BARNET
LONDON BOROUGH

NHS
Barnet
Clinical Commissioning Group

BARNET CLINICAL COMMISSIONING GROUP

LONDON BOROUGH OF BARNET

Restructure of the Joint Commissioning Unit Consultation outcomes paper

15 March 2017

Contents

1. INTRODUCTION

Together with the attached appendices, this document is provided under Section 188 of the Trade Union & Labour Relations (Consolidation) Act (1992) and in line with the obligations of Barnet Clinical Commissioning Group (BCCG) and the London Borough of Barnet (LBB) under Information and Consultation of Employees (ICE) Regulations to inform and consult employees about proposed changes to their working circumstances.

A 30 day period of formal consultation with Joint Commissioning Unit (JCU) staff was launched at an all-staff meeting on 16 January 2017. A mid-consultation meeting was held for staff on 7 February 2017. Trade Union representatives were invited to attend both meetings. The consultation period ended on 14 February 2017.

2. CONSULTATION PROCESS AND PROVISION OF INFORMATION

The following consultation process was followed:

- Proposals for the restructure were developed following a period of informal staff engagement.
- A formal period of consultation with staff was launched at an all-staff meeting on 16 January 2017. Trade Union representatives were also invited to attend. The consultation document and draft job descriptions were issued to staff at this meeting.
- 1:1 meetings were offered to all JCU staff during the consultation period and most staff took these up.
- A mid-consultation meeting was held on 7 February and Trade Union representatives were invited to attend. A Frequently Asked Questions document was prepared and circulated to staff at this meeting.
- At the mid-consultation meeting staff expressed concern around their being unsighted as to the outcome of the job mapping exercise between proposed new and current roles. Although, as noted in the consultation document the job mapping exercise can only formally be concluded once the consultation period has ended, the leadership team decided to share draft outcomes from the job mapping process with staff on 10 February, in order to alleviate staff concerns.
- Throughout the consultation period staff were asked to send their comments, questions, ideas to improve the proposals and alternative proposals to consultation@barnetccg.nhs.uk.
- Updated information relating to LBB's Managing Change Policy following the introduction of Unified Reward was circulated to LBB staff on 20 February.
- The consultation closed on 14 February 2017.

3. SUMMARY OF FEEDBACK RECEIVED DURING THE CONSULTATION

The following section of this paper outlines the main themes of feedback that were submitted by staff to the consultation@barnetccg.nhs.uk email address during the consultation period.

Appendix A of this paper contains the full verbatim feedback received, redacted where necessary to maintain individuals' anonymity. This excludes any queries that were raised relating to the circumstances of specific individuals.

Feedback and questions received from staff related to the following elements of the restructure proposal:

- The proposed new structure.
- The roles and responsibilities of:
    - The proposed new Assistant Director post.
    - The proposed new Lead Commissioner posts.
    - The proposed new Delivery Commissioner posts.
    - The proposed new Business Intelligence Officer post.
- The proposals for provision of business support in the new structure.
- Matters falling outside of the scope of the consultation.
- The consultation process and subsequent restructure process.

Across each of these elements, this section summarises which parts of the proposals were supported by staff; which parts of the proposal were challenged by staff and any alternative proposals that were put forward by staff.

3.1 Feedback on the proposed new structure

The responses were generally supportive of the intention to create posts at higher grades, to reflect the need for the JCU function to have more senior level experience. However the feedback also noted that the reduction in headcount under the proposed new structure may reduce the overall capacity of the team. The need for all posts in the current structure to be replaced by posts at a higher grade was also questioned in the feedback.

In the feedback some staff suggested that it would be beneficial to extend the scope of the JCU restructure to include:

- The Care Quality team in the LBB Adults and Communities Delivery Unit, which is responsible for contract management.
- The roles of Adults Wellbeing Lead and Commissioning Lead (Wellbeing), which currently report to LBB's Adults and Health Commissioning Director.

Some staff felt that all job titles in the proposed new structure should include the word “joint” to emphasise the importance of joint working in the team.

The following queries were also raised by staff:

- What is the funding envelope for the JCU?
- Would additional funding be available if an alternative structure were proposed?
- Would the restructure timetable be paused to allow any alternative structure to be considered and costed?
- Would the proposed restructure affect other departments, i.e. would funding be transferred from the JCU to other service areas?

3.2 Feedback on the proposed new posts to be created

Assistant Director

All responses were in favour of the creation of an Assistant Director post to lead the JCU and shape its future direction. In the feedback it was felt that a more senior role would help to ensure an integrated approach to commissioning, raise the team’s profile, ensure the streamlining of internal processes and promote greater levels of joint working.

It was suggested in the feedback that the Assistant Director should take responsibility for Section 75 as the named Pooled Fund Manager; and also that it may be beneficial for the Assistant Director to be the statutory Autism Lead, as this area cuts across a number of different client groups.

Lead Commissioner

Feedback was that the Lead Commissioner posts had appropriately strategic responsibilities and that posts at this level would ensure a robust strategic element to the JCU.

It was noted in the feedback that the Lead Commissioner job descriptions did not place sufficient emphasis upon the importance of joint commissioning. (This comment was also made the feedback on the Delivery Commissioner job descriptions.)

Concern was expressed in feedback that some client areas were missing from the areas of responsibility covered by each of the Lead Commissioner job descriptions, and that other responsibilities cut across more than one Lead Commissioner portfolio:

- Autism.
- Sensory impairment.
- Long term conditions.
- Stroke.
- End-of-life care.
- Falls.
- Employment.
- Mental Capacity Act and DOLS delivery.

It was also noted in the feedback that although one of the Lead Commissioner posts is responsible for Older Adults and Integrated Care, integrated care was not specific to older people and should be a central consideration across all three portfolios.

The division of responsibilities across the three Lead Commissioner posts was queried by some colleagues in the feedback:

- Bringing mental health and dementia together in a single portfolio. It was suggested that it would be better to include dementia in the older adults portfolio, as dementia is not a functional mental health condition.
- Moving from three Joint Commissioning Managers with some responsibility for older adults to a single Lead Commissioner responsible for older adults. It was suggested that, given the increasing level of demand from older adults, a greater level of staff resource should be dedicated to this client group.

One feedback response put forward an alternative proposal, with four Lead Commissioner roles:

1. Mental health and wellbeing.
2. Older people and dementia, sensory impairment.
3. Learning disabilities and physical disabilities.
4. Older people, long term conditions and integrated physical care.

It was also suggested that at least one additional Delivery Commissioner would be required under this proposal.

In the feedback, concerns were raised about the inclusion of responsibility for delivering recurring savings in the Lead Commissioners' job descriptions, as the Lead Commissioners would not be directly responsible for managing these budgets.

<u>Delivery Commissioner</u>

A number of staff raised concerns in their feedback about the "Delivery Commissioner" job title, particularly that it may cause confusion around the JCU's alignment with LBB's Adults and Communities Delivery Unit.

Alternative job titles were suggested by staff:

- Commissioner
- Health and Social Care Commissioner
- Joint Delivery Commissioner
- Joint Commissioning Lead

The proposal that Delivery Commissioners would work across adult health and social care was welcomed in the feedback. While the feedback recognised the need for increased generalist resource, the feedback also suggested that requiring each team member to work across health and social care across all client groups would not allow individual Delivery Commissioners to develop sufficiently deep knowledge of client groups. It was therefore proposed in the feedback that Delivery Commissioners should assume responsibility for specific client groups and build expertise in this area. These responsibilities could be rotated to allow Delivery Commissioners to build breadth of expertise.

The need for all Delivery Commissioner posts to be graded at greater seniority than the current Health Commissioner and Commissioning Lead posts was opposed by one colleague in the feedback. It was also suggested in the feedback that the proposed requirement for Delivery Commissioners to be "educated to Masters Level or equivalent" was excessive, and that the requirement of "experience of working in a commissioning environment" should be categorised as essential rather than desirable.

Business Intelligence Officer

There was significant support in the feedback for the creation of a Business Intelligence Officer post. The feedback noted that business intelligence support was a gap in the current team structure and that this post would improve the overall effectiveness of the JCU.

However one feedback proposal suggested that a Commissioning Officer post and a Programme Support Officer post would be more useful to the JCU.

3.3 Feedback on the proposals for business support

The proposed disestablishment of the Programme Support Officer post and Commissioning Officer post[1] was challenged by some staff in their feedback, who felt that the JCU team needed dedicated support for administrative tasks and lower level commissioning functions. There was concern expressed in the feedback that the proposed arrangements would mean Commissioning Leads and Delivery Commissioners would need to spend significant time on administrative activities such as booking meeting rooms, organising events with service users and other

[1] This post (currently vacant) was omitted from the current organisation chart in the consultation document in error.

stakeholders, handling invoices, organising consultation materials and coordinating cover arrangements for annual leave and sickness absence.

It was proposed in some feedback that the Commissioning Officer post should be retained as this post provided “essential support” to commissioners and would provide valuable additional capacity for the team.

It was also suggested in feedback that instead of providing Programme Management Office support to the JCU through the BCCG PMO team and LBB’s Adults and Health PMO, it would be more effective to provide Programme Support through a dedicated JCU officer who was familiar with the work of the JCU.

The feedback also noted that not all commissioning functions fall into a discrete project mode, and that a PMO approach was not always an appropriate way to manage or measure progress across all types of commissioning activity. The reporting requirements of the two PMO teams can mean two different sets of reports need to be prepared for each PMO.

3.4 Feedback on matters falling outside of the consultation scope

Feedback was also received on a number of matters falling outside of the scope of the consultation.

The feedback noted that the initial decision to review the structure of the JCU was taken in summer 2015 and not in summer 2016. An earlier discussion with staff around a potential restructure did take place in early summer 2015 though the decision to review the JCU structure more formally was not taken until July 2016.

The value of the Adults JCU in terms of managing commissioning for complex care pathways and ensuring complementary outcomes for both organisations was noted in the feedback and the feedback included the following suggested improvements to enhance the effectiveness of the restructure of the JCU:

- A recruitment strategy to ensure that the right people with the right skill set and ability are appointed to the new posts.
- Improved joint working between LBB and BCCG, which is essential to delivering effective joint commissioning.
- Improved ICT support to enable the team of joint health and social care Delivery Commissioners to work together effectively.
- Policies and protocols around the division of contract management responsibilities.
- Improved interfaces with other teams including the LBB Adults and Communities Delivery Unit, and Procurement teams.
- Better alignment of LBB and BCCG governance and approval routes.

- A governance review, including consideration of the role of JCEG and how this relates to other decision-making bodies in LBB and BCCG.

Some concern was also raised in the feedback that the uncertain landscape created by the North Central London Sustainability and Transformation Plan could mean that further changes to the JCU structure are required in the future.

3.5 Feedback on the consultation and restructure process

There was some concern expressed in the feedback that the job mapping process had been based upon current job descriptions, which did not necessarily reflect the current responsibilities of JCU staff. Some staff expressed in their feedback that they were already carrying out a number of duties included in the proposed new job descriptions, that were not reflected in their current job descriptions. Other staff feedback queried how the new job descriptions could include significant new areas of responsibility if the day-to-day work of the JCU team was fundamentally unchanged.

Some Commissioning Leads and Health Commissioners also expressed concern in their feedback that they would be at a disadvantage in the ring-fenced selection process because they would be competing with Joint Commissioning Managers who currently hold posts at the same job grade as the new Delivery Commissioner posts.

It was suggested in some feedback that the best process for filling the new posts would be to start at the top of the structure, recruiting the Assistant Director, followed by the Lead Commissioner posts, followed by the Delivery Commissioner posts. Concern was also expressed in the feedback about the rapid timescale for recruitment to the new posts that had been set out in the consultation document.

Additional questions about the consultation process and the restructure process were received after the initial FAQs document was circulated at the mid-consultation meeting on 7 February. These questions have been answered in Appendix B to this paper.

4. LEADERSHIP RESPONSE TO CONSULTATION FEEDBACK RECEIVED

4.1 Feedback on the proposed new structure

The priority of the restructure is to ensure the JCU function is fit for purpose as a strategic commissioning entity across both health and social care. External review of the current function began in summer of 2016 and as such our view is either delaying the restructure timetable further or including other departments as suggested would not be beneficial. In the context of the current financial climate within both health and social care additional funding, i.e. to fund an alternate larger structure, has not been pursued. Nor would current JCU budget be diverted to other departments. The funding envelope for the JCU structure is £1.1m.

4.2 Feedback on the proposed new posts to be created

Assistant Director

Very positive feedback received on this role which is crucial to leading the strategic direction and wider management of the JCU function.

Lead Commissioners

Colleagues' comments on portfolio elements not explicitly referenced in the job descriptions are welcome though we note, as with all job descriptions, these were not exhaustive lists of the roles concerned. Comments were made in respect of joint commissioning and whether this adequately came across in job descriptions. Believe this is addressed by re-naming Delivery Commissioners to Health and Social Care Commissioner and consequent line management link between those roles and the Lead Commissioner posts.

We feel the need to offer two defined portfolios is key for these roles in order to ensure strategic priorities are met but also to create variety in the roles themselves. The comment around Integrated Care being an aspect of all roles in the JCU is noteworthy, however the structure still needs to define a subject matter expert within both organisations which was the purpose of that role (Older Adults & Integrated Care).

Mental Health and Wellbeing was suggested as being two discrete entities/portfolios however our view is that these are so intrinsically linked they are the same portfolio. Dementia is a defined Mental Illness so does fit with a wider Mental Health brief however as noted above we felt it was important to have two portfolios per Lead Commissioner though these do not need to be directly linked. The comment around linking Dementia to an Older Adults portfolio was one of the potential combinations management had considered in constructing the Lead Commissioner roles.

We recognise the Older Adults agenda is a key aspect of the JCU function and this links most closely with the Integrated Care agenda and specifically non-acute commissioning. Areas such as Long Term Conditions will be an important element of this role as well as linking to the wider Care Closer to Home agenda.

The Learning Disabilities and Physical Disabilities role would also include Sensory Impairment within its portfolio. As the Autism agenda links so significantly to this area this Lead Commissioner role would also be the organisational lead and nominated Autism lead. Comments regarding whether such a national lead officer role should be at the Lead Commissioner or Assistant Director level are noted however we consider this fits in well with the subject matter expert role that the Lead Commissioner role represents and not least this is a more senior role than in the previous structure.

A concern was raised about the inclusion of responsibility for delivering recurring savings in the Lead Commissioners' job descriptions. We consider this to be absolutely pre-requisite in the joint commissioning function.

Delivery Commissioners

As a number of colleagues had fed back the name could be misleading given potential confusion with the Delivery Unit function within LBB we will re-title these roles to Health and Social Care Commissioner. Positive to note colleagues were supportive of combining the health and social care roles which are currently separate. Comments around managing a mixed portfolio of work are noted though as we move to a more matrix managed style of working at this tier this will ensure equal distribution of work between officers.

A comment was received that requirement for Delivery Commissioners to be "educated to Masters Level or equivalent" was excessive though this is based on Agenda for Change minimum requirement for a Band 8A post.

Furthermore "experience of working in a commissioning environment" was queried as being an essential rather than desirable criteria however this may be deemed too prohibitive, e.g. contracting or operational management may present like skills.

Business Intelligence Officer

Largely supportive feedback on this role though one respondent's feedback suggested a Commissioning Officer or Programme Support Officer role should be considered. A specific BI role will support the wider team in technical aspects such as developing business cases for change rather than being an administrative function.

4.3 Feedback on the proposals for business support

Feedback from some staff suggested an element of confusion in respect of the different governance processes between CCG and LBB. PMO functions within both CCG and LBB will facilitate better understanding of the governance processes for both organisations though individual officers need to learn and understand these. We believe better understanding of the appropriate governance routes to follow will facilitate less of a more general business support or purely administrative function. We believe the development of the Business Intelligence Officer post provides greater overall support to the commissioning function.

4.4 Feedback on matters falling outside of the consultation scope

Several helpful observations were made by staff which, though falling outside the consultation scope, are useful to reflect on here.

Some of the feedback received, both as part of the staff focus groups and during the consultation itself, centre around consistency of approach for the team. This includes aligning governance and approval processes between LBB and BCCG which as noted earlier requires all team members to have a better understanding of respective CCG and LBB governance processes which are supported by the PMO functions within both organisations. The role of the Joint Commissioning Executive Group (JCEG) is also important in how it will continue to oversee the JCU's workplan to ensure it is making appropriate progress towards delivering CCG and LBB strategic aims for both health and social care.

Aspects such as improving ICT support were also noted as this is a cause of current frustration. The current JCU team members have both LBB and CCG email addresses and calendars for example which leads to duplication of effort. We propose this will be simplified with one email address and calendar accessible regardless of situated in LBB or CCG.

How the JCU interfaces with other teams and particularly the Adults and Communities Delivery Unit in respect of contract management will be addressed in the annual Management Agreement.

We note comments also in respect of potential uncertainty around the JCU structure that may be caused by the emerging North Central London Sustainability and Transformation Plan (STP). The JCU structure has been developed so that it will provide a clear strategic focus for health and social care priorities for Barnet. It is very much a Barnet-focused vehicle therefore from which changes as a result of the STP's establishment are not expected.

4.5 Feedback on the consultation and restructure process

We note that the JCU Team has been running with vacancies for a prolonged period with interim officers aiding the day to day function. Where concerns have been raised that current job descriptions did not reflect the day to day role undertaken these have been taken into consideration. Updated versions of 3 Joint Commissioning Manager posts were used for the mapping exercise between the current and new structure.

The commissioning function of the JCU remains the same however job roles within the new structure have significantly more strategic focus as befits the role of the JCU – to drive health and social care change and shape the provider market. The JCU is in essence the health and social care engine room responsible for determining how services will be provided and who they will be provided by over the next 5 year, 10 year+ timeframes.

A key aspect of the Lambourne external review of the JCU function (September 2016) was the need for greater seniority within the team in order to reflect the importance of the JCU function. Similarly, the Tricordant review of partnership working across CCG and LBB (February 2016) noted the need to develop system leadership in the local economy. These aspects were mirrored in staff feedback as part of the consultation focus groups. With that in mind all roles have been made more senior in the new structure. As roles have also changed to a more strategic focus, coupled with portfolio changes and a fewer number of Lead Commissioner roles, this has meant that existing Joint Commissioning Managers (JCMs) have not been assimilated or ring-fenced into the higher banded Lead Commissioner roles. The JCMs have mapped to the Delivery Commissioner roles. Health Commissioners and Commissioning Leads (Social Care) roles have also mapped to the new Delivery Commissioner roles in the new structure. Some staff's concern that they may be disadvantaged is noted however this is a product of the need to offer more senior roles across the entire function.

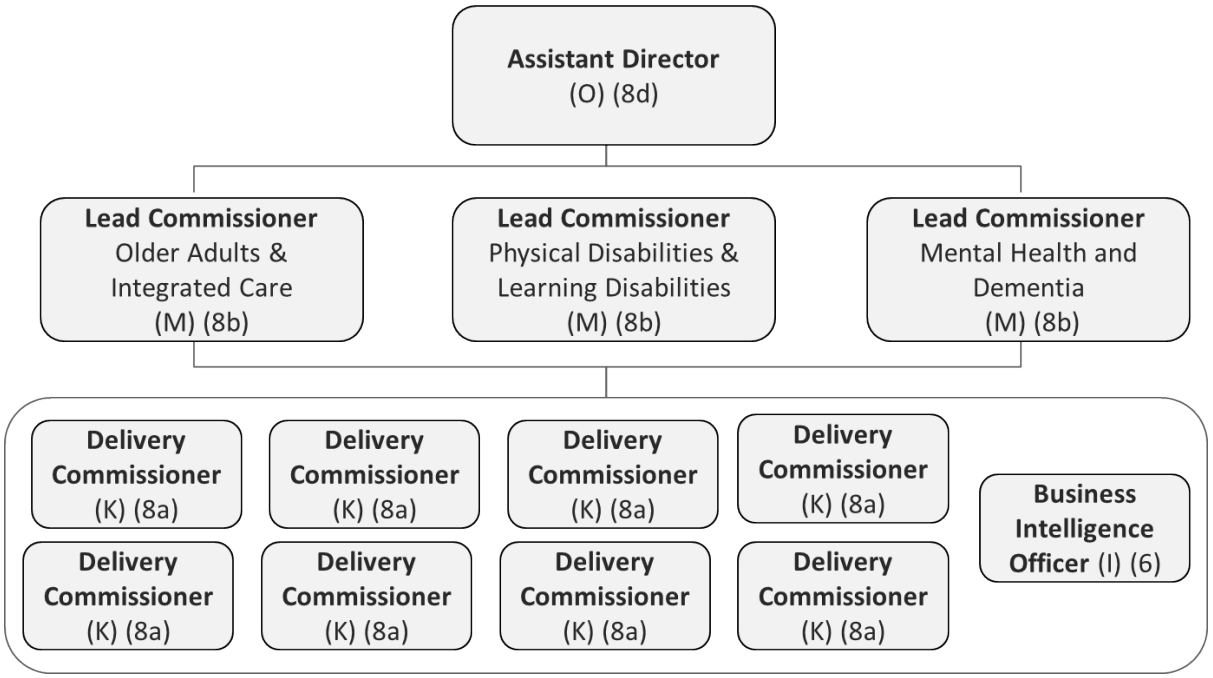
The JCU restructure has been proposed some for some time. Starting initially in discussions in summer of 2015 and then progressing more formally with external reviews 12 months later followed by the commencement of the restructure itself from November 2016 onwards. Given this amount of elapsed time it is not proposed to delay any further the restructure process. The JCU restructure also needs to run in tandem as closely as possible with the concurrent CCG restructure. Any delay would therefore have a wider impact. This is important context in the order with which the new structure is being populated to. Suggestions were made, both by staff and union representatives, that populating the new JCU structure should be undertaken on a top down basis with the AD role filled first, then Lead Commissioners then Delivery Commissioners (to be re-named Health & Social Care Commissioners) and finally the Business Intelligence Officer. As 11 of 12 existing roles have mapped to the Delivery Commissioner posts though we must ensure this level within the new

structure is populated first. This would put 3 colleagues at risk of redeployment or redundancy as there are more people than posts in this tier of the structure (11 colleagues applying for 8 posts). We note it's likely that Lead Commissioner roles will attract interest from existing Joint Commissioning Manager or other team members hence our intention is to interview these as soon as possible following the Delivery Commissioner interviews. Such posts will be advertised internally only initially. As no-one has mapped to the Lead Commissioner role, nor for that matter the Assistant Director or Business Intelligence Officer roles, we are unable to interview and recruit to these roles first.

The Programme Support Officer role has not mapped to a position in the new structure.

5. OUTCOME OF CONSULTATION

The new structure of the Adults JCU is confirmed as follows:



The job descriptions circulated as an annex to the consultation paper on 16 January are also confirmed.

6. FINAL OUTCOMES OF THE JOB MAPPING EXERCISE

Current roles	Posts (WTE)	Status of current role under new structure	Mapping outcome
Head of Service (Mental Health and Learning Disabilities)	1.00	Disestablished	N/A – vacant post
Head of Service (Frail Elderly, Physical & Sensory Impairment and Long Term Conditions)	1.00	Disestablished	N/A - vacant post
Joint Commissioning Manager, Older Adults and Physical & Sensory Impairment	1.00	Disestablished	Mapped to Delivery Commissioner role
Joint Commissioning Manager, Older Adults	1.00	Disestablished	Mapped to Delivery Commissioner role
Joint Commissioning Manager, Learning Disabilities	1.00	Disestablished	Mapped to Delivery Commissioner role
Joint Commissioning Manager, Mental Health	1.00	Disestablished	Mapped to Delivery Commissioner role
Joint Integrated Care Programme Manager	1.00	Disestablished	Mapped to Delivery Commissioner role
Social Care Commissioning Lead	5.00	Disestablished	Mapped to Delivery Commissioner role
Health Commissioner	6.00	Disestablished	Mapped to Delivery Commissioner role
Commissioning Officer	1.00	Disestablished	N/A – vacant post
Programme Support Officer	1.00	Disestablished	Not mapped to any new roles
Total	**20.00**		

7. NEXT STEPS AND IMPLEMENTATION TIMETABLE

7.1 Approach to filling posts in the new structure

The process for filling jobs in the new structure will be in line with BCCG's Change Management policy and LBB's policy on Managing Organisational Change. LBB Staff requested an additional briefing document to explain the changes to the Managing Change Policy following the implementation of the Unified Reward project and this briefing was provided to staff on 20 February 2017.

This involves the following stages:

- **Stage One** – posts in the new structure are filled either by Slotting In (Assimilation) or Ring-fencing, where applicable.

- **Stage Two** – posts that have not been filled through Slotting In (Assimilation) or Ring-fencing are filled through a competitive process. They are opened up to access by any staff at risk of redundancy for whom the post may be considered suitable alternative employment.

- **Stage Three** – Advertising of Post(s). Posts for which there are no suitable applicants on BCCG's risk register / LBB's redeployment register during Stage 2 or that remain vacant after Stage 2 can be advertised as open competition internally and externally, in line with the normal recruitment processes.

In line with LBB's policy on Managing Organisational Change, LBB employees who will not be assimilated into a post in the new structure will be formally declared at risk of redundancy when the consultation outcomes paper is published, **before** the ring fenced selection process begins.

In line with BCCG's Change Management Policy (s14), BCCG employees who are not selected for a post in the new structure would be formally declared at risk of redundancy **after** the conclusion of the ring-fenced selection process, and given notice of redundancy in accordance with their contract of employment.

Both organisations will make every effort to support staff affected by the change and to find suitable alternative employment. LBB and BCCG will consider all reasonably practical steps to avoid compulsory redundancies.

The option of voluntary redundancy/retirement will not be offered to staff.

7.2 Stage one: slotting in; ring-fencing and competitive selection

Slotting In (Assimilation)

Where there is little or no change between a post in the old and the new structure and there is only one contender for that post, staff at risk would be automatically placed into the new post without an assessment process or trial period.

Slotting in (assimilation) may occur where a post is in the same band as the employee's current post (or possibly a lower grade in which case pay protection may apply) or where it remains substantially the same (defined as a 55% match for LBB employees, and a 63% match for BCCG employees) with regard to job content, responsibility, grade, status and requirements for skills, knowledge and experience.

Ring-fencing

Where there is little or no change between a post in the current or new structure or there is more than one affected member of staff and less posts then the post(s) will be ring-fenced for affected staff and a selection process will apply.

Competitive Selection

Where there is more than one affected member of staff and fewer posts, a selection process will apply to determine which affected member of staff should be appointed. Where the new post remains the staff would automatically be placed into the post without a trial period.

Staff who are offered a post during Stage one will be deemed to have been offered suitable alternative employment by LBB/BCCG. This will be confirmed in writing. This is on the basis that if staff are slotted in (assimilated) or offered ring-fenced positions it will be assumed that the posts offered are suitable alternative employment and hence the consequences of refusing to accept these posts will be as per refusing suitable alternative employment as outlined in both organisations' policies.

7.3 Stage two: suitable alternative employment

Suitable alternative employment is work within BCCG or another NHS employer (for current BCCG employees) or within LBB (for current LBB employees) that is on broadly similar terms and within the same range of skills required as the current employment where the employee meets the essential criteria outline in the personal specification for each post.

For BCCG staff, a post may be considered as suitable alternative employment if it is on the same band as the affected member of staff's current post or in the next higher or lower band. Any staff at risk would be given priority to consideration for suitable posts in line with their skills, experience and where appropriate will receive protection of pay. Staff are reminded that under the Agenda for Change terms and conditions (section 16), an unreasonable refusal to accept suitable alternative employment offered by BCCG or another NHS employer would mean that they are not entitled to a redundancy payment.

For LBB staff, those staff that have been advised that they are at risk of redundancy will be given priority consideration for redeployment to roles which are one grade higher, the same grade and one grade lower. Where an employee demonstrates that he or she fulfils the essential criteria for a post, he or she will be selected for interview over and above other candidates who may not be at risk of redundancy. Staff are reminded that under the LBB terms and conditions of employment, an unreasonable refusal to accept suitable alternative employment offered by LBB would mean that they are not entitled to a redundancy payment.

7.4 Stage three: advertising of posts

A post that remains vacant after Stage 2, or which was not identified as Suitable Alternative Employment for any employees on BCCG's risk register / LBB's redeployment register, can be advertised in line with LBB and BCCG's recruitment processes.

7.5 Trial periods

Where an employee is appointed to a suitable alternative role, the appointment would be made subject to a trial period which would start on the first working day in the new position. The trial period would normally last for a minimum of 4 weeks but may be extended by mutual agreement where a member of staff requires additional training and development. For BCCG employees in Band 8 or above a minimum trial period of 8 weeks would apply.

If during the trial period either the employee or the line manager can show that the employment offered is not in fact suitable, both parties can end the arrangement, and the employee would retain his or her entitlement to a redundancy payment. If the trial period is successful, employment in the new post would continue and the employee would have no further entitlement to a redundancy payment. Please see section 17 of BCCG's Change Management Policy, or section 3.10 of LBB's policy on Managing Organisational Change for further information.

7.6 Selection criteria for redundancy

It is envisaged that the selection process for any positions that are not filled by slotting in (assimilation) will be via an application/selection process. The selection criteria will be based on the person specification for the role.

7.7 Redundancy and redeployment

If an employee is redeployed into a suitable alternative role, they will be entitled to a trial period. The purpose of the trial period is for both the line manager and the employee to assess the suitability of the post as alternative employment.

Employees in positions that are to be disestablished and are not selected for a position in the new structure, will be formally declared at risk of redundancy and given notice of redundancy in accordance with their contract of employment. They continue to be listed on BCCG's staff at risk of redundancy register (for BCCG employees) or LBB's redeployment register (for LBB employees). HR will notify staff on the risk register of any potential suitable alternative employment.

7.8 Pay protection for redeployed employees

Should an employee be redeployed to a lower banded position, protection of pay arrangements will apply in line with BCCG's Policy and Agenda for Change (for BCCG employees) and LBB's Policy and Unified Reward agreement.

7.9 Method of calculating redundancy payments

Staff who are made redundant as part of this process, who are employed on the current NHS terms and conditions will have their redundancy payments calculated in accordance with section 16 of the NHS Terms and Conditions of Service Handbook.

Staff who are made redundant as part of this process, who are employed by LBB, will have their redundancy payments calculated in accordance with LBB's policy on Managing Organisational Change (section 2.4 and Annex A).

7.10 Appeal process

BCCG's appeal process is set out in section 22 of the Change Management Policy. Appeals against the selection criteria for redundancy or the decision to dismiss an employee by reason of redundancy or against the offer of a suitable alternative post will be heard in accordance with BCCG's Disciplinary Policy. The decision of the Appeal Panel will be final and there will be no further opportunity for recourse to the Grievance Procedure.

In the event of a complaint about misapplication of BCCG's Change Management Policy and Procedure in the way that the consultation or redeployment processes have been handled, this will be dealt with in accordance with BCCG's Grievance Procedure.

London Borough of Barnet's appeal process is set out in the Appeal against selection for redundancy. The following will apply in all cases:

If an employee wishes to appeal against selection for redundancy, a written notice of appeal must be received by the relevant service Director within five working days of the date of the employee being notified that he or she has been selected for dismissal on the grounds of redundancy.

Employees cannot appeal against:-

- the rationale for the business decision which led to the redundancy
- the method of selection
- the selection criteria

Employees can appeal against:-

- whether the selection process was applied fairly to them ;
- the way the selection criteria were applied to them.

The decision of the Appeal Panel will be final

7.11 Support for staff

It is recognised that organisational changes can affect staff differently and that periods of change can be a difficult time for everyone. Throughout the restructure period support is available and can be accessed below for staff that have concerns about the proposals in this consultation document and/or the future of their job role:

	For BCCG employees	**For LBB employees**
Lead change agent	Neil Hales, Interim Associate Director of Commissioning Development 07739 574525 or neil.hales@barnetccg.nhs.uk	
HR support	Kashmir Chopra Senior HR Business Partner 07974 199241 kashmir.chopra@barnetccg.nhs.uk	Vandana Mahan HR Business Partner 020 8359 4781 vandana.mahan@barnet.gov.uk
Local staff side/ Trade Unions	Pam Caton Local Unison Steward 020 3688 1823 pam.caton@barnetccg.nhs.uk Staff will have direct contact details for their particular union, any problems please contact Kashmir Chopra, details as above.	John Burgess Unison Branch Secretary 020 8359 2088 john.burgess@barnetunison.org.uk Staff will have direct contact details for their particular union, any problems please contact Vandana Mahan, details as above.
Employee Assistance Programme	Confidential advice and counselling service: https://www.axa.besupported.co.uk For AXA PPP Healthcare – to access the online referral service, follow this link[2]: https://gateway.axaworkplacehealth.co.uk	Confidential advice and counselling service: http://www.employeecare.com Telephone: 0800 716 017 Textphone: 0845 600 5499
Interview training	Two sessions have been held on Friday 24 February and Wednesday 8 March. Invitations were sent to all JCU staff.	
Additional support	Further counselling services and interview preparation support are available to staff on request.	

[2] Any issues with AXA login details, please contact Kasia Parfieniuk, Assistant HR Business Partner on 07908 439899 or kasia.parfieniuk@nelcsu.nhs.uk.

7.12 Implementation timetable

Activity/event	Detailed description	Date
Approval	• CCG Executive Team. • CCG Governing Body	6th March 2017 7th March 2017
	• LBB Adults and Health Commissioning Director approves through Delegated Powers Report (all changes except creation of AD post).	13th March 2017
Approval (AD post)	• GFC meeting and approval.	20th March 2017.
Issue outcome paper	• Inform staff of outcome of consultation and next steps. • Issue outcome paper. • LBB affected staff receive formal "at risk" letters and are put on the redeployment list.	15th March 2017.
Formal 1-1 meetings	• BCCG affected staff will be invited to formal meeting in line with 14.3 of the policy – at risk of redundancy / redeployment meeting. • LBB affected staff also to be invited to formal 1:1 meetings.	20th March 2017
Selection process	• 'Invite to Interview' letters where appropriate. • Interview to any ring-fenced positions.	Interview invite sent on 21st March 2017 Interviews held on 3-4th April 2017
Notification of outcomes of selection process	• All staff will receive notification of their outcome as quickly as possible after the selection process. • Where staff are not appointed to posts, next steps and redeployment will be discussed directly in 1-1 meetings.	5th April 2017

Activity/event	Detailed description	Date
Formal notice of redundancy if applicable	• Formal meetings with CCG and LBB affected staff – declared at risk of redundancy where unsuccessful at ring-fenced interview	Following ring-fenced interview process. Invites will be sent on 5th April 2017 and meetings be held on 11th April 2017 for all staff
Vacant posts	• Recruitment to AD post.	Following GFC approval on 20th March 2017
	• Recruitment to any other vacant posts.	Once ring-fencing has been completed.
Implementation date		5th April 2017.

7.13 Review and evaluation

6 months post implementation - 30th September 2017

APPENDIX A: CONSULTATION FEEDBACK RECEIVED

Response 1, 23 January 2017

Initial Views, Comments and Questions below – I assume these will remain anonymised

1. I am pleased that the Head of the service will be at Assistant Director level
2. I am pleased that the 'Deputy level ' of Lead Commissioner is acknowledged at a senior level
3. I am not sure that we need current Commissioning Leads at a higher level – pleased that there is acknowledgement of the need for enough workers and they are joint health and social care to undertake the projects and tasks and operating across both health and social care . IT support will be needed for this to work effectively

These comments reflected in section 3.2 and responded to in section 4.2.

4. **Question**: Where is the Commissioning Officer post that we had in the current structure – this was a vacancy?

Reflected in section 3.3.

5. I think we do need Administration Support BUT very pleased that it is acknowledged there is a need for Business Intelligence. I don't think that it will work with administrative support from elsewhere as we are always having to ask in hope rather than expectation

Reflected in sections 3.2 and 3.3 and responded to in sections 4.2 and 4.3.

6. **Question**: Please can we be given the staffing budgets for both the old structure and the new structure

Answered in section 4.1.

7. The old versus new team structure feels like the team is being told - you weren't a good enough quality of staff to do the job – I think there has been very poor leadership and management of the service

Reflected in section 3.2.

8. **Question:** It would be useful for staff to know when the work will be complete on the job matching as this will affect all. Also who does the job matching – do staff input into this – I assume not. From the EIA it is indicated that the matching will only start once consultation is complete

Final outcomes of the job mapping exercise are provided in section 6. Response also given in Q&A document, 7 February.

9. Looking at the new job profile of Delivery Commissioner **–** I am already doing a lot of the work identified as the new job profile yet it is not reflected in the Commissioning Lead profile

Comment reflected in section 3.5 and responded to in section 4.5.

10. **Question**: What are the Redeployment timescales for LBB?

See section 7.7 – redundancy and redeployment.

11. I don't think the timeline is going to be met – with at risk letters /notice period /redeployment or redundancy all taking effect in March … for implementation in April?

See section 7.12 – implementation timetable.

12. **Question:** My understanding of the managing change process is that I think we should receive at risk letters as it is not clear if any of the old (disestablished) posts will assimilate into the new posts. Or will we receive letters once the job matching has been undertaken and there is no assimilation of the posts. Also page 2 of consultation document states that the JCU staff will be at risk of redeployment (and therefore at risk of redundancy?) Letters to staff are mentioned in 5.1 for the timeline under Commence Consultation but we have not received them

See Section 7.1 – approach to filling posts in the new structure. See also appendix B of this document – additional FAQs.

13. **Question**: How does the ring fencing work? For example can a Joint Commissioning manager apply for a Delivery Commissioner role? Currently it appears that it is 4 people (JCM) in post into 3 post (LC) and 7 people in substantive post (CL) into 8 (DC)? But is it that all 11 staff currently in post can apply for both posts?

See section 7.1 – approach to filling posts in the new structure.

14. Page 6. 2.3 we were first told of the review of the JCU in May 2015 rather than 2016 which is why it has been a particularly painful and a very uncertain period of time for all staff and I believe a contributory factor as to why some staff have left

Reflected in section 3.4.

15. **Question**: The new Lead Commissioner role –I am interested to know who operates at a similar level in the Commissioning group (e.g. ****REDACTED****)

Responded to in Q&A document, 7 February.

16. Also there appears to be client areas missing – Autism /Sensory impairment /Long Term Conditions – I am assuming these work areas would be allocated to a particular Lead Commissioner. Also I feel Integrated Care should sit across all areas –it's not specific to a client group and something that is key to the success of the unit

Comment reflected in section 3.2 and responded to in section 4.2.

17. I don't like the job title of Delivery Commissioner –just Commissioner should be ok

Comment reflected in section 3.2 and responded to in section 4.2.

18. 3.2 The point on contract management responsibilities would benefit from policies/ protocols

Comment reflected in section 3.4 and responded to in section 4.4.

19. **Question**: It appears that the selection process is already being considered (Interviews are scheduled)and that there will be no need to complete an application form – just interview – Is this correct and are we to assume that this process applies to both the Delivery Commissioner posts and Lead Commissioner posts

See section 7.6 – selection criteria for redundancy.

20. For the Assistant Director role – be useful if this could be advertised as soon as possible.

Responded to in section 4.5. See also section 7.12 – implementation timetable.

Response 2, 30 January 2017

I would like to provide the following feedback on the proposal for the JCU restructure:

Structural proposals:

- I am in favour of the proposed structure and feel very positive about the planned change. It strengthens the leadership (which has been a real gap) but as a whole it appears to be very forward thinking and a very well thought through structure.

Comment reflected in section 3.1 and responded to in section 4.1.

- Although 3 Lead Commissioners are proposed, one of those roles has a specific focus on 'older adults and integrated care'. Taking into consideration the agenda for integration it will be important to highlight the need for integration across the spectrum (which is not just tied into this individual role).

Comment reflected in section 3.2 and responded to in section 4.2.

Proposed roles:

- I'm very supportive of the roles being proposed, however, the recruitment strategy is equally important. Both LBB and BCCG should ensure that the right people with the right skill set and the ability are appointed to the roles in order for the structure to work

Reflected in section 3.4. See also section 7 – next steps and implementation timetable for information about the recruitment process.

- 'Delivery Commissioners' – I'm not sure about this title! (Note – this comment is about the title and not the role). I haven't come across it elsewhere before, might it cause some confusion about how we are aligned to the Delivery Unit?

Comment reflected in section 3.2 and responded to in section 4.2.

- The Business Intelligence Officer role will be much welcomed within the team as this is a gap and it will definitely help with gathering a solid evidence base and number crunching to inform better commissioning!

Comment reflected in section 3.2 and responded to in section 4.2.

Response 3, 5 February 2017

Thank you for the one to one meeting, I would like to ask the following questions.

1. Is the CCG/LBB considering TUPE of the JCU over to one organisation – so that the staff would be managed and employed either by the CCG or LBB?

Responded to in Q&A document, 7 February.

2. Can more information be provided about the 'alternative arrangements' that LBB/CCG are considering for staff that do are not included in the new model of the JCU

Responded to in Q&A document, 7 February.

Response 4, 7 February 2017

On behalf of ****REDACTED**** copied above could you please consider and reply to the following:

- Could you please confirm the funding envelope? Is it a guiding principle of the consultation that there is not further funding available if an alternative structure was to be proposed and considered?

Responded to in section 4.1.

- If we propose an alternative structure will the timetable be paused to allow time for this to be considered and costed?

Responded to in section 4.1.

- Can it be confirmed if there are savings attached to the current proposal as it stands?

Responded to in Q&A document, 7 February.

- Please could you circulate copies of the Lambourne report, the Tricordant review and output of the 2 focus groups so we can better understand the rationale behind the specific proposals?

See appendix B – additional FAQs.

- Does the restructure impact on other departments/service areas e.g. will funding be transferred from JCU to elsewhere?

Responded to in section 4.1.

- Has a functional analysis been undertaken regarding the roles and required outputs/outcomes?

See appendix B – additional FAQs.

- Can you please confirm whether the Commissioning Officer post which is not shown on the current structure has been included and whether these resources have been included in the proposed structure? (The previous postholder left the role on 13th April 2015 a temporary capital projects manager was funded against this post for some time).

Reflected in section 3.3 and also in Q&A document of 7 February.

- Can you explain how business support will be fulfilled in the proposed structure?

Question reflected in section 3.3 and responded to in section 4.3.

Thank you

Response 5, 12 February 2017

Obviously I have been thinking this through most of the weekend. I have a question for FAQs - how is it possible that JCMs who manage the Joint commissioners staff, and have main responsibility for developing the strategic directions for the council and the CCG for health and social care for vulnerable people in the community based on government legislation, have been job matched to the same positions as the staff they manage?

This is clearly not right even if the JDs are as they are. I have never been involved in such a process whereby the manager of the senior staff does not appear to have a say in the job matching process, as clearly you are aware of the ACTUAL demands on our roles even if the JD does not reflect that.

See appendix B – additional FAQs. Comment also reflected in section 3.5 and responded to in section 4.5.

Response 6, 13 February 2017

I was hoping to speak to you today, however as you are not available this morning and the consultation ends tomorrow, I am sending the concerns by email.

I would like to reiterate my concerns about the JCU consultation and would like your comments on the following points.

1. Band 7 post deleted: The explanation given to for the deletion of the Band 7 post was because some staff felt that they were undertaking work outside their JD. ****REDACTED**** however I would agree if this is the case it is fair for the organisations to recognise this. However I am not sure that this equates to deleting **ALL** the Band 7 post. The meetings ****REDACTED**** referred to a lack of direction from senior management and a problem with the different organisational processes. In short the change requested was a senior /director type leader to lead the JCU so that there is a shared vision and where possible align the processes.

Comment reflected in section 3.5 and responded to in section 4.5.

2. Band 7 Disadvantage: My understanding is that after the Job matching process, if the JCM 8A JD fails to match the new Band 8B, they will remain as 8A.The JCM (current band 8A) will be included in the competitive interview rounds. This will result in the Band 7 (Joint Commissioners) competing against current Band 8A's.

Comment reflected in section 3.5 and responded to in section 4.5.

3. Delivering Commissioners –sounds like council terminology. Is there any intention now or in the future to TUPE JCU to the council.

Comment reflected in section 3.2 and responded to in section 4.2. Question answered in Q&A document of 7 February.

My concern is that I ****REDACTED**** will be at a clear disadvantage in the competitive interview process. This is because I would be competing against the current Band 8A's who are:

- line managers of the team
- have been in the Band 8A post for many years - between 8 plus years
- They are currently doing the job and involved in aspects of the 8A that I am not. For instance the 8A attend SMT meetings, involved in contract meetings, scope and understanding of both council and CCG is far greater than mine, because they are already doing the job.

While I may be able to demonstrate in an interview my willingness to learn, what I can actually do, transferable skills and how I might undertake task that I have not actually delivered in the past, this would not be equal to someone who is and has been doing the work for many, many years.

I appreciate that the interview will be as objective as possible, however I will still be at a disadvantage. I would ask the CCG/LBB to reconsider the structure and reason for such changes, where the main issue was lack of leadership and structure at the top of the team, as opposed to the work that the JCU is delivering.

Comment reflected in section 3.5 and responded to in section 4.5.

Response 7, 13 February 2017

I have a query (with 2 questions) regards the potential Ring Fenced Competitive process for the Delivery Commissioner roles

1. Is it possible to outline the criteria that will used for selection to the 8 Delivery Commissioner roles as there will be three staff that will be either redeployed or made redundant

See section 7.6 – selection criteria for redundancy.

2. Will any other criteria be used to select the 8 posts?

For example in LBB Managing Organisational Change there are criteria used for redundancy selection criteria and point allocation that includes the following criteria:

- Knowledge, Skills and Experience based on the person spec
- Qualifications
- Absence
- Capability
- Disciplinary
- Cost of redundancy

So will these criteria be considered in addition to the application /supporting statement / interview scoring that takes place

See section 7.6 – selection criteria for redundancy.

Response 8, 14 February 2017

Please find attached my response to the proposals that are currently subject to consultation. Could you kindly confirm receipt.

Formal consultation on proposals to restructure the Joint Commissioning Unit

Comments in response to proposals - ****REDACTED**** - 14 February 2017

Structural proposals: **What are the views of those being consulted about the proposed structures, alignment of responsibilities, functions and approach to meeting the joint commissioning pressures?**	
Assistant Director	The proposal that the JCU be led by a single post at a more senior grade is strongly supported. This is appropriate in terms of role seniority and scope and will ensure an integrated approach to commissioning. *Reflected in section 3.2 and responded to in section 4.2.*
Lead Commissioners 'groupings'	The combination of mental health with dementia in relation to a Lead Commissioner role is questioned. Mental health and dementia are very different. Dementia is not a mental health condition but a progressive disease. It is suggested that it would be better to combine older adults with dementia. The vast majority of people living with dementia are older: age is the main risk factor for dementia. It appears anomalous to have 'integrated care' as a specific area as all other areas are client groups. Within the proposed groupings: - Where is sensory impairment? - Where is autism? *Reflected in section 3.2 and responded to in section 4.2.*
Delivery Commissioners	It will be necessary to have sufficient Delivery Commissioners to work across the whole of adult social care and those parts of health within JCU remit. It is not clear that eight posts will be sufficient. It is suggested that there may be a need for more than eight posts. *Responded to in section 4.1.*

Absence of Commissioning Officer role(s) Absence of Programme Support Officer role	The Commissioning Officer role is missing from the current structure as described in consultation document. It is not clear how the commissioning activities' below' those within the Delivery Commissioner roles will be completed There is a risk that Delivery Commissioners will need to spend significant time on lower level activities, which would be inefficient in terms of resources. The proposed Business Intelligence Office role appears to be hybrid – with elements of a Commissioning Officer role and a Programme Support Officer role included. It is suggested that a Commissioning Officer and a Programme Support Office role would be more useful to the JCU, each managed by a Lead Commissioner. It is suggested that the proposal that the JCU function be supported by two PMOs is not likely to work well. It will be more effective for Programme Support to be provided by a JCU officer with sufficient knowledge of the unit's work to perform tasks effectively. *Reflected in section 3.2 and 3.3. Responded to in section 4.2 and 4.3.*
What is required in addition to structural change	As noted in the consultation document, not all identified issues will be resolved structural change. It is asserted that the JCU's current structure has not allowed it to deliver all health and social care commissioning. It is suggested that, to some extent, this issue has arisen though the management of commissioning resources within the JCU. It is suggested that this is a matter to be addressed within the newly structured unit. It is suggested that it will also be important to improve interfaces with other teams (e.g. Delivery Unit, Procurement) and to have more clearly defined boundaries. *Reflected in section 3.4 and responded to in section 4.4.*

Roles: what are the views of those being consulted about the proposed new revised roles?	
Lead Commissioner role	The Lead Commissioner role has appropriately strategic responsibilities. Having posts at this level will ensure a robust strategic element to the JCU These posts align well with the Delivery Commissioner roles It is not clear that the need for joint commissioning is sufficiently captured in key accountabilities / duties / responsibilities. *Reflected in section 3.2 and responded to in section 4.2.*
Delivery Commissioner role	The title Delivery Commissioner does not have a coherent meaning. It is suggested that 'Health and Social Care Commissioner' is more appropriate. The need for increased generalist approach is recognised and supported. However, it is suggested that requiring an individual to work across health and social care in relation to all client groups will not allow that individual to develop the level of knowledge and expertise in relation to client groups that will support effective commissioning. It is not clear that the need for joint commissioning is sufficiently captured in key accountabilities / duties / responsibilities. *Reflected in section 3.2 and responded to in section 4.2.*
Redundancies: how else can BCCG and LBB mitigate any potential redundancies resulting from this proposal?	
Based on rigorous and accurate mapping, ensure that there is assimilation to posts in the new structure where appropriate. *See section 7.1 – approach to filling posts in the new structure.*	
Further comments and questions	
The restructure is being conducted in accordance with the LBB policy on Managing Organisational Change. It was noted at the start of consultation meeting that this policy, as available on the LBB intranet, is out of date in certain areas. Up to date information was requested at that meeting; none has yet been made available. It was agreed at the mid consultation meeting that a briefing providing up to date information in areas where the policy on the LBB intranet is out of date would be issued to JCU staff. When will this be received? *See appendix B – additional FAQs. Updated information relating to LBB's policy on Managing Organisational Change was circulated to LBB staff on 21 February 2017.*	

It was stated at the mid-consultation meeting that a draft role mapping exercise has been completed. It was explained that a two-stage process would be completed – involving 'mapping' and 'matching'. Clarification is requested regarding the two stages of the process. Is it the case that 'mapping' relates to ring-fencing and 'matching' relates to assimilation? When will the exercise be undertaken to assess whether there is a 55% match between any roles - in which case assimilation would be appropriate? *See appendix B – additional FAQs.*
It is stated in the consultation document that in 2016 LBB and BCCG agreed that the time was right to review the JCU. It is the case that the plan to review the JCU was communicated verbally to JCU staff in May 2015. *Reflected in section 3.4.*
The LBB EQIA states: With a large proportion of the service over 50 years of age, the Council will provide pension advice for staff in this category and one-to-one pension meetings for all Adults' JCU staff over 55 who request a discussion with Pensions. When will these meetings be available? *See appendix B – additional FAQs.*
The EIA states (page 12): Redeployment would be sought not only in Barnet Council but also in other Local Authorities, Barnet Schools and Joint Ventures, to enable staff to remain in employment and thereby reduce redundancy and pension costs. Please make available LB policy on: : - decisions on whether a role is appropriate for a member of staff's redeployment - decisions on travel distances that are considered reasonable in cases of redeployment. *See appendix B – additional FAQs.*

Response 9, 14 February 2017

Thank you for this information. I note that the outcome of the mapping exercise is at this stage draft.

Could I please request clarification on the mapping exercise.

It was explained at the mid consultation meeting that there would be two elements (possibly stages) to the exercise comparing current posts to posts within the proposed new structure, and these were referred to as ‘mapping’ and matching’.

Could you please explain the difference between ‘mapping’ and ‘matching’ and the purpose of each.

Or is it the case that there is one process of comparison and the terms ‘mapping’ and ‘matching’ are being used interchangeably?

Thanks

See appendix B – additional FAQs. Also referenced in section 7.2 - stage one: slotting in; ring-fencing and competitive selection.

Response 10, 14 February 2017

On behalf of ****REDACTED**** please find attached our comments on the formal consultation on restructure proposals.

Response from ****REDACTED****

14 February 2017

Introduction

We welcome the consultation document (the proposals) that will bring to an end a long period of uncertainty for the JCU team. We are pleased to see that the proposals do go some way to addressing both current and long standing issues, but there are some significant shortcomings and we feel it is incumbent on us and indeed the council/CCG and anyone interested in promoting joint working to make observations that would improve on the current proposals.

We acknowledge that the financial envelope is limited due to severe financial constraints on both the council and CCG, but costs of the JCU are relatively modest compared to the scale of the funding challenge for ASC and BCCG and service transformation required.

We particularly welcome:

1. The proposed appointment of an Assistant Director post, to head up the team. This has been long overdue. Whilst we believe that the structure does not address wider issues (see below) a more elevated and effective leader will, we assume, work to raise the team's profile, be present at decision making forums to promote joint working and ensure joined up thinking, and take forward a number of the wider issues.

Reflected in section 3.2 and responded to in section 4.2.

2. The proposed appointment of a business analyst support post and believe this will be effective for the team. Previously there was a business analyst attached to the Adults Strategic Commissioning Unit and this was missed when they were moved.

Reflected in section 3.3 and responded to in section 4.3.

3. We welcome the proposal that the delivery commissioners will be joint and work across both health and social care.

Reflected in section 3.2 and responded to in section 4.2.

We are concerned about the following:

1. **Capacity in General**

The proposal document states: '*JCU has not enabled it to deliver all adult care commissioning'* - it is not the structure that prevents JCU from delivering it had been the lack of capacity.

We understand that one aim of the restructure was to increase capacity, but the proposal does not do this, capacity is reduced as there will be fewer staff. Furthermore, there is no business support or commissioning officer so more senior staff will be spending more time on administration functions, e.g. room booking, organising events, such as events with service users and stakeholders, dealing with invoices and liaising with finance, organising consultation materials – printing, distribution; attending consultation events as note taker; coordinating the section – dealing/redirecting out of office queries – escalating to appropriate managers in staff absence; coordinating leave reporting – collating cover arrangements for head of section.

Reflected in sections 3.1 and 3.3. Responded to in sections 4.1 and 4.3.

2. **Capacity in Older People's Services**

A further issue with capacity is the reduction from 3 JCM's working on older people, and integrated care down to 1 only. Older people (OP) are the biggest strain on health and social care budgets and Barnet has largest pop of older people in London which is set to increase. We need to plan for increasing demand especially in the area of dementia care. Long Term Conditions (LTC's) should be included in this portfolio as prevalence of these cases also increases. Dementia sits more comfortably with the OP portfolio rather than mental health (MH), as it is not a functional mental health condition and in the commissioning model relates to LTCs rather than recovery, MH covers all adults including OP mental health (functional) and a range of services for common mental health and severe mental health conditions, including crisis – it is a work stream for the NCL programme. The transformation programme is in its second phase and is informing development across NCL. It is up to capacity because it includes Wellbeing with an ever increasing focus on IAPT provision to meet a near-doubled access target (specifically including OPMH/Diabetes/COPD) that impacts on reducing reliance on health and social care services, and will be swamped with the addition of the growing areas of dementia.

Reflected in section 3.2 and responded to in section 4.2.

3. **Capacity in Mental Health services**

The new structure effectively downgrades the MH work stream which covers integrated mental health care and ignores the targets being set for increasing IAPT. The role to deliver statutory advocacy (IMCA/IMHA) also sits within the MH commissioning portfolio. Integrated care needs to be better defined as it is not a specialist area of work – it is covered by all work streams.

The mental health area of work is large and significant both in terms of budget reports, volume of work and the responsibility for commissioning wellbeing support services that are part of the out of hospital elements as well as responsibility for commissioning statutory services to meet MCA/DOLS requirements. Dementia is a significant area on its own, but as an organic neurological condition does not sit well within the mental health out of hospital pathway. It is generally regarded as a better fit with older people's commissioning as a long term condition.

Reflected in section 3.2 and responded to in section 4.2.

4. **Missing areas**

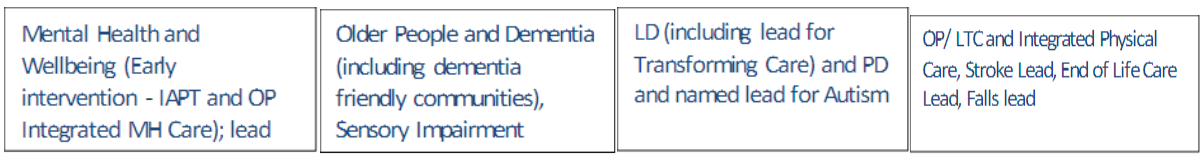
The Stroke service pathways have not been included, although these are a fit with long term conditions. Long term conditions are not represented on the staffing model but represent a significant element outside of the integrated care (rehab) pathway. Integrated care sits across all areas including mental health in respect to the Five Year Forward View on parity of esteem for physical and mental health care.

Autism Lead function is missing on the model it sits currently with the LD commissioner because this is the main group affected, but overlaps with mental health diagnosis for non LD-related autism conditions.

Key omissions for specialist commissioning in JDs include the following areas:

- Autism lead – Autism Act (currently sits with the LD commissioner as most people with Autism also have LD) as this is a statutory requirement consideration should be given to the Assistant Director being the named statutory lead
- End of Life Care – affects all sectors but chiefly within OP portfolio
- Long Term Conditions – diabetes, COPD etc. – straddles PD, neurological conditions e.g. dementia and mental health (IAPT target for 2017 – 2020)
- Sensory Impairment – across all areas, straddles OP/PD/LTCs
- Falls lead – sits with older people across secondary care and vol sector but also component of dementia and neuro conditions
- Lead for Mental Capacity Act /DOLS delivery of IMCA/IMHA/BIA – straddles all areas
- Stroke Care – National and London Stroke Strategy to deliver reduction in the incidence of second stroke through integrated care between statutory sector and vol sector – straddles LTCs/OP/MH (CMI and SMI depression/anxiety is a component of LTCs/MUS)
- Employment across all areas (MH/LD/PD/OP – keeping active)

The diagram that shows functionally how these roles would align better:



[Follow-up email noted a formatting problem with the diagram – first box should read "Mental Health and Wellbeing (Early intervention – IAPT and OP Integrated MH Care); lead for MCA/DOLs".]

These omissions are significant and would require another manager role and ideally an additional delivery commissioner in the structure, otherwise statutory delivery requirements may be at risk.

These comments on 'missing areas' have been reflected in section 3.2 and responded to in section 4.2.

5. Processes

The document states*: 'there are opportunities to improve JCU processes'* – the new structure does not address issues outside of JCU but it is often LBB/BCCG processes themselves compounded by often having to navigate both governance routes that can cause delays. The JCU processes internally have been hampered by a lack of dedicated leadership, which the AD role should ensure is more streamlined; however we believe the team has coped remarkably to deliver outcomes for the work streams with the array of changes that have been taking place across the two organisations.

There has certainly been value for both organisations from the JCU in terms of managing the commissioning for complex care pathways and ensuring complementary outcomes, feeding this in to other work streams within each organisation, taking a solution focused approach. This has helped to manage the difficult financial picture without significant loss of front facing provision, through modelling and delivering innovative and transformative joint approaches.

The support from PMOs is welcome, but is not designed to optimise delivery of non-project areas of work. Not all commissioning functions fall into a discreet project mode and therefore these can be invisible if progress is only measured through a PMO process. PMOs can help the organisations through supporting project management processes, but in terms of their focus on requiring input from commissioners in order to enable timely reporting, this can put a strain on the team outputs and delivery of outcomes if different processes are required across both organisations. Officers' time has often been spent on delivering 2 sets of reports/highlights/plans that have to be drafted separately – cutting and pasting from one to the other is not an option as there are often different areas of focus.

These comments are reflected in sections 3.3 and 3.4 and are responded to in sections 4.3 and 4.4.

6. Findings from focus groups

It appears that many of these issues raised in the focus groups are not met by the new structure:

- shared vision and strategy
- being clear about priorities across 2 organisations
- too much work was operational - how will this change?

Reflected in section 3.4 and responded to in section 4.4. Also reflected in the new job descriptions circulated with the consultation paper.

7. Principles of the re-structure (p8 of the consultation document)

The document refers to *'the right functional design and form to deliver Barnet's role in STP*' – it not clear how the new structure does this. There would appear to be a risk that the uncertain landscape created by the STP and the new CEO of NCL means that there may be further changes required in the not too distant future.

Responded to in section 4.4 and also answered in Q&A document of 7 February.

Other areas not addressed by proposal include:

- greater alignment across different approval and governance routes - how will this change?
- joint working between LBB and CCG can be improved - this is central to delivering joint commissioning but is not addressed

Reflected in section 3.4 and responded to in section 4.4.

8. Concerns regarding Procedural Aspects

The process for job mapping and matching to date does not follow a robust management or transparent process – there appears to be a lack of logic for matching the JCM and lead roles to same job as their reports. There is a reference to 'significant new areas of responsibility' in the proposal – but what is this work that will require this? Is there to be a new work plan? If we are still doing the same work then this does not justify the changes. It is clear *de facto* that managers cannot have been undertaking the same level of work as their reports. It is therefore incumbent upon the organisation to clearly justify that the job matching process has taken into account the current areas of responsibility that JCMs are ACTUALLY delivering presently and how these match to the NEW areas of responsibility being proposed.

We believe these are IN FACT the same levels of responsibility and delivery that are being covered by the current JCMs. This we believe is a flawed process –it does not appear to include management knowledge of JCMs *de facto* level of work and has introduced significant risk of redundancy for all JCU staff. We are left wondering how this process might have been influenced by the Unified Reward job matching process and how this might impact on the outcome which all along we have been told was not about redundancies per se.

See appendix B – additional FAQs. Also responded to in section 4.5. Question about Unified Reward was answered in the Q&A document of 7 February.

Best Practice would suggest that the A/D role should be filled first followed by Lead Commissioner roles, then Delivery Commissioners. The interview process is stated as 6th to 17th March and we are concerned that this will not allow sufficient time for due process to be followed.

Responded to in section 4.5. See also section 7.12 – implementation timetable.

9. Points regarding Job Descriptions

- Job titles should include the word 'Joint' in order to deliver the right message
- The job title 'Delivery Commissioner' does not convey anything, Joint Delivery Commissioner or Joint Commissioning Lead would be preferable – may also cause confusion with delivery unit responsibilities
- For Delivery Commissioners – 'educated to Masters Level or equivalent' as 'essential' is excessive and is usually cited as 'educated to degree level' when benchmarked with other similar level posts, whereas 'experience of working in a commissioning environment' should be 'essential' not 'desirable'. This could seriously impact on the potential recruitment in future.
- Consider whether the A/D post should include responsibility as statutory Autism Lead – as this area covers different client groups and the A/D can allocate work accordingly
- A/D post should take on responsibility for Section 75 as the named Pooled Fund Manager and allocate work accordingly.
- We have concerns about how realistic the financial responsibilities are within the Lead Commissioner role profile e.g. delivery of recurring savings where the budgets are not managed by the commissioning team.

Reflected in section 3.2 and responded to in section 4.2.

Alternative Proposals/Points for consideration

We would welcome the opportunity to discuss the points below; and appreciate if there was appetite to consider them then they would need to be worked up further:

a) Creation of an extra OP/LTCs lead post and clarity about commissioning expertise around integrated care across the care groupings. Dementia to be a key focus of one of these posts.

Reflected in section 3.2 and responded to in section 4.2.

b) Some economies of scale and improved functionality could be achieved if AD posts takes on another team – e.g. Care Quality (contracts) – this would address some of issues/conflicts raised and this is common to have commissioning and contracts working together in other boroughs. We appreciate this will impact on other teams, and further consultation would have to take place accordingly, but would be worthwhile to deliver a sustainable and robust structure.

Responded to in section 4.1.

c) Delivery commissioners to assume responsibility for lead areas relating to specific client groups (e.g. OP, LD etc.) so that expertise in this area is retained or built up. It is suggested that lead areas are rotated as required e.g. project end or annually, this would build expertise but also capacity to ensure flexibility for cross client group projects.

Reflected in section 3.2 and responded to in section 4.2.

d) A commitment is made to a review of governance impacting on JCU – role of JCEG etc, and how this relates to other decision bodies in the council e.g. how do we see this working in an improved way – JCM's attending etc? Also how this group links to DU governance, there has been commissioned work led by the DU and it is not clear of the rationale for this.

Reflected in section 3.4 and responded to in section 4.4.

e) Consideration should be given to incorporating the Adults Well Being Lead and Commissioning Lead (well-being) posts within JCU. Over the past year there has been crossover with this area of work and work areas that should have been be led from the JCU (but could not be undertaken because of lack of capacity and senior leadership)because they require significant expertise across care group specialisms.

Responded to in section 4.1.

f) The Commissioning Officer post to be recruited to – this post provided essential support to commissioners and would address some of the gaps identified in section 1.0 above, it will also provide a development opportunity. A key aspect is looking at the success of neighbourhood plans and empowerment of local communities, we need to see how we can work closely with other areas of the council involved in these areas as it is often forgotten that JCU has a role in this via its contact with groups and communities, and re-shaping pathways.

Reflected in section 3.3 and responded to in section 4.3.

APPENDIX B: ADDITIONAL FAQS

Q. Will there be an opportunity to ask further questions after the process of mapping new posts to existing posts has been completed?

A. Yes. After the consultation outcome paper is published there will a further 1:1 meeting at which any additional questions can be addressed.

Q. When will be the job mapping process be completed?

A. The final outcomes of the job mapping process will be issued to staff at the same time as the consultation outcome paper is published.

Q. Why are some CCG and Council vacancies that could be suitable for JCU staff being advertised externally now?

A. It has been judged that these posts require skillsets that differ significantly from the skillsets of the JCU team. Therefore these posts are not deemed suitable alternative employment for any members of the JCU. All new vacancies are vetted by the HR Leads and any vacancies that may offer suitable alternative employment for JCU staff would be set aside. If JCU staff do see any vacancies advertised that they believe are suitable alternative employment opportunities, they should notify the HR Leads (Kashmir Chopra for BCCG and Vandana Mahan for LBB).

Q. What is the status of JCU staff who are currently seconded out of the JCU?

A. These staff are substantive JCU employees and as such are included in the staff consultation and subsequent selection process. At the point where the new JCU structure goes live, these secondments would either stop, or continue until the secondment end-date originally agreed. These decisions will be taken on a case-by-case basis, responding to the needs of the business.

Q. Where suitable alternative employment opportunities for JCU staff are identified, can LBB employees apply for ring-fenced roles in BCCG, and can BCCG employees apply for ring-fenced roles in LBB?

A. No. Ring-fenced LBB roles would only be available to current LBB employees within the JCU, and ring-fenced BCCG roles only available to BCCG employees.

Q. When would any "at risk" letters be issued to staff?

A. The process differs slightly between LBB and BCCG. LBB employees would receive "at risk" letters on 1 March, as soon as the outcomes paper is circulated to staff. BCCG employees would not receive "at risk" letters until later in the process, after any redeployment opportunities have been considered. A full description of the

process as it applies to both LBB and BCCG employees is provided in the outcomes paper.

Q. Will staff "at risk" be given time to look for and apply for new roles?

A. Yes, in line with both organisations' change management policies.

Q. Please could you circulate copies of the Lambourne report, the Tricordant review and output of the two focus groups so we can better understand the rationale behind the specific proposals?

A. The findings from the Lambourne review and the Tricordant review were conveyed through meetings with the leadership team and final reports were not issued. The findings from the Lambourne review and the Tricordant review, and the feedback received from the two staff focus groups are summarised in the consultation document. It would not be appropriate to release detailed notes taken during the focus groups as these could allow the feedback given by specific individuals to be identified.

Q. Has a functional analysis been undertaken regarding the roles and required outputs/outcomes?

A. The required strategic outcomes for the JCU are captured in the consultation document – to effectively deliver the LBB and BCCG commissioning plans, and to deliver the future vision set out in the NCL STP. The leadership team has proposed the team structure that they think is the best way to deliver those outcomes.

Given the strategic nature of the proposed new roles, it would not be appropriate to attempt to identify specific tasks and activities for each role and attribute a time requirement for each one.

Q. When will pension advice and 1:1 pension meetings be available for staff?

A. Pension figures have been provided to individuals where applicable (staff aged 55 and older). If staff have any pension queries they may telephone or email the Pensions department directly and obtain any advice needed.

Q. Please make available the LBB policy on decisions on whether a role is appropriate for a member of staff's redeployment, and decisions on travel distances that are considered reasonable in cases of redeployment.

A. In these situations a judgement would be reached by the employee's line manager, based upon the requirements of the role and following discussion with the employee.

Q. What is the difference between job matching and job mapping?

A. Job matching is a term used by BCCG to describe the process of checking that a job description has been matched to the appropriate pay grade. This process was completed before the draft job descriptions were circulated to staff on 16 January, and will be repeated as part of the process of confirming the final job descriptions.

Job mapping refers to the process of mapping the requirements of a new post against the requirements of a current post, to identify which members of staff are eligible to be assimilated into a new post, or ring-fenced to participate in a selection process for a new post. The draft outcomes of this process were shared with staff on 10 February and the final outcomes have been confirmed alongside the publication of the consultation outcomes paper.

Q. When will updated information relating to the LBB Managing Organisational Change Policy be made available to staff (as agreed at the mid-consultation meeting)?

A. This information was circulated to LBB staff on 21 February 2017.

Q. How is it possible that JCMs have been job matched to the same positions as the staff they manage?

The threshold for assimilation to a new post is a match of at least 55% (for LBB employees) or 63% (for BCCG employees) with an existing post. Four different job descriptions in the current JCU structure have been judged to meet this threshold:

- *Joint Commissioning Manager (LBB).*
- *Joint Integrated Care Programme Manager (BCCG).*
- *Commissioning Lead (LBB).*
- *Health Commissioner (BCCG).*

Some existing job descriptions are a closer match to the new job descriptions than others. It has been decided that the fairest course of action is to allow all employees who meet the minimum threshold for assimilation to participate in the ring-fenced selection process.