

OFFICER DECISION RECORD

For staff restructures, please also complete an RA1 form to update the HR Portal. This is attached at Annex 2.

Decision Ref. No:
AHWB/099/2017
Occupational Therapy
Management Restructure

Box 1

DIRECTORATE: Adults Health and Wellbeing

DATE: 5th July 2017

Contact Name: Karen Johnson

Tel. No: 01302 737887

Subject Matter: Occupational Therapy Management Restructure

Box 2

DECISION TAKEN:

- To structure the Occupational Therapy (OT) management in line with the Locality Teams in Adult Social Care and Support as follows:
 - To develop the role of the Principal Occupational Therapist to enable strategic capacity in the team and to strengthen partnerships and further integration with Health
 - To delete one Deputy Principal Occupational Therapist post and create a Team Leader post
 - To re-designate the remaining Deputy Principal Occupational Therapist

Box 3

REASON FOR THE DECISION:

Background

Occupational Therapy helps people with physical impairments, medical conditions, learning disabilities and mental health conditions to live more independently. The Occupational Therapy service can:

- Provide advice and information or demonstrate techniques to help people of all ages living with a disability to manage everyday tasks
- Loan equipment free of charge for as long as is required. (The service does not provide wheelchairs or walking aids as these are supplied by the NHS)
- Organise minor adaptations like rails if a person's disability prevents them getting around their home safely
- Help plan and organise major building works to a person's home if it is very difficult for them to live independently or the layout prevents them getting around
- Discuss options if building work is impractical or a person might be better moving to different accommodation
- Help those offering a person care, for example, if they have trouble with mobility

or movement, they may advise about handling techniques or special equipment.

They will do this by offering an assessment either in a clinic, a residential home or in the person's own home.

The Service sits within Adults, Health and Well Being. The current establishment of the service is:

1 FTE Principal Occupational Therapist (OT) Grade 11

2 x FTE Deputy Principal (OT) Grade 10

17 (16.96 FTE) Occupational Therapists including 4 vacancies Grade 8/9

5 (4.9) Assessment Officers Grade 7

1 x Manual Handling Instructor

1 x Manual Handling Advisor

Occupational therapy skills are essential if integrated services are to be developed. They are the only profession that are jointly managed by Acute, Community and Social care. They are key to developing inter-professional teams that benefit the localities.

Aligning the OT Management structure corporately

Aligning the OT management arrangements with the corporate structure in Adults, Health and Wellbeing will be necessary if the OT service is to be integrated with the locality teams and any future plans for further integration with Community Health services. Integration of services works best if management structures as well as front line staff are integrated. This will further ensure that:

- Clients receive a more joined up service
- DMBC has the strategic skills at senior management level to develop future integrated services around a strength based approach.
- The OT workforce is transformed for future integration with Health colleagues
- Registration and professional governance is protected
- DMBC has full accountability for the OT service by building capacity and competency at the Team Leader level to manage OT services.
- Locality teams benefit from OT skills and problem solving especially around enablement and independence further reducing long term care placements and high packages of Home Care.
- Career progression for the OT staff should they chose a management route.

This can be achieved for the same financial envelope by:

- **Using Existing Vacancy Processes**

In the establishment, there are 5 OT vacancies. Because of CIP, one post has been removed leaving 4. The recruitment processes underway are for recruiting to 2 OT posts and 2 Assessment Officer posts. Previous managers had already made the decision that more AO's were required rather than OT's. This leaves a surplus in the budget of £12k.

- **The Principal OT post**

Developing the Principal OT post at Grade 12 to mirror Principle SW post would enable strategic capacity to be built to ensure that partnerships and further integration with Health could take place.

- **The Team Leader and Advanced Practitioner roles**

Developing the role of Team Leader at Grade 11 to mirror the Team Leader posts in the locality teams would ensure that there was equity between the first-tier management roles. This would benefit the organisation as building competency and capacity across integrated services is the next step. Initially this post could operationally manage the Service but then move to a locality position alongside SW colleagues. By developing the Advanced Practitioner role instead of Deputy Principal, also brings the service in line with the rest of the teams and creates equity and parity.

There are two Deputy Principal OT posts in the service area. One is occupied by a permanent employee and the other is vacant and covered by an agency worker.

The following alignment could also be achieved:

- **Performance management**

Jointly develop performance framework and outcome measures with the locality teams.

- **Locality structure**

Develop a 'virtual' locality OT structure where the OTs attend Team meetings and build relationships with SW colleagues. The current deputies are currently functioning as team leaders as well as attending the operational meetings.

- **Supervision**

Develop a joint supervision framework with the SW Team Leaders

- **Referral pathways**

Ensure referral pathways are aligned and waiting times managed

- **Co-Location**

Ensure that there is sufficient capacity in the estate for the OT's to move.

Box 4**OPTIONS CONSIDERED & REASONS FOR RECOMMENDED OPTION:**

A number of options have been considered:

1. Do nothing and manage with the existing structure.
2. Align the management structure with Health structures.
3. Use budget shortfall, to bring key posts in alignment corporately

Option 1 - is not a viable option as the team are already struggling with recruiting to the vacancies to date for both the Principle OT and the Deputy Manager post. Current Deputy Manager will move on as would like a career in management. Performance issues in the team, both staff and service issues will worsen without competent management capacity being secured. Without competent management at the appropriate level, there has been:

- Little support for clinical reasoning with major adaptation work leading to unnecessary or inappropriate adaptations and rehousing for some clients.
- Caseloads and allocations have been reduced
- Staff are feeling demoralised and unsupported,
- Waiting lists have grown
- Budgets are overspent

Integration with the localities, which is the next step, will be more difficult as the first line managers will be on different pay scales and job descriptions.

The OT's won't be considered to be a part of an integrated team with the social workers and there will continue to be more handoffs.

Interagency working will be delayed unless leadership is built into the management structures.

Preparation for further integration with Health will be delayed as management won't be aligned.

Retention of staff will be more difficult as there won't be a career path for OT's who wish to go into management. DMBC will miss out on skill mix within their first line and senior management structures.

Option 2 – The timing is not right as there is no wider strategic plan to integrate just the OT service with health teams at the present time. An implementation plan is already underway with Intermediate Care Services. The Service, at present, is not fit for purpose and has long waiting lists. Processes need to be streamlined and referral pathways re-established before integration can take place with health teams.

Option 3 – is the preferred option as the necessary management skills will be embedded in DMBC to provide support to the wider strategic vision. There will be equity and parity corporately with the social work teams.

Box 5**LEGAL IMPLICATIONS:**

It is noted there are to be no redundancies as a result of this reshape. There are no legal implications in changing the name of job titles. It is however recommended that job descriptions are checked to ensure there are no restrictions to the changes. Staff will need to be consulted with and contracts checked to ensure there are no contractual barriers to the changes. The grading of any position is subject to the outcome of a job evaluation/grading exercise being undertaken and the Council has policies that deals with the recruitment to these posts

S112 of the Local Government Act 1972 allows a local Authority to appoint such officers as are necessary for the proper discharge of its functions, on such reasonable terms and conditions as it thinks fit. Therefore the only considerations must be whether or not the appointment is necessary and whether the terms and conditions are reasonable in the particular circumstances.

If it is proposed that the changes do require a change to terms and conditions of employees then they cannot be unilaterally varied. This means that consultation and negotiation must take place to reach agreement to the proposed changes and raises the possibility of a redundancy situation arising. The absence of such agreement may mean that there is no alternative but to dismiss and re-engage on the new terms. It is advised that separate legal/HR advice is taken before this course of action is undertaken.

**Name: Helen Wilson Signature: by email Date: 02/11/2017
Signature of Assistant Director of Resources (Legal and Democratic Services)
(or representative)**

Box 6**FINANCIAL IMPLICATIONS:**

Following the recent Adult Social Care salary budget realignment, the Occupational Therapists team structure is as below.

Post Title	Grade	FTE	17/18 basic budget	17/18 NI budget	17/18 super budget	17/18 total budget
ASSESSMENT OFFICER	GRADE 7	7.68	160,750	14,050	22,500	197,300
DEPUTY MANAGER	GRADE 10	2	73,500	8,030	10,290	91,820
MANUAL HANDLING ADVISOR	GRADE 7	1	21,440	1,900	3,000	26,340
MANUAL HANDLING ADVISOR	GRADE 8	1	26,880	2,650	3,760	33,290
OCCUPATIONAL THERAPIST	GRADE 8	6.73	179,380	17,620	25,100	222,100
OCCUPATIONAL THERAPIST	GRADE 9	9.21	288,600	30,520	40,410	359,530
PRINCIPAL OCCUPATIONAL THERAPIST	GRADE 11	1	40,160	4,480	5,620	50,260
Grand Total		28.62	790,710	79,250	110,680	980,640

Currently within this structure there are the following vacancies - 2 Assessment officers, 2 Occupational therapists, 1 Deputy manager, and 1 Principal OT. These posts are currently being covered by agency staff or are in the process of being recruited to.

The changes outlined in this ODR are to increase the Principal OT post to grade 12, amend one of the deputy manager posts to be an Advanced practitioner at the same grade, and to increase the other Deputy manager post to be a Team Leader at grade 11. These changes would cost an additional £6,590 to £12,430 depending on the SCP that the postholders are recruited at.

This additional cost will be met through budget transferred from the Management of change cost centre within AHWB.

Name: Ella Postill **Signature:** E Postill/FM-AHWB **Date:** 30/10/17

**Signature of Assistant Director of Finance & Performance
(or representative)**

Box 7**HUMAN RESOURCE IMPLICATIONS:**

HR can support this OT Management Restructure and in line with the Job Descriptions and Person Specifications submitted for (re) evaluation through the GLPC Job Evaluation system, the following grades have now been approved as outlined below : -

- JE ID 6860 Principal Occupational Therapist @ Grade 12
- JE ID 7347 Team Leader – Occupational Therapy @ Grade 11
- JE ID 7348 Advanced Practitioner – Occupational Therapy @ Grade 10

These new posts reflect the more strategic focus of the Principal Occupational Therapist post as well aligning the Team Leader and Advanced Practitioner roles with

the rest of the Adult Social Care & Support Locality teams following the Care Management Service Review.

The posts highlighted above should be recruited to in line with DMBC's Safer Recruitment policy, initially open to Redeployees registered on the Retraining & Redeployment 'Skillsbank' satisfying the essentials skills, knowledge and experience before being advertised internally / externally.

Employees who were employed before 6 April 2012 and have 1 year's continuous service, or after 6 April 2012 and have at least two years continuous service, accrue employment rights. Employees who complete 2 years continuous service accrue rights to a redundancy payment.

Fixed-term employees have the right not to be treated less favourably than comparable permanent employees because they are on a fixed-term contract. This means you must treat fixed-term employees the same as comparable permanent employees unless there are 'objectively justifiable' circumstances for not doing so (ie there is a genuine, necessary and appropriate business reason). This means the same or equivalent (pro-rata) pay and conditions, benefits, pension rights and opportunity to apply for permanent positions within the business.

Under the Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002, employees who have been on a fixed-term contract for four years or longer will usually be legally classed as permanent if their contract is renewed or if they are re-engaged on a new fixed-term contract.

The only exemptions are when employment on a further fixed-term contract is objectively justified to achieve a legitimate business aim or when the period of four years has been lengthened under a collective or workplace agreement.

From an HR Portal perspective, the new Grade 11 and 10 posts / job numbers will need creating on the system and the existing 2 x Grade 10 Deputy Principal Occupational Therapy posts disestablished. We should also ensure liaison has been established with the relevant AH&WB Principal Finance Officer so as to ensure budgetary provision has been secured and Establishment Listings revised to reflect the proposed changes in the Occupational Therapy Management Structure.

Name: Bill Thompson Senior HR & OD Officer **Signature:** Bill Thompson

Date: 23/10/17

Signature of Assistant Director Human Resources, Communications & Executive Office (or representative)

Box 8

PROCUREMENT IMPLICATIONS:

No procurement implications

[redaction]

Name: Daniel Charlesworth

Signature:

Date: 19th October 2017

Signature of Assistant Director of Finance & Performance(or representative)

Box 9

ICT IMPLICATIONS:

There are no direct ICT implications in relation to the OT Management Restructure. The changes resulting from the restructure will need to be updated via the HR Portal, when agreed and implemented.

Where there are any leavers as a result of the restructure and in line with the leavers checklist, the relevant line managers are responsible for ensuring that email and system access is removed at the appropriate time (by completing the 'Request to Remove User' form, available via iServe), any allocated ICT equipment is returned (where applicable) and the HR Portal is updated.

Name: Peter Ward (Governance & Support Manager)

Signature: [redaction]

Date: 20/10/17

Signature of Assistant Director of Customers, Digital & ICT (or representative)

Box 10

ASSET IMPLICATIONS

Any requirement that might arise for additional accommodation or the reconfiguration of existing workstations to support the structural realignment proposals as outlined should be directed to the Assets & Property team in the first instance in order that such needs can be provided for in line with the Council's wider Assets Transformation programme and WorkSmart strategy.

Name: Gillian Fairbrother (Assets Manager, Project Co-ordinator)

Signature: By email

Date: 19th October, 2017

**Signature of Assistant Director of Trading Services & Assets
(or representative)**

Box 11

RISK IMPLICATIONS:

To be completed by the report author

There is potential risk in relation to leadership and management capacity, given the OT service is very large and the preferred option would involve a reduction in the former deputy manager (now Advanced Practitioner) function from two to one staff members with the capacity to manage and supervise staff being reduced.

However..

Introducing a new structure aimed at providing a strategic as well as operational function within the service will mitigate the current risks whereby operational practice has been inconsistent. There has been a limited strategic overview and formal procedure under the former working model. This too will enable greater consistency,

thus limiting current risk and allow for the service to develop in more relevant and modernised format, again mitigating current risk.

Name: David Eckersley Signature: by email Date: 23.10.2017

Box 12

EQUALITY IMPLICATIONS:

To be completed by the report author

The implementation of the preferred option will introduce a strategic overview of the service and deal with historic inconsistent practices. Introducing strategic leadership and structure to the service and promoting consistency in routine function will support greater equality and equitability across all Doncaster communities in terms of service interface and delivery.

I can determine no negative equality implications to the proposal.

Name: David Eckersley Signature: _____ Date: 23.10.2017

Box 13

CONSULTATION

Officers

(In addition to Finance, Legal and Human Resource implications and Procurement implications where necessary, please list below any other teams consulted on this decision, together with their comments)

Members

Under the Scheme of delegation, officers are responsible for day to day operational matters as well as implementing decisions that have been taken by Council, Cabinet, Committee or individual Cabinet members. Further consultation with Members is not ordinarily required. However, where an ODR relates to a matter which has significant policy, service or operational implications or is known to be politically sensitive, the officer shall first consult with the appropriate Cabinet Member before exercising the delegated powers. In appropriate cases, officers will also need to consult with the Chair of Council, Committee Chairs or the Chair of an Overview and Scrutiny Panel as required. Officers shall also ensure that local Members are kept informed of matters affecting their Wards.

Please list any comments from Members below:

Discussions have taken place with Assistant Director for Adults, Health and Well-being

Box 14**INFORMATION NOT FOR PUBLICATION:**

In accordance with the Freedom of Information Act 2000, it is in the Public's interests for this decision to be published in full, redacting only the signatures.

Name: Gillian Parker Signature: by email Date: 07/11/2017

Signature of FOI Lead Officer for service area where ODR originates

Box 15

[redaction]

Signed: _____ Date: 16/11/2017
Director of People Damian Allen

Signed: _____ Date: _____
Additional Signature of Chief Financial Officer or nominated representative for Capital decisions (if required)

Signed: _____ Date: _____
Signature of Mayor or relevant Cabinet Member consulted on the above decision (if required).

- This decision can be implemented immediately unless it relates to a Capital Scheme that requires the approval of Cabinet. All Cabinet decisions are subject to call in.
- A record of this decision should be kept by the relevant Director's PA for accountability and published on the Council's website.
- A copy of this decision should be sent to the originating Directorate's FOI Lead Officer to consider 'information not for publication' prior to being published on the Council's website.
- A PDF copy of the signed decision record should be e-mailed to the LA Democratic Services mailbox