

## Tower Hamlets Community Health Services Directorates

### CONSULTATION ON PROPOSAL TO MERGE IN-REACH NURSES AND OLDER PEOPLE'S CLINIC SERVICE TO STREAMLINE FRAILTY PATHWAY WITHIN THE TH CHS DIRECTORATE

#### 1. Introduction

- 1.1** The Trust wishes to enter into formal consultation with staff and their Trade Unions in line with its agreed policy set out in 'Management of Staff Affected by Change Policy and Procedure' (version number 11, May 2021). The Trade Unions and affected staff are invited to raise questions and comments which can be taken into account before the proposals are finalised.
- 1.2** The purpose of this consultation document is to outline the proposal for integration of the In-Reach and Older People Clinic Service (OPC) within Tower Hamlets Community Health Services. The paper is intended for Nursing and Therapies staff and will outline the operational and business case for proposing the change including all contractual and service changes affecting staff.

#### 2. Background

- 2.1** The initiative to integrate In-Reach Nurse, currently aligned with the hospital Transfer of Care Hub, and the OPC, managed directly by the Therapy Manager was spearheaded by the Therapy Manager, who recognised the need to streamline the frailty pathway, enhance care for elderly patients, and enhance service efficiency. The proposal was discussed with the Deputy Director and Lead Therapist and the positive potential impacts were considered.
- 2.2** This motivation behind this initiative was multifaceted and main objective is to streamline the frailty pathway and enhance service efficiency driven by several key objectives.
- 2.2.1 Reducing 'Did Not attend' rate** – It was observed and feedback by elderly patients the challenges in attending outpatient appointments. By bringing care closer to patients' homes, the integration aimed to improve attendance and ensure that patients receive timely and necessary care. This approach is expected to improve patient satisfaction and outcomes.
- 2.2.2 Ensuring adequate staffing cover** – The OPC being a small stand-alone team, faced significant challenges in covering planned and unplanned staff absences. This often resulted in the cancellation of appointments, disrupting care for vulnerable elderly patients. Integrating with the In-Reach Nurses (who is part of Royal London hospital Transfer of Care hub), rapid response, and community therapy teams, would provide greater flexibility and coverage, ensuring continuity of care.
- 2.2.3 Improving coordination and Reducing Duplication** – Despite the complimentary roles of both teams, there are overlaps of roles within community health services that can lead to inefficiencies and fragmented care. It was recognised that the current structure led to duplication of efforts and fragmented care, the change aimed to create a more streamlined approach that would facilitate better communication between health professionals across hospital and community settings, leading to a more cohesive and patient-centred healthcare experience.
- 2.2.4 Enhancing Financial viability and Efficiency** – The initiative sought to make the frailty pathway more financially viable for the trusts. Improved coordination

and resource utilisation would lead to cost savings, making the service more efficient and sustainable.

### 3. Current Structure

#### In Reach Nurse

| Role                    | Band | Established<br>WTE | Established<br>Headcount |
|-------------------------|------|--------------------|--------------------------|
| Senior Nurse Specialist | 7    | 1                  | 1                        |
| Senior Nurse            | 6    | 3                  | 2                        |

#### Older People Clinic Service

| Role  | Band | Established<br>WTE | Established<br>Headcount |
|---|------|--------------------|--------------------------|
| Highly Specialist Physiotherapist                       | 7    | 1                  | 1                        |
| Senior Occupational Therapist                           | 6    | 1                  | 0                        |
| Senior Nurse (current post holder on Mat Leave)         | 6    | 0.6                | 1                        |
| Fixed term contract Senior nurse to cover for Mat Leave | 6    | 0.6                | 1                        |
| Senior Mental Health Nurse                              | 6    | 0.8                | 1                        |

### 4. Proposal

**4.1** The case for change is informed by the need for the Directorate Financial Viability Target to achieve 5% of baseline budget during 2024/2025. The change will contribute a significant saving of £126, 507.00 while also aiming to improve the experience of staff and increase the effectiveness of working practices. Merging the two teams will optimise nursing resource and aligning the occupational therapy provision and mental health nurse to community teams and rapid response allows better allocation of caseload to appropriate clinician. An integrated team will deliver a more consistent and coordinated care, reducing gaps and overlaps in service, fostering better communication and collaboration amongst health professionals across TH CHS. This optimisation will lead to more efficient use of time and resources, enhancing overall service delivery, and build up resilience of teams.

**Chief Executive:** Lorraine Sunduza

2

**Chair:** Eileen Taylor



We promise to work together creatively to: learn 'what matters' to everyone, achieve a better quality of life and continuously improve our services.

**We care . We respect . We are inclusive**

**4.2** The change will facilitate more effective care planning and delivery and improve patient overall experience. Patient will benefit from a seamless transition through different stages of care, ensuring that their needs are consistently met allowing provision of holistic treatment plans that address both acute and chronic conditions. This coordinated proactive approach can support plan to reduce unnecessary hospital admission.

The change also provides opportunities for cross-training and skill enhancement, allowing staff to broaden their expertise for career progression. The introduction of a developmental B7 to B8a Advance Care Practitioner Physiotherapist in frailty within the community setting presents a unique opportunity for staff to grow in their roles. This initiative not only enhances professional development but also aims to improve staff retention. Notably, this will be the first of its kind within NEL, as the focus has primary been on acute frailty ACP care. This change highlights the benefits and its pioneering nature within the organisation.

The improvement on collaboration and streamlining of processes can lead to a more fulfilling work environment. With clear delineation of roles and responsibilities, it will reduce duplicated efforts and improve operational efficiency thereby leading to cost savings. The integrated team will focus on increasing home visits to provide care closer to patients' homes, thereby reducing the DNA rate. This subsequently results to improvement on patient outcomes and satisfaction enhancing the organisation's reputation and credibility.

**4.3.** Job descriptions have been developed and may change subject to the consultation feedback. These are enclosed as Appendix 1.

## **5. Proposed Structure**

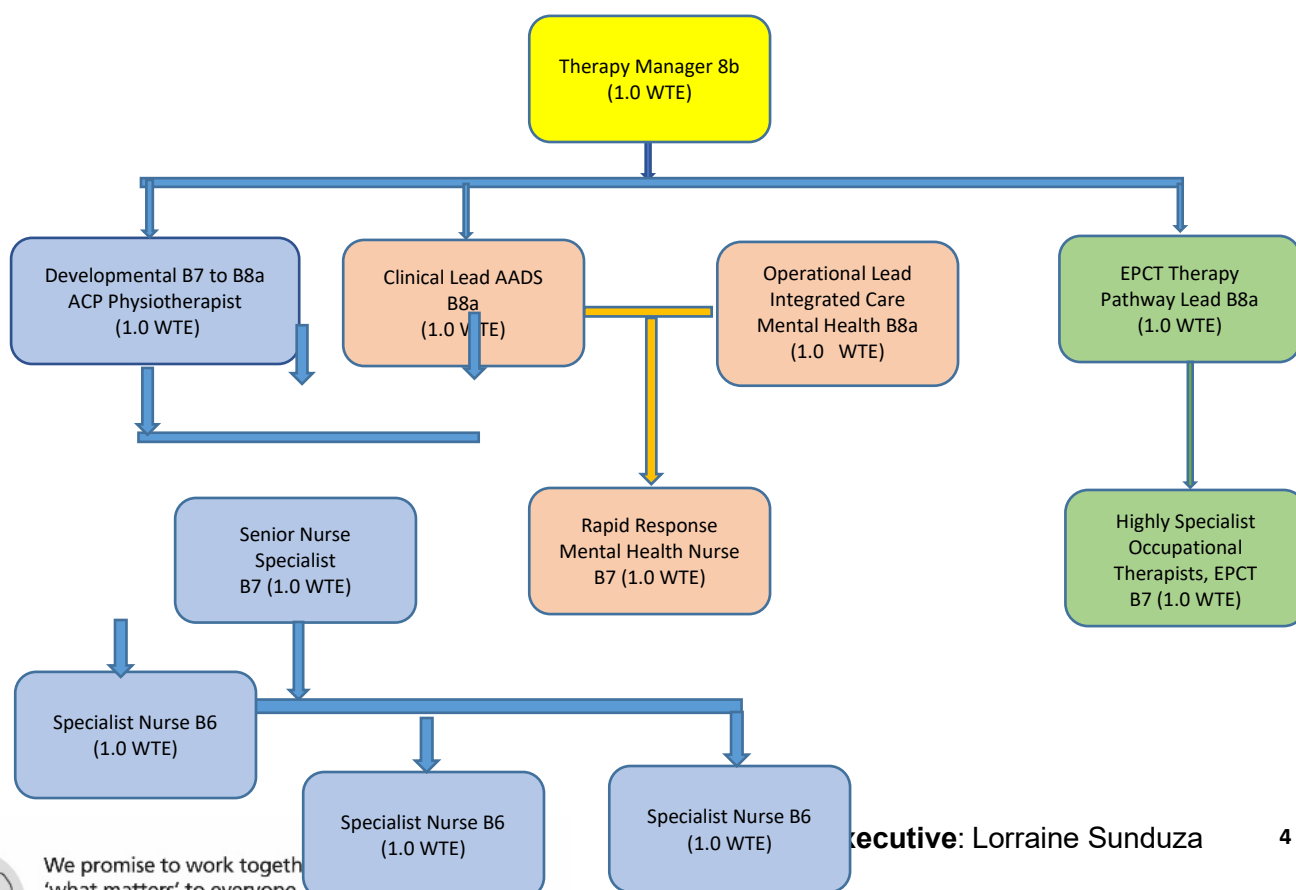
- 5.1** The structure below illustrates the new integrated In-Reach and OPC including teams who will provide for the Mental Health Nurse and Occupational Therapy cover.
- The yellow box indicates to whom the service reports to
  - Blue boxes indicates the newly establish developmental B7 to B8a Trainee ACP Frailty role and In-reach nurses
  - Orange boxes indicate the areas covered by Mental Health Nurse which is jointly managed by the Clinical Lead in AADS and Operational Lead Integrated Care in Mental Health
  - Green boxes signify the OT provision which is managed by the EPCT Therapy Pathway Lead



## Proposed establishment and vacancies

| Role  | Band | WTE | Post deleted  | Vacant | Staff affected | Posts available in future team | Staff at Risk |
|---|------|-----|---|--------|----------------|--------------------------------|---------------|
| OPC Highly Specialised Physiotherapist          | 7    | 1.0 | 1 Yes – will be converted to development B7 to B8a ACP Physiotherapists | 0      | 0              | 1 (8a)                         | 0             |
| In-Reach Senior Nurse Specialist                | 7    | 1.0 | No  | 0      | 0              | 1                              | 0             |
| OPC Specialist OT (Agency worker)               | 6    | 1.0 | 1   | 0      | 0              | 0                              | 0             |
| In-Reach Specialist Nurse                       | 6    | 3.0 | 0   | 1      | 0              | 3                              | 0             |
| OPC Specialist Nurse                            | 6    | 0.6 | 1   | 0      | 1              | 0                              | 1             |
| Fixed Term Maternity Cover OPC Specialist nurse | 6    | 0.6 | 1   | 0      | 1              | 0                              | 1             |
| Senior Mental Health Nurse                      | 6    | 0.8 | 1   | 0      | 1              | 0                              | 1             |
| Totals  |      | 8   | 5   | 1      | 3              | 5                              | 3             |

## Proposed structure chart



Executive: Lorraine Sunduza

4

Chair: Eileen Taylor



We promise to work together  
'what matters' to everyone,  
of life and continuously improve our services.  
**We care . We respect . We are inclusive**

## 5.2 Proposed roles

### 5.2.1. Convert OPC 1.0 WTE B7 Physiotherapy post to developmental B7 to B8a ACP Trainee Physiotherapist

The Trainee Advanced Clinical Practitioner Physiotherapist will lead on overseeing the frailty pathway. The trainee ACP will ensure that team is updated on best practices and new developments in frailty care by offering specialised expertise in managing complex cases and conditions of frail elderly patients. This ensures that patients receive high-quality of care that is tailored to their individual needs. The post will offer specialised training to elevate the skill set of the therapy workforce, ensuring uniformity in delivering therapy services for frail patients. The current OPC Band 7 Physiotherapists is completing an ACP post hence in order to minimise impact on staff, the post holder will be absorbed in the new structure as developmental B7 to B8a Trainee ACP.

### 5.2.2. Retain In-Reach B7 Senior Nurse Specialist

The post holder's current JD remains the same with additional role in providing support to the Trainee ACP Physiotherapist in carrying out day to day managerial of the frailty pathway as well as provide supervisory responsibilities for the B6 nurses within the new structure. The post holder will lead on providing effective collaboration with other community-based teams and partners and acting as Team Lead in managing the daily operations of the integrated service for the frailty pathway. This includes working closely with in-patient teams, geriatricians, and acute frailty team to ensure coordinated care when facilitating discharges and managing chronic conditions in OPC clinic.

### 5.2.3 Retain In-Reach 3.0 WTE B6 Specialist Nurses

The post holders JD remains the same with additional role to provide comprehensive nurse coverage for older people clinics.

### 5.2.4 Delete the 1.0 WTE OPC B6 Occupational Therapy post. The Occupational Therapy cover will be provided for by the B7 Highly Specialised OT in palliative care under the EPCT Therapy Team

### 5.2.5 Delete the 0.8 WTE OPC Specialist Mental Health nurse. The Mental Health Nurse cover will be provided for by the B7 Mental Health Rapid Response in Admission Avoidance and Discharge Service (AADS)

### 5.2.6 The 0.6 WTE OPC B6 Specialist Nurse. The Specialist nursing cover will be provided by the In-Reach nurses

## 5.3 Supporting new structure

In the new structure the B6 Nurses will be oriented with the processes for covering the older people clinic. The post holders will follow a rota system to work alongside geriatricians in the clinics and will also complete home visits as required.

Additionally, the current B7 physiotherapists, who is already undergoing ACP training which was funded by the trust, will transition into the trainee developmental B7 to B8a post.

The B7 OT in EPCT and B7 Rapid Response Mental Health Nurse, who will contribute to the new structure, will also be oriented to cover the older people clinic.

## 6. Impact on Staff

### OPC In reach

- 6.1 The establishment figures for In Reach and Older People Clinic teams are shown as appendix E
- 6.2 The proposed structure chart is shown as appendix F
- 6.3 The current Band 6 Occupational Therapy post is currently vacant, therefore no staff at risk.
- 6.4 It is proposed to convert current Band 7 Physiotherapist post to a Trainee Developmental ACP Frailty Physiotherapist role and will be uplifted to a Band 8a ACP post upon completing of training. This will absorb the current Band 7 post holder and will not put their role at risk.
- 6.5 It is proposed to delete the current 0.8WTE Older people clinic Band 6 Mental Health Nurse and 0.6WTE Band 6 Physical Health Nurse roles. All efforts will be made for suitable alternative employment across the Trust for all staff at risk and potential posts will be held within the Tower Hamlets Community Health Services for this purpose during the period of consultation and a preference process can be utilised where possible. We will also conduct an exercise to find out what other potentially suitable roles are available in other directorates and ask that these are also held.
- 6.6 The In-reach 1.0 WTE Band 6 Specialist Nurse post is currently vacant and therefore could potentially act as a suitable alternative employment for the physical health nurse.
- 6.7 0.6WTE Band 6 Registered Nurse post holder is currently on maternity leave and will be redeployed in line with the Trust Management of staff affected by change and Redeployment policy and procedure. Staff on maternity leave will be prioritised.  
  
The 0.8 WTE Band 6 Specialist Mental Health nurse is currently pregnant and will be on Maternity Leave soon and will be redeployed in line with the Trust Management of staff affected by change and Redeployment policy and procedure.
- 6.6 All staff who currently work in the team including those on maternity leave will be offered an individual consultation meeting to discuss how the proposal impacts them personally and provide any feedback in relation to the proposal.
- 6.7 Existing part time working patterns and any flexible working arrangements in place will be discussed with staff as part of their individual consultation meetings.
- 6.8 Some line management arrangements are expected to change as part of the proposed structure

## 6 Financial, staffing and workload implications

- 6.1 The cost savings expected as a result of these changes are £126, 507.00 If there are any changes as a result of the feedback from the consultations or other unforeseen circumstances the revised figures will form part of the consultation feedback process

**Chief Executive:** Lorraine Sunduza

6

**Chair:** Eileen Taylor



We promise to work together creatively to: learn 'what matters' to everyone, achieve a better quality of life and continuously improve our services.

**We care . We respect . We are inclusive**

| Post   | Saving  | Comment  |
|--|---|--|
| B7 Physiotherapist will be converted to Trainee ACP Physiotherapist then to B8 ACP upon completion of training | Uplift for the post will be covered by the cost savings<br><br>£ 3,739.00 | Current B7 Physiotherapist is currently completing ACP Course.   |
| Band 6 Nurse (Physical and Mental Health Nurse 1.4 WTE)  | £74, 052.00   | This will support achievement of the Financial Viability targets of Tower Hamlets Community Health Directorates. Total savings is costed at £126, 507.00 |
| Band 6 OT (1.0 WTE)  | £56, 194  |  |

## 7 Service User Impact Assessment

- Facilitates early identification and proactive management and support of frail patients, ultimately help manage frailty-related issues early, preventing complications that might otherwise require hospitalization.
- Better coordination of care across the therapy and nursing pathway, thereby promoting seamless transitions between hospital and community care.
- Facilitates communication between healthcare professionals, and ensures continuity of care for frail patients, ultimately leading to a more cohesive and patient-centred healthcare experience
- The presence of an ACP Physiotherapist within community services in Tower Hamlets offers specialised expertise in managing complex cases and conditions. This ensures that patients receive high-quality that is tailored to their individual needs.
- Increases accessibility for frail patients in Tower Hamlets to advanced rehabilitation and therapy services, thereby reducing barriers to care and enables patient to receive timely specialist interventions closer to home, promoting early recovery and interventions to reduce unnecessary admissions.
- ACP Physiotherapist can provide a better coordinated and comprehensive care that addresses the holistic needs of patients, leading to more effective treatment plans and improved overall health outcomes.

## 8 Timetable & Proposed Implementation

- 8.1 The Proposals for organisational change to (Service) will be managed in line with the Trusts "Management of Staff Affected by Change Policy and Procedure" (Appendix 1).
- 8.2 There will be a formal consultation period of **(30)** days commencing on 2<sup>nd</sup> September 2024.
- 8.3 The Trust is committed to achieving meaningful consultation and therefore welcomes feedback and comments on the proposed organisation change proposals. Any comments should be made in writing either via e mail directed to [Eleanor.mata@nhs.net](mailto:Eleanor.mata@nhs.net) or [Petra.nittel@nhs.net](mailto:Petra.nittel@nhs.net)
- 8.4 On completion of the 30 day consultation timeframe all comments received will be considered and a final decision will be made and communicated to affected staff.
- 8.5 The timetable summarises the full implementation plan and is attached as **Appendix 2**.



## 9 Equality Analysis

**9.1** Under equality legislation, public authorities have legal duties to pay 'due regard' to the need to eliminate discrimination and promote equality with regard to race, disability and gender, including gender reassignment, religion age as well as to promote good race relations.

**9.2** The law requires that this duty to pay 'due regard' be demonstrated in the decision making process. Assessing the potential equality impact of proposed changes to policies, procedures and practices is one of the key ways in which public authorities can show 'due regard'. The Equality Impact Assessment is attached as **Appendix 3**.

This proposal is assessed to enhance staff experience and job satisfaction.

### 8 TRADE UNION REPRESENTATIVE

For a list of the 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 further support from HELP Employee Assistance Programme (EAP). The EAP can be contacted on 0800 030 4302.







We promise to work together creatively to: learn 'what matters' to everyone, achieve a better quality of life and continuously improve our services.

**We care . We respect . We are inclusive**

**Chief Executive:** Lorraine Sunduza

**Chair:** Eileen Taylor

## Appendix 2

### Implementation Timetable

| Action/Comments  | When  | Who Involved  | Section of Management of Change Policy                    | Comments  |
|--|---|---|---|---|
| Circulate final consultation document to Joint Staff Committee Members.  | 24/07/2024  | JSC Members<br>(Management/<br>Staff Side)<br>Deputy Director | Section 10 (Page 10)                                      | The consultation document will be given to Staff Side 5 days prior to JSC and will also include vacancy list for Suitable posts for redeployment. |
| Consultation Begins  | Week commencing<br>2 <sup>nd</sup> September 2024 | Affected Staff<br>HR<br>Staff Side                            | Section 10 (Page 10)                                      |   |
| 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.) | Week commencing<br>2 <sup>nd</sup> September 2024 | Deputy Director   | Section 11 (Page 10)                                      | Consultation document will also be placed on the Trust's intranet.  |
| Open consultation forums with staff  | Week commencing<br>9 <sup>th</sup> September 2024 | Deputy Director<br>HR<br>representative<br>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  | Week commencing 9 <sup>th</sup> September 2024 | Deputy Director<br>Line Managers<br>HR<br>Representative | Section 11 (Page 10) | Staff provided with information pack following at risk meetings  |
| CV and Interview Skills training<br>Careers Counselling             | Dates will be agreed by individual             | Human Resources  | Section 13 (Page 12) | Careers Counselling to be provided by EAP.<br>CV and Interview skills training to be provided at least once in each Directorate affected.  |
| <b>Consultation Period Ends</b>                                     | 7 <sup>th</sup> October 2024                   | N/A  | Section 12 (Page 11) |  |
| Consideration of feedback/comments                                  | Week commencing 14 <sup>th</sup> October 2024  | Deputy Director  | Section 12 (Page 11) | Response placed on Trust intranet.   |
| Staff notified of final structure                                   | Week commencing 14 <sup>th</sup> October 2024  | Deputy Director  | Section 12 (Page 11) | Letter sent to affected staff with details of next steps   |
| Job matching and Slotting in Process                                | Week commencing 14 <sup>th</sup> October 2024  | Deputy Director<br>/HR<br>Representative /<br>Staff Side | Section 14 (Page 13) | Staff will receive a formal letter regarding outcome of process  |
| Ring fenced selection process                                       | Week commencing 21 <sup>st</sup> October 2024  | 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. | Week commencing 28 <sup>th</sup> October 2024  | Key Selection 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 | Week commencing 28 <sup>th</sup> October 2024 | Deputy Director                                       | Section 20 (Page 19) | Staff will receive detailed feedback on their performance throughout the selection process  |
| Formal notice of redundancy meetings  | Week commencing 28 <sup>th</sup> October 2024 | Deputy Director<br>HR<br>Representative               | Section 20 (Page 19) | Staff will receive a detailed breakdown of their redundancy package at this meeting<br>Consideration given to staff leaving their post before expiry of notice period |
| New Structure Implemented   | 1 <sup>st</sup> November 2024                 | All   |                      |   |
| Post Project Evaluation   | 6 months post new structure implementation    | Deputy Director<br>Staff Affected, HR<br>& Staff Side |                      |   |

**Appendix 3 – Equality Impact Assessment (attached separately)**