

Tower Hamlets Community Health Services Directorate

CONSULTATION ON PROPOSAL TO CENTRALISE ALL EXTENDED PRIMARY CARE TEAMS AT BEAUMONT HOUSE, MILE END AND MOVE THE CONTINUING HEALTH CARE TEAM TO NEWBY PLACE 1. EXECUTIVE SUMMARY

The aim of this paper is to initiate formal consultation on the proposed organisational changes for changes in the work bases and roles of some teams and staff groups in accordance with the Trust's Change Management Policy

[https://www.elft.nhs.uk/sites/default/files/2022-](https://www.elft.nhs.uk/sites/default/files/2022-01/management_of_staff_affected_by_change_policy_and_procedure_11.0.pdf)

[01/management_of_staff_affected_by_change_policy_and_procedure_11.0.pdf](https://www.elft.nhs.uk/sites/default/files/2022-01/management_of_staff_affected_by_change_policy_and_procedure_11.0.pdf).

It is proposed to

- Establish Beaumont House, Mile End as the base for the SW and SE EPCT Locality Teams.
- Reduce the number of 4 EPCT Locality Lead posts by 1 x WTE Band 8A role to cover two Localities. Allocate 1 x WTE Band 8A Locality Lead (therapist) to the Triage and Assessment Service.
- Reduce the number of 8 Band 7 District Nurse Team Leader posts by 2 WTE and align Band 7 District Nurse Team Leader hours to match service hours and create 1 x WTE Band 7 Diabetes Specialist Nurse post and increase the establishment of the Triage and Assessment Team by 1 x WTE Band 7
- Review the roles of the EPCT Administrative Team with the aim of establishing a team of 10.13 x WTE Band 4 Administrator Assistants to establish an administrative service that is provided from 08.00 – 20.00 Monday to Saturday and 08.00 – 16.00 on Sunday. This will include upgrading existing 3.5 WTE Band 3 posts to become Band 4 posts. The base for the EPCT Administrative Team will be Beaumont House.
- Establish Newby Place Health Centre as the main base for the Continuing Healthcare Team.

in order to

- Facilitate standardised working practices across all EPCT Localities
- Reduce expenditure
- Improve facilities for staff
- Create roles that support operational priorities

It is proposed that the new arrangements and structures are implemented from 17th April 2023. The proposal will not put any staff at risk of redundancy, rather it offers opportunities both to respond to learning of where the service needs to be improved and career development.

2. CURRENT STRUCTURE

SE Locality		
Role	Established WTE	Headcount*
Locality Lead AfC Band 8A	1	0
Team Leader AfC Band 7	2	1 (1 secondment)
Deputy Team Leader AfC Band 6	5	4
District Nurse AfC Band 5	6	6
Senior Healthcare Assistant AfC Band 4	2	2
Health Care Assistant AfC Band 3	4	2
Senior Physiotherapist AfC Band 7	1	1
Physiotherapist AfC Band 6	1	1
OT AfC Band 6	1	1
Total	23	19

*vacancies are covered with temporary staff

SW Locality		
Role	Established WTE	Headcount*
Locality Lead AfC Band 8A	1	1
Team Leader AfC Band 7	2	2
Deputy Team Leader AfC Band 6	5	3
District Nurse AfC Band 5	6	4
Senior Healthcare Assistant AfC Band 4	2	2
Health Care Assistant AfC Band 3	4	3
Senior Physiotherapist AfC Band 7	1	1
Physiotherapist AfC Band 6	1	0
OT AfC Band 6	1	0
Pharmacy Technician SE and SW Locality AfC Band 5*	1	0
Total	23	16

*vacancies are covered with temporary staff

NW Locality		
Role	Established WTE	Headcount*
Locality Lead AfC Band 8A	1	1
Team Leader AfC Band 7	2	2
Deputy Team Leader AfC Band 6	6	5
District Nurse AfC Band 5	6	3
Senior Healthcare Assistant AfC Band 4	2	2
Health Care Assistant AfC Band 3	5	5
Physiotherapist AfC Band 6	2	1
Senior OT AfC Band 7	1	0

OT AfC Band 6	1	0
Pharmacy Technician AfC Band 5	0	0
Total	25	19

*vacancies are covered with temporary staff

NE Locality		
Role	Established WTE	Headcount*
Locality Lead AfC Band 8A	1	1
Team Leader AfC Band 7	2	2
Deputy Team Leader AfC Band 6	5	3
District Nurse AfC Band 5	5	2
Senior Healthcare Assistant AfC Band 4	2	2
Health Care Assistant AfC Band 3	4	3
Physiotherapist AfC Band 6	2	1
Senior OT AfC Band 7	1	0
OT AfC Band 6	1	0
Pharmacy Technician AfC Band 5	1	1
Total	24	15

*vacancies are covered with temporary staff

EPCT Locality Administrator Team		
Role	Established WTE	Headcount*
NE EPCT Administrator AfC Band 4	1	1
NE EPCT Administrator AfC Band 3	1	1
NE EPCT Administrator AfC Band 3	0.52	1
NE EPCT Administrator AfC Band 3	1	0
NW EPCT Administrator AfC Band 3	1	0
SE EPCT Administrator AfC Band 4	1	0
SE EPCT Administrator AfC Band 3	1	1
SE EPCT Administrator AfC Band 3	1	0
SE EPCT Administrator AfC Band 3	1	0
SW EPCT Administrator AfC Band 3	1	0
Triage and Assessment Administrator AfC Band 4	1	1
Triage and Assessment Administrator AfC Band 3	1	1
Total	11.52	6

*vacancies are covered with temporary staff

3. THE CASE FOR CHANGE

The case for change is informed by the need to achieve significant savings targets while also aiming to improve the experience of staff and increase the effectiveness of working practices, including new (digital) ways of working.

3.1 Establish Beaumont House at Mile End as the base for the SW and SE EPCT Locality Teams

Different working practices have evolved between the EPCT Localities located at Beaumont House (NE and NW EPCT) and Newby Place Health Centre (SE and SW). The implementation of agile and blended working will support using Beaumont House as the base for all four Locality Teams.

Working from one base will support the sharing of best practice as well as standardised working across the Localities. Currently, there are discernible differences, for instance how student District Nurses and Therapy students are being supported. There are differences in the way policies are interpreted and enacted as well as how continuity of care is provided. Working from one base will facilitate direct conversations with other teams such as the Triage and Assessment Team, to provide a more seamless service. Also, staff can be deployed more effectively in periods of high demand or crisis. Working from one base has been successfully introduced in Community Health Newham.

A central base will also allow a reduction in the need of Band 8A Locality Lead posts, while ensuring that there is no dilution of management presence.

Operating from one base will save costs relating to transferring dressings from Beaumont House to Newby Place Health Centre as well as their loss. Instead this will promote bulk ordering with direct delivery to the service user's home, reducing the need for nursing staff to spend time to collect dressings and carry these, thus increasing productivity physical wellbeing and the supporting the Trust's Sustainability Strategy.

The Mile End site offers greater facilities for parking than Newby Place, where parking facilities are severely restricted.

There would only be one site needing to be kept open on weekends and Bank Holidays.

The estate foot print at Newby Place Health Centre could be reduced, i.e. rent of a number of rooms can be saved.

All staff working in the south of borough will be able to access the existing premises at Newby Place Health Centre for hot desk working and other practice related activities such as supervision or computer use.

3.2 Reduce the number of four WTE AfC Band 8A EPCT Locality Lead posts by two posts and create one WTE AfC Band 8A Therapy Pathway Lead post in the Triage and Assessment Team

In comparison with similar neighbouring services (Hackney, Oxleas) the Tower Hamlets Extended Primary Care Service is over established for posts at Band 8A level. Working from one base will support a reduction of the number of these posts without impact on day to day operational management and leadership responsibilities.

It is proposed that one Band 8A Locality Lead each (nurse and therapist) oversees two Localities, i.e. North and South.

In order to strengthen therapy leadership and therapy presence at the entry points to community health services, it is proposed that 1 Band 8A Locality Lead (therapist) will be based in the Triage and Assessment Team and aligned to the Therapy Leadership structure.

3.3 Reduce the number of 8 WTE EPCT Locality Band 7 District Nurse Team Leader posts by 2 WTE, for the 6 WTE District Nurse Team Leaders posts to support two Localities and their working hours to be aligned to reflect service hours. Create 1 WTE Diabetes Specialist Nurse post and increase the establishment of the Triage and Assessment Team by 1 WTE Band 7 Triage and Assessment Team Leader.

In comparison with similar neighbouring services (Hackney, Oxleas), the Tower Hamlets Extended Primary Care Service is highly established for posts at Band 7 level.

There is no Band 7 District Nurse Team Leader cover beyond 17.00, which is insufficient to provide support to junior staff for the full operational hours of the service.

It is proposed that there should be 3 WTE Band 7 Team Leader posts allocated to two Locality Teams each. Operating from one base will support reducing the number of these posts without impacting on day to day operational management and leadership responsibilities. This also allows a streamlined approach to weekend cover, with two Band 7 Team Leaders on duty for the entire EPCT and supporting the full span of operational hours.

A large proportion of service users receive Diabetes care from the EPCT. Service users are on the caseload either solely for Diabetes care or because Diabetes is one of other conditions requiring District Nurse input. These service users will benefit from the input of a specialist Diabetes Nurse expertise to ensure that their condition is managed optimally. Currently this is provided via an SLA from the Royal London Diabetes Team, but this has been proven as insufficient and too remote to be of consistent value. It is therefore proposed that one of the two Band 7 Team Leader posts from the EPCT Locality structure will be converted to 1 WTE Band 7 Diabetes Specialist post.

The Triage and Assessment Team was created in the review of EPCT services in 2018 with the goal of highly skilled community health practitioners assessing care needs and creating care plans prior to handing patients to the Locality Teams. The concept of this teams has been proven, particularly in relation to assessing the potential of care provided by patients themselves or by families.

Since the 2018 review, the number of referrals for out of hospital care and the level of acuity has risen significantly in recent years, leaving the Triage and Assessment Team stretched and challenged to discharge their roles in the way intended. Increasing the establishment by 1 WTE Band 7 Practitioner will be increasing the capability of the Triage and Assessment Team in response to the increased demand.

Reporting to the Deputy Lead Nurse, the introduction of the Diabetes Specialist Nurse is expected to reduce the workloads of the Band 7 Locality Leads and the nursing workforce as a whole while improving service user safety and experience.

The overall number of Band 7 Team Leader Posts that support the EPCT District Nurse establishment will remain the same (8).

3.4 Establish an administrative service that is provided from 08.00 – 20.00 Monday to Sunday and review the roles of the EPCT Administrator team with the aim of establishing a team of 10.13 WTE Band 4 Administrative Assistants that cover a variety of duties. Existing Band 3 posts are to become Band 4 posts.

The volume and complexity of service users referred to the EPCT for care in their home has increased significantly since the last service review completed in 2018. The number of people discharged with short lead times from the acute hospital and an increase of people who can be supported to die in their place of choice (home) and a busy night service means that clinical teams need to be supported with administrative services during their entire operating hours.

This requires for administrative support to be available from 08.00 when the service commences until 20.00, when the service closes, on a six day a week basis, with shorter hours on Sunday.

The centralisation of the EPCT Localities will allow the creation of a central EPCT administrative function that will be staffed according to shifts on a rotational basis.

In order to have a standardised and consistent level of administrative support available at any one time of the day or day of the week, it is proposed that all administrative staff will be working to the same job description at AfC Band 4.

The management of the EPCT administrative team will be aligned to the two Executive Assistants in the management office.

3.5 Establish Newby Place Health Centre as the main base for the Continuing Healthcare Team (CHC)

The space at Beaumont House allocated to the Continuing Healthcare Team is no longer sufficient to accommodate all staff members to work from the office together.

Performance reports over the last two years have shown that team performance deteriorates in relation to staff not able to work from the office. Once located at Newby Place Health Centre would facilitate all staff to work from the office. Where necessary, CHC Team staff will be able to access hot desk facilities and meeting rooms at Beaumont House for activities that support clinical care and practice.

4. PROPOSED STRUCTURE

4.1 Structures

4.1.1 Structure EPCT Locality Leads and Deputy Team Leaders

EPCT Locality Leads, Deputy Team Leaders,		
Role	Established WTE	Headcount
Locality Lead SE and SW Localities (nurse or therapist)	1	1
Locality Lead NE and NW Localities (nurse or therapist)	1	1
Triage and Assessment Lead (nurse)	1	1
Therapy Pathway Lead*	1	1
Team Leader SE	3	3
Team Leader SW		
Team Leader NE	3	3
Team Leader NW		
Diabetes Specialist Nurse**	1	0
Triage and Assessment Team Leader***	3.4	3

*New role to be filled from existing staff

**New role – see 4.1.2

***Existing role and establishment increased – se 4.1.2

4.1.2 Diabetes Specialist Post/Additional Triage and Assessment Team Lead

EPCT Locality Leads, Deputy Team Leaders,		
Role	Established WTE	Headcount
Diabetes Specialist Nurse	1	To be appointed*
Triage and Assessment Team Leader	1	

*One post vacant and one post currently substantively filled and will either be changed if there is interest from existing EPCT Team Leaders or once a Band 7 post will become vacant

4.1.3 EPCT Administrator Team

EPCT Administrator Team		
Role	Established WTE	Headcount
EPCT Administrator Band 4	1	1
EPCT Administrator Band 4	1	1
EPCT Administrator Band 4	0.52	1
EPCT Administrator Band 4	1	1
EPCT Administrator Band 4	1	1
EPCT Administrator Band 4	1	To be recruited to
EPCT Administrator Band 4	0.61	
EPCT Administrator Band 4	1	
EPCT Administrator Band 4	1	
Triage and Assessment Administrator Band 4	1	1
Triage and Assessment Administrator Band 4	1	1

4.2 Proposed roles

4.2.1 2 WTE AfC Band 8A Locality Lead posts (One Nurse and Therapist each)

The purpose and content of the role remains the same. The span of responsibility will be increased to oversee two Localities, i.e. 22 to 43 staff per Locality Lead. The professional lead and supervision responsibilities remain with these roles as before.

4.2.2 Therapy Pathway Lead AfC Band 8A

In addition to ensuring that therapy needs are identified and planned for when referrals are assessed, this role will ensure that therapy pathways in the EPCT are designed and managed to provide safe and effective care and dovetail with internal and external services in Tower Hamlets. For instance, ensuring waiting lists are appropriately managed, leading improvement initiatives in relation to therapy, overseeing the Falls Pathway (prevention, pick-up) and coordinating therapy student placements.

The post holder will continue to provide professional clinical supervision to Band 7 therapists.

The role will report to the Therapy Manager. The post holder will be working in close conjunction with the Band 8A Triage and Assessment Lead Nurse.

4.2.3 District Nurse Team Leader AfC Band 7

The purpose and content of the role remains the same (job description reviewed recently in collaboration with the team). The span of responsibility will be increased

from 10 per 13 members of staff per Team Leader. The hours of duty will change to cover operational hours (08.00 – 20.00).

4.2.4 Diabetes Specialist Nurse AfC Band 7

The purpose of this role is to provide specialist advice to all clinicians within Tower Hamlets Community Health Service and will work closely with the District Nurses, Pharmacy Technicians and Lead Pharmacists to ensure that the care of Diabetic patients is constantly reviewed and appropriately provided.

4.2.5 Administrative Assistant AfC Band 4

The purpose of this role is to provide comprehensive administrative support to the clinical teams during the operational hours of the service on 08.00 – 20.00 Monday to Saturday, 08.00 – 16.00 Sunday on a rotational basis.

4.3 Arrangements to support staff with new roles/structure

Role	Change	Support Arrangements	Transitional arrangements
Locality Lead Band 8A	Extending span of control	Coaching	Additional supervision and support from Deputy Lead Nurse and Lead Nurse
Therapy Pathway Lead Band 8A	New role	Coaching	Additional supervision and support from Therapy Manager Individual development plan
Band 7 Nurse Team Leader	Extending span of control Covering service hours on rota basis Monday - Sunday	Coaching	Additional supervision and support from Locality Lead and Deputy Lead Nurse

Band 7 Diabetes Specialist Nurse	New role	Training courses and specialist qualifications Mentorship/clinical supervision from Royal London or Newham Community Health Services Diabetes Specialist Team	Additional supervision and support from Deputy Lead Nurse Individual development plan
Band 4 Administrative Assistant	New job description, may need development of skills Some staff will need to acquire additional or new skills Covering operational hours on a rota basis	Support programme that provides training on all new and additional skills	Agreed incremental additional skills development Individual development plans
All staff	Increased agile working	Change iPads to laptops to allow access to full EMIS functionality	

5. FINANCIAL IMPACT

Savings scheme	Saving (£)	Comment
1 WTE Band 8a Locality Lead	£82,510	Contributes directly to the Directorates Financial Viability Target
Estate Savings	Sustainability Meeting room hire approximately £2k	Contributes saving to the Trust's Estate budget
Transport savings (dressings transfer)	Sustainability Taxi and mileage costs Time saved for unpacking and storing	Cost savings from ceasing processes that do not add value are difficult to quantify
Standardisation and centralisation	Sustainability Reduced use of temporary staff	Cost savings relating to improved effectiveness are difficult to quantify

6. IMPACT ON THE QUALITY OF CARE FOR PEOPLE USING OUR CLINICAL SERVICES

This proposal is judged to have a low equality impact or impact on the quality of care that service users will receive.

7. IMPACT UPON STAFF AFFECTED BY THE PROPOSAL

This proposal is judged to have a low impact on staff.

The proposal is not expected to result in any staff being at risk of redundancy or staff being down banded. Pay protection is not expected to be applicable.

The Band 8A Triage and Assessment Therapy Lead Post will be ring fenced to for the two Band 8A Locality Leads who are therapists.

The Band 7 Diabetes Specialist Nurse and the Triage and Assessment Team Leader posts will be ring fenced and advertised as a vacancy first within the EPCT and if it remains unfilled then to external candidates. This will not impact on substantive staff. If insufficient candidates come forward from within the EPCT Band 7 Team Leader Cohort, then one of the roles will be advertised externally and the second role will be put on hold until there is a vacancy. Staff will not be put at risk of redundancy or down banding.

The Band 7 Team Leader roles will be operating across service hours on a rotational basis, currently they operate during office hours.

The Band 4 Administrator posts will be ring fenced. Band 3 Administrators in post will be required to attend informal interview to ensure that they meet the job criteria and also what support that is required for them to be successful in discharging their roles. All other available roles will be advertised. There will be changes to shift patterns to cover the operational hours on a Monday to Saturday, 08.00 – 20.00 hours and Sunday 08.00 – 16.00.

8. TRADE UNION REPRESENTATIVES

For a list of Trades Union Representatives and their contact details please go to <https://www.elft.nhs.uk/working-for-us/unions>.

9. CONTACT

If you feel very anxious about the proposed change you can speak to your trade union representative or your manager.

Alternatively you can get advice from Care First Employee Assistance, the Trust's confidential counselling service:

The details of the Care First Employee Assistance are as follows:

Telephone 0800 174 319 or you can access their wellbeing website: www.carefirstlifestyle.co.uk and use the following log-in details:-

User name : 'elft', Password : 'employee'

10. TIMELINE

Implementation Timetable

Action/Comments	When	Who Involved	Section of Management of Change Policy	Comments

Circulate final consultation document to Joint Staff Committee Members.	1 st February 2023	JSC Members (Management/ Staff Side) Director of Service	Section 10 (Page 10)	The consultation document will be given to Staff Side 5 days prior to JSC and will also include
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				vacancy list for Suitable posts for redeployment.
Consultation paper sent to affected staff (home addresses for staff on leave/ secondments etc. Delivery by email, post or by hand are all acceptable delivery methods.)	1 st February 2023	Director of Service	Section 11 (Page 10)	Consultation document will also be placed on the Trust's intranet
Consultation Begins	9 th February 2023	Affected Staff Management HR Staff Side	Section 10 Section 11	
Open consultation forums with staff	9 th February 2023	Director of Service HR Advisor Staff Side	No specific reference but a means of achieving Section 10.	Feedback/comments need to be given to Service Directors/Project Manager
Individual Formal Meetings	16 th February 2023	Director of Service HR Advisor	Section 11 (Page 10)	Staff provided with information pack following at risk meetings
CV and Interview Skills training Careers Counselling	As required –Date agreed with individual s	Human Resources	Section 13 (Page 12)	Careers Counselling to be provided by EAP. CV and Interview skills training to be provided at least once in each Directorate affected.

Consultation Period Ends	17 th April 2023	N/A	Section 12 (Page 11)	
Consideration of feedback/comments	17 th April 2023	Executive Directors/ Director Service of	Section 12 (Page 11)	Response placed on Trust intranet.
Staff notified of final structure	24 th April 2023	Director Service of	Section 12 (Page 11)	Letter sent to affected staff with details of next steps
Job matching and Slotting in Process	TBC	Director Service of	Section 14 (Page 13)	Staff will receive a formal letter

		/HR Advisor / Staff Side		regarding outcome of process
Ring fenced selection process	TBC	Key Selection Officers/HR Team	Section 14 (Page 13)	Staff will be informed of decision asap following selection process and provided with detailed feedback to use for further selection purposes. Ring fenced interviews will take place on a local basis in the first instance and unsuccessful staff will then attend Trust Wide ring fenced interview opportunities.
Successful candidates informed of decision and moved into new role.	TBC	Key Selectic Officers/HR Team	Section 14 (Page 13)	Staff will receive a formal letter of redeployment and variation to contract.
Unsuccessful candidates informed of decision and invited to formal notice of redundancy meeting	NA	Director Service of	Section 20 (Page 19)	Staff will receive detailed feedback on their performance throughout the selection process

Formal notice of redundancy meetings	NA	Director of Service Advisor	HR	Section 20 (Page 19)	Staff will receive a detailed breakdown of their redundancy package at this meeting Consideration given to staff leaving their post before expiry of notice period
New Structure Implemented		All			
Post Project Evaluation	6 months post new structure implementation	Director of Service Staff Affected, HR & Staff Side			