

PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP
REPORT TO INTEGRATION JOINT BOARD ON ORGANISATIONAL ARRANGEMENTS
REPORT BY ROBERT PACKHAM CHIEF OFFICER

1.0 PURPOSE OF REPORT

This report updates IJB members with progress with organisational arrangements for the Perth and Kinross Health and Social Care Partnership

2.0 RECOMMENDATIONS

It is recommended that Board members:

- (i) Approve the operational framework and first line management arrangements for the P&K IJB (Appendix 1)
- (ii) Note arrangements for the Head of Social Care and Social Work through the Transition programme for Senior managers in PKC
- (iii) Note progress in recruitment to the Head of Health post through the NHS Tayside cohorting and matching arrangements in line with organisational change policy.
- (iv) Delegate to the Chief Officer authority to proceed with recruitment to second tier leadership posts in due course

3.0 BACKGROUND – ORGANISATIONAL FRAMEWORK

- 3.1 The Chief Officer will set out plans for an organisational framework as part of a series of assurances to be considered by the IJB before the formal delegation of services and powers in April 2016.
- 3.2 The strategic intentions for Health and Social Care Integration are set out in the Scheme of Integration. Specific actions to meet these intentions will be laid out in the Strategic Commissioning Plan.
- 3.3 Perth and Kinross Council and NHS Tayside have a strong history of collaborative working. Evidence of close working is demonstrated through joint appointments, joint working with the Third Sector through use of the Change Fund and the Integrated Care Fund.
- 3.4 Services must remain safe and effective through and beyond the transition period. Future service delivery will be locality-based and needs-led. The IJB must overcome any barriers between statutory partners, independent contractors, third and independent sector providers to deliver sustainable, safe, effective and seamless compassionate care.
- 3.5 The organisational framework enable professionals to fulfil their professional regulatory requirements, while supporting them to share skills and reduce hand-offs.
- 3.6 From 1st April 2016, the P&K IJB will be responsible for the commissioning services and for operational management of health and care services delegated to the partnership. Perth and Kinross is building upon an existing track record of integrated working. For

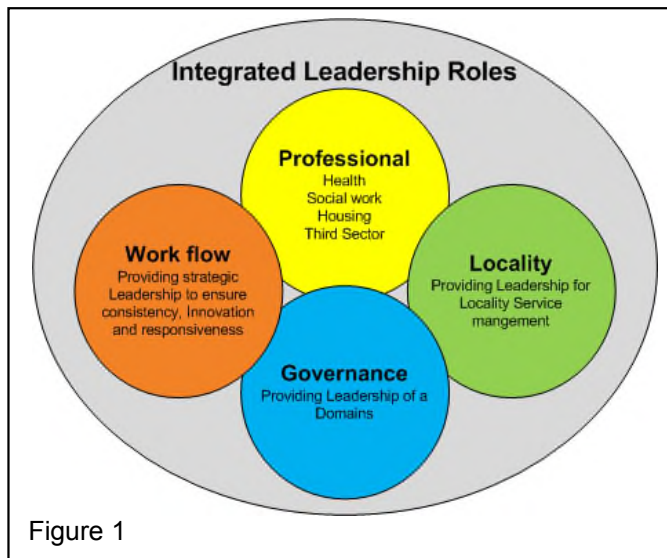
this reason, the IJB seeks an evolutionary approach to Integration. Fully integrated working will evolve from close co-working. Public support will build with evidence of competency, seamlessness, improved outcomes and relationships of trust between partners. Improved outcomes will be delivered where partners develop effective and inclusive organisational arrangements and opportunities for staff to learn and develop.

- 3.7 Strong senior leadership posts and an effective organisational framework are essential for effective management of the transformational change to be developed and delivered through IJBs.
- 3.8 The “first line” of managerial arrangements will oversee the organisational changes required. They should
- Build the Integrated Health and Social Care Partnership;
 - Plan and implement future service change;
 - Lead, manage and deliver delegated services including those hosted on behalf of the other Tayside IJBs
 - Deliver improvement in service quality and organisational efficiency
- 3.9 The second tier of management will oversee the operational delivery of services in Localities and for hosted services, across Perth and Kinross.
- 3.10 While initially, there may appear to be minimal change for service users; staff working on the ground will increasingly operate in integrated teams, bringing together professions and agencies to anticipate and manage the health and care needs of communities in Perth and Kinross. This will allow sharing of common skills for lower complexity work while retaining the expertise of professional staff for assessment, diagnosis and highly skilled interventions within the safeguards afforded by professional regulation.

4.0 PROGRESS IN PERTH AND KINROSS

- 4.1 The first line management arrangements set out below have been developed by the Chief Officer in consultation with the Chair of the IJB, Chief Executives of NHS Tayside and Perth and Kinross Council, the Director of Communities and the Deputy Chief Executive of PKC, Heads of Social Care and Social work, the Interim General Manager of Perth and Kinross CHP and the staff partnership representative from NHS Tayside. First line posts integrate and connect professional leadership of health or social care, with strategic multi-disciplinary leadership of work-streams, domains of governance and localities.. This proposal has the support of the Executive Officer Team of PKC
- 4.2 Perth and Kinross IJB has appointed the Chief Officer and Chief Finance Officer through open competition.
- 4.3 A Head of Social Work and Social Care is in place through redesign in Perth and Kinross Council. The job description for this post requires minor adjustment to demonstrate future contribution to integrated functions and reporting arrangements to the Chief Officer.
- 4.4 Perth and Kinross IJB will appoint a Head of Health. A job description for the Head of Health has been developed in partnership with advice and input from HR management and Ms Lynne Khindria. A process of matching to this post is being undertaken by the Transition team in NHS Tayside.

4.5 The Head of Health and the Head of Social Work and Social Care will each carry integrated functions including strategic leadership of a work-stream and a governance domain across all services. They create a strategic leadership link with localities. They provide a tangible professional identity and accountability for health and social care practitioners (Figure 1)



4.6 There is broad support for the principles of Locality Leadership in line with the Integration Scheme. Once the most senior leadership roles are established, the Chief Officer will work with other Community Planning Partners to build consensus around wider application of a framework for strong, locally focused multi-professional and multi-agency networks within communities. Developmental discussions around the second tier management structure are on-going and will not be ready for implementation before the 1st April 2016. Discussions about the future leadership arrangements for Mental Health Services are on-going.

4.7 Tayside services hosted in Perth and Kinross will be aligned with the operational leadership and governance structures for Perth and Kinross IJB. There are early discussions on development of a second tier management role to ensure operational stability of hosted services provide through the Perth and Kinross IJB. This post would also hold accountability for assuring Perth and Kinross IJB of safe and effective delivery of services hosted by Dundee or Angus IJBs..

4.8 Work is underway to clarify delegated corporate support and leadership functions available for the IJB. Some of these resources exist within Management, technical and administrative roles directly connected to delegated and hosted services. Other resources such as finance, HR and OD resources are retained by the Partners and will be made available to the IJB on a needs led basis in reflection of their availability to services prior to Integration. Assumptions about resource to support hosted services and development of a Communities Directorate within NHS Tayside will be proportionate with CHP work that will no longer be the responsibility of the IJB. Corporate Support required by the IJB has been set out and will be described in a separate paper to be tabled at the IJB in March 2016.

5.0 PERTH AND KINROSS ARRANGEMENTS (Appendix 1)

5.1 The arrangements build on the following requirements:

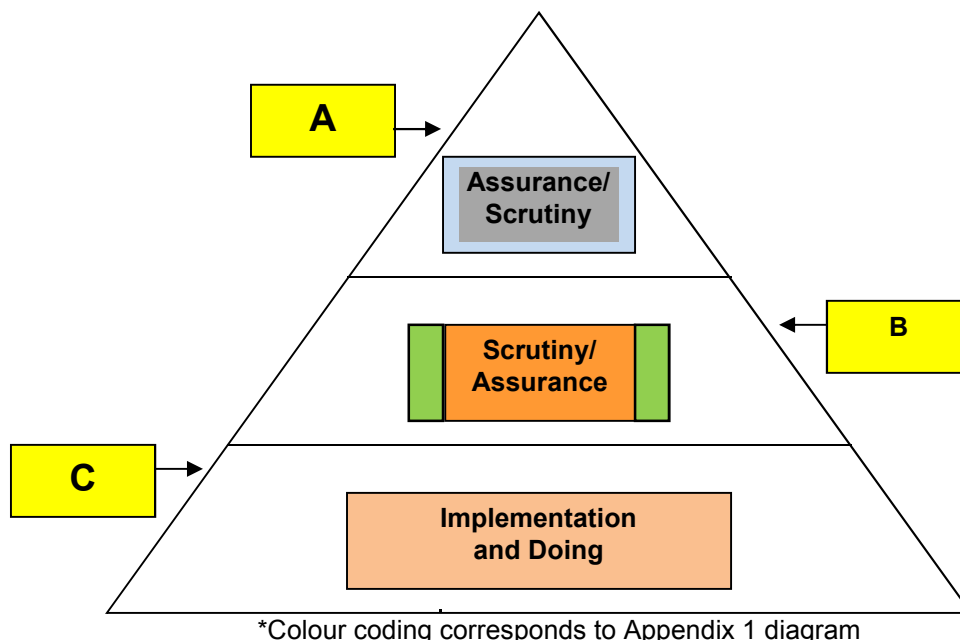
5.1.1 The Head of Health and the Head of Social Work and Social Care will carry an equivalent portfolio of work in management of integrated community services. These roles will provide strategic leadership for the emerging locality infrastructure, integration of the smaller hosted services and an executive role aligned to statutory obligations for the IJB. These roles will deputise for the Chief Officer.

5.1.2 Tayside Mental Health and Learning Disability Services are currently integrated across community and in-patient care. Further discussion is in progress to determine future leadership arrangements and to support safe and effective delegation of community services to each IJB and the aggregation of in-patient services under a hosting arrangement within P&K IJB.

5.1.3 Professional Leadership will follow principles described in the Tayside Joint Clinical, Care and Professional Governance Framework “Getting it right for Everyone”. The IJB

stakeholder representation includes an Associate Medical Director, an Associate Nurse Director for P&K, an Associate Nurse Director for Mental Health, the Chief Social Work Officer and a General Medical Practitioner. A Professional Forum is being developed to include the wide range of professional advice to the IJB and the Chief Officer. Each hosted service will be represented by a senior clinical leader. A Clinical Director will be appointed to oversee professional leadership for the health professions. The Clinical Director does not have to be a Doctor. The Chief Social Work officer is responsible for professional leadership of Social Workers.

- 5.1.4 A Professional and Operational forum will bring together professional leaders and operational managers for planning, commissioning and service transformation.
- 5.1.5 The IJB will incorporate arrangements for management of hosted services. Operational leadership of smaller hosted service areas may be incorporated into the portfolios of the Heads of Service roles.
- 5.1.6 After establishment of first line management arrangements, the Chief Officer, the Head of Health and the Head of Social Care and Social Work will proceed to organise and recruit to second line management roles including locality leadership and corporate support arrangements. These arrangements will be developed through 2016/17 to support long term development of integrated locality working. Arrangements will be developed in partnership and in consultation with NHS Tayside and Perth and Kinross Council in line with organisational change procedures.
- 5.1.7 Learning through scrutiny will drive continuous improvement. Team feedback on performance against objectives facilitates rapid change and quality improvement improved safety and effectiveness, team morale, customer satisfaction and best value. To ensure efficient, effective and appropriate organisational governance, leadership and management is realised in line with the organisational vision, clear mechanisms for scrutiny and assurance will be developed following the principles outlined below.



- 5.1.8 Level **A** represents the IJB and Chief Executives of the Partner organisations. Their primary function is to assure alignment of service objectives with the strategic plan. Their secondary function is to assure and challenge delivery of outcomes through scrutiny of performance management data.
- 5.1.9 Level **B** represents the Senior Officers of the IJB. Their primary function is to develop objectives for senior management teams across local services, based on National and Local strategic drivers. They align operational priorities to improve outcomes for service

users. Their secondary function is to scrutinise and challenge the performance of management teams in their delivery on outcomes for services users and implementation of objectives set out in the Strategic Plan. Level **B** is responsible for communication and connectedness between the IJB and operational teams.

- 5.1.10 Level **C** represents Locality managers and teams at locality and sub locality level who deliver services. The primary function of Locality Managers is to translate organisational objectives and strategic drivers for change into operational delivery plans. Those plans define key tasks and actions to deliver service objectives in an organised and cohesive manner. The secondary function of locality managers is to oversee performance appraisal and to scrutinise the delivery of locality based services. Team leadership structures below this will follow the traditional cascade of authority and accountability for the quality and safety of services and for the satisfactory experience of service users and carers

6.0 Financial Assumptions (Appendix 2)

- 6.1 NHS Tayside and Perth and Kinross Council share responsibility for funding the Chief Officer (CO) and Chief Finance Officer (CFO). The NHS resources to fund its share of the CO post is available from the CHP General Manager budget.
- 6.2 The NHS is responsible for the total costs of the Head of Health. Assumptions are based upon the availability of the CHP Head of Older People's Services post and the balance of the previous CHP General Manager.
- 6.3 Funding for the Head of Social Work and Social Care is the responsibility of PKC through transfer of existing staff into this post. (Note this post is a job share)
- 6.4 The second tier and subordinate posts transferring to the partnership from PKC have been rationalised through a transformation programme for integration down to locality level. Decisions on where efficiencies are applied are subject to a formal budget review process. Proposals for change are subject to approval by local politicians. The Chief Officer is a member of the Executive Officer Team in PKC and since appointment, has been involved in discussions about this programme.
- 6.5 Resources to appoint to second tier management including leadership of hosted services will be available through redesign and organisational change across NHS management posts within the existing CHP structure and within hosted services as they stand.
- 6.6 The amalgamation of leadership resources at and below the second tier will release economies of scale and are anticipated to further reduce costs.
- 6.7 In the first instance, clinical and care staff on the ground will work together to achieve the objectives set out in the strategic plan. Over time, these roles will become more integrated within the boundaries of safe and effective practice and the regulatory framework for each professional group.
- 6.8 The specific assumptions around the disaggregation of Mental Health Services are the subject of further review.

7.0 Risk Assessment

- 7.1 Partner redesign and approval processes to facilitate appointment to the first tier management roles is running out of sequence with the IJB approval process.

Action

- The Chair and Vice Chair of the IJB have been appraised of progress since the initial discussion about structure at a Shadow IJB development event in August 2015.
- PKC presented the IJB with an established Head of Social Care and Social Work following a Senior Management review crafted with Integration in mind.
- NHS Tayside has more recently concluded an approval process for the first tier of managers and a matching process from the P&K CHP cohort of senior managers has identified a suitable candidate for the role.

7.2 The financial challenges facing both NHS Tayside and PKC require savings to be achieved through redesign of staff structures. As pay is the majority cost, there will be a direct impact on management, administration and clerical costs. Success of future redesign depends upon greater integration of the supporting IJB infrastructure.

Action

- PKC have approved a transformation programme for Council delegated functions that will be enacted over the coming months.
- NHS Tayside are anticipated to present the IJB with an efficiency savings target in the region of 8% alongside the transfer of staff.

7.3 Corporate support to the IJB is formed by an amalgam of services embedded in Partner organisations, (for example, legal, HR or financial services) and support roles that are embedded in operational services (Business support, research and information). There is a risk that those services that are embedded in the Partner organisations will not give equal priority to the IJB

Action

- A Memorandum of Understanding is in development for use between the IJB and Partners
- A separate paper of Corporate support arrangements will be presented to the IJB in March 2016.

7.4 Hosting arrangements for Mental Health and Learning Disability In-Patient Services are subject to further review. Delay to the agreed hosting arrangements will require a formal process to describe accountabilities for the time before hosting arrangements can be implemented

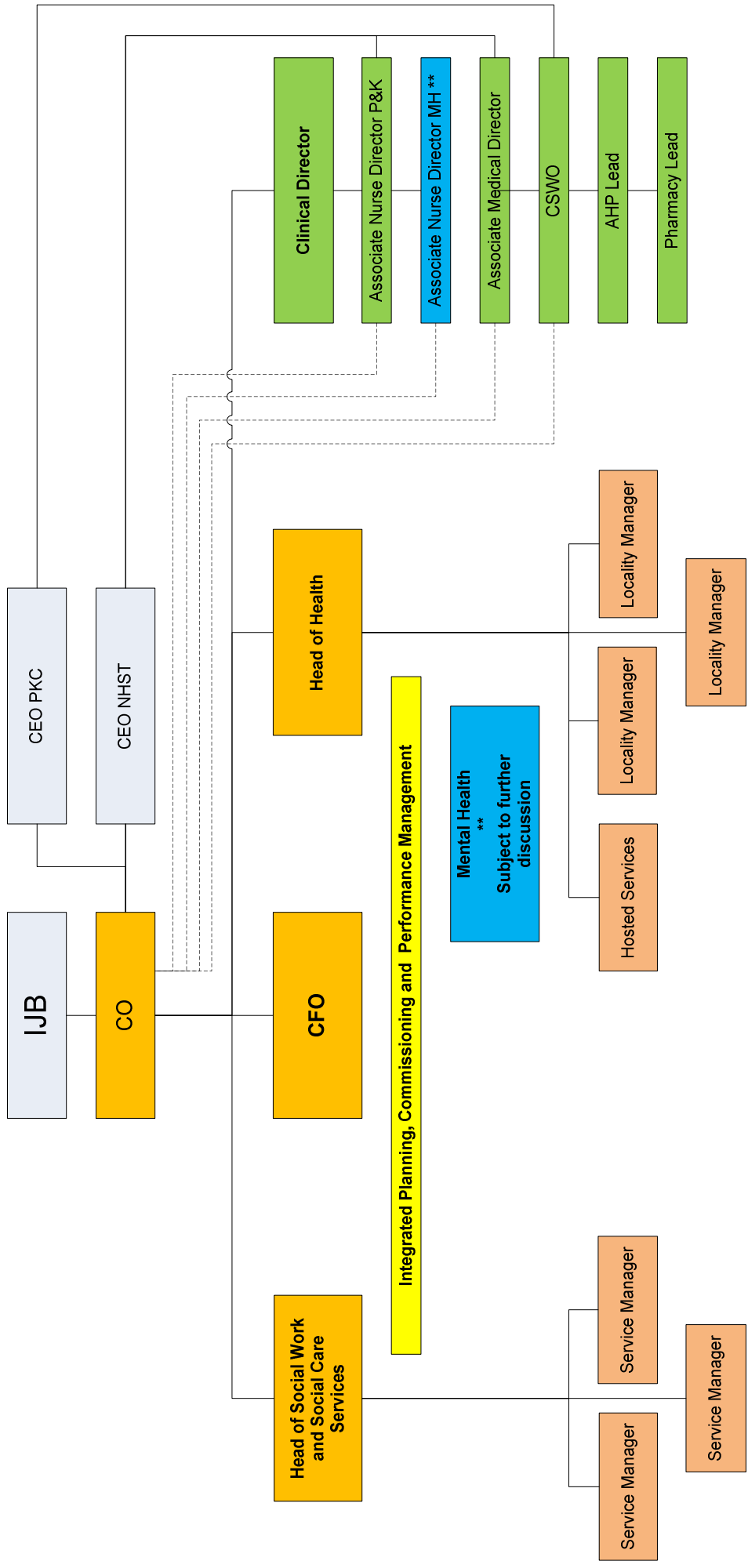
Action

- Chief Officer in communication with CEO, Medical and Nursing Directors of NHS Tayside
- Chief officer seeking legal advice on actions required to enact a delay

Robert Packham
Chief Officer

17.02.16

Appendix 1 Proposed Structure – (Note tier 2 for illustrative purposes – Mental Health Arrangements subject to further discussion)



Appendix 2 Financial Plan

PERTH & KINROSS IJB - Partnership Organisational Structure - Funding									
Level	Post	Funding	Employer	WTE	Pay Costs (Initial)	Available Recurring Funding	Funding Source	Initial Balance/(Shortfall)	
CO	Chief Officer	Appointed	NHST	1.0	96000	0	PK CHP General Manager	-96000	
	Former CHP General Manager	NHST PKCHP	NHST	0.0	0	48000	PK CHP General Manager	48000	
	P&K Council Contribution	PKC	PKC	0.0	0	48000	PKC	48000	
Total CO					96000	96000		0	
Level 1	Head of Social Work/Social Care ²	PKC	PKC	1.0	100000	100000	PKC Social Work & Social Care	0	
	Head of Health	NHST PKCHP	NHST	1.0	92000	0		-92000	
	Former CHP GM (Balance)	NHST PKCHP	NHST	0.0	0	47000		47000	
	Head of Older Peoples Services	NHST PKCHP	NHST	0.0	0	87073	NHST Lead Officer Health	87073	
	Clinical Director	NHST PKCHP	NHST	0.2	59401	59401	PKCHP Clinical Director	0	
	Share of unresolved savings	NHST PKCHP	N/A	0.0	0	TBC		#VALUE!	
	Share of Slippage	PKC	N/A	0.0	0	TBC		#VALUE!	
	Chief Finance Officer	Appointed	NHST						
	Associate Medical Director	NHST	NHST						
	Associate Nurse Director	NHST	NHST						
	Chief Social Work Officer	PKC	PKC						
Total Level 1					251401	293474		#VALUE!	
Cumulative Total					347401	389474		#VALUE!	

Notes
1. It is assumed the CFO post is entirely funded via NHST & PKC Finance functions.
2. Assumed 1 WTE at present with discussion ongoing around potential share retained by PKC to support CJS however this will be cost neutral.
3. Further discussion is required to establish the share of management resources currently in place to support MH/LD In patient services across NHST that will transfer to PKIJB.
4. Note Stage 1 of new organisational arrangements will focus on establishing first line IJB Management arrangements to reflect the full set of requirements set out in the Integration Scheme.
5. Note Stage 2 will develop second line and integrated management arrangements through out the localities and will be developed over the next 12 months in consultation with those affected. The IJB is reliant on a small number of posts funded from short term funds across planning, commissioning and corporate support.

