

**Adults and Communities**

# **Appendix 1: Restructure of the Adults and Communities Delivery Unit**

**Consultation Report and Final Proposals**

5 February 2016

**Table of Contents**

<b>1</b>	<b>Introduction .....</b>	<b>2</b>
<b>2</b>	<b>Background .....</b>	<b>2</b>
<b>3</b>	<b>Consultation .....</b>	<b>3</b>
<b>4</b>	<b>Outcome of consultation and response.....</b>	<b>6</b>
<b>5</b>	<b>Final proposals by team .....</b>	<b>12</b>
5.1	Business Support .....	12
5.2	Care Quality.....	13
5.3	Customer Care .....	13
5.4	Customer Financial Affairs .....	14
5.5	Integrated Care - Learning Disabilities .....	15
5.6	Integrated Care Older People and Physical Disabilities.....	17
5.7	Management Changes .....	20
5.8	Mental Health .....	21
5.9	Performance and Improvement.....	22
5.10	Prevention and Well-being.....	23
5.11	Safeguarding.....	24
5.12	Workforce Development .....	25
<b>6</b>	<b>Selection for roles .....</b>	<b>25</b>
6.1	Ring-fencing and assimilation .....	25
<b>7</b>	<b>Selection for redundancy .....</b>	<b>26</b>
7.1	Redeployment and redundancy .....	27
<b>8</b>	<b>Next steps .....</b>	<b>27</b>

## 1 Introduction

This document seeks to confirm the final proposals to the restructure of the Adults and Communities Delivery Unit following a period of informal communication and consultation in November and formal consultation with staff and the trade unions from 3 December that closed on 1 February 2016.

## 2 Background

The Adults and Safeguarding Committee agreed to deliver a 5 year Commissioning Plan for Adults in July 2014. This Commissioning Plan outlined how the London Borough of Barnet will manage the key changes required by the Care Act 2014; health and social care integration at a time of rising demand; increased expectations and shrinking resources. Although the requirements of the Care Act 2014 have changed since the Commissioning Plan was published, there is increasing pressure on the Adults and Communities Delivery Unit to deliver services to Barnet's Adult population.

At the same time as Adults and Communities has experienced an increase in demand, the London Borough of Barnet 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 enable the Council to deliver vital services to Adults, while operating within its means, the Adults and Safeguarding Committee was required to identify £12.6m of savings through to 2020. This has since been increased to £18.6m to reflect the additional savings required across the local authority.

Each of the Committees identified a staffing saving of about 10%. For the Adults and Safeguarding Committee this equates to £1.7m. Members have tasked officers with achieving £1.5m of savings in the next two years. 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.

Achieving savings at this scale will always be difficult and lead to very challenging decisions. The proposals aimed to achieve these savings and minimise adverse impact for both staff and residents. The following principles governed the development of the proposals:

- Delivering services to achieve outcomes as efficiently and effectively as possible
- Minimising the impact on service delivery
- Providing opportunities for growth and development
- Streamlining management
- Getting the right skill mix in the social care workforce

- Minimising redundancy.

A consultation paper was issued on 3 December 2015 which set out the rationale behind proposals to restructure the Adults and Communities Delivery Unit.

The consultation ran for 60 days and ended on 1 February 2016. The consultation period was extended beyond the 30 day period advised under HR Procedures in order to allow staff more time to consider the proposals and engage effectively on the decisions that need to be made following Trade Union representation.

### 3 Consultation

The consultation was launched for a 60 day period on 3 December 2015. The Trade Unions were informed of consultation at a meeting on 30 November 2015. 1 to 1 meetings were held with directly affected employees early on during the formal consultation period.

Staff across the Delivery Unit were encouraged to comment and put forward ideas to improve the proposals or alternative proposals. A variety of ways were made available for people to put these forward or to ask questions.

<p><b>Online survey</b></p>	<p>A web link to an online survey was circulated to staff with the consultation document. The survey could be completed anonymously if desired and included free text fields that allowed for open comments and suggestions.</p> <p><i>19 people completed the online survey. The majority of respondents disagreed with the consultation proposals. A detailed numerical analysis of responses has not been provided given the small sample size but the issues raised are reflected in the feedback table below.</i></p>
<p><b>Email</b></p>	<p>Comments and suggestions could be emailed to a dedicated engagement mailbox.</p> <p><i>5 individuals and 5 teams responded in this way. Where team feedback has been received the key messages are included in "section 4 - outcome of consultation and response" and are also detailed in the relevant team sub-section of "section 5 - final proposals by team".</i></p>
<p><b>Drop-in sessions</b></p>	<p>Staff were invited to discuss the proposals with the assistant directors at open drop-in sessions held in Barnet House on the following dates:</p> <ul style="list-style-type: none"> <li>• Wednesday, 16 December 2015, 09:30-10:30</li> <li>• Tuesday, 15 December 2015, 14:00 – 15:00</li> <li>• Monday, 4 January 2016, 14:00 – 15:00</li> </ul>

	<ul style="list-style-type: none"> <li>• Friday, 8 January 2016, 09:30-10:30</li> <li>• Tuesday, 12 January 2016, 14:00 – 15:00</li> <li>• Thursday, 14 January 2016, 11:30-12:30</li> </ul> <p>Specific sessions to discuss skill mix and mobile working and the use of technology were held on</p> <ul style="list-style-type: none"> <li>• Mobile working and use of technology - Monday 18 January 2016, 11:30 – 12:30</li> <li>• Changes to skill mix in the operational teams - Tuesday 19 January 2016, 12:30 – 13:30</li> </ul> <p>The dates of all the drop-in sessions were circulated to staff with the consultation document and posted on the intranet. Email reminders were circulated to encourage attendance</p> <p><i>Around 10 people attended drop-in sessions. Approximately 50 people attended the mobile working and skills mix sessions.</i></p>
<p><b>One-to-one meetings</b></p>	<p>Individuals at risk of redundancy have had at least two meetings with their line manager, HR and their own representation where requested.</p> <p>Staff were encouraged to share their thoughts on the proposals with their line manager or a member of the Senior Management Team.</p>
<p><b>Consultation FAQs / Log on intranet</b></p>	<p>Throughout the consultation all common questions and concerns were logged with weekly updates and responses where appropriate and published on the intranet.</p> <p>Personal questions and queries were responded to directly wherever possible.</p> <p>The FAQ Log is presented at Appendix A.</p>

Regular Trade Union meetings were held during the consultation proposals to discuss matters arising. The Trade Union response is included at Appendix E.

The consultation period closed on 1 February 2016 at 5.00pm.

Following this there was a meeting with the Trade Unions on 8 February 2016 to formally respond following the close of consultation. Close of consultation staff briefings were held on 9 and 10 February 2016 to present the findings of the consultation and update staff on the final proposals being presented to General Functions Committee.

## 4 Outcome of consultation and response

A number of consultation responses were received as outlined in the table above. These have been summarised and responded to in the table below. Where individuals sought clarity on specific, personal issues they have been responded to directly.

Feedback	Response
<p>How quickly will the skill mix changes be implemented?</p>	<p>The proposals include the deletion of 23 FTE Social Worker roles to be replaced with 17 FTE Assessment and Enablement Officer Roles.</p> <p>There are currently 13.8 FTE social worker vacancies. This means that 6 FTE posts will be deleted and 7.8 FTE will be converted into AEO posts. An additional 9.2 FTE posts will be converted as and when Social Workers leave their posts. The impact of the changes will be carefully reviewed over the year and discussed within divisional management meetings and with the Leadership Team.</p>
<p>Supervision of up to one AEO by a Social Worker represents an unreasonable additional demand.</p>	<p>The feedback from staff and Trade Unions has been carefully considered within the Delivery Unit Leadership Team. It is still proposed that to align practice between social workers and occupational therapists, social workers will supervise up to one AEO each. Formal line management will remain with Team Managers and Lead Practitioners and will not transfer to social workers. It is felt that this will help to share and develop skills across the service and provide development opportunities that will help with career progression.</p> <p>It is hoped that many social workers will see this as a good opportunity to develop and support their career progression whilst sharing their knowledge and experience with their colleagues.</p> <p>Work is underway to scope the training and development requirements to support social workers in taking on this role and implementation will be sensibly phased throughout 16/17.</p> <p>It is anticipated that this can ease some of the internal recruitment challenges faced by the Delivery Unit. It has been difficult to recruit to Lead Practitioner roles (12 are currently vacant) and it is anticipated that by offering greater supervision opportunities social workers will be better prepared to progress and will reduce reliance on external recruitment.</p>
<p>The reduction in posts adds</p>	<p>The pressures on adult social care are challenging and</p>

Feedback	Response
<p>additional risk to service delivery.</p>	<p>the reduction in posts of course presents a service delivery risk. However, changes being made across the delivery unit should improve efficiency and help mitigate the impact of reductions in posts. These include:</p> <ul style="list-style-type: none"> <li>• The implementation of Mosaic and introduction of new devices that should lead to more efficient mobile working and much less wasted time with IT problems.</li> <li>• Use of assessment, review and support planning hubs.</li> <li>• Better utilisation of the external support planning contract.</li> <li>• Better and more timely support to carers and use of specialist carers services.</li> </ul> <p>The operational impact will be kept under regular review.</p>
<p>It is too early to be sure of the appropriate changes to the Performance and Information team given the current development phase of the new reporting solution.</p> <p>The new structure will not have enough capacity for data inputting. The service will be vulnerable with only one person in role.</p>	<p>It is now proposed that there is a further consultation with the Performance and Information team later in the year following the introduction of the new reporting solution. Changes were not proposed to go-live in this area until October 2016 so this should not impact on the timetable.</p>
<p>Following the Individual Consultation Meetings with staff at risk of redundancy (1:1s) staff have raised concerns in relation to the application of the redundancy selection criteria as follows:-</p> <ol style="list-style-type: none"> <li>1. That by using selection criteria based on a personal statement, test and interview, this does not give staff adequate opportunity to evidence good previous performance</li> <li>2. That the selection criteria</li> </ol>	<p>In relation to the first issue, the delivery unit would seek to reassure staff that the test and interview will be structured in such a way that staff are given the opportunity to evidence past performance in their role. This differs from a traditional recruitment process whereby staff are assessed on their potential capacity to undertake the role. If staff feel they need additional support in respect of interview skills, they should discuss this with their line manager.</p> <p>In relation to the second concern, it has been agreed that it is appropriate to use the calendar year 2015 as the monitoring period for the purposes of sickness absence.</p> <p>In addition, formal warnings will only be taken in to consideration where the warning is live as at 2 February 2016.</p>

Feedback	Response
<p>which takes in to consideration sickness absence and formal warnings is not sufficiently clear in respect of the timeframes involved.</p>	
<p>It is unclear what will happen with posts currently vacant and remaining in the new structure.</p>	<p>Vacant posts will be recruited to. A number of posts have been held to provide maximum redeployment opportunities to those at risk of redundancy.</p>
<p>Delete posts not currently filled with permanent members of staff</p>	<p>Opportunities to do this have been sought in order to reduce redundancy as far as possible</p>
<p>Business Support will be unable to cope with additional demand placed on the team.</p>	<p>Work is on-going with the team to ensure that changes are implemented in a staged, managed fashion. The review project identified that with the proposed changes there will be sufficient capacity for the work required and this will be monitored and reviewed.</p>
<p>Role profiles in the Business Support team need updating to reflect changes to the service.</p>	<p>These are being reviewed and updated and will be shared with the team for review in February.</p> <p>Following feedback there have also been changes to the line management structure to even reporting lines between the Business Support Lead and the Deputy Business Support Lead. These are now reflected in the to-be structure chart.</p>
<p>The direct payment advisors should be part of the same team as the DP monitoring officers</p>	<p>Following feedback it has been agreed to change the line management of the direct payment advisors. They will now report into a Team Leader in the Customer Finance team. This will bring the advisors and monitoring officers together into the same team and will ensure that they have clarity of supervision / line management and the ability to develop better ways of allocating work and consistent processes. It is expected that officers will continue to be located with the operational teams on most days in order to best impact on practice.</p>
<p>There is a need for a Principal OT</p>	<p>The restructure proposals permanently establish the post of Principal Social Worker following a successful trial since September 2015. Following feedback it has been</p>



Feedback	Response
	<p>agreed to delete a vacant Lead Practitioner (Occupational Therapist) and create a Principal Occupational Therapist post. A role profile needs to be created and evaluated but it is expected that the role will be graded at a level similar to Team Leader. The role will be a professional practice lead for occupational therapy with a focus on quality improvement but will also hold operational management responsibilities and take on some complex cases. It will report into the Head of Localities (OPPD).</p>
<p>Deleting roles in the Safeguarding team will have a significantly adverse impact on the service.</p>	<p>In response to feedback received, the deleted Team Leader post has been restored to the proposed structure.</p> <p>To manage the deletion of the Business Support Officer vacant post, temporary resource will be maintained during implementation of new processes and systems and the impact will then be reviewed and monitored.</p>
<p>Some job titles could be improved.</p>	<p>It has been agreed to rename the following:</p> <ul style="list-style-type: none"> <li>- Team Leaders will be changed to Team Managers</li> <li>- Prevention and Wellbeing Lead will be changed to Prevention and Wellbeing Manager</li> <li>- Heads of Service in OPPD will be: Head of Hospitals &amp; Health Partnerships (OPPD); Head of Localities (OPPD) and Head of Access, Enablement and Review (OPPD)</li> </ul>
<p>Engagement and communication work will suffer from reductions in capacity.</p>	<p>As the consultation document made clear, delivering savings of this level lead to very challenging decisions. The impact of reductions is noted and senior managers will work with the team on prioritisation to ensure workloads are manageable and sustainable.</p>
<p>The gap between Team Leader and Head of Service will make career development more challenging.</p>	<p>The workforce development plan and Barnet Management Academy has offered significant resource to support management development. The specific offer to Team Leaders to support their progression to Head of Service roles needs to be thought through and put into action for 16/17.</p> <p>There will be a workshop session with all of the Team Leaders to help co-produce this and ensure there is sufficient balance between training and other development opportunities such as project work, coaching</p>

Feedback	Response
	and shadowing.
The Head of Service job descriptions do not adequately reflect the full breadth of the jobs.	These have been updated to better reflect the full extent of the roles.
Will there be sufficient management capacity in the social work teams with the removal of the Service Manager tier.	<p>Whilst the proposals reduce management cost overall there is confidence that there will still be sufficient operational capacity to support safe and effective practice. The net impact on management capacity is a loss of 0.5 FTE for LD and a loss of 1FTE in OPPD.</p> <p>The new operational Head of Service roles will spend a greater proportion of their time on operational issues working closely with their Team Managers. This closer working relationship provides a flatter structure and improves the efficiency of the management of the service.</p> <p>The Team Manager role has been re-evaluated and re-graded at two higher SCPs to reflect these changes.</p>
Why are you increasing management roles?	<p>The overall spend on management posts will reduce with these changes, and the structure will become flatter. Whilst three new Head of Service posts have been created, the following seven have been deleted:</p> <ul style="list-style-type: none"> <li>- 1 x Head of Service</li> <li>- 4 x Service Manager</li> <li>- 1 x Team Leader</li> <li>- 1 x Deputy Team Leader</li> </ul>
IT support needs to be better to enable more efficient working.	Work is on-going with CSG to improve the standard of IT support to enable more effective working. In 16/17 new mobile devices with 3G connectivity will be rolled-out to all practitioners who work on multiple sites and the new case management system will be implemented.
It is difficult to trust that Mosaic will facilitate more efficient working before it is live.	This is understandable. As testing and training continue and more people work with the system it is expected that the benefits will become clearer to the wider staff group.
Give extra hours to part time staff instead of using locums to reduce cost	This does sometimes take place and will be considered to reduce future expenditure on agency staff.

## 5 Final proposals by team

### 5.1 Business Support

The service will take responsibility for some new functions to accommodate changes to be made elsewhere in the structure. This will include:

- Administration of complaints and Member Enquiries.
- Administration of the Rewards and Recognition policy.
- Facilitating regular updates to business continuity plans.
- Management of Freedom of Information requests.

The implementation will be carefully phased to ensure that new tasks are allocated as time is freed up through other tasks ceasing or reducing in duration. There will be appropriate training offered to support individuals to take on appropriate new areas of work.

To ensure the service can flexibly manage a range of tasks, the two service specific roles – Receptionist and Duty Intake Co-ordinator – will be converted into Business Support Assistant and Business Support Officer posts respectively. The Business Support Lead will take on the lead role for complaints and report to the Head of Performance and Improvement.

The Records Manager post will move to the Performance and Information team and will report to the Performance and Information Service Manager.

The Business Support Officer and Business Support Assistant roles have become out-dated and will be refreshed in consultation with the team.

Some changes have been made to the line management arrangements in Business Support – these are reflected in the new to-be structure charts.

The specific changes to roles will be as follows:

Action	Roles	Impact
<b>Revisions</b>	Business Support Lead ( <i>see section 3.3 on Customer Care for detail</i> )	Change to role profile to include managing complaints and member enquiries. Change to reporting line (Vacant)
<b>Revisions</b>	Records Manager	Change to reporting line to the Performance and Information Service Manager (Vacant)
<b>Convert</b>	Duty Intake Coordinator	Convert post to become a Business Support Officer
<b>Convert</b>	Receptionist	Convert post to become a Business Support Assistant

## 5.2 Care Quality

No changes will be made.

## 5.3 Customer Care

The two vacant posts within the Customer Care team will be deleted. With fewer resources there will be a need to prioritise and operate to a focused work plan. Some of the resource reduction will be mitigated through the transfer of some tasks, such as administration of the reward and recognition policy and support for key events, to the Business Support team.

In addition, there will be a new model for handling complaints. It is anticipated that the process will become more efficient with the implementation of Mosaic that will introduce automated workflows. As such the day-to-day administration and support to the process will transfer from the Complaints Lead to the Business Support team to be led by the Business Support Lead.

The Customer Care Service Manager will take responsibility for quarterly reviews of lessons learned from the complaints received and ensuring that this learning is acted upon by the service. This will also clarify that managers are responsible for writing high quality complaints responses – this is in-line with other council Delivery Units and is supported by the workforce development agenda.

The Engagement Officer role will be updated to reflect changes in the approach to engagement and will be renamed as the Engagement Lead.

The specific changes to roles will be as follows:

Action	Roles	Impact
<b>Delete</b>	Communications Officer	1.0 FTE (Vacant)
<b>Delete</b>	Complaints Lead	1.0 FTE
<b>Delete</b>	Partnership Boards Officer	1.0 FTE (Vacant)
<b>Convert</b>	Engagement Officer	Convert post to Engagement Lead (Vacant)

#### 5.4 Customer Financial Affairs

The new structure for the Customer Financial Affairs team will need to ensure that there is a stronger focus on:

- Direct Payment monitoring, given the recent work to improve this service and ensure all clients are up-to-date.
- Implementation of new ways of working under Mosaic
- Streamline the business process following the implementation of Mosaic.

There will be a simplified management structure. This will see the deletion of the Deputy Team Leader post and the allocation of line management responsibilities across the two Team Leader posts.

There will be a further reduction of 2 FTE to the size of the team. It is anticipated that this can be mitigated by the implementation of Mosaic and more efficient ways of working. The Care Act 2014 has also introduced a light touch financial assessment and direct payment monitoring process.

Following feedback it has been agreed to change the line management of the direct payment advisors. They will now report into a Team Leader in the Customer Finance team. This will bring the advisors and monitoring officers together into the same team. It is expected that officers will continue to be located with the operational teams on most days in order to best impact on practice. Changes to the line management arrangements are reflected in the new to-be structure charts.

The specific changes to roles will be as follows:

Action	Roles	Impact
<b>Delete</b>	Deputy Team Leader	1.0 FTE
<b>Delete</b>	Visiting Officer	1.0 FTE
<b>Delete</b>	Financial Assessment Officer	1.0 FTE
<b>Revisions</b>	Team Leader (Community Financial Assessments) to reflect new management structure	1.0 FTE
<b>Revisions</b>	Team Leader (Residential Financial Assessments) to reflect new management structure	1.0 FTE

### 5.5 Integrated Care - Learning Disabilities

There will be a re-balancing of the skill mix of the learning disabilities team.

Whilst certain roles will remain exclusively the remit of qualified social workers (safeguarding, complex cases, team leaders and lead practitioners), the work currently performed by Assessment and Enablement Officers (AEOs) will be expanded and appropriate management and supervision structures put in place.

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

There will be no net reduction in the learning disabilities team. There will also be no social worker redundancies. Any vacant posts will be deleted and converted and any additional change required across the delivery unit will be dealt with as and when employees leave posts. Career development opportunities will be created for AEOs. This will include investigation of options to support individuals who want to qualify as Occupational Therapists and Social Workers.

To align practice between social workers and occupational therapists, social workers will supervise up to one AEO each. This will help to share and develop skills across the service and provide development opportunities that will help with career progression.

Other changes being made across the delivery unit will improve efficiency for the team and should ensure that performance - in particular around reviews for people using services and for carers - can improve. These include:

- The implementation of Mosaic and introduction of new devices that should lead to more efficient mobile working and much less wasted time with IT problems.
- Use of assessment, review and support planning hubs.
- Better utilisation of the external support planning contract.
- Better and more timely support to carers and use of specialist carers services.

There will be a dedicated Head of Service for Learning Disabilities and the Service Manager role will be deleted.

Following feedback it has been agreed to change the line management of the direct payment advisors. They will now report into a Team Leader in the Customer Finance team. This will bring the advisors and monitoring officers together into the same team. It is expected that officers will continue to be located with the operational teams on most days in order to best impact on practice.

*Team response:*

The Learning Disability Service sent a collective response to the consultation. This included:

- Concerns about the accuracy of the consultation document – especially with regard to the health element of the service.
- The management changes will cost more and impact on service delivery.
- Consultation needs to include CLCH and BEHMHT.
- Alternative proposal – maintain the service manager and shared Head of Service and delete the vacant team leader post.

The proposed structure chart has been updated to better reflect the integrated nature of the team, as has the Head of Service job description. Insufficient work had been done to change the existing joint Head of Service role profile as it was split but this has now been remedied.

The management changes for LD see a Service Manager post replaced with an additional 0.5FTE of Head of Service and so represents a saving. The new operational Head of Service roles will spend a greater proportion of their time on operational issues working closely with their Team Managers. This closer working relationship provides a flatter structure and improves the efficiency of the management of the service. The Team Manager role has been re-evaluated and re-graded at two higher SCPs to reflect these changes. Alongside the two social care Team Managers there is also a health management role that is currently being recruited – working collectively these roles will further strengthen the operational management of the integrated team. There is confidence that the new management arrangements will enable effective integrated working and work with NHS partners will continue to ensure that this is the case.

The changes in skill mix build on recent changes that have seen the Assessment and Enablement Officer role work effectively in the Learning Disabilities team.

The specific changes to roles will be as follows:

Action	Roles	Impact
<b>Delete</b>	Social Worker	4.0 FTE (2 Vacant)
<b>Create</b>	Assessment & Enablement Officer	4.0 FTE
<b>Revisions</b>	Social Worker	Supervision of up to 1 AEO
<b>Revisions</b>	Assessment & Enablement Officer	Some changes to line management reporting to reflect the above.

### 5.6 Integrated Care Older People and Physical Disabilities

There will be a re-balancing of the skill mix of the service.

Whilst certain roles should remain exclusively the remit of qualified social workers (safeguarding, complex cases, team leads and lead practitioners) the functions currently performed by Assessment and Enablement Officers (AEOs) will be expanded and relevant management and supervision structures put in place.

Career development opportunities will be created for AEOs. This will include investigation of options to support individuals who want to qualify as Occupational Therapists and Social Workers.

There will be no social worker redundancies. Any vacant posts will be deleted and converted and any additional change required across the delivery unit will be dealt with as and when employees leave posts.

To align practice between social workers and occupational therapists, social workers will supervise up to one AEO each. This will help to share and develop skills across the service and provide development opportunities that will help with career progression.

It is anticipated that reductions in the establishment set out below can be mitigated by other efficiency improvements. These include:

- The implementation of Mosaic and introduction of new devices that should lead to more efficient mobile working and much less wasted time with IT problems.
- Use of assessment, review and support planning hubs.
- Better utilisation of the external support planning contract.
- Better use of carers support services.
- Better use of the community and voluntary sector.



Each of the three elements of the service will have a Head of Service and the Service Manager roles will be deleted.

Following feedback it has been agreed to change the line management of the direct payment advisors. They will now report into a Team Leader in the Customer Finance team. This will bring the advisors and monitoring officers together into the same team. It is expected that officers will continue to be located with the operational teams on most days in order to best impact on practice.

Specific changes to each part of the service are outlined in the sub-sections below.

**5.6.1 Integrated Social Care Direct (Access, Enablement, Review and Urgent Response)**

Delivery of reductions in this area would present too great a risk to delivery of services, as all posts are currently working to capacity. A long term vacant Assessment and Enablement Officer post in the Sensory Impairment Team will be deleted.

The team is currently piloting the Enablement Triage approach. It is too early at this stage to make a recommendation as to the future of this but a review will be needed in early 2016.

The Prevention and Wellbeing Service Manager role will report to the Head of Access, Enablement and Review (OPPD). The post holder will lead on and champion the assessment hub model, support for carers and the identification of / promotion of community alternatives to paid social care support.

Assessment and Enablement Officers in the Integrated Social Care Direct and Older People Physical Disability Locality teams will be given responsibilities for maintaining the directory of local services and to champion community alternatives.

The specific changes to roles will be as follows:

Action	Roles	Impact
<b>Delete</b>	Assessment & Enablement Officer	1.0 FTE (vacant)
<b>Revisions</b>	Social Worker	Supervision of up to 1 AEO
<b>Revisions</b>	Assessment & Enablement Officer	Some changes to line management reporting to reflect the above.

### 5.6.2 Hospitals and Health Partnerships

There will be a net reduction in the establishment of two full time posts. This will impact on the availability of staff to respond to requirements outside of important discharge assessment and planning.

The specific changes to roles will be as follows:

Action	Roles	Impact
<b>Delete</b>	Social Worker	10.0 FTE (5.46 FTE Vacant)
<b>Create</b>	Assessment & Enablement Officer	8.0 FTE
<b>Revisions</b>	Social Worker	Supervision of up to 1 AEO
<b>Revisions</b>	Assessment & Enablement Officer	Some changes to line management reporting

### 5.6.3 Localities

There will be a net reduction in the establishment of four full time equivalent posts as the management structure is realigned and there is some reduction in front-line capacity. This could mean that fewer reviews are undertaken and that waiting times increase but it is anticipated that this can be mitigated by other efficiency improvements as set out above.

One vacant Team Leader post will be deleted. This is not anticipated to have an adverse service impact and will result in more consistent spans of control.

The post of Principal Social Worker will be permanently established following a successful trial since September 2015. Following feedback it has been agreed to delete a vacant Occupational Therapist Lead Practitioner and create a Principle Occupational Therapist post.

Assessment and Enablement Officers will be given some responsibilities to support the maintenance of the directory of local services and to champion community alternatives.

The specific changes to roles will be as follows:

Action	Roles	Impact
<b>Delete</b>	Social worker	9.0 FTE (5.51 FTE Vacant)
<b>Delete</b>	Team leader	1.0 FTE (1.0 FTE Vacant)
<b>Delete</b>	Occupational therapist lead practitioner	1.0 FTE (1.0 FTE Vacant)
<b>Create</b>	Principal occupational therapist	1.0 FTE
<b>Create</b>	Assessment & Enablement Officer	5.0 FTE
<b>Create</b>	Principal social worker	1.0 FTE
<b>Revisions</b>	Social Worker	Supervision of up to 1 AEO
<b>Revisions</b>	Assessment & Enablement Officer	Some changes to line management reporting

### 5.7 Management Changes

With the changes to the Prevention and Well-being service detailed in section 7.10, there is no longer the rationalisation for a dedicated Head of Prevention and Well-being and so this post will be deleted.

In the Older People / Physical Disabilities and Learning Disabilities social work teams the Service Manager tier will be removed to improve effectiveness, ensure responsiveness to practice, quality improvements and the delivery of savings.

To make this sustainable two additional Head of Service posts will be created in Older People / Physical Disabilities so that there are three posts, one each covering Hospitals & Health partnerships, Localities and Access, Enablement and Review (Integrated Social Care Direct).

The Head of Learning Disabilities and Mental Health will solely manage Mental Health and a Head of Learning Disabilities will be created.

The specific changes to roles will be as follows:

Action	Roles	Impact
<b>Delete</b>	Head of Prevention and Wellbeing	1.0 FTE
<b>Delete</b>	Service Manager (3.0 in OP/PD and 1.0 in LD)	4.0 FTE
<b>Create</b>	Head of Hospitals & Health Partnerships (OPPD)	1.0 FTE
<b>Create</b>	Head of Access, Enablement and Review (OPPD)	1.0 FTE
<b>Create</b>	Head of Learning Disabilities	1.0 FTE
<b>Revisions</b>	Head of Integrated Care Older People and Physical Disabilities	Changed to Head of Localities (OPPD)
<b>Revisions</b>	Head of Integrated Care Learning Disabilities & Mental Health	Changed to Head of Mental Health

## 5.8 Mental Health

The new mental health model agreed by [Adults & Safeguarding Committee](#) in September 2015 set out that the line management of social care should be separate from BEHMT staff and that social workers should withdraw from the CPA process.

Full details of the Mental Health proposals can be found in the [committee report](#). The paper included a draft view on future staffing. This is being further refined and work is now on-going with BEHMHT as they work on their own proposals for the future structure of their teams to ensure a safe transition is achieved. As such, there will be a separate staff consultation once these discussions have concluded and a clear plan is in place for the transition covering both organisations.

## 5.9 Performance and Improvement

The implementation of Mosaic and the associated reporting solution should make reporting of activity within the service simpler and improve management information to inform key strategic and operational decisions. It will provide the service with better tools to do the job and improve the quality and timeliness of decision making and activities. Through the use of self-service managers will still be able to run ad hoc reports when needed.

A further consultation will be undertaken later in the year on reductions to the establishment.

The Records Manager post will move from Business Support to the Performance and Information team and will report to the Performance and Information Service Manager as set out in section 7.1.

No changes will be made to the Policy and Improvement Team.

### *Team response:*

The Performance Team sent a collective response to the consultation. This included:

- Capacity is already stretched in the team.
- Reporting demand may not rise – no clear plan to increase self-service.
- Fol work is increasing and may not be deliverable under the proposals.
- Proposals may lead to deterioration of data quality.
- The amount of work required for data inputters is still not clear.
- Suggestion to postpone the decision on changes to the team.
- Suggestion to delete the Performance Team Service Manager.
- Suggestion that the management of SARs be moved to the Care Quality Team.
- Suggestion that a robust plan be put in place for handling ad-hoc requests

Following representations the proposals have been removed from this paper. A further consultation with the Performance and Information team will be undertaken later in the year.

It is felt that the Performance Service Manager is an essential post to ensure a sustainable structure and will still be recruited to.

A robust plan will be put in place for handling ad-hoc requests.

## 5.10 Prevention and Well-being

The financial challenge means that there is now a need to mainstream the activity of the team and the two vacant posts will be deleted. The team will focus on leading

and embedding the new assessment hub model across the Borough and working with the voluntary sector to develop community alternatives to funded care packages. There will continue to be a focus in the Delivery Unit on how we improve support to carers both in terms of commissioning and delivery of services.

The Joint Commissioning Unit in the Commissioning Group will take on responsibility for voluntary and community sector development, with Integrated Care Quality managing key prevention contracts. Assessment and Enablement Officer (AEOs) in the OPPD locality teams will also be given responsibilities for supporting the maintenance of the directory of local services and to champion community alternatives.

The Prevention and Wellbeing Service Manager role will report to the Head of Access, Enablement and Review (OPPD).

*Team response:*

The Prevention and Wellbeing Team sent a collective response to the consultation. This included:

- Concern that reductions to the team will restrict impact and make the team vulnerable to further reductions.
- Uncertainty as to what “mainstreaming the activity of the team” means.
- The remit on community hubs is unclear.
- The work to support carers still needs a champion.
- Uncertainty as to the meaning of “develop community alternatives to funded care packages”
- Concern around effective working with the JCU.
- Maintaining the directory of local services will be challenging.
- The team could report directly to the Assistant Director or to the Head of Care Quality.

The concerns raised by the team have been recognised. The posts to be deleted have been vacant for all of 15/16 and the team have demonstrated significant impact and so there is confidence it will continue to do so.

The work on the alternative delivery model and community hubs supports the development of an asset based approach to working with residents. The team can support the development of this and help shape the approach as it is developed. It is suggested that the work on promoting preventative services be expanded to identifying and promoting community alternatives to paid for care in collaboration with the wider workforce.

Whilst thinking about carers and supporting the sustainability of the caring role should be business as usual the point made around needing a champion is recognised. It is anticipated that the champion role would remain with the Prevention and Wellbeing Manager.

It is not proposed to change the suggested reporting lines for the team.

The specific changes to roles will be as follows:

Action	Roles	Impact
<b>Delete</b>	Prevention and Well-being Development Officer	1.0 FTE (Vacant)
<b>Delete</b>	Prevention and Well-being Carers Officer	1.0 FTE (Vacant)
<b>Revisions</b>	Prevention and Wellbeing Service Manager	Rename as Prevention and Wellbeing Manager and will report to the Head of Integrated Social Care Direct

### 5.11 Safeguarding

Safeguarding is an essential element of the service and needs to be resourced appropriately. A new role of Principal Social Worker will be introduced by deleting the Lead Practitioner Social Worker post. This builds on the successful recruitment and impact of a fixed term Principal Social Worker role. There will be some small transfer of responsibilities to the locality teams and the Principal Social Worker will report to the Head of Localities (see section 7.6.3).

The introduction of Mosaic will facilitate a more efficient process for the administration of Deprivation of Liberty Service (DoLS). This, along with a review of the business support function (see section 7.1), will allow for the deletion of one Business Support Officer (DoLS) post.

*Team response:*

The Deprivation of Liberty Safeguards Team sent a collective response to the consultation. This included:

- Demand for the team is growing.
- There is a backlog of work already.
- Mosaic will not be able to sufficiently mitigate the loss of resource
- Changes to the procurement process will create additional demands on the team.

There is clearly growing demand for DoLS and the proposed change is not without challenge. To manage the deletion of the Business Support Officer vacant post, temporary resource will be maintained during implementation of new processes and systems and the impact will then be reviewed and monitored.

The Safeguarding Adults Team sent a collective response to the consultation. This included:

- Recruitment to posts was not as challenging as made out.
- Uncertainty on the role of the Principal Social Worker.
- Uncertainty on the transfer of work to the Localities teams.

- Concern that other teams will not have adequate access to specialist, advice and support in complex situations.
- Multi agency work will be hampered.

In response to feedback received, the deleted Team Leader / Principal Social Worker post has been restored to the proposed structure.

The specific changes to roles will be as follows:

Action	Roles	Impact
<b>Delete</b>	Lead Practitioner Social Worker	1.0 FTE
<b>Delete</b>	Business support officer DoLS	1.0 FTE (Vacant)

### 5.12 Workforce Development

There will be no changes to the workforce development team. This is consistent with the principle that we ensure the Delivery Unit has the requisite skills, capabilities and talents and that there is a supportive environment where staff are encouraged to deliver and develop in their careers.

## 6 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.

### 6.1 Ring-fencing and assimilation

Prior to the opening of formal consultation an assimilation exercise was carried out to identify which posts were considered a job match for roles in the new organisation.

Where posts were a match and there were sufficient posts within the new structure to match staff to, then those staff will automatically assimilate. A “match” is defined under Managing Change as:

- 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 take place, using redundancy selection criteria consulted upon as part of the consultation process. The final redundancy selection arrangements are published at Appendix B.



## 7 Selection for redundancy

Where staff are in a competitive ring-fence in respect to a deleted post then selection will be through a selection process based on the principles set out in Managing Organisational Change policy. For any unsuccessful candidate, Barnet's Pay Protection and Severance Schemes will apply.

Following the Individual Consultation Meetings with staff at risk of redundancy (1:1s) staff have raised concerns in relation to the application of the redundancy selection criteria as follows:-

- That by using selection criteria based on a personal statement, test and interview, this does not give staff adequate opportunity to evidence good previous performance
- That the selection criteria which takes in to consideration sickness absence and formal warnings is not sufficiently clear in respect of the timeframes involved.

In relation to the first issue, the delivery unit would seek to reassure staff that the test and interview will be structured in such a way that staff are given the opportunity to evidence past performance in their role. This differs from a traditional recruitment process whereby staff are assessed on their potential capacity to undertake the role. If staff feel they need additional support in respect of interview skills, they should discuss this with their line manager.

In relation to the second concern, it has been agreed that it is appropriate to use the calendar year 2015 as the monitoring period for the purposes of sickness absence.

In addition, formal warnings will only be taken in to consideration where the warning is live as at 2 February 2016.

The final redundancy selection arrangements are set out in Appendix B.

### 7.1 Redeployment and redundancy

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

Employees who are not successful at securing a role in the future structure will be expected to fully participate in the Council's efforts to identify suitable alternative employment in positions that are currently covered by agency/consultants or vacant positions.

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.

The complete existing structure and new structure can be found in Appendices C and D respectively.

## 8 Next steps

It is proposed to issue letters confirming the outcome of the consultation and the impact on individuals by 22 February 2016.

The following are the next stages in the process:

- Stage 1 - Re-designate ring-fenced staff where applicable.
- Stage 2 - Selection and recruitment.
- Stage 3 – Training and development where appropriate.