

Adults and Communities Mental Health Services

Final Proposals Following Staff Consultation

November 2016

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1. EXECUTIVE SUMMARY

Adults and Communities have worked in partnership with Barnet Clinical Commissioning Group (CCG), the Barnet Enfield and Haringey Mental Health Trust (BEHMHT), service users and the voluntary sector to develop a strengths-based, more person centred service for residents of Barnet who are experiencing mental health issues.

This comes at a time of increased local and national awareness of mental health services. In Barnet there have been a number of developments such as primary care Link Workers, the development of the Wellbeing Hub led by the voluntary sector, the review by the Mental Health Trust and the expansion of the already existing enablement service. Stronger links have been made with key partners including Family Services, Housing, Carers groups and Drug and Alcohol services.

The engagement with key stakeholders and staff prior to the formal consultation has been robust. This has ensured a strong shared understanding of the proposal and how this fits with the wider picture of mental health services in Barnet. All key stakeholders are in agreement that mental health services need to provide the right support for people at the right time and this is achieved through strong partnership working.

This report sets out the detailed findings from the staff consultation on the restructure of the Adults and Communities Mental Health Services in Barnet and the final proposals being made. This report will be considered by the General Functions Committee on 6 December 2016.

The management team have considered and listened to all of the feedback raised throughout the consultation and as a result have made some changes to the original proposal.

Some of the key changes made include reviewing the role titles for practitioners with a supervisory function and those with an Approved Mental Health Practitioner (AMHP) qualification, increasing the number of managers and reducing the number of posts deleted which have been vacant for the last year.

Overall staff feedback to the consultation showed strong support for the Barnet Enablement Pathway (BEP) and the changes proposed for the Adults and Communities Mental Health Services.

2. BACKGROUND

2.1. Why the change

The Barnet Enablement Pathway (as approved in the [Full Business Case](#)) 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. As a result, 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.

The new model will enable staff to work in a strengths-based way, concentrating on supporting people with 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 help to support and prevent some of these risks.

The [Joint Strategic Needs Assessment \(JSNA\) 2015](#) for Barnet noted that mental disorders are responsible for the largest burden of disease in England at 23% of the total burden. Within Barnet, the most significant element of the CCG's mental health expenditure is in secondary mental health (i.e. hospital/residential settings). The number of people with Mental Health needs in Barnet is expected to continue to increase, especially in the older age patient group.

The formal consultation built on the engagement to date as well as existing good practice within Barnet and the strong partnerships which have been developed. The change has been driven by the need to modernise social care practice following feedback from people with lived experience.

The initial proposals outlined that across the country, Adult Social Care is under growing pressure due to the financial challenge. The amount of money available for councils to spend has reduced and will continue to reduce over the coming years. There is also growing demand for Adult Social Care services as well as an increase in the number of people experiencing mental health difficulties. These factors have led to Adults and Communities needing to challenge their working practice, with a view to shifting to a new operating model with a focus on prevention, enablement and rehabilitation.

The consultation set out the Council's proposals to address these challenges through:

- Delivering a new Adults and Communities Mental Health model in Barnet that will help people to stay well, recover quickly from illness or injury, and draw upon the support that their family, friends and the local community can give them.
- Working in a strengths-based way by offering Enablement at the start of the referral process. The model will ensure that people receive the right support at the right time to ensure the chance for successful rehabilitation and recovery.
- Structuring the Adults and Communities Mental Health teams in a way that supports this new approach to delivering services.
- Embedding strong partnership working with key stakeholders.

3. CONSULTATION APPROACH AND METHODOLOGY

3.1. History of Engagement

The Council has already undertaken engagement work to inform the development of a Full Business Case and resulting Delivery Model. This included meetings and workshops held with a range of stakeholders, including service users and carers, Adults and Communities Delivery Unit staff and local voluntary and community sector groups. The key dates and activities are summarised as follows:

- April 2014: College of Social Work paper “The Role of the Social Worker in Adult Mental Health Services” released.
- July 2014: Staff engagement workshop held to discuss the paper and look at how to improve the Barnet Mental Health Social Model.
- October 2014: Paper released by Barnet Joint Commissioning Unit on “Mental Health Services in Barnet”
- October 2014: Staff engagement event to discuss paper and the opportunities to further improve the Barnet Mental Health Social Model
- December 2014: Proposals further developed in a paper released by Capita entitled “Support with the co-design of delivery of services with Adult Social Services”. This included Social Care commitment to be involved in the Clinical Commissioning Group (CCG) Reimagining Mental Health Programme.
- December 2014 – March 2015: Engagement activity continued with staff, service users and carers to develop a Full Business Case on the new Barnet Enablement pathway Model. Joint trailblazers and action learning sets were carried out with staff.
- 2015: Monthly social care practice forums for Social Workers in Mental Health established.
- Engagement with Unison throughout the process.
- September 2015: Full business Case for the Barnet Enablement pathway Model developed. This included a review on enablement models in other local authorities that have been successful.
- 2015 – 2016: Regular updates on the development of the plan

The full set of reports considered by the Adults and Safeguarding Committee can be accessed at this link:

<http://barnet.moderngov.co.uk/documents/s25760/Mental%20Health%20Community%20Model%20Barnet%20Enablement%20Pathway%20Business%20Case.pdf>

3.2. Consultation Methodology

The full consultation pack provided background information about the rationale for developing strengths-based service that provides the right support at the right time for individuals; how we work together with key stakeholders and how we would engage with staff. It also provided background information on the financial challenges the council faces, as well as the changing demands on services.

Statutory Bodies and key stakeholders such as the Barnet Enfield and Haringey Mental Health Trust (BEHMHT) and Barnet CCG were contacted directly and informed of the consultation.

3.3. Consultation Engagement Activity

The original consultation period was set to run from 15 August 2016 to 28 September 2016. However as part of the ongoing engagement and feedback from staff and the Trade Unions, a decision was made by the Senior Management Team (SMT) to extend the consultation period by a further 15 days.

Adults and Communities Mental Health staff were encouraged to respond to the consultation by using the following methods:

3.3.1. 15 August 2016 – 13 October 2016: 60 day consultation period

The consultation pack was uploaded to the Adults and Communities intranet page. An email was sent to all staff affected by the proposals with the pack and relevant links. For those on leave a hard copy was posted to their home address.

3.3.2. 15 August 2016 – 13 October 2016: [Online questionnaire live](#)

An online questionnaire was developed to allow an anonymous means for staff to provide comments on the proposals. The questionnaire was designed with key questions around the proposals for change and offered options for free text feedback. Throughout the questionnaire, and where applicable, hyperlinks were provided to the relevant sections of the consultation document. Results of the survey are analysed in further detail in section 5 of this document.

3.3.3. 15 August 2016 – 13 October 2016: One to one meetings offered

Throughout the consultation period, all staff covered under the proposals were given the opportunity to request one to one meetings with either their line manager or a member of the Senior Management Team with the support of HR.

3.3.4. 17 August 2016: Staff briefing

Mathew Kendall, Adults and Communities Director and Karen Morrell, Head of Mental Health, held a staff briefing session to support the launch of the formal staff consultation. This session included a brief summary of the history of engagement to date, a summary of changes and the proposed team structures. Time was also allowed throughout for questions from staff. The questions and answers from this session formed the first set of FAQs, which are reviewed in detail in section 5 of this document.

3.3.5. 22 August 2016 – 10 October 2016: Weekly FAQs published

As part of the ongoing engagement activity questions that arose throughout the consultation period were published with responses from the Senior Management Team. The FAQs were published every Monday (where question and answers were available) on the intranet page and emailed to all staff.

3.3.6. 25 August 2016 – 4 October 2016 - Weekly drop-in sessions

Weekly open drop-in sessions were arranged to allow staff to attend and meet face to face with the Head of Mental Health and the management team to discuss the proposals and any feedback they have. These were spread across three locations: The Network, Dennis Scott Unit and the Spring Well Centre. An additional drop-in session was held at Barnet House following the extension of the consultation period. Questions and answers from these sessions formed part of the FAQs.

3.4. Consultation Response Activity

3.4.1. 28 November 2016: Final proposals

The final proposals, as outlined in this document, are to be published on the staff intranet page and emailed to all staff involved. A staff briefing is proposed for 28 November 2016.

3.4.2. 6 December 2016: General Functions Committee review

This paper is being presented at the December GFC meeting for approval to implement the proposals.

3.4.3. Implementation

Barnet Council continue to work in partnership with Barnet CCG, BEHMHT and the voluntary sector to implement the changes, ensuring a safe transfer of case work and services.

The initial dates to implement the proposals (depending on the changes within other organisations) are:

- December 2016: Finalise implementation and staff development plan.
- End of January 2017: Commence transition of staff from the current structure to the proposed structure, in partnership with the Mental Health Trust.
- End of February 2017: Commence transition of cases to appropriate teams in the new structure, in Partnership with the Mental Health Trust.
- February - March 2017: Embed new joint pathways with partner agencies and voluntary sector.

4. CONSULTATION FEEDBACK

There was good engagement from staff and key stakeholders throughout the consultation.

The key areas requiring feedback were:

- Embedding the Barnet Enablement Pathway to deliver ASC MH services as efficiently and effectively as possible.
- Repatriating Adults and Communities staff back into the Council and establish the identity of social care mental health services.
- Streamlining management, getting the right skill mix and providing opportunities for growth and development.
- Changes to role titles and locations.
- Minimising redundancies whilst delivering efficiencies in staffing and minimising the impact on service delivery.
- Strengthening the social work model of Mental Health and continuing joint working with Health colleagues.

4.1. Respondents

4.2.1. Practitioners and staff

Feedback from this group was submitted in many forms including:

- Completion of the online questionnaire
- Attending the drop-in sessions
- Emails to the dedicated inbox or their managers
- Face to face engagement either in team meetings, one to one meetings or the Social Care practice Forum

4.2.2. Managers

This group of people mainly fed back to members of the SMT through:

- Face to face meetings
- Direct emails
- Attending open drop-in sessions

4.2.3. Trade Union – Unison

The trade unions were engaged from the very beginning of the process and offered the opportunity to feedback via the staff consultation. Feedback from this group was submitted in:

- Face to face meetings
- Direct emails and a paper outlining the union and members views. The response to the paper is included in section 6 of this paper.

5. KEY FINDINGS

This section details the formal feedback received via the various methods available to staff and key stakeholders.

5.1. Breakdown of respondents

A total of 58 formal staff responses were received. These are broken down as:

- 7 online questionnaires completed
- 2 emails to the dedicated inbox
- 10 direct emails to the SMT and/ or project team
- 12 attendees in total across 8 open drop-in sessions
- 17 attendees at the staff briefing session

There was also 1 response from the trade union Unison.

5.2. Online questionnaire responses

The responses from the 7 online questionnaires are set out in the following section

All open-ended responses have been grouped into themes, so that they can be summarised.

5.3.1. Proposals to delete and create posts

Of the 7 respondents, 3 agreed or strongly agreed with the proposals, 2 disagreed with the proposals and 2 neither agreed nor disagreed.

With regards to any other comments, the main themes were around:

- The shift from qualified to unqualified staff may result in a loss of expertise
- An increased number of referrals may increase prevention opportunities but also increase workloads.
- An increase in supervisory responsibility

5.3.2. Skills Mix

Of the 7 respondents, 2 strongly agreed with the proposals, 3 strongly disagreed with the proposals and 2 did not respond to this question.

With regards to any other comments, the main themes were around:

- Social Workers supervising Assessment and Enablement Officers
- Career progression opportunities for Assessment and Enablement Officers
- The reduction of staffing within the service

5.3.3. Alternative Proposals

Of the 7 respondents, 3 provided feedback and 4 did not respond to this question.

With regards to comments provided, the main themes were around:

- Developing links with Primary Care, Housing and Children and Families.
- Freeing social care staff from health performance targets.

There was no feedback or comments with alternative proposals to those outlined in the consultation.

5.3.4. Any other comments

Of the 7 respondents, 4 provided feedback and 3 did not respond to this question.

With regards to comments provided, the main themes were around:

- Needing more clarity on roles
- Needing more detail around the six week enablement offer
- Needing more detail around the case transfer process
- Alternative names for the enablement service to avoid confusion
- The restructure supports the pathway and skills mix to deliver prevention.

5.3. **Email feedback**

There were a number of staff that preferred to feedback via email, either to the dedicated inbox or directly to the Senior Management Team. The main themes arising from the feedback were around:

- Clarity on the requirements for the role of Lead Practitioner as there was confusion over the supervision route and/or the AMHP route.
- Added supervision responsibility for social workers.
- Replacing qualified posts with unqualified staff.
- Where staff would be located.
- Who would provide supervision.
- Concerns that the local enablement service would be disproportionately weighted to Social Work, to the detriment of other disciplines.
- Services would lose the multi-disciplinary working element of supporting individuals.

5.4. FAQs

There were a number of staff that preferred to feedback through the staff briefing session and the open drop-in sessions. The main themes arising from the feedback were published in FAQs and centred around:

- A move towards more AEOs would reduce the opportunities for AMHPs
- Loss of knowledge and skills if posts are deleted
- Investment in IT and equipment
- The routes into becoming a Lead Practitioner are confusing
- Admin capacity not sufficient
- The proposals are heavily social work focused which will impact the skills mix in teams
- Where staff will be based
- Increased supervisory responsibility

5.5. Trade Union Response

The trade union Unison provided a detailed response to the proposals on 12 October 2016. The main themes arising from the feedback were:

- Concerns relating to the decrease in qualified roles and increase in unqualified roles and the practice implications and risks of these.
- A positive response to the cessation of secondment to the BEHMHT and a greater focus on the social care elements rather than the health elements of care.
- A view that there should be greater investment in experienced professional staff.
- The pressures around added supervisory responsibility for staff and the need for training in supervisory responsibilities.
- A reduction in staff for the highest populated borough and the impact it will have on the health and wellbeing of social workers.
- Needing further clarity on responsibilities around the 'care co-ordination' role.

The Trade Union response made the following recommendations:

1. Reverse the proposed deletion of social work posts.
2. Reverse the proposed deletion of Principal Practitioner Post.
3. Enter into urgent negotiations with Trade Unions to address the recruitment and retention crisis for Approved Mental Health Practitioners (AMHP)
4. Any decision to restructure mental health services must be submitted to General Functions Committee.

6. SUMMARY OF KEY THEMES AND UPDATED PROPOSALS

Having analysed the feedback from all staff and their representatives, it is apparent that there are a few reoccurring themes. The Council has undertaken a full review of this feedback and is making the following final proposals for the Barnet Enablement Pathway and Mental Health staff structure:

6.1. Changing the way Adults and Communities Mental Health Services are delivered: Barnet Enablement Pathway

No changes made to initial proposals.

6.1.1. Initial Proposal

To restructure services to reflect the Barnet Enablement Pathway model. 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.

The introduction of the Care Act 2014 and the success of the enablement projects in Barnet have driven the need to develop a more cohesive, person-centred way of delivering services. This 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.

6.1.2. Feedback

Feedback from the staff consultation supported the Barnet Enablement Pathway and the changes to the Adults and Communities Mental Health Services. Feedback was in agreement to having a single pathway with joint working which will support the prevention agenda and ensure a holistic approach.

Staff were also supportive of ending the secondment of Barnet Social Care staff to BEHMHT and agreed that this would help focus on Social Work principles.

6.1.3. Final Proposals

The Barnet Enablement Pathway is embedded into Adults and Communities Mental Health Services as a new model.

6.2. Realigning role titles

Changes made to initial proposals

6.2.1. Initial Proposals

All Social Workers with the Approved Mental Health Practitioner (AMHP) qualification will be renamed as Lead Practitioners. The proposals also stated that all Senior Practitioner post such as Principal Practitioners will also be renamed as Lead Practitioner.

6.2.2. Feedback

Feedback to the staff consultation was around the alignment of different supervisory posts in to a generic Lead Practitioner role. There was confusion over the different routes into a single role of Lead Practitioner as some would hold supervisory responsibility but other would not.

6.2.3. Final Proposals

Management have listened to the comments and have reconsidered some of the proposed role titles.

Therefore, the final proposals are that all Social Workers with an AMHP qualification will be renamed as Senior Social Workers. Social Workers will be given the opportunity to train as AMHPs and their posts will be updated to Senior Social Worker in line with the Unified Reward process.

Senior Practitioners with supervisory responsibility will be renamed as Lead Practitioners as per the initial proposals. This aligns with the changes made to the rest of the delivery unit where all Lead Practitioners hold supervisory responsibility.

6.3. Increased supervisory responsibility

No changes made to initial proposals

6.3.1. Initial Proposal

All Social Workers will supervise up to one Assessment and Enablement Officer.

6.3.2. Feedback

Feedback to the staff consultation was themed around the new supervisory responsibility for Social Workers managing Assessment and Enablement Officers. There was a worry that this will impact the role of the Social Worker and the case loads that staff hold.

6.3.3. Final Proposals

The initial proposals will remain unchanged, however senior management acknowledge that if 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 aligns with the changes made in other areas of the delivery unit.

6.4. Management support for supervisors and managers

Changes made to initial proposals

6.4.1. Initial Proposals

The management structures should be as focused and efficient as possible to maximise resource available for front-line service delivery. The table below describes the initial proposal for managers or supervisors in the proposed teams.

Team	Number of managers/ supervisors proposed (FTE)	Total number of staff in team (FTE)
Local Enablement Team	1.0 Enablement Manager 1.0 Team Manager 4.0 Lead Practitioner 1.0 Business Support Manager	20.0 (0.5 of the above will be based in this team but support the AMHP Service)
AMHP Service	1.0 AMHP Manager	1.0 (There are also 7.0 'As and When' staff based in this team)
Cognitive Impairment Team	3.5 Lead Practitioner	5.58
Locality Community Teams (x3)	5.0 Lead Practitioner	9.0
Intensive Enablement Team	1.0 Team Manager 2.0 Lead Practitioner	5.0

Table 1: Initial proposals for managers and supervisors in the proposed new Mental Health teams

6.4.2. Feedback

Feedback to the staff consultation was around the limited supervisory support for managers or supervisors as all appear to be reporting directly into the Head of Service role.

6.4.3. Final Proposals

Senior Management have listened to the points raised and have reconsidered the management structure. The changes are as follows:

Team	Number of managers/ supervisors proposed (FTE) and description		Total number of staff in team (FTE)
Local Enablement Team	2.0 Team Manager - Enablement 1.0 Business Support Manager	There will be two Team Managers in this area due to increased staffing and the anticipated rise in demand for this service. One of these posts will be responsible for managing, co-ordinating and developing the Enablement programmes and managing some additional staff. The other post will concentrate on managing some of the additional staff, ensuring the cohesiveness of the whole service and developing the outreach work into the Enablement Hubs, Localities and Wellbeing Centres. The team managers will ensure that staff work with the primary care link workers and the Wellbeing centre	20.0 (0.5 of the above will be based in this team but support the AMHP Service)
AMHP Service	1.0 AMHP Manager	The current Team Manager post will remain.	1.0 (There are also 7.0 'As and When' staff based in this team)
Cognitive Impairment Team	1.0 Team Manager	The current Principal Practitioner role will now be converted to a Team Manager post and will continue to supervise the social work staff working in this team.	5.58
Locality Community Teams (x3)	2.0 Lead Practitioner	There will be two Lead Practitioners co-located within the secondary Mental Health Locality Teams. The Lead Practitioners will supervise nine Barnet Social Care staff within the three Locality Teams.	9.0
Intensive Enablement Team	1.0 Team Manager 2.0 Lead Practitioner	There will be one Team Manager who will continue to manage social care staff within this service and will take a key role in working with services providing long term support for people.	5.0

Table 2: Final proposals for managers and supervisors in the proposed new Mental Health teams

6.5. Skills mix of Social Workers and Assessment and Enablement Officers

No changes made to initial proposals

6.5.1. Initial Proposals

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.

6.5.2. Feedback

Feedback to the staff consultation was around the proposed shift in skills mix from Social Workers to Assessment and Enablement Officers (AEO). Concerns have been raised around losing the experience and skills of qualified professionals as well as increasing the work load on those remaining.

6.5.3. Final Proposals

There is good evidence within both Mental Health and Older People and Physical Disabilities (OPPD) that Assessment and Enablement Officers have demonstrated appropriate skills, knowledge and drive to contribute to a service which can support the individuals. For example, the Network has practitioners in the role of Assessment and Enablement Officers and Community Access Workers. Other areas of the country have developed the model of using practitioners with lived experience to develop services. One service in North Wales employs Peer Support Workers with lived experience that makes up the majority of their staff.

Within the OPPD teams the shift in balance that was created through the restructure of 2016 has created opportunities for staff experienced in areas of public sector work other than social care, to come into the department. There have been successful transfers from the police, teaching and legal professions into AEO roles. This has added a breadth of experience and different range of skills to across the workforce to compliment the high number of trained professional Social Workers.

Furthermore, the New Operating Model that the Delivery Unit is progressing towards has a prime focus on prevention, reablement and connecting people back into their communities. Staff in an AEO role have proven to successfully work in this way, supporting the qualified social work professionals to focus on more complex care, safeguarding and casework that requires their professional knowledge and skills to ensure resolution.

Nationally there is a shortage of high quality, experienced and professional Social Workers. Barnet have taken the approach that they wish to 'grow their own' workforce and in 2016/17 Social Work training has been offered to two of our current AEO workers. Barnet is also a trailblazer with regard to the national 'Think Ahead' programme and has taken on four graduates with a view to them forging a career in the Mental Health service.

Although the service has considered carefully the impact of a change in skills mix, evidence demonstrates that these changes can be successfully delivered within the new enablement approach, based both on external evidence, and the excellent work being currently carried out in the service by AEOs. Therefore the proposals to realign the skills mix remain unchanged.

Due to the specific challenges of providing social care support to individuals with mental health difficulties, the transition in the workforce from Social Worker posts to Assessment and Enablement Officer posts has only taken place with vacant posts and on a lesser scale than that carried out in OPPD.

The proposal to convert one Community Access Worker post into a Peer Support Access Worker post remains unchanged.

6.6. Reduction in posts

Changes made to initial proposals

6.6.1. Initial Proposals

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. The following table outlines the initial proposals:

Role	FTE	Action	Role	FTE
Team Manager	1.00 (vacant)	Delete	None	0.00
Principal Practitioner AMHP	1.00 (vacant)	Delete	None	0.00
Principal Practitioner	1.00 (vacant)	Delete	None	0.00
Social Worker Senior Practitioner	1.00 (vacant)	Delete	None	0.00
Social Worker Senior Practitioner	1.00 (vacant)	Delete	None	0.00
Social Worker	1.00 (vacant)	Delete/ Create	Assessment and Enablement Officer	1.00
Social Worker	0.50 (vacant)	Delete/ Create	Assessment and Enablement Officer	0.50
Social Worker	1.00 (vacant)	Delete/ Create	Review Officer/ Assessment and Enablement Officer	1.00
Social Worker	1.00 (vacant)	Delete/ Create	Assessment and Enablement Officer	1.00
Psychotherapist and Safeguarding Lead	0.50	Delete	None	0.00
Training Commissioner	0.50	Delete	None	0.00
Total Deleted	9.50	-	Total Created	3.50

Table 3: Initial proposals for posts to be deleted and those to be created

6.6.2. Feedback

Feedback to the staff consultation was around the deletion of Social Work posts (presently long term vacancies) in order to make the savings.

6.6.3. Final proposals

As part of the council wide savings plan, the services were tasked with making savings of up to 10% from the staffing budget. The only way to achieve this in the Mental Health service was to make cuts in the long-term vacant posts, thus reducing the number of people likely to be made redundant. The following table outlines the final proposals:

Role	FTE	Action	Role	FTE
Team Manager	1.00 (vacant)	Delete	None	0.00
Principal Practitioner AMHP	1.00 (vacant)	Delete	None	0.00
Principal Practitioner	1.00 (vacant)	Rename	Lead Practitioner	1.00
Social Worker Senior Practitioner	1.00 (vacant)	Delete	None	0.00
Social Worker Senior Practitioner	1.00 (vacant)	Delete	None	0.00
Social Worker	1.00 (vacant)	Delete/ Create	Assessment and Enablement Officer	1.00
Social Worker	0.50 (vacant)	Delete/ Create	Assessment and Enablement Officer	0.50
Social Worker	1.00 (vacant)	Delete/ Create	Review Officer/ Assessment and Enablement Officer	1.00
Social Worker	1.00 (vacant)	Delete/ Create	Assessment and Enablement Officer	1.00
Psychotherapist and Safeguarding Lead	0.50	Delete	None	0.00
Training Commissioner	0.50	Delete	None	0.00
Total Deleted	9.50	-	Total Created	4.50

Table 4: Final proposals for posts to be deleted and those to be created with changes to initial proposals

The initial proposal to delete one vacant Team Manager remains unchanged as the number of Secondary Mental Health teams is reducing down to three.

The initial proposal to delete one vacant Principal Practitioner has been changed to rename the post to Lead Practitioner in line with the rest of the delivery unit.

Deletion of occupied posts

The initial proposals to delete the occupied posts of: Psychotherapist and Safeguarding Lead, and Training Commissioner remain unchanged.

In respect of the Psychotherapist and Safeguarding Lead post, the Psychotherapist element of the role provides Post Traumatic Stress Disorder (PTSD) therapy. This is a Health provision and the role is not a post in which it is appropriate for Social Care to invest in going forward. The Safeguarding element of the role is covered by the Head of Safeguarding and the Safeguarding team.

Furthermore all Social Workers carry out Safeguarding duties in line with the London Multi-Agency Adult Safeguarding policies and procedures. For mental health services the Head of Service also has a key role in ensuring that Safeguarding duties are carried out by professionals within service.

There is a dedicated Workforce Development Manager in the delivery unit who is responsible for the functions covered in the Training Commissioner post and therefore a dedicated Mental Health Lead is not required.

6.7. Investment in staff and support mechanisms

No changes made to initial proposals

6.7.1. Initial Proposals

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. 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.

6.7.2. Feedback

Feedback to the staff consultation asked for reassurance around the level of investment in current and future staff.

6.7.3. Final Proposals

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 and are classified in the following groups:

- Generic training - 22 different courses available
- eLearning Opportunities – 2 different courses with multiple modules
- Service Specific training for mental health services – 12 different courses
- Safeguarding Adults training – 4 different courses
- Post Qualifications – 7 different options

Since 2016 staff have also had access to corporate training which covers a lot of the generic training and soft skills aspect of learning, along with an extensive eLearning portal. The social care staff in mental health services have also benefited from the strengths-based training, which has been rolled out across the whole of Adults and Communities.

Staff have continued to link in and attend national and regional conferences and the department has invested in the Think Ahead Programme to train graduates who want to specialise in Mental Health Social Work. Also, the commitment from Senior Managers to coordinate and host a monthly good practice forum has had a positive response from staff working in Adults and Communities Mental Health Services. This is now open to staff other agencies who work with Barnet mental health services.

7. CONCLUSION

7.1. Final Proposals

The final proposals for changes to the Mental Health staffing structure to be considered by the General Functions Committee are as follows:

Team	Current Post Title	Post FTE	Initial Proposed Action	Initial Proposed Post Title	Initial Proposed FTE	Final Proposed Action	Final Proposed Post Title	Final Proposed FTE
AMHP Service	AMHP Manager	1.00	None	AMHP Team Manager	1.00	None	Team Manager - AMHP	1.00
AMHP Service	Senior Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
Barnet Assessment Service	Senior Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Convert	Lead Practitioner	1.00
Barnet Assessment Service	Principal Practitioner AMHP	1.00	Delete	None	0.00	Delete	None	0.00
Barnet Assessment Service	Principal Lead Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Convert	Lead Practitioner	1.00
Barnet Assessment Service	Social Worker	1.00	None	Social Worker	1.00	None	Social Worker	1.00
Barnet Assessment Service	Social Worker	1.00	None	Social Worker	1.00	None	Social Worker	1.00
Cognitive Impairment Team	Principal Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Convert	Team Manager	1.00
Cognitive Impairment Team	Social Worker Senior Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
Cognitive Impairment Team	Social Worker Senior Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
Cognitive Impairment Team	Social Worker Senior Practitioner AMHP	0.50	Rename	Lead Practitioner	0.50	Rename	Senior Social Worker	0.50
Cognitive Impairment Team	Assessment and Enablement Officer	0.58	None	Assessment and Enablement Officer	0.58	None	Assessment and Enablement Officer	0.58
Cognitive Impairment Team	Social Worker	0.50	Delete/ Create	Assessment and Enablement Officer	0.50	Delete/ Create	Assessment and Enablement Officer	0.50
Cognitive Impairment Team	Social Worker	1.00	Delete/ Create	Review Officer/ Assessment and Enablement Officer	1.00	Delete/ Create	Review Officer/ Assessment and Enablement Officer	1.00
Community Recovery Team	Team Manager	1.00	None	Team Manager	1.00	None	Team Manager	1.00
Community Recovery Team	Social Worker	1.00	None	Social Worker	1.00	None	Social Worker	1.00
Community Recovery Team	Social Worker Senior Practitioner	1.00	Delete	None	0.00	Delete	None	0.00
Complex Needs Team	Social Worker AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
Complex Needs Team	Social Worker AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
Complex Needs Team	Social Worker	1.00	None	Social Worker	1.00	None	Social Worker	1.00
Complex Needs Team	Social Worker	1.00	Delete/ Create	Assessment and Enablement Officer	1.00	Delete/ Create	Assessment and Enablement Officer	1.00
Complex Needs Team	Psychotherapist and Safeguarding Lead	0.50	Delete	None	0.00	Delete	None	0.00
Complex Needs Team	Training Commissioner	0.50	Delete	None	0.00	Delete	None	0.00
Early Intervention Team	Social Worker Senior Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
Early Intervention Team	Social Worker Senior Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
East and West Recovery Team	Principal Practitioner	1.00	Delete	None	0.00	Rename	Lead Practitioner	1.00
East and West Recovery Team	Social Worker Senior Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
East and West Recovery Team	Social Worker Senior Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
East and West Recovery Team	Social Worker Senior Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
East and West Recovery Team	Social Worker Senior Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
East and West Recovery Team	Social Worker Senior Practitioner AMHP	1.00	Rename	Lead Practitioner	1.00	Rename	Senior Social Worker	1.00
East and West Recovery Team	Social Worker Senior Practitioner	1.00	Delete	None	0.00	Delete	None	0.00
East and West Recovery Team	Team Manager	1.00	Delete	None	0.00	Delete	None	0.00
East and West Recovery Team	Social Worker	1.00	None	Social Worker	1.00	None	Social Worker	1.00

Team	Current Post Title	Post FTE	Initial Proposed Action	Initial Proposed Post Title	Initial Proposed FTE	Final Proposed Action	Final Proposed Post Title	Final Proposed FTE
East and West Recovery Team	Social Worker	1.00	None	Social Worker	1.00	None	Social Worker	1.00
East and West Recovery Team	Social Worker	1.00	Delete/ Create	Assessment and Enablement Officer	1.00	Delete/ Create	Assessment and Enablement Officer	1.00
The Network	Community Network Manager	1.00	Rename	Enablement Manager	1.00	Rename	Team Manager - Enablement	1.00
The Network	Deputy Community Network Manager	1.00	Rename	Team Manager	1.00	Convert	Team Manager - Enablement	1.00
The Network	Business Support Manager	1.00	None	Business Support Manager	1.00	None	Business Support Manager	1.00
The Network	Business Support Assistant	1.00	Split	Business Support Assistant	1.00	Split	Business Support Assistant	1.00
The Network	Business Support Assistant	0.50	None	Business Support Assistant	0.50	None	Business Support Assistant	0.50
The Network	Business Support Assistant	0.50	None	Business Support Assistant	0.50	None	Business Support Assistant	0.50
The Network	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00
The Network	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00
The Network	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00
The Network	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00
The Network	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00
The Network	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00	None	Assessment and Enablement Officer	1.00
The Network	Community Access Worker	1.00	None	Community Access Worker	1.00	None	Community Access Worker	1.00
The Network	Community Access Worker	1.00	None	Community Access Worker	1.00	None	Community Access Worker	1.00
The Network	Community Access Worker	1.00	Rename	Peers Support Access Worker	1.00	Rename	Peers Support Access Worker	1.00
	Total	49.58			43.58			44.58
	Net Impact		-		-6.00			-5.00

Table 5: Final proposals for the Mental health teams in comparison to the original structure and initial proposals

7.2. Closing Summary

We believe that the proposed model provides a sustainable and high quality service which meets the needs of the Barnet residents with Mental Health issues addressing the following principles

- **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.

7.1. Structure Diagrams

The current Mental Health Staff Structure and initial proposed structure can be found in the Consultation Paper.

7.1.1. Final proposed Mental Health Staff Structure

