# APPOINTMENTS AND CONDITIONS OF SERVICE COMMITTEE 21 MAY 2013

Title of paper:	Transformation / Modernisation of Adult Social Care Provision Directorate					
	(Phase 1 Completion and Pro	gress on				
Director(s)/ Corporate Director(s):	John Kelly Corporate Director Communiti	es	Wards affected: All			
Director(s)/ Corporate Director(s):	Elaine Yardley Director for Adult Provision & Health Integration					
Portfolio Holder(s):	Councillor Jon Collins – Leader Health, Commissioning and HR  Councillor Dave Liversidge Portfolio Holder for Housing, Adults & The Community Sector					
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Other colleagues who have provided input:	Bridget Donoghue HR Business Partner					
Relevant Counc	cil Plan Strategic Priority:					
World Class Not	tingham					
Work in Nottingh	nam	✓				
Safer Nottinghar	n	✓				
Neighbourhood		✓				
Family Nottingha	<u> </u>					
Healthy Nottingh		✓	/			
Leading Notting		✓				
Summary of iss	sues (including benefits to cit	izens/se	rvice users):			
Summary of issues (including benefits to citizens/service users):  The purpose of this report is to provide the Appointments and Conditions of Service Committee details of the outcome of Phase 1 of the Adult Social Care (ASC) Provision Transformation, which was completed on 25 March 2013 and to outline the process for the implementation of Phase 2, which commenced on 27 March.						
Recommendation(s):						
1 To note the outcome of Phase 1.						

- 2 To note the outline timeline and processes currently in place to support colleagues in Phase 2, Part I.
- To note that Phase 2, Part II (involving all remaining ASC Provider staff) will be subject to negotiation and consultation with colleagues and Trade Unions end May / beginning June.

# 1 BACKGROUND

- 1.1 ACOS previously received reports on 21 November 2012 and 5 February 2013 which outlined how the Council in-house provider service in adult social care was proposing to transform services so that:
  - In-house services are as efficient and competitive as possible.
  - Services are shaped to respond to commissioning requirements and service users' exercising choice with their personal budgets.
  - The in-house service fully explores opportunities to raise income and deploy staff skills to help secure improved service offer for citizens and that staff skills are deployed to recoup maximum benefit.

### **2 CURRENT SITUATION**

- 2.1 **Phase 1** of the review (completed on 25 March 2013), focused on management posts at 4<sup>th</sup> and 5<sup>th</sup> tier, and saw the establishment of new management posts at Service Provision Manager and Care Team Leader levels.
- 2.2 This resulted in the deletion of all Managerial posts Graded H & I (17 FTE posts) and replaced them with new Service Provision Manager (SPM) posts (7 FTE). Following a selection process this has resulted in the compulsory redundancy of 8 employees.
- 2.3 All 'Team Leader/ Supervisory' posts Graded F& G (47 FTE posts) have been replaced with new Care Team Leader (CTL) posts (42 FTE). It was identified that the new CTL roles would need a minimum literacy level (ALAN level 2) to ensure that record keeping complies with Care Quality Commission regulations. The new roles also have a much greater emphasis on performance management. When the initial literacy assessments were carried out, only 10 employees successfully achieved Level 2 in literacy, 20 achieved literacy level 1, (equivalent to literacy level 7-14 years old) and are attending training to achieve the required level.
- 2.4 Phase 1 also considered reviews of Open Door Day Service and home care, to ensure that pathways for service users are most efficient and that Open Door Day Service reviews are nearing completion. The establishment of the Commercialisation Arm, which supports the care service, has also been completed.
- 2.5 **Phase 2** of the transformation programme involves all remaining frontline care workers, approximately 600 people. Phase 2 proposes the introduction of three levels of generic care workers who will work in geographic locations north, central and south, supported by a peripatetic team who will provide cover in each locality. Collective consultation commenced on 27 March 2013 and will be delivered in two parts:

- i) Care Worker Level 3 (involving 86 staff) the highest grade care worker posts
- ii) Care Worker Level 2 and Care Worker Level 1 (involving all remaining care workers)

In addition there will be a review of Shared Lives (Adult Placement Scheme) and the Telecare Service. These reviews will ensure there is a focus on the citizen's experience in approaching the Council to become either carers for vulnerable adults or to access simple daily living aids and signposting to appropriate Adult Social Care Provider Services.

- 2.6 All staff in Phase 2 at Care Worker Level 3, 2 and 1 will have new generic job descriptions across all service areas and will receive new contracts of employment, which support the service's ambition to have a flexible, skilled service to enable the "business" to respond to market changes. Appendix 1 provides information relating to the broad areas of responsibility and accountability for each of the Care Worker Levels, who will report through to the Care Team Leader and Service Provision Manager and Appendix 2 refers to the way in which employees will be deployed. The ASC Provision restructure fully complies with the Council's management alignment.
- 2.7 Collective consultation meetings with Trade Unions continue to be active and constructive and feedback from Trade Unions has been incorporated into arrangements for Phase 2. Additional support has been given to Trade Union stewards to help them to support lead Trade Union representatives to manage the potentially very large number of one to one consultations during Phase 2.

# 3 NEXT STEPS

- 3.1 Arrangements are in place to continue to support colleagues new into post and / or seeking to improve their skills to attend care planning courses, which help improve general standard of recording and literacy across the service directorate.
- 3.2 An induction, training and support programme for new Service Provision Managers and Care Team Leaders is in progress and will continue to enable all colleagues to feel more confident in achieving the objective to delivering top quality care.
- 3.3 Work is ongoing with Finance colleagues and Commissioners to ensure that the Directorate provides value for money, vis-à-vis the skills level demonstrated by the service; the development of income generating initiatives and the reduction of posts in line with fall off in service demand. Quality and Commissioning colleagues will be providing a Service Level Agreement to support the new business going forward and this is subject to discussions at the Adult Social Care Big Ticket.

### 4 TRADE UNION COMMENTS

4.1 Trade Unions note the potential impact on the workforce, should the service not succeed in its ambitions and are, therefore, continuing to work closely with management. Trade Unions have raised concerns that some at risk members may not be redeployed and have sought clarity regarding employees' options, particularly if they are unsuccessful in the assessments proposed for Care Worker Level 3 colleagues.

Further specific concerns are being raised in the regular collective consultation meetings.

# 5 RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

5.1 None specifically arising from this report, which notes the progress to date.

### **6 FINANCIAL IMPLICATIONS**

6.1 The cost in phase 2 of the restructure can be summarised as:

	Old	Proposed	Change
	£m	£m	£m
Residential	2.456	2.827	0.371
Home care	5.783	5.369	(0.414)
Day care	2.465	1.858	(0.607)
Total	10.704	10.054	(0.650)

- 6.2 The costs of the new structure are generally based on the cost at the bottom of grades. However, exact costs will be depend on the value of pay protection and the scale points at which colleagues are appointed.
- 6.3 The changes in costs in the table above will be reflected in the prices charged by the Adult Provider service under the various SLAs with Adults' Commissioning. The changes will also reduce the net subsidy that has to be met by the general fund and will in this way contribute towards the adult big ticket target saving, including the target not yet achieved from previous years.

# 7 HR OBSERVATIONS

- 7.1 HR are actively supporting the leadership team in this large-scale transformation programme. Consultation with the Trade Unions has been appropriately challenging and both sides are trying to minimise the impact on the workforce whilst balancing the need to improve the quality of care standards and the ability to sustain a foot in the market place.
- 7.2 Cultural changes in working practices are essential to ensure new ways of working are embedded and a full time Business Change Consultant is working with the management team to support this transition.
- 7.3 Communication remains a key part of the process, ensuring that consistent management messages are received by a large and disparate workforce. The Trade Unions are playing an important role in ensuring that staff are supported and that questions and challenges are raised with management side.

### 8 **EQUALITY IMPACT ASSESSMENT (EIA)**

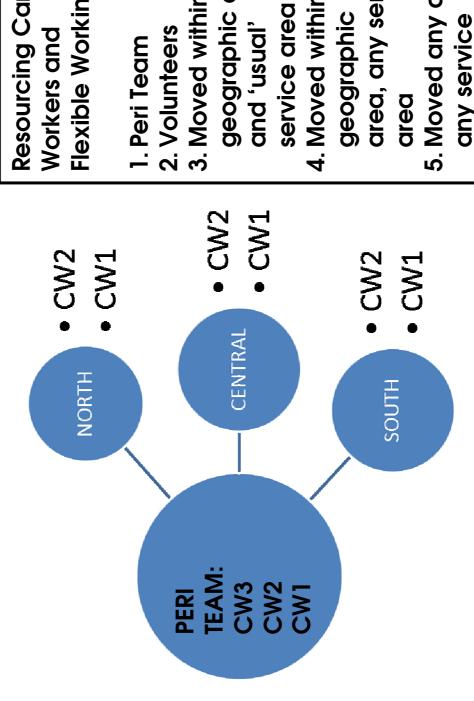
Equality Impact Assessment to follow.

# 9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

- 9.1 Report to ACOS Committee 21 November 2012.
- 9.2 Report to ACOS Committee 5 February 2013.

APPENDIX 1 – Levels of Responsibility for Generic Care Workers

	10%	30%		%09
CW3	Policy Supervision Risk/ Choice Transport Admin/ Finance	dication	Activities: Assess/Plan	As and When
CW2		Drugs and Medication	Activities: Write/ Develop	
CW 1			Activities: Assist/ Contribute	CARE



- 2. Volunteers
- geographic area and 'usual' 3. Moved within
- area, any service 4. Moved within geographic
- 5. Moved any area, any service