CMT Report Template

Date of meeting: 18th April 2018	**Agenda Item:**	
Title of report:	**Adult Social Services Transformation - Proposed New Operating Model**	
Lead Director:	Nick Ireland	
Lead Officer:	Sandra Roche	
Contact Officer:	Patrick Hopkinson	
To which strategic Directorate does this item relate?	Chief Executives	
	People Services	X
	Environment, Housing and Regeneration Services	
	Resources	
Is this item for:	Information only?	
	Discussion?	
	Decision?	X
If this report is for decision, please list the recommendations that you are making to CMT	1. Note the strategic context for the delivery of the Adult Social Services vision and specifically how a new operating model, comprising a new structure and new ways of working is being developed.	
	2. Agree to the proposed New Operating Model in order to **commence consultation with Adult Social Services 30th April 2018**	
	3. Agree to the proposed new roles within the proposed new model	
Is this report intended to…	Come back to CMT?	**X**
	Go to Leader's Strategic Team?	
	Go to Committee?	
	Go to Council?	

Purpose of the Report and Executive Summary

This paper sets a new proposed operating model, comprising a proposed new structure and new ways of working, for Adult Social Services. Adult social services will restructure into **multidisciplinary community teams aligned with NHS services and in addition an all age learning disability service**. However the structure is only the beginning of the change process. Adult Social Services will make **lasting changes to ways of working, focussed on helping people to help themselves, and building community assets with the aim of making adult social services sustainable in Sutton**.

The **model aligns to the Sutton Plan vision** 'We want to sustain and develop the good quality of life, access to decent jobs and services, and strong communities that we know are Sutton's strengths. Ensuring that these benefits are shared by everyone in our community, tackling the inequalities experienced by some of our residents'.

The proposed model **has been tested against Adult Social Services design principles**, which provided the strategic direction for the transformation and **tested against the benefits we are seeking**.

The model **covers the whole of Adults Social Services (120 FTE), excluding START, Service Standards & Planning and Children with Disabilities**, will be in life long service.

The workforce is the largest asset we have available to influence the more than 80% spend on packages of care. By **maximising the efficiency** of the current resources, adjusting the **balance of resources** between teams and **investing in new resources** where required, we **can improve the customer journey** and also enable them to focus more on improving the independence of people in Sutton. The **benefit of this change will be realised primarily through better demand management**.

The model is **contained within the current establishment financial envelope**.

Strategic Context and the Case for Change

The scale of the adult social care challenge is such that Councils across the country are facing unprecedented financial pressures For example, in June 2015 the Local Government Association calculated that the need for Councils to make budget savings, combined with growing demand and rising costs, would result in a £4.3 billion funding gap by 2021. Councils will not be able to continue to meet the needs of the most vulnerable adults unless they make significant changes to the way they deliver adult services.

The demand for Social Services is increasing, with the number of Sutton residents aged over 65 years increasing by 3.6% between 2015 (30,200) and 2018 (31,300), and Poppi predicting a further increase of over 13% between 2018 and 2025 (35,500). This reflects the national picture of the ageing population living longer and we must address the needs of each individual as they arise. It is a sad reality that as people age they are more likely to require increasing levels of support, with research predicting that the number of people living with disability will increase by 25% between 2015 and 2025.

Similarly, the already increased life expectancy of people with complex and multiple disabilities (which is predicted to increase by a further 15% between 2015 and 2025) and the higher than average number of people with learning disabilities in Sutton due to the legacy of Orchard Hill Hospital puts growing chronic pressure on adult social services.

In terms of legislation, the Care Act (2014) has increased the responsibilities of local authorities, not least in relation to carers and self funders, but has also offered opportunities to better manage demand that the current adult social services structure and ways of working have not been able to fully realise particularly in the area of preventing, reducing or delaying the need for services. The funding gap is acknowledged as a national crisis and until a new national funding settlement is achieved, we must find new ways to close the gap from the bottom up.

Additionally, the drive to greater integration between NHS health services and adult social services requires a structural realignment, a strengthening of professional identity and a change in the allocation of human resources to ensure that social services and health services fit together and that social services ethos of enablement and empowerment is sustained.

To do nothing is not an option. Legislative changes, demographic pressures and budget challenges mean that to continue to operate in the current manner is unsustainable.

Development of the proposal

A new operating model is proposed, that responds to these changes and pressures and comprises a new structure for adult social services and ways of working. Together these will enable more sustainable adult social services to be provided in Sutton.

The proposed operating model in this report is the outcome of:

Local policy context

Alongside the alignment with the Sutton Plan, the proposed structure further aligns with:

- The place-based vision of Sutton Place: We want to make adult social services more aware of and responsive to the needs of local communities and to use the statutory and voluntary resources in those communities to help people to meet their own needs.
- Smart Place: We will make the most use possible of assistive technology to increase the independence of people and their participation in their communities.
- Sutton Health and Care: We will align ourselves with health structures in order to enable further integration between health and social services. This will enable closer joint working and co-location.

Our emerging, shared vision will promote the following:

- A better quality of life and opportunity for all residents:
    - Enshrining the principle of equality of access to services for all residents and all communities across the borough;
    - Empowering people to take part in the decisions that affect their lives and those of their families.

- A coherent system of health and social care that is shaped around the needs of Sutton's residents:

    - Collaborating on a better system of health and social care that provides responsive, seamless, personalised and affordable services for all of those who need them – reducing the need for expensive in-hospital care;
    - Further promoting single point of access services that are easy to navigate and offer the right care at the right time;
    - Building upon existing initiatives to increase individual and community resilience.

This is underpinned by having a secure PRIDE in our Social Work, Occupational Therapy and other health professions approaches (including Admiral Nursing; Learning Disabilities Nursing, Speech and Language Therapy, Physiotherapy, Behavioural Analysis and Support, Creative Therapies, Clinical Psychology and Counselling Psychology). PRIDE represents the Council's key values and principles that our staff will use in creating positive change for adults in Sutton.

- People-focused: ensuring that adults and their families are at the heart of assessment and individualised planning to deliver better outcomes;
- Responsible: working in an open systemic way with adults, their families and partner agencies to find solutions, manage their difficulties and feel empowered to participate fully in decision making processes;
- Innovative: tailored assessments and plans, underpinned by collaborative working that improve outcomes, maximises resources and provide value for money;
- Diverse: ensuring that we recognise that every adult and family have differing needs, and we seek to act fairly in any judgement we make;
- Enterprising: collaboration with partners, key stakeholders and agencies in a systemic way to create solutions, manage risk to deliver better outcomes.

Adult Social Services proposes new ways of working based on four key elements:

- Move away from transactional models of care towards more community, home-based, peer-led models of support by rebalancing the model to outcomes, adopting new ways of working that are flexible and responsive when needs fluctuate and providing locality support whereby professionals (council and partners) focus on prevention and early intervention for both carers and users; connecting people to the most appropriate service for their need at that time.
- Reinforce relationships and community connections by focusing on the quality of relationships and strengthening resilience between users, those who support them and their community by providing good information and advice, appropriate to need. To empower them to live healthy, long, fulfilling lives, with

access to high quality formal health and social care services where appropriate to need.

- Help providers, users and carers to be better at long-term planning, managing and supporting demand rather than rationing supply in order that we reduce dependency and be about what they can expect from the Council. When people do need care and support, we provide services that are personalised, of good quality, that address mental, physical, and other forms of wellbeing and are joined up around individual needs and those of carers. Services that help people get back on track after illness or support people with disabilities to be independent.
- A system that prevents people becoming stuck in services and moves them onto successful independence by recognising that, regardless of age or disability, when people enter the adult social care system they do not necessarily have to remain within that system but rather through review, to ensure that any care and/or support continues be at the appropriate level.

The Adult Social Services Operating Model:

This new operating model has been tested against the following design principles, which provided the strategic direction for the transformation and has been tested against the benefits we are seeking:

- Investing in independence to ‘help people to help themselves’;
- Delivering robust demand management;
- Creating community collaboration and shared responsibility;
- Providing the right culture and behaviour;
- Demonstrating financial sustainability.

Other principles that underpin the the new ways of working, supported by the new structure, include:

- The role of the Council is not necessarily to ‘do for’ but to do everything in its power to facilitate and enable the community to achieve healthy, fulfilling and long lives and to work with voluntary and statutory partners to do this;
- The service user journey starts from a wider population focus recognising that individuals are part of the wider community, that healthy lifestyles are integral to living healthy, long and fulfilling lives;
- Integrate social and health services to provide a more joined up response to needs;

- The first point of contact will be community based and offer information, advice, community solutions and simple aids and assistive technology. People will have early access to information and advice and will be supported to self manage;
- Increase efficiency by making every contact count. People should be assessed only once and should have to tell their story once;
- A ‘strengths based’ approach, building on people’s assets and strengths, rather than a ‘deficit’ model which focuses on what people cannot do;
- Focus on early intervention/prevention and on reablement/enablement to promote independence and reduce reliance on long term care. Multi disciplinary triage will offer a range of reablement/ enablement services, promoting independence and delaying and reducing the need for ongoing care;
- Connect or reconnect people with their support networks and their community, providing high quality information and advice, with the outcome of promoting good health and wellbeing;
- Wherever possible not to make longer-term decisions and/or commitments about someone‟s care while the person is unwell or in crisis;
- A continued focus on improving our commissioning and driving up the quality of local services and the development of the local market which supports the requirements of place shaping under the Care Act;
- Commission flexible and responsive services when needs fluctuate and not to over supporting people, which undermines their confidence and abilities;
- As far as possible, no more residential care for working age adults.

The new operating model consists of both the new structure and the new ways of working.

The Proposed Structure - Localities Model Explained

- The proposal is to have three locality services and an All Age Learning Disabilities Service. The three locality services will work with younger and older adults with mental health problems, drug and alcohol problems, physical disabilities and dementia; in fact all client groups except adults with learning disabilities. There will be no separate mental health, adult safeguarding or community social work teams since these specialisms will be incorporated within the localities.
- There will be leads for adult safeguarding (and a safeguarding board manager) mental health, carers, Approved Mental Health Practitioners and Deprivation of Liberty Safeguards and these leads will work with commissioning colleagues and the new quality management framework.
- Budgets will be aligned to the four service areas bringing clarity and accountability that has been eroded over previous complex restructures.

- The localities will match the three CCG/GP geographies: Sutton and Cheam; Carshalton; and Wallington.
- As well as being coterminous with NHS localities that form part of Sutton Health and Care, these localities are, with the exception of one ward, coterminous with Children's Social Services localities. This will not affect transition from children's to adults services since this will be managed by the All Age Learning Disabilities Service which will operate across the borough.
- The All Age Learning Disabilities service will work with children with learning disabilities and with physical disabilities and with adults with learning disabilities within and out of the borough of Sutton, including safeguarding interventions.
- The benefit of the locality model is primarily to increase efficiency and effectiveness and to manage resources safely and effectively. It will also prepare adult social services for further Integration with NHS health services. The locality model is central to the proactive component of Sutton Health and Care.
- Deployment of staff within the teams in the new structure will be based on workloads recorded in the last twelve months.
- Allocation will take into account locality variations in demands for specific activities and will provide the capacity needed to manage activities including safeguarding, reviews etc.
- Initially, the First Response teams for the localities will form a shared team that will respond to new clients, adult safeguarding concerns and the need to carry out assessments under the Mental Health Act (1983). With time, it is envisioned that each locality will have its own multi agency "access point" for both health and social care.
- The First Response will be front loaded with resources in order to create the capacity and space for officers to help people to find solutions to the problems people bring to services rather than defaulting immediately to statutory assessment.
- Similarly, there will be a joint duty system for the All Age Disabilities Service which will include children with disabilities, adults and learning disabilities and learning disabilities clinical health.
- Staff will rotate between First Response/ All Age Disabilities duty and longer term work in their service.
- The Hospital Team will retain a presence at St Helier under a designated team manager however its staff will also be linked to the localities since no-one lives at the hospital, and discharge planning requires confident local knowledge. The team manager will report to the Head of Service for the Carshalton Locality (since St Helier Hospital is in Carshalton).
- The Mental Health Team will be integrated with the localities in line with the principles of The Five Year Forward View, which envisages a breaking down of

barriers between social services, mental health and primary care, with increased locality based leadership.

- The creation of the All Age Learning Disabilities Service combining the Children with Disabilities Service, 0-25 young persons with disabilities team; the assessment Transitions and Accommodation Review Team and the Learning Disabilities Clinical Health Team is in response to the need to further control demand for, and expenditure on, services for adults with learning disabilities, which totals 60% of the commissioning budget.
- The creation of the All Age Learning Disabilities Service will assist internal partnership working between children's and adult services and category management. This will assist in developing a better understanding of individual needs and commission priorities to meet them leading to improved transition planning and efficiency. The life long service will also enhance accountability for expenditure on adults with learning disabilities.
- The Learning Disabilities Clinical Health Team is funded by Sutton CCG under a contract with the London Borough of Sutton. The new structure will be more conducive to working with Sutton CCG since as part of the All Age Learning Disabilities Service, the Learning Disabilities Clinical Health Team will assist with maintaining a better grip on expenditure and the effective commissioning of services. There will be no changes to this team.
- The admiral nursing service will remain unchanged with a grade 6 nurse in each locality and the team manager/nurse consultant reporting to one of the locality heads of service. The service will continue to drive improved outcomes for people living with dementia and their families through its role in education and practice development within the multi-agency environment.
- Staff resources will be allocated flexibly and responsively to demand, ensuring that managers in the localities have the ability to apply resources according to changing needs and priorities. All casework and statutory functions will be delivered within the four service areas and there will be no 'wrong' client for the teams. This is a unique strength of the proposed model compared with the current combination of location, client group and function based teams. All social workers, occupational therapists and assessment officers already have generic role profiles, so the human resource implications of this change are minor. To mitigate any perceived or actual loss of specialism from the move to multidisciplinary teams, staff will be encouraged to maintain and develop their specialist areas of practice via the establishment of formal practice forums.
- This proposed structure will support the new ways of working by reducing the fragmentation in the customer journey and the silo working caused by specialised roles and small specialist teams. We want more engagement with people who come to adult social services with the aim of helping them to help themselves. We want to reshape the relationship between vulnerable adults

and Sutton Council. The intention is to move away from ‘conveyor belt social work’, with fewer hand-offs and more focus on professionalism. The emphasis is on keeping what we do as simple and flexible as possible and to make the most of different skills and professions to do this.

Ways of working

The interface between the ways of working and the structure

The localities will have two main functions:

a) Providing a robust first response focussed on prevention and reablement, both physical, social and psychological, to people who don’t currently receive long term statutory support; and
b) casework for long term clients including reviews and safeguarding interventions with existing clients.

Two team managers are required for each locality in order to provide sufficient management capacity to ensure the required system leadership for client groups and functions is provided, as well as delivering equitable reporting lines. Each of the localities and the lifelong LD service will be responsible for all residents in their area eliminating handoffs between teams. The split of management responsibilities in the three localities will be covered by the consultation; current thinking is that the management lead could be split between first response and review or casework and safeguarding for instance. Staff will generally be expected to rotate through time spent on duty providing the first response and on planned casework. Within the LD service there will be a manager for 0-25 and a manager for over 25s.

The team managers of each locality will prioritise incoming and longer term work together, provide cover in each others absence and represent the service in multi agency settings in accordance with their specialist areas of practice. They will allocate staffing resources and time in order to meet demand and priorities. This collegiate working by the team managers will lead the way in which the localities operate. Each locality will have the benefit of a multidisciplinary team approach, eliminating the need for internal referrals.

A robust duty system will operate ensuring sufficient visiting officers to respond rapidly to need and enhance our effectiveness in prevention and reablement. Staff will rotate between duty and casework in order to support a shared sense of responsibility and to learn about the impact of decisions made at different parts of and throughout a person’s journey with us. Learning from experience will be shared

within and between the localities and use will be made of the interests, expertise and strengths of staff to provide person-centred services.

Ways of working need to be simplified to provide flexibility to respond to the nuances and complexity of the problems that people bring to us, rather than to fit them into predetermined workflows. The current workflow arrangements as illustrated in diagram 1 show that each workflow sits separately from another and leads to a number of discrete episodes. This imposes a linear rigidity to the unpredictable, episodic and often circular nature of the problems that people bring to services. It also means that practitioners spend time on finding “work arounds” in order to make workflows fit with real life.

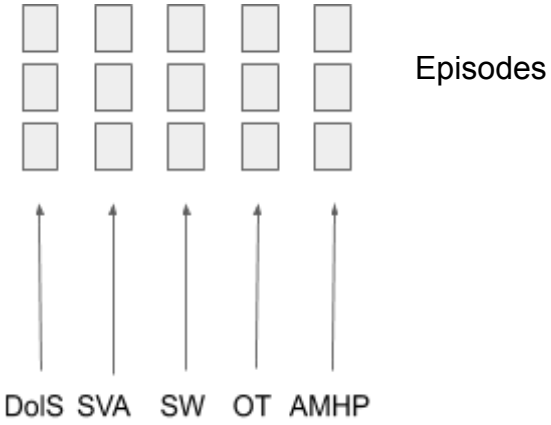
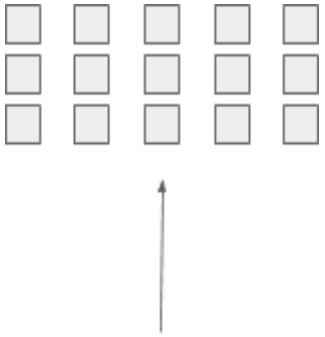


Diagram 1: Current workflow arrangements

Our aspiration as illustrated in diagram 2 shows that practitioners are able to select the workflows and episodes that are required to, in their professional judgement, meet the needs rather than be driven by them. This will mean that assisting people to find solutions to their own problems will be foremost in practitioner’s minds rather than deciding which workflow to fit them into.



Practitioner

Diagram 2: New workflow arrangements

Current workflows are focused on internal specialities and not on the client journey. This results in unnecessary workflows, handoffs and duplication of effort to enable access to appropriate episodes. As well as creating delays and additional unproductive tasks, it also reduces clarity of records which impairs oversight. The iMPOWER review identified this as a primary issue which is illustrated in diagram 3.

New processes will be designed to allow access to the right tool at the right time while improving oversight of performance and enhancing the management of risks.

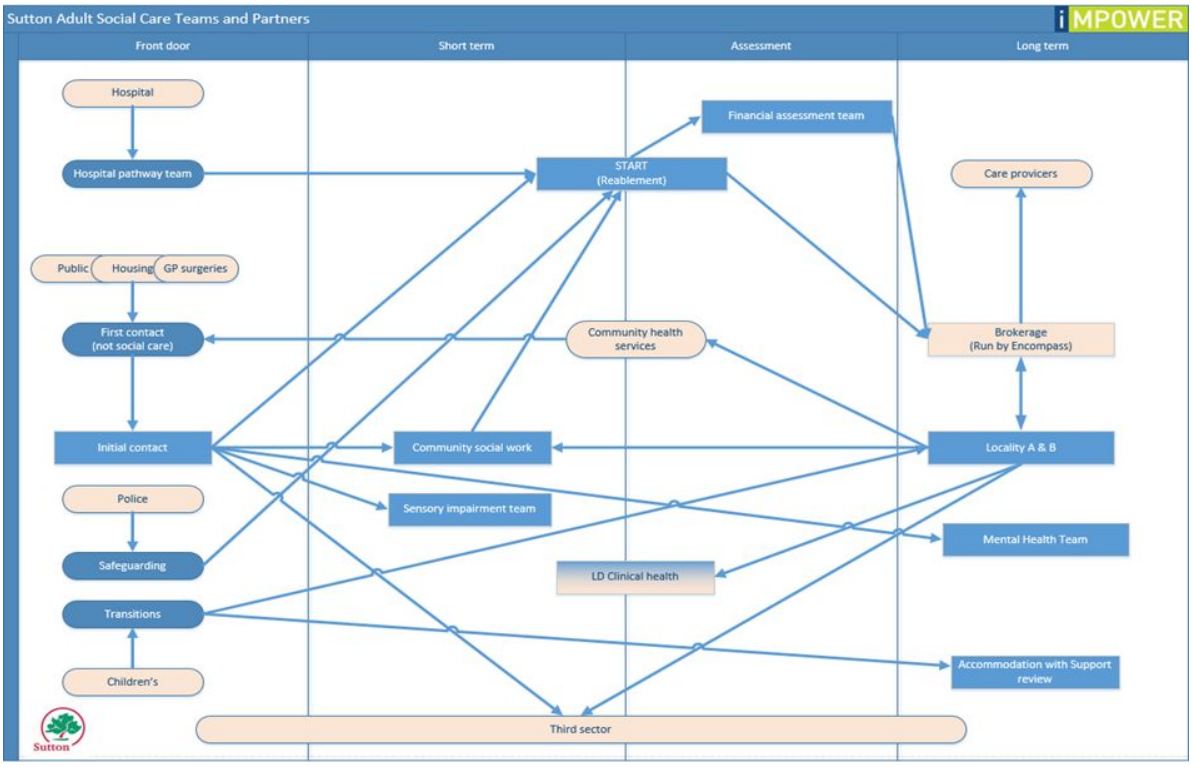


Diagram 3: iMPOWER workflow analysis

Freeing practitioners from process restrictions will require increased managerial oversight and grip as well as greater professional accountability and ownership amongst practitioners. This will require the creation, monitoring and enforcement of practice standards.

New ways of working will be introduced in a phased approach. Improvements will release resources which can be redistributed to other areas. This is enabled by the agile and iterative approach of the proposed structure.

Structural and process improvements are intended to release time and resources to enable the utilisation of strengths based approaches. Evidence suggests they can produce good outcomes and reduce the need for local authority commissioned care and support, and therefore deliver of savings. A number of these approaches have been explored, including: Three Conversations, Restorative Practice, Family Group Conferencing and Motivational Interviewing. Piloting has been initiated within the current Learning Disability team.

Progress has already been made on new ways of working, for example in, simplifying occupational therapy processes; revising the adult safeguarding process and in piloting strength based approaches. The development of this work will continue as we embed the proposed structure.

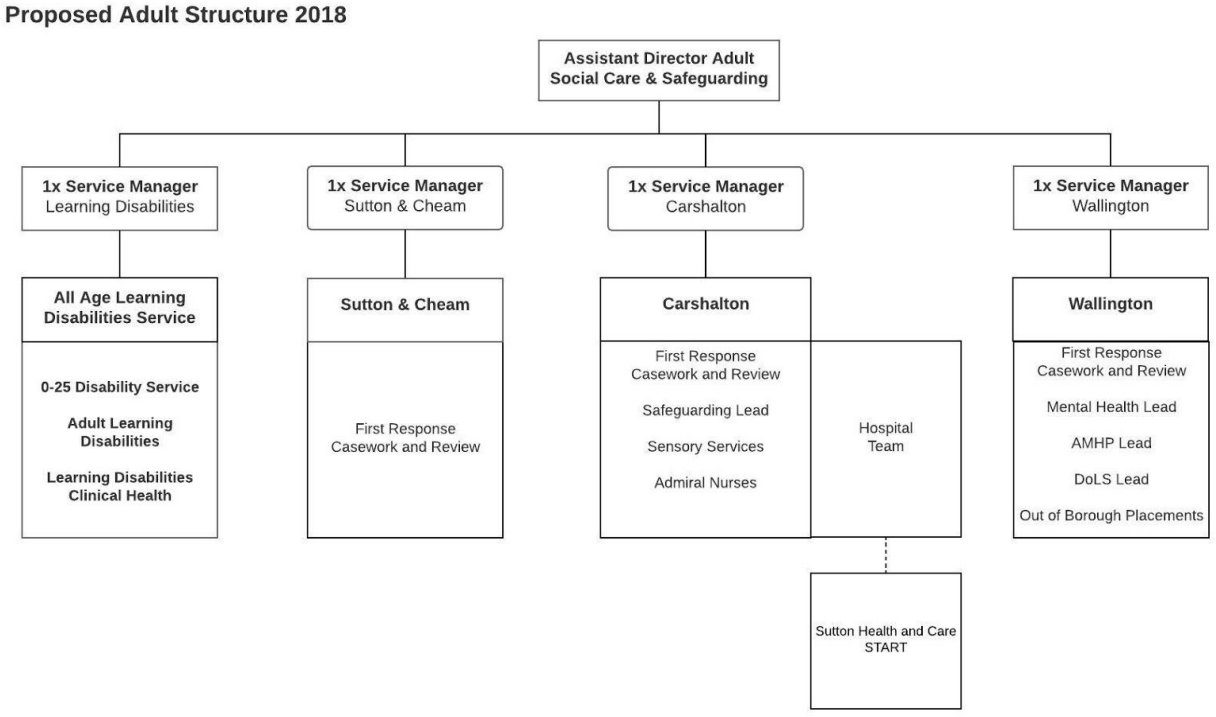
The iMPOWER review and manager interviews in the model development have identified management capacity issues within the service, both as a result of increases in throughput and self-serve tasks. The review of the Business Support service and solutions available with systems such as Google provide an opportunity to streamline and aggregate tasks to release time.

Staffing - Key Considerations:

- There is unmet community need for early assessment and reablement intervention resulting from the incessant focus of Department of Health and National Government on supporting discharges from acute hospital. Whilst START will become a part of Sutton Health and Care provider alliance LB Sutton needs to retain capacity to support referrals from the community and therefore we will create a number of grade 7 Homecare Assessor roles in each locality. These roles require practical, hands on assessors skilled in moving and handling and enablement, they will not be tasked with statutory assessment.
- There is also a need to enhance rapid access to OT equipment and assistive technology, to reduce and eliminate waiting lists as far as possible. One option being evaluated is to deliver through a high street shop and assessment centre. Capacity is also proposed to be enhanced with the creation of four OT/ OTA apprenticeships, which also recognises the need to develop a much needed career pathway in health and social care.
- We will maintain the current complement of highly effective Assessment Officers and continue the trusted assessor programme developing their skills to undertake and record both social work and therapy based simple assessments and reviews.
- Professional nurses, Occupational Therapists and Social Workers will be deployed to the complex areas of work where their knowledge and skills are

needed, for instance safeguarding and the Court of Protection/Mental Capacity Act.

- Community Development workers will be recruited, initially on a pilot basis to develop our knowledge and understanding of the strengths and needs of each of the localities. This work builds on previous projects within both the wellbeing division and community social work within Adults. Given the exploratory nature of this project these posts will be open to secondment from any grade and discipline - it is the skills and enthusiasm for new ways of working which is essential rather than any professional skill set.
- The proposed new structure and a description of the changes to posts is as follows (see appendix 1 for the current structure):



Proposed Restructure and Changes

The current Adult Social Care structure has an establishment of 239 FTE, with 192 FTE in post (237 staff members) as of January 2018. In order to implement the new structure, changes to the staffing establishment are required.

The following staff are out of scope of this review:

- 10 posts in Service Standards and Planning. These staff will form part of the wider Council's commissioning review.

- 88 posts in the START team, 23 of which are vacancies. These staff will form part of the Sutton Health and Care provider alliance.
- 25 posts in the Children with Disabilities team, 5 of which are vacancies. These staff will be incorporated in the All Age Learning Disabilities Service.

The consultation proposes the deletion of ten posts, three of which are covered by existing vacancies. The remaining seven Advanced Practitioner posts will be at risk, although five posts at equivalent grade will be created for competitive assimilation from this group. Therefore a maximum of two post holders will be at risk of redundancy in the consultation process, with opportunities within the process to mitigate.

Meaningful consultation will be undertaken in line with the Council's Redundancy Policy and Procedure. An Integrated Impact Assessment (IIA) to assess any disproportionate impact on groups of affected employees with a protected characteristic (e.g. disabled employees) has also been undertaken.
The changes to the establishment will fit within the staffing budget and are summarised in table 1.

Table 1: Summary of in scope staffing establishment changes

Role	Posts (FTE)				Impact
	Current	Vacant	Proposed	Change	
Team Manager	8	0	8	0	
Assistant Team Manager (ATM)	9	1	13	4	Four new ATM posts created from existing AP roles.
Advanced Practitioner (AP)	7	0	0	-7	Opportunity to convert AP roles to ATM roles, deleting two AP roles in order to fill the vacancies in ATM positions and resource the creation of additional posts below
Social Worker	51	10	48	-3	3 Posts deleted to resource new posts below.
Occupational Therapist	11	1	11	0	No change
Admiral Nurses	4	2	4	0	No change
Manual Handling Advisor	0	0	1	1	Currently an AP
Assessment Officers	25	4	25	0	No change

Sensory Services	3	0	3	0	No change
Safeguarding Coordinator	1	0	1	0	Vacant, regraded to ATM
Homecare Assessor	0	0	6	6	New role
Community Development	0	0	5	5	Secondment opportunity open to existing staff, (new positions but not back filled)
Occupational therapy/ assistive technology Apprentices	0	0	4	4	New role
Totals	**119**	**18**	**124**	**5**	

Note: two Hospital Team social workers and two Hospital Team AOs in are included in Sutton Health and Care and are therefore excluded from these figures.

The financial implications are shown in Appendix 2.

Delete Adult Safeguarding Board Coordinator (Grade 10) and establish Adult Safeguarding Board/Learning and Development Officer (indicative Grade 9 tbc)

This post is vacant and is temporarily filled by a social work team manager.
The proposal is to disestablish the post of Adult Safeguarding Board coordinator and create a new post of Adult Safeguarding Board Manager/ ASYE Coordinator at grade 9 (Assistant Team Manager). Discussions are taking place with the People Directorate Business and Professional Development Team to share resources in safeguarding board coordination as well as in learning and development.

Create 6 Homecare Assessors (Grade 7)

Six Homecare Assessors have been established to enhance the first response to people's needs. These are funded from the disestablishment of 3 vacant social work positions

Community Development Workers (Grade TBC)

Five secondment opportunities for up to 18 months duration will be offered, four for officers to work within each of the localities and one in the All Age Learning Disabilities Service, to identify and promote community resources and identify and respond to gaps in provision as a means of preventing, reducing and delaying need. There will be no backfill for these positions and therefore they will fit within existing resources. Our preferred approach is to invite candidates from all grades and disciplines to apply for the secondment in recognition that the skill set required is not reflected in existing role descriptions but exists within the staff team. Two workers

will be allocated to the Sutton & Cheam locality and one to each of the other localities, which reflects the relative number of service users in each area. The Community Development Worker in the All Age Learning Disabilities Service will work across the borough to increase the access to, and use of, community resources and existing universal and specialist services by people with learning disabilities.

Adult Social Services Apprenticeships (Apprenticeship grade)

Four Apprenticeships will be created to provide entry level opportunities and training in the work of adult social services, with a particular emphasis on gaining experience and skills in occupational therapy and assistive technology. Our aim is to create an equipment and assistive technology hub in the high street making preventative solutions readily accessible to all residents and potentially adopt a retail model for equipment provision as well as a local 'rapid response' store facility. Two apprentices will be allocated to the Sutton & Cheam locality and one to each of the other localities, which reflects the relative number of service users in each area.

Advanced Practitioners (Grade 9)

Due to changes brought about by the People Plan, Advanced Practitioners and Assistant Team Managers are on the same pay scale, despite the original intention that Advanced Practitioners would be on the grade below Assistant Team Managers since Advanced Practitioners did not have management responsibilities.

The aim of the Advanced Practitioner role was to have "experts" in certain areas of practice identified in the Care Act (2014) with no additional management responsibility. In reality there are few experts by profession or training and a number of Advanced Practitioners operate in the same role as Assistant Team Managers do, managing staff. This means that the reason for having Advanced Practitioners as a separate role from that of Assistant Team Managers has been undermined and raises the question of whether or not Advanced Practitioners are required.

The variation in the scale of the current teams has resulted in an inequitable distribution of staff-to-manager ratios across the teams. The new structure provides an opportunity to narrow and standardise the range of management ratios and to further strengthen this with the transfer of some of the Advanced Practitioner roles to Assistant Team Manager roles.

The proposal is to delete all 7 Advanced Practitioner positions (Grade 9) and convert four to ATMs (Grade 9) and 1 to a Manual Handling Advisor (Grade 9). The ATM role

profile will change to include leadership in a specialist area, such as Deprivation of Liberty Safeguards, Approved Mental Health Practitioners, Sensory Services and Continuing Health Care. Additional training and support will be provided to assist in the development of management skills.

In order to minimise the risk of redundancies, a freeze on recruitment has been put in place since the end of January 2018 and there is currently one vacant Assistant Team Manager position. The Adult Safeguarding Board/Learning and Development Officer position will be create another vacancy at Assistant Team Manager level. These posts will be open to affected staff and may be considered as suitable alternative posts.

Performance and Quality Assurance

The demands and aspirations of the service require further development of the performance management and quality assurance systems. Performance data will need to be tailored to support managers oversight and accountability for the performance of their teams.

Quality assurance systems will need to be enhanced to ensure consistency across the service and identify where performance can be enhanced. Systems including auditing processes will feed into practice development, training requirements and ensure continuous service improvement.

Post Restructure Learning and Development

Where possible all reasonable steps, including mentoring, supervision, support and training will be provided to assist with assimilating employees into the proposed new structure, roles and ways of working.

A learning and development plan is being created to support staff to make and sustain the necessary changes in practice. This will include training in specific validated techniques such as motivational interviewing as well as on the job learning including shadowing others in their work to learn from them. Practitioner Forums will be established to develop and maintain skills in specialist areas of practice including adult mental health, adult safeguarding and Deprivation of Liberty Safeguards.

Evaluation

The new adult social services model will require time to bed in before it can be fully effective. Performance for 2017/18 will be used as a baseline to measure the success of the new adult social services model against. However, new performance indicators will be created to assess the extent of change and will include both financial and practice measures.

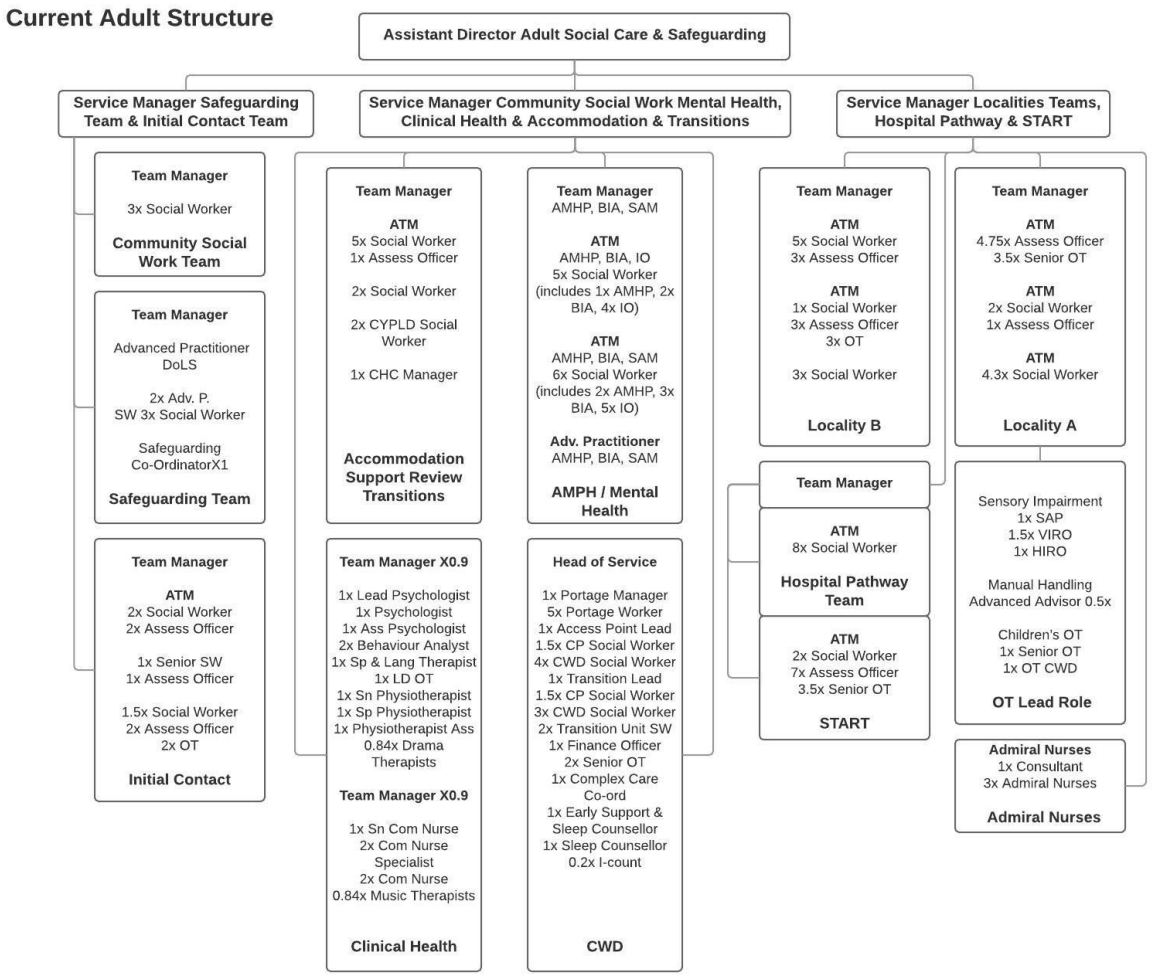
Change implementation approach

The project will be incremental in approach and will introduce changes over the next 18 months to 2 years through three project phases:

Phase 1: staff reorganisation and ongoing review and revision of existing ways of working (timeline below);
Phase 2: review of phase 2 with continued implementation of new ways of working to support staff reorganisation;
Phase 3: Health and Social Care integration.

PHASE ONE TIMELINE	
Period	**Activity**
Jan 2018	Pre-consultation: Structure & ways of working development New ways of working being implemented Task and Finish Groups initiating work on refinement of ways of working and testing structural changes through quick win projects.
Feb - Mar 2018	Pilot of strengths based practice in mental health team and in accommodation and review team Task and Finish Groups continue to identify changes to OT and adult safeguarding processes and implement as and when possible.
30th Apr 2018	**Restructure: Staff consultation begins** Task and Finish Groups continue throughout consultation and during implementation and review.
1st June 2018	**Restructure: Staff consultation ends** Restructure: Assimilation and appeals process Consultation will incorporate workshop with partners facilitated by Collaborate Retendering: Work to transfer from old homecare framework providers to new ones completed. Retendering: Work begins on retendering supported living and housing with care services.
11th June 2018	**Final decisions follow outcome of the consultation.** Management response to the consultation.
16th July - Nov 2018	**Restructure: 1st phase of new ways of working and localities** Locality structure implemented and staff moved to new management. Retendering: Work continues on retendering supported living and housing with care services.

Appendix 1 - Current Structure



Appendix 2 - Costing of staff changes

Option	Post	Cost	Number	Budget
New Role	Homecare Assessor	33,955	6	203,729
Deletion of 2 AP roles	Advanced Practitioner	54,677	-2	- 109,354
Delete the SVA Lead role and create as an ATM role to cover lead & ASYE responsibilities	Team Manager	65,831	-1	- 65,831
	Assistant Team Manager	54,677	1	54,677
Apprentice Opportunity	OTA Apprentice	13,000	4	52,000
	Apprentice Training package	4 x 2,500		10,000
Balance budget	Social Worker	46,048	-3	- 138,145
TOTAL			**5**	**7,076**