

**LONDON BOROUGH OF BARNET**

**ADULTS AND HEALTH**

# **Restructure of Care Quality and Customer Finance Service**

**Consultation Closure Report and Final Proposals**

**March 2021**

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## 1 INTRODUCTION AND BACKGROUND

### 1.1 RESPONSIBLE OFFICERS

ROLE	NAME	CONTACT
Sponsor	Courtney Davis	<a href="mailto:courtney.davis@barnet.gov.uk">courtney.davis@barnet.gov.uk</a>
Senior Responsible Officer	Sam Raffell	<a href="mailto:sam.raffell@barnet.gov.uk">sam.raffell@barnet.gov.uk</a>
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### 1.2 INTRODUCTION

Following the staff consultation this document outlines the final proposals for the new structure for Care Quality and Customer Finance, as well as addressing feedback from the consultation. The new structure is designed to focus resources as effectively as possible and improve the service offer made to Barnet residents.

The document outlines changes to the structure, the rationale for these changes and the next steps in regard to the selection process and implementation.

The new structure involves changes to a number of posts, including the establishment of new posts and deletion of others. As a consequence of these proposals there are 5 staff who are at risk of redundancy.

### 1.3 RATIONALE FOR CHANGE

The changes are focussed on improving the service offered by the Care Quality and Customer Finance service. There have been minimal changes to either service for a number of years and over this time period the way we deliver services and demand for services has continued to evolve. This re-structure is to ensure the service is fit-for-purpose to deliver to current requirements. The principal drivers for change are:

- Delivering services to achieve outcomes as efficiently and effectively as possible
- Ensuring we have the right skillset to meet the needs of Barnet residents
- Ensuring there is resource to fill gaps identified in service delivery
- Take into account how system changes have changed the way we work
- Add more resilience and flexibility to the service
- Improve routes for career progression
- Improve staff supervision
- Long term planning, transferring fixed term and agency posts into permanent roles
- Focus on quality support to the care market with an increase in providers completing self-assessments
- Minimising redundancies

## 2 CONSULTATION

### 2.1 CONSULTATION

The consultation period lasted 30 days from 18 February 2021 to 19 March 2021. The consultation was launched at a service wide meeting on 18 February 2021, with individual or team meetings set up in advance for those significantly impacted by the changes.

The Trade Unions were initially informed of the upcoming consultation on 15 December 2020 with a follow up meeting on 9 February 2021.

One-to-one meetings at risk meetings were held with the 5 staff members at risk of redundancy through the process.

Staff were encouraged to engage with the consultation through a range of routes, including one-to-one meetings with the Head of Service, email feedback, survey response or group meetings.

The majority of the feedback came through one-to-one or groups meetings but there were a number of responses from individuals and a written response from the Trade Union.

The table below summarises the engagement as part of the consultation.

Type of Engagement	Number of responses
Email	8 staff members fed back through an email to the Head of Service outlining questions as well as feedback on the proposals.
Survey	2 staff members fed back anonymously through the online survey.
One-to-one meetings	<p>The 5 staff members who are at risk of redundancy had a meeting before the consultation began with the Head of Service and a follow up meeting involve the Head of Service, HR and their own representative where requested.</p> <p>There were 2 further one-to-one meetings arranged between staff members and the Head of Services.</p> <p>The Head of Service also sought feedback from Service Managers through regular supervision sessions.</p>
Group Meetings	<p>There were a number of group meetings set up with members of the team.</p> <p>10 March 2021 – A meeting was arranged by the Trade Union to discuss the proposals. This meeting was attended by 1 Trade Union Representative and 9 members of the Care Quality Team. The meeting focussed on the impact on Contract Monitoring Officers, Care Quality Advisors and the Care Quality Support Officer Role.</p> <p>9 March 2021 – A meeting was arranged with the Brokerage Team to discuss the proposed selection process for the Brokerage Lead role. This was attended by 4 members of staff.</p>

	10 March 2021 – A meeting was arranged with the Direct Payment Team to discuss the proposed selection process for the Direct Payment Lead role. This was attended by the 7 members of staff.
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Feedback from all of the above channels was included in the consultation response below.

## 2.2 AREAS FOR CONSULTATION

The key area for the consultation were:

- Structural proposals: what are the views of those being consulted about the proposed structures, alignment of responsibilities, functions and approach to meeting the financial restraints of the Council?
- Roles: what are the views of those being consulted about the proposed new roles?
- Selection: what are the views in respect of the proposed selection criteria to the roles proposed?
- Service Offer: What other changes could we make to how we deliver services to Barnet Residents?
- Redundancies: how can the council mitigate any potential redundancies resulting from this proposal?

I have used these areas to group the feedback, as well as adding a section focussed on the consultation process.

## 2.3 OUTCOME OF CONSULTATION AND RESPONSE

I have highlighted the most common feedback from staff below:

- **Structure:** The majority of people supported the theory / principle of the proposals but there were concerns around what this meant for individuals within the team, workload and relationships with care providers.
- **Structure:** There were some requests to re-consider the deletion of the Contract Monitoring posts
- **Process:** There were a number of comments that the restructure was ill-timed and that all information (i.e. Job Descriptions) should have been available at the start of the consultation process.
- **Redundancies:** It was proposed that a more gradual process of change would have reduced redundancies
- **Roles:** It was requested that all JD's were evaluated with the involvement of the Trade Unions
- **Roles:** A number of concerns were raised about the workload of the Care Quality Advisor and Care Quality Support Officer roles.
- **Service Offer:** It was proposed that a 3- and 6-month review should be carried out to review the success of the changes as well as improved engagement with staff moving forward.

## 2.4 CONSULTATION FEEDBACK

The table includes all the feedback provided through the consultation. Both individual and team responses have been summarised and responded to in the table below.

Feedback	Detail	Response	Area
Job Descriptions	All Job Descriptions (JD's) should be available prior to the restructure to allow time to respond and reduce anxiety	Agreed that ideally all JD's should be available at the start of the consultation. Workload pressures meant this wasn't the case and I apologise for any anxiety caused.  The 2 new roles were prioritised to be available at the start of the consultation with the remaining JD's available with 2 weeks for staff to comment and review.	Process
Restructure Timing	The re-structure is ill-timed and would be better post lockdown when people are more resilient	I understand the difficulty of the timing after the hard work all staff have put in over the past year and current lockdown measures.  It was however felt that now was the best time to conduct the restructure to ensure the service was in the best place possible to meet upcoming demands as we move out of lockdown.	Process
Better Engagement	Manager should speak to affected staff before proposing re-structures to understand the service better	The proposals have been developed over the past 18 months and have included feedback from managers and taken into account staff feedback on service delivery.  I accept more engagement would always be of benefit.	Process
Advance warning of changes	The restructure proposals came as a shock and it would be better if teams were pre-warned about the changes	This was considered but it was felt that this would add unnecessary anxiety and uncertainty.	Process
Timing of Expression of Interest in roles	The final consultation report should be published prior to staff having to express an expression of interest (EOI) for roles.	The reason the EOI have been requested prior to the final consultation report is to try and make changes as quickly as possible, reducing anxiety and uncertainty.  It is accepted that there is a risk that if changes are made following consultation that people will have spent time completing EOI that may not be required. On balance this was decided as the better option.	Process

Exploring other options	<p>The risk of losing permanent posts is very daunting and other alternatives should be explored. This could include extending current contracts or a more phased approach to making changes.</p>	<p>I have done everything possible to reduce the risk of redundancies for staff and allow there to be alternatives available for people at risk of redundancy.</p> <p>There are more permanent posts in the new structure than the old structure. Agency / fixed term contracts maybe extended to ensure service consistency until the permanent posts are recruited to.</p>	Redundancies
Re-evaluation of Job Roles	<p>Any new roles and changed roles must be re-evaluated. Some staff are concerned that added content to their roles will not be sufficiently remunerated.</p>	<p>All new JD's or JD's with changes have been evaluated by HR and given an indicative grade. HR will carry out full grading evaluation with the Trade Unions post completion of the consultation.</p>	Roles
Care Quality Advisor - Workload pressures	<p>By merging the two functions, the Care Quality Advisor (CQA) and Contract Monitoring Officer (CMO) the is likely to be a work overload on individuals.</p> <p>There are misgivings the CMO aspects of the role will actually be as low as 30% of the role when colleagues reflect on work needed to effectively monitor the contracts. This includes CM2000 monitoring; quality alerts; members enquiries and a large number of meetings.</p> <p>There are concerns that there are new responsibilities added to the CQA JD but no deletions.</p> <p>It was raised that the Homecare and Supported Living Team is a small team (possibly 3.5 FTE) with a large workload.</p> <p>Other issues raised:</p> <ul style="list-style-type: none"> <li>• Focus on improving the market may suffer if the attention is on reactive work.</li> <li>• Workload could jeopardise appraisals if certain targets are not met.</li> <li>• Risks missing important piece of work e.g.</li> </ul>	<p>There is an increase in the resource across the two Care Quality teams (Care Homes and Extra Care and Community and Supported Livign). Across the two teams there are currently 5 CQA's and 4 CMO's full time equivalent (FTE). In the new role there will be 9 CQA and 1 Support Officer, an increase of 1 FTE.</p> <p>It is estimated that the CMO aspects of the role will be approximately 30% as we change how we monitor care providers. We will keep this under review as we move forward.</p> <p>The CQA role has a lot of responsibilities within the job description. I think the variety in the role is what makes it so interesting but CQA are not expected to do everything within their JD at once. Service Managers will work with CQA to plan what is a priority and what each CQA should focus on, ensuring objectives set as part of the appraisal process are realistic and achievable.</p> <p>I think there is a reduction in risk of missing important pieces of work such as safeguarding due to the consistency of one member of staff working with each provider.</p> <p>Due to Covid, it is likely that events / workshops will not be particularly prominent in the near future, but I hope</p>	Roles

	safeguarding alerts. CQA are already working at full capacity.	in the longer term they will return as they have a really positive impact on the care market. My aim is that we are as pro-active as possible in the future but post-lockdown we may have to be more reactive to support the care market after a difficult year.	
Care Quality Advisor JD	Clarity is requested on whether one of the proposed CQA roles will be to facilitate events / market engagement	Events and market engagement are part of all CQA roles. It is likely each event will be led by one CQA which will be decided in discussion with each service manager.	Roles
Care Quality Advisor - Audits	What is meant by undertaking audits of care providers and what tools will be used?	Audits would be undertaken in different ways depending on the situation and type of care. An example of an audit would be when we have concerns around a care home's care plans or risk assessments. We would arrange a visit and review of a selection of care plans / risk assessments to review the quality of these documents and find areas of concern / for improvement. Other examples may include homecare a review of CM2000 data / carer rota's etc. These audits would inform the risk assessment and improvement plans for care providers.	Roles
Care Quality Advisor - Contract Management Meetings	What will be involved in leading on contract management meetings for CQA?	The CQA will lead in regard to the relationship with the provider (where they are link officer) and for contract meetings will be expected to set the agenda and present key information at meetings on the quality of care. There will be support with these meetings from the Support Officer (arranging the meeting) and chairing (service manager).	Roles
Care Quality Advisor - Quality Assurance Process	How will the Quality Assurance Process work? Will this be through self-assessment and will it involve providers, CQA and reviewing officers?	The assessment will be led by the provider (i.e. self-assessment) but there will be input from the reviewing officer and CQA where suitable. I want to continue to work on our Quality Assurance process to streamline it as much as possible, with the role of the CQA to focus on particularly important areas / areas of concerns with care providers. We will involve the team in further developing this approach.	Roles

Care Quality Advisor - Non-compliance.	How will CQA be able to remedy non-compliance? At the moment only the CMO can impose a visit?	The CQA will be the responsible officer for contract monitoring and will be able to enforce access to any provider we have a contract with.	Roles
Care Quality Advisor - Conflict of Interest	It was raised that although staff can see how initially providers dealing with just one person might look attractive but still feel the balancing act between advising and monitoring will prove too awkward and inevitably will provide an inferior service on the one hand or the other. This will benefit no one.	I strongly believe that a higher quality service will be offered as outlined in the rationale for change.  It will take time for the CQA to adjust to the new role and there will be a shift in relationship as CQA are expected to challenge and support providers but I believe the team have the skills to do this and it will provide a better and more consistent service moving forward.	Roles
Care Quality Support Officer Role	There were concerns raised that the Care Quality Support Officer role will not have capacity to support the two teams due to the workload as well as the level of the role. Is it possible to recruit another Care Quality Support Officer?  It was proposed that the role in discussion is revisited with the team to ensure it will meet the needs of the service.  The number of support officer(s) for CQT Care homes and Homecare area needs to be clarified.	There is one Care Quality Support Officer supporting the Care Homes and Extra Care and Homecare and Supported Living Teams.  I understand concerns in regard to the workload of the Support Officer role. However, due to budget limitations it is not possible to recruit an additional Support Officer without reducing a post elsewhere in the service. Having reviewed all the roles across Care Quality and Customer Finance it was felt the current structure provides the best possible structure within the budget.  The JD has be re-evaluated by HR and given the same indicative grade as outlined in the consultation document.  I will work with service managers and the team to agree the priorities / objectives for the support officer and ensure it supports needs of the service as best possible.	Roles
Care Quality Support Officer Role / Contract Officer Role	The Contracts area of the Care Quality team has not had the same focus as the quality. It is proposed that there needs to be a designated 'Contracts Officer' role that would be placed within the service and focus on due diligence, updating standard contracts as well as variations / novation's.	This is a very good suggestion as you are correct that there is a gap in regard to the administration around contracts.  This Job Description will be reviewed shortly to reflect a more contracts focussed role, including additional responsibilities. The JD will be re-evaluated by HR and required processes followed.	Roles

	I strongly feel that the designated Contract Officer role is essential to the functioning of any LA social care department and the assurance of the legal and contractual compliance		
Contract Monitoring Roles - Review JD	A proposal has been made that the Contract Monitoring posts in the Market Management, Sustainability and Contracts team are replaced with 2 Care Quality Advisor / Quality Assurance Officer role to reflect the work done and align with the changes within other areas of Care Quality.	Having reviewed the JD's for both roles I think that the role responsibilities and skills required for the CQA roles and CMO roles are different.  Post restructure I will work with the Service Manager for this area to ensure the CMO JD is up-to-date and accurately reflects the role moving forward.	Roles
Direct Payment Payments function	Retain payments process within the DP Team. I feel specialist knowledge is required	The Team Manager will ensure that the transition of the payments process for DP's is done in a sensible manner, ensuring that the knowledge required to complete the task effectively is transferred to the new member of the team with responsibility for this area.	Roles
Review success of changes as implemented	Proposal for a review of changes after 3/6 months to establish what has / hasn't worked and ensure workload is manageable for staff.	This is an excellent idea. I will ensure there is both a 3 and 6-month review of the impact of the changes across the service.	Service Offer
Improve cohesion between teams	Staff would like to see more cohesion between teams to allow everyone to work towards the same goal	Agreed. This will be a focus as we move forward in the new structure.	Service Offer
Care Quality - Self-assessments	Self-assessments will require the same amount of evidence gathering/reviewing as the traditional contract management in order to validate a provider's self-rating.  It would be helpful to get feedback from officers who have already carried out self-assessments.	Self-assessments should require less input from the CQA role moving forward. The CQA will be expected to focus on areas of concern / priority and challenge the provider effectively.  The team will work together to further implement (and simplify) the self-assessment process.	Service Offer
Training	Will there be training planned for PAMMS and CM2000?	This will be provided, either through formal routes or informal training and support from colleagues.	Service Offer

Engagement with staff	<p>Staff Morale is low at the moment and I would suggest the following to improve morale and team performance:</p> <ul style="list-style-type: none"> <li>• A half yearly CQ staff survey where staff (anonymous if staff so wish).</li> <li>• An all year open staff suggestion box and, reward staff for any ideas adopted.</li> <li>• Why not have CQ quarterly/half yearly awards too?</li> </ul>	<p>This is a very good point. It is understandable that staff morale is low after the difficulties of the last year. The anxiety around change in the restructure may also not have helped this.</p> <p>I would like to focus moving forward on improving morale and the suggestion of suggestion box, regular surveys and awards is a great one. This will be implemented.</p>	Service Offer
Supportive of changes to Care Quality	<p>The new structure will support a more focused approach to the interaction with the care providers, better support the care market and be more streamlined. It is felt that the concept of the idea is good, Advisors do have overall insight into providers and adding the element of contract monitoring may work.</p>	<p>I am pleased that staff see the benefits of the service in regard to supporting care providers as outlined in the rationale for change.</p>	Structure
Reconsider changes to Care Quality	<p>The proposal should be reconsidered due to concerns around the reduction of posts across the board which will impact on workload and quality of delivery.</p>	<p>The number of posts is not reducing, with the same number of posts in the new structure as are currently in posts.</p> <p>Feedback from the consultation has mainly focused on how the changes are implemented and outright objection to the changes has been minimal. I do not think the proposals should be reconsidered and think the changes can be implemented with a positive impact on quality of delivery whilst ensuring staff have a balanced workload.</p>	Structure
Reconsider changes to Care Quality	<p>Deletion of the contract monitoring officer role is a negative of the changes.</p> <p>The effect of the pandemic on care homes is pointing to significant financial difficulties with provider failure being of chief concern. The CMO role would have a chance of highlighting problems early enabling the local authority to</p>	<p>I understand that the deletion of the CMO roles is difficult, particularly for those within those roles. The CMO's have provided an excellent service to care providers but as the service has changed over time I think that the CQA role will better support the care market moving forward.</p> <p>The CQA role will be able to highlight problems early to ensure the team can intervene in a timely manner.</p>	Structure

	intervene in a timely manner and so mitigate the worst of outcomes.		
How to use and manage CM2000	<p>The Homecare advisors will have the additional function of reviewing CM2000 – can this function be removed so that all the proposed advisors’ roles have an equal matching function? Or is this function going to be allocated to the support officer?</p> <p>A recommendation was made to have a dedicated officer for. Another LA reallocated the Soft Intelligence officer role to the finance team (following a restructure) focusing on running reports and reviewing CM2000 as well as providing detailed analyses. This helped to</p> <ul style="list-style-type: none"> <li>• Claw back funding from providers with accurate actuals information</li> <li>• Helps improve quality of service by supporting providers to understand staff movements</li> <li>• If providers are made aware that money could be clawed back for non-compliance, they will be pressured in ensuring staff are compliant</li> </ul>	<p>CM2000 monitoring can be supported by the Support Officer and there is not justification for an additional dedicated officer for monitoring CM2000.</p> <p>However, I would like to explore how we could better use CM2000 and learn from other Councils work.</p>	Structure
Senior Occupational Therapist Role	I cannot find Senior Occupational Therapist (Community Equipment) post in the existing or proposed structure – this post was vacant for a quite while which we now have recruited to; new post holder will start from w/c 8 <sup>th</sup> March.	This was an error in the proposed structure and has now been added.	Structure
Support of Direct Payment Changes	I support the creation of the DP Lead role to facilitate career progression for members of the DP Team	I’m glad this proposal is supported.	Structure

### 3 FINAL PROPOSALS

#### 3.1 SUMMARY OF STAFF IMPACTED

The restructure will affect posts within the Care Quality and Customer Finance Service Area. There are currently 61 posts (59 FTE) that are filled by 54 individuals (52 FTE), including 2 fixed term staff and 4 agency staff. There are currently 7 vacant posts. The new permanent structure will have 54 posts (52.5 FTE).

There are 6 roles within the service (3 agency staff and 3 fixed term health funded posts which are out of scope of the consultation). The 3 agency posts will end once posts are filled in the structure and the 3 fixed term health funded posts will continue whilst additional funding is available (this is on top of the FTE outlined above).

The impact of the consultation of staff will be:

- 30 postholders will be assimilated into their existing roles
- 13 postholders will be ring-fenced for either their existing role or for a 'lead' role within their service area.
- 5 postholders ring-fenced with the opportunity to apply for 2 roles. All staff will be at risk of redundancy or redeployment.

The document breaks the changes down into two sections, section 2 focuses on Care Quality and section 3 on Customer Finance. Although one service, the document is split in this way as it designed to be as clear as possible for staff who sit within each area of the service.

#### 3.2 CHANGES TO TERMS AND CONDITIONS

As outlined previously, there are no changes to terms and conditions of employment will take place as a consequence of this restructure.

### 4 CARE QUALITY FINAL PROPOSALS

#### 4.1 MAIN CHANGES

The main changes proposed for the Care Quality are as follows:

##### **A. Deletion of Contract Monitoring Officers and change in Care Quality Advisors Role**

It is proposed to delete the 4 Contract Monitoring Posts from the Community and Supported Living and Care Homes and Extra Care Teams. Some of the core functions of the Contract Monitoring Officer roles are no longer required, whilst others will be allocated to Care Quality Advisor or the new Care Quality Support Officer.

The rationale for this change is as follows:

- An increased focus on quality monitoring, rather than traditional contract monitoring, has meant that the role required to effectively quality assure the care market is aligned closer to the Care Quality Advisor role.

- A move to more provider self-assessments has reduced the requirement for a contract monitoring function
- This change allows each provider to have one link officer, who can support the provider through self-assessment, quality assurance and quality improvement process.

The role of the Care Quality Advisor will also change, as they will take on some of the quality monitoring function currently carried out by the Contract Monitoring Officers. This will include initiation, reviewing and challenge of self-assessments completed by providers. This will likely take up approximately a third of the Care Quality Advisors role. The proposed newly created Care Quality Support Officer will support in regard to communications, collating responses, minutes at meetings, KPI reporting and updating the Care Quality Dashboard.

### **B. Brokerage Service Manager and Brokerage Lead**

The Adults and Health Brokerage Team has continued to develop and expand over the last 5 years and therefore it is deemed that due to increase responsibility and staffing levels within the service the area now requires a dedicated Service Manager. It is proposed that the role will be re-evaluated and will be report directly to the Head of Service. There has also been Brokerage Lead role established to provide additional supervision capacity within the Brokerage Team as well as providing more resilience and a route for career progression. The Brokerage Lead role will supervise staff, lead on engagement with wider care quality teams, deal with complex queries and deputise for the Brokerage Manager where required.

### **C. Market Management, Sustainability and Contracts – New Team**

Having reviewed the functions of the service it has become clear that there are particular areas where the service needs more focus and therefore there is a proposal to establish a new service area which focuses on market management, sustainability and contracts. This area will include the contract monitoring of prevention and wellbeing contracts, contract register and due diligence process as well as be responsible for market management and sustainability of the care market. This includes leading across NCL on market sustainability, managing the uplift process and working closely with commissioning to ensure a value for money and sustainable care market.

## **4.2 CHANGES POST CONSULTATION**

There are no formal changes to the structure proposed as part of the consultation at this stage. However, there will be some further actions undertaken based on feedback in regard to the remit / priorities of some roles and the implementation of changes.

### **A. Remit and Priorities of Roles**

The following actions are proposed:

- A review of the Care Quality Support Officer Job Description within the Market Management, Sustainability and Contracts Team to explore changing the role to a 'Contracts Officer' post and expanding the brief of the role.

- A review of the Contract Monitoring Officer Job Description to ensure it accurately reflects the current role.
- Service Managers will engage with Care Quality Advisors to ensure that the priorities and objectives of the Care Quality Support Officer role in the Care Homes and Extra Care Team best supports the team

#### B. Implementation

The following actions are proposed:

- An exercise in engagement with the team post go live of the new restructure to review the team priorities and ensure the changes are implemented effectively to meet these service priorities.
- A 3- and 6-month review of the changes to outline areas which working well and areas where further improvements need to be made.

### 4.3 DETAIL OF CHANGES

Below summarise the key role changes:

Action	Roles	Summary
Delete	4 x Contract Monitoring Officer	The 4 Care Quality Monitoring Officers within the Community and Care Home and Extra Care services will be deleted.  Some of the functions currently carried out by these roles will be allocated to Care Quality Advisors and Care Quality Support Officers.
Delete	1 x Brokerage Officer	A Brokerage Officer post will be deleted and replaced by a Brokerage Lead post.
Delete	1 x Business Support Assistant	Deletion of a vacant Business Support Assistant role. This role has been vacant for 2 years.
Role change	1 x Brokerage Team Manager re-evaluated to Brokerage Service Manager.  Line Management directly to Head of Service	Re-evaluation of the Brokerage Team Manager role to a Service Manager role reporting directly to the Head of Service.  It is proposed the current Brokerage Team Manager will assimilate into the Brokerage Service Manager role.
Role change	1 x Prevention, Wellbeing and Brokerage Service Manager will change to Market Management, Sustainability and Contracts Service Manager	Care Quality Service Manager to lead new team focussing on Market Management, Sustainability and Contracts.  It is proposed the current Prevention, Wellbeing and Brokerage Service Manager will assimilate into the role of Market Management, Sustainability and Contracts Service Manager.

Role change	The following fixed term posts will become permanent:  1 x Business Support Officer (Data Inputter)  1 x Project Co-ordinator	Fixed Term roles where an individual has been in place for over 1 year to be made permanent.  The 2 short term health funded brokerage roles are out of scope for this consultation.
Role change	Minor changes to Brokerage Officer Job Description	Roles will allow more flexibility to work across Customer Finance and Care Quality to cover Financial Assessment where required.
Role change	Changes to Care Quality Advisor Job Description	Changes to the Care Quality Advisor Job Description to include Quality Monitoring / Assurance which is estimated to account for one-third of the role.
Line management changes	Project Co-ordinator role will move to be line managed by the Market Management, Sustainability and Contracts Service Manager	Project Co-ordinator role to become permanent and change of line management. Project Co-ordinator role will support the Service Manager for Market Management, Sustainability and Contracts within their new remit.
New role	1.5 FTE x Care Quality Advisors	Establishment of 1.5 Care Quality Advisors (as well as recruitment to 2 current vacant posts) to support the care market through quality monitoring, quality assurance and quality improvement.
New role	1 x Lead Broker	New role established to provide more supervising capacity with Brokerage team. This role will be Grade I.
New role	1 x Care Quality Support Officer	Establishment of Care Quality Support Officer to support Quality in Care Advisors across Community and Care Homes and Extra Care Services

## 5 CUSTOMER FINANCE FINAL PROPOSALS

### 5.1 MAIN CHANGES

The main changes being proposed as part of the Customer Finance structure are:

#### A. Establishment of a Direct Payment Lead

A Direct Payment's Lead role will be established as part of the new structure to provide additional supervisory and leadership capacity within the Direct Payment team. The role will supervise the Direct Payment Advisors as well as leading on engagement with wider teams across social care and deputise for the Team Manager where required.

Currently the Customer Finance Team Manager (Community) line managers 12 members of staff, the establishment of Direct Payment lead would reduce this role direct line management to 7 staff, with the Direct Payment Lead line managing 5 members of staff. This will allow more supervisory capacity as well as improving opportunities for staff development and resilience.

**B. Increase capacity to support Financial Assessment, Deferred Payments and 12 Week Property Disregard**

There will be an additional Financial Assessment Officer post with the Residential Team to add capacity to completed Financial Assessments for Residential Services, Deferred Payments and 12 Week Property Disregard.

**C. Customer Finance Residential to take on responsibility for Integra Invoices**

There will be an additional invoicing officer who will take on some responsibilities from the agency member of staff working within the team and will also take on the processing of invoices made outside of Mosaic (through Integra). This will initially be for payments above £10k but this will be reviewed on an on-going basis.

**D. Establishment of permanent posts to replace agency**

There will be permanent posts establish within the team meaning that once the service is fully staffed there will be no further requirement for agency staff within the service. This will provide more stability and resilience within the service.

**5.2 POST CONSULTATION CHANGES**

There are no formal changes to the structure proposed for Customer Finance. However, the following actions are proposed as part of the implementation.

- An exercise in engagement with the team post go live of the new restructure to review the team priorities and ensure the changes are implemented effectively to meet these service priorities.
- A 3- and 6-month review of the changes to outline areas which working well and areas where further improvements need to be made.

**5.3 DETAILS OF CHANGES**

Below summarise the key role changes:

Action	Roles	Summary
Delete	1 x Direct Payments Officer	Role deleted. Part of function to become part of Direct Payment Lead role and part of function allocated to Invoice Officers / Financial Assessment Officers.

Role change	3 x Direct Payment Monitoring Officers and 2 x Direct Payment Advisors will become Direct Payment Advisors.	Amalgamation of Direct Payment Monitoring Officers and Advisors. This formalises arrangements in place for past 18 months.
Role change	Minor amendment to Financial Assessment Officer Roles	Roles will allow more flexibility to work across Customer Finance and Care Quality to cover Brokerage Service if / when required.
Changes to line management	Community Resource Office and Support Office will now report to Deputyship Officer	Re-allocation of line management from Team Manager to Deputyship Officer to ensure suitable level of supervision within the service.
Changes to line management	5 x Direct Payment Advisors will report to Direct Payment Lead	Re-allocation of line management from Team Manager to Direct Payment Lead to ensure suitable levels of supervision within the service.
New role	1 x Direct Payments Lead	Establishment of a new role to lead on Direct Payments at Grade I. Role will include supervision of Direct Payment Advisors, oversee delivery of monitoring and lead on engagement with services across Adults and Health
New role	1 x Invoice Officer (Fixed Term)	Additional Invoice Officer role will cover Invoice payments on Integra (currently within Business Support)
New role	1 x Financial Assessment Officer (Community)	Additional role replacing current agency post.

We will also be recruiting to the vacant Community Resource Officer and Financial Assessment Officer within the Residential Team.

All agency posts within the service will end once the new structure is fully implemented.

## 6 REORGANISATION TIMETABLE AND APPROACH

### 6.1 TIMETABLE

The timetable below covers the main timescales for the consultation, selection process and implementation of the new structure. These timescales are designed to ensure sufficient opportunity for staff to be properly consulted prior to formal implementation of the new structure and set out a clear timetable for selection / recruitment to roles where applicable.

The table below includes key dates in the reorganisation.

Date	Activity
18 February 2021	Individual meetings with staff effected by the restructure
18 February 2021	Formal Consultation Opens with Care Quality and Customer Finance Staff
19 March 2021	Consultation closes
22 March 2021	Final date for Expression of Interest for ring-fenced roles
23 March 2021	Consultation response prepared
26 March 2021	Consultation Closure Report and Final Proposals
29 March – 9 April 2021	Interviews for ring-fenced roles
12 April 2021	Committee recommendation for approval
April 2021	Implementation of new structure if approved at Committee

## 7 SELECTION FOR ROLES

The Council has an objective to minimise the potential for redundancies. We do this through identifying at an early stage (opening of consultation) employees who are potentially 'at risk' of redundancy early to whom we will provide access to the Council's redeployment register.

This section outlines the selection process for ring-fenced roles as well as redeployment opportunities as part of t

## 8.1 RINGFENCING AND ASSIMILATION

Prior to the opening of Formal Consultation an exercise was carried out to identify which posts are considered a job match for roles in the new organisation structure.

Where it is identified that posts are a match under Managing Change, and there are sufficient posts within the new structure to match staff to, then these staff will automatically assimilate. A “match” is defined under Managing Change as:-

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

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

There are 3 selection processes as part of the new proposed restructure and the selection for each is through the form of an expression of interest, skills-based interview and technical test (where appropriate). The highest scoring candidates will be appointed in order. The criteria applied are based on the principles of selection as set out in Managing Organisational Change, in that this will be an interview based on the redundancy selection criteria including an assessment of relevant skills and knowledge.

## 8.3 Care Quality Posts

The below table outlines the process for ring-fenced roles within the Care Quality Team.

Posts	Process
Brokerage Lead Brokerage Officers	<p>There are currently 7 permanent Brokerage Officers in post. In the new structure there will be 6 Brokerage Officers and 1 Brokerage Lead. All permanent Brokerage Officers will be ring-fenced for the 7 roles in the new structure.</p> <p>All Brokerage Officers had the opportunity to submit an expression of interest for the Brokerage Lead role by 22nd March 2021.</p> <p>An interview will be scheduled for the week commencing 6 April 2021 for anyone who is successful. The interview will be in a skills-based interview.</p> <p>The scoring criteria for recruitment to the role will be based on the interview (80% score) and EOI (20% of the score). The successful candidate will be informed as soon as possible.</p> <p>If there is a successful applicant for the role as Brokerage Lead then the remaining 6 Brokerage Officers will be assimilated into their current</p>

	roles. If there is not a successful candidate then there will be a selection process for the 6 Brokerage Officer Roles
Contract Monitoring Officers	<p>There are currently 6 Contract Monitoring Officers posts within the service (5 currently occupied).</p> <p>All the Contract Monitoring Officers work on the same job description and therefore there will be a selection process between the 5 officers for the 2 remaining Contact Monitoring Officers.</p> <p>All staff ring-fenced for the 2 CMO roles have confirmed that they want to be interviewed. The interviews will take the week commencing 6 April 2021. The interview will be broken down into two parts, an Excel based skills test and a skills-based interview.</p> <p>The scoring criteria for recruitment to the role will be based on the interview (70% score) and an Excel based skills test (30% of the score). The successful candidate will be informed as soon as possible.</p> <p>Those who are not successful will be at risk of redundancy and have opportunities to apply for other roles within the service area and across the Council.</p>
Care Quality Advisor Roles	<p>There will be an option for the Contract Monitoring Officers to apply for the vacant roles of Care Quality Advisor roles. All Contract Monitoring Officers have had the opportunity to submit an expression of interest for the Care Quality Advisor role by 22nd March 2021.</p> <p>An interview will be scheduled the week commencing 29 March 2021 for anyone who is successful. The interview will be in a skills-based interview and the scoring criteria for recruitment will be based on the interview (80% score) and EOI (20% of the score). The successful candidate will be informed as soon as possible.</p>
New / Vacant roles	<p>There will be a number of new roles (or vacant roles now being recruited to) in the team. These are:</p> <ul style="list-style-type: none"> <li>• 4 (3.5 FTE) x Care Quality Advisors</li> <li>• 1 x Care Quality Support Officers</li> </ul> <p>Those at risk of redundancy within the service will have an opportunity to apply for these roles and go through a selection process prior to the roles being advertised externally.</p>

#### 8.4 Customer Finance Posts

The below table outlines the process for ring-fenced roles within the Customer Finance Team.

Posts	Process
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<p>Direct Payment Lead</p> <p>Direct Payment Monitoring Officer and Advisors</p>	<p>There are currently 3 Direct Payment Monitoring Officers, 2 Direct Payment Advisors and 1 Direct Payment Officer. All 6 roles will be ring-fenced for the 6 new roles. This is 5 Direct Payment Advisors and 1 Direct Payment Lead.</p> <p>All Direct Payment Officers had the opportunity to submit an expression of interest for the Brokerage Lead role by 22nd March 2021.</p> <p>An interview will be scheduled for the week commencing 6 April 2021 for anyone who is successful. The interview will be in a skills-based interview.</p> <p>The scoring criteria for recruitment to the role will be based on the interview (80% score) and EOI (20% of the score). The successful candidate will be informed as soon as possible.</p> <p>If there is a successful applicant for the role as Direct Payment Lead then the remaining 5 ring-fenced staff will be assimilated into the roles as Direct Payment Advisors.</p> <p>If there is not a successful candidate then there will be a selection process for the 5 Direct Payment Advisor roles.</p>
<p>New / Vacant roles</p>	<p>There will be a number of new roles (or vacant roles now being recruited to) in the team. These are:</p> <ul style="list-style-type: none"> <li>• 2 x Financial Assessment Officers</li> <li>• 1 x Invoice Officer</li> <li>• 1 x Community Resource Officer</li> </ul> <p>Those at risk of redundancy within the service will have an opportunity to apply for these roles and go through a selection process prior to the roles being advertised externally.</p>

## 7.1 REDPLOYMENT AND REDUNDANCY

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

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

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

## 8 ADDITIONAL SUPPORT

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

**The Council's Employee Assistance Programme:** Access to free 24 hour telephone counselling and information services at any time of the day or night:

Tel: 0800 716 017; Textphone: 0845 600 5499; Online: [www.healthassured.com](http://www.healthassured.com).

**HR advice:** Where required the Employee relations team can provide some on site advice, via Stephen Cranfield ([Stephen.cranfield@barnet.gov.uk](mailto:Stephen.cranfield@barnet.gov.uk)).

**Preparation:** We will offer the team the opportunity to access support to prepare for CV writing, applications, interview preparation.

**Trade Unions:** You can talk to the Trade Unions by contacting Unison at [contactus@barnetunison.org.uk](mailto:contactus@barnetunison.org.uk) or on 020 8359 2088 or Mary Goodson at GMB at [Mary.goodson@gmbactivist.org.uk](mailto:Mary.goodson@gmbactivist.org.uk) or on 07908988051.