



**REPORT OF THE SERVICE DIRECTOR, PERSONAL CARE AND
SUPPORT, SOUTH NOTTINGHAMSHIRE**

**INTERNAL STAFFING STRUCTURE FOR MANAGEMENT OF THE NEW
HOME BASED SUPPORT SERVICES**

Purpose of the Report

1. To outline the functions, roles and responsibilities in managing the newly configured home based care and support services, including provider relationship arrangements and to propose an operating model to support those functions.

Information and Advice

2. On 26 September 2013, Council approved the recommendations to implement a new model for home based care and support and agreed the re-tender of those services. The Council subsequently commenced the procurement exercise in accordance with its Financial Regulations and EU procurement rules. The services have been commissioned jointly with the six Nottinghamshire Clinical Commissioning Groups (CCGs) as part of an integrated service.
3. The reconfigured home based care and support services has entailed the following:
 - establishment of 'core provider model' with each provider covering a specific geographical area
 - reducing the number of contracted home care providers from 26 to 4 for the delivery of services commissioned by health care and social care staff, with a further 4 providers for the delivery of complex health related tasks which will primarily be commissioned by the CCGs
 - implementation of a new Electronic Monitoring System (EMS) to monitor activity and to make payments to providers, drive improvements and produce timely and accurate billing for service users
4. The aim of the new model of service is to deliver the following benefits:
 - significant increase in home care capacity
 - greater choice and flexibility for service users and their carers around the delivery of the service
 - stability within the home care provider market

- delivery of more efficient and effective services including greater emphasis on reablement and promoting independence
- facilitating prompt hospital discharges and enabling avoidable hospital admissions

5. In addition to the above benefits, the new model of services will enable delivery of savings and efficiencies of £865k from:

- reduced provider costs arising from economies of scale
- implementation of the new EMS
- reductions in numbers of staff required to arrange the care services and to retain oversight of the providers

6. The reconfigured model of service along with the recent establishment of Data Input Team, the new Electronic Monitoring System (EMS) and proposed changes to the community care assessment and support planning process will:

- remove need for the brokerage function to source home care provision and will give assessment staff the responsibility for directly commissioning the required home care packages via the relevant provider
- reduce bureaucracy associated with checking of transactions as required with current electronic monitoring system
- support the development of partnership working between the Council, the CCGs and the home care providers
- require a different approach to contractual oversight, monitoring and partnership arrangements with home care providers

Impact of the changes on internal staffing structures and current operating models

Service Organisers and Business Support staff

7. Currently there are two Service Organiser Teams, one covering Broxtowe, Rushcliffe and Gedling and the other Ashfield, Mansfield, Newark and Bassetlaw. This service is managed by Older Adults Group Managers with the Business Support Officers being managed by the Group Manager Business Support. The establishment of the Service Organiser Teams are:

• Team Manager	x 1.5 FTE	-	£76,500
• Service Organiser	x 15 FTE	-	£449,000
• Business Support Officer	x 10.5 FTE	-	£210,000

Total **£735,500**

8. One of the main activities of the service organiser staff is the brokerage function. With the new core provider model, the brokerage function will no longer be required once the implementation and bedding in of the new home care services has been completed. This will also be the case for the relevant business support staff who currently have a role in

supporting these functions. Another key role of the business support staff is the processing of EMS related transactions and this will also be reduced significantly with the implementation of the new EMS.

Market Development and Quality Monitoring staff

9. The current compliment of staff within the Market Development Team working specifically with home care providers. Additionally, the Market Development Team Manager is currently spending a significant proportion of her time overseeing the home based services transition but this is expected to be concluded by December 2014. The officers in the team specifically dedicated to home care services are as follows:

- Market Development officer x 1 FTE - £47,500
- Quality Monitoring Officer x 1 FTE - £36,500

Total £84,000

10. The reduction in the number of home care providers, along with increased levels of contractual oversight required by the new service specification, will have implications for staff within the Market Development Team as the levels of monitoring and management functions will change.

11. Work has recently been completed on developing a single quality monitoring process for use across different service areas which will enable a fully integrated partnership approach to monitoring by the Council and the CCGs. The Quality Development staff work across a range of service areas and whilst it is anticipated that monitoring and auditing activities specifically related to home care should decrease as a result of the fewer number of providers, this will give the team some capacity to extend quality auditing and monitoring activities in other service areas including supported living and day care.

Required future operating models

12. The new contract with the home care providers emphasises different ways of working, placing greater emphasis on partnership working to support and enable service developments and to drive out further efficiencies wherever possible.

13. The tasks and activities required in overseeing and managing the home based support services fall broadly into two categories, those at a strategic level and those at a more operational level.

Strategic developments include:

- Supporting and facilitating the development of the new home based service providers through the newly established Commissioning/Operational Board
- Overseeing the requirements of health commissioners in relation to clinical governance
- Developing close working arrangements with hospitals to enable timely discharges and prevent patients having to wait for care packages

- Analysis of activity and performance and, identification and management of any associated areas for continuous improvement and opportunities for efficiencies
- Maintaining oversight of, and embedding requirements in relation to Information Governance
- Analysis of quality audits for all associated home based services and, identification and management of any areas for improvement.
- Management the contracts and oversight and decision-making in relation to contractual sanctions
- Development of processes to support continuous improvement focusing on Key Performance Indicators
- Development and support of wider quality assurance processes such as the Lay Group of service users and carers
- Facilitating and developing community and third sector links
- Support recruitment campaigns and generally promote profile of care staff/industry
- Development and testing of payments based on outcomes
- Facilitating efficiency savings and innovation, including management and oversight of any associated pilots
- Liaison with key operational staff and problem solve issues particularly of supply and quality
- Liaison and work in partnership with the NHS contract management and contract compliance colleagues to ensure all health related elements of the contracts are managed appropriately

Operational activities include:

- Responding to and managing day-to-day operational issues such as concerns and complaints
- Managing minor or temporary adjustments of home care packages
- Working with providers in resolving customer queries, concerns and complaints as and where they arise
- Steering safeguarding matters where appropriate to the MASH, maintaining agreed departmental thresholds for safeguarding
- Working with market development staff in terms of quality assurance
- Monitoring levels of activity and performance using the EMS as well as through formal engagement with providers, service users and other relevant stakeholders
- Undertaking regular quality monitoring of home based services, including carers services, night-time response services and extra care services
- Monitoring of Key Performance Indicators, some of these include reablement, capacity, sub-contracting arrangements, service user and carer feedback, service user choice, flexibility/banking of hours, support planning quality and time frames, safeguarding
- Monitoring staff related KPIs such as travel time, staff turnover, contracts of employment
- Responding to and managing day-to-day operational issues such as concerns and complaints
- Managing minor or temporary adjustments of home care packages
- Working with providers in resolving customer queries, concerns and complaints as and where they arise

- Steering safeguarding matters where appropriate to the MASH, maintaining agreed departmental thresholds for safeguarding
- Working with market management staff in terms of quality assurance

14. It is anticipated that the above operational activities will develop over time as functions relating to the resolving of concerns, queries and complaints reduce and functions relating to increased oversight of services and partnership working increase.

Proposed operating model

15. Given the above requirements, it is proposed that the existing locality based Service Organiser teams are disestablished and a single centrally managed Community Services Partnership team is established to undertake the wide range of functions outlined above. It is proposed that the management of the team would fall under the Quality and Market Management structure.

16. It is proposed that this Community Services Partnership team model consists of the following staff:

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| • Team Manager x 1 FTE (Band D) | £51,000 |
| • Community Services Partnership Officers - x 6 FTE
(Anticipated Band A) | £218,000 |
| • Business Support Officer/Assistant x 4 FTE | £80,000 |

Total	£349,000
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17. In addition to the above staff compliment, discussions are underway between the 5 Nottinghamshire CCGs for the establishment of health managed/funded post to work alongside this central team to provide clinical oversight and monitoring functions relating to clinical aspects of both the social care and complex care contracts.

18. Given the different and extended range of activities and functions to be undertaken through the new team, new job descriptions and person specifications have been drafted (see Appendix A) and the Community Services Partnership Officer posts will require job evaluation under NJE.

19. Whilst there will be single line management via the Team Manager, it is proposed that a flexible approach is taken in relation to the geographical base for the Community Services Partnership Officers in order to ensure appropriate cover across the county and as determined by the needs of the service.

20. It is anticipated that the transition process from the previous providers to the new contracted providers will take between 9 to 12 months to be completed and for the new services to have time to become embedded. Therefore, it is proposed that the new staffing structure be implemented at the earliest opportunity from April 2015.

Consultation with staff and Trades Unions

21. A comprehensive consultation process has been undertaken with the relevant staff groups and with Trades Union representatives, including meeting with the staff members.

The consultation was based on an early draft of the proposed staffing structure. Detailed feedback was received from the staff members about the proposals and the matters raised have been given consideration. Subsequently the proposals have been revised and the proposed structure outlined above reflects and addresses the matters raised by the staff through the consultation process.

Other options considered

22. As outlined above, there is a need to restructure the relevant internal staff, both in terms of numbers and in terms of roles and responsibilities, to reflect the changed requirements for the management and oversight of the new home based care and support services. This will also have the added benefit of delivering the required savings and efficiencies.
23. Various different operating models have been considered including:
- A locality based model with two separate teams one located in the north of the County and one in the south of the County. Each of the teams would undertake both the strategic and operational functions and would sit under line management of an operational Group Manager within the Older Adults' service area
 - A separation of the functions and location of the staff, with the operational functions sitting within the assessment and care management teams, and the strategic functions being located centrally within the Market Development Team
24. The above two models have the benefit of aligning to the north and south geographical split but there are a number of difficulties with these such as:
- Ability to consistently manage contract compliance and/or breaches
 - Capacity of operational Group Managers and Team Managers to absorb more responsibilities
 - Ability to apply flexibility to support cover arrangements
 - Attainment of required economies of scale
25. There are considerable benefits to having the strategic and the operational functions located under a single line management structure. This would enable clear oversight of strategic activities including management and oversight of quality assurance, supplier relationship management, service development, continuous improvement and innovation, and of the day to day operational issues experienced by the providers.

Reason/s for Recommendation/s

26. Following the tender of the home based care and support services there is a need to establish a new internal staffing structure to co-ordinate and manage the implementation of the new contracts and to oversee the development of the new services over the period of the contract duration.
27. From the onset of the tender planning process, it has been acknowledged that the new services will result in efficiencies and the delivery of savings, with a savings target of £865k. An element of these savings is to be achieved through an internal staffing restructure as proposed above.

28. A new approach to supporting the delivery of community based services is required which promotes and enables effective partnership working, ensures service users and carers have more control over the services they receive and which ensures value for money.
29. The proposed model delivers improved business resilience, supports continuity of service during the transition from existing to new home care providers, and which allows opportunities for the development of roles and responsibilities of staff to work across the different service areas.

Statutory and Policy Implications

30. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

31. There are a large number of service users and carers who will experience a change of care provider arising from the tender process and it is imperative that the transition is managed carefully in order to minimise disruption to individuals wherever possible. Much of the operational transitions activities are being managed by the Service Organisers based in the locality teams. The implementation of the new staffing structure would not commence until April 2015 in order to enable the transitions work to be undertaken.

Financial Implications

32. The current staffing budget of the Service Organiser teams is £735,500. The cost of the proposed new team would be £349,000. This would deliver staffing savings of approximately £386,500 which will contribute to the overall savings target of £865k per annum arising from the new home based care and support tender.

Human Resources Implications

33. These are detailed within the report

RECOMMENDATION/S

It is recommended that:

- 1) The Service Organiser teams are disestablished once the transitions to the new providers have been undertaken, anticipated by April 2015

34. A new centrally managed Community Services Partnership team is established :

- 1 FTE Team Manager, Band D, scp 42 -47, (£35,784 - £ 40,254) and the post allocated an authorised Car user status
- 6 FTE Community Services Partnership Officers, Anticipated indicative Grade 5 (scp 24 – 28) (£20,858 – £23,708)) subject to full job evaluation and the post allocated an authorised Car user status
- 4 FTE Business Support Officer/Assistant,

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For any enquiries about this report please contact:

Human Resources Comments ([SJ 12/06/2014])

35. Full consultation has taken place with staff and trade union colleagues involving HR representatives – the relevant HR policies and procedures will be applied during the move to the new structure

Constitutional Comments (SG 25/06/2014)

36. The proposals in this report fall within the remit of this Committee. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (KAS 20/06/14)

37. The financial implications are contained within paragraph 32 of the report.

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All