



<b>SUBJECT:</b>	Integrated Service Review Board Programme Plan
<b>TO:</b>	<b>Integration Joint Board</b>
<b>Lead Officer for Report:</b>	Chief Accountable Officer
<b>Author(s) of Report</b>	Medical Director
<b>DATE:</b>	7.2.2018

**1. PURPOSE OF REPORT**

This paper is coming to the IJB

For approval <input checked="" type="checkbox"/>	For endorsement <input type="checkbox"/>	To note <input type="checkbox"/>
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**2. ROUTE TO THE BOARD**

This paper has been:

Prepared by: Medical Director	Reviewed by: Senior Leadership Team	Endorsed
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**3. RECOMMENDATIONS**

3.1 The IJB is asked to:

- Approve the programme plan for the implementation of the Integrated Service Review Board report, set out in appendix 1
- Approve the Chief Accountable Officer to have delegated authority to progress the employment of a Programme Support Team with immediate effect, within the financial envelope of £250k from IJB reserves
- Request an associated interim structure report to the March 2018 meeting of the IJB
- Request an associated financial plan to the March 2018 meeting of the IJB
- Request a full progress update against the programme plan to the August 2018 meeting of the IJB.

**4. BACKGROUND/SUMMARY OF KEY ISSUES**

4.1 In November 2017, the IJB approved the Integrated Service Review Board report, which set out a vision for a revised model of health and social care delivery in North Lanarkshire.

4.2 Officers were requested to develop an implementation plan, which included details on communication, engagement and HR requirements.

4.3 Since the November 2017 IJB meeting, a significant amount of work has taken place to develop a programme plan for 2018/19, which splits the outputs of the review paper into three phases for implementation. The programme plan is included in appendix 1.

4.4 There have been a number of engagement sessions to support the development of the programme plan, as follows:

- 30<sup>th</sup> November 17 - Extended Senior Leadership Team Meeting discussion on developing the implementation plan
- 13<sup>th</sup> Decemeber 17 - Strategic Planning Group session on the final approved model and discussions on the key priorities for implementation
- 21<sup>st</sup> December 17 – Half day structure exercise focused on Localities with key senior leaders from across the partnership
- 26<sup>th</sup> January 18 – Full day structure exercise focused on Area-wide Services with key senior leaders from across the partnership

## 5. CONCLUSIONS

5.1 The programme plan sets out a bold and ambitious plan to radically change the way health and social work services are delivered in North Lanarkshire. The plan sets out the formal programme structure that will support the changes and also indicates the additional resource required to support the process.

5.2 The scale of the proposed change is significant and successful delivery will be dependent on a high level of commitment from the partner organisations, including corporate resources as well as those directly managed by Health and Social Care North Lanarkshire.

5.3 A paper providing further detail on structural changes is scheduled for the March 2018 meeting of the IJB, to be developed in partnership with Trade Union/Staff Side colleagues. Changes will be agreed with NHS Lanarkshire and North Lanarkshire Council as the employing bodies.

5.4 A full progress report on this programme plan will be scheduled for the IJB in August 2018.

## 6. IMPLICATIONS

### 6.1 NATIONAL OUTCOMES

The integrated service review board supports the development of new integrated service models that aim to improve performance against all nine national health and wellbeing outcomes.

### 6.2 ASSOCIATED MEASURE(S)

All 23 national outcome indicators will be impacted on by the developments set out within this report.

### 6.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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A financial plan for the programme plan will be concluded by March 2018.

**6.4 PEOPLE**

The development of integrated structures and teams will have a significant impact on the North Lanarkshire population. Ongoing engagement of staff, service users and carers will be vital in the further development and delivery of the programme plan.

**6.5 INEQUALITIES**

EQIA Completed:

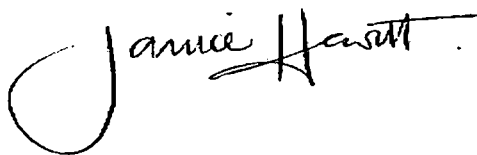
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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An associated EQIA is currently under development.

**7. BACKGROUND PAPERS**

**8. APPENDICES**

Appendix 1: ISRB Programme Plan



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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Alastair Cook on telephone number 01698 858320

## **Appendix 1: Integrated Service Review Board Programme Plan**

### **1. Purpose**

This purpose of this paper is to set out a structured Programme approach to the implementation of the Integrated Service Review Board Report, which was approved by the IJB on 23rd November 2017.

The change programme proposed is the most comprehensive transformation in Health and Social Care in a decade, changing the organisational, professional and team structures across all 62 directly managed Health and Social Care Partnership services, covering over 5,200 staff.

This paper is the first step of the programme approach, setting out a high level description of the governance structures and reporting processes to be adopted, as well as the project outcomes, risks and key communications for 2018/19. As a collaborative partnership, we will work together to optimise the utilisation of all available resources and coordinate developments on a whole system basis.

### **2. Background**

The Integrated Service Review Board (ISRB) was established in March 2017 with the following remit:

- Identify how to invest and disinvest from current service provision to maximise outcomes
- Propose structural opportunities to maximise the impact of integration
- Propose a transformational programme of service model redesign
- Provide the baseline commissioning position for 2018/19
- Propose the use of the budget for the remainder of the commissioning cycle

Over the course of three months, the board reviewed the wide range of health and social care services considering their operation, the challenges they face and most importantly the opportunities that exist to integrate and improve.

The Integrated Service Review Board report was approved by the IJB in November 2017, setting out the basis for the partnership's commissioning intentions for delivery in 2018/19 and beyond.

### **3. ISRB Programme**

The Integrated Service Review Board report (November 2017) sets out a vision for a revised model of health and social care delivery in North Lanarkshire. The core objective of the implementation programme is to ensure that the changes in structure, management and in practice set out in that report can take place safely, effectively, efficiently and in a timely fashion.

The scale of the changes proposed by the Review Board is significant and challenges current delivery of a broad range of services, how staff groups deliver these services, and the construct of care groups that are currently served at Pan-Lanarkshire, North Lanarkshire and locality levels. The services are across the life span and range from universal services to some very highly specialised services that affect only a small number of people.

The table below gives an indication of the numbers of staff employed by the two partner organisations in Area Wide/Hosted and Locality services at present. These numbers do not take account of the allocation of some staff working in North to services managed by hosting arrangements in South Lanarkshire or vice versa.

Agency	Area-wide/Hosted	Locality	Total
NHSL Staff	1,938	591	2,529
NLC Staff	997	1,728	2,725
<b>Total</b>	<b>2,935</b>	<b>2,319</b>	<b>5,254</b>

Given the scale the engagement and governance processes around the change the adoption of a programme approach allows implementation to be phased through the agreed period. By necessity some of the phases will run concurrently and there will be co-dependencies between the workstreams addressing each of the phases.

The changes proposed will be as follows:

### **3.1 Structural Changes**

Services will continue to be based around a model that divides the population of North Lanarkshire into six geographically defined localities.

Each locality will have three integrated teams based around the care groups:

1. Children, young people, and families' team.
2. Mental health, learning disability, addiction and justice team.
3. Long-term conditions and frailty team.

These themes mirror the existing Children's Partnership Board and the newly merged Partnership Boards, though the scope of the existing Addictions, Learning Disability and Mental Health Partnership Board requires to be extended to include Justice services at an early juncture.

Within these teams, the intent is to form operational sub teams defined by geography and/or function. Integrated teams will have a remit to deal with planned support, care and intervention for those with identified needs in their locality but also to deal with new and unplanned work that arises through newly identified needs or crisis.

The principal service delivery mechanism for H&SCNL will be to deliver services within a locality setting close to service users and integrated into their local community infrastructure. However it is recognised that there are a range of area wide services (including hosted services) where it is currently impractical to deliver within a locality setting. The intention will be to review these services to determine the best service delivery model and location.

Area wide service groupings will be formed around the same three care groups as in localities. These will continue to host services on a North Lanarkshire and Pan Lanarkshire basis but also have a support role to care group teams in localities.

A review of Out of Hours services for all care groups will take place in the early stages of Phase 2 of the programme. This will be led by the Long Term Conditions and Frailty area wide group and all current extended or out of hours services will sit within this care group in the interim management arrangements.

In addition, there will a core staff team to provide support to the Chief Accountable Officer and provide strategic professional leadership for the organisation. The functions contained within this

team will include planning, performance, health improvement, quality assurance, finance, communications, and organisational development.

Structural changes will be implemented in three phases running concurrently. Each phase will have implications for the others as they progress.

**Phase 1:** February 2018 – August 2018

Cross-cutting workstreams developing principles and standards for all care groups on first point of contact, generic assessment procedures, outcomes monitoring and case management and coordination.

Planning and implementation of integrated Long Term Condition and Frailty teams in localities

**Phase 2:** April 2018 - March 2019

Move of services currently hosted in localities into the Area Wide services groupings

**Phase 3:** April 2018 – March 2019

Planning and implementation of integration of Mental Health, Learning Disability, Addiction and Criminal Justice Teams and also Children and Families teams in the six localities

### **3.2 Management Changes**

An interim arrangement will support the implementation of Phases 1-3 of the project.

#### **Localities**

Interim arrangement will comprise a Health and Social Work Manager in lead role in each of the six localities. Professional leadership group in each locality will be formed including three Integrated Team Managers. This group will take responsibility for Support Care and Clinical Governance but will increasingly be accountable for operational delivery and performance in the locality.

#### **Area Wide Services**

Current management teams will be reconfigured and aligned to the same three care groups as set out in Localities. Responsibility for services currently hosted within localities will transfer to these groups over Phase 2 of the structural changes.

### **3.3 Practice changes**

As integrated teams are formed there will be a requirement for significant change in practice. The objectives that will require changes in practice will include

#### **Phase 1**

1. Development of Pan-Care Group Operating Models:
  - First Point of Contact
  - Generic Assessment procedures
  - Outcomes Monitoring
  - Case Management and Coordination
  
2. Introduction of Standard Operating Procedures (SOP) for integrated LTC +F teams including the following functions:

- Immediate Response in localities
  - Reablement programmes
  - Long term condition management
  - Self Directed Support
  - Treatment room functions
  - Discharge processes to support Discharge to Assess
  - Intensive support at home
  - End of life care
3. Each of these procedures will be backed by a development and training plan for the teams.

## **Phase 2**

1. Development and implementation of Scheme of Delegation and Escalation setting out the division of responsibilities and accountabilities between Area Wide and locality based services.
2. Review of Area Wide Services and transfer of appropriate functions to localities
3. Development and implementation of a proportionate 24 hour, seven day service response for all care groups.

## **Phase 3**

1. As per phase 1 but adapted for Addictions, Justice, Learning Disability and Mental Health and Children and Families teams

## **4. Programme Structure/Governance**

The programme structure is set out in appendix 1.

The implementation of the key aspects of the Integrated Service Review Board report forms the core of the 2018/19 Strategic Commissioning Plan (SCP) and as such, the existing SCP Programme Board will take on the role as Programme Board.

The SCP Programme Board regularly updates the Health and Social Care Partnership Senior Leadership Team and its governance ensures reports flow to the IJB Sub-Committee IJB, Social Work Sub-Committee and the Population Health and Primary Care Committee and ultimately through to the Council and Health Board as appropriate.

A Programme Executive Team will robustly monitor workstreams and ensure Leads are making timely and effective progress against the planned timescales and will support the Programme Board.

A range of Implementation Groups (IG) will be established, one per Locality and one per area-wide service to ensure local engagement and ownership. In addition, a number of cross-cutting short-life programme groups will be formed, to tackle areas like first point of contact, assessment processes and case management approaches. Terms of Reference will be developed for each of the implementation groups to ensure clarity of role and purpose.

The programme implementation will involve extensive engagement with stakeholders, including Trade Union partners and service user and care representatives. At locality level, engagement will build on work already at an advanced stage through the locality modelling process and OD programme.

## 5. Outcomes

Implementation of the new model will be undertaken in line with Quality Improvement principles, with support from NHS Lanarkshire's Quality Improvement Department and the Partnership's evaluation team. **Before** commencing each phase of implementation, SMART outcome measures will be identified and agreed and run charts developed to track progress.

Outcome measures will be monitored at the monthly Programme Board and the Core Senior Leadership Team to track progress.

Action plan phase 1 February 2018 – September 2018	Planned delivery date
<b>Cross Cutting Work (All care groups)</b>	
Expand the remit of the Addictions, Learning Disability and Mental Health Partnership Board to include Justice services	February 2018
Establishment of programme structure	February 2018
Recruitment of support staff	March 2018
Finance plan	March 2018 (and ongoing)
HR plan	April 2018
Communications plan	April 2018
Workforce plan	June 2018 (and ongoing)
Establishment of principles and standards for: First Point of Contact Generic Assessment Outcomes monitoring Case management and co-ordination	June 2018
<b>Roll out of new Home Support Model</b>	
<i>Action plan to be finalised following outputs of Feb 18 IJB meeting</i>	TBC
<b>Roll out of new Rehabilitation Model</b>	
New Home Support referrals to Integrated Rehab Team	December 2017
Performance metrics to be finalised	January 2018
Staff in-reach to Strathclyde Ward	February 2018
Staff to be trained in Quality Improvement approaches	March 2018
Project Evaluation	March 2018
<b>Locality work (All care groups)</b>	
Interim management arrangements	April 2018
Co-location planning	June 2018
Local implementation of cross cutting work	July 2018
<b>Formation of Long Term Condition and Frailty Teams in localities</b>	
Assignment of staff to teams	June 2018
Management arrangements	April 2018
<b>Implementation of Discharge to Assess (see appendix 2)</b>	
First point of contact	June 2018
Revised discharge processes	August 2018
Linkage between hospital and locality teams	August 2018

Action plan phase 2 April 2018 – March 2019	Planned delivery date
<b>Formation of Area Wide Service Implementation Groups</b>	April 2018
<b>Development of schemes of delegation and escalation</b>	June 2018
<b>Migration of services currently hosted in localities to area wide services</b>	December 2018
<b>Planning of 24/7 integrated response for Partnership</b>	August 2018



Action plan phase 3 April 2018 – March 2019	Planned delivery date
Formation of integrated locality Add, CJ, LD & MH teams	By March 2019
Formation of integrated locality C&F teams	By March 2019

## 6. Risk

A full risk management strategy will be established for the programme.

A stakeholder risk workshop will be established to identify and score risks. Initial suggestions;

Risk Description	Impact H/M/L	Mitigation Description
Ability to maintain service continuity during significant change programme	H	<ul style="list-style-type: none"> <li>• Programme Management Team to support delivery in 2018/19</li> <li>• Interim structure to provide additional change capacity</li> </ul>
Lack of staff engagement could lead to limited buy-in to new ways of working	H	<ul style="list-style-type: none"> <li>• Communications plan</li> <li>• OD programme</li> <li>• Local Implementation Groups to support frontline buy in</li> </ul>
The new model of working is unable to offset increasing demand, leading to additional financial pressures	H	<ul style="list-style-type: none"> <li>• Evaluation team to monitor progress of each phase of the programme</li> <li>• Quality Improvement approach</li> <li>• ISRB based on extensive research of models across UK</li> </ul>
Reputational risk during the transition through lack of appropriate communications with service users	M	<ul style="list-style-type: none"> <li>• Strategic Planning Group involvement</li> <li>• Partnership Boards to play key role in developments and engagement of key user and carer representatives</li> <li>• Communications plan</li> </ul>
Lack of support from key corporate functions such as HR, IT and Quality Improvement could delay or derail implementation	H	<ul style="list-style-type: none"> <li>• Early involvement of corporate leads in all workstreams of the programme</li> <li>• Regular updates to both CMTs on progress and areas of concern</li> </ul>

## 7. Resources

Given the scale of the change programme, it is vital that the wide range of support resources within NHS Lanarkshire and North Lanarkshire Council play a full and active role in development and implementation, including HR, IT Departments, Quality Improvement and the wide range of areas supporting change and practice management.

There will also be a significant demand placed on Health and Social Care resources, ranging from professional advice and support to the planning and performance section. The change plan will require considerable input around a range of areas including performance, evaluation, process mapping and demand analysis, which will necessitate a re-prioritisation of workloads within the partnership's own support services, coordinated via the Programme Office.

With the need to maintain current service delivery throughout the change programme, it seems prudent to identify additional fixed term programme management and improvement resource in

2018/19 to support delivery. It is proposed that the IJB identifies additional resources from current reserves to employ the following fixed-term contract posts:

- 1FTE Programme Manager
- 1FTE Improvement Support to assist developments in area-wide services
- 2FTE Improvement Support to assist the two groups of three Localities, linking to the two acute sites

The posts would be on a fixed term basis for 24 months, with a review after 12 months to monitor effectiveness. It is vital that there is continuity within this resource during the implementation phase, with an acknowledgement that the developments outlined are part of a wider 5-10 year transformation plan.

Job descriptions are currently being reviewed in both organisations to allow full costs to be determined, but it is anticipated to be within £250k for 2018/19.

## **8. Communications and HR Plans**

### **Developing the Integrated Service Review Board Report**

There has been significant engagement with staff and services throughout the development of the new integrated model for health and social care services, stretching back to the original developments around Locality Modelling that commenced in late 2013.

The Integrated Service Review Board supported leads from every service within Health and Social Care North Lanarkshire to present on the current models of service, demand profiles, potential areas of development and concern and potential future synergies. Outputs of the review have been presented through the Cohort 1 Organisational Development group, which comprises of senior managers across the organisation.

Two specific planning sessions have taken place on 21<sup>st</sup> December 2017 and 26<sup>th</sup> January 2018 with senior managers to agree the future structure changes and transitional arrangements.

The output of the review was presented twice to the statutory Strategic Planning Group in North Lanarkshire in 2017, with a further update planned in June 2018.

### **Future Communications**

Moving forwards, there is a requirement for significant ongoing engagement with staff at all levels across the organisation, as detailed below:

<b>Date</b>	<b>Action</b>	<b>Stakeholders</b>	<b>Message/aim</b>
Feb/Mar 18	Briefing sessions	Locality and HQ staff	Update on implementation plan
Feb/Mar 18	Establish regular update with TU partners	Trade unions	Update on implementation plan
April 18	Staff newsletter	All frontline staff	Update on progress
April 18	Establish public communication plan	Population of NL	Inform public re changes to services
April 18	Establish communication plan for Elected Members	Elected Members	Inform Elected Members re changes to services
Feb –Aug 18	OD sessions for F&LTC teams	F&LTC staff, Locality managers	Co-production

Date	Action	Stakeholders	Message/aim
Apr 18 – Mar 19	OD sessions for Area-wide services	Area-wide services staff	Co-production
May 18 – Mar 19	OD sessions for A, J, MH & LD and C&F teams	A, J, MH & LD and C&F staff groups	Co-production
June 18	Staff newsletter	All frontline staff	Update on progress
June 18	Strategic Planning Group	SPG members (staff, users, carers etc)	Update on progress, Co-production
31 <sup>st</sup> July 18	Update report to SW Committee	Committee members	Update on progress
August 18	Staff newsletter	All frontline staff	Update on progress
TBC	Update report to PH and Primary Care Committee	Committee members	Update on progress
28 <sup>th</sup> Aug 18	Update report to IJB	IJB members	Update on progress
October 18	Staff newsletter	All frontline staff	Update on progress
December 18	Staff newsletter	All frontline staff	Update on progress
December 18	Strategic Planning Group	SPG members (staff, users, carers etc)	Update on progress, Co-production

A formal communications plan will be developed to support the programme of work throughout 2018/19.

#### **HR Plans**

Given the scale of change of this programme, covering all 62 services directly managed services within the Health and Social Care Partnership and over 5,200 staff, there will be a significant demand for support from the HR departments in the respective organisations.

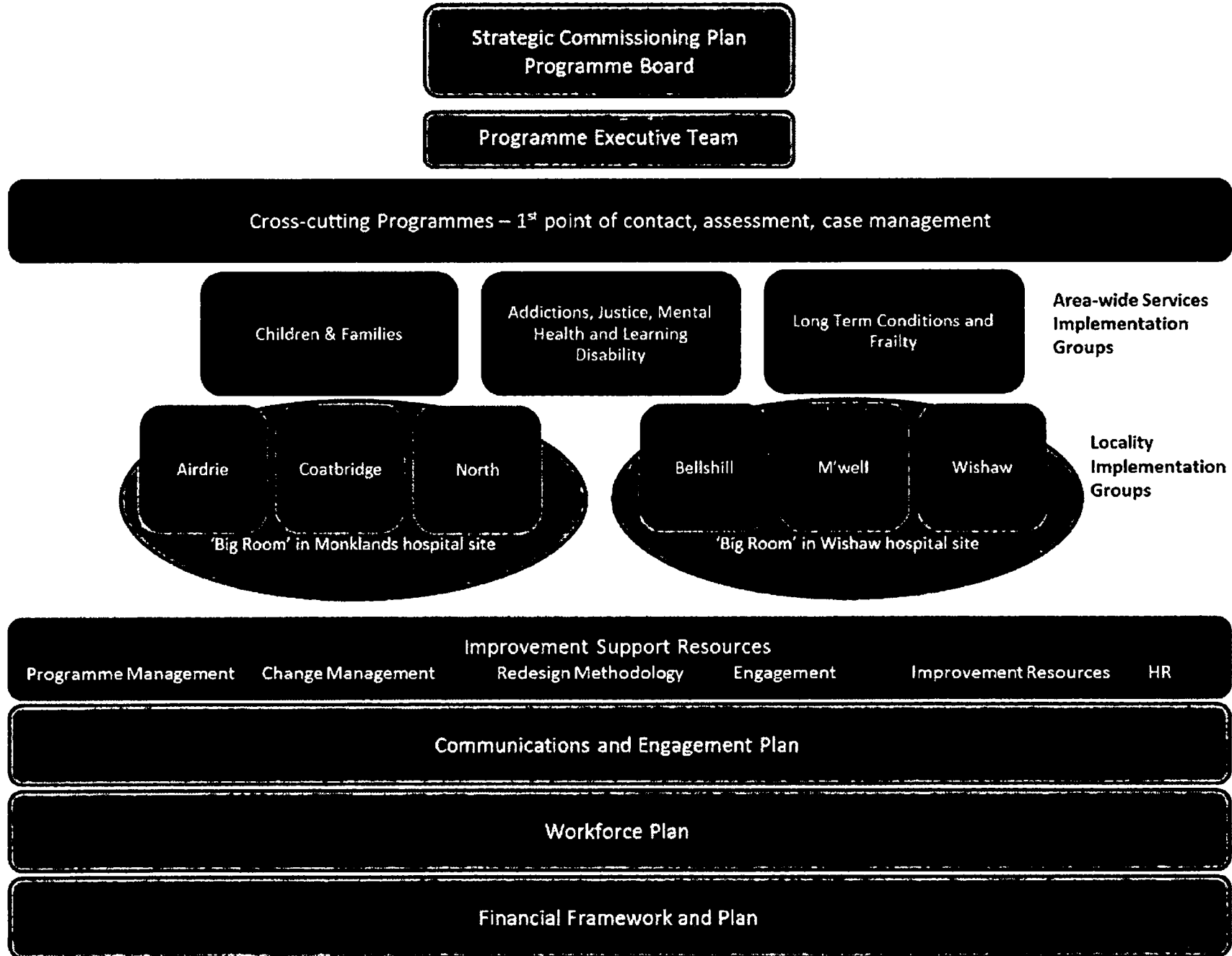
The partnership is fully committed to proactively involving staff, staff-side and trade unions throughout this change programme to ensure a positive outcome for all involved. To this end a comprehensive HR plan will be developed alongside the communication, workforce and finance plans in the early stages of Phase 1.

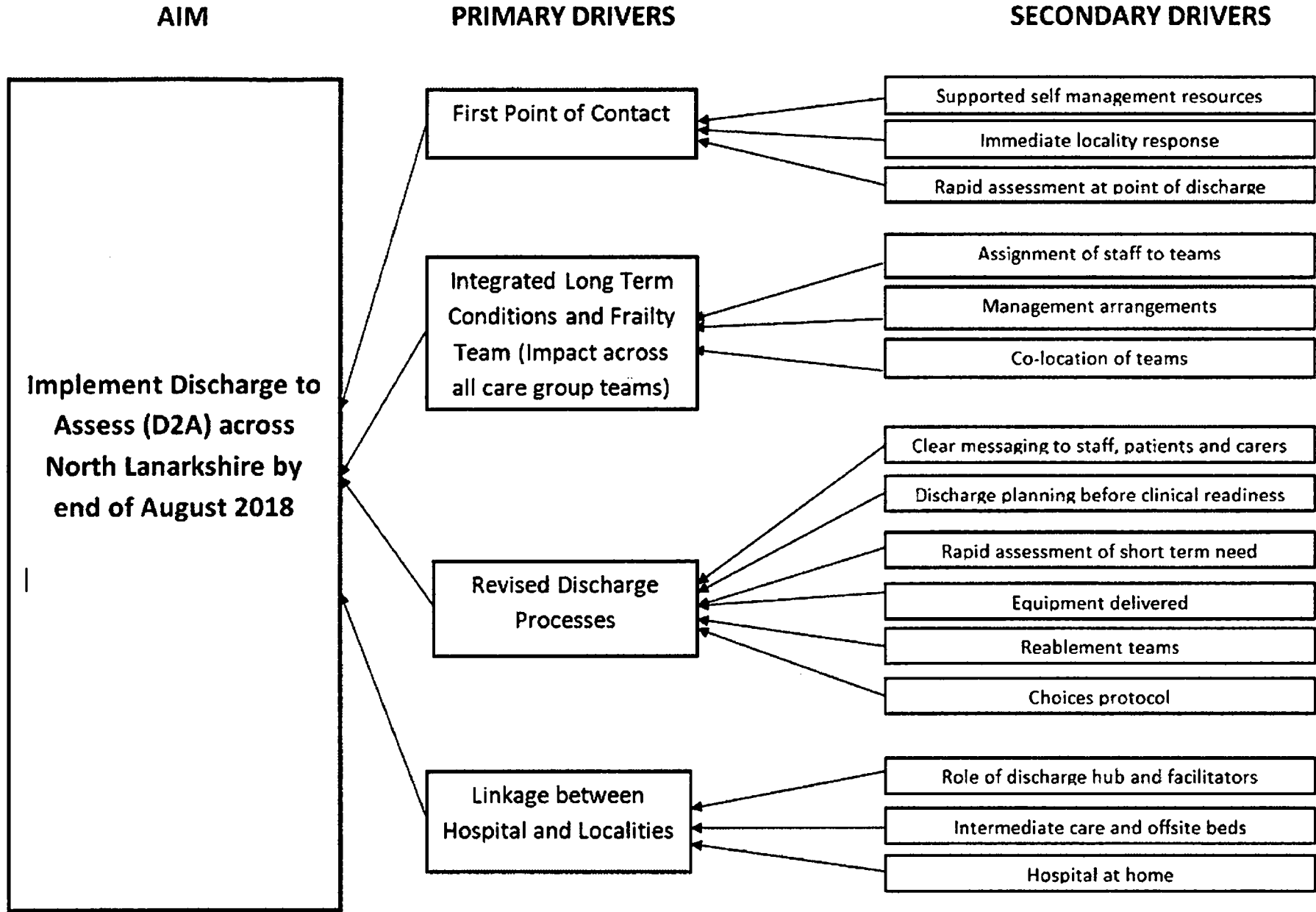
#### **9. Conclusion**

This programme plan sets out a bold and ambitious plan to radically change the way health and social work services are delivered in North Lanarkshire. The plan sets out the formal programme structure that will support the changes and also indicates the additional resource required to support the process. The scale of the proposed change is significant and successful delivery will be dependent on a high level of commitment from the partner organisations, including corporate resources as well as those directly managed by Health and Social Care North Lanarkshire.

A paper giving further detail on structural changes is scheduled for the March 2018 IJB and a full progress report on this programme plan will be scheduled for the IJB in August 2018.

Appendix 1: Programme Structure

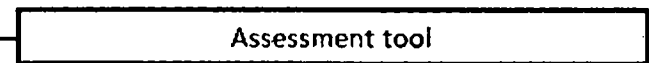
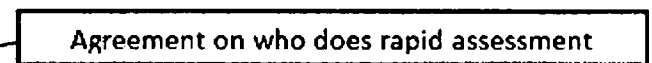
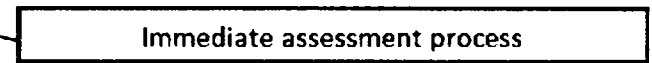
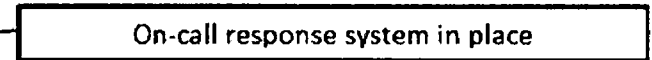
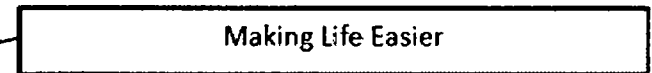
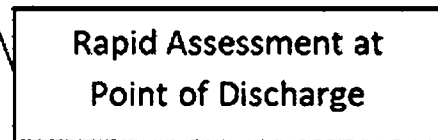
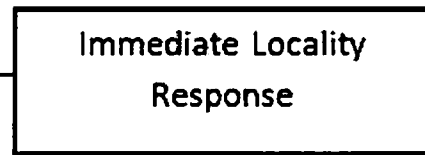
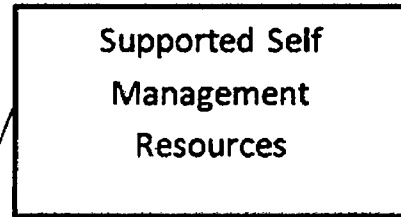
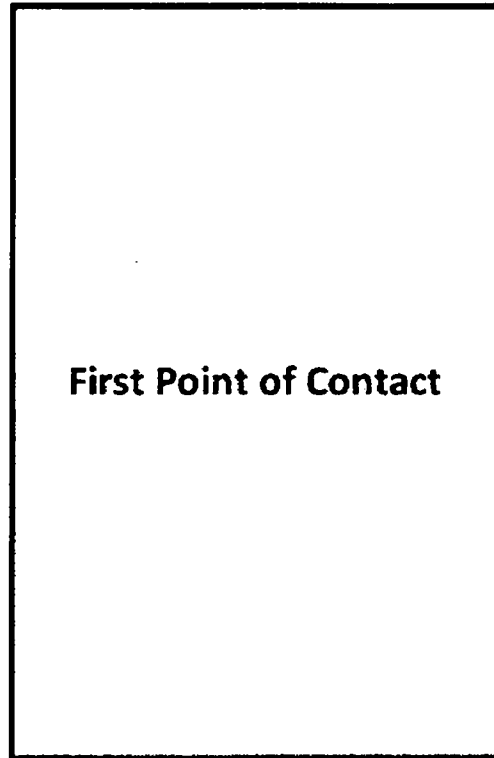




**PRIMARY DRIVER**

**SECONDARY DRIVERS**

**CHANGE IDEAS**



**PRIMARY DRIVER**

**SECONDARY DRIVERS**

**CHANGE IDEAS**

**Integrated Long Term  
Conditions and Frailty  
Team (Impact across all  
care group teams)**

**Assignment of Staff to  
Teams**

**Management  
Arrangements**

**Co-location of Teams**

Hosted management arrangements for AHPs

Home care teams refocused on reablement

Absorption of current workload and roles of District Nursing, Social Work, and all other disciplines in locality

Admin support to teams

Appointment of Integrated team managers

Shared financial processes

Shared Admin processes

IT arrangements

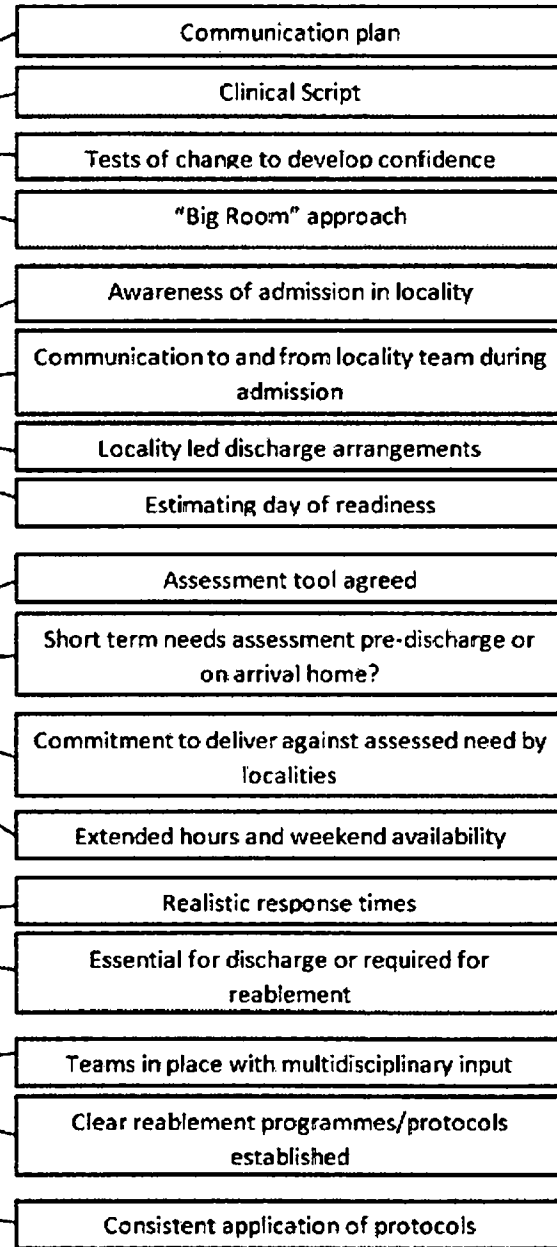
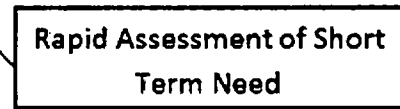
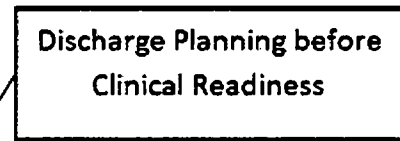
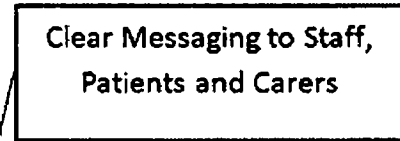
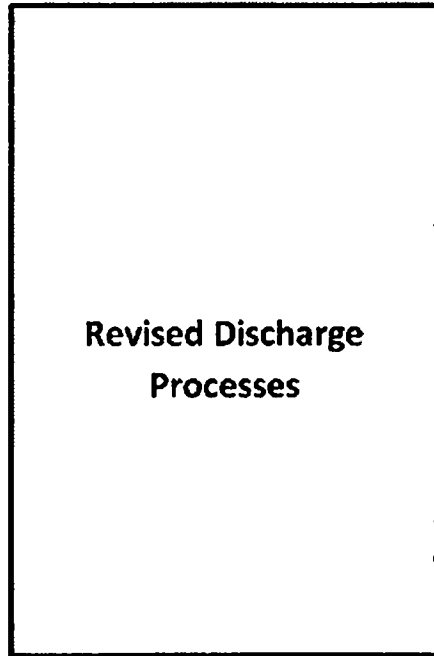
Estates plan for each locality

Interaction between locality and area wide staff working in localities

**PRIMARY DRIVER**

**SECONDARY DRIVERS**

**CHANGE IDEAS**





**PRIMARY DRIVER**

**SECONDARY DRIVERS**

**CHANGE IDEAS**

