

## **Revised Version**

This is a revised version of the Consultation Document as of 18 August 2016. This version contains updated contact details for feeding back any comments, suggestions or responses. All feedback should be sent to [comms.adults@barnet.gov.uk](mailto:comms.adults@barnet.gov.uk).

This version supersedes any previous versions. Prior printed and electronic copies should be disposed of appropriately.

LONDON BOROUGH OF BARNET

ADULTS AND COMMUNITIES

# **Formal consultation on the proposals for the restructure of the Adults and Communities Mental Health Services**

15 August 2016

## POLICY SUMMARY

This document arises from a decision made by the Adults and Safeguarding Committee on 16 September 2015 approving the [Barnet Enablement Pathway Business Case](#) for implementation and that the proposals for the service restructure should form the basis for formal consultation with staff and Trade Unions.

The Barnet Enablement Pathway Business Case sets out that the line management of social care should be separate from Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) staff; that social workers should withdraw from the Care Programme Approach (CPA) process and that their secondment to the Trust should end. It also highlighted the need to strengthen the social care model of mental health and develop a service which provides stronger enablement and increased strengths-based practice. Staff are being supported to improve the social care model in mental health services through a variety of practice forums, joint training with the Mental Health Trust (MHT) and introducing the increased use of person centred tools such as the single page profile.

The Business Case included a proposed staffing model which has been further defined. Work to ensure a safe transition continues with BEHMHT and the Barnet Clinical Commissioning Group (CCG) as they work on their own proposals for the future structure of their teams and services.

In addition to re-structuring the service as described above, there is a requirement that the Adults and Communities delivery unit delivers efficiency savings in the 2016/17 financial year and formally consults with staff on these changes and the potential impact on the workforce. The rest of the delivery unit underwent a re-structure earlier in 2016 and the proposals in this document provide for savings of approximately £200k from the mental health staffing budget in 2017-2018.

This document is provided under Section 188 of the Trade Union and Labour relations (Consolidation) Act 1992 and in line with the council's obligations under Information and Consultation of Employees (ICE) Regulations to inform and consult employees about proposed changes to their working circumstances. This document constitutes the start of consultation.

The consultation will take place in accordance with the council's Policy on Managing Organisational Change, which is within the Employee Handbook on the council Intranet site.

## **DECISION MAKING**

This proposal involves changes to the workforce, as a result of the change in practice required to reflect an enablement and social model of mental health and the additional requirement to deliver council wide workforce efficiencies. As a consequence of these proposals it is likely that at least one member of staff in the Adults and Communities Mental Health service will be placed at risk of redundancy.

In addition for some roles there will be a change of location and line management, a change of job title, deletion of vacant posts and a change to posts which at present remain vacant. Some staff are currently seconded to BEHMHT and the proposal here is that all these staff will be directly managed by the Adults and Communities delivery unit.

Following the closure of consultation the final proposals will be signed off by a Full Delegated Powers Report.

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## 1 EXECUTIVE SUMMARY INFORMATION

### 1.1 Officers

ROLE	NAME	CONTACT
Sponsor	Mathew Kendall	<a href="mailto:mathew.kendall@barnet.gov.uk">mathew.kendall@barnet.gov.uk</a>
Senior Responsible Officers	James Mass	<a href="mailto:james.mass@barnet.gov.uk">james.mass@barnet.gov.uk</a>
	Jon Dickinson	<a href="mailto:jon.dickinson@barnet.gov.uk">jon.dickinson@barnet.gov.uk</a>
Human Resources Advisory	Stephen Cranfield	<a href="mailto:stephen.cranfield@barnet.gov.uk">stephen.cranfield@barnet.gov.uk</a>

All responses to this consultation should be sent to: [comms.adults@barnet.gov.uk](mailto:comms.adults@barnet.gov.uk)

### 1.2 Timetable

It is proposed to start to implement the final service and staff structure in Mental Health in December 2016, subject to the completion of the consultation and the final proposal being signed off by a Full Delegated Powers Report. Some elements will be implemented at a later date to align with the redesign of the health element of Mental Health services. Adults and Communities are working closely with BEHMHT and the CCG to ensure that the new model is jointly implemented and a full timetable is set out in [Section 5](#) of this document.

The consultation will last for a 45 day period to allow staff time to consider the proposals and engage effectively on the decisions that need to be made.

Group	Purpose	Date
Formal Consultation Period (45 days)	1 to 1 meetings will be held with directly affected employees during the formal consultation period.	15 August 2016 to 28 September 2016
Collective and Individual Consultation	Trade Unions will be consulted as part of collective consultation.	

### 1.3 Staff in Scope

The changes proposed within this document affect posts within the Adults and Communities Mental Health service.

A list of all positions potentially affected by these proposals (either directly or indirectly) is included in section [4.1](#) (see also [Appendix A](#) and [Appendix B](#) for current and proposed new structures).

## 1.4 Proposed Changes Summary

The council's budget for 2016-2020 includes significant workforce efficiencies savings. These proposals will enable the Mental Health service to make savings of approximately £200k against the current staffing budget of £1.96m.

It is proposed that 11 posts (9.5 FTE) across the Adults and Communities Mental Health service are deleted and where possible this will be achieved through the deletion of vacant posts. Of the posts proposed for deletion, 9 (8.5 FTE) are currently vacant. This is not sufficient to achieve the required budget reductions and so it is likely that one or more of the posts deleted will be filled by staff, with the consequence that some staff will be placed at risk of redundancy. It is also proposed to create 4 new posts (3.5 FTE) resulting in a downward net shift of 6.0 FTE.

One of the main proposals is to reduce the number of Social Worker posts within the Adults and Communities Mental Health service and increase the numbers of Assessment and Enablement Officer (AEO) posts. Balancing the ratio could deliver financial benefits and ease difficulties in recruitment to avoid reliance on agency usage for hard-to-fill social work roles.

It has been agreed that although Social Worker posts will be deleted, no post holder in a Social Worker role will be placed at risk of redundancy as a result of these proposals. The intention is to assimilate staff in to new roles through an assimilation / role preference exercise.

Line management for social care staff will be provided from the Adults and Communities delivery unit. The current Senior Practitioner and Social Worker job profiles will be updated to reflect this change. There will be changes to the job profiles for the two management roles within the existing Network service. Additional administrative staff for the Approved Mental Health Professional (AMHP) team will be sourced from existing resources to ensure that statutory requirements continue to be met.

One of the potential impacts of the proposal to offer enablement at the beginning of the referral process could be an increase in the people being referred for assessments and reviews. However, in the long term, the number of people subsequently going through to secondary mental health teams should reduce. The increased engagement with other services such as Primary Care, Family services and Employment will mitigate this by improving the initial offer given to people using the services and reducing the long term intervention required.

### Changes to Terms and Conditions

No changes to terms and conditions of employment will take place as a consequence of this restructure, however, secondment to BEHMHT will cease.

## 1.5 Responding to the Consultation

Comments and ideas to improve the proposals and alternative proposals are welcomed from across the Adults and Communities Mental Health service.

There are a number of ways to put these forward or to ask questions.

<b>Online survey</b>	A web link to an online survey will be circulated with this document. The survey can be completed anonymously if desired and includes free text fields that allow for open comments and suggestions.
<b>Email</b>	Comments and suggestions can be emailed to <a href="mailto:comms.adults@barnet.gov.uk">comms.adults@barnet.gov.uk</a>
<b>Drop-in sessions</b>	There will be open drop-in sessions on a regular basis throughout the consultation period where staff can discuss the proposals with senior managers. The dates of these will be circulated with this document.
<b>One-to-one meetings</b>	You can discuss your thoughts on the proposals with your line manager. If you would prefer to discuss with a senior manager this can be arranged.
<b>Consultation FAQs / Log on intranet</b>	Throughout the consultation all common questions and concerns will be logged with weekly updates and responses where appropriate. These will be published on the intranet. Personal questions and queries will be responded to directly where possible

## 2 BACKGROUND AND PRINCIPLES

### 2.1 Background

The Adults and Safeguarding Committee agreed to deliver a new model of mental health for Barnet in September 2015. This was developed on the principles outlined by the College of Social Work, which recognised that the social care model of mental health needed to be improved and that enablement should be offered at the beginning of someone's journey in to services. There is evidence that demand for support has increased in Barnet, with the cost of providing services increasing year on year. The introduction of the Care Act 2014 and the success of the enablement projects in Barnet has driven the need develop a more cohesive, person-centred way of delivering services to people, which builds on strengths-based practice, clear outcomes and using community based resources to meet people's needs. The emphasis is on clear outcomes for people that assists them becoming more self-reliant and concentrates on the individual rather than a diagnosis.

At the same time as the Adults and Communities delivery unit has experienced an increase in demand, Barnet Council has continued to experience considerable financial pressure as a result of a continuing reduction in the financial support provided by central government. In order to allow for the council to deliver vital services to Adults, while operating within its means, the Adults and Safeguarding Committee was required to identify £18.6m of savings through to 2020.

Each of the Committees identified a staffing saving of approximately 10%. For the Adults and Safeguarding Committee this equated to £1.7m. An element of this is in relation to staff budgets in the Commissioning Group (£88k) with the bulk applying to the Adults and Communities delivery unit. Members have tasked officers with achieving £1.4m of savings in the next two years from the Adults and Communities delivery unit budget. In line with this the mental health staffing budget was reduced by £150k from April 2016. These proposals will enable the Mental Health service to operate within the current staffing budget of £1.96m.

Achieving savings at this scale has led to the delivery unit needing to make some challenging decisions. The proposals in this document are intended to achieve these savings and minimise adverse impact for both staff and residents. The principles described in the next section have guided the formation of these proposals.

## 2.2 Principles

The following principles have governed the development of these proposals:

- ***Delivering services to achieve outcomes as efficiently and effectively as possible:***  
Where there are opportunities to achieve the same outcomes for people who use our services at a lower cost these should be taken. The opportunities afforded by new ways of working should enable reductions to the establishment without an impact on the residents of Barnet, allowing us to ensure that we are making the most of all our resources.
- ***Minimising the impact on service delivery:***  
The proposals should ensure that any negative impacts for residents are managed efficiently and minimised where possible.
- ***Providing opportunities for growth and development:***  
Ensuring that we value the skills, capabilities and talents within our workforce and provide a supportive environment where staff are encouraged to deliver and develop in their careers.
- ***Streamlining management:***  
The management structures should be as focused and efficient as possible to maximise resource available for front-line service delivery.
- ***Getting the right skill mix:***  
Each team should have the right skill mix to deliver the required work. This needs to be informed by examples of good practice from previous internal changes (such as the restructure of the rest of the Adults and Communities delivery unit earlier in 2016) and from other local authorities. As the skill mix changes, we will ensure sufficient career development opportunities are available. This will include supporting Assessment and Enablement Officers in identifying their career pathways as we increase the level of Assessment and Enablement Officer support across the service.
- ***Minimising redundancy:***  
Keeping the number of redundancies as low as possible is very important. Many of the proposed deleted posts are vacant and have not been covered by agency staff. Where staff are placed at risk of redundancy we will work closely with Human Resources to ensure that opportunities for redeployment are maximised, both within the delivery unit and council-wide.

### 3 PROPOSED CHANGES TO STAFF

#### 3.1 Barnet Assessment Service

It is proposed that all staff currently working in the Barnet Assessment Service will be incorporated in to the new Locality Community Teams based in the north, west and south of Barnet, probably working alongside health staff. They will play a pivotal part in developing an initial outcome-focussed plan jointly with the Locality Team and the Local Enablement Team. These staff will be managed by social care staff. It is also proposed to delete a Principal Practitioner role (1.0 FTE).

All Principal Lead Practitioner and Senior Social Worker roles will be known as Lead Practitioners, in line with the rest of the Adults and Communities delivery unit.

Lead Practitioners will carry on with their supervisory role of Social Workers and Assessment and Enablement Officers.

Adults and Communities are committed to supporting Social Work staff in achieving the AMHP qualification. Therefore, where a Social Worker achieves the AMHP qualification, their post will then automatically be converted into a Lead Practitioner post, to reflect the additional responsibility involved in carrying out this work.

The proposed changes are as follows:

Action	Roles	Impact
<b>Revisions</b>	Principal Lead Practitioner and Senior Practitioner	Change names of posts to Lead Practitioner Change to reporting line and location
<b>Revision</b>	Social Workers	Change to reporting line and location
<b>Delete</b>	Principal Practitioner	1.0 FTE (1.0 FTE Vacant)

#### 3.2 Local Enablement Team (The Network)

The Network has expanded in recent years and has developed a robust way of working with people in a person-centred way and one which reflects the principles of enablement and strengths-based practice. The proposal is to expand this service and extend the enablement offer to more people and at an earlier stage. To achieve this it is proposed that some social care staff will move from the existing Mental Health team in to the Local Enablement Team. It is thought that this will help to improve links with the wider council, community and voluntary sectors, housing and employment.

This service will be known as the Local Enablement Service and will consist of one receiving hub with staff working out in to the three localities. This means that staff will travel to localities within Barnet to ensure that the enablement offer is delivered in the area the person resides. The service will work and link with the Locality teams, the Wellbeing Centres, Adult Social Care Hubs, Primary Care services and other stakeholders.

The Local Enablement Team will be managed by an Enablement Manager and a Network Team Manager and will consist of:

- 4.0 FTE Lead Practitioners,
- 1.0 FTE Social Worker,
- 7.0 FTE Assessment and Enablement Officers,
- 2.0 FTE Community Access Workers, and
- 1.0 FTE Peer Support Access Worker.

The business support function will continue to be provided by the existing business support staff consisting of:

- 1.0 FTE Business Support Manager,
- 1.0 FTE Business Support Assistant, and
- 2 (0.5 FTE) Business Support Assistants.

The full time Business Support Assistant post will provide half-time support to the AMHP Service.

The Lead Practitioners in the team will directly manage Social Workers and Assessment and Enablement Officers. They will also serve as Champions/ Service Navigators and enable the team to work with Children and Families, Housing, Employment, Carers, the Primary Care Link workers and other stakeholders.

Adults and Communities are committed to supporting Social Work staff in achieving the AMHP qualification. Therefore, where a Social Worker achieves the AMHP qualification, their post will then automatically be converted into a Lead Practitioner post, to reflect the additional responsibility involved in carrying out this work.

The increased number of skilled social care staff will provide the enhanced enablement offer working with new people as well as existing clients. People receiving help from the Locality Teams, Link Workers and Wellbeing Hubs will also have access to the Enablement Service. The service will also work closely with the Adults Social Care Hubs where mental health enablement support has been identified as a need.

For people coming into the service, the enablement offer will be the initial offer. The service will offer person-centred assessment conversations, clearly defined outcomes for people, focussed courses using the wellness recovery action plan (WRAP) and the Mental Health recovery star; and intensive or light touch interventions to support people in or

seeking employment, requiring support relating to their families, housing and the community.

The proposed changes are as follows:

Action	Roles	Impact
<b>Revisions</b>	Community Network Manager	Change name of post to Enablement Manager and role profile to include managing Social Workers and Assessment and Enablement Officers and to reflect the expansion of the enablement service.  Change to reporting line and potentially location
<b>Revision</b>	Deputy Community Network Manager	Change name of post to Network Team Manager and role profile to include managing Social Workers and Assessment and Enablement Officers and to reflect the expansion of the service provided by the Network.  Change to reporting line and potentially location
<b>Revision</b>	Community Access Worker	Change the title of one Community Access Worker post (1.0 FTE vacant) to Peer Support Access Worker.
<b>Revision</b>	Business Support Assistant	1.0 FTE role to work across the Network (0.5 FTE) and the AMHP Service (0.5 FTE).
<b>Create</b>	Assessment and Enablement Officer	1.0 FTE (in Local Enablement Team)

### 3.3 Community Recovery Team, East and West Support Recovery Team, Complex Needs Team and Early Intervention Team

Staff based in these teams will move to be part of the proposed Locality Community Teams, the Local Enablement Team (see Section 3.2) and the Intensive Enablement Team.

The following posts will be deleted:

- 0.5 FTE Psychotherapist and Safeguarding Lead post,
- 0.5 FTE Training Commissioner post,
- 2.0 FTE vacant Social Worker posts,
- 2.0 FTE vacant Senior Practitioner posts,
- 1.0 FTE vacant Team Manager post, and
- 1.0 FTE vacant Principal Practitioner post.

One Assessment and Enablement Officer post (1.0 FTE) will be created in the Intensive Enablement Team. The posts of all Senior Practitioners and Social Workers who have the AMHP qualification will be renamed as Lead Practitioner. Adults and Communities are committed to supporting Social Work staff in achieving the AMHP qualification. Therefore, where a Social Worker achieves the AMHP qualification, their post will then automatically

be converted into a Lead Practitioner post, to reflect the additional responsibility involved in carrying out this work.

It is also proposed that to better align practice between social workers and occupational therapists in the rest of Adult Social Care, the Lead Practitioners will supervise up to two Social Workers each and Social Workers will supervise up to one Assessment and Enablement Officer each. This will help to share and develop skills across the service and provide development opportunities that will help with career progression.

Whilst certain roles should remain exclusively the remit of qualified Social Workers (safeguarding roles, complex case roles, Team Leaders and Lead Practitioners), there is scope to expand the functions currently performed by Assessment and Enablement Officers, with appropriate management and supervision structures in place.

This approach will help to further promote the use of prevention services, with Assessment and Enablement Officer's especially being skilled in working closely with the community and voluntary sector.

We will be closely monitoring management capacity within the Localities Team, to ensure that appropriate support is in place. As part of delivering this a vacant position of Lead Practitioner has been established in the new structure, and although this post will not be filled under the initial stage of the restructure process, as part of delivering the savings, this will be kept under review on an on-going basis, and management will seek to fill this position should this become necessary to provide additional management support.

#### Locality Community Teams

Nine staff members will be based across the three Locality Community Teams, this comprises of:

- 5.0 FTE Lead Practitioner posts, and
- 4.0 FTE Social Worker posts.

These teams will predominately be comprised of health staff because most of the social care activity will sit with the Local Enablement Team.

Nevertheless, it is important that social care staff have a presence in these teams so that they can work with people requiring health and social care interventions. They will work jointly with the Local Enablement team to offer an assessment conversation, which identifies the enablement outcomes and the intervention required to ensure that people can remain within the community. They will also work with the inpatient units to develop robust discharge plans.

#### Intensive Enablement Team

The main purpose of this team will be to build relationships with providers, negotiate on cost and work with people already in secondary mental health services who are accessing accommodation based services (such as residential care, supported living or intensive support in their own homes).

The focus will be on recovery, stepping down people into more independent resources, increasing self-reliance and increasing the use of community resources with the underlying principle of strengths-based practice. The social care staff in this team will work with the other teams so that people can be directly referred back for an enablement offer. Social care staff will manage reviews of social care funded packages of care. The team will also work with people who are in inpatient units to support a robust plan for discharge starting at the point of admission.

The social work staff in this team will comprise of:

- 1.0 FTE Team Manager post,
- 2.0 FTE Lead Practitioner posts,
- 1.0 FTE Social Worker post, and
- 1.0 FTE newly created Assessment and Enablement Officer post.

The proposed changes are as follows:

Action	Roles	Impact
<b>Delete</b>	Social Worker/Senior Practitioner	1.0 FTE
<b>Delete</b>	Psychotherapist and Safeguarding Lead	0.5 FTE
<b>Delete</b>	Training Commissioner	0.5 FTE
<b>Revise</b>	Senior Practitioner and Social Worker roles where the post holder has the AMHP qualification	Change names of posts to Lead Practitioner.  Change Social Worker role profiles to include supervising Assessment and Enablement Officers.  Change to reporting line and location
<b>Revise</b>	Principal Practitioner	Change name of posts to Lead Practitioner and keep vacant
<b>Delete</b>	Social Worker	2.0 FTE (2.0 FTE vacant)
<b>Delete</b>	Senior Practitioner	1.0 FTE (1.0 FTE vacant)
<b>Delete</b>	Team Manager	1.0 FTE (1.0 FTE vacant)
<b>Create</b>	Assessment and Enablement Officer	1.0 FTE (in IET)

The proposed new structure for these teams will need to ensure that there is a stronger focus on:

- Person-centred planning
- Enablement being the first offer for someone referred to Mental Health services
- Strengthening links with primary care services
- Developing joint pathways with other services
- Increasing use of community and mainstream services
- Improving strength based practice
- Supporting people to be more self-reliant
- Strengthening the social care model of mental health
- Working in a co-productive way with health colleagues
- Developing a systemic way of working with individuals
- Strengthening relationships with other services and developing champion roles for people.
- Strengthening the links with adult social care hubs.

### **3.4 Approved Mental Health Professional (AMHP) Service**

The AMHP service will continue to meet the statutory requirements of the Mental Health Act 1983. The dedicated AMHP Manager (1.0 FTE) and Senior Practitioner post (1.0 FTE) will remain in the present location in the Dennis Scott Unit. The Senior Practitioner role will be known as Lead Practitioner, in line with the rest of the Adults and Communities delivery unit.

Adults and Communities are committed to supporting Social Work staff in achieving the AMHP qualification. Therefore, where a Social Worker achieves the AMHP qualification, their post will then automatically be converted into a Lead Practitioner post, to reflect the additional responsibility involved in carrying out this work.

It is a requirement of qualified AMHPs to work on the rota and most will be based in the other teams with the as-and-when AMHPs being managed by the AMHP Manager. It is recognised that there is a need for additional administrative support and a Business Support Assistant post will be split (0.5 FTE) from the Network Team to facilitate this.

The proposed changes are as follows:

Action	Roles	Impact
Revision	Business Support Assistant	0.5 FTE of the 1.0 FTE role in the Network to support the AMHP Service (0.5 FTE).
Revision	Senior Practitioner	Change role title to Lead Practitioner

### 3.5 Psychiatry Liaison Team

One Social Worker (1.0 FTE) will continue, as at present, to be based within the team.

It is also proposed that to better align practice between Social Workers and Occupational Therapists in the rest of Adult Social Care, Social Workers will supervise up to one Assessment and Enablement Officer each. This will help to share and develop skills across the service and provide development opportunities that will help with career progression.

The proposed changes are as follows:

Action	Roles	Impact
Revise	Social Worker roles where the post holder has the AMHP qualification	Change names of posts to Lead Practitioner.  Change role profile to include supervising Assessment and Enablement Officers.  Change to reporting line and location

### 3.6 Cognitive Impairment Team

There is no net change to the establishment of seven posts (5.58 FTE). The vacant Social Worker posts (1.5 FTE) will be replaced with one Assessment and Enablement Officer post (0.5 FTE) and one Review Officer/ Assessment and Enablement Officer post (1.0 FTE). In line with the changes across the delivery unit, the name and role profile of the Principal Practitioner and Senior Practitioner posts will be changed to that of Lead Practitioner.

Lead Practitioners will carry on with their supervisory role of Social Workers and Assessment and Enablement Officers. Adults and Communities are committed to supporting Social Work staff in achieving the AMHP qualification. Therefore, where a Social Worker achieves the AMHP qualification, their post will then automatically be converted into a Lead Practitioner post, to reflect the additional responsibility involved in carrying out this work.

The proposed changes are as follows:

Action	Roles	Impact
<b>Revision</b>	Principal Practitioner	Change names of post to Lead Practitioner.
<b>Delete</b>	Social Worker	1.5 FTE (1.5 FTE vacant)
<b>Create</b>	Assessment and Enablement Officer	0.5 FTE
<b>Create</b>	Review Officer / Assessment and Enablement Officer	1.0 FTE

### 3.7 Management Changes

The Head of Mental Health will have overall management responsibility for the social care aspect of the service and will work closely with the equivalent posts within the CCG and the Trust.

## 4 PROPOSALS FOR CONSULTATION

### 4.1 Changes to the establishment

The changes described in Section 3 of this document result in changes from the current structure ([Appendix A](#)) to the new model ([Appendix B](#)) as indicated in the table below. The table does not include changes to reporting lines, team membership and location.

Team	Roles	FTE	FTE Vacant	Action	Impact/ Proposed Post	Proposed FTE	Net
<b>Barnet Assessment Service</b>	Principal Practitioner	1.00	1.00	Delete	Deleted	0.00	-1.00
<b>Barnet Assessment Service</b>	Principal Lead Practitioner and AMHP	1.00	0.00	Revision	Rename as Lead Practitioner	1.00	0.00
<b>Barnet Assessment Service</b>	Senior Practitioner and AMHP	1.00	1.00	Revision	Rename as Lead Practitioner	1.00	0.00
<b>The Network</b>	Community Access Worker	3.00	1.00	Revision	Change the title of vacant 1.0 post (1.0 FTE) Community Access Worker to Peer Support Access Worker.	3.00	0.00
<b>The Network</b>	Community Network Manager	1.00	0.00	Revision	Change name of post to Enablement Manager to reflect the expansion of the enablement service.		
<b>The Network</b>	Deputy Community Network Manager	1.00	0.00	Revision	Change name of post to Team Manager to reflect the expansion of the service provided by the Network.	1.00	0.00
<b>The Local Enablement Team/ AMHP Service</b>	Business Support Assistant	1.00	0.00	Revision	Role to work across the Local Enablement Team and the AMHP Service	1.00	0.00

Team	Roles	FTE	FTE Vacant	Action	Impact/ Proposed Post	Proposed FTE	Net
<b>Local Enablement Team (NEW)</b>	Assessment and Enablement Officer	0.00	0.00	Create	New post created	1.00	1.00
<b>Community Recovery Team</b>	Social Worker / Senior Practitioner	1.00	1.00	Delete	Deleted	0.00	-1.00
<b>Complex Needs Team</b>	Psychotherapist & Safeguarding Lead	0.50	0.00	Delete	Deleted	0.00	-0.50
<b>Complex Needs Team</b>	Training Commissioner	0.50	0.30	Delete	Deleted	0.00	-0.50
<b>Complex Needs Team</b>	Senior Practitioner and Social Worker where the post holder has the AMHP qualification	3.00	0.00	Revision	Rename as Lead Practitioner	3.00	0.00
<b>Complex Needs Team</b>	Social Worker	1.00	1.00	Delete	Deleted	0.00	-1.00
<b>East and West Support Recovery Team</b>	Social Worker	4.00	2.22	Delete	Posts reduced by 1.00 FTE	3.00	-1.00
<b>East and West Support Recovery Team</b>	Senior Practitioner	6.00	1.00	Delete	Posts reduced by 1.00 FTE	5.00	-1.00
<b>East and West Support Recovery Team</b>	Team Manager	1.00	1.00	Delete	Deleted	0.00	-1.00
<b>East and West Support Recovery Team</b>	Principal Practitioner	1.00	1.00	Revision	Rename as Lead Practitioner and keep vacant	1.00	0.00
<b>Intensive Enablement Team</b>	Assessment and Enablement Officer	0.00	0.00	Create	New post created	1.00	1.00
<b>Cognitive Impairment Team</b>	Principal Practitioner	1.00	0.00	Revision	Rename as Lead Practitioner	1.00	0.00
<b>Cognitive Impairment Team</b>	Social Worker	1.50	1.50	Delete	Deleted	0.00	-1.50

Team	Roles	FTE	FTE Vacant	Action	Impact/ Proposed Post	Proposed FTE	Net
<b>Cognitive Impairment Team</b>	Assessment and Enablement Officer	0.00	0.00	Create	New post created	0.50	0.50
<b>Cognitive Impairment Team</b>	Review Officer / Assessment and Enablement Officer	0.00	0.00	Create	New post created	1.00	1.00
<b>AMHP Service</b>	Senior Practitioner	1.00	0.00	Revision	Rename as Lead Practitioner	1.00	0.00
<b>Psychiatry Liaison Team</b>	Social Worker where the post holder has the AMHP qualification	1.00	0.00	Revision	Rename as Lead Practitioner	1.00	0.00

**4.2** This proposal will reduce the direct workforce costs by an estimated £200,000.

## 5 REORGANISATION TIMETABLE AND APPROACH

This section explores how we will engage and consult with employees and their representatives; and support staff through the changes proposed, provide their suggestions and respond to concerns.

### 5.1. Timetable

The timetable for the proposal is split into 2 phases. Any notice of redundancy will not be issued until the Consultation Period has closed, and the proposals have been signed off at General Functions Committee (expected August 2016).

#### 5.1.1 Phase one: consultation and engagement (15 August – 28 September 2016)

- Collective Consultation (including Trade Unions)
- Individual Consultation (Individual Employees)

#### 5.1.2 Phase two: implementation (October 2016 onwards)

- Statutory Notices of Redundancies (if applicable)
- Assimilation/post preference exercise
- Implementation of new structure (from December 2016)
- Implementation of new Workforce Development Plan

### 5.2. Consultation timetable

Date	Activity
15 August 2016	Consultation Document Issued. Consultation Opens with staff and Trade Unions
15 August 2016	'At risk' of redundancy letters issued where applicable
15 August 2016 to 28 September	Consultation and engagement activities
28 September 2016	Consultation closes
14 October 2016	Consultation response prepared
17 October 2016	Final Proposals go through Delegated Powers Report process.
17 October 2016	Statutory notice of redundancy (including redeployment) (TBC)
17 October 2016 to December 2016	Assimilation / Post Preference Exercise
December 2016 onwards	New structure in place.

## 6 CONSULTATION

### 6.1. Consultation method

The consultation will take place by means of:

- Launch of consultation: the Adult Social Care and Community and Wellbeing Assistant Directors or Head of Service to hold pre-consultation meeting with Mental Health service staff.
- Launch of consultation: line managers to meet with all those potentially affected.
- Collective consultation: the Adult Social Care and Community and Wellbeing Assistant Director and Head of service to offer meeting with trade union representatives
- Collective consultation: Circulation of the consultation document to the team members.
- Individual consultation: managers to meet with individuals directly affected.

### 6.2. Responding to consultation

Comments, ideas to improve the proposals and alternative proposals are welcomed from across the Mental Health service. There are a number of ways to put these forward or to ask questions.

<b>Structured survey</b>	A web link to an online survey will be circulated with this document. The survey can be completed anonymously if desired and includes free text fields that allow for open comments and suggestions.
<b>Email</b>	Comments and suggestions can be emailed to <a href="mailto:comms.adults@barnet.gov.uk">comms.adults@barnet.gov.uk</a> .
<b>Drop-in sessions</b>	There will be open drop-in sessions on a regular basis throughout the consultation period where staff can discuss the proposals with senior managers. The dates of these will be circulated with this document.
<b>One-to-one meetings</b>	Staff can discuss their thoughts on the proposals with their line manager, or a meeting with a member of the Senior Management Team can be arranged.

### 6.3. Feeding back

At the start of each week, a Frequently Asked Questions page will be updated on the intranet.

Staff briefings will feedback on response themes throughout the consultation.

At the closure of consultation there will be a written consultation report and briefings to staff.

#### **6.4. Areas for consultation**

The key areas for consultation are:

- Structural proposals: what are the views of those being consulted about the proposed structures, alignment of responsibilities, functions and approach to meeting the financial restraints of the council?
- Roles: what are the views of those being consulted about the proposed new roles?
- Redundancies: how else can the council mitigate any potential redundancies resulting from this proposal?
- The restructure of services to reflect the enablement model

#### **6.5. Additional support**

We recognise that it is imperative employees are given support during this time. This can be provided through:

- **The council's Employee Assistance Programme:** Access to free 24 hour telephone counselling and information services at any time of the day or night: Tel: 0800 716 017; Textphone: 0845 600 5499; Online: [www.employeeecare.com](http://www.employeeecare.com).
- **HR advice:** Where required the Employee relations team can provide some on site advice, via Stephen Cranfield ([stephen.cranfield@barnet.gov.uk](mailto:stephen.cranfield@barnet.gov.uk)).
- **Trade unions:** you can also forward your views on the consultation to your trade unions for feedback.

## **7 SELECTION FOR ROLES**

The council has an objective to minimise the potential for redundancies. This is through identifying employees who are potentially 'at risk' of redundancy early and providing access to the council's redeployment register.

### **7.1 Managing Organisational Change**

This consultation will be conducted in accordance with Barnet's Managing Organisational Change Policy.

### **7.2 Ring-fencing and assimilation**

- The post being assimilated to is identical and is available in the same work area and it is a grade match, or
- The post is a 55% match and it is available in the same work area and it is a grade match.

Where there are more people than posts available within the new structure, a ring-fenced redundancy selection process will need to take place, using redundancy selection criteria which will be consulted upon as part of the consultation process. The proposed redundancy selection criteria are published at Appendix E.

## **8 SELECTION FOR REDUNDANCY**

### **8.1 Redeployment and redundancy**

All employees potentially at risk of redundancy will have access to the council's redeployment opportunities.

For employees who may accept a lower-graded role in the new structure, the council will apply pay protection in line with the Pay Protection Policy.

## **APPENDICES**

A – EXISTING STRUCTURE

B – PROPOSED STRUCTURE

C – PUBLIC EQUALITIES IMPACT ASSESSMENT

D – EMPLOYEE EQUALITIES IMPACT ASSESSMENT

E – REDUNDANCY SELECTION CRITERIA

F – ASSIMILATION / ROLE PREFERENCE EXERCISE

Draft role profiles for those roles significantly impacted by these proposals are available on the consultation page of the [Intranet](#).