

**PERSONNEL COMMITTEE**

**4 JULY 2016**

**REPORT OF THE DIRECTOR OF SOCIAL SERVICES,  
HEALTH AND HOUSING – N. JARMAN**

**SECTION A – MATTER FOR DECISION**

**WARDS AFFECTED: ALL**

**Homecare Management of Change Update**

**1. Purpose of Report**

The purpose of this report is to:

- (i) Provide Members with an update position on the current Homecare Management of Change process
- (ii) Seek Members' approval to change shift patterns within the Homecare Service; open the ER/VR window in July 2016, ring-fenced specifically to the in house Homecare Service; and enable the Conversion of Care Packages, where appropriate, to Direct Payments.

**2. Background**

Members will recall that the in house Homecare service underwent a management of change and consultation exercise, which was approved by Cabinet in 2013. The premise of the management of change was the rationalisation of contracts and the implementation of a four on four off shift pattern. The intention was that this shift pattern would include staff working a mix of both day and evening shifts.

However, the recommendations approved by Cabinet Members in 2013 were not implemented as intended by the managers in post at the time, and staff were allocated permanent day shifts or permanent evening shifts (rather than a mix of both), along with guaranteed 6 hours and 17 minutes pay per day – even though they may not have actually worked 6hr 17min on any day. This has resulted in an over provision of staff in working in the day, a dearth of staff working in the evenings, and associated inefficiencies and inflated costs for the service.

In March 2016 the Director of Social Services, Health and Housing, commenced discussions with Trades Union colleagues to revisit the recommendations approved in the original consultation agreement of 2013 and to implement them fully. This included the removal of the guaranteed daily 6 hours 17 minutes pay (removed as of 11<sup>th</sup> April 2016 by agreement with the Trade Unions), and the implementation of a rotational shift pattern whereby staff work a mix of both day and evening shifts.

A 45 day consultation period began on 11<sup>th</sup> May 2016 and concluded on 24<sup>th</sup> June 2016. During the consultation period the Director of Social Services, Health and Housing chaired three staff briefing sessions attended by 230 staff, in which staff were reminded of the recommendations within the 2013 consultation.

The Director further explained that the current inflexibility of shift patterns was leading to inefficient utilisation of staff, when and where they are needed; and to unnecessary cost at the very time that service costs must be reduced.

The Director stressed that in cases where staff genuinely had difficulty in moving to the new shift pattern (e.g. caring responsibilities), every effort will be made to accommodate them.

The Director was at pains to emphasise that management wishes to introduce these changes by agreement; based on the clear business necessity for doing so. However, in the event that agreement could not be reached, the Personnel Committee would be asked to give staff in-scope 12 weeks' notice with effect from 4<sup>th</sup> July 2016, of the change to their contract of employment, commencing on the new shift pattern on 26<sup>th</sup> September 2016.

The staff briefing sessions were followed by a series of 1-2-1 meetings with individual staff, the Operational Manager / Deputy Manager, HR and Trade Union representative. Circa 120 staff received a 1-2-1. The 1-2-1 meetings allowed staff to voice their particular concerns over their ability to move to the proposed rotational shift pattern.

The initial feedback from these meetings indicates that the main obstacle preventing staff moving to the rotational shift pattern is childcare, followed by caring responsibilities for a dependent adult relative. A smaller number stated that they had secondary employment that was worked around their existing shift pattern, whilst others believed that it would have a negative impact on family life.

In cases where there is underlying legislation that requires the employer to make adjustments to support an individual to remain in employment, we will ensure that, as far as is reasonably practicable, these adjustments will be made. For those where the adjustments are of such

a nature as to have a negative impact on the running of the business, we would in the first instance look to redeploy staff in to suitable alternative posts, including the option of converting to a Personal Assistant role to support the growth in Direct Payments.

It is, however, anticipated that there will be a number of staff for whom acceptance of the rotational shift pattern or redeployment into suitable alternative employment may not be possible. For these staff we would request that members allow us to reopen a brief window of time in July 2016, in which the ER/VR scheme could be made available to the in house Homecare service only.

It is therefore intended, that subject to members approving the change, staff will be issued with a letter of notice, informing them that their current post with the current shift pattern will end and offering them a new post with a new rotational shift pattern, commencing on the 26<sup>th</sup> of September 2016. Staff will have 14 calendar days in which either to accept or reject the rotational shift pattern. When all the responses have been returned, we will be better placed to provide Members with more exact figures relating to the number of potential ER/VRs, but early indications suggest that this could be circa 30% of the current workforce.

Should this be the case then the service will no longer be able to provide care and support to the same number of service users that it currently has and will need to transfer packages of care.

The intention is to meet these situations with a twofold approach, namely:-

- (a) To encourage service users to convert to a Direct Payment, possibly enabling them to retain the same Care Assistant as a Personal Assistant (PA).
- (b) Encourage displaced staff to become PAs, matching them to service users with Direct Payments.

The advantage of both is that this will maximise continuity of care by the same person and maximise continuity of employment.

The logistics of coordinating this will require significant input from Social Work colleagues and should the uptake of ER/VR reach the 30% level predicted, the exit of staff from the service will need to be carefully managed over a number of months. An exit strategy and contingency plan for this eventuality is in development and will be ready to put in place when the exact number of staff leaving the service on ER/VR has been identified in mid-July.

### **3. Recommendation**

Having given due regard to the EIA Members are requested to:-

- (i) Approve the issue of 12 weeks' notice to staff in-scope of the introduction from 26<sup>th</sup> September 2016 of the new rotational shift patterns.
- (ii) Approve opening of the ER/VR scheme for those who are unwilling/able to adapt to the new shift pattern.

### **4. Reason for Proposed Decision**

- To reduce the current level of sub optimal utilisation in the Homecare Service, which is leading to avoidable, additional costs, which makes the Homecare Service uncompetitive.

- To improve the distribution of staff, such that sufficient staff are available on day and evening shifts to meet the needs of service users.
- To ensure continuity of care, care relationships and employment wherever possible, by converting Care Packages to Direct Payments/PAs, where appropriate.

## **5. Financial Impact**

The cost of ER/VR depends on the age of the employee and length of service. For Homecare the average cost of ER/VR is £5.3k. If 30% of the current workforce were to leave on ER/VR the total cost is dependent on which members of staff leave but would be circa £365k.

Where care packages are vacated because of staff leaving and these are provided via a direct payment it could generate savings of up to £12 per hour transferred to a Direct Payment. If 30% of all care packages transfer, total savings would be in the region of £500k.

If service users chose not to take up a Direct Payment, packages of care will need to be picked up by the external market. Savings generated would be up to £7 per hour of care, total savings would be in the region of £290k.

## **6. Equality Impact**

An Equality Impact Assessment (EIA) has been undertaken to assist the Council in discharging its Public Sector Equality Duty under the Equality Act 2010. An overview of the EIA has been included in this report in summary form only and it is essential that Members read the

Equality Impact Assessment, which is attached to the report at Appendix 1, for the purposes of the meeting

## **7. Appendices**

**Appendix 1 – Equality Impact Assessment.**

## **8. List of Background Papers**

Cabinet report September 2013- Modernising Homecare,

## **9. Officer Contact**

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**Equality Impact Assessment Report**

Having completed the Screening Form for relevance, you have identified the need to conduct a full Equality Impact Assessment (EIA) for services, which are of a high/medium priority impact.

**Section 1 – Aims:**

There is an unequal distribution of staff between day and evening shifts, there are not sufficient numbers of staff working in the evenings to provide the care and support required. This means that evening staff often work over their contracted hours, and do not have regular breaks between calls. Meanwhile staff working in the day time experience down time, and some are under their contracted hours. The proposed shift patters seeks to redress this imbalance and:

- Further improve the efficiency of the in house Homecare service
- Maximise the utilisation of staff
- Ensure that staff operate within the European Working Time Directive

**Who has responsibility?**

- The proposed shift pattern was consulted on and agreed in 2013. However, it was not fully implemented.
- The Operational Manager for the Service will be responsible for the implementation of the new shift pattern
- The Director of Social Services, Health and Housing is leading on the Management of Change

**Who are the stakeholders?**

- Those people who use the in House Homecare Service
- Staff employed by the in house Homecare Service

**Section 2 – Information about service users:**

- The in house Homecare Service provides care and support to circa 287 people living in the community
- This represents 28% of the total market share.
- The remaining 72% is provided by a number of private care agencies who are commissioned by NPTCBC to provide domiciliary care on its behalf.
- The in house service is one of the largest single providers of domiciliary care

### **Section 3 – Impact on equality groups:**

- The proposed shift pattern will have a neutral impact on equality groups.
- The proposed shift pattern may have a negative impact of staff who have caring responsibilities in their private life, or have a disability that would be exacerbated by the proposed shift pattern
  - This is being quantified as part of the consultation period
  - The service will assess the viability of making the necessary adjustments to support staff to maintain their employment and caring responsibilities
- The proposed shift pattern could have a negative impact on those using the service, if high numbers of staff do not accept the shift pattern and exit the service on ER.VR. This will mean that the service will no longer be able to sustain its current case load and packages of care will need to be transferred to Direct Payments or an alternative provider. Many of the service users are advanced in age, and may not adapt well to a change in provider. For this reason, where possible we will:
  - Encourage exiting staff to take up positions as Personal Assistants.
  - Those service users for whom we will no longer be providing a service, and are taking up a Direct Payment will be matched with a former NPT Homecare employee to be their PA (following Cabinet approval on the 1<sup>st</sup> of June, the responsibility for training an matching Pa's will reside with the in House Homecare service)
  - This will provide assurances to the service user, that they will retain a familiar carer, and that their PA's training and practices are exemplar. Thus reducing any anxiety they may have over the transfer of their care and support.
  - Ensure that adequate time is allocated to effect the transfer of care so that the service user does not feel rushed.
  - Ensure that the process is adequately resourced with Social Work support for the service user, and HR support for the exiting staff.

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### **Section 3 - Information and Support**

The proposed changes have been managed through the corporate Management of Change in Partnership Policy, and with the full support of our Trade Union colleagues.

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#### **Section 4 – Other impacts:**

The proposed changes will improve the productivity of the in house service, reduce its costs and provide long term sustainability.

The option for staff to convert to PA's will support the growth in Direct Payments, which the Council has an obligation to promote under the Social Services and Wellbeing (Wales) Act.

The proposed changes provides opportunities for the in house service to develop the range of services indicated in the Domiciliary Care Commissioning strategy

#### **Section 5 – Monitoring arrangements:**

- The Homecare Service will work closely with employees and Trade Unions throughout the management of change process, and the implementation.

#### **Section 6 - Outcomes**

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##### **Outcome 1: Continue the initiative**

The EIA demonstrates the initiative is robust; there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken. The initiative should be reviewed annually to ensure the content of the EIA is still relevant and accurate.

#### **Section 7 – Publication and monitoring arrangements**

On completion, the EIA will be appropriately filed within the Social Services health and Housing directorate and may be called upon as evidence should a legal challenge be made regarding compliance with the Equality Act 2010.