

	<h2>Constitution and General Purposes Committee</h2> <p><b>12 April 2021</b></p>
<b>Title</b>	<b>Restructure of Services within the Adults and Health Directorate</b>
<b>Report of</b>	Dawn Wakeling, Executive Director Adults and Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	<p>Appendix 1 – Formal consultation document on the proposals for the restructure of the Care Quality and Customer Finance Service.</p> <p>Appendix 2 – Formal consultation document on the proposals for the restructure of the Performance and Systems Service.</p> <p>Appendix 3 – Restructure of Care Quality and Customer Finance Service Consultation Closure report and Final Proposals</p> <p>Appendix 4 - Restructure of Performance and Systems Service Consultation Closure report and Final Proposals</p> <p>Appendix 5 – Equalities Impact Assessment, Care Quality and Customer Finance Service</p> <p>Appendix 6 - Equalities Impact Assessment, Performance and Systems</p> <p>Appendix 7 - Care Quality and Customer Finance Proposed Structure</p> <p>Appendix 8 – Performance and Systems Proposed Structure</p>
<b>Officer Contact Details</b>	<p>Courtney Davis, Assistant Director  <a href="mailto:Courtney.Davis@barnet.gov.uk">Courtney.Davis@barnet.gov.uk</a></p> <p>Sam Raffell, Head of Care Quality and Customer Finance,  <a href="mailto:Sam.Raffell@barnet.gov.uk">Sam.Raffell@barnet.gov.uk</a></p>

	Appy Reddy, Head of Performance and Systems, <a href="mailto:Appy.Reddy@barnet.gov.uk">Appy.Reddy@barnet.gov.uk</a>
--	--

## Summary

This paper sets out the final proposed changes to the staffing structure of the Care Quality and Customer Finance service and the Performance and Systems service in the Adults and Health Directorate following a period of formal consultation with staff and the trade unions from 18 February 2021 – 19 March 2021. Subject to committee approval, the proposals will be implemented to take effect in April 2021.

The consultations for the two services ran simultaneously, the consultation documents (attached as appendix 1 and 2) set out both the rationale and proposals for the changes. There have been minimal changes to each of the services in the last five years and in this period both service areas have seen significant changes to ways of working, demand and the skillsets required. Changes include: the implementation of a new case management system; and changes to statutory frameworks and the health and social care system. The restructure also presented an opportunity to build flexibility and resilience into the structure and improve routes for career progression.

In line with the rationale, the proposals involve changes to a number of posts, including the establishment of new posts, deletion of others and amendments to some job descriptions, line management and fixed terms roles being made permanent.

## Recommendations

- 1. The Committee approve the proposed changes to the adult social care staffing structure to take effect in April 2021.**
- 2. The Committee note formal consultation has been undertaken with a summary of the feedback from this is included within the report.**

### 1. WHY THIS REPORT IS NEEDED

- 1.1 The restructure consultation documents outline proposals for an updated structure for the Care Quality and Customer Finance service and Performance and System service within Adults and Health. The Consultation Reports (appendix 1 and 2) and Final Proposals documents (attached as appendix 3 and 4) confirms the final proposals following consideration of the feedback provided from staff and the Trade Unions during the consultation period.
- 1.2 The final proposals will result in total of 19 posts being deleted. Of the posts proposed for deletion, 6 are currently vacant, 12 members of staff will be put at risk of redundancy and there is one planned retirement. 18 new roles have been created. Additionally, a number of roles have seen amendments to job descriptions and been re-evaluated with some line management changes in-line with the new proposed structure and some fixed term roles have been made permanent.
- 1.3 In-line with the council's Managing Organisational Change Policy, formal

consultation was launched for a 30-day period on 18 February 2021, running to 19 March 2021, with the new structures proposed to take effect in April 2021. Following requests from Unison on behalf of Unison members, an extension of four working days was agreed for the Performance and System service consultation resulting in a new consultation end date of 25 March 2021.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 There have been minimal changes to each of the services in the last five years and over this time both services areas have seen significant changes to ways of working, demand and the skillset required. Key changes include, the implementation of a new case management system, changes to statutory frameworks and the health and social care system. The restructure also presented an opportunity to build flexibility and resilience into the structure and improve routes for career progression.
- 2.2 Overall, the feedback has been positive and supportive, and the rationale is understood. However, concerns were raised about individuals at risk, workloads, process and the implementation of the proposals. These concerns are addressed in the closure report.
- 2.3 The detail of the proposed changes, as well as a summary of consultation feedback and responses, can be found in the Consultation Closure Report and Final Proposals attached in the appendices.

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

- 3.1 As part of the case management system implementation, 'target operating model' work was carried out to review the resources and capability required to operate the new system. Research was carried out looking at a 'typical support model' based on other users of the system and generally the structure and remit of similar functions in other local authorities. The work considered what was optimal based on current structures, demand, resilience and cost. The restructure proposals have taken this work into account and recommendations, particularly in the performance and business systems teams, were informed by this work.
- 3.2 Similarly, in the Care Quality and Customer Finance teams, the Head of Service and managers jointly reviewed the structure, skill and capacity requirements

against delivery requirements that have evolved over a number of years due to changes in demand, systems and quality changes.

- 3.3 Doing nothing was not an acceptable option as it would leave both services unable to respond to changes resulting from service demands, new case management system, legislative and health and social care system changes.
- 3.4 The structural proposals have not changed as a result of feedback following the consultation. However, the closure reports set out some further actions that will be carried out post-consultation.

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

- 4.1 Upon approval of the recommendations, changes will be confirmed with affected staff. Management will lead and HR will support the implementation of the changes. It is expected that the new organisational structure will be in place in April 2021.
- 4.2 Where staff are at risk of redundancy, HR and the Head of Service will work to finalise arrangements.
- 4.3 There will be some further actions undertaken based on feedback in regard to the remit / priorities of some roles, career progression opportunities, and the implementation of changes. These will be taken forward by the management team working within the areas concerned.

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

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

- 5.1.1 The services in scope sit within the Adults and Health Directorate and contribute to the Healthy Priority within the corporate plan. Each service plays a supporting role in bringing health and care together, supporting residents to maintain their strengths and independence, mental health and supporting the long term affects of Covid-19.

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

- 5.2.1 The restructures are not a cost saving exercise and have been modelled on the current staffing budget and establishment for each area.
- 5.2.2 The 2021/22 budget for both the care quality and customer finance service and performance and systems service is £4.103m, funded from existing general fund resources plus relevant external funding streams.
- 5.2.3 The proposals aim to limit redundancies; in the event of redundancies cost will be managed within existing budgets.

### **5.3 Social Value**

5.3.1 Not applicable in the context of this report.

### **5.4 Legal and Constitutional References**

5.4.1 Article 7 of the Constitution includes the terms of reference of the Constitution and General Purposes Committee which includes responsibility for staffing matters other than those within the remit of the Chief Officer Appointment Panel and specifically the approval of staffing restructures involving 20 or more employees.

5.4.2 The consultation process with staff is required in line with the Council's obligations under the relevant consultation regulations.

5.4.3 The restructure has been carried out in accordance with the Council's Managing Organisational Change Policy. Consultation with Trade Unions and collective and individual staff consultation has concluded. The new structure can now be implemented subject to the approval of this Committee in accordance with the Managing Change Policy.

5.4.4 According to the Scheme of Delegation the Executive Director Adults and Health can authorise the payment of redundancy payments in line with the Managing Change Policy below £100,000. The Constitution and General Purposes Committee approves severance packages above £100,000.

### **5.5 Risk Management**

5.5.1 The key risk is typical of any restructure: that the lead up to and the actual changes create uncertainty and destabilise the organisation and detract from key priorities or cause staff to leave the council. The proposed mitigations are to:

- Work closely with HR and the Unions
- Ensure regular communication and engagement with staff
- Ensure sufficient pace in selection processes for ringfenced posts and redeployment opportunities.
- On-going monitoring post implementation to the review structure is delivering intended outcomes.

### **5.6 Equalities and Diversity**

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

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

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

- 5.6.3 A detailed Equality Impact Assessment (EQIA) was undertaken. The EQIA has been carried out for all staff in the Adults and Health Directorate as the numbers within both service areas are too low to be able to report equality information without identifying individuals. By referencing the wider Adults workforce, it is possible to provide a greater degree of equalities breakdown and given this and that these services are both intrinsically linked with the broader functions of Adults and Health it is reasonable to consider the wider Equalities aspect.
- 5.6.4 The EQIA outlines that the Adults and Health workforce is a predominantly female workforce (75% of the workforce) and therefore it is anticipated that female employees will be disproportionately affected by the proposed changes across the workforce. The EQIA's also outlines that there are a higher percentage of people of BAME background in Adults and Health (38%) compared to corporate figures (31%) and a slightly higher percentage of people with disabilities (7% compared to 5% in corporate services).
- 5.6.5 Adults and Health have put mitigations in place to ensure that employee relations issues which tend to disproportionately affect women are recognised and that where possible mitigating action is put in place to support staff. This includes but is not limited to ensuring that flexible working is encouraged across the department and that staff with caring responsibilities are appropriately supported. Adults and Health follows the Council's equal opportunity recruitment process to ensure people of BAME background have equal opportunities. There are also measures in place to ensure equality of access to opportunities for people with disabilities, with reasonable adjustments made in respect to interviews, redundancy selection and communication of interviews.
- 5.6.6 Where staff require reasonable adjustments to be made in respect of this restructure relating to interviews, redundancy selection or the communication of information
- 5.6.7 A neutral impact is anticipated for each of the remaining equality strands. The equality impact assessments are attached as appendix 5 and 6.

## 5.7 **Corporate Parenting**

- 5.7.1 The changes have no direct impact on looked after children or care leavers.

## 5.8 **Consultation and Engagement**

- 5.8.1 The consultation was launched for a 30-day period on 18 February 2021 running until 19 March 2021. The Trade Unions were initially briefed that consultations for the two areas were planned at the regular adult social care Trade Union meetings in November and December. An outline of the plans was presented at the Trade Union meeting on 9 February 2021 and the draft consultation document was shared on 15 February 2021. The Trade Unions were invited to the formal consultation launch meetings on 18 February 2021.
- 5.8.2 Following requests from Unison on behalf of Unison members an extension of four working days was agreed for the performance and system service consultation resulting in a new consultation end date of 25 March 2021.

5.8.3 A job evaluation panel meeting has been arranged by HR in line with agreed protocols.

5.8.4 Staff across the service areas 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.

<b>Email</b>	Comments and suggestions could be emailed 14 individuals responded in this way. Where appropriate, key messages from feedback have been included in the consultation closure reports. Where comments and questions were about personal/confidential matters, these were responded to individually.
<b>Open meeting</b>	There was an option to arrange one-to-one or group meetings with the Heads of Service to discuss the proposals.
<b>One-to-one meetings</b>	Individuals at risk of redundancy have had the opportunity to meet with a senior manager, HR and their own representation where requested.
<b>Survey</b>	For the Care Quality and Customer Finance consultation, a web link to an online survey was circulated as another method to feedback. The survey could be completed anonymously if desired and included free text fields that allow for open comments and suggestions. Two staff fed back using this method.
<b>Consultation Log</b>	Throughout the consultation feedback, common questions and concerns will be logged and responses provided, where appropriate, at the close of consultation.

5.8.5 A number of consultation responses were received. The detail of the proposed changes as well as a summary of consultation feedback and responses can be found in the Consultation Report and Final Proposals

5.8.6 Staff briefings to close consultation were held on 26 March 2021 for the Care Quality and Customer Finance Service and on 31 March 2021 for the Performance and Systems Service to present the findings of the consultation and update staff on the final proposals being presented to Constitution and General Purposes Committee.

## 5.9 Insight

5.9.1 Insight data is not applicable in the context of this report.

## **6. BACKGROUND PAPERS**

6.1 None.