

Governors' Council

17th November 2011

Establishment of the Primary and Community Services Care Group

1 Purpose of the paper

The purpose of this paper is to set out the arrangements for the establishment of a ninth Care Group for "Primary and Community Services" from 1 October 2011. It will outline the current position following the interim period and arrangements for the future to ensure appropriate review and establishment of new structures.

2 Background

The Community Services that transferred into the organisation on 1 April 2011 had interim management arrangements in place until 30 September 2011, working as a virtual Care Group within STHFT. The creation of the ninth Care Group was agreed as important to ensure:

- continued focus on delivery of services
- identity for community services both for staff and key stakeholders
- recognition of the need for different models of delivery within community settings

Following agreement to create a ninth Care Group, transition plans were developed to ensure new management arrangements were in place by 1 October 2011.

3 Interim phase position up to October 2011

A key focus has been to ensure the senior team within the care group had the capacity to deliver the challenging agenda during this interim phase. Management arrangements continued and remain relatively unchanged although key personnel changed as staff moved onto new roles towards the end of this phase. It was the priority of this team to ensure continued delivery of safe services following the transfer to a new organisation; supporting staff during the major restructuring of corporate services and contributing to the evolving strategy of the organisation.

In creating the ninth Care Group, it was agreed that the infrastructure would mirror existing Care Groups and the recruitment of a Clinical Director took place during the summer. The Clinical Director commenced in post on 5th September and prior to starting the role held a number of discussions regarding immediate work that required undertaking. This was driven by the fact that four key members of the previous senior team (seven in total) were leaving at the end of September; two others were being transferred into corporate teams (early October), leaving one acting role.

In managing the transition, an action plan has been in place to manage identified risks and will continue to be closely monitored. A significant risk raised was the loss of senior management leadership and capacity. The urgent recruitment of a General Manager role was agreed to maintain capacity at senior level, and provide symmetry with other Care groups. The recruitment is now complete with Ruth Brown appointed and she is expected to formally take up post 1st November, however to ensure the

capacity is at a safe level Paula Crosby has been asked to remain in her acting role as Associate Director of Operations for a further 3 months giving additional capacity to the care group.

4 Establishing the new Care Group

Vision:

The refresh of the organisation's strategy and transformation work that has taken place (and is still in progress) has ensured that a wide variety of stakeholders have contributed to discussions about the shape of the care group and what services should be provided.

Relationships across acute and community have developed well since the transfer as community services have had a high level of involvement in the strategy refresh and consideration of the workstreams. Opportunities for closer working and the improvement of patient pathways have been identified and action taken to make immediate improvements (see October Board paper on Quick Wins).

A copy of the paper describing evolving vision for the Care Group is attached at appendix A. This will be developed further as the Care Group becomes established and the strategy for the organisation is confirmed over the coming months.

Services:

The services within the Care Group on 1 October 2011 are those that transferred into STHFT on 1 April from Sheffield PCT Provider Services (26 in total). As the strategy is refreshed and a transformation programme developed for the next five years, it is anticipated that services from the wider organisation may move into the Care Group and some services may move out. This will take place in consultation with stakeholders and in line with the evolving strategy of the wider organisation.

Management arrangements:

As described above, the Care Group will have a Clinical Director and General Manager. Accountability for the services transferred from the Interim Managing Director to the Clinical Director on 19th September. Structures for the delivery of clinical services will continue within three clinical business units. A review will take place during November with a view to consulting on a new structure by December. This does not preclude that some services will require further debate after this time in line with the consultation on the organisational strategy. A copy of the high level structure and meeting arrangements is attached at appendix B.

The management team and corporate staff to be located with community services have been brought together in West Court in Hillsborough enabling Dragoon Court to be closed and notice given. An initial review of estates will be undertaken with the aim of identifying the community location for the management team and relevant support staff by the end of January 2012.

Clinical leadership team:

The care group covers a diverse range of services with a wide range of professionals. To maintain the key professional accountability arrangements and the appropriate clinical focus of the Care Group an initial Clinical leadership team will be formed to include a Lead GP, Nurse, and Allied Health Professionals (AHPs). This will grow as shaped by the services we will provide within the Care Group. Current work in progress is clarifying the role of the lead GP and the recruitment process.

Maintaining performance:

Management and governance groups will remain unchanged to ensure arrangements are in place for the continued delivery of safe services and maintenance of performance. All groups will be reviewed and appropriate terms of reference agreed.

Corporate services:

Following the transfer of all staff into Corporate functions, clarity about future ways of working is required to ensure business continuity in areas including HR, Finance, IT, Business Development and Governance. The Clinical Director is currently agreeing these arrangements with the relevant Executive Director. It is crucial that this is communicated to Community staff in November as it will require new ways of working and changes to personnel.

Staff engagement:

The transfer of the corporate staff was completed by 17 October 2011. There has been regular communication with this staff group during the transition period; however the impact of this change programme cannot be underestimated.

As we move into a period of review for the clinical services, staff communication and engagement will be essential to ensure the continued delivery of safe services during a period of personal uncertainty and service change. A high level of support from HR will be required during this next phase.

5 Recommendation

The Governors' Council is asked to note progress in the establishment of a ninth Care Group for "Primary and Community Services" from 1 October 2011 and the arrangements to ensure the move from interim to new arrangements will be successful.

**Penny Brooks
Clinical Director
Primary and Community Services Care Group
November 2011**

Appendix A

An Evolving Strategy for the Primary and Community Services Care Group

Our core business is to support people in their own homes and in their communities by providing high quality health services that promote independence and improve quality of life.

Within the overall strategic direction of the Trust, the Primary and Community Services Care Group aims to be a leading provider of adult community and primary healthcare services, setting a standard of excellence through the delivery of innovative, effective and efficient healthcare.

The Care Group will

- build on its successful partnerships with primary care, social care and hospital based services – as well of course with patients and their carers.
- Further develop and support self-care
- Pursue an ambitious application of available assistive technology
- Invest in the development of appropriate skills in our workforce.

Within this overall context, the core objectives are:

1. To deliver world class services

- Deliver consistently safe, high quality services focused around the patient/client experience
- Realise the benefits of integration across community services, through transformation and service redesign, continuously enhancing quality and optimising productivity and efficiency
- Develop a robust business model that builds on work to date and integrates into the business of the Trust, implementing service level reporting and establishing systems to meet Monitor requirements and to ensure compliance with CQC and NHSLA requirements

2. Further to develop external partnerships

- Play leading role in Sheffield system-wide redesign, particularly in respect of unscheduled care work
- Working with primary care and social care partners, and independent sector partners where appropriate, seek to ensure seamless patient pathways
- Move to integration of services under single management structures where appropriate

3. Realise the benefits of integration internally

- Seek to ensure that real and sustainable transformation of patient pathways happens across services within the Trust
- Be proactive in engaging with acute colleagues about the range and availability of community services, developing clear action plans following the outcome of 13 September event and November Board of Directors
- Develop as appropriate community based service models and capacity as alternative to hospital care

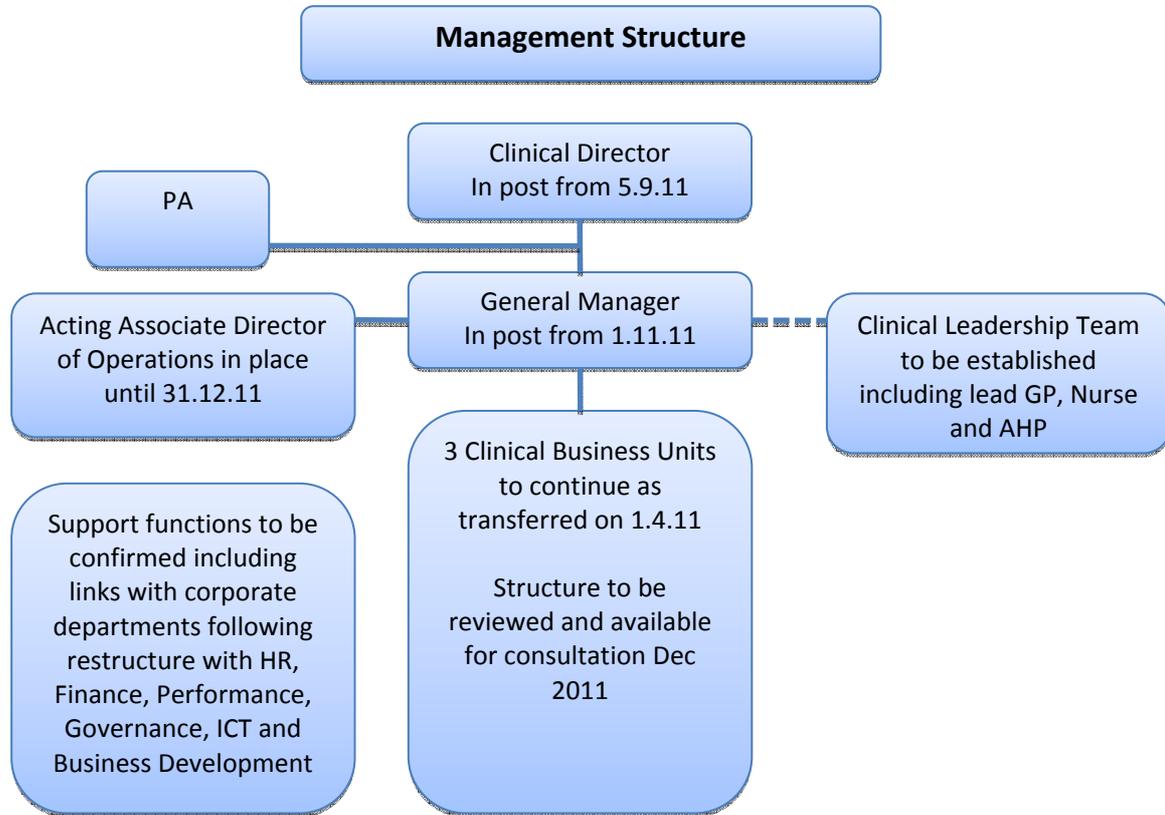
4. Continue to expand services and capacity

- Working with commissioners and partners locally, ensure that opportunities are pursued to expand appropriate community services, using experience and knowledge of staff to best effect
- Establish a clear strategy for responding to growth opportunities external to Sheffield building on successful track record to date
- Identify appropriate business opportunities both to expand on existing services and to expand overall portfolio

Penny Brooks
Clinical Director
Primary and Community Services Care Group
October 2011

Appendix B

Primary and Community Services Care Group



Decision making, governance and monitoring structure to be reviewed by end December 2011



