

*Scottish Borders Health & Social Care
Integration Joint Board*



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SCOTTISH BORDERS HEALTH AND SOCIAL CARE PARTNERSHIP COMMISSIONING AND STRATEGY FUNCTION	
Purpose of Report:	This paper recommends changes in reporting lines within the senior management team, to support the strengthening of the “Strategic Commissioning” function of the Integration Joint Board.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) support the changes in reporting lines within the senior management team, outlined within this paper, to strengthen the “Strategic Commissioning” function of the Integration Joint Board.
Personnel:	Are contained within the body of the report
Carers:	N/A
Equalities:	The changes proposed will support the ability of the senior management team to ensure strategies and policies of the Board meet these requirements.
Financial:	Are contained within the body of the report
Legal:	N/A
Risk Implications:	The changes proposed will mitigate the risk and impact of a lack of capacity in both operation control and commissioning functions of the health and social care partnership.

Scottish Borders Health and Social Care Partnership
Commissioning and Strategy Function

1. Aim

- 1.1 The capacity of the leadership structure of the Health and Social Care Partnership needs to be strengthened to better support the integrated strategic commissioning and the operation of services.
- 1.2 This paper recommends changes in reporting lines within the senior management team, to support the strengthening of the “Strategic Commissioning” function of the Integration Joint Board.

2. Issues

- Strategies within NHSB and SBC should be better combined in relation to the Health and Social Care Partnership agenda
- The Joint Board commissions over £201m across Health and Social Care. There is currently insufficient strategic and commissioning capacity across the partnership, with insufficient planning ability and on-going policy oversight.
- There is a lack of joined up communications to and from staff and stakeholders with regards to the vision for the partnership and alignment to the partnership goals.
- There is a need for greater strategic drive to translate into operational plans to ensure the efficiency and quality of services
- The lack of operational leadership leads to inefficiency, with a resultant lack of control to ensure compliance and adoption and implementation of policy agreed at Board level.

3. Strategic Priorities

- 3.1 There has been both a local and a national review of the experiences of the work and impact, of the first 5 months of the Covid 19 pandemic. This review was discussed at both the Strategic Planning Group and the Integration Joint Board. The following areas of work were agreed as the priorities that the Health and Social Care Partnership should adopt for the next two years.

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|---------------------------------|-----------------------------|
| 1. Localities | 6. Primary Care Improvement |
| 2. Older Peoples Pathway | 7. Carers Support |
| 3. Commissioning | 8. Health Care Technology |
| 4. Mental Health Strategy | 9. Workforce |
| 5. Learning Disability Strategy | 10. Capital Strategy |

- 3.2 A number of these work streams commenced over a year ago as part of FF2024 and NHS transformation, but some with single input from NHSB or SBC, where a joint strategy and plan is required. There is a current lack of programme capacity for joint programmes and more joint input will be required. Individual objectives for NHSB and for SBC can still be achieved through these joint programmes, and duplication of effort removed.

4. Structural change

4.1 Many processes have already been created within the “Fit for 24”, and the NHSB “Turnaround/Recovery Programmes”, which should continue to serve the combined work streams within the partnership. There is however a need to revise the resource available to ensure there is sufficient capacity to deliver and to provide a coherent governance and managerial/project oversight.

4.2 There are four functions which drive the partnership;

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|---------------------------------------|---------------------------------------|
| 1. Resource Management & Control | 3. Strategy & Commissioning |
| 2. Operational Management & Direction | 4. Professional & Clinical Governance |

4.3 To address the current shortfall in capacity to deliver these four functions, this paper proposes amendments to current roles and the introduction of some new appointments.

The intentions of these changes are two fold;

1. To support the IJB to fulfil its function as a strategic commissioning body.
2. To provide greater managerial capacity to secure both quality and compliance with policy.

4.4 The diagram attached, illustrates a proposed new alignment of managerial spans to ensure each of these four functions are supported through clear lines of delegation and authority. Included are some functions which are not IJB delegated functions, but are outlined here to provide a clearer understanding of reporting lines within Social Services. (*Coloured pink within the chart.*) (*Appendix 1*)

4.5 The next three years will require significant change in the provision of services. This change can only be implemented through the reallocation and redirection of resource. The Board will be expected to make decisions on the opening of new services and the closure of existing services. Over the next three years, these decisions will be in the magnitude of several millions of pounds, and impact on more than 1000 staff members across the totality of the Health and Social Care Partnership.

4.6 To support these decisions, the Board will require much clearer insight to the population’s needs, a clear understanding of current performance, proposals which are well researched, well informed, and coherently presented to support the decisions required.

4.7 The Health and Social Care Partnership, operates services with a resource in excess of £200m. The current arrangements for managerial control which are combined with the strategic functions of the Board, are over stretched, and cannot provide the capacity to undertake both functions. This paper proposes that these roles are now split. That the Council and the NHS Borders, support and resource the *Operational Management* of the delegated services within their responsibilities. The *Strategic Commissioning* role of the partnership through the Board, should be better supported and the capacity of the staff team increased to better support this function of the IJB as a whole.

- 4.8 The Chief Officer will oversee the Strategic Commissioning function of the IJB and the Health and Social Care Partnership. Two new positions are proposed to deliver on the “Directions” of the IJB through leading the “Operational Functions” of the Health and Social Care Partnership for the delegated services within NHS Borders and Scottish Borders Council. It could be argued that this proposal is a retrograde step, in moving back to “silos” and disaggregating the partnership. This would be a misconception. Both the IJB and the Health and Social Care Partnership have matured over the last few years, relationships between services and between executives have evolved, becoming much closer, especially through the formation of joint leadership to address the pandemic. There is no likelihood of a return to previous modes of operation, Council and Health Services are now linked locally, and Executive Teams have lead collectively now for nine and a half months. What is required now is a pragmatic delegation of responsibility and accountability for the leadership of service provision, coupled with a very real increase in the ability of the partnership to commission.
- 4.9 We know, in comparison with the rest of Scotland we fund too many hospital beds; we also know we have too few residential care beds. Our task is to rebalance this inequity. This will require a substantial re-commissioning exercise, for which the IJB which currently is ill equipped to undertake.
- 4.10 The recommendation of this paper seeks to address the capacity required, and allow the Board to move firmly into its role as the Commissioning Board for Health and Social Care for the Scottish Borders.

5. Proposed role changes and additional roles.

Post	Additional support / resource
Chief Operating Officer SBC / Adults SW Strategy / Chief Finance Officer IJB	Full time director post with responsibility for the Strategic function of Adult Social Work Service with overall responsibility for the Social Care provision. Chief Finance Officer responsibility for the joint IJB Budget reporting to the IJB.
Director of Delegated Health Care Operations	Full time director post within NHSB, leading Acute, Primary and Community Care, and Mental Health operations; an interim role to be reviewed after 6 months.
Chief Social Work Officer, / Overall Director of Social Work and Public Protection	This new role will be comprehensive in leading all aspects of both Adult and Children’s Social Services. Learning Disabilities should now also report to this position to give a single line of accountability for all Social Services. This is in addition to Adult and Child Protection functions, as well as, all services for Safer Communities and Public Protection. This enhanced role will bring significant clarity to the leadership of these services. This wider function will allow for a greater coherence to social work operations and the functions required for protection and provision of safer communities.

Business Manager / Commissioning Lead	<p>A new senior position to lead the commissioning function with the Chief Officer. This will be supported by 2 Programme Support to provide work stream oversight. One post is already funded through SBC; further matching support will be provided through NHSB.</p> <p>Modelling support is already available within SBC/NHSB and from Government.</p> <p>Further Contract monitoring from within SBC Contract Team, Primary Care Strategic resource is now already sourced. The 10 new work streams will be supported by existing managers within the partnership's delegated services.</p>
IJB Finance Lead	<p>The CFO role will form part of the Chief Operating Officer SBC / Adults SW Strategy position. This is already a demanding responsibility and for its success, it will require a further qualified and experienced accountant to provide the financial support required.</p> <p>The 2 existing finance business managers in NHSB and SBC will continue to support the IJB joint budget.</p>

6. Resourcing

- 6.1 There are a number of additional new posts and an expansion of responsibilities for other posts which will therefore be subject to a re-grading due to the additional duties and accountabilities. These additional costs will be met within the overall resources of the IJB.

Children's Services, Health, and Social Care

