

## PERTH AND KINROSS COUNCIL

### Housing and Health Committee – 4 November 2015

#### PREPARING FOR THE FUTURE – COMMUNITY CARE SERVICES

#### Report by Depute Chief Executive (Corporate and Community Development Services)

##### PURPOSE OF REPORT

To provide progress on the proposed developments and priorities for Community Care Services for the next three years. The report will outline the vision, key considerations and activities to ensure that Community Care Services are in a position to adapt to the challenges of public sector reform, new legislation and ongoing financial and demand led pressures.

### 1 BACKGROUND / MAIN ISSUES

The implementation of the Public Bodies (Joint Working) (Scotland) Act 2014, Social Care (Self-Directed Support) Act 2013, Children and Young People (Scotland) Act 2014, Criminal Justice (Scotland) Bill and Community Empowerment (Scotland) Bill present significant challenges to Community Care Services. Considerable work has been undertaken in preparing for Health and Social Care integration and the Redesign of Community Justice Services and several briefing sessions have been undertaken with elected members. However, a more detailed programme needs to be developed.

- 1.1 Strategic and Operational preparatory work for health and social care integration is being progressed through thematic multi-agency strategy groups and the Partnership Integrated Leadership Group. However, as a single agency it is also necessary to consider the function, resources and capacity of the Community Care Service within the context of increasing financial pressures and increasing demand.
- 1.2 Challenges and Priorities for 2015 – 2018:
  - Developing the Personalisation Agenda through consultations with existing and potential service providers, service users, carers and communities
  - Creating a model of locality-based integrated working which supports prevention
  - Creating models of integrated support and prevention in areas of greatest need
  - Broadening staff skills and competencies to support locality working, thereby, further improving the support provided to enable people to live in their own homes and communities longer

- Preserving key elements of our Care Commissioning capacity (as possible) while delivering anticipated savings as part of the Council's medium term financial strategy
- Taking forward key management, cultural and organisational changes across services through the Transformation Agenda. This level of reform is predicated on integrated working
- Improving partnership working between key services involved with adults with complex needs; and
- Through all of the above, developing an infrastructure of choice, control and service responsiveness consistent with the requirements of Self Directed Support

## 2 PREPARING FOR THE FUTURE

**‘Our vision is of a Community Care Service which is led effectively and creatively; is responsive to the needs of the people we support and protect; is accessible and accountable; and promotes social justice’**

The Community Care management team believes it is important to promote a vision for the Service, particularly in this current climate of continuous change. Presently and for the future, it will be necessary to communicate a clear vision for Community Care Services - what the service can offer as a single agency and in partnership with others. In this complex environment, we will require to ensure that the unique role of social work and social care is integral to the new partnership. This is evidenced through research including the recently published report by the College of Social Work and the Royal College of General Practitioners ‘GPs and Social Worker: Partners for Better Care’.

### 2.1 Key Considerations

The direction of Social Care in Perth and Kinross will be towards an inclusive and enabling approach - one which values both individual relationship- based practice and collective approaches. The Public Bodies, Social Care (self - directed support) Act and Redesigning Community Justice Services Bill, all within the context of the Christie Commission, make for a complex Social Work landscape, but also one laden with opportunities. To meet these challenges, a radical shift is required in the manner in which the service involves communities in the way that it works. Strong, effective and creative leadership is required, but leadership which is inspired and driven by the people who are and will be supported to create interdependence.

### 2.2 Function/ What we provide?

To meet the challenges posed by an increasing aging population, more children transitioning to adult services, changing public expectations and embracing a ‘person-centred approach’ within restricted resources, it will be necessary to consider workforce issues and review existing functions with a view to reform. Until recently, the focus of service provision has been on identifying those most in need and, as a consequence, reinforcing a negative image and further isolating individuals from their communities. This approach will need to change by encouraging individuals to be actively involved in service redesign. A key role for Community Care staff is to continue to

facilitate innovation and to challenge existing practices, processes and decision making which are not consistent with community empowerment. Consideration needs to be given to statutory responsibilities which arise from a wide range of legislation and placing duties on the Council to assess and provide services. Particular attention must also be made to the role of Council Officers, as outlined in the Mental Health (Care and Treatment) Scotland Act 2003, Adults with Incapacity (Scotland) Act 2000, Adult Support and Protection (Scotland) Act 2007 and Criminal Justice Act. There are areas of this work which are not included in the scope of integration. Many aspects of the overarching legislative framework, however, are incorporated into the statutory functions of the Chief Social Work Officer.

### **2.3 Personalisation/ Person Centred Care**

The national strategy for self- directed support provided an opportunity to significantly change the way in which services are provided. Whilst the initial implementation was embraced and ignited creativity locally, there have been challenges in creating alternative resources within communities. It is essential, therefore, that the profile of Self- directed support is raised and, to this end, considerable work is being undertaken to reshape the market. Person centred care needs to be a priority for health, social care and housing staff as well as elected members to enable a different conversation with citizens and communities. It is critical that the focus is shifted from 'What's wrong' to 'What is strong'. It will be necessary to invest and support all staff at all levels to adopt an asset -based approach within all aspects of their work, whether it be strategic planning, community engagement, or working with people directly. Conversations with partners should reflect this requirement.

### **2.4 Unique role of Social Work**

Social Workers and social care staff do have a unique role in supporting individuals. The introduction of Care Management diminished core skills, as described in the Changing Lives Report 2006, however, there is strong support for the Social Work role as outlined by the Scottish Government's Chief Social Work Officer Report, 'Social Services in Scotland: A Shared Vision and Strategy 2015-2020'. It will be essential to provide strong leadership and clarity as to the duties which should be undertaken by social workers. Social Workers are not solely coordinators of care. Their primary roles extend to:

- To ensure people have access to statutory social care and social work services – discharging the Council's legal duties
- To use their skills to intervene and show professional leadership
- To work with people who are experiencing significant levels of social and interpersonal complexity and risk
- To work effectively with local communities, to support resilience, inclusion, and work preventatively with individuals and families, promoting social justice, equalities and human rights

It is essential that the workforce are engaged positively in conversations about the future direction of social care services, working with individuals and communities. The core values of the profession such as self-determination,

respect and dignity are critical to this way of working. Through application of a Community Social Work Model, we can achieve better outcomes for the people of Perth and Kinross. It is intended that we will target our social worker provision towards complex, long term intervention in localities whilst maintaining a smaller pool of social workers in early/ preventative services,

In light of the challenges of this new way of working, we must focus on the training/development requirements of a workforce not schooled in a community model of social work and afford Social Workers and Social Care Staff the opportunity to focus on the new skills of engagement and capacity building.

It is proposed that there is further work undertaken to explain and promote the role of the Social Worker within the wider context of social care provision. The Chief Social Work Officer's proposal for a workshop for Social Workers will provide an excellent opportunity to build on the work highlighted through the New Perspectives; New Possibilities Conference earlier this year in order to support staff into this new journey. This was launched in May with representation across the partnership. A programme has been developed to ensure collaboration of services under Health and Social Care Integration which supports a practical approach to the application of personalisation across communities.

### **3 LOCALITY WORKING**

- 3.1 In preparing for the future, it is essential that a focus is maintained on the "Place" agenda. Working with communities locally will require an alternative structure to refocus the function of our services to respond to the needs of local communities effectively.
- 3.2 In 2011, the Community Care Management Team was restructured to support the development of localities. Work was undertaken to establish the role of the Locality Service Manager and more recently, to take forward integrated working at that level.
- 3.3 To develop a locality based model, it is necessary that managers have both financial and operational responsibility for each locality and that Community Care Services should be devolved to each Locality Service Manager. The current position of managing both centralised and locality based services is not sustainable longer term and is not in line with the 'Place' agenda.
- 3.4 Action learning sets, locality development forums and more recently locality leadership groups have supported the development of integrated working within localities. New models of practice are being tested, however these will require social workers to be more autonomous, and this will entail changes to current processes and the way in which staff are managed.
- 3.5 Locality management groups are critical to supporting the development of locality plans and to ensure resources can be targeted appropriately and effectively and support new models of practice. It is intended that

representatives from Housing, Community Care, Health, Third and Independent sector will form the core management groups. Links with Education, Environment Services and community representatives still require to be established.

- 3.6 Engaging with communities has been a key driver for health and social care integration and change fund activity. In the past 5 years we have developed strong relationships within communities and as a result we have developed some alternative resources which will support communities (e.g. Developmental Warden – Aberfeldy; Stanley Development Officer and Dementia Cafes). It is intended that, through further conversations with communities, further opportunities for investment can be developed to build on the work described above.

#### **4. PROPOSALS**

- 4.1 If we are to restructure Community Care Services, the following elements are critical to future sustainability:

- Decision making closer to the person
- Working with communities to redesign services
- Flexible and adaptable leadership through matrix management
- Strategic planning which supports local perspectives a broader commissioning role for Community Care services
- Making best use of our resources, which must be targeted appropriately
- Service delivery focused on early intervention and prevention as well as supporting people with long term/ complex needs
- A robust quality assurance and performance framework
- Creating a safe environment for internal and commissioned services to be autonomous and innovative

- 4.2 The model reflects the continued need for investment in early intervention and preventative services such as Access Team, Reablement and Recovery approach.

- 4.3 This model will see a fundamental change in the role of social workers and social service provision. The management of the fieldwork teams in localities will need to change in order for there to be capacity for strategic development in Locality Management Groups. It will also be necessary to incorporate the management of commissioned services. Social Workers will need to have professional supervision and support as their role changes. Developing a lead social work role in each locality will support the Clinical and Care Governance Framework being developed through Health and Social Care Integration. This model is dependent on developing integrated models of working both at a strategic and operational level.

## **5 QUALITY ASSURANCE**

- 5.1 In preparing for the future, it is necessary to establish an environment of continuous improvement, supported within a framework of quality and performance within Community Care. It is essential that locality teams develop, plan, monitor and regularly analyse information to routinely ensure that improvement and quality assurance are seen as a core component of everyday practice.

This will complement the work that we will be doing with the Care Inspectorate and the link worker in developing a programme of improvement. There is significant activity undertaken in relation to improvement across the service, including a range of multi/single-agency audits, inspection and self - evaluation. The priority is to coordinate this work to develop an improvement plan which reduces duplication, identifies efficiencies, is meaningful to managers and practitioners and ensures the following:

- That continuous improvement is at the heart of locality plans
- That Service strategies reflect legislation, national guidelines and priorities to ensure that the localities meet future needs
- That development and implementation of best practice improves services to customers in line with the BMIP and current professional good practice

### **5.2 Implications/Risks**

- Decentralising specialist care teams
- Potential dilution of key statutory functions
- Reduction of funding impacts adversely on the level of commissioned services provided
- The risk that quality and monitoring of commissioned services may be compromised by the reduction in the workforce
- Workforce are unable to implement the change in working practices required to support transformation.

Areas of risk have been identified, and actions to address these are already underway (e.g. Quality Assurance and Commissioning), whilst actions to diminish other risks will be articulated in the consultation process.

### **5.3 Staff Engagement/Communication**

A robust programme for staff involvement has been developed and is taking forward key messages through a variety of media/fora. Staff are being provided with opportunities to meet with the Community Care Management Team on a regular basis.

### **5.4 Finance**

It is necessary to consider the implications of a locality based model on current finance systems. There are some key issues such as devolving and monitoring budgets which must be resolved (e.g. Budgets for funding residential placement).

## 5.5 Workforce and Organisational development

Colleagues from HR and Learning and Development are considering future workforce development in the wider context of Health and Social Care integration, including any direct impact on staff who are currently based in centralised teams. We are reviewing the service (posts, turnover, staff ages over the past four years) and will develop a service profile based on locality information. This will ensure that we have the appropriate resources to anticipate demand as well as support future transformation work. Learning and development officers have been aligned to localities to support staff to prepare for the future; working in partnership within localities. We will share resources, particularly with NHS Tayside. This will be a key objective of the Organisational Development Plan for health and social care integration. Changing the culture will be facilitated by adopting and promoting the wider corporate agenda of Learn, Innovate and Grow – which will support both the integration and transformation agendas.

## 5.6 Planning and Commissioning

The move to locality working does have significant implications for locality managers who will have strategic responsibility for locality planning and care groups – in addition to their role in planning and commissioning - critical to supporting both multi-agency care group strategies and locality plans. The agreement of the proposed model is necessary to enable planning and commissioning to support the necessary changes to working practices and to support the locality managers.

## 6 CONCLUSIONS AND RECOMMENDATIONS

- 6.1 The proposed model aims to restructure the way in which Community Care Services are delivered in Perth and Kinross. It is intended that this model will ensure that key statutory functions are retained whilst addressing the continuing financial pressures facing public sector services. The success of this proposal will be dependent on developing robust commissioning frameworks and strong partnerships to ensure the delivery of excellent social care services.
- 6.2 It is recommended that Housing and Health Committee endorse the future strategy for Community Care Services for 2015-2018 and note the mutual dependency between Health and Social Care services at locality level.
- 6.3 It is further recommended that Housing and Health Committee instruct the Director (Housing and Community Care) to bring forward a further progress report in 6 months time.

### Author(s)

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**Approved**

| <b>Name</b> | <b>Designation</b>  | <b>Date</b>    |
|-------------|---|----------------|
| John Walker | Depute Chief Executive<br>(Corporate and Community<br>Development Services) | 9 October 2015 |

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

| <b>Strategic Implications</b>                       | <b>Yes / None</b> |
|---|-------------------|
| Community Plan / Single Outcome Agreement           | <b>None</b>       |
| Corporate Plan                                      | <b>None</b>       |
| <b>Resource Implications</b>                        |                   |
| Financial   | <b>None</b>       |
| Workforce   | <b>Yes</b>        |
| Asset Management (land, property, IST)              | <b>None</b>       |
| <b>Assessments</b>                                  |                   |
| Equality Impact Assessment                          | <b>None</b>       |
| Strategic Environmental Assessment                  | <b>None</b>       |
| Sustainability (community, economic, environmental) | <b>None</b>       |
| Legal and Governance                                | <b>None</b>       |
| Risk  | <b>None</b>       |
| <b>Consultation</b>                                 |                   |
| Internal  | <b>Yes</b>        |
| External  | <b>No</b>         |
| <b>Communication</b>                                |                   |
| Communications Plan                                 | <b>Yes</b>        |

### 1. Strategic Implications

#### - Community Plan / Single Outcome Agreement

1.1 This report supports the following single outcome agreement objectives:

- (iv) Supporting people to lead independent, healthy and active lives
- (v) Creating a safe and sustainable place for future generations

#### Corporate Plan

1.2 This report supports the following objectives within the Corporate Plan:

- (iv) Supporting people to lead independent, healthy and active lives; and
- (v) Creating a safe and sustainable place for future generations.

### 2. Resource Implications

#### Financial

2.1 There are no direct financial implications arising from this report.

#### Workforce

2.2 Refer to section 5.5 of this report.

### Asset Management (land, property, IT)

- 2.3 There are no land, property or IT implications arising from this report.

## **3. Assessments**

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of EqIA

### Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

No action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

### Sustainability

- 3.3 N/A.

### Legal and Governance

- 3.4 The Head of Legal Services has been consulted on proposals within this report.

### Risk

- 3.5 This paper sets out a vision for the future which sustains key services and seeks to bring others into play. The consultation and review process with staff and Unions will affirm those risks identified at paragraph 5.2 of the report and proposed actions to address.

## **4. Consultation**

### External

- 4.1 CSWD; Chief Officer; Senior Managers and Officers HCC and EOT.

**5. Communication**

5.1 N/A.

**2. BACKGROUND PAPERS**

Medium Term Financial Plan.

