



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19TH APRIL 2023

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SENIOR MANAGEMENT STRUCTURE UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB21-2023

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Integration Joint Board (IJB) about the developing DHSCP senior management structure

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the updated senior management team structure as outlined in Appendix 1 to this report.

3.0 FINANCIAL IMPLICATIONS

3.1 The costs associated with the senior management team structure are contained within the Health and Social Care Partnership’s existing budget.

4.0 MAIN TEXT

4.1 In the initial period of integration, the Health and Social Care Partnership (HSCP) structure was created based on localities. This was with a view to moving towards a locality model of service provision where each manager would be responsible for the range of services in specific geographical areas. However, the health and social care needs of the population in Dundee, geography of the city and preferences of citizens have meant that whilst some services are, or will in the future, be delivered on a locality basis a model of provision based only on localities is not suitable in the Dundee context.

4.2 Throughout and subsequent to the pandemic the HSCP has seen significant changes to the landscape of health and social care need and service delivery environment. This has included increased pressure in the demand profile for services and supports, alongside workforce challenges in a time of financial pressures and significant public sector reform. The HSCP now requires to develop a senior management structure which has sufficient capacity to address current and future challenges.

4.3 Turnover of staff has provided an opportunity to review the HSCP staffing structure and to create one that reflects the post pandemic landscape and the demands placed on the HSCP. This structure will sustain two Heads of Operational Services and a Chief Finance Officer reporting to the Chief Officer alongside the Lead Nurse and Clinical Director.

4.4 During the Covid Pandemic, there were unprecedented challenges and many of the usual processes were stood down, a temporary structure was put into place on an emergency basis. It is now clear that to address ongoing challenges this structure should be adopted on a permanent basis.

4.5 The two Head of Service portfolios are aligned with ongoing improvement and transformation activity:

The first of these consists of Mental Health, Drug and Alcohol, Public Protection and Primary care. These are key priorities identified in the Strategic Needs Assessment and there are significant programmes of work ongoing in each service area. The structure reflects the need to bring the delivery of these services closer together. Additionally, the demand on the management team in terms of reporting and oversight in these service areas are particularly significant and this structure reflects the need to have sufficient capacity to respond to this.

The second Head of Service which was created in 2020 will now be established through due process on a permanent basis to allow capacity to address other areas of priority for the HSCP. This portfolio includes urgent and unscheduled care, downstream inpatient facilities, Older People's mental health and integrated community teams.

4.6 The Chief Finance Officer's Senior Management Team remains largely unchanged with most of the reconfiguration to enhance capacity taking place at lower management levels.

4.7 A range of posts have been filled on a temporary basis, further work will be required to make permanent appointments. In addition some of the vacancies, and new posts will require further work in terms of job evaluations. Work has already commenced with both HR functions to support this process.

4.8 The plans to put in place more sustainable arrangements across service areas have recently been shared with the LPF and management team. We will continue to work with staffside, trade union, and HR colleagues to work through the processes required for management arrangements, and to fill the vacancies present.

4.9 The new structure will provide more resilience to respond to the range of strategic and operational challenges the HSCP will continue to face and mitigate a range of existing and emerging risks over the coming years. It is recognised that a number of people have shown significant flexibility and support to the temporary changes necessary during the pandemic. It is clear that without this support the high standards of care and performance that have been evident would not have been possible. There is now a need to provide clarity for all of those affected, and to ensure we have the capacity in place for the challenges ahead. The Chief Officer will seek the support of both HR systems to make permanent arrangements for the temporary posts, and to complete any evaluations required for vacancies and new posts.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	Lack of capacity in the senior management team will impact on the ability of the Health and Social Care Partnership to deliver on the Strategic Plan
Risk Category	Governance, Legal
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk scoring 16 (which is an Extreme risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Work is underway to establish the posts in this structure on a permanent basis
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Approval recommendation	The IJB should update their strategic risk register to reflect the above risk and to enable ongoing monitoring.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

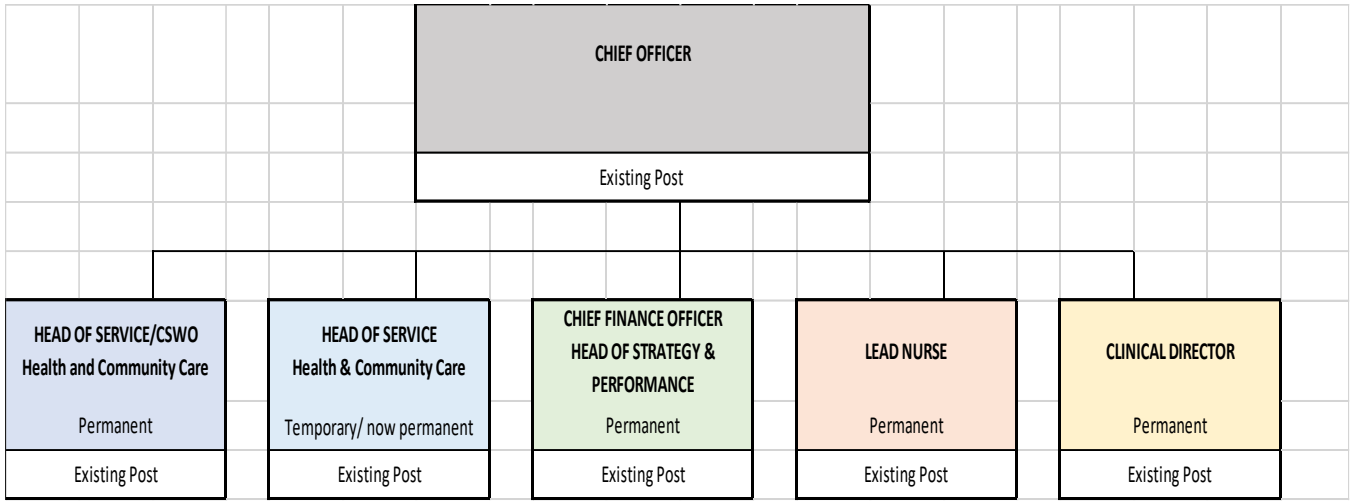
Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Vicky Irons
Chief Officer

DATE: 24 March 2023



HEAD OF SERVICE/CSWO
 Health and Community Care
ADULT SERVICES
 Existing Post

SNR SERVICE MANAGER / LOCALITY MANAGER
 Mental Health/ Learning Disabilities
 Existing Post

LEAD AHP/SERVICE MANAGER
 Nutrition & Dietetics
 Existing Post

SERVICE MANAGER
 Primary Care
 Existing Post

SERVICE MANAGER
 DRUGS & ALCOHOL/ PROTECTING PEOPLE
 Existing Post

SENIOR MANAGER
 Improving Cancer Journey
 Existing Post

SERVICE MANAGER
 Mental Health / Learning Disabilities
 New Post

SERVICE MANAGER
 Mental Health / Learning Disabilities
 New Post

DIRECTOR
 Tayside Psychological Therapies Service
 Existing Post

CLINICAL LEAD IN PSYCHOTHERAPY
 Multidisciplinary Adult Psychotherapy Service (MAPS) and Veterans First Point Tayside
 Existing Post

CLINICAL LEAD
 Mental Health/ Learning Disabilities
 Existing Post

SERVICE LEAD
 Strategic & Corporate
 Existing Post

PROGRAMME MANAGER
 Primary Care
 Existing Post

NURSE MANAGER
 DDARS
 Existing Post

INTEGRATED MANAGER
 Mental Health/ Learning Disabilities
 Existing Post

INTEGRATED MANAGER
 Mental Health/ Learning Disabilities
 Existing Post

DEPUTY DIRECTOR
 of Psychological Therapies
 14 Lead Clinicians
 New Post

SERVICE LEAD
 Weight Management
 Community Food/Health
 Existing Post

PROGRAMME MANAGER
 Long Term Conditions
 Existing Post

INTEGRATED MANAGER
 DDARS
 Existing Post

INTEGRATED MANAGER
 Mental Health/ Learning Disabilities
 Existing Post

INTEGRATED MANAGER
 Mental Health/ Learning Disabilities
 Existing Post

SERVICE LEAD
 Community Services
 Existing Post

CLINICAL LEADS
 Existing Post

INTEGRATED MANAGER
 Public Protection
 Existing Post

INTEGRATED MANAGER
 Employability
 New Post

NURSE MANAGER
 Existing Post

SERVICE LEAD
 Hospital Services
 Existing Post

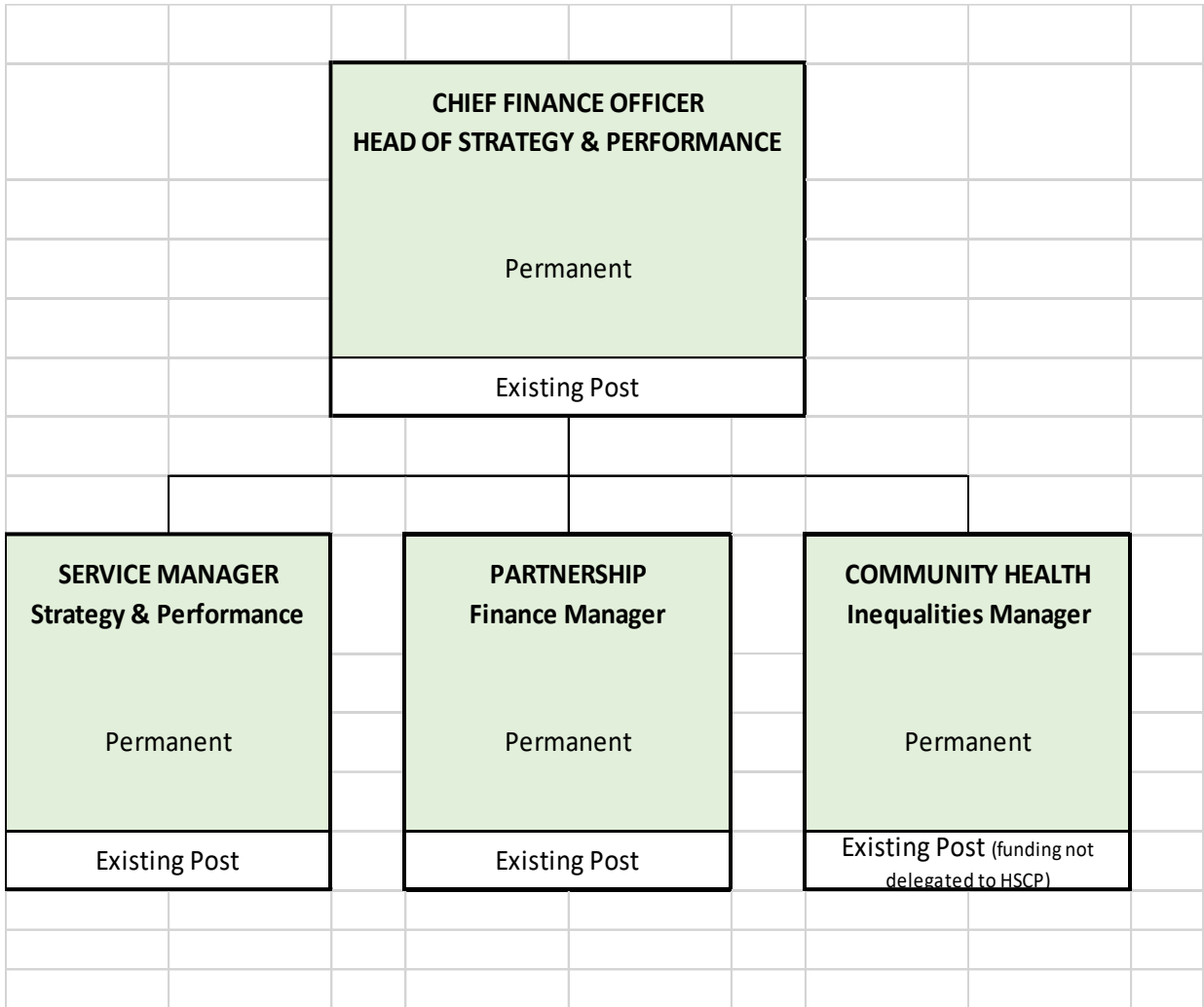
SERVICE LEAD/INTEGRATED MANAGER
 Health Inequalities
 Existing Post

SERVICE LEAD
 Sexual Health & Reproduction
 Existing Post

CCPG
 Existing Post

PRIMARY CARE MH
 Existing Post

CLINICAL LEADS
 Existing Post



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