EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD: 2 JUNE 2016

WHAT MATTERS TO YOU – THINKING DIFFERENTLY:
TEAM REDESIGN PROPOSALS

Report by the Director of Health and Social Care

PURPOSE

1. To seek agreement from the Integration Joint Board for the redesign of services to provide focus and sustainability in person centred approaches including ‘Thinking Differently’ and ‘What Matters to You’.

BACKGROUND

2. Our Strategic Plan and Vision sets out a model of engagement and participation with people who use our services that recognise human rights approach of choice, self-determination and partnership. This is a culture and approach that requires consistent practice across the Partnership. This report focuses on a service redesign to support this approach and provide sustainability of arrangements.

3. We have teams established to take forward the implementation of the national Self Directed Support Strategy and Telecare Strategy at a local level. This report proposes redesign of these teams within the Planning and Performance Function of the Health and Social Care Partnership (HSCP). Further background relates to the Business Support Function with regard to proportionate financial monitoring under CIPFA Self Directed Support Financial Framework Guidance and the recording of personal budgets in management information systems.

SCOPE

4. This service redesign relates to the Self Directed Support and Smart Supports (technology enabled care) teams within the Planning and Performance and Business Support functions of the HSCP.

5. The focus of the redesign is on the integration of two teams, ensuring sustainable resourcing and clearly defined roles within the strategic objectives of the HSCP. The scope further covers financial assessment and management information requirements.

6. The report sets out the strategic case for change, current issues and future roles.
STRATEGIC CONTEXT

7. The ‘National Telehealth and Telecare Delivery Plan for Scotland’ sees technology enabled care as a key contributor to the 20:20 Vision for Health and Social Care. The strategy views technology enabled care as underpinning safer, effective and more personalised care, delivering positive outcomes and in generating efficiencies and value.

8. ‘Self Directed Support – a national strategy for Scotland’ has a vision of delivering the best outcomes for people through increased choice and control. Self directed support is to be the mainstream approach to delivering care and support.

9. As the strategy states “every person eligible for statutory services should be able to make a genuinely informed choice and have a clear and transparent allocation of resources allowing them to decide how best to meet their needs. The choice should be available to all but imposed on no-one”.

10. Technology enabled care, self-directed support and anticipatory care are complementary agendas. The teams played a key role in winning a national award for ‘Thinking Differently’ in 2016 in recognition of work undertaken across these agendas.

11. The Strategic Plan 2015-18 set out priorities for the HSCP. Choice and control and technology enabled care are key amongst these. Similarly, supporting the workforce in transforming how health and care is delivered in East Ayrshire is a key priority.

12. The Workforce Development and Support Plan describes the approach to taken across the partnership in enabling the workforce to meet current and future needs. The plan points to a need to develop and support the workforce and to anticipate emerging needs. In particular the plan focuses on collaborative leadership, building high performing integrated teams and adopting strengths-based approaches.

13. The Participation and Engagement Strategy places co-production at its heart with a framework spanning engagement, involvement, consultation and empowerment in relation to the decision making of the HSCP. This strategy builds on both the Vibrant Communities approach to Community Led Action Plans and the Thinking Differently approach to the implementation of self-directed support and technology enabled care.

14. The proposed re-design of the SDS and Smart Supports teams within Planning and Performance aligns closely with these specific elements of the strategic direction of the HSCP. The redesign also links to new national initiatives such as the international ‘What matters to you?’ campaign focused on experience-led quality improvement. Proposals for re-designing the Business Support function in relation to Finance and Management Information System support sit within priorities of supporting the workforce and maximising the benefits of technology to support practice.

CURRENT WORKFORCE ISSUES

15. There are risks associated with the current resourcing of the teams. A significant proportion of the funding for the Self Directed Support Team is non-recurring. This is also the case for the Smart Supports Team.
16. Scottish Government funding for SDS leads is coming to an end.

17. The teams have been innovative and ambitious and current job descriptions and person specifications do not adequately reflect the current or future roles of the team.

18. Associated risks are identified in relation to temporary posts, retention, turnover and stability issues within services as short-term contracts reduce security. This is in the context of significant organisational investment in the teams over recent years and considerable progress in delivering on both the Self Directed Support and Smart Supports (technology enabled care) agendas. Redesign would provide stability within the workforce.

19. The CIPFA Self Directed Support Financial Framework Guidance promotes proportionate monitoring of SDS personal budgets and this is presently being covered by a Finance Liaison Officer while SDS itself is mainstreamed within practice. Current systems are complex and structures require to be adaptive to the context of SDS and personal outcomes.

20. Management information system development is required to implement recording and monitoring of options, personal budgets and the interface with corporate finance systems.

PROPOSED FUNCTION AND STRUCTURE

Planning and Performance

21. The new model of service in Planning and Performance will:
   - Integrate the SDS and SmartSupport Teams providing one point of contact;
   - Shift the focus of the teams toward supporting ‘Thinking Differently’ across the HSCP;
   - Provide one point of contact for Thinking Differently – person centred care;
   - Facilitate locality linkages with aligned team members in primary, community, early years and children’s services supporting co-design at community level;
   - Increase the focus on engagement and co-production, and;
   - Promote partnerships working with the third, community and housing sector.

22. The SDS and Smart Supports Teams would be integrated into a single service. Single management would be established through a ‘Team Lead’ role. The Team Lead would be supported by two Team Coordinators with a portfolio weighted towards either self-directed support or technology enabled care. The integrated team would consolidate the peer mentor roles successfully developed in recent years across the technology enabled care and self-directed support agendas. Four Peer Mentor posts would be core to the delivery of the service.

23. The team is integral to the current and future strategic priorities set out in national strategies, the HSCP Strategic Plan, the Participation and Engagement Strategy and the Workforce Development and Support Plan.
24. It is proposed that core posts within the integrated team be funded from recurring resources.

25. The new staff model provides:
   - A more streamlined function consolidating management and coordination of the team;
   - A singly managed team;
   - An extended peer support model across the team, with some redesign of roles to enable this.

26. The organisational structure of the proposed redesigned core team is shown in the diagram:

   **Draft Team Structure**

   ![Diagram of Team Structure]

27. Individual roles within the proposed core team are summarised below.

   **Team Leader**

28. Day to day operation and financial responsibility for the service, providing leadership, management and support to the team and its members.

29. Working with relevant Heads of Service and Managers in meeting operational and strategic development demands on the service and contributing to management within the partnership.

30. Providing specialist knowledge in the field, acting as a resource to the team and Partnership.

31. Ensuring the provision of a professional, person centred service in accordance with relevant regulations, legislation, guidance, codes of practice, policy and procedures. Ensuring that integrated team functions are delivered in partnership with all key stakeholders to the principles of co-production.
Coordinator

32. Co-ordinate and manage a range of initiatives to provide direct peer mentor support to health and social care practitioners and managers specifically in relation to person centred care, self directed support, co-production and self management.

33. Manage the development, implementation and evaluation of a range community engagement activities and initiatives in order to ensure that people who use health and social care services are key partners in service design, service review and service improvement activity in accordance with the East Ayrshire Health and Social Care Partnership Strategic Plan.

34. Provide specialist advice and guidance on a range of practice concepts related but not limited to the person centred care, self directed support, technology enabled care and self management agendas in line with national policy, legislation and good practice guidance.

Peer Mentor

35. Contribute to the planning and delivery of specifically tailored peer mentor support programme activity across the partnership to promote continuous improvement and innovation within health and social care service provision in relation to self-directed support and technology enabled care.

36. Contribute to the continuous development of effective partnership working between all relevant agencies, partners and all other stakeholders by promoting and developing multi-agency learning and development arrangements and practices across the East Ayrshire’s Health & Social Care Partnership.

Resource Information Assistant

37. Contribute to the delivery of team objectives through the collection and provision of information and support to Peer Mentors, Coordinators, Team Lead and other key stakeholders.

Business Support

38. In the Business Support Function, consultation with Senior and Service Managers has identified indicated a need to separate finance and care support functions. This would streamline financial processes and free-up frontline time for outcomes-focused engagement and support planning.

39. To achieve this it is proposed that existing SDS Liaison Officer and Financial Assessment Officer duties be combined within a SDS Finance Officer role.

40. The proposal is to create four SDS Finance Officer Posts: two posts to support the Learning Disabled/Mental Health Teams and two posts to support the North and South Localities. Non recurring funding has been identified until 31/3/17, in addition to the SDS Liaison Officer and Financial Assessment Officer funding is available from vacant posts within the operational teams. The proposal is to create one additional Officer post.
41. The roll-out of Self Directed Support requires to be supported by developed IT systems and processes that provide clear audit and governance. In order to meet the management information system requirements of SDS it is proposed that a Systems Officer role be created.

42. These roles are outlined below.

**SDS Finance Officer**

43. A Job Outline and Person Specification has been drafted and is currently with Job Evaluation to determine the Grade of the posts.

44. Main duties would include completion of all finance paperwork in relation to My Life My Plan and identified outcomes, support to the calculate actual costs in respect of support plans, maintenance of personal budget records, issuing and monitoring SDS contract correspondence, ensuring adherence to the relevant guidance, undertaking purchasing duties, and calculating any appropriate charges within the terms of the Charging Policy.

**Systems Officer**

45. The role of the Systems Officer would be to introduce and support finance processes in relation to Self Directed Support.

46. This would include the migration of current financial recording logs to the core management information system. The role would also entail developing the interface with corporate financial systems and the development of financial planning reports. The Systems Officer role would also add value in relation to the wider transfer of service user financial records to core management information systems.

**RESOURCING PROPOSALS**

47. The financial implications of this report can be fully met from existing resources within the HSCP. Setting aside recurring finding at this time will provide sustainability for this, whilst in the short term we will utilize specific non-recurring funding available from Scottish Government to progress this agenda.

**POLICY AND LEGAL IMPLICATIONS**

48. There are no policy and legal implications arising directly from this report. Team managers in Planning and Performance and Business Support will be responsible for implementing the proposals. Progress reports will be presented to the Partnership Management Team with a formal evaluation report after one year.

**HUMAN RESOURCE IMPLICATIONS**

49. The proposed redesign relates to HSCP employees with local authority contracts only. New roles and skills are envisaged. Managing change within business process is also required. These will be accommodated within team development plans informed by a skills gap analysis.
The future skills required to meet organizational priorities will be identified and existing team member skills mapped to these with any difference between the ‘as is’ and ‘to be’ team skill set shaping actions within the Team Development Plan.

FINANCIAL IMPLICATIONS

50. The financial implications of the report are set out at paragraph 45 of the report.

COMMUNITY PLANNING IMPLICATIONS


RISK IMPLICATIONS

52. Risk implications are set out in the body of the report.

RECOMMENDATIONS

53. It is recommended that the Integration Joint Board:

(i) Receive the report;
(ii) Endorse the proposed integration of the SDS and SmartSupports teams within the Planning and Performance function;
(iii) Endorse the creation of SDS Finance Officer role and Systems Officer role within the Business Support function;
(iv) Otherwise note the content of the report.

Eddie Fraser
Director of Health and Social Care
25 May 2016

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erik.sutherland@east-ayrshire.gov.uk
Supplementary information relating to Resourcing Proposals (Paragraph 47)

Planning and Performance

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| Total                                         | 209,881 | 177,594 |

Employers Costs

| Total                                         | 270,327 | 228,741* |
## Business Support

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**Thinking Differently non-recurring resource available**

- Balance b/f: £129,648 Confirmed 15/16 balance non-recurring
- Additional Funding: £95,000 Confirmed for 16/17 non-recurring
- Indicative Balance: £224,648* (40 months)

*Impact of Demography £41,586
**Realisation of Income £26,977