



| Classification      | Item No. |
|---------------------|----------|
| Open <b>Control</b> |          |

| Meeting:                        | HR & Appeals  |
|---------------------------------|---|
| Meeting date:                   | 25 March 2021   |
| Title of report:                | Restructure of Community Commissioning pillar in the One Commissioning Organisation (OCO) |
| Report by:                      | Julie Gonda – Director of Community Commissioning (DASS)                                  |
| Decision Type:                  | Non-Key Decision  |
| Ward(s) to which report relates | All wards in Bury   |

#### **Executive Summary:**

In January 2020 the Council's Cabinet agreed structure proposals creating the One Commissioning Organisation within which four pillars / sub directorates were established.

This paper seeks permission to restructure the Council posts within the Community Commissioning structure, and notes the single line management arrangements of some staff within the CCG.

#### Recommendations

The Committee is asked to support the proposed establishment of the following posts:



Senior Integrated Commissioning Manager x 4 FTE; Integrated Commissioning Officer x 7FTE; Integrated Commissioning Support Officer x 3FTE; Quality Assurance Officer x 2FTE;

## The Committee is asked to note the proposed deletion of the following posts to support the restructure:

Provider Relationship Manager x 1 FTE
Provider Relationship Lead x 2 FTE
Provider Relationship Officer x 7 FTE
Strategic Planning & Development Manager x 1 FTE
Strategic Planning & Development Lead x 1 FTE
Project Lead x 3 FTE
Strategic Planning & Development Officer x 3 FTE
Carers Engagement Co-ordinator x 3 FTE

The Committee is asked to note the proposed permanent line management of the following team manager to the Director of Community Commissioning:

Head of Adult Safeguarding

The Committee is asked to note the proposed permanent transfer of the following posts to the Intermediate Tier services:

Brokerage Relationship Officer x1 FTE Brokerage Relationship Assistant x 1 FTE

The Committee is asked to note the proposed permanent transfer of the following team to the Corporate Core:

Personalisation Business Support Team (financial assessments and personal budgets for social care customers)



#### 1. Background

In January 2020 the Council's Cabinet agreed structure proposals within which the

Council and the CCG will operate as a partnership across the following departments and commissioning function:

- The Department of Operations
- The Department of Corporate Core Services and Finance
- The Children and Young People's department
- The Business Growth and Infrastructure Department
- The One Commissioning Organisation (OCO)

Executive Directors were tasked with developing detailed structures for their departments, within established resources, which were to be subject to separate approval. Progress in implementing detailed structures and developing a formal transformation programme was temporarily halted because of the COVID-19 emergency.

#### 1 Establishment of the joint commissioning arrangements via the OCO

The OCO is responsible for all commissioned health and social care activity in respect of some children and all adults in Bury. Much work has already been undertaken to identify staffing arrangements to create merged teams from the staff within the CCG and the Council's commissioning teams, and this paper proposes to formalise the arrangements already agreed in principle. In addition, it also proposes a restructure in respect of social care teams operating within the Community Commissioning pillar.

OCO responsibilities are organised in four pillars under the Executive Director of Strategic Commissioning, with the structure agreed at a high level as per **Appendix 1** of this report. This high level structure has been consulted upon with all staff concerned between October and December 2019 and it was agreed in January 2020 that this would be the way the OCO would operate. The four pillars are:

- Community Commissioning
- Secondary Care Commissioning (to incorporate SEND moving forward)
- Public Health
- Nursing & Quality Improvement.



An exercise was undertaken to identify which staff from the Council and CCG would be aligned under which pillar of work, and this was finalised and agreed in principle in early March 2020.

It should be recognised that the previous consideration for a restructure in respect of the staff teams within the Council with responsibility for Adult Social Care commissioning was put on hold in order to allow time for the senior management arrangements within the OCO to be finalised.

The proposals within this document are designed to re-structure staff working with the Community Commissioning pillar. This structure incorporates the statutory functions and duties in respect of adult social care under the role of Director of Community Commissioning (DASS).

#### 2 Current structures

Historically, the strategy and planning elements and provider relationship elements of social care commissioning within the Council were separated, to allow a real focus on building quality within the private, voluntary and independent (PVI) sector of social care. This focus has resulted in Bury having the best quality provision in GM for a sustained period.

However, there is now a need for a significant restructure of staff within the following two teams which undertake the majority of the commissioning functions for Adult Social Care, being:

- Provider Relationship Team (PRT)
- Strategic Planning and Development Team (SP&D)

This report also proposes to embed the identified CCG staff (**Appendix 2**) into the line management arrangements within the Community Commissioning pillar, including the Primary Care Team.

In addition, for a number of teams currently operating within line management arrangements of the Community Commissioning Pillar, it makes proposals regarding the permanent transfer of line management outside of the Community Commissioning Pillar. Some of these arrangements have been in place temporarily



due to the Covid-19 pandemic, manager vacancy and capacity issues. Where temporary arrangements have been in place, these are indicated as such.

Current structures and indications of temporary arrangements in place are included in **Appendix 3.** 

Please note this proposal does not focus on any other pillar within the OCO other than the Community Commissioning Pillar. It should also be noted that many of the operational teams for social care now operate under single line management of the Local Care Organisation, with accountability to the DASS through the Assistant Director of Social Care Operations.

There are a number of proposals within this document that change line management of some operational managers which have remained within Council structures and are key to the DASS statutory responsibilities; however, any future restructure or proposed changes to teams within operational social care services remain separate to this document.

Any changes to senior management structures also remain separate to this document.

#### 3 Approach to the restructure

The need to build capacity at the right level within the organisation to drive transformation of health and social care in a joined up way is crucial to the future sustainability of the health and care system. This is especially pertinent given the difficult financial context of the health and care economy here in Bury. It is therefore proposed to undertake the restructure in phases:

Phase 1 establishment of the posts and consultation with staff for the Senior Integrated Commissioning Manager, Integrated Commissioning Officer and Integrated Commissioning Support Officer roles

Phase 2 consideration of senior management structures within adult social care and the Community Commissioning Pillar including review of job descriptions

This report covers phase 1.



#### 4 Bury's Current Structure 'As is' (Appendix 3)

#### 4.1 Social Care Commissioning Teams

As described above in Section 1 the commissioning functions for adult social care have historically been focussed on strategy & planning and provider relationships, with staff split across the two functions, supported by project leads.

The current structure chart for the two teams is included in **Appendix 3.** There are currently 3 vacancies within the Provider Relationship Team. It is proposed to delete these posts to support the reconfiguration of the teams as part of this restructure.

Both teams are managed by the Strategic Lead (Strategy & Development), which is currently vacant as the post holder has recently resigned. It is proposed that the post is held vacant, to allow for further reconfiguration of senior management in Phase 2 of this restructure.

In addition, this post has historic managerial responsibility for a number of teams which are much more operationally focussed on the front line of social care delivery. These teams are:

- Adult Safeguarding including Safeguarding Operations, Reviewing, MCA and DoLS, managed by the Head of Adult Safeguarding;
- Personalisation & Support Business Team
- Reviewing Team.

This structure proposes alternative line management for these services, but no detailed changes to the teams themselves; any future changes to the teams would be made under separate proposals specific to that team.

The detailed list of posts within the current structure under the management of the Strategic Lead (Strategy & Development) are included in **Appendix 3**.

#### 4.2 Primary Care Team

The Primary Care Team currently undertakes duties in respect of two main areas: Primary Care Commissioning and Medicines Optimisation.

These teams are currently managed by the Deputy Director of Primary Care; in addition, the post holder has been working part time into the Bury Local Care Organisation as Head of Programme Delivery on a secondment basis.

The detailed list of posts within the current structure under the management of the Deputy Director of Primary Care are included in **Appendix 4** 



#### 4.3 Community Health and Mental Health

In addition, responsibility for the commissioning of Community Health Services and Mental Health Services are within the Community Commissioning Pillar, as the responsibility of the Director of Community Commissioning. To that end, a small number of CCG employed staff currently working on Mental Health are proposed to be located within the Community Commissioning pillar. Other duties, relating in particular to the commissioning of Community Health Services, will be matrix managed across the pillars, in line with agreement of the Executive Director of Strategic Commissioning. No transfer of resource is proposed at this time.

The transfer of staff into the Community Pillar from the Secondary Care Commissioning pillar relate to Mental Health commissioning. The list of those posts proposed to transfer, as agreed in March 2020 is included in **Appendix 2** 

#### 5 Proposals for future structure of Community Commissioning

The work for transformation and recovery of health and social care services needs significant leadership and managerial capacity within the Council and the CCG. It is therefore proposed to phase the restructure of community commissioning as follows:

- establishing the new team management structure and team structures as phase 1
- and changes to senior management as phase 2.

This will allow the teams to embed quickly, whilst further consideration is given to senior management structures and responsibilities.

#### **5.1** Staff transfers of existing roles

As part of the staff review in Feb 2020 to the OCO pillars, two posts from within the Community Commissioning structure are to be considered for transfer to other parts of Social Care operational services. These proposed transfers are in respect of the following posts / teams:

- Brokerage 1 FTE Brokerage Relationship Officer post (currently vacant) and 1 FTE Brokerage Assistant proposed to transfer to Adult Social Care Intermediate Tier;
- It is proposed that the Personalisation & Support Business Manager transfers line management into the Corporate Core - Finance Department, in recognition of the consolidation of the Corporate Core and to create professional oversight through Finance structures. However, in recognition that the team is customer facing and should have strong alignment with Social



Work teams, it is proposed that team members operate through the neighbourhood structure within the Integrated Neighbourhood Teams.

### 5.2 Creating a new Commissioning Team - approach to creating effective delivery through 'sub' pillars

The approach to the restructure in respect of wider staff teams is to create a number of (sub) pillars, with teams delivering them, which match the priorities of the work to be done to ensure recovery and transformation of commissioned services.

In order to ensure flexibility and a responsive staff approach to the future, it is therefore proposed that the job descriptions, including those of manager level, are generic, with clear priorities and work themes identified for staff on an annual basis, through the PDR / Employee Review process as agreed by the Director of Community Commissioning and the Executive Director of Strategic Commissioning.

This approach has the advantage of developing holistic, person-centred services with the best outcomes for the people of Bury.

The pillars below reflect the work needed to undertake further transformation of health and social care. Those already in place are shaded green and have staff / matrix approach to delivery already agreed. Those shaded pink are to be confirmed; however 4 is the optimal number to ensure that all current priorities can be appropriately resourced.

| Mental<br>Health | OP/Ageing well | Learning<br>Disability | Provider Development & contract monitoring Complaints | Carers, Physical Disability & Prevention | Community<br>Health | Primary<br>Care |
|------------------|----------------|------------------------|---|--|---------------------|-----------------|
|------------------|----------------|------------------------|---|--|---------------------|-----------------|

#### 5.3 Other management roles within the Community Commissioning Pillar

The pillars of Mental Health, Community Health and Primary Care already have commissioning managers identified to lead the work, at either Deputy Director or Senior Commissioning Manager level, resourced from the health (CCG) structures within the OCO.

However, for the other pillars, it is proposed to create commissioning management roles for the remaining pillars from the social care commissioning resource within the



OCO; given the volume of recovery and transformation work to be undertaken it is proposed to create 4 Strategic Lead roles to cover the pillars of:

- OP/Ageing Well
- Learning Disability
- Provider Development and Contract Monitoring and
- Carers, Physical Disability & Prevention from within the current social care management roles.

The rationale for creating 4 posts, under the generic job description but with specific commissioning duties, is to ensure sufficient capacity at an appropriate managerial level to lead significant work streams, both those currently identified and those arising in the future.

#### 5.4 Other roles within the Community Commissioning Pillar

It is proposed that new roles are created within the sub pillars to ensure that the workload can be managed appropriately, on a priority basis. These roles would be:

- 7 x Integrated Commissioning Officers to work across the 4 pillars of social care initially;
- 3 x Integrated Commissioning Support Officer to focus on the monitoring of contracts and manage payments to providers, as well as any other thematic work required
- 2 x Quality Assurance Officer roles to work across the 4 pillars of social care and ensure good quality provision is maintained in Bury through implementation of a refined Quality Assurance Process.

The role requirements of the Integrated Commissioning Officers, the Integrated Commissioning Support officers and therefore the job descriptions, are completely new to Council structures. The establishment of the Quality Assurance Officer posts is based on posts that were within the previous structure, but will bring all elements of managing the quality assurance process into specific roles, rather than embedded in wider roles. Detailed consultation with staff and Trade Union will be undertaken as soon as possible.



#### 5.5 Adult Safeguarding within Community Commissioning

The remaining team within the Adult Social Care structures for whom it is proposed to realign reporting requirements:

 It is proposed that the **Head of Adult Safeguarding** reports directly to the Director of Community Commissioning (DASS) and that the Head of Adult Safeguarding continues to have line management responsibility for the Reviewing Team.

### 5.6 Other CCG posts to transfer to the Community Commissioning Pillar under single line management arrangements

This report also proposes to embed the 4 identified CCG staff (**Appendix 2**) into the line management arrangements within the Community Commissioning pillar, including the Primary Care Team. It is proposed that the CCG staff transferring report to the Deputy Director of Primary Care, which will be reflected in the revised job description.

#### 5.7 Primary Care Team proposals

This structure also proposes reviewing the job description of the Deputy Director of Primary Care to reflect a potentially wider role in taking on other community commissioning responsibilities within the OCO and the line management of additional staff as described in section 6.6. It also recognises that the current duties undertaken by the post holder no longer includes the management of QuIPP (Quality Improvement and Innovation) programmes, which are contained within the current job description.

All other posts within the Primary Care sub pillar to remain the same and therefore within budget.

#### 6 Financial Implications

The proposals in respect of this structure will be met from within existing resources, with the budget created from:

| BU    | ry   |
|-------|------|
| COUNC | IL D |

| Budge   | t                          |                   |                   |             |             |          |
|---------|----------------------------|-------------------|-------------------|-------------|-------------|----------|
|         |                            | Basic Pay         |                   | Ni          | Superan     | Total    |
|         |                            | 6000              |                   | 6024        | 6025        |          |
| Availab | le                         |                   |                   |             |             |          |
|         | SEG5970                    | £375,000          |                   | £37,500     | £76,900     | £489,400 |
|         | SSG9143                    | £339,100          |                   | £34,400     | £72,200     | £445,700 |
|         | SF16000                    | (part)            |                   |             |             | £40,000  |
| Less    |                            |                   |                   |             |             |          |
|         | Budget fo                  | r post to go back | to Public Health, | as per L Jo | nes request | -£47,100 |
|         | Less budg                  | et to transfer to | Intermediate Tier | for Broker  | -£54,000    |          |
|         |                            |                   |                   |             |             |          |
|         |                            |                   |                   |             |             |          |
| Total   | l budget available £874,00 |                   |                   |             | £874,000    |          |
|         |                            |                   |                   |             |             | ·        |

#### 7 Recommendations

It is therefore recommended that:

## The Committee is asked to support the proposed establishment of the following posts:

Senior Integrated Commissioning Manager x 4; Integrated Commissioning Officer x 7; Integrated Commissioning Support Officer x 3; Quality Assurance Officer is created x 2;

## The Committee is asked to support the proposed deletion of the following posts to support the restructure:

Provider Relationship Manager x 1
Provider Relationship Lead x 2
Provider Relationship Officer x 7
Strategic Planning & Development Manager x 1
Strategic Planning & Development Lead x 1
Project Lead x 3
Strategic Planning & Development Officer x 3
Carers Engagement Co-ordinator x 3

# The Committee is asked to support the proposed permanent line management of the following team manager to the Director of Community Commissioning:

Head of Adult Safeguarding
Deputy Director of Primary Care (CCG)



The Committee is asked to support the proposed permanent transfer of the following posts to the Intermediate Tier services:

Brokerage Relationship Officer x1
Brokerage Relationship Assistant x 1

The Committee is asked to support the proposed permanent transfer of the following team to the Corporate Core:

Personalisation Business Support Team (financial assessments and personal budgets for social care customers)

#### Appendix 1 – OCO structure and creation of the pillars



## Appendix 2 – List of staff agreed to transfer into Community Commissioning pillar from Secondary Care pillar



#### **Appendix 3 – Current structures**



#### **Appendix 4 - Primary Care**





#### **Appendix 5 - Proposed structures**



#### Community impact/links with Community Strategy

#### **Equality Impact and considerations:**

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

| <b>Equality Analysis</b> | Please provide a written explanation of the outcome(s) of |
|--------------------------|---|
|                          | either conducting an initial or full EA.                  |

Consideration of an initial equality analysis indicates that there would be no significant changes for social care customers through this restructure, as it does not affect delivery of front-line services to customers. However, for the staff undergoing the proposed restructure, this report and the consultation document aim to assure staff that the restructure will be implemented as fairly as possible.



For the posts that need to be filled as part of the restructure, fair selection procedures will be undertaken, in line with Council policy and procedures. Consultation with staff affected and with the Trade Union will take place as soon as possible, and feedback will be given in respect of any issues raised during the consultation process.

\*Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.



#### **Legal Implications:**

The proposals for deletion and creation of posts must be undertaken with appropriate consultation and in accordance with the Councils HR policies and its equality duties.

Financial Implications: to be completed by S151 officer

The cost of the proposals can be met from within the budget available.

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**Background papers:** 



# Please include a glossary of terms, abbreviations and acronyms used in this report.

| DASS | Director of Adult Social Services, a |
|------|--------------------------------------|
|      | statutory post within the Council    |
|      |                                      |
|      |                                      |
|      |                                      |