

**APPOINTMENTS AND CONDITIONS OF SERVICE COMMITTEE  
3 DECEMBER**

<b>Title of paper:</b>	Transformation / Modernisation of Adult Social Care Provision Directorate Completion of Phase 2 and Update	
<b>Director(s)/ Corporate Director(s):</b>	John Kelly Corporate Director Communities	<b>Wards affected:</b> All
<b>Director(s)/ Corporate Director(s):</b>	Elaine Yardley Director for Adult Provision & Health Integration ☎ 0115 876 3502 ✉ elaine.yardley@nottinghamcity.gov.uk	
<b>Portfolio Holder(s):</b>	Councillor Graham Chapman Portfolio Holder for Resources & Neighbourhood Regeneration  Councillor Alex Norris Portfolio Holder for Adults & Health	
<b>Report author and contact details:</b>	Elaine Yardley Director for Adult Provision & Health Integration ☎ 0115 876 3502 ✉ elaine.yardley@nottinghamcity.gov.uk	
<b>Other colleagues who have provided input:</b>	Bridget Donoghue HR Business Partner ☎ 0115 876 3825 ✉ bridget.donoghue@nottinghamcity.gov.uk	
<b>Relevant Council Plan Strategic Priority:</b>		
World Class Nottingham		
Work in Nottingham		✓
Safer Nottingham		✓
Neighbourhood Nottingham		✓
Family Nottingham		
Healthy Nottingham		✓
Leading Nottingham		✓
<b>Summary of issues (including benefits to citizens/service users):</b>		
The purpose of this report is to provide the Appointments and Conditions of Service Committee details of the outcome and learning from Phase 2 of the Adult Social Care (ASC) Provision Transformation, which was formally completed on 16.9.2013 and to outline future objectives and processes to continue the improvement of services.		
<b>Recommendation(s):</b>		
<b>1</b>	To note the outcome of Phase 2.	
<b>2</b>	Note that further work outlined in 2.5 and Section 3 will be undertaken to ensure that Adult Social Care Provision is 'fit for purpose' at all levels in the Directorate.	
<b>3</b>		

## **1 BACKGROUND**

- 1.1 ACOS previously received reports on 21 November 2012, 5 February and 21 May 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.
- 1.2 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.
- 1.3 Phase 2 of the transformation programme involved all remaining frontline care workers, approximately 600 people. Phase 2 proposed the introduction of three levels of generic care workers who would 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 was 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).
- 1.4 In addition there was to be a review of Shared Lives (Adult Placement Scheme), the Telecare Service and Health & Wellbeing Team. These reviews continued the focus on the citizen's experiences in approaching the Council to become carers for vulnerable adults, to access simple daily living aids or signposting to appropriate Adult Social Care Provider Services and to deliver better community health outcomes.

## **2 CURRENT SITUATION**

- 2.1 All staff in Phase 2 at Care Worker Level 3, 2 and 1 now have new generic job descriptions across all service areas and have received 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. The restructure of ASC Provision fully complies with the Council's management alignment.
- 2.2 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 the general standard and quality of care recording, literacy and confidence in colleagues' abilities across the directorate.
- 2.3 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 deliver top quality care and to improve leadership and management of services for the benefit of citizens.

2.4 Quality and Commissioning colleagues will be providing a Service Level Agreement that underpins and supports requirements for the new business going forward and this is subject to discussions at Adult Social Care Big Ticket meetings with Executive Portfolio leads.

2.5 The status of other services reflected in Phase 2 reviews are outlined below:

Service	Comments
1. Health & Wellbeing	30 day consultations commencing 11 November with proposal to disestablish the team and transfer team workers to: i) Public Health x 1 post ii) ASCP x 1 post iii) Business Support (Resources) x 1 post
2. Support Services (Catering, Domestic, Handyperson)	Work has been undertaken to fully understand the current delivery and cost of these support services and to evaluate the possibility of re-commissioning these services to other internal teams, thereby freeing up the new Care Team Leaders to concentrate on care .
3. Shared Lives Service (Adult Placements)	Discussions are ongoing with commissioners, the outcome of these will impact on the current service review. It is anticipated the review will be completed by March 2014.

### **Benefits of The New Workforce Structure**

2.6 There are several benefits that the transformation programme will realise for the future of a large in house service that will assist the journey to becoming more commercial, some more quickly than others.

2.7 The management structure has been aligned to give smaller numbers of employees to manage per head – an average of 15-20. This was previously 40 in some cases. This will clearly give a better manager staff ratio and improve tighter performance management, improving quality of work and reducing overheads such as sickness. ‘Support services’ and building/ maintenance issues will be moved to other council services to allow specialist input and control, this will free up ASC Managers to focus on the management of care and improving care standards.

2.8 Great investment is being given to the management tiers in terms of leadership and commercial awareness, again this will improve the quality and efficiency of the care offer.

2.9 The Care Worker levels have been stabilised and a rational, consistent structure has been embedded. Some of the more ‘expensive’ posts that were being used to deliver care have been converted to more hands on practical care delivery. Further reviews will need to take place to ensure the ‘consistent’ approach works across all services and to take into account the closer working with Health Colleagues.

2.10 Training and investment is also being delivered to care workers to improve basic skills but also to improve specialist skills, e.g. dementia care. An induction programme is

being rolled out to all care workers to ensure they are fully confident in working in all aspects of care. Once this is in place, Care Workers will be able to work flexibly across the estate, thus maximising quieter periods and reducing the need for additional hours and casual workers. Already month on month since April, these costs have reduced, the service has no agency workers and no longer heavily relies on casual workers.

2.11 The real benefits will take longer to realise – the service still has high vacancy levels due to the ‘fallout’ of the transformation programme as well as needing time to embed training, new ways of working and cultural changes.

## 2.12 Learning

Collective consultation meetings with Trade Unions continued to be active and constructive and feedback from Trade Unions was incorporated into arrangements for Phase 2. Additional support was given to Trade Union stewards to help them to support lead Trade Unions representatives to manage the potentially very large number of requests for one to one consultations during Phase 2. In the event there were few requests received, with frontline staff feeling supported by Trade Unions, who were aware of and engaged with the change process.

2.6 Trade Unions provided feedback in relation to Phase 2 that they felt communication was not always cascaded quickly or accurately. They also have stated their concern that appropriate literacy skills were not in place earlier within the service. The offer of literacy skills has been available to employees for some time and it is recognised that historically there has been a stigma attached to such training. The transformation programme has highlighted to employees that the provider services are aiming to set a higher standard of quality for in house care and employee interest in course availability has increased.

2.7 Trade Unions have welcomed engagement with front line staff that continues to support a solution focused approach to redesigning services to meet users’ needs.

## 3 **FUTURE ACTION**

3.1 The scale and pace of change for ASC Provision has been significant and lessons from the Directorate’s experience will and have been taken into the Council’s:

- i) Transformation Steering Group (TSG), which oversees major projects
- ii) Commercialism Big Ticket.

3.2 The Directorate is now in a better position to:

- Respond to commissioner and market changes i.e. grow or shrink the business based on demand.
- Work with NHS commissioners and providers vis-à-vis the government’s policy to integrate health and social care services to improve outcomes for citizens and reduce duplication / bureaucracy.

3.3 Further discussions will take place with Trade Union colleagues regarding the need to continually review services, including the proposal to work closer with Health colleagues on the integration agenda.

3.4 The financial challenge facing the council, like all other Local Authorities, will require ongoing reviews of management at SLMG and Director level and this will be presented in a future report(s) to ACOS by the CEO and Corporate Director for Communities in the new year.

#### **4 TRADE UNION COMMENTS**

4.1 No further comments to add by GMB. No response from Unison and no response from Unite.

#### **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:

	<b>Old</b>	<b>Proposed</b>	<b>Change</b>
	£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 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.

#### **7 HR OBSERVATIONS**

7.1 HR actively supported the leadership team in Adult Social Care with this large-scale transformation programme. Consultation with the Trade Unions has been appropriately challenging and both sides worked well together to minimise the impact on the workforce whilst recognising the need to improve the quality of care standards and the ability to sustain a foot in the market place. Taking time to implement this programme in phases has hugely mitigated the need for redundancies. No employees at Care Worker level have been made redundant, all have been offered suitable alternative employment.

7.2 Changes to contractual working patterns have been negotiated and a new structure implemented, however cultural changes in working practices will be critical to ensuring that new ways of working are embedded and full efficiencies are realised. A transition plan has been written to support the management team and the workforce during the cross over from the old world to the new - including a full induction programme for all new managers, further training and development offers for all colleagues and particular

emphasis on literacy and numeracy skills. A full time Business Change Consultant continues to work with the management team to support this transition.

- 7.3 The Trade Unions have played an important role in ensuring that staff are supported and that questions and challenges were raised with management side. Key to learning has been ensuring meaningful communication takes place at all levels.

Management has committed to formally review the new service with Trade Union colleagues in December.

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

An EIA was previously submitted for the change programme. There are no new issues requiring a refreshed EIA in this report.

## **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.
- 9.3 Report to ACOS Committee – 21 May 2013.

Elaine Yardley  
4 November 2013