An evaluation of the options & implications of the proposed integration of NHS and Local Authority services in West Dunbartonshire – 2010.

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1. INTRODUCTION AND BACKGROUND

1.1 National and local pressures

The national financial pressures currently being experienced and their impact on public finances are well documented.

As we move into 2010 these will increasingly become very real issues when public services consider what they can and cannot do and how services can be best provided.

Social Work cannot be exempt from the effects of the current environment. The key questions when making considerations for the future must address service delivery standards as well as the reduction in social care expenditure.

This is all the more difficult for decision makers at a time when Councils are seeing increased and genuine demand for the statutory services provided by social work.

Across the country social work departments are seeing:-

- a marked upturn in referrals over a wide range of services. In West Dunbartonshire there has been a 21.5% increase in all referrals to Social Work services in the two year period to March 2009.
- the general public are more aware of the dangers facing children. In the wake of the Baby Peter case in Haringey and Brandon Muir in Dundee, referrals to social work have increased considerably over the last 18 months. This has placed intense demand on social work staff where more children than ever are being placed on the Child Protection registers; this has led to greater intensity of case and court work. In West Dunbartonshire Child Protection referrals increased by 21.3% in the two year period to March 2009. There is no evidence to show that this level of demand is reducing.
- increases in the numbers of cases where vulnerable adults have been referred to social work in danger of some form of physical, emotional or financial abuse. The forecasted rise in such referrals in the year to March 2010 in West Dunbartonshire is 40%.
- referrals for mental health, drugs and alcohol abuse services have risen. This has also impacted on Criminal Justice services and family services where a recent analysis by officers showed that in West Dunbartonshire 48% of those on probation or community service orders had or have alcohol addiction

problems, 14% had or have drugs addiction problems and 5% had mental health problems.

- colleagues from Housing services are reporting nationally that there is a rise in levels of homelessness and use of temporary accommodation this too impacts on Social Work. Whilst the demand in West Dunbartonshire appears to remain fairly stable, in 2008/9 there were 2,143 homeless applications to the Council which is approximately 8.5 per working day, there were 1,256 homeless assessments many would require some social work involvement this equates to about 5 per working day. These figures demonstrate the need to maintain an effective and close partnership with Housing services who will remain within mainstream council management.
- increasing evidence that nationally opportunities for paid employment for disabled people have declined, which puts pressure on Social Work to source alternative day opportunities

There is not a single explanation for these increases. In some cases recessionary forces will have led more and more people to the doors of social work departments for advice and support. In others it is likely that the higher profile of risk and vulnerability has led to a greater vigilance by care staff, partners and by members of the public alike in the increase in the number of child & adult safeguarding referrals .

Therefore there is a juxtaposition of increased demand at a time when resources are under intense pressure.

This, however, should not stop Councils and their partners exploring the options for significant reform.

1.2 Joint Working and Shared Services in the Clyde Valley

Sir John Arbuthnott was commissioned by eight local authorities to lead a review into Joint Working and Shared Services in the Clyde Valley. The review began its work in March 2009 and reported on the 30th November 2009 when it delivered its key recommendations to the eight councils in the Clyde Valley Community Planning Partnership including West Dunbartonshire.

The councils had asked Sir John Arbuthnott to examine existing shared services initiatives and joint working and to identify opportunities for further development of

shared and joint working. Sir John was also asked to prioritise areas most likely to deliver improved services and savings and identify how that could be achieved.

The Clyde Valley review notes that NHS health care – delivered by two health boards over more than one council area – and social care supplied in the community are already "inextricably linked" as people are discharged from hospital into the community. Therefore it stated that **"there is considerable scope for accelerated joint working between the councils and the 2 Health Boards to deliver a single integrated health and social care service. Each Council and its respective Health Board should work to create an integrated health and social care service based on the CHCP model".**

It calls for these links to be extended and several specific areas to be addressed, including the current disparity in pay between NHSGGC employees and council staff delivering similar care.

1.3 Capacity

At a time of organisational stress whether due to the need to make reductions in services, the need to make significant financial savings or the need for organisational restructures there is a need to increase capacity at a number of levels in the organisation to manage effectively these transitions.

At such critical times clear and visible leadership is required to undertake the management of change and to ensure effective communication to all concerned

Recent inspection reports from SWIA and HMIE have highlighted the quality of services in West Dunbartonshire particularly joint working.

Since the Brodie report in June 2007 into the management structures, the Council has been seeking to address the capacity issues it raised. This is just as important an issue in difficult times i.e. ensuring that there is management capacity and expertise to introduce significant change programmes.

Recently the Director of Social Work in West Dunbartonshire retired. Two existing Heads of Service with substantial existing workloads were asked to share the additional tasks of joint interim Directors.

The drivers for such a Change Programme including closer integration should not be financial alone but also must strive for service excellence and efficiency that ensures that service users are at the heart of change. Furthermore there needs to be an acknowledgement that the staff are the important agents of change and they need to be including in all aspects of future developments. This again requires strong local leadership.

Therefore in looking at these issues at a time when there is a will to integrate services there are two significant points for this report to consider.

a) What is meant by integration and how could it be successfully implemented?
b) Has West Dunbartonshire currently got the short term managerial capacity in its Social Work department to programme manage all these key and vital strands of work?

1.4 Authors note:

This report has been compiled in a very short timescale which has limited the amount of research and questioning that could be undertaken. For example I haven't been able to fully evaluate for myself some of the performance issues and effectiveness of current joint working and therefore some assumptions have had to be made when looking at current best practice models as I have not been able to compare with current practice on the ground.

The Terms of Reference (see paragraph 2 below) asked for an evaluation and identification of the implications relating to the proposal to integrate management and governance of community health and social work functions between the Council and NHSGGC an issue that has already been before the full Council of West Dunbartonshire.

My assumption has been that this report was not about commenting on the decisions already made but to look at the implications and opportunities that arise from them.

It is hoped that this report will convince decision makers that at the same time as a decision is made to move forward towards greater integration that decisions will also be made regarding the implications of such a move. The impact on staff, organisations, relationships, finance is tremendous. There is little doubt that if well planned from the outset, early decisions can be made to secure a firm foundation for professionals to build on.

However important the issues set out in the previous paragraph it is hoped that I can convince the reader to see that at the heart of all this organisational change must be the users of social care and health. They will be apprehensive and concerned at any change in the status quo and therefore great care must be made to think these issues through and determine as a consequence that services can be made more efficient and effective and

outcomes improved. However it should be made clear why the status quo cannot be sustained.

These changes will not happen just as a matter of course, it will require careful thought, planning and execution. Without the support of staff in both the Council and NHSGGC the task will be all the greater. Each organisation will have separate preparatory work to undertake.

Due to the inherent complexity of organisational change, the increasing demand for services, the recommendations of Sir John Arbuthnott, then action beyond that of integrating management and governance needs to take place immediately.

The report looks at the time it will rightly take to get the most appropriate management team in place and concludes that this may well take the first half of the year to conclude; again a programme of work during this time needs to be agreed and commenced.

The information in the report is given to support the context in which these decisions will need to be taken.

2. TERMS REFERENCE

The following Terms of Reference for this work were agreed by the Executive Director of Corporate Services and Philip Cotterill[1] on the 18th December, 2009

"On 28th October 2009 the Council received a report from the Chief Executive which outlined some of the drivers for closer integration of the Councils Social Work Services with the NHS services. The report sought

- **"the Council's approval, in principle, to commit to a new level of partnership and integration with the NHS. The goal would be the development of a local integrated partnership model for the strategic planning and deliver of local authority and community health services within a new combined Council/NHS structure, with particular emphasis on the integration of community health and social work services through a single management team".**

Referring specifically at the goal outlined above i.e. "the development of a local integrated partnership model" you are asked to look at the implications of such a development for the Council as it applies to the Social Work service and to advise the Chief Executive of professional issues that must be considered in terms of ensuring that closer integration can be sustained and will enhance the service offer from the statutory authorities to the people of West Dunbartonshire.

Particular attention should therefore be given to the following:-

The implications arising from any integration of Social Work & NHS Services in the short and medium term

The levels to which the integration of services can occur in West Dunbartonshire and the possible timelines

The staffing issues to consider

The implications for service users

Additional benefits and possible disbenefits of closer integration

The report to be with the Chief Executive by January 15th 2010"

[1] Philip Cotterill OBE retired from Kirklees Council (West Yorkshire) in September 2007 where he had been Director of Social Care and Health for 13 years. He was appointed interim Director of Social Work for Aberdeen City Council in June 2008 following critical inspection reports and led the programme of improvement thereafter until August 2009. West Dunbartonshire approached Philip Cotterill in early December 2009 as to his availability to undertake this work

3. SUMMARY OF MAIN RECOMMENDATIONS

It is recommended:-

3.1 That given the fact that there have been substantial discussions with NHSGGC and the Council has agreed in principle to a new level of partnership regarding the integration of services it is recommended that formal agreements be sought with NHSGGC as outlined in the report to Council of 28th October 2009. It is recommended however, that wider agreement is reached on this being just the first step towards providing integrated services where the users of service are at the heart of change.

3.2 That agreement be sought to establish the new partnership in shadow form until 30th September 2010with the new partnership established on the 1st October 2010. This will allow for

- negotiations on legal issues including the Scheme of Establishment,
- communications and involvement of staff,
- the recruitment of a management team including a Director.
- An early paper to Members of the Shadow Board should outline all Human Resource, legal and financial issues that will need to be highlighted during the shadow period, this should be done jointly with staff of NHSGGC and therefore the report should highlight any significant differences affecting the two organisations.
- In addition service and community impact assessments should be undertaken.

That in seeking agreement with the NHSGGC to move forward the Chief Executive of West Dunbartonshire Council together with the Chief Executive of NHSGGC agree the outcomes they wish to see at the 31st October 2010.

3.3 That a name for the new partnership be something that the public can identify with and readily see that services are working as one.

3.4 That a Change Programme led by a Programme Manager is established to have oversight of the various strands/projects that will be necessary to ensure timescales do not drift. This should include

evaluating how the current strengths of joint working can be expanded, looking at how efficiencies and economies can be obtained.

3.5 That discussions regarding the role of Joint Commissioning begin immediately as a major input to the change process.

3.6 There should be a clear joint statement that the needs of service users will be at the heart of change. In addition the Board should consider the well-being agenda as integral to change looking at preventative and personalised services in terms of good practice but also in terms of efficiencies.

3.7 That a Communication Strategy is immediately formulated for both internal and external information exchange. This should be very clear about what is meant by integration and what the opportunities and challenges are. The strategy should promote early discussions with users, carers and other stakeholders.

3.8 That early discussions take place with the shadow board members and senior managers to agree the levels of delegation and to consider ways in which early working can reduce the levels of bureaucracy.

3.9 That agreement to recruit to the positions of the senior management team is achieved as soon as possible and that the Human Resources Managers from both the Council and NHSGGC agree a way forward. The timeline at the end of the report suggests that the Director post be slightly ahead of the other posts to allow the new Director to be involved in the recruitment of the team.

3.10 That senior managers consider and debate the style and the culture that they wish to see in the new partnership. This would be helped by involvement of staff around the vision for the future. This is important due to the different cultures that will already exist.

3.11 The role and statutory duties of the Chief Social Work Officer must be thoroughly understood by all managers and by the new Board.

3.12 That the Council immediately evaluates how it will manage the interim period. The report highlights issues of capacity and expertise. This is important so that the day to day management of complex services can continue as new arrangements are put in place, this to include the wider recommendations of the Arbuthnott report.

3.13 That the Council's Organisational Change Policy is applied through the transition to the new arrangements.

3.14 That work begins immediately with colleagues from NHSGGC in analysing the care pathways for people who will require services from the new partnership. This must includes access to service information and care, assessments through to care management. The possibility of employing multi-disciplinary teams with key workers should be evaluated. Being mindful of what the Arbuthnott report said about joint assessments and eligibility criteria, discussions need to be had with other Councils.

3.15 That analysis of the separate policies and procedures takes place to ensure that where possible they make sense to all managers and staff working with users. An example of this would be an opportunity to end the current practice of dealing with two very different complaints procedures when dealing with a client who is receiving both social work and community health care. Legal advice will be required in this particular example.

3.16 That attention be given to already existing joint services such as Home Care and Community Nursing, Mental Health and Learning Disability services so that they may move closer to service integration. In many ways the steps needed are not significant; it is about enabling final actions to be put in place. This could be seen as a positive "quick hit".

3.17 In the shadow period there is an opportunity for both the NHS and West Dunbartonshire to look at the respective performance management arrangements and also to review the number of Performance Indicators that are in place. The new organisation would be better placed if it concentrated to begin with on those PI's which are statutorily required and PI's which will aid decision making during 2010/11. In time, combined PI's will be able to be used to reflect the progress of integration.

3.18 A commitment be made to ensure that relationships with other partners will not be diminished as a result of closer integration with Health, for example, Children's Services, & Housing Services. It should be noted that the Education and Life Long Learning Committee is the home of children Social Work and after the shadow period these responsibilities will need to pass to the new organisation just as adult social work governance.

3.19 Agreement be sought on information protocols between the professionals working within the new partnership.

3.20 That specific consideration be given regarding the role of Criminal Justice if it is to be included in the new arrangements. There is some

uncertainty nationally about the long term structures for the existing services. West Dunbartonshire are heavily involved as a partner in the North Strathclyde Criminal Justice Authority (NSCJA) where it is also responsible for much of the business support of that wider partnership.

4. METHODOLOGY

The preparation of this report has been completed within a very tight timescale and in many ways it asks more questions than it answers.

The Terms of Reference were agreed one month before the date requested for completion and that period also included the Christmas and Hogmanay break. It is therefore an assignment that may need to be followed up by the Council at a later date.

Philip Cotterill visited Dumbarton three times[2] within this period and interviewed a number of senior Council staff, including:-

- The Chief Executive
- Director of Corporate Services
- Ann Ritchie - Joint Interim Executive Director Social work and Health
- Stephen West - Joint Interim Executive Director Social Work and Health
- Jim Nisbitt –Head of Service Social Work and Health
- Andrew Fraser -Head of Legal, Administrative and Regulatory Services
- Lynn Townsend - Head of Service for Support (Education)
- Tricia O'Neill – Head of Human Resources and Organisational Development

Extensive desk work researching the issues was undertaken and a number of important telephone interviews and conversations were held with people internal and external to West Dunbartonshire Council.

Cindy McDermid from the office of the Corporate Director was invaluable to the author in making all the arrangements for this work, often at extremely short notice.

[2] A planned visit on 6th January 2010 had to be cancelled due to adverse weather conditions making travel impossible. Interviews planned for that day were conducted by telephone.

5. **INTEGRATION**

5.1 In section 1.3 the question was posed what is meant by integration?

It is for the Council and the NHSGGC to determine locally what greater integration should look like. Taking an opportunity to move quickly into a state of integration should be more than combining the duties of senior management posts and adjusting governance. There is a huge opportunity, if it can be managed, to enhance the user experience as well as in the longer term make financial savings and efficiencies.

5.2 Discussions have been taking place between the Council and the NHSGGC regarding the form of management and governance integration. The generic draft Scheme of Establishment that is under consideration states that

> "**The ambition of all partners is that the CHCP will bring together NHS and local authority responsibilities to form an integrated partnership but in a way that retains clear individual agency accountability for statutory functions, resources and employment issues. It is a partnership organisation not a separate, new entity".**

The document primarily deals with issues of structures, management and governance of existing responsibilities. It lists the functions that will transfer to the management of the partnership but it doesn't state what the benefits will be to those who use the services, nor does it state the efficiencies that can be made and the subsequent resource savings. It sets out new governance arrangements however there is a danger that unless plans are in place to determine how services can work together in the future this arrangement will just be the same services managed by a single tier of management. I have seen no proposals for the vision for new opportunities for service delivery as a result of these discussions.

There are managers in West Dunbartonshire who welcome the opportunity for closer integration but fear that if it is purely management integration this could cause service change to be slow in coming to fruition.

Without a change management programme from the outset there is the possibility of drift and a possibility of increased tension between organisations which could exacerbate existing problems and get in the way of driving constructive change.

Without doubt Social Work and Community Health services of the NHSGGC, have much in common and they share common goals. In West Dunbartonshire there already exists complementary services such as community nursing and home care and there are also some posts which are already joint positions, three of which are at Head of Service level.

However there are very significant differences too. Many are apparent. One organisation is funded by national government whilst the other is funded through local financial mechanisms. One has governance elected from within the community; the other's members are appointed via national government mechanisms. One provides a universal service the other provides services based on locally determined eligibility criteria.

For certain equipment for people with special needs it is provided free at the point of delivery by the NHS whilst if from the Council there is a charge.

Financial 'wrangles' between local authority social work departments and the NHS are not uncommon across the UK whether this be about the amount of Resource Transfers or who should pay for what. If integration resolved these problems then progress would be made. However in any integrated service the funding streams would have to be transparent and initially ring fenced possibly contributing to pooled budgets in the future. Clear protocols and agreements will need to be negotiated.

5.3 Children's Services

There has been much written about integrated services in this country and in Europe. To date within Scotland and England there has not been a significant move towards integration of adult social work and community health functions, rather it has been in the form that is already in existence to some extent already in West Dunbartonshire.

In England integration between Children's Social Work and Education Services (including Early Years) in the form of local authority Children Services has taken place... The integration between these two different Council services has not been an easy one. In the main this is an option not pursued in Scotland.

When some barriers are taken away new ones are created. The NHSGGC is not the only partner for Social Work. Key partners include Housing Services, Leisure Services, Education, community services and development, cohesion, & Benefits. Care will need to be taken to ensure that the current relationships are not damaged in a move to integrate within a Community Health and Care Partnership (CHCP).

One of the key relationships for children's social work is with the schools community and with the early year's service. Social Work and Education services have always been closely aligned and had integrated in terms of some key services. Currently they share the same Council Committee. In future children social work governance will transfer to the new partnership.

Whilst in West Dunbartonshire there may not currently be a large number of joint posts with Education, there is a degree of shared funding, joint working practices and work that concentrates on the needs of the child. There is a joint project with close working regarding the support and care for looked after children. In some areas of activity there exist joint assessment teams in terms of working with children who have emotional and behavioural problems. There is some concern among some staff that the work put in place may be damaged by the integration with the NHSGGC. This is a matter that will need early attention to ensure that by removing one set of barriers others are not created especially if there is concern that it may be detrimental to children. It should be noted that just as the NHS is a universal service so too is the local authority's educational services. The successes of both in looking at the needs of the vulnerable require significant interaction with social work. There is already a Joint Strategy that Health, Social Work and Education are key players; this must continue. Since these services have received favourable comments from inspectorates, there is some concern among some staff that integration may slow progress.

5.4 Criminal Justice

In 2002 the Government, in order to consolidate efficiency and effectiveness of criminal justice provision across all the Local Authorities in Scotland, instructed that partnerships be formed with neighbouring Authorities. West Dunbartonshire Criminal Justice services renewed an alliance with services in Argyll and Bute, which had been severed following Local Government reorganisation in 1996, and also joined up with services in East Dunbartonshire to form the Argyll, Bute and Dunbartonshires' Criminal Justice Partnership working under the same logo instead of individual Authority logos.

It is reported that this partnership has been extremely successful. It has a joint committee of two elected members from each Local Authority with overall operational and **organisational management delegated to West Dunbartonshire.**

In 2007, again following a Government review, neighbouring criminal justice partnerships were joined together to form 8 Community Justice Authorities across Scotland. The Partnership joined up with criminal justice services from Renfrew, East Renfrewshire and Inverclyde to form the North Strathclyde Community Justice Authority (NSCJA)**.** The NSCJA is headed up by a Chief Officer who acts as a conduit for Government Strategic direction and the allocation of funding.

The current proposal is to include Criminal Justice in the integration between Social Work and NHSGGC. I would suggest that further consideration is given to this to be sure that the service is not over partnered and that there are significant benefits for the service without undue complexity. This additional work should also look at the role of the Chief Social Work Officer with regard to Criminal Justice and any alternative management configuration of this part of the organisation which already has very strong partnerships in place.

5.5 Further Issues to initially consider....

Integration is in place to some degree through the way in which people of both organisations work. The interaction between a home carer and a community nurse is crucial as is the relationship between a children's social worker and the health visitor.

Senior management almost always have good working relationships across the boundaries.

The question is whether the same process of integration should be applied to the delivery of service provision, such as assessment, care management, joint commissioning purchasing and procurement as well as other key activities to ensure that the people of West Dunbartonshire get the maximum benefit of true integration. Consideration should be given to the following issues I:-

- There needs to be a common understanding of what integrated care means in West Dunbartonshire and what it can achieve and this should inform the Vision for the new working arrangement that should be shared with staff and the public alike.
- Integrated care involves vertical (managerial) and the horizontal integration of service delivery.

- How organisations communicate their objectives and how to engage other stakeholders including their staff from the outset.
- Having a client-centred view of care ought to be at the heart of a long term programme of change.

- Appropriate access to care includes a system which is simple for people to understand and that necessitates the minimum number of professionals interacting with that person using simple procedures for accessing and assessing service need.

- Comprehensive services that meet both the clients' health and social care needs should be understandable with simple procedures for accessing care,

- Integrated systems of care need to have effective legal, policy, and structural frameworks in place, as well as financial and other resource agreements.

- Innovative integrated systems have multi-dimensional assessment instruments which are critical to developing individualised care plans, multi-professional teams or a case manager/key worker, together with open information sharing arrangements. The latter point is critical.

- Carers are a critical part of the support provision to people with health and social care needs, and they must be adequately involved in care planning. Best practices for integrated care systems involve acknowledging and supporting the contributions of family and informing carers about the advantages of and resources available from integrated care systems.

- Outcomes of integrated care should address the viewpoints of users of services and their carers. As it is sometimes very difficult to elicit the viewpoint of the users of services, advocacy is important.

- Integrated care systems will experience the same working conditions as before; pay differentials, professional drivers, few advancement opportunities, and time pressures. It is therefore all the more important to involve staff in shaping the transition. The move towards integration may exacerbate these tensions if not appropriately managed.

- Working conditions that foster integrated care include support by open-minded management, equality among workers, shared information, and staff education and accessibility to one another.

By creating a new organisation with a single management team and new governance there will be no quick fixes in terms of efficiencies and improved services. At the very least a new shared vision and culture crossing all the professional boundaries needs to worked at so that new service arrangements can

be achieved that embed a new culture. This is important as it will be most natural for staff from each organisation to view the other as a threat, the fear of a takeover will be felt. However this again underlines the importance of there being a strong programme management plan in place with continuous communication with all those affected.

5.6 Arbuthnott on current services

The headlines regarding the Arbuthnott review, as far as care services were concerned, centred on the integration and closer working between Community Health and Social Care.

However, there were also some very important management issues highlighted that need to be addressed in the short-term, particularly as financial efficiencies are necessary.

The Association of Directors of Social Work's summary report[3] of the review's findings highlighted these as including:-

- A strategic, long term approach is required. Sharing services will not be enough to meet the challenge.
- A delicate balance needs to be struck between establishing lean organisations and ensuring the capacity & expertise remains. Consultation with citizens in relation to the shape & priority of services should take place.
- An integrated approach at strategic level is required to address barriers to efficiency, such as devolved financial control, alignment of pay & conditions & accountability at local community level.
- Getting best value, consistency & economies of scale from the procurement of social care related services is a challenge that must be addressed.
- Issues around the demand, spend, commissioning, procurement & delivery of services to the elderly (including acute admissions); purchased social care services (particularly residential services for children/ people with disabilities); personalisation & mental health/ drug & alcohol services were identified as a priority for action.
- The councils should also develop a joint approach to the procurement of social care services. A time-limited consortium of the LAs & 2 Health Boards should be established to report, within 12 months, on more cost effective, sustainable practices. IT was noted that similar partnerships in England have saved 13-15% in unit costs per residential placement.
- The Local Authorities should progress the joint development of assessment & eligibility criteria.

[3] ADSW Summary Report of Sir John Arbuthnott's 'Clyde Valley Review '09' – 11th December 2009

- There was no corporate charging policy in many LAs or consistent means of protecting those who cannot afford to pay. Development of a Common Charging Framework was recommended, to include Education –i.e. a shared approach to income generation through increased fees & charges for non-statutory/ non-essential services.

- According to its recommendations, councils should explore greater co-operation on the care of the elderly, especially in relation to admission and discharge from acute care.

- They should also examine the delivery of social care services, in particular residential care for young people and those with special needs.

- Drug and alcohol services should be streamlined as should the specialist services for mental health.

- The review says a consortium between the councils and the two NHS boards should be established immediately and report within a year.

Any one of the bullet points above is a major project in itself. When all are combined at the same time, it calls for strong management and governance.

Officers and Members will need to satisfy themselves that there is capacity and expertise in the service as it goes through this period of transition. The agenda is therefore very challenging.

6. THROUGH THE EYES OF THE USER – A SIGNIFICANT DRIVER FOR CHANGE

To help conceptualise some of the issues, this section refers to the needs of older people from integrated services. Services for people with disabilities have already some effective joint working & they will have different dynamics to older people but the principles of engagement and focus remain the same.

Whilst there are significant challenges for the organisations to achieve a successful integration of services for older people, the aspirations of users and their families are often not so demanding.

In brief, research has shown that older people, when needing community services, want:-

- **Independence, dignity and choice** – In organisational terms they need a focus on prevention, the personalisation of services, empowerment through increased control and choice. This doesn't always mean they want the responsibility of using money to procure services themselves.
- **They want services to be joined up** – They are not particularly concerned about organisational structures but do want there to be seamless interaction between those who are delivering their care. Often services within the same organisation can appear to be fragmented rather than holistic.
- **They want to feel that they are in partnership** with the providers of care and that they have a say. - What they do not want are carers who are changing all the time and the responsibility being with them to tell the carers what is required.
- **People when they need help want access to services to be straightforward and clear.** They don't want to have to tell their story many times over to different people in different organisations – A single "front door" to all community health and care services would make a very big difference. – To achieve this would require a new business process reengineered system to be implemented.
- **Most people want to stay safely in their own homes and communities for as long as possible.** – The wellbeing agenda is therefore very important in this regard. Older People may want to remain at home but they still need support as well as care. Many people feel isolated which can lead to accelerated need for care away from home. – People need social interaction, the role therefore of social and leisure activities, befriending schemes, community support for activities as diverse as shopping and pedicure, all

contribute to a person's ability to remain well at home both in mind and body. There is still a civic need for "good neighbours" to contribute to the well being of those who are not at the high end of care needs. This agenda needs to be jointly commissioned by health and care for in the long run it is what many people require and it is also cost efficient.

> Local authority models of community care have also been changing, with a move away from care in care homes to more support for people in the community to help them live as independent a life as possible in their own homes for as long as possible.
>
> There are some concerns, however, that these changes in the pattern of care have developed unevenly and have resulted in a gap in provision for some people between NHS hospital care and care at home or in a care home.
>
> There is a need for new models of care to be developed to recognise this, with more intermediate rehabilitation taking place to maximise the independence of the older people involved".
>
> **Range and Capacity Review Group: The future care of older people in Scotland**
> **Published by the Scottish Executive, May, 2006**

The review and capacity group went on to state that organisations need to change and be more flexible in services for Older people. It commented as follows:-

- The Care Home Sector needs to be part of the whole system redesign, recognising the part they play in the overall spectrum of care delivered to the local communities they serve. They (Private, voluntary and local authority) should be **fully** involved in developing new services so that they become more diverse and locally designed with provision, closely linked to respite, care at home, extra care housing, GP out-of-hours services community nursing etc.

- The need for services for increasing numbers of older people should be met through more flexible services: step up and step down, better use of equipment and adaptations, technology and telecare, and increasing emphasis on promoting active ageing and on prevention.

- Flexible services include the following:

  - active ageing and health improvement
  - anticipatory care of long term conditions, with greater emphasis on self-care,

- self management and advanced care planning
- housing provision
- helping people stay at home, with care packages of one kind or another –
- care at home
- domiciliary care
- rapid response teams
- day care and day opportunities
- step up and step down/rehabilitation/intermediate care – examples include intensive care at home
- community rehabilitation services
- short stays in alternative accommodation – e.g. care home or community hospital
- Telecare
- equipment and adaptations
- falls prevention
- care and repair
- palliative care and improving end of life care
- imaginative provision of leisure and community learning services/opportunities for isolated, vulnerable older people with mobility problems.

In summary

What integration must facilitate for older people is:-

1 the development of a wider spectrum of care & health services. These services need to be able to cater for increasingly complex needs and also low key preventative services. This is increasingly important due to the very real financial costs of care and the growing population of people who are elderly.

2 the development of services that has increased preventative, rehabilitative and recuperative element within their scope. Prevention, rehabilitation and recuperation should not be seen as separate services in themselves but as a common thread that should run through all services, e.g home care, day care sheltered housing, residential care and community health services.

3 the improvement in the quality of present services. This may mean procuring services from different providers than is done currently, constantly questioning who can offer users and carers the best service at the right price and in a way that makes sense to them.

Any discussions about the integration of social and community health care must look not just at integrated management but how a seamless service strategy can be developed and implemented. This means quite different roles for many people and organisations.

7. CONCLUSIONS

Thus far this report has

- looked at the drivers for change and the pressures of increased demand and reduced supply of resources
- examined the recommendations of the Joint Working and Shared Services in the Clyde Valley Review, some of which are major projects in their own right
- discussed the degree of change that is required for full integration of services and the capacity issues that will be required.
- looked at what levels of service integration are required and that go beyond single management arrangements in making tangible differences for service users.
- Looked at service provision through the eyes of users

Key critical headlines for West Dunbartonshire

- **There is increased demand for Social Work services**
- **There are significant existing financial pressures**
- **There has been a reduction in senior management capacity**
- **There is a commitment to explore the integration of services with the NHS**
- **There is a pressing need to respond to the specific recommendations made in the Arbuthnott review regarding the way current services are managed and configured to ensure best value and deliver further efficiencies with the involvement of local citizens.**

There is no doubt that the move to single integrated management will be an important step in the delivery of comprehensive community health and care services. This will not in itself resolve the issues raised in this report. A thoughtful discussion of all issues should take place with staff and other stakeholders.

The following are areas that will need to be considered in addition to issues already raised in this report.

1. The Council and NHSGGC will be embarking on a new chapter in the history of health and social care delivery in West Dunbartonshire. There should be a clear joint statement that needs of service users will be at the heart of major change and that it is an objective that subsequent packages of integrated care provided will, from start to finish, reflect personal need and also be provided in as effective and efficient way as possible.

2. The effect of impending integration cannot be underestimated as this will bring uncertainty and concern. Communication is absolutely key in reassuring people regarding the impact of change. Staff in West Dunbartonshire, like all other Councils have just been through the rigours of single status and the setting of the budget. This will be one more concerning issue. Effective communications is essential. In addition staff from Human Resources and Organisational Development will be required to explore all the conditions of employment and other like issues which always are presented in organisational change.

3. The role of integrated governance must include the responsibility to reduce bureaucracy and determine clear delegation protocols.

4. An early task will be the appointment of a Corporate Director to lead the partnership.

    a. The draft Scheme of Establishment states that:-

    The CHCP will be managed by a Corporate Director, Health & Social Care appointed jointly by the NHS Board and West Dunbartonshire Council separately accountable to the NHS Board Chief Executive and the Council Chief Executive for the range of services managed within the CHCP that are NHS or Council specific and directly accountable to both where the function is a joint one. The direct line management responsibility for employment purposes will rest with the Chief Executive of the Corporate Directors employing organisation.

    The Director will be <u>jointly</u> appointed by the NHS Board and the Council and may be an employee of the NHS or Local Authority depending on the background and circumstances of the agreed candidate. The appointments panel shall comprise of the NHS GG&C Chair and Chief Executive, the Chair of the CHCP and the Leader and Chief Executive of West Dunbartonshire Council supported by a Human Resources Manager from either

organisation, and with the advice of an external assessor of appropriate experience and expertise.

b. It will be important that this appointment is subject to open advertisement so as to ensure that confidence is maintained in both the health and social care communities, An assessment centre designed to test applicant's strength of leadership and integrity as well as the knowledge and management based skills required for a position of this importance is necessary.

c. It could be that the successful applicant may not be appointed until May 2010 and should three months notice be required it could be September (allowing for the holiday season) before the applicant is in post. This might be the worst case scenario. However if this is the case it should not stop the immediate commencement of strands of work to start to address some of the imperative actions outlined in this report. The Council in particular will need to establish how the necessary capacity within the organisation can be put in place to programme manage this period of time.

It does not seem to be sensible, as some have suggested that the key task is to get an integrated management team in post and then begin to address the demands that are being placed on the services and the way in which services work together. This could mean a considerable delay in moving forward on key and significant issues and would give little lead in time to the start of the financial budget setting cycle for 2011/12.

d. It may well be that appointments to the other posts in the new partnership will not commence until after the appointment of the Director.

5. Leadership in the development of new organisational culture is a hugely important task when considering the existing diverse cultures which are also affected by various professional interests. It is an important issue in sustaining long term successful change.

6. The role of the Chief Social Work Officer must be thoroughly understood and agreed. Clear statements must be clear to those enagegd in governance and in management about how will the role of the Chief Social Work Officer be undertaken in any new partnership arrangements.

   The CSWO must be a qualified social worker, should be an employee of the Council with direct access to the Chief Executive of the local authority as well as to managers in any new managerial arrangements.

i. The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 45 of the Local Government (Scotland) Act 1994. The particular qualifications are set down in regulations. This is one of a number of statutory requirements in relation to posts, roles or duties, with which local authorities must comply.

ii. The minimum qualifications for the post are prescribed in Regulations. Candidates for, and holders of, this post should be registered as a social worker with the Scottish Social Services Council.

iii. The overall objective of the CSWO post is to ensure the provision of effective, **professional** advice to local authorities – elected members and officers – in the authorities' provision of social work services. The post should also assist authorities in understanding the complexities of social work service delivery and the key role social work plays in contributing to the achievement of National Outcomes, local outcomes, overall performance improvement and the management of corporate risk. Clarity and consistency as to the purpose and contribution of the CSWO is particularly important given the diversity of organisational structures that exist in Scotland.

iv. In West Dunbartonshire the role may have to evolve still further. It is possible given the move to a single tier of management that the Director appointed may not have a social work background (see 2a above). If this transpires then the CSWO would be the main source of social work professional advice to the new Board and crucially would be required to advise the local authority Chief Executive and leading Members on changes in social work national guidance as well as advising on social work policy developments and practice.

7. Given the size of the management task in moving forward, the Council will need to satisfy itself that there is sufficient capacity and expertise to drive the challenging agenda particularly in the period before the management team is in place.

8 There is a need to declare what the reasonable timescales are to agree the vision for integration and the scope of such a development?

As the Council moves towards an integrated management structure and new joint governance arrangements for Social Work and Community Health it will need to consult and engage with affected staff to outline the benefits and

impact of proposed changes and facilitate their involvement in the process of achieving improved outcomes in relation to service delivery and for the public in general.

The Council has an Organisational Change Policy which sets out the framework for managing change and will also ensure effective communication arrangements are in place to provide support and re-assurance to staff affected by change. The Council recognizes that effective change is best facilitated by strong partnership working and by fully involving employees and their representative organisations in proposed changes. Initially it use the mechanisms that are currently in place for the Social Work Joint Consultative Forum, the Employee Liaison Group and for joint working with the NHSGGC however a more detailed project plan will require to take into account any legal requirements that must be adopted for consultation and staff involvement dependent upon the nature of the proposed change.

9. Joint Commissioning needs to be an issue of high priority for it is key to responding to many of the Arbuthnott review's recommendations and will focus on the interface with users and carers and therefore determining the shape and scope of newly integrated services.

10. There may be concern from the public that these actions are purely about saving money. Whilst this is without question an issue, there needs to greater awareness that views of stakeholders are crucial in any further developments that would aim to provide still more effective, efficient and economical services.

11. New financial protocols will be required to ensure clarity and the protection in the first place of existing services. Issues of cross subsidisation. Historically the friction between community and health and social work has been related to who pays for what. Decisions should not be arbitrarily determined by one side that will affect the other, particularly around the issue of resource transfers.

12. Savings and efficiencies will need to be sought in support services

13. Processes and procedures in the services being integrated will require review

14. Training and organisational development will need to be reviewed from the outset to ensure that staff are well trained in the development of new service scenarios. The role of professional supervision must not be weakened on any account.

15. A redesign in the way in which people are referred to an integrated service will be different, as will be the response. Consideration needs to be given so

as avoid duplication, complexity and to make the processes as simple as possible for people who are often having a stressful time. New skills will be required to counter the claims of being passed from “pillar to post”.

16. The role of multidisciplinary key workers should be evaluated as indeed should multidisciplinary teams

17. Single assessment processes will be required

18. The crucial roles of General Practitioners and the NHS acute services will need to be factored into any redesign.

19. Care pathways will need to be reviewed

20. Relationships with the Education & Early Years service will need to be closely monitored if moving children social work into any integrated services

21. Clarity will be needed regarding Child Protection as to where ultimate responsibilities lie. The existing Child Protection Committee should not be affected by any change in management integration. The key test for this is to ask the question about who appears before the press on issues of public interest.

22. Protocols for joint working with Housing may need to be strengthened

23. New strategies for all client groups will need to be determined so that people are aware of what is available and how they can be accessed and by whom.

24. The legal framework for integrated services will need to be reviewed

25. Information sharing protocols will have to be agreed

26. Thought will be needed to determine the style and culture required for any new organisation.

27. The issues as they uniquely affect Criminal Justice are highlighted at paragraph 5.4. The questions that need answering are:

    - In an integrated management model with NHSGGC does the inclusion of Criminal Justice add or diminish to the existing complex relationships the service has already?

    - Are there any further options relating to integration i.e. with other local criminal justice services?

    - Following the next round of elections what will be the national agenda for Criminal Justice services?

- In any option how will the CSWO fulfil her responsibilities?

The timescales and the issues raised need to be addressed as soon as possible as for some they are indeed long term projects.

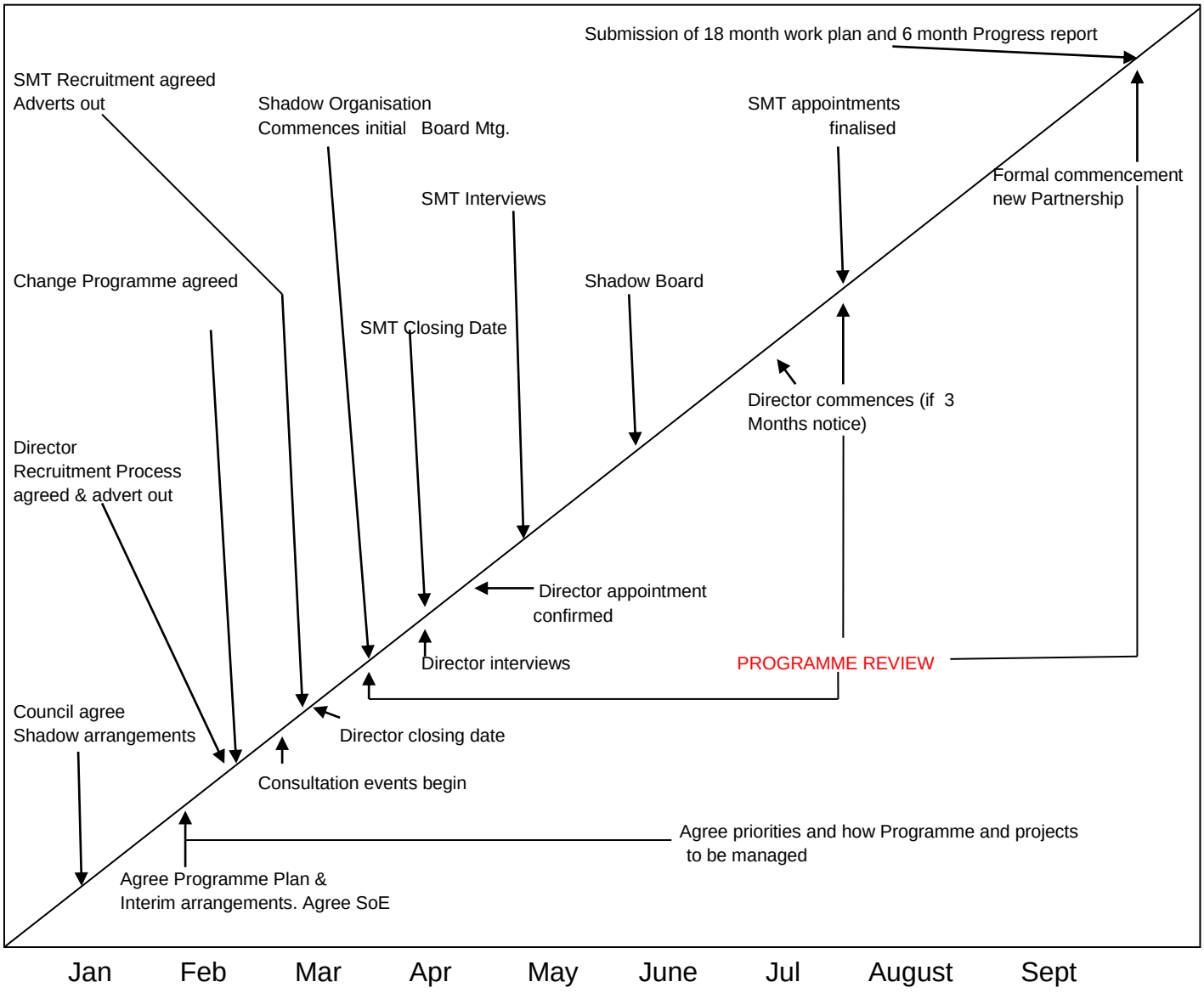
Once the Council has formalised the direction of travel regarding integration of management and governance, there needs to be established a robust Programme Management of all the issues & principles. This will require identification of individual projects for closer integration, involvement with the other seven Councils regarding the social work specific recommendations from Arbuthnott which apply to local authority services.

8. TIMELINE

I have been asked to provide an indicative timeline for actions during 2010. This is shown below and sets out to illustrate the complexity of managing the early stages of integration. The time line moves from January to October 2010. It sets out what some of the issues a shadow organisation agenda might need to address prior to the partnership becoming fully operational with a Director and Management Team. It looks at recruitment issues as well as beginning to programme manage the priority issues.

This timeline is mainly for illustrative purposes and would require significant further work if the proposals in the report were accepted.

(Note: Indicative timeline shown on next page)


Submission of 18 month work plan and 6 month Progress report
SMT Recruitment agreed
Adverts out
Shadow Organisation
Commences initial Board Mtg.
SMT appointments
finalised
Formal commencement
new Partnership
SMT Interviews
Change Programme agreed
Shadow Board
SMT Closing Date
Director commences (if 3
Months notice)
Director
Recruitment Process
agreed & advert out
Director appointment
confirmed
Director interviews
PROGRAMME REVIEW
Council agree
Shadow arrangements
Director closing date
Consultation events begin
Agree priorities and how Programme and projects
to be managed
Agree Programme Plan &
Interim arrangements. Agree SoE
Jan
Feb
Mar
Apr
May
June
Jul
August
Sept
2010

Philip Cotterill

January 15th 2010