

## **Handling Organisational Change Organisational Change Assessment**

### ***Draft Adult Social Care***

#### **1. Purpose**

- To set out proposals to make changes to the organisation of the council's Adult Social Care, Assessment & Care Planning Teams, Community Learning Disability Team and Safeguarding Teams to improve services, increase efficiency and deliver budget savings
- To outline the timetable for formal consultation with affected employees and stakeholders and confirm the date of Administration and Regulation Committee when the final proposals for the changes will be considered.
- *CLMT, DMT & SMT* have given their support for the proposals to be considered for consultation

#### **1.1 Background and context**

The council is facing a devastating projected shortfall of £49M in its finances this year as a result of the Covid - 19 emergency.

The emergency budget agreed by members requires Adult Social Care (ASC) to save a total of £4.5M over the next 2 financial years.

The savings proposals are based on the least – worst approach with the objective of keeping services open, where possible to do, and above all keeping people safe.

The context within which Adult Social Care Operations delivers services is constantly evolving. There are significant changes in: demographics; customer need and expectations; legislation; and financial pressures. The nature and scale of these challenges requires a fundamental shift in how Adult Social Care is delivered in Luton in order to ensure sustainability and to help those with social care needs, their families and carers have a better quality of life.

To this aim, a new vision for Adult Social Care is being developed which includes a community based operating model with a focus on strength based conversations. The new model emphasises an approach based on collaboration with people, their families and carers. It builds on the Luton Council's priorities and aligns with other developments across the Council to take a locality and community based approach.

National findings best practice examples indicate that taking a community and strength based approach can help people who have social care needs to live better lives whilst reducing the cost of social care.

The Side by Side programme was a change project initiated in October 2018. This changed the way that we support people in Luton. The program is based on the “Three Conversations”® model, which aims to create a new relationship between professionals and people who need support and a programme that delivers on our promises of Personalisation, and is practiced in the context of community and asset building, local area coordination and other like-minded approaches.

### The program had 3 key aims:

1. To change the culture in ASC to focus more on people’s strengths, gifts, assets.
2. To bend the curve of demand and constrain costs.
3. To improve the experience in the ASC journey, eliminating queues, waiting lists and lengthy form led assessments

The programme of change aims to deliver on key policy initiatives.

They are:

- **Effectiveness** – *getting it right the first time*; the focus of services should be to achieve the best possible outcomes for individuals in their circumstances,
- **Experience** – *a positive experience of care and support*; people should be treated with respect and involved in their care, and there should be an active role for users, carers and local people
- **Safety** – *protecting vulnerable people*; the basic principle of protecting the most vulnerable people from avoidable harm, ensuring risk and choice are balanced appropriately,
- **Efficiency** – *ensuring value for money*; ensuring that the resources allocated for ASC are used as efficiently as possible whilst meeting the needs of people with eligible needs in the most cost effective way possible.

The formative evaluation evidenced the new strategy has been a success. We know this because in our theory of change, we expected to see less people needing long-term support and this is clearly evidenced, in the data and spend. The culture has shifted and that is evident through the positive change in staff behaviors, which are observable and measurable too. Information flow improved with huddles and making the planning process more inclusive and staff reported more feedback and learning moments. Queues and waiting lists reduced, notably occupational therapy.

We were able to conclude after 14 months that the keystone behaviors and patterns of acting, that are tangible, repeatable, observable and measurable, are not a temporary phenomenon. We are confident that a strength based approach in practice is being embedded and gradually changing the “culture” within adult social care.

However until the changes made by the Three Conversations ® model is embedded within the Council’s corporate culture and ways of working, the new approach remains subject to regression.

Four lesson-learned workshops were held throughout the cycle of the Side By Side Program and approximately 64 staff throughout the program attended these. The workshops evidenced that all staff including stakeholders enjoyed the professional, friendly learning environment throughout the phases.

It is vitally important, to now create a good organisational structure and configuration that clarifies reporting relationships, supports good communication, the right mix of skills and experience. To ensure that the staffing is then deployed across the department in the right way. This is critical to the success of the strategy and long term organisational change. Therefore the next step is to conduct an organisational change restructure.

The Council and ASC are required to make savings. This restructure will generate savings to contribute to the £1.7 million savings target. The proposals, including the deletion of current vacant posts or redefining the posts will make a contribution to savings plans for the current year and ongoing.

### **Focus Groups:**

In February 2020, focus groups were held with 64 staff (who had been through the Side by Side program) across ASC and Customer Services to gather their views, thoughts and opinions. This was arranged in small focus groups of up to 10 people across different disciplines and at all levels of the organisation.

The very clear message from all staff was that they did not want to go back to the way they worked previously. They felt the new approach delivered better outcomes across the system, for the people of Luton and personally.

The formative evaluation conducted on the Side By Side Program evidenced the following outcomes achieved for staff:

Staff – professional and personally

- ✓ More enjoyable
- ✓ Chance to learn new skills and sharpen existing skills
- ✓ Opportunity to work in a less mechanical way
- ✓ A deeper sense of 'making a real difference'
- ✓ Feeling more connected to the business
- ✓ Feeling part of a bigger team

### **The Service:**

The function of each service is unchanged. The form this takes will be different with changes proposed to the management structure, bringing posts together and the creation of new posts, some of which will work across all the services rather than in a more traditional vertical structure. There will be more emphasis on working more flexibly and agile for all staff, operating as one system rather than each service working independently of the others.

Early Intervention Prevention & Stabilisation pathway will manage the “virtual” integrated front door and will be responsible for offering short term and Stabilisation support following an initial assessment or a crisis intervention.

Long Term Care Needs, schedule reviews & complex case management pathway will be responsible for improving and maintaining wellbeing of our existing service users.

The Community Learning Disability Team will be integrated into the above pathways and operate as a specialist service under both pathways.

The council is legally obliged to inform and consult, at the earliest opportunity, the Trades Unions and all employees whose jobs and/or terms and conditions of employment are affected. This will be carried out by Service Managers, who will be advised by HR.

## 1.2 Scope

The scope of this employee brief is:

- *Assessment & Care Planning Community team 1 – 4*
- *Safeguarding & DoLS Team*
- *Occupational Therapy Team*
- *Sensory Team*
- *Admin Team*
- *Community Learning Disability Team*
- *Service Manager*
- *Project Lead*
- *Principal Social Worker*
- *Hospital Team*

The table below details those who will be **directly impacted**.

<b>Post title</b>	<b>Grade</b>	<b>FTE</b>	<b>Headcount</b>	<b>Vacant</b>
<i>Community Team Manager</i>	<i>M5</i>	<i>4.0</i>	<i>4.0</i>	<i>0.0</i>
<i>Hospital Team Manager</i>	<i>M5</i>	<i>1.0</i>	<i>1.0</i>	<i>0.0</i>
<i>Safeguarding Team Manager</i>	<i>M5</i>	<i>1.0</i>	<i>1.0</i>	<i>0.0</i>
<i>Learning Disability Community Team Manager</i>	<i>M5</i>	<i>1.0</i>	<i>1.0</i>	<i>0.0</i>
<i>DoLS Advanced Practitioner</i>	<i>M3</i>	<i>1.0</i>	<i>1.0</i>	<i>1.0</i>
<i>DoLS Specialist Practitioner</i>	<i>M2</i>	<i>1.0</i>	<i>1.0</i>	<i>1.0</i>
<i>Advanced Practitioner (SW, Hospital, Safeguarding)</i>	<i>M2</i>	<i>15</i>	<i>15</i>	<i>0.0</i>
<i>Project Lead</i>	<i>M5</i>	<i>0.8</i>	<i>1</i>	<i>0.0</i>
<i>Occupational Therapist (current vacancies)</i>	<i>M1</i>	<i>1.0</i>	<i>1.0</i>	<i>1.0</i>
<b>Total</b>		<b>25.8</b>	<b>26.0</b>	<b>3.0</b>

*NB The information in this section is key and must be accurate in order to draft the letter to the Trades Unions to notify of all staff affected. This is a legal requirement under the Trades Union and Labour Relations (Consolidation) Act 1992.*

*You must notify your HR lead of the names of those affected against each line of the chart below. Names of those affected do not form part of the Section 188 notification to the TUs or the OCA.*

## 2. Proposal(s)

We need your feedback about the proposal(s) set out in this document. This is your opportunity to shape the future of the service.

The earlier alternative proposals are received, the more opportunity managers will have to consider them. The deadline for receipt of comments, queries or alternative proposals is 2<sup>nd</sup> Dec 2020.

Please remember that these are initial proposals only and that the final proposals will only be known once the formal consultation period has ended.

### RATIONALE

Currently, we require many staff to balance competing priorities as they are responsible for assessing people, undertaking care management, care planning and care arranging tasks, as well as completing scheduled and unscheduled reviews of service users and carers.

These conflicting work demands can result in delays in some areas, and we currently perform relatively poorly in terms of the time taken to complete assessments within national performance guidelines. We also have substantial waiting lists for assessments and other pieces of work. We also do not complete as many annual reviews as we should. There is also inconsistent application of the eligibility criteria, and a very high level of spend.

The arrangements that are proposed aim to deliver the improvements and changes outlined in above section for both customers and staff.

The current service is offered in office hours Monday to Friday, other than the Hospital Team who provide a 7 day a week service. Out of hours services are provided by the Emergency Duty Team who will provide an emergency service to ensure that people are safe and refer the case to the Access Team to deal with on the next working day to stabilise the service and if necessary continue with more long term work. This will remain unchanged at this time.

Over the reorganisation, the Council's proposals will deliver a number of principles. Those relevant to this Proposal are:

- Create a smaller, and wherever possible flatter organisational structure.
- Prioritise staff resources on front line service delivery and reduce management structures to an appropriate level looking for opportunities to re-engineer resources.
- Create multi-disciplinary teams across the whole of Adult Social Care (ASC) Assessment & Care Planning structure.

As a result, this restructure will embrace and reflect the way we have been working for the last 18 months and our New Adult Social Care Delivery Model will be delivered via 2 main Pathways:

### Pathway 1: Early Intervention, Prevention & Stabilisation

### Pathway 2: Long Term Care Needs, schedule reviews & Complex Case Management

Early Intervention, Prevention & Stabilisation Pathway will be widely known as ASC **Front Door**. The Front Door will be responsible for accepting and processing of all incoming referrals via emails, Phone calls, online Self Assessments and Safeguarding initial Referrals. Contact Centre staff will continue to support Front Door with the initial triaging and rest of the process will be managed within this pathway. Any activity that may take up to 12 weeks will be managed and delivered by the integrated Front Door.

Long Term Care, Schedule Reviews & Complex Case Management Pathway will be widely known as ASC **Back Door**. The Back door will be responsible for management of Long Term Care Needs, Schedule Reviews where needs are stable and Complex Cases.

The proposed Therapies and Assistive Technology team will support the above two pathways, vertically across the structure.

Community Learning Disability & Autism will remain as a Specialist team, with strong connections to both the Pathways.

With the above proposed ASC Delivery Model, Adult Social Care management structures are to be transformed. This reflects national initiatives to modernise Adult Social Care in line with key policy initiatives and statutory obligations under relevant legislations.

The proposed model aims to deliver on key policy initiatives. They are:

- **Effectiveness** – *getting it right the first time*; the focus of services should be to achieve the best possible outcomes for individuals in their circumstances,
- **Experience** – *a positive experience of care and support*; people should be treated with respect and involved in their care, and there should be an active role for users, carers and local people
- **Safety** – *protecting vulnerable people*; the basic principle of protecting the most vulnerable people from avoidable harm, ensuring risk and choice are balanced appropriately,
- **Efficiency** – *ensuring value for money*; ensuring that the resources allocated for ASC are used as efficiently as possible whilst meeting the needs of people with eligible needs in the most cost effective way possible.

The approach can be summarised as follows:

- Promoting personalisation and enhancing the quality of life for people with care and support needs
- Preventing deterioration, delaying dependency and supporting recovery
- Ensuring a positive experience of care and support
- Protecting from avoidable harm and caring in a safe environment

This model seeks to deliver efficiencies by streamlining processes to ensure service users and carers receive prompt responses to their requests for assessment or assistance. This can best be explained as:

- Focussing on prevention and providing appropriate information, advice and signposting to enable people to find their own solutions where possible
- Focussing on resolving the persons needs at the first point of contact and preventing the need for the person to navigate their way further through the social care system
- Focussing on re-ablement and enablement as the mainstream service for all people who have assessed eligible needs and enabling people to regain or retain their independence in their community
- Focussing on the provision of appropriate levels of service to people who need longer term support through the provision of Personal Budgets

The model also focuses on the need to radically change the way we work in ASC through a culture change management programme. This can be best explained as:

- Aligning with Primary Care Networks, and integrating processes with other parts of the council where possible to promote efficiencies and effectiveness.
- Focussing on developing and ensuring that all staff in Adult Social Care work flexibly and effectively as one department no matter where they are based
- Focussing on a performance, quality & budget management culture that is embedded throughout the organisation no matter what role the worker undertakes
- Ensuring all staff are skilled up to work effectively across the pathways when and where required in the interests of delivering an effective service.

This model is designed to address the above and deliver a smoother experience for the customer reducing, for the majority of customers, 'handovers' from one team to another with more cases being dealt with at the point of entry and re-ablement services. This will require more staffing at the entry point to services, i.e. at Pathway 1. More resources will also need to be deployed into the Review Team who have the responsibility for cases where services are being provided but are stable. This should be the majority of cases. All services will be primarily focused on enabling and supporting people to become independent in the community with minimal intervention and to defer the individual's need for extra services from Adult Social Care.

The underlying principles of the proposed customer pathway and supporting 'To Be' Operating Model is based on the following principles:

#### **Listening to the Customer**

- Being responsive and reliable
- 'Can do' approach at all times
- Customer to be in the centre of all decisions

#### **Safeguarding and Risk Assessment**

- Everyone's Business
- Focus on prevention of abuse
- Have robust control processes if 'abuse' occurs

### **Prevention and Control**

- Maximise provision of Information/Advice/Effective signposting
- Everyone will adopt a solution focus approach rather than concentrating on problems
- More communication between managers and advanced practitioners
- Ownership of procedures
- We will keep an issue log and jointly resolve problems

### **Personalisation**

- Supported self-assessment: full participation of residents/user/carer in assessment and support planning
- Giving residents/users/carers choice and control about who, where and how their care is provided
- Personal Budgets to be transparent to users

### **Value for money**

- Lean working
- Minimise handoffs – focusing on resolving presented problem as far as possible with multidisciplinary teams.
- We will aim to resolve customer enquiries at the point of contact
- Cases will not travel backwards or between teams unless there is a need for a specialist intervention
- Cost effective provision of required care

### **An integrated multidisciplinary approach to service delivery**

- Single assessment/reassessment
- Streamlined approach to assessments and reviews that are:
- Timely
- Appropriate choice of media e.g. visits versus telephone calls
- Remove duplication
- All to work with 'One Service' principles

This proposal builds on 'Side by Side' programme initiated in October 2018

### **The Key features of the new model are:**

- The development of one seamless service for adults of all ages from point of customer contact to review, and incorporating one stop service, financial assessments, service brokerage and purchasing.
- The service will, for organisational purposes, be divide into 2 main pathways, i.e. Front Door and Back door, but customer access to different points in the service model must be driven by customer need and not organisational boundaries and obstacles
- There will be a focus on prevention, early intervention through re-ablement and meeting customer need as close to the point of contact as possible with the largest and most diverse staff group being located in this area.
- The aim will be to prevent people needing longer term support and to remain independent as possible for as long as is possible
- There will be a focus on the protection of vulnerable adults, primarily through the Back door resources, with a small specific Safeguarding Team to provide advice and support, develop strategy and manage large scale investigations and the Deprivation of Liberties Safeguards.



- There will be a focus on providing Personal Budgets to all people who need ongoing support following Re-ablement and in particular Direct Payments via a Pre-paid Card System through good support planning
- There will be a focus on risk assessment and risk management, as opposed to being risk averse, ensuring that reviews are risk assessed and that everyone is reviewed at least once a year

**The benefits of these changes are as follows:**

- Improving customer experience.
- Improving staff effectiveness.
- Reducing barriers and obstacles to effective intervention.
- Promote the sharing of knowledge, experience and skills, as staff will be encouraged to take on new tasks with the aim of improving resilience within Adult Social Care.
- Achieving financial efficiencies of £100k in the 2021/22 financial year

## **2.1 Current Structures and Working Arrangements**

The proposed structure will promote the sharing of knowledge, experience and skills, as staff will be encouraged to take on new tasks with the aim of improving resilience within Adult Social Care.

The detail of the proposal is as follows:

- I. To delete Community Team Manager Posts by 4.0 FTE
- II. To delete the Safeguarding team Manager Post by 1.0 FTE
- III. To reduce the number of Advanced Practitioners by 1.81 FTE
- IV. The administration officers across the community teams will come under 1 manager, this will be a new post, a Business Manager 1 FTE, grade to be confirmed. This will streamline admin support across both the pathways.
- V. To delete the Safeguarding DoLS Advanced Specialist post 1.0 FTE currently vacant
- VI. To delete Safeguarding DoLS Specialist Practitioner 1.0 FTE currently vacant
- VII. To remodel the structure to reduce from 4 community teams. To create three new Operational Manager Posts to manage the two pathways, which are Early Intervention, Prevention & Stabilisation (Front Door) and Long Term Care Needs (Back Door) pathways. There will be one operational manager for each pathway.
- VIII. To centralise the occupational therapists and sensory staff. This includes the creation of new Operational Manager for Therapies and Assistive Technology Manager, who will manage the team to support both the pathways.
- IX. To merge customers with Autism into the Community Learning Disabilities & Autism team and shift the staff resources required to the team.

- X. To align all assessment and care management functions and accountability under one Head of Service, this will be Early Intervention & Prevention, stabilisation, Long Term Care, Therapies and Assistive Technology and Learning Disabilities and Autism.
- XI. To review ALL job descriptions to reflect change in reporting structures, context, to ensure they meet the legislative and safeguarding requirements and responsibilities for all roles
- XII. To give current L7 social workers the opportunity to apply for current 6.73 of vacant M1 social worker posts via the L7 to M1 progression route To then delete 6.73 of L7 Social worker vacancy posts to create 8.01 of Social Care Assessor additional posts
- XIII. To change Service Manager Title to Head of Adult Social Care Operations & Health Integration.
- XIV. Additional Senior Manager Roles will be recruited into at a later date and this will be confirmed in due course.
- XV. To create new and additional posts from post deletions described above required creating new and additional posts essential for effective future delivery of the service. **These are fully outlined below in table 2.**
- XVI. Monies from deleted posts will contribute to the savings target

The proposed Adult Social Care model will be operated as a Front Door and Back Door structure delivering the pathways as described above in 2.0.

The pathways described above will be managed by two operational managers at as described above in VII. New job descriptions for these roles will include Safeguarding and Prevention functions and responsibilities, two golden threads that cuts across both the pathways. The safeguarding team manager post (1.0) will be deleted, as outlined above the responsibilities will be included within the Operational Manager(s) job descriptions.

An Operational Manager for Therapies & Assistive Technology (1.0 FTE) post will be created who will tackle the need for a Principle Occupational Therapist and offer stable leadership to all OT and sensory workers.

The Consultation and associated communications will ensure everyone is aware of how the new structure will provide mutual support by ensuring that staff are able to undertake a wider range of tasks and the teams going forward will therefore be more resilient. A number of posts below will be deleted, created or redefined to meet the requirements of Adult Social Care.

The following posts outlined in Table 1 are affected by proposals for post deletion. This table reflects actual affected employees that are in post. It is important to note that whilst these are initial proposals for post deletion, as a result of individual consultation meetings, the proposals for individual posts may be subject to change. In such circumstances, the post holder/s will be invited to further individual consultation meetings.

The proposals affecting staff are as follows:

**Posts to be deleted:**

Table 1:

<b>Post title</b>	<b>Grade</b>	<b>FTE</b>	<b>Headcount</b>	<b>Vacant</b>
<i>Community Team Manager</i>	<i>M5</i>	<i>4.0</i>	<i>4.0</i>	<i>0.0</i>
<i>Safeguarding Team Manager</i>	<i>M5</i>	<i>1.0</i>	<i>1.0</i>	<i>0.0 (filled by agency)</i>
<i>Dols Advanced Practitioner</i>	<i>M3</i>	<i>1.0</i>	<i>1.0</i>	<i>1.0</i>
<i>Dols Specialist Practitioner</i>	<i>M2</i>	<i>1.0</i>	<i>1.0</i>	<i>1.0 (filled by agency)</i>
<i>Advanced Practitioner</i>	<i>M2</i>	<i>1.81</i>	<i>2.0</i>	<i>0.0</i>
<i>Project Lead</i>	<i>M5</i>	<i>0.8</i>	<i>1</i>	<i>0.0</i>
<b>Total</b>		<b>9.61</b>	<b>10.0</b>	

**Posts to be created:**

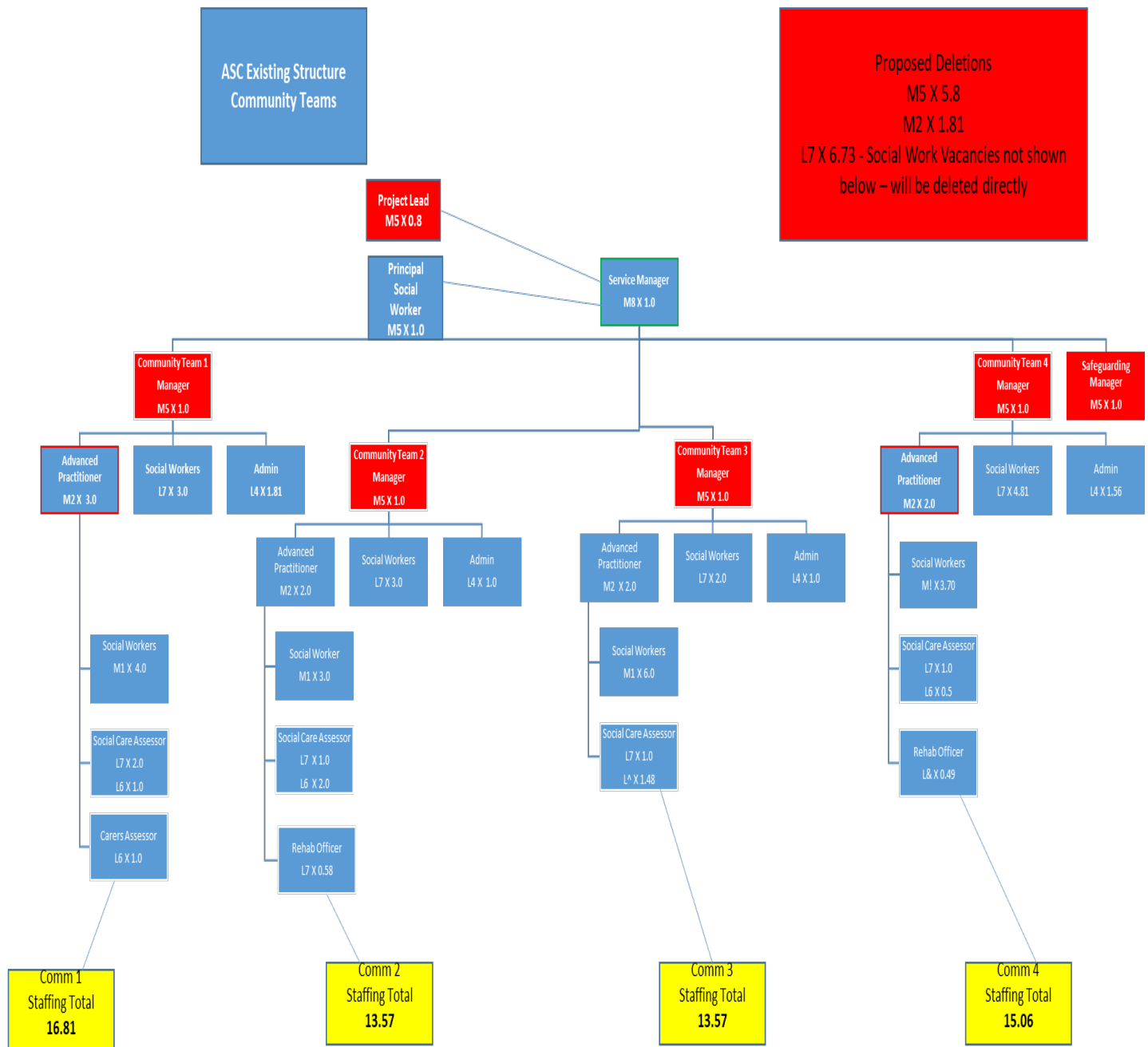
Table 2

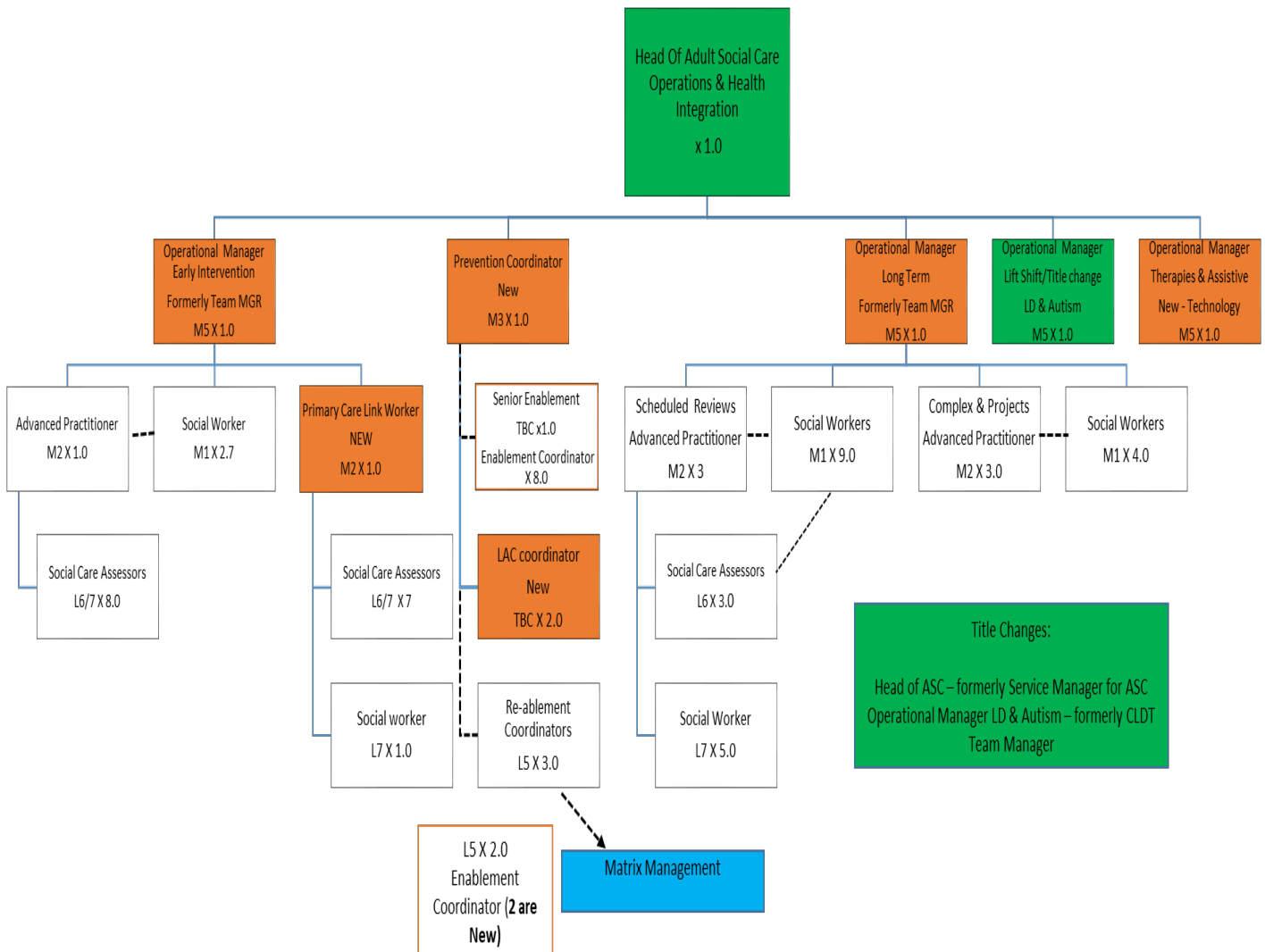
<b>Posts to be created</b>		
<b>Post title</b>	<b>Grade</b>	<b>FTE</b>
<i>Operational Manager - Early intervention, Prevention &amp; Stabilisation– Front Door</i>	<i>M5</i>	<i>1.0</i>
<i>Operational Manager - Long Term Care Needs, Scheduled reviews&amp; Complex Case Management– Back Door</i>	<i>M5</i>	<i>1.0</i>
<i>Operational Manager – Therapies, Assistive Technology</i>	<i>M5</i>	<i>1.0</i>
<i>Safeguarding, DoLS &amp; MCA Lead</i>	<i>M4</i>	<i>1.0</i>
<i>Prevention Coordinator</i>	<i>M3</i>	<i>1.0</i>
<i>Business Manager</i>	<i>TBC</i>	<i>1.0</i>
<i>Enablement Coordinator</i>	<i>L5</i>	<i>2.0</i>
<i>Advance Practitioner –Primary Care Network Link Worker</i>	<i>M2</i>	<i>1.0</i>
<i>Business Support Manager</i>	<i>M1</i>	<i>1.0</i>
<i>Dols &amp; Safeguarding Coordinator</i>	<i>L5</i>	<i>1.0</i>
<i>Administrator</i>	<i>L4</i>	<i>1.0</i>
<i>Local Area Coordinators</i>	<i>TBC</i>	<i>2.0</i>
<i>Social Care Assessors</i>	<i>L6</i>	<i>8.01</i>
<b>Total</b>		<b>22.01</b>

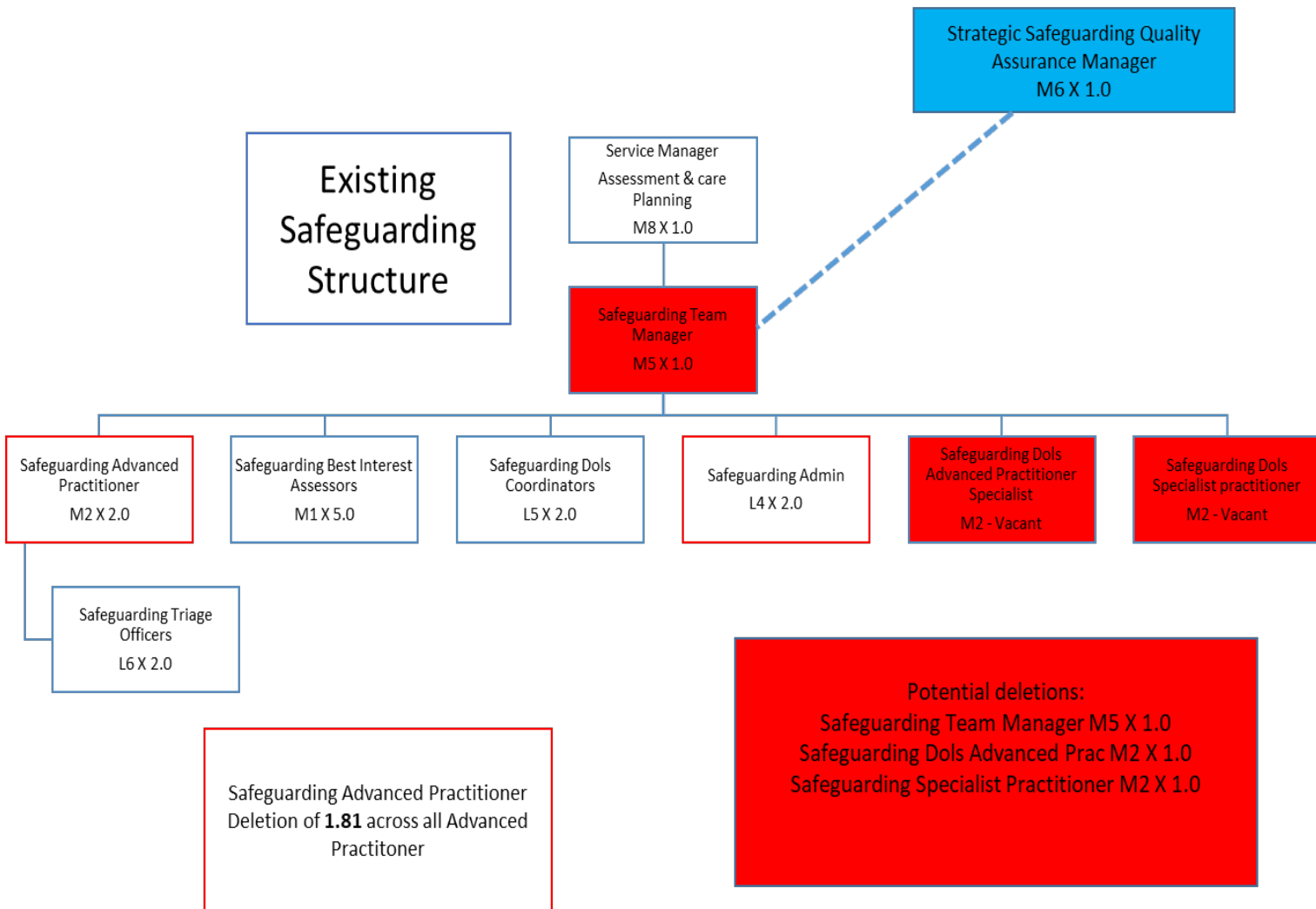
The proposal will create **22.01** new posts. We believe the proposals to the structure provide a solid foundation on which to build a strong work culture where staff feel connected to the business with good open communication and information flow at all levels, where staff work in a way which puts greater emphasis on team working, cross functional working and staff involvement in decisions which affect people's everyday lives.

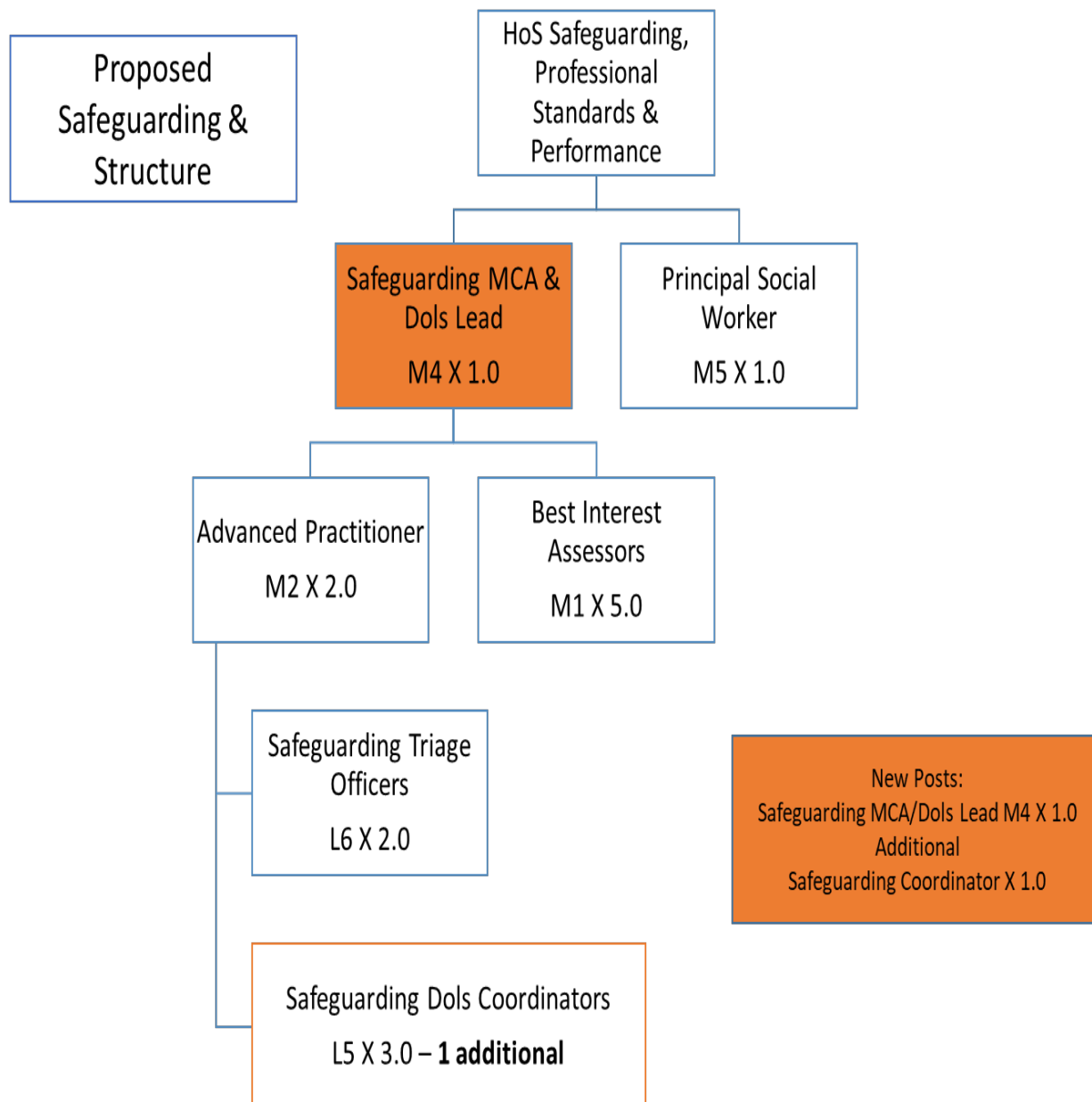
As a result of this restructure a number of post affected are generic and although whilst there is no structural changes to the Community Learning Disability Team or the Hospital Team, the team manager and advanced practitioner posts within these teams are impacted. The individuals impacted will have the opportunity to apply for suitable posts as described in Table 2 and in accordance with the Organisational Change Procedure. The Advanced Practitioners for Occupational Therapy will be excluded as their job descriptions are specific to the role.

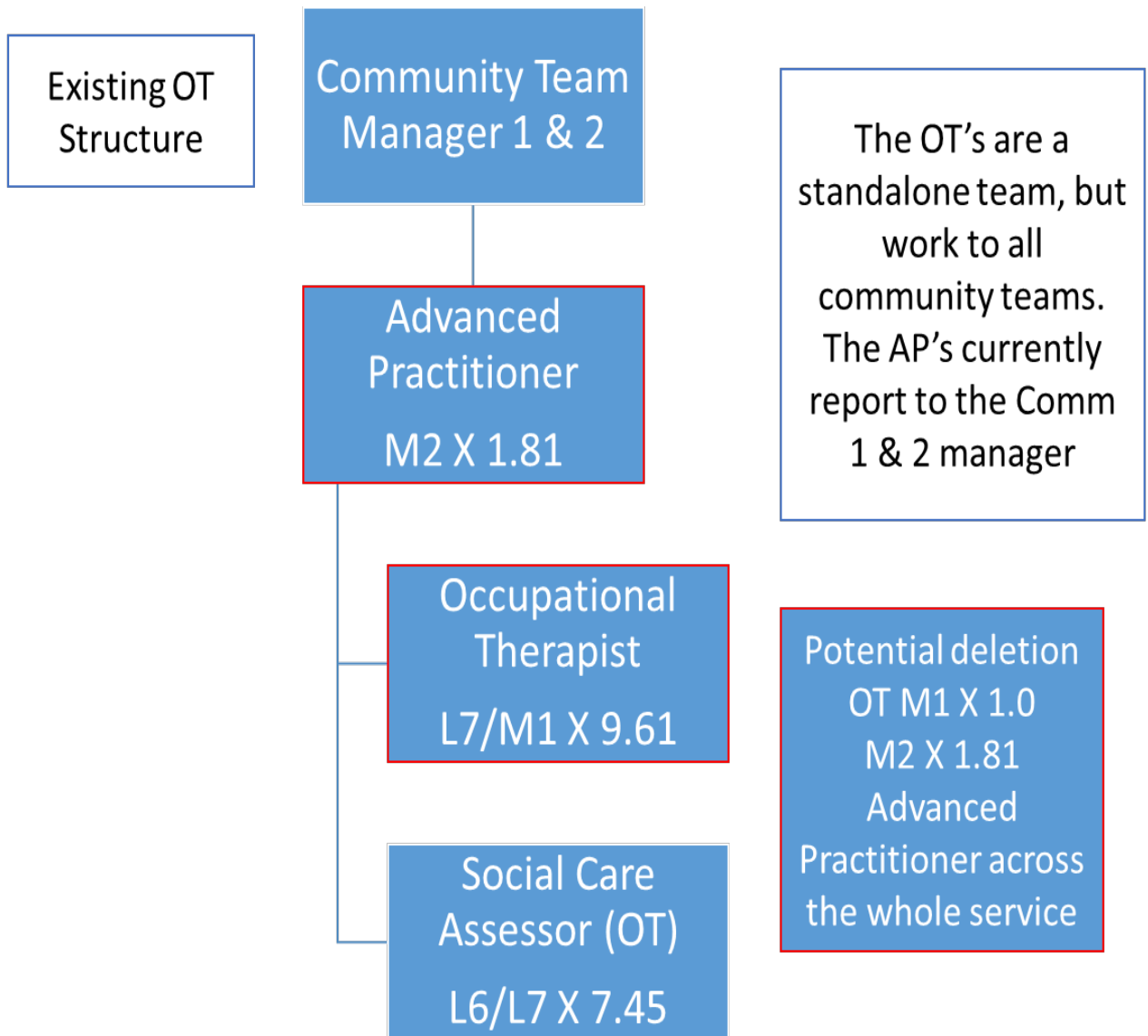
### 3. Existing & Proposed Structure



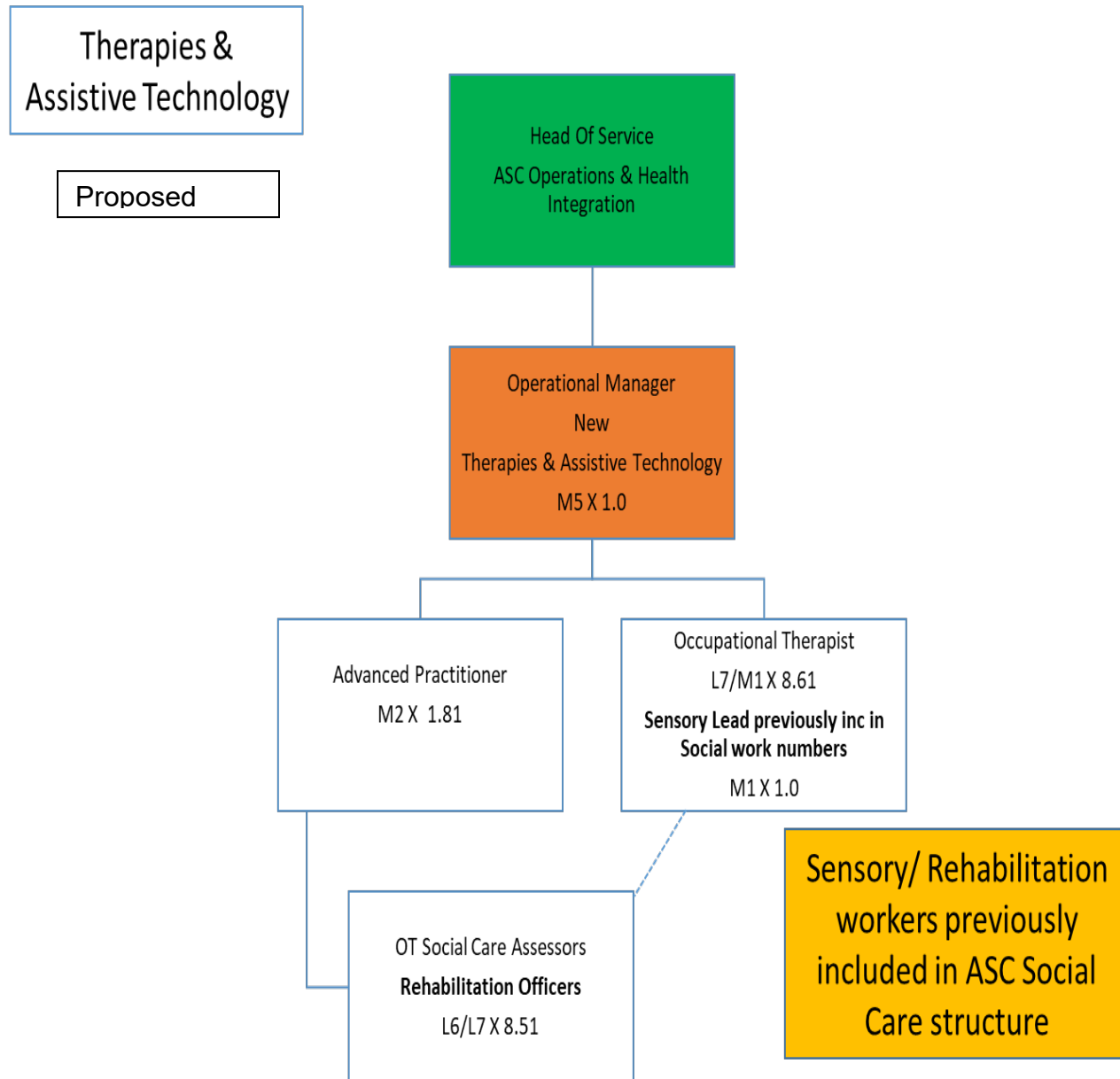


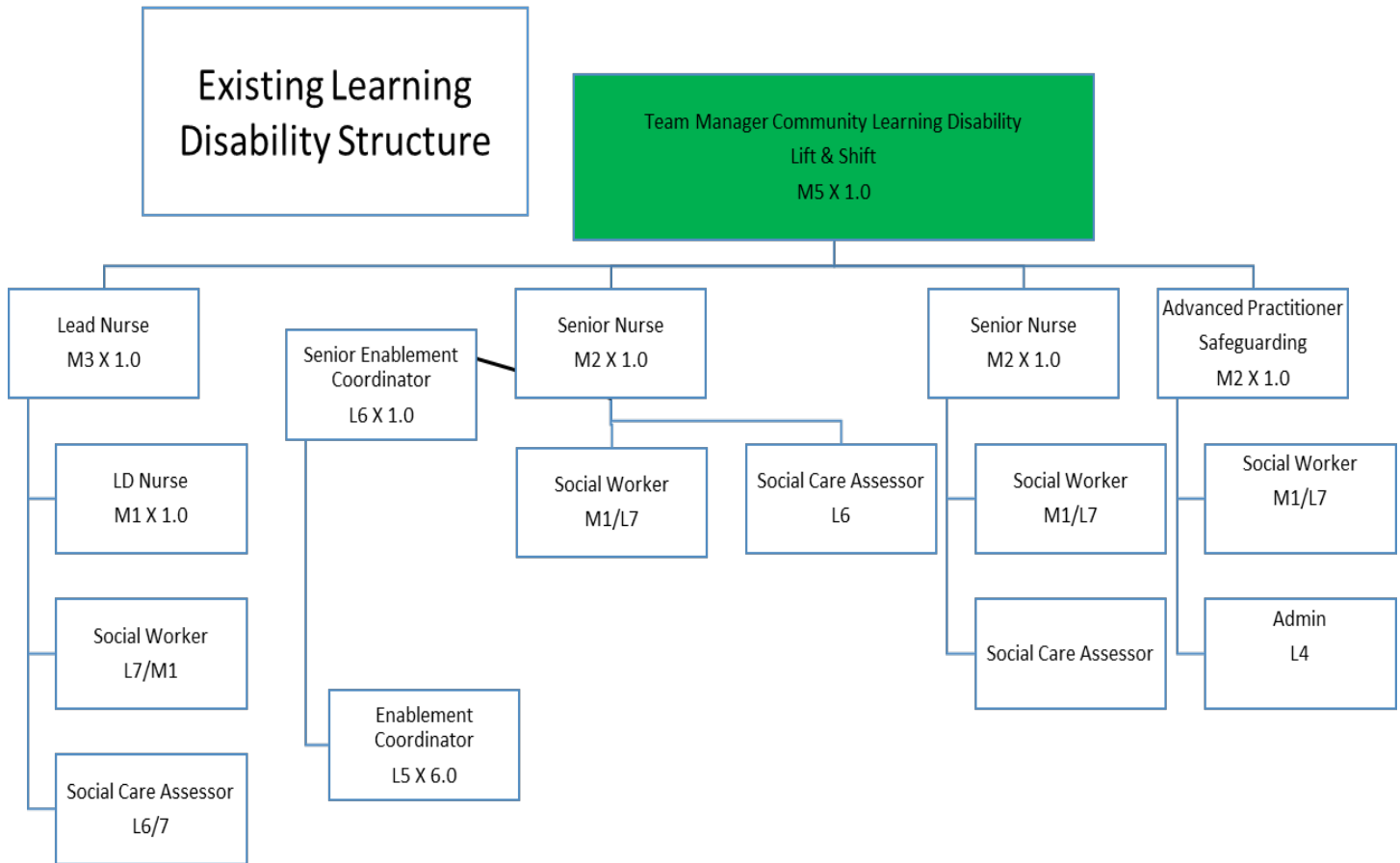


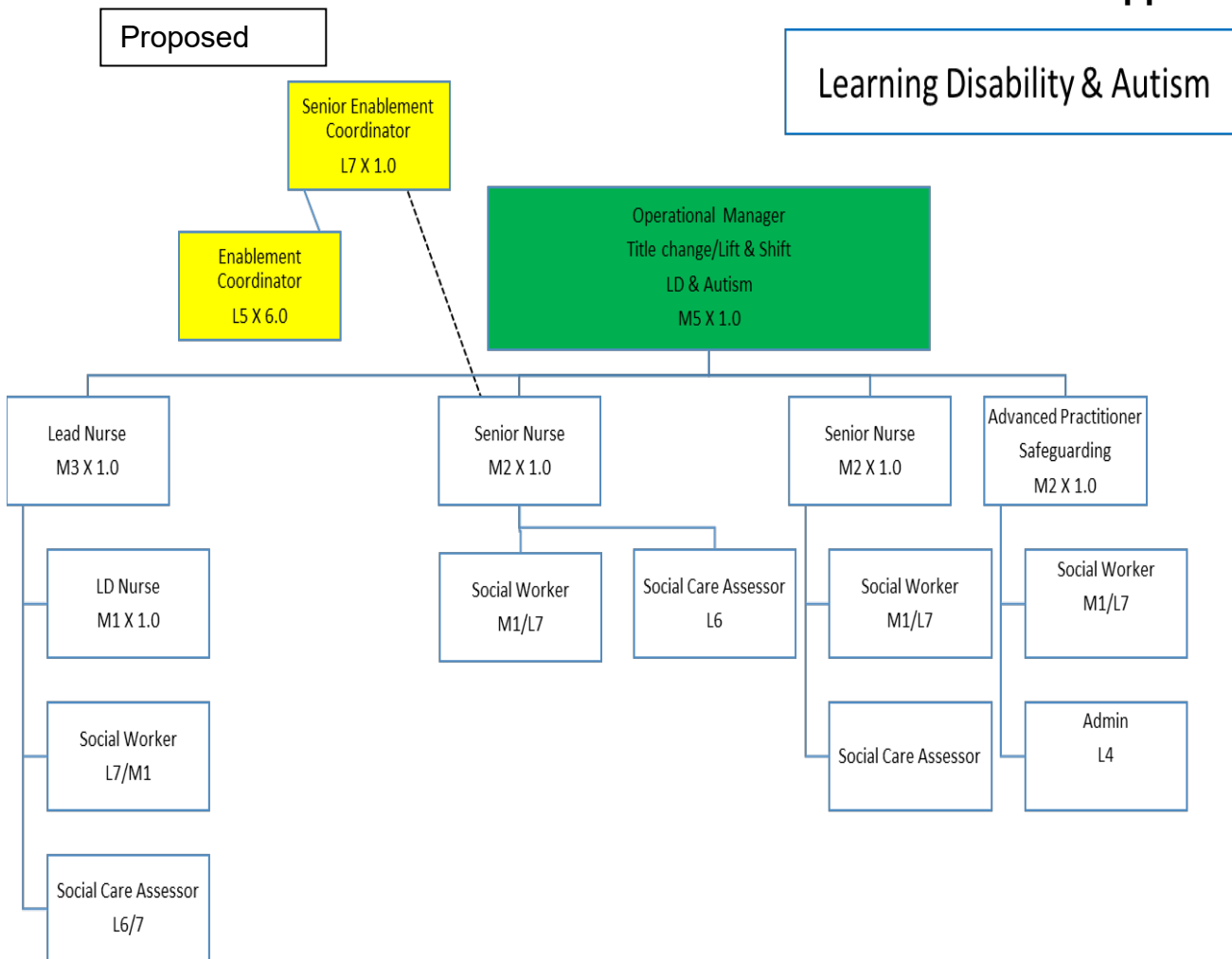


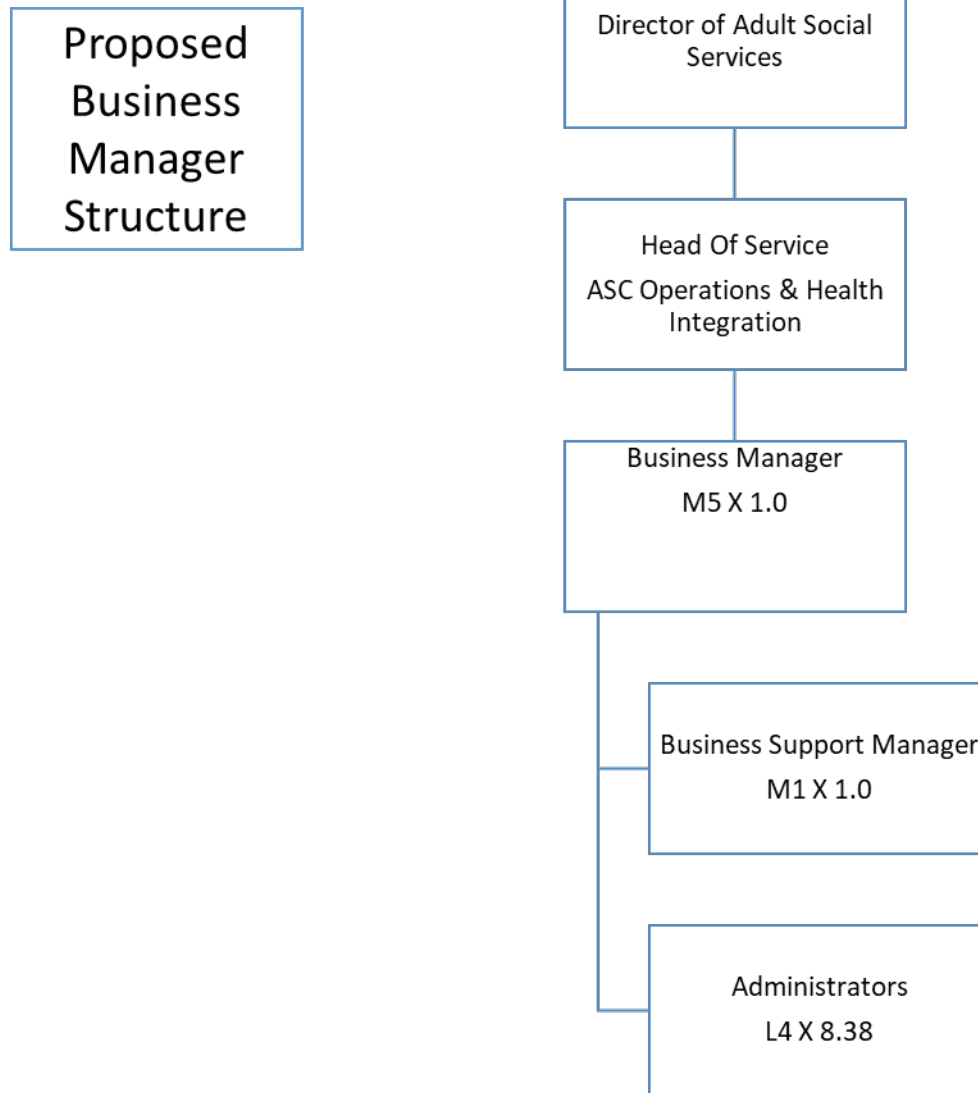


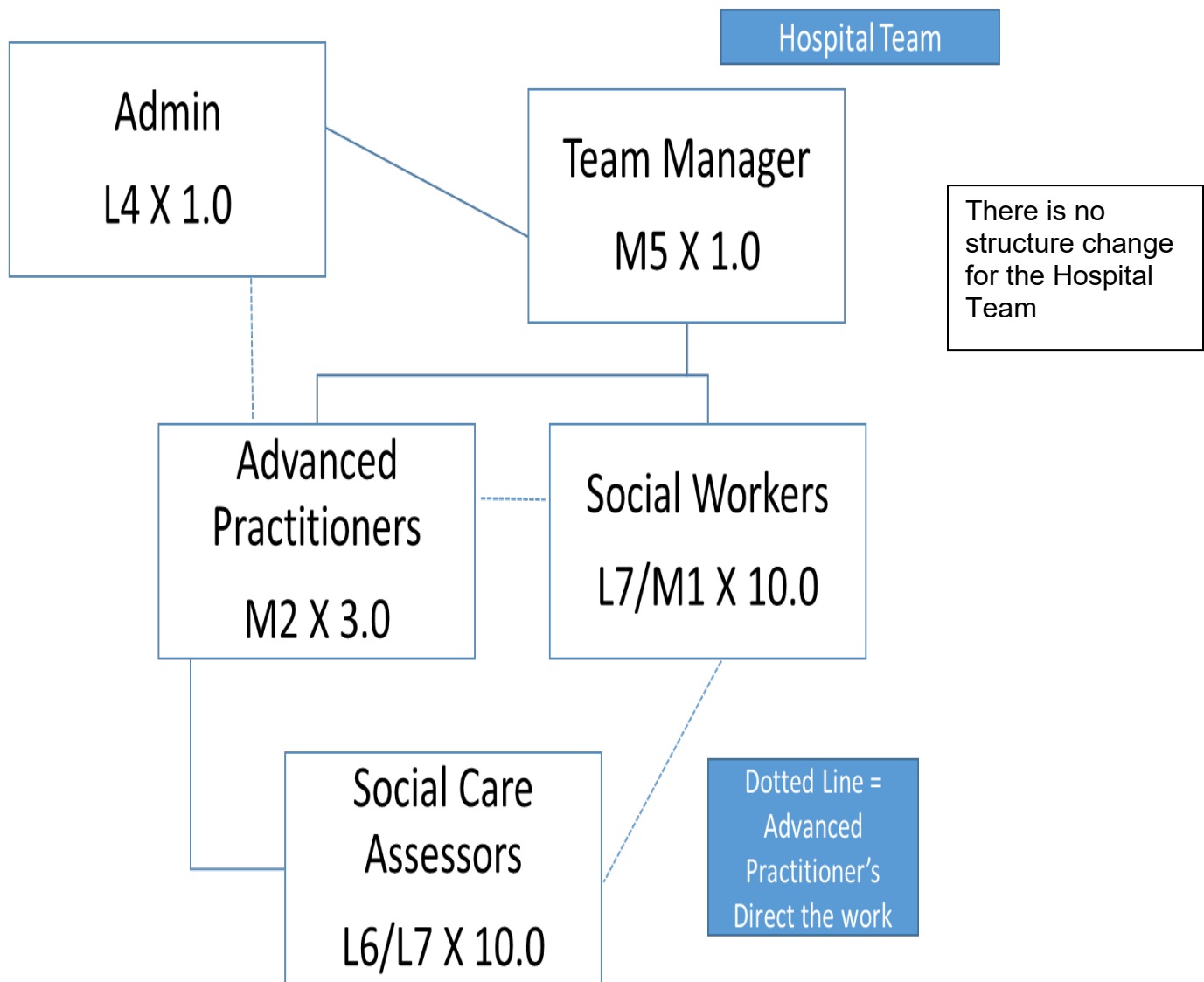












All existing job descriptions will need to be reviewed in light of management changes and the introduction of some new posts.

Provided in the draft job descriptions is an overview of the key functions of each role. This is not exhaustive and recognises the need for all staff to be able to widen their remit and be flexible in response to local need.

The new draft and revised job descriptions will be subject to consultation with you, following which they will be presented to a Job Evaluation panel to receive their final grades. The Job Evaluation panel is due to be confirmed, although not set it will allow sufficient time thereafter for affected individuals to request a further 1 to 1 meeting before formal consultation closes. It is therefore important that any comments on the proposed new or amended job descriptions, to enable SMT to consider any suggestions prior to the panel.

Employees will still be able to submit comments/views/suggestions on the draft job descriptions up to the end of the consultation period. Depending if any subsequent amendments are required, the job evaluation process will be revisited if necessary.

<b>Current Job Title</b>	<b>FTE</b>	<b>Indicative Grade</b>	<b>New Title</b>	<b>Change</b>
Service Manager – Assessment, Care Planning, Safeguarding & DoLS	1.0	M8	Head of ASC Operations & Health Integration	Redefined role and updated Job Description change
Principal Social Worker	1.0	M5	PSW	Redefined roles and updated Job Description change
Project Lead	0.8	TBC	New Post Business Manager	New Post and Job Description
Team Manager	1.0	M5	Operational Manager Early Intervention & Prevention & Stabilisation	New Post and Job description
Team Manager	1.0	M5	PathwaysManager Long Term Care, schedule reviews & Complex Case Management	New Post and Job description
Team Manager Community Learning Disability	1.0	M5	Operational Manager, Learning Disability & Autism	Updated Job Description change
Safeguarding & Dols & MCA Lead	1.0	M4	New	New Post and job description
Advanced Practitioner (SW, OT & Safeguarding, Hospital)	11.0	M2	No change	Updated Job Description change

Social Worker	22.77	M1/L7	No change	Updated Job Description change
Social Care Assessor	18.0	L6/L7	No Change	Updated Job Description change
Carers Assessor	1.0	1.0	No Change	Updated Job Description change
Social Care Assessor OT	7.45	L6/L7	No Change	Updated Job Description change
Rehabilitation Officer	1.06	L7	No change	Updated Job Description change
Safeguarding Dols Coordinator	3.0	L5	No Change	Updated Job description change
Safeguarding Triage Officers	2.0	L6	No change	Updated Job description change
Prevention Coordinator	1.0	M3	New	New Post and job description
Operational Manager Therapies & Assistive Technology	1.0	M5	New	New Post and job description
Business Support Manager	1.0	M1	New	New Post and job description
Local Area Coordinators	2.0	TBC	New	New Post and job description
Advance Practitioners -Primary Care Network Link Worker	1.0	M2	New	New Post and job description

## Agile Working

The Council needs to provide its services more cost effectively and this means a significant number of employees needing to work in different ways and from varying locations according to the needs of their job. In some circumstances this might mean working from home. The concept of employees having a desk of their own at a fixed location has ended.

### 4.2 Integrated Impact Assessment (IIA)

An IIA will be drafted by 16<sup>th</sup> October 2020 and will be made available during the consultation period.

*In all circumstances:-*

The IIA will be reviewed and updated following the outcome of consultation and the results will be presented to Committee.

## 5. Risks

*(Amend as appropriate)*

### Risks –

Description	Impact	Mitigation
Job losses and the loss of an experienced and skilled workforce	The proposal puts 25.8 FTE posts (currently filled) at risk and deletes a further FTE post which are vacant. There is a medium possibility of redundancies at M5.	<p>21.01 FTE of posts have been created. Staff will be ring-fenced and have the ability to apply for other jobs in accordance with the policy.</p> <p>Vacant posts will be converted and repurposed to alternative created posts</p> <p>Skills needs assessment and resource plan will be completed as part of any OCA</p>
Demand increases	Services are unable to respond effectively	The proposed changes to management and harmonisation of job description will enable services to be more agile and flexible and be better equipped to tackle a number of workforce challenges i.e. agency use, sickness absence, lack of opportunities.
Resistance from staff or lack of buy – in to the changes	Lack of trust and dip in morale	<p>The rationale for the changes will be communicated simply, intelligibly and honestly</p> <p>Resources will be planned to enable all staff to actively participate and engage with the OCA process</p> <p>All changes will be subject to due process and scrutiny</p>

Failure to implement new terms and conditions and new ways of working will have a detrimental effect on service delivery and will result in an overspend on the staffing and purchased care budget for the Service.



## 7. Consultation and next steps

**The council's Organisational Change Procedure will be used throughout the process.**

Trade Union Management Meeting:	14 <sup>th</sup> October 2020	
Formal consultation starts on:	19 <sup>th</sup> October 2020	
Job Evaluation (if applicable):	To be confirmed	
Formal consultation ends on:	2 <sup>nd</sup> December 20	
Executive or Administration and Regulation Committee		date: 16 <sup>th</sup> December 20

During the period of formal consultation:

- o All affected employees will be offered a one-to-one meeting.
- o Group staff meetings will be arranged as necessary.
- o Continual and open dialogue is encouraged on further suggestions and ideas to arrive at the best proposals for change given the circumstances in which the Council finds itself are encouraged.
- o Question and Answer document updated regularly;
- o All affected employees have the opportunity to e mail their views about the proposals [SidebySideOCA@luton.gov.uk](mailto:SidebySideOCA@luton.gov.uk)
- o Each e-mail received will be logged and a response provided. Question and Answer document to track responses.
- o Detailed documentation will be made available to affected staff during consultation.
- o Trades Unions will be involved throughout.
- o Consultation will include opportunities for key stakeholders to give their comments on the proposal(s).
- o We will report to the Admin Committee on 16 December 2020 with the final Service proposals. Subject to the Committee's decision, the implementation of changes will commence immediately.
- o If applicable, formal notices of redundancy are likely to be served from the start of January 2021 at the earliest;

## 8. Implementation

Implementation will be in line with the council's Organisational Change Procedure.

An Outcome of Consultation document will be circulated once consultation closes

An Implementation Plan will be circulated following the publication of Committee's decision. In general, implementation will commence immediately.

HR will advise on technical/procedural aspects of implementation plans.

## 9. Employee Support

Changing times can often be difficult. A confidential support service is available to staff through **Health Assured Limited** they can be contacted on **0800 030 5182** OR via [www.healthassuredeap.com](http://www.healthassuredeap.com), Username = **Luton**, Password = **Council**.

Careers support, advice and information is available from the National Careers Service. You can contact them on **0800 100 900** or visit their website at **[nationalcareersservice.direct.gov.uk](http://nationalcareersservice.direct.gov.uk)**

Support is also available from the Luton Town Centre Chaplaincy. The Town Chaplaincy Team offers a confidential, independent, non-judgemental listening ear to anyone regardless of faith or no faith. The Town Chaplains are available between 12-2pm Monday, Tuesday and Thursday at Luton Town Hall. The Team can also be contacted on the following numbers:

**01582 545037    07528 498677    07557 686218**

Further information from [www.lutontcc.org.uk](http://www.lutontcc.org.uk) or email [info@lutontcc.org.uk](mailto:info@lutontcc.org.uk)