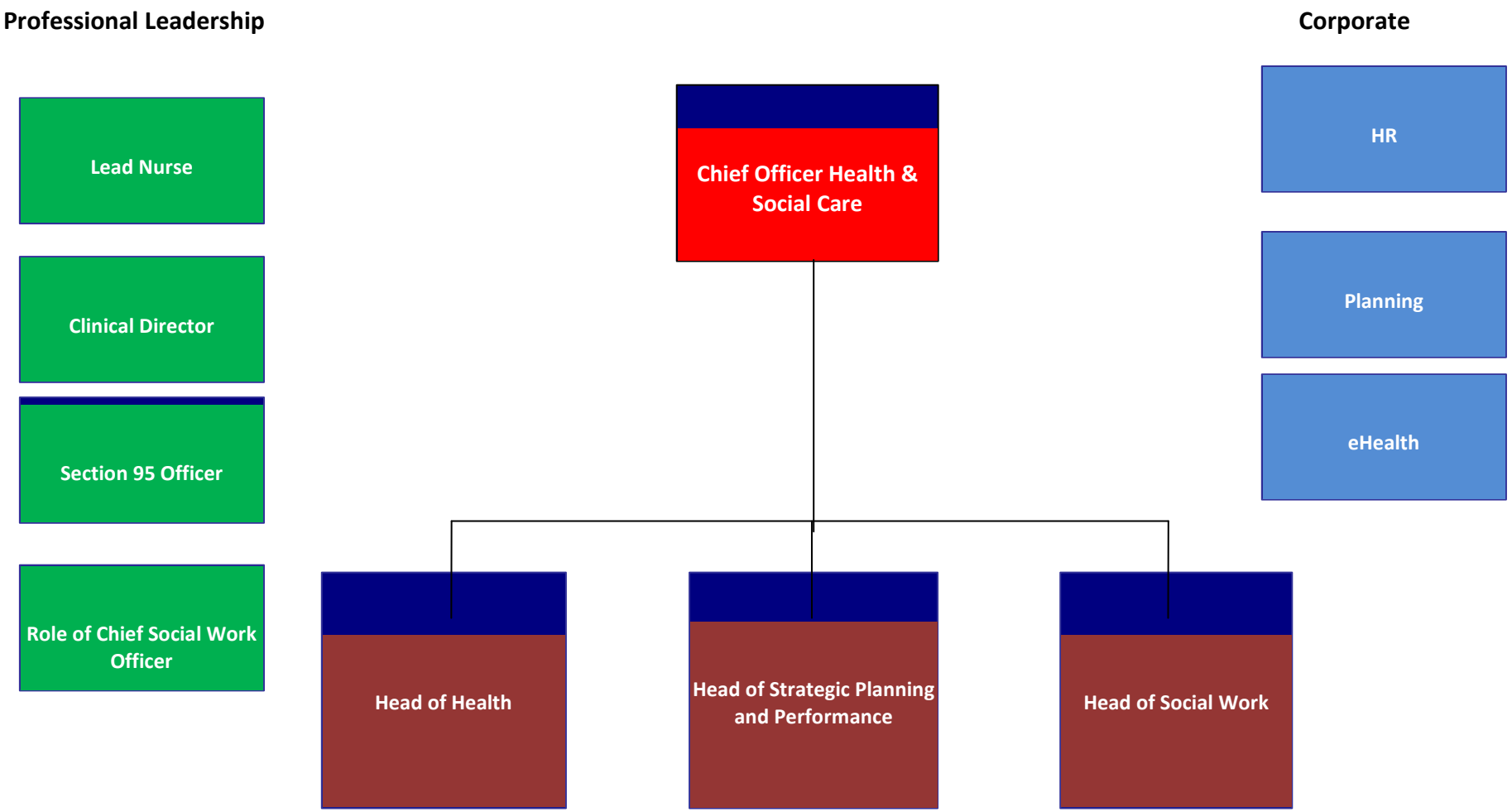
HSCP Management Model 2



HSCP Management Model 2

Strengths	**Weaknesses**
• Developing expertise by bringing teams together into natural groupings. • This model has been used by other current HSCP. • Current inspection bodies understand this configuration of leadership posts. • In client groups one individual senior manager has a strategic overview of high risk/high cost packages. • Provides strategic and operational leadership. • Elected Members have access to a senior leader for the specialisms.	• Unequal distribution of areas of responsibility and budget between Heads posts. • Need to identify how we control resources and put in place accounting systems to manage and monitor the allocation of budgets. • Reduced ability to move resources across the system to facilitate transformational change.
Opportunities	**Threats**
• Potential to have integration embedded at senior officer level in the new HSCP. • Opportunity to look at driving quality through the development of a Head of Service Planning and Strategy.	• Budget/Resources tied mainly to one part of the service-may be more difficult to find future efficiencies from all parts of the service moving forward. • Potential loss of focus on communities/ community assets as focus is on service group. • Potential for fragmentation of services, as viewed at community level. • Potential for disconnect with primary care.

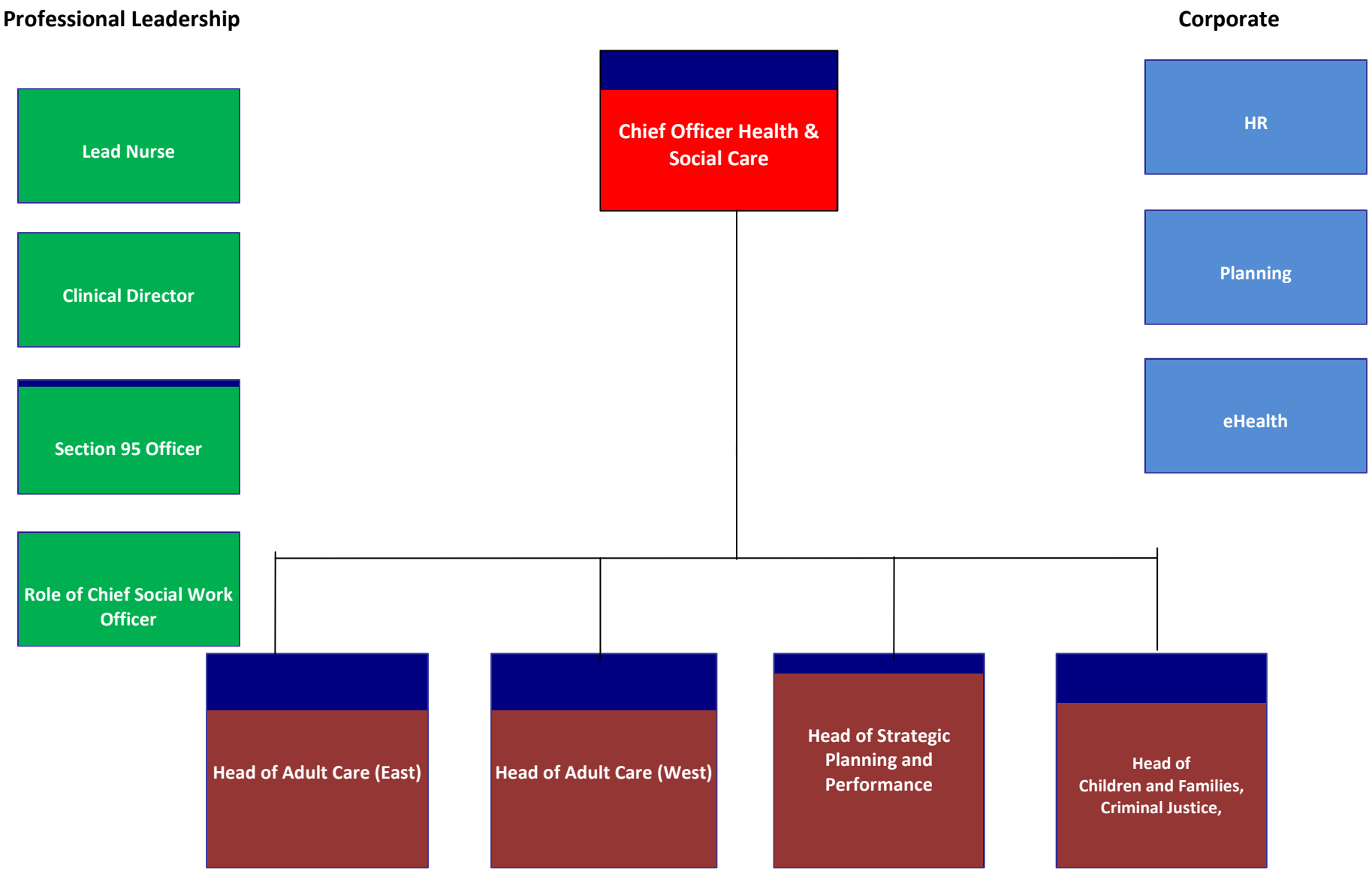
HSCP Management Model 3



HSCP Management Model 3

Strengths	**Weaknesses**
• Budget management and financial accounting easier within this structure. • Increased capacity re planning and strategy given increasing expectations from external agencies. • Recognised structure already in place in other HSCP. • Recognised by inspection bodies. • Existing governance arrangements are in place re standards within both Health and Social Care. • Retains two senior managers with specialist knowledge of their own professional business.	• Does not achieve integration at senior management level. • Maintains professional silo's/ interests. • Represents the Status Quo, may even be considered a step backwards. • Will not allow resources/budgets to lose their identity. • Will not meet expectations for improving integrated working. • May result in further fragmentation for service users. • Lack of transformational change may impact negatively on our ability to improve outcomes.
Opportunities	**Threats**
• Allows a slower incremental move towards change at a senior management level within the new HSCP moving forward.	• May not increase opportunities to achieve closer integrated team work and outcomes for patients/service users. • Will not deliver the level of transformation change required to make a real difference to the way the HSCP delivers services. • Could reinforce divisions in the workforce and hinder Organisational Development across the partnership.

HSCP Management Model 4



HSCP Management Model 4

Strengths	**Weaknesses**
• Real Integration occurs at senior management level. • Enables building of locality focus in development and redesign of services and teams to ensure identified need is met, in partnership with community assets and resources. • Increased capacity re planning and strategy to meet increasing demands from Scottish Government. • Holistic approach to building care/support around children/young people/adults/ older people/communities. • Retain specialist senior officers for Adults/Children and Families.	• Not tested-not a current model in use by any other HSCP. • The geographical spread of the population is not evenly distributed. • High concentration of high risk services due to population and deprivation.e.g Hels/Dunoon. • Role and function of CSWO in this model is still to be determined.
Opportunities • Potential to have integration embedded at senior officer level in the new HSCP and across adult/children services. • Operation of services within the two localities strategically led by an integrated senior manager. • Faster move towards locality plans driven by increased capacity with Head of Planning and Strategy. • Opportunity to look at driving quality through the development of a Head of Service Planning and Strategy. • Opportunity to share good practice across adult/children services as well as across geographical areas. • Opportunity to ensure focus on early intervention/anticipatory care and tackling health inequalities as service planning on geographical basis allows for community assets to be considered within planning arrangements.	**Threats** • Potential for conflict over decisions relating to resources and budgets between the two localities. • Potential for middle management tier to receive conflicting messages due to competing priorities of Strategic and Operational Heads of Service.