

	<h2>General Functions Committee</h2> <h3>6 December 2016</h3>
<p style="text-align: right;"><b>Title</b></p>	<p><b>Restructure Proposals of the Adults and Communities Mental Health Service</b></p>
<p style="text-align: right;"><b>Report of</b></p>	<p>Adults and Communities Director</p>
<p style="text-align: right;"><b>Wards</b></p>	<p>All</p>
<p style="text-align: right;"><b>Status</b></p>	<p>Public</p>
<p style="text-align: right;"><b>Urgent</b></p>	<p>No</p>
<p style="text-align: right;"><b>Key</b></p>	<p>Yes</p>
<p style="text-align: right;"><b>Enclosures</b></p>	<p>Appendix A1 – Restructure of the Adults and Communities Mental Health Service Consultation Document - Consultation Report                  Appendix A2 – Adults and Communities Mental Health Service Final Proposals                  Appendix B1 – Staff Equalities Impact Assessment                  Appendix B2 – Public Equalities Impact Assessment                  Appendix C – Trade Union Response</p>
<p style="text-align: right;"><b>Officer Contact Details</b></p>	<p>Karen Morrell, <a href="mailto:Karen.morrell@barnet.gov.uk">Karen.morrell@barnet.gov.uk</a>, 020 8359 6181</p>

<h2>Summary</h2>
<p>This report outlines changes to the workforce and structure in the Adults and Communities Mental Health service, in order to reflect an enablement and social care model of mental health; and the requirement to deliver council wide workforce efficiencies.</p> <p>As a consequence of these changes one member of staff in the Adults and Communities Mental Health service will be placed at risk of redundancy. For some roles there will be a change of location, line management and a change of job title. There will be deletion of some vacant posts and changes to the remaining vacant posts. Some staff are currently seconded to Barnet, Enfield and Haringey Mental Health Trust (BEHMHT), this arrangement will end and all these staff will be directly managed by the Adults and Communities Delivery Unit.</p>

## **Recommendations**

- 1. That the General Functions Committee approve the proposed restructure of the Adults and Communities Mental Health Service, including the deletion of existing posts and the creation of new posts as set out in Appendix A.**
- 2. That authority to take all necessary actions to put in place transitional arrangements to ensure the continuity of business as these proposals are implemented be delegated to the Adults and Communities Director.**

### **1. WHY IS THIS REPORT IS NEEDED**

- 1.1 This report concerns the proposed changes to the establishment of the council. According to the HR Regulations in the Constitution, where terms and conditions of employment are to be introduced or replaced in a restructure the restructure will be taken to have major implications and a report must be submitted to General Functions Committee.
- 1.2 On 16 September 2015 the Adults and Safeguarding Committee approved the [Barnet Enablement Pathway Business Case](#) for implementation, including the recommended model of enablement.

### **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The committee is asked to approve the restructure which will have the effect of formally altering the council's establishment, specifically the Adults and Communities Delivery Unit.
- 2.2 The details of the proposed changes can be found in the Restructure of the Adults and Communities Mental Health Service Consultation Document - Consultation Report and Final Proposals (Appendix A)
- 2.3 The Barnet Enablement Pathway has been developed to provide a focus on meeting social care needs as well as providing an integrated service with key partners. The overarching aim of the pathway is to deliver the right support at the right time, supporting the choices, goals and needs of the service user. This increases resilience and self-management of people and their families with the aim of reducing and preventing the need for more intensive social care services.
- 2.4 The new model to deliver the Barnet Enablement Pathway will enable staff to work in a strengths-based way, concentrating on supporting people with key social needs which may be impacting on their mental wellbeing. Research shows that people with a mental health issue are at a higher risk of unemployment, homelessness and breakdown of family relationships. Concentrating resources at the front end of people's mental health journey will alleviate some of these risks.
- 2.5 The approach being taken aims to minimise the number of redundancies and impact on occupied posts. It also aligns the Mental Health staff structure with the rest of the Adults and Communities Delivery Unit by repatriated staff back

into Adults and Communities and ending the secondments to the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT).

- 2.6 Feedback to the consultation raised issues around the alignment of different posts in to a generic Lead Practitioner role and confusion over who holds supervisory responsibility and who does not. In the rest of the Adults and Communities Delivery Unit the role of Lead Practitioner clearly holds supervisory responsibility. Therefore, to align with the rest of the Adults and Communities Delivery Unit, Mental Health staff that hold supervisory responsibility will be renamed Lead Practitioners. Practitioners that have an Approved Mental Health Practitioner (AMHP) qualification will be renamed Senior Social Worker.
- 2.7 Feedback also raised issues around changes to skills mix and the supervision of Assessment and Enablement Officers by Social Workers. It is acknowledged that when staff hold supervisory responsibility then their case loads need to reflect the additional responsibility. This will give Social Workers the opportunity to develop their supervisory skills and align with the changes made in other areas of the Delivery Unit. The changes to the skills mix are not unusual and will align Barnet's practice with many other Local Authorities.
- 2.8 The Mental Health service were tasked with making savings from the staffing budget as part of the council wide savings plan. Feedback to the reduction in posts to deliver savings raised issues around deleting social work posts. The posts proposed for deletion are mainly long term vacant posts. Nationally there is a shortage of high quality, professional Social Workers and Barnet have taken the approach that they wish to 'grow their own' workforce. The initial proposal to delete one vacant Principal Practitioner has been changed to keep the post and rename it as Lead Practitioner. This reduces the number of posts deleted.
- 2.9 Feedback asked for reassurance around the level of investment in current and future staff. There is a robust training plan in place, which offers a range of learning opportunities across Adult and Communities of which MH staff can access. The training and development includes class room learning, eLearning, external short courses/ conferences and post graduate training. As from 2016 we also have access to corporate training which covers a lot of the generic training and soft skills aspect of learning, along with an extensive eLearning portal.
- 2.10 The Social Care staff in Mental Health services have also benefited from the strengths-based training, which has been rolled out across Adult Social Care. Staff have continued to link in and attend national and regional conferences and Barnet has invested in the Think Ahead Programme to train graduates who want to specialise in Mental Health Social Work.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

3.1 The following options were considered and not recommended:

- Do nothing: this option would mean the Barnet Enablement Pathway cannot be implemented as per the Adults and Safeguarding Committee decision on 16 September 2015.
- Implement the Barnet Enablement Pathway without undertaking a restructure. This option would not enable the aims of the Barnet Enablement Pathway as described in paragraph 2.3 of this report.

3.2 The feedback from the consultation did not identify any alternative options for meeting the needs of people with mental health issues or for delivering the workforce efficiencies savings.

### **4. POST DECISION IMPLEMENTATION**

4.1 Should the committee approve the proposed Adults and Communities Mental Health service structure, the following will be implemented in partnership with Barnet Clinical Commissioning Group (CCG) and BEHMHT.

- New organisational structure
- New role profiles
- Recruitment to vacant posts
- Redundancy

4.2 The aim would be to implement the new staffing structure and the Barnet Enablement Pathway by April 2017.

### **5. IMPLICATIONS OF DECISION**

#### **5.1 Corporate Priorities and Performance**

5.1.1 The Adults and Communities Mental Health service restructure supports the delivery of the Corporate Forward plan 2015-2020, which includes the vision that people with mental health issues will receive support in the community to help them stay well, get a job and remain active, with support focused on helping people with their whole life, not simply providing a diagnosis.

5.1.2 The restructure is in line with the Joint Health and Wellbeing (JHWB) Strategy 2015-2020 and the Adults and Communities Commissioning Plan 2015-2020. In November 2014, the Health and Wellbeing Board identified prevention and early intervention of mental health problems as a priority. Mental health is a key priority in year one of the JHWB Strategy with partners coming together to make a positive impact for all of residents.

5.1.3 As a result the council, BCCG and Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) are working together to improve and modernise the current secondary care services towards a community locality based model.

5.1.4 The Barnet Enablement Pathway focuses on the right support at the right time through joint working with partner organisations, the voluntary sector and service users to ensure a strengths based and holistic approach. The recommendation for approval of changes to the staffing structure will allow for the BEP to be embedded and sustained going forward.

## 5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The changes proposed will have an impact on finance, staffing and IT.

5.2.2 On 28th June 2016 the Policy and Resources Committee tasked the Adults and Safeguarding Committee with developing proposals for savings of £15.07m between 2016 and 2020. The Adults Business Plan included the following profile of savings for staffing efficiencies from 2017-2020:

Opportunity Area	Description of saving (2016/20)	2017/18 (£'000)	2018/19 (£'000)	2019/20 (£'000)
Staffing Efficiencies	<p>A workforce restructure was implemented in 2016/17. The proposals included reviewing management roles, skills mix (i.e. reducing qualified social workers and having more unqualified social workers) and back office efficiencies. The saving in 2017/18 is the full year impact of the saving.</p> <p>The saving in 2019/20 is anticipated from the implementation of a new IT case management system.</p>	(400)	0	(213)

5.2.3 The Adults and Communities workforce restructure was implemented in 2016/17. The full year impact of the workforce restructure is shown as the £400k saving for 2017/18.

5.2.4 The proposed changes for the Mental Health Service will deliver 10 percent saving on the staffing budget as per the medium term financial strategy targets. The savings are expected to be around £200k. This will be delivered by reducing the number of posts and changing the skill mix of posts in the service, in the main these changes will be to long term vacant posts.

5.2.5 As a result of the changes to the staffing structure and the changes to staff line management, there will be an impact on IT and in particular for those staff that do not currently have Barnet Council equipment. The IT requirements have been discussed and will be in place as required.

## 5.3 Social Value

5.3.1 Not applicable in the context of this report.

## 5.4 Legal and Constitutional References

5.4.1 In accordance with Appendix A to the Responsibility for Functions section of

Barnet Council's Constitution the General Functions Committee has responsibility for staff matters (i.e. salaries and conditions of service) other than those within the remit of Chief Officer Appointment Panel. In accordance with the HR Regulations in the Constitution, where there are changes to terms and conditions of employment, a report must be made to the General Functions Committee for approval

## 5.5 Risk Management

5.5.1 Risks associated with the proposals have been logged using the corporate risk management procedure. the main risk associated with this decision is as follows:

- If the reduced establishment does not sufficiently cover the demand pressures then there may be an impact on the quality of service and an increase on staff pressure. Mitigation for this risk includes activity modelling which was completed prior to proposals for the establishment changes. Case reviews are currently being completed to ensure the safe transfer of cases and this is being supported by a desk top audit of cases. A staff training programme is also being developed to ensure sufficient support is in place to manage case loads and any additional demand pressures. Taking into account the mitigating actions, this risk is currently rated as low.

## 5.6 Equalities and Diversity

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies **to have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.6.2 The broad purpose of this duty is to integrate considerations of equality into day to day business and keep them under review in decision making, the design of policies and the delivery of services.

5.6.3 A full Resident/ Service User Equalities Impact Assessment was completed prior to consultation, in order to ensure the above requirements were considered. This recommendation does not directly disadvantage any of the protected characteristics in particular.

5.6.4 An Employee Equality Impact Assessment was carried out in July 2016 prior to consultation. It was noted in this assessment that Mental Health workforce are predominantly female and that female employees are statistically more likely to have flexible working arrangements in place. It was noted that as part of implementing these new proposals the service would consider the impact on part time staff, whether existing flexible working requests would be honoured and whether the service would be sympathetic to new flexible working requests. It is not envisaged that the proposals in this report would affect the service's ability to accommodate existing and future flexible working

arrangements. Given the above and the fact that the proposals involve the deletion of vacant posts and only one member of staff being at risk of redundancy, there should be no adverse impact on protected groups.

## 5.7 Consultation and Engagement

5.7.1 A sixty (60) day staff consultation took place including full engagement with the Trade Unions. The feedback and outcomes of this consultation, including a full response and final proposals are outlined in 'Appendix A Final Proposals'. It is the final proposals that are recommended for approval by this Committee.

## 5.8 Insight

5.8.1. Insight data not relevant for this decision.

## 6. BACKGROUND PAPERS

6.1 On 16 September 2015 the [Adults and Safeguarding Committee approved](#) the:

- Full Business Case to implement the Barnet Enablement Pathway
- Withdraw Adults and Communities Mental Health Social Workers from the BEHMHT integrated structure
- Put in place a new section 75 agreement
- Consult with staff and Trade Unions on the restructure proposals
- Consult with the public on the Barnet Enablement pathway and changes to services; and
- Note the position statement on progress made in delivering the Council's commissioning intentions.

6.2 On 19 September the [Adults and Safeguarding Committee](#) agreed to the implementation of the new operating model within the current service. This explicitly included work to develop the Mental Health Enablement Pathway.