

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board	
Held on	28th April 2021	
Agenda Item:	7	
Title:	Devolution of Podiatry Services	
<p>Summary: This paper provides detail on the proposed devolution of Podiatry Services to the three NHS Ayrshire & Arran Health and Social Care Partnerships (HSCP). Currently all Podiatry services are provided on a pathway basis hosted in the east. The paper proposes that the existing pan-ayrshire Diabetes and Enablement podiatry pathways merge and services are devolved and managed alongside AHP services. The Musculoskeletal (MSK) Podiatry service will remain part of the wider pan-ayshire MSK service hosted within East Ayrshire HSCP. This proposal has been approved by East Ayrshire HSCP as Lead partnership in March 2021.</p>		
Author:	Elaine Hill	
<p>Recommendations: It is recommended that members of the Integration Joint Board (IJB):</p> <ol style="list-style-type: none"> i. Note the contents of this paper ii. Endorse the proposed devolved model of podiatry as detailed within paragraphs 18 to 23 of this paper. iii. Endorse the transfer of budget to South Ayrshire Health and Social Care Partnership as detailed within section 5 of this paper, with effect from 1st April 2021; iv. Note that arrangements to implement the change to a devolved Podiatry service will commence from April 2021 		
<p>Route to meeting: The proposal contained within this paper has been developed in consultation with SPOG, with papers tabled on 26th October and 21st December 2020.</p> <p>This paper was considered by the Ayrshire Finance Leads group on 19th March 2021.</p> <p>This proposal was approved at East Ayrshire IJB as current host partnership on 24th March.</p>		
<p>Directions:</p> <p>1. No Directions Required <input type="checkbox"/></p> <p>2. Directions to NHS Ayrshire & Arran <input type="checkbox"/></p> <p>3. Directions to South Ayrshire Council <input type="checkbox"/></p> <p>4. Directions to both SAC & NHS <input type="checkbox"/></p>		<p>Implications:</p> <p>Financial <input type="checkbox"/></p> <p>HR <input type="checkbox"/></p> <p>Legal <input type="checkbox"/></p> <p>Equalities <input type="checkbox"/></p> <p>Sustainability <input type="checkbox"/></p> <p>Policy <input type="checkbox"/></p> <p>ICT <input type="checkbox"/></p>

DEVOLUTION OF PODIATRY SERVICES

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide detail on the proposed devolution of Podiatry Services to the three NHS Ayrshire & Arran Health and Social Care Partnerships (HSCP) that has been approved by East Ayrshire HSCP as Lead partnership in March 2021.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

- i. Note the contents of this paper
- ii. Endorse the proposed devolved model of podiatry as detailed within paragraphs 18 to 23 of this paper.
- iii. Endorse the transfer of budget to South Ayrshire Health and Social Care Partnership as detailed within section 5 of this paper, with effect from 1st April 2021;
- iv. Note that arrangements to implement the change to a devolved Podiatry service will commence from April 2021

3. BACKGROUND INFORMATION

- 3.1 Podiatry focuses on the diagnosis, treatment, prevention and management of diseases, defects and injuries of the foot, ankle and lower limb. This includes ankle and foot injuries and trauma, problems with gait, balance or walking, complications related to medical conditions such as diabetes and arthritis and diseases of the skin and nail. Interventions range from support in self-care through to specialist work in areas such as nail surgery, steroid injection therapy, arthritis, diabetes, vascular, renal, wound management, sport injuries and specialist footwear clinics.
- 3.2 The Podiatry Service is provided by a team of clinicians that include advanced practitioners, specialist podiatrists, podiatry assistants and healthcare assistants. Podiatry is a pan Ayrshire, whole system service, currently led through East Ayrshire Health and Social Care Partnership. It provides open access / self-referral. Assessment is undertaken to determine clinical need and provided to people on the basis of medical risk and / or podiatric need.
- 3.3 Podiatric care is delivered in variety of settings including community clinics, acute hospital MDT clinics, community hospitals, domiciliary/care home settings and Prison. In addition, the service provides telephone and 'Near Me' consultations as well as liaising with 3rd sector volunteers to support patients and their carers.

- 3.4 Previous Devolution of AHP Services. At the point of establishment of the three Ayrshire HSCPs, it was agreed that South Ayrshire HSCP would take a lead partnership role in relation to the management and governance of AHP services. These arrangements were agreed in May 2015 and widely supported after extensive engagement with the professions, their representative bodies and external stakeholders
- 3.5 However, as the partnerships evolved the lead partnership arrangements presented some challenges and as a result, a review of integration schemes was undertaken in the summer of 2017. The review suggested that current lead partnership arrangements may no longer deliver the aspiration to maximise devolution of staff and budgets to the partnership, nor enable AHPs to maximise their impact within each of the partnerships.
- 3.6 Following a subsequent process of review and engagement, a paper was tables at SPOG on the 17th December 2017, which made recommendations for the future leadership and management arrangements for AHP services in Ayrshire, devolving these to each HSCP as far as possible, using the following principles to guide direction:
- Size and scope of each particular service: Where there would be fewer than two staff per partnership a continued hosting arrangement was considered appropriate
 - Location of service: Where it was not felt appropriate to split a service, the management arrangements would depend on the location or alignment of that service (i.e. the majority of AHP Mental Health services are hosted in North HSCP which has Lead Partnership responsibility for mental health services)
 - Any devolution should be cost neutral – avoiding any additional cost pressures associated with additional management requirements.
 - Appropriate clinical and staff governance arrangements would be ensured alongside line management arrangements
 - The high level of engagement, performance and culture of improvement engendered by the current team within the current arrangements, should be built upon in any future arrangement.
- 3.7 In December 2017 SPOG recommended the transfer of relevant budget from South Ayrshire Integration Joint Board (IJB) to North and East IJBs, and the devolution of AHP Services to each Health and Social Care Partnership, in line with the above guiding principles.
- 3.8 At the point of devolution of AHP Services, an option appraisal process was under way to determine the optimum future arrangements for the management and leadership of AHP Musculo-Skeletal Services (MSK) services. Due to the official interface between AHP MSK services, and Podiatry, it was agreed not to devolve Podiatry Services until this AHP MSK option appraisal process was concluded. The MSK option appraisal has since concluded, with the preferred option being implemented in August 2020. This saw the podiatry MSK pathway being managed through an AHP MSK service.

- 3.9 Proposed Devolution of Podiatry Services: As a result of recent Podiatry Service learning, review and engagement, and following the recent implementation of MSK option appraisal, it was proposed that the remaining Podiatry Services should now be devolved to the three Ayrshire Health and Social Care Partnerships (HSCPs), in line with the rest of AHP services. The Podiatry Clinical Governance Group (CGG) embraced the opportunity to consider how best to bring about a fundamental reform of devolving, integrating and aligning service to each of the Health and Social Care Partnerships, and to consider options for optimum patient experience, and a workforce model best matched to the future needs and strategic ambitions.
- 3.10 A scrutiny exercise was undertaken, led by the Podiatry Service Managers, with support from finance colleagues. Demand and activity data was used to quantify service performance to date, with projections around future demand based on demography – an increase in the number of older people, long term conditions and complexity – and emerging models of care. Of particular relevance is the rise in prevalence of diabetes and associated foot problems which are known to be a major cause of patient suffering, societal costs, in-patient admissions and impact on services. As such, the time taken to support and manage people requiring podiatry Interventions is increasing and will continue to further impact on demand and capacity.
- 3.11 Discussions also took place with the Podiatry Service Managers, with input from Partnership Representatives, and Human Resources Manager in terms of future management and professional leadership arrangements to anchor podiatry to the new model. The ambition was to achieve consistency with the arrangements in place for the other AHP professions in a devolved structure, and to ensure there was sufficient level of professional seniority and podiatry advanced clinical expertise available to the three AHP Senior Managers and Integration Joint Boards, and such arrangements be enabled within existing resources.

4. REPORT - PROPOSED DEVOLVED MODEL OF PODIATRY SERVICES

- 4.1 It is therefore proposed that the Podiatry Service moves away from a model hosted in one HSCP area, and based around pan Ayrshire pathways, and moves to a devolved Podiatry Service in North, South and East Ayrshire HSCP. Staff from the existing Enablement and Diabetes Podiatry Pathways will merge to provide a more flexible and person centred, evidence base approach, and be operationally managed by a geographical HSCP Podiatry Team Manager.
- 4.2 The proposed model also realises cost neutral opportunity presented by current and forthcoming vacancies, and aligns with AHP workforce planning ambitions focused on supporting staff to work to their full potential, using their unique skills to meet the needs of our population. The model provides opportunity to support leadership and skill development at all levels within the podiatry staff group to get the right skill mix and succession plan for the future workforce needed to deliver on Caring for Ayrshire in the next 10 years. This model aligns with the national Transforming Roles agenda which places specialist,

advanced practice and consultant AHP roles at the centre of a modern and realistic medicine driven Health and Social Care Service

- 4.3 The aforementioned skill mix review will support each HSCP area to have a Band 7 Advanced Podiatry Practitioner who will work across care sectors in partnership with other professionals in order to develop appropriate evidence-based pathways, protocols, policies and clinical guidelines of care; including the use of Prescription Only Medicines and primary prevention strategies and provide expert clinical practice and leadership for Podiatry Services within NHS Ayrshire & Arran. This will include a new post of an additional Band 7 Advanced Podiatry Practitioner within acute setting based at Ayr Hospital to support rising demand upon the MDT Diabetes Service and the impact of the West of Scotland Vascular Service to commence in 2021.
- 4.4 The Podiatry Service is awaiting a national official release on diabetic foot screening which has been agreed by both the Scottish Diabetes Foot Action Group and the National Podiatry Managers Group. A review of this service will commence following such official statement. Meantime, the proposal is that the podiatry foot screening resource remain within East Ayrshire, until such review is concluded.
- 4.5 Professional leadership and service management will be provided by the substantive 2 WTE Podiatry Service Managers, whose roles will be reshaped to be aligned to the three HSCPs, accountable to the AHP Senior Manager in each HSCP. Professional Governance will continue to be assured through a pan Ayrshire Podiatry Governance Group, which will report into AHP Risk, Workforce and Governance Group in line with the recently reviewed arrangements. This is consistent with the other Ayrshire AHP services.
- 4.6 The relevant due diligence and change processes have been progressed with a view to enacting the changes associated with this, with effect from 1st April 2021.
- 4.7 People who use services and carers implications:** Set against the organisational context of promoting NHS Ayrshire and Arran's purpose, commitments and values, the Podiatry Service has actively reviewed its structure and culture in relation to current and future service provision to ensure that people with a foot health related need, receive the best possible quality, outcome focused care, whilst supporting their families and/or carers with advice and support.

5. STRATEGIC CONTEXT

- 5.1 This proposal will enable the Podiatry Service to work more closely with South Ayrshire communities to improve and sustain wellbeing, care and promotion of early intervention and meet wider ambitions set out within the HSCP strategic plan.

5.2 The National Clinical Strategy for Scotland, along with work on Realistic Medicine, improving the health of the population and delivering upon 'Caring for Ayrshire' are the key drivers for the Podiatry Service to deliver transformational change. The Podiatry service will continue to work together across the 3 health and social care partnerships to share learning and drive transformational change.

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 The budgets for the proposed areas of devolution have been reviewed with service managers to align all post holders and vacancies with the correct partnership, ensuring equity of resource for each area. For supplies, community NRAC shares were used to equitably split the available funding. In line with Zero-based budgeting, vacancies are included at mid-point. Vacancy factor, and previously unallocated CRES have been reallocated accordingly. CRES element has been indicatively allocated and will be confirmed prior to final devolution of resource.

6.1.2 Full details of the associated calculations can be seen in Appendix A. In summary, the total podiatry budget within East HSCP for devolution is £2.1m and is proposed to be allocated as follows:

Table 1: Devolution of Podiatry Resource		
	TOTAL	WTE
North	£677,752	13.9
East	£815,526	15.99
South	£665,820	12.09
TOTAL	£2,159,097	41.98

6.1.3 As described earlier, a budget of £84k for Diabetic foot screening remains in East HSCP, and is included in the figures above.

6.1.4 The move is cost neutral and requires no investment. Uplifts to HSCPs calculated at Month 9 will not take account of this change and the uplift of base budget to East will need to be adjusted to share this out with East and North South.

6.2 Human Resource Implications

6.2.1 The associated human resource implications have been progressed in consultation with Human Resources and Partnership colleagues and in line with NHS Ayrshire and Arran's Organisational Change Policy.

6.3 Legal Implications

6.3.1 The changes planned associated with this paper are consistent with the legislation around the integration of health and social care, and the HSCP strategy around communities and devolved care.

6.4 Equalities implications

6.4.1 The report has no direct equality implications. The report links to the Partnership's Strategic Plan and recognises the additional impact the COVID19 crisis has had on families living with poverty, and communities adversely affected by health and inequalities.

6.5 Sustainability implications

6.5.1 Improved locality alignment should assist with our ambitions to reduce unnecessary travel.

6.6 Clinical/professional assessment

6.6.1 The Podiatry Clinical Governance Group (CGG) have been core to developing this model to achieve optimum patient experience, and a workforce model best matched to the future needs and strategic ambitions

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 Podiatry staff and partnership colleagues have been consulted with throughout this process

7.2 AHP managers senior managers across 3 HSCP's and podiatry managers have worked in partnership in preparation of the report.

8. RISK ASSESSMENT

8.1. There are no anticipated risk associated with the proposals contained within this paper.

REPORT AUTHOR AND PERSON TO CONTACT

Name: Elaine Hill

Phone number: 07866 984495

Email address: Elaine.Hill@aacpt.scot.nhs.uk

Implementation Officer: Rhona Allardice,
Podiatry Service Manager
email;Rhona.allardice@aapct.scot.nhs.uk

BACKGROUND PAPERS



SAHSCP IJB
Devolution of podiatry

11th March 2021

