

# INTEGRATED COMMISSIONING DIRECTORATE

Report By: Director of Integrated Commissioning

## Wards Affected

County-wide

## Purpose

- 1 To update the Scrutiny Committee on the restructuring of Herefordshire Council Adult Social Care Commissioning Functions and Herefordshire Primary Care Trust Commissioning Functions

## Financial Implications

- 2 As described in the paper

## Background

- 3 The paper sets out the detailed structure of the new Integrated Commissioning Directorate, following the consultation with staff in November and December 2008. In response to the consultation feedback the Integrated Commissioning Directorate structure is set out in Appendix 1, indicating the anticipated grades for each post. The consultation has confirmed a number of functions and their associated staff sits most naturally within other Directorates and will not therefore form part of this restructuring. The relevant posts and post holders are set out in Appendix 2. A number of teams will transfer unchanged into the Integrated Commissioning Directorate. The relevant posts and post holders are set out in Appendix 3. The consultation group will continue to oversee the appointments process. It is intended that the restructuring will be complete by April 2009.

## RECOMMENDATION

THAT;

- (a) The Committee Notes the next steps as set out in Section 4 of the report.
- (b) The Committee Notes the timetable for the appointments process for the new Directorate posts (Appendix 4)

and;

- (c) the Committee Notes the staff briefing presented to staff on 19 November 2008 setting out the proposed functional content and overall structure of the new Integrated Commissioning Directorate, the rationale for the structure, and the formal staff engagement process which be followed to create the new Directorate and appoint staff to posts within it (Appendix 5).

## BACKGROUND PAPERS

- None

# Integrated Commissioning Directorate

## Staff Briefing

### Restructuring of Herefordshire Council Adult Social Care Commissioning Functions and Herefordshire Primary Care Trust Commissioning Functions.

#### 1. Purpose

This paper sets out the detailed structure of the new Integrated Commissioning Directorate, following the consultation with staff in November and December 2008.

#### 2. Consultation Responses

The consultation prompted a number of comments and suggestions. Key points from the feedback were:

- general support for the intention to ensure clarity of roles and purpose for teams and individuals;
- a request that less technical language be used where possible;
- concerns that the seven functional units identified in the original consultation paper were too many and should be consolidated;
- a desire that, as senior members of staff are appointed, they should be able to influence the detailed roles and job descriptions for the posts identified within their teams;
- concerns that a number of the functions or staff originally identified as potentially part of the Integrated Commissioning Directorate actually provide support to a wider group. In some cases retaining these functions within the Integrated Commissioning Directorate would lead to a potential conflict of interest.

#### 3. Directorate Structure

The Integrated Commissioning Directorate structure is set out in **Appendix 1**. This responds to the consultation feedback as follows:

- the separate functional units have been grouped under two senior management positions. One senior post will lead on business support, planning, service re-design and performance improvement (and will be the social care lead for the Directorate). The other senior post will lead on procurement, contract negotiating, contract management and locality support (and will be the health lead for the Directorate);
- the structure gives an indication of the anticipated grades for each post. Indicative job descriptions/person specifications will be published but the final job descriptions/person specifications will be determined by line managers as they are appointed;
- the functions associated with quality assurance and with user, patient and public engagement will transfer to the new Directorate of Quality and Clinical Leadership. The associated posts and post holders will transfer to that Directorate and will not be put at risk as part of the Integrated Commissioning restructuring. The posts and post holders affected are set out in **Appendix 2**. Whilst line management will transfer, there will be ongoing day-to-day links with the Integrated Commissioning Directorate to ensure appropriate expertise is available to support the Directorate's work;

- the responsibility for Adult Safeguarding rests with the Director of Integrated Commissioning in his Director of Adult Social Services role. However, the associated Safeguarding staff will be line managed within the Directorate of Quality and Clinical Leadership, which will be providing Safeguarding support and assurance across both health and social care. The posts and post holders affected are set out in **Appendix 2**. The associated posts and postholders will transfer to that Directorate and will not be put at risk as part of the Integrated Commissioning restructure.
- the functions associated with reporting and information provision will transfer to the Deputy Chief Executive's Directorate. The associated posts and post holders will transfer to that Directorate and will not be put at risk as part of the Integrated Commissioning restructuring. The posts and post holders affected are set out in **Appendix 2**. Whilst line management will transfer, there will be ongoing day-to-day links with the Integrated Commissioning Directorate to ensure appropriate expertise is available to support the Directorate's work. The performance management of issues identified by the performance reporting team will remain with either the Integrated Commissioning Directorate (for commissioning performance) or the Integrated Provider Service (for provider functions);
- the consultation has confirmed that the person-centred planning role and reviewing officer role sits most naturally within the Integrated Locality Provider teams and will not therefore form part of this restructuring. The relevant posts and post holders are set out in **Appendix 2**;

A number of teams will transfer unchanged into the Integrated Commissioning Directorate as follows (the posts and post holders are set out in **Appendix 3**):

- due to the specialist nature of the work and its role in supporting other Directorates at present, the Supporting People unit will continue in its existing structure, line managed within the new contracting section. This arrangement will be reviewed over the next 12 months as the future of the Supporting People funding stream becomes clearer in the context of Area Based Grants;
- the Adult Placement Services team will remain in its current form, managed within the new contracting section. Over the next 12 months the remit of the scheme will be reviewed to explore whether it can be extended to cover a wider client base, including NHS clients;
- The Signposting Scheme will continue to be hosted within the Directorate. The longer term location will be determined by the wider review of PCT and Council customer services;
- the Herefordshire and Worcestershire Cardiac and Stroke Network Team is a hosted service on behalf of Worcestershire and Herefordshire health communities and is not subject to this restructuring;
- the PCT Primary Care administration team will continue to perform its existing role within the new contracting section;

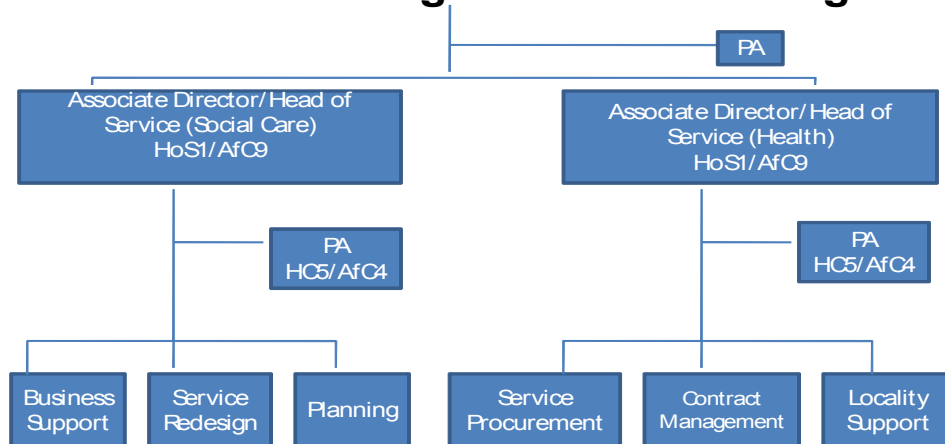
- the PCT Continuing Healthcare clinical specialists will continue to perform their existing roles with the new contracting section.

Other posts in the structure are new. Appointments to these posts will follow the process set out during the consultation.

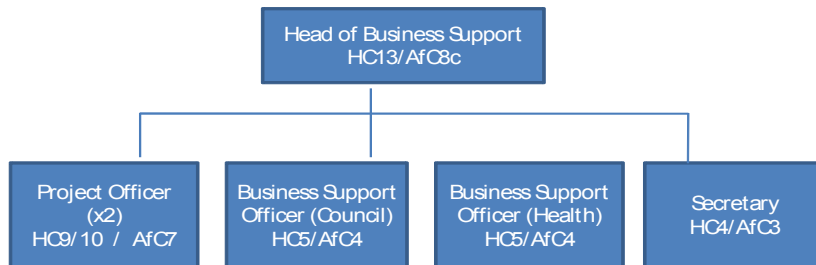
#### **4. Next Steps**

The timetable for the appointments process for the new Directorate for posts identified in **Appendix 1** will be published on Thursday 22 January 2009 (5 working days after the staff briefings). Posts identified in **Appendix 2** will transfer to new line management arrangements after agreement on timings between the relevant Directorates. The ring fence arrangements for posts in the new Directorate structure will be published with the timetable. The cascade of appointments will commence with the two Associate Director/Head of Service posts, followed sequentially by posts at subsequent tiers in the structure, as per the appointments process shared during the consultation. The timetable will confirm the timings and process for confirmation of job descriptions/person specifications and grades, including the involvement of line managers as they are appointed. The consultation group will reconvene to oversee the appointments process. It is intended that the restructuring will be complete by 31 March 2009.

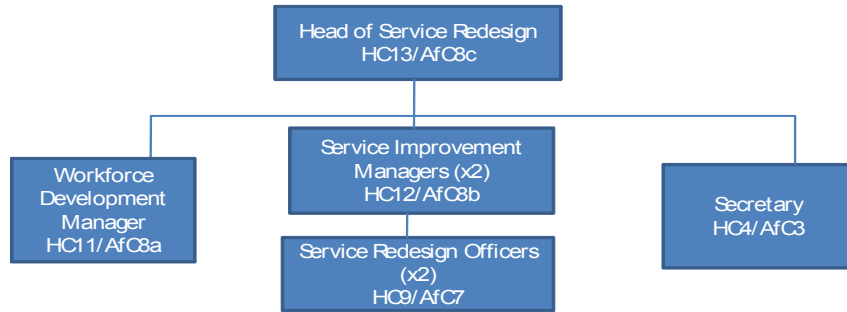
## Director of Integrated Commissioning



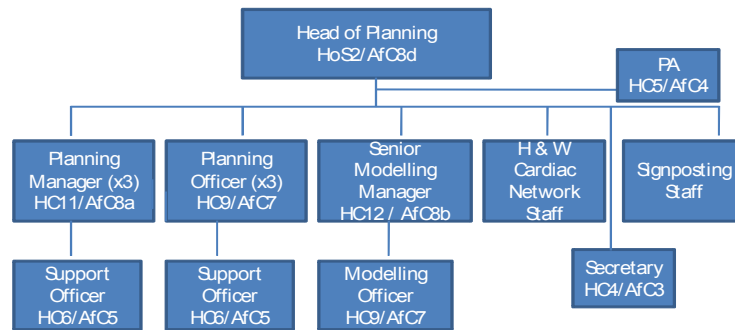
## Business Support



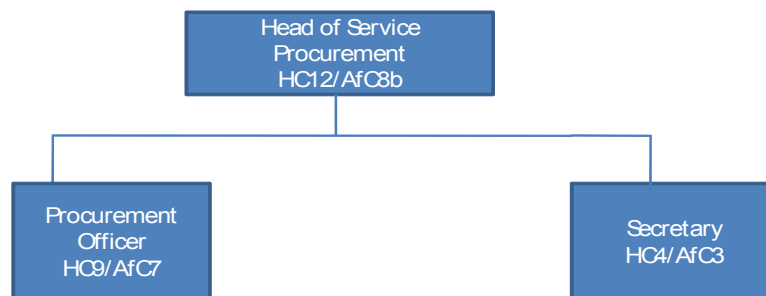
# Service Redesign



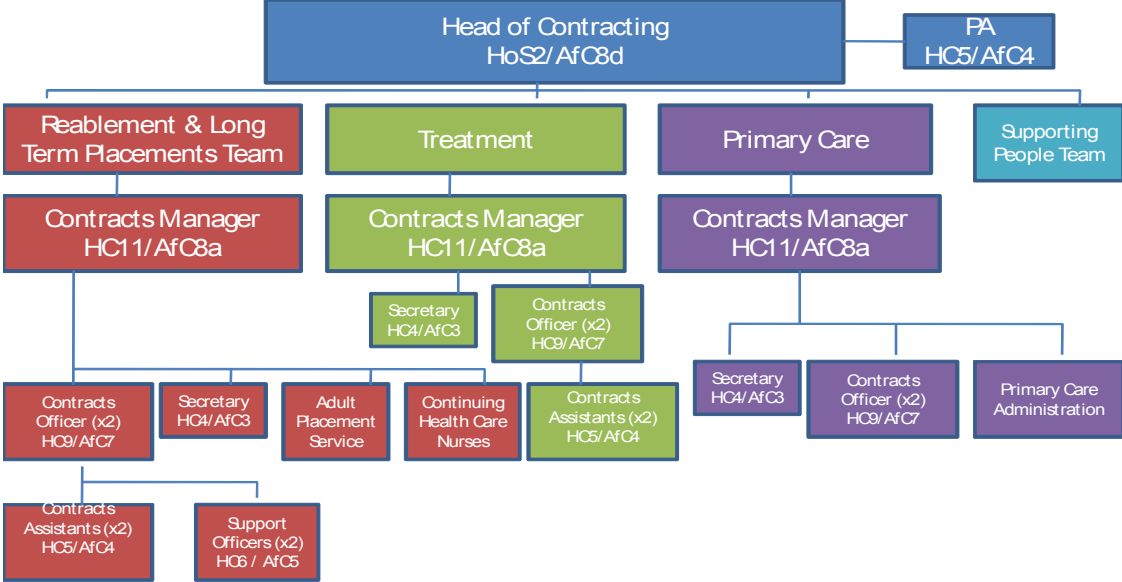
# Planning



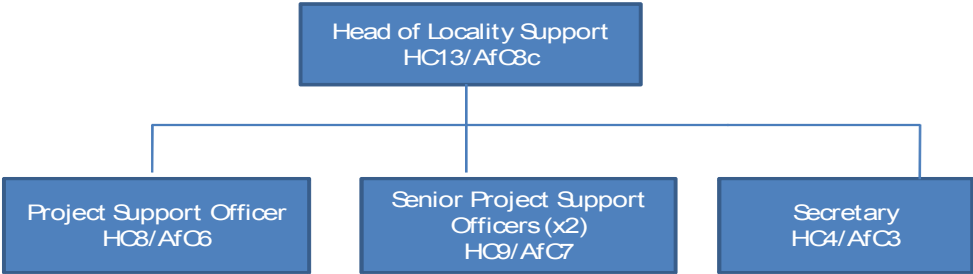
# Service Procurement



# Contract Management



# Locality Support



Section	Team	Post	Grade
		Associate Director/Head of Service (Social Care) PA	HoS1/AfC9 HC5/AfC4
<b>Business Support</b>		Head of Business Support Project Officer (x2) Business Support Officer (Council) Business Support Officer (Health) Secretary	HC13/AfC8c HC9/10 / AfC7 HC5/AfC4 HC5/AfC4 HC4/AfC3
<b>Service Redesign</b>		Head of Service Redesign Service Improvement Manager (x2) Service Redesign Officer (x2) Workforce Development Manager Secretary	HC13/AfC8c HC12/AfC8b HC9/AfC7 HC11/AfC8a HC4/AfC3
<b>Planning</b>		Head of Planning Planning Manager (Long Term Conditions, Disability, Carers) Planning Manager (Urgent Care, Planned Care, Maternity) Planning Manager (Children's) Planning Officer (Mental Health) Planning Officer (Learning Disabilities) Planning Officer (Older People/Stroke/Dementia) Support Officer (x2) PA Secretary Senior Modelling Manager Modelling Officer H &W Cardiac Network Staff Signposting Staff	HoS2/AfC8d HC11/AfC8a  HC11/AfC8a HC11/AfC8a HC9/AfC7 HC9/AfC7 HC9/AfC7  HC6/AfC5 HC5/AfC4 HC4/AfC3 HC12/AfC8b HC9/AfC7 - -
		Associate Director/Head of Service (Health) PA	HoS1/AfC9 HC5/AfC4
<b>Service Procurement</b>		Head of Service Procurement Procurement Officer Secretary	HC12/AfC8b HC9/AfC7 HC4/AfC3
<b>Contract Management</b>		Head of Contracting PA  Contracts Manager Contracts Officers (x2) Support Officers (x2) Contracts Assistants (x2) Secretary Adult Placement Service Supporting People Team Continuing Health Care Nurses  Contracts Manager Contracts Officers (x2) Contracts Assistants (x2) Secretary  Contracts Manager Contracts Officers (x2) Secretary Primary Care Administration	HoS2/AfC8d HC5/AfC4  HC11/AfC8a HC9/AfC7 HC6/AfC5 HC5/AfC4 HC4/AfC3 - - -  HC11/AfC8a HC9/AfC7 HC5/AfC4 HC4/AfC3  HC11/AfC8a HC9/AfC7 HC4/AfC3 - -
<b>Locality Support</b>		Head Of Locality Support Senior Project Support Officers (x2) Project Support Officer Secretary	HC13/AfC8c HC9/AfC7 HC8/AfC6 HC4/AfC3



## Appendix 2

Posts originally identified as subject to Integrated Commissioning consultation and post-consultation Directorate			
Surname	Forename(s)	Post (s)	Post Consultation Directorate
Brooke	Susan Mary	Person Centred Planning Facilitator	Adult Social Care provision
Green	Carolyn Anita	Person Centred Planning Co-ordinator	Adult Social Care provision
Lewis	Nicola Jane	Reviewing Officer, Community & Care Home	Adult Social Care provision
Marsh	Jacqueline Gale	Person Centred Planning Officer	Adult Social Care provision
Morris	Margaret	Directorate Services Officer (Support)	Adult Social Care provision
Barriscale	Greg	PCT Performance Manager	Deputy Chief Exec
Chandler	Elaine	Social Care Records Assistant	Deputy Chief Exec
Lawford	Ruben Richard	Information and Research Officer	Deputy Chief Exec
Lloyd	Beryl	Social Care Records Assistant	Deputy Chief Exec
McGuigan	Tracy	Administrative Assistant	Deputy Chief Exec
Mitchell	David Eric	Information Systems Manager	Deputy Chief Exec
Pudge	Sarah Jane	Administrative Assistant	Deputy Chief Exec
Rainbow	David	Adults Safeguarding Trainer	Deputy Chief Exec
Storey	Sally	Social Care Records Officer	Deputy Chief Exec
Taylor	Simon	CLIX Clerk	Deputy Chief Exec
Taylor	Anita	CLIX Co-ordinator	Deputy Chief Exec
Hughes	Ann	Head of Primary Care	Quality and Clinical Leadership
Barnes	Dr Jenny	GP Appraisals Facilitator	Quality and Clinical Leadership
Braybrook	Saran	Pharmaceutical Advisor	Quality and Clinical Leadership
Coats	Yvonne	Pharmacist	Quality and Clinical Leadership
Gallagher	Richard	Community Engagement Worker	Quality and Clinical Leadership
Holland	Kathy	PCT Professional Advisor	Quality and Clinical Leadership
Homden	Tony	Public Contact Officer	Quality and Clinical Leadership
Ilisley	Dr Kevin	PCT Professional Advisor	Quality and Clinical Leadership
Jeffery	Dave	Primary Care Data Quality Manager	Quality and Clinical Leadership
Lloyd	Barbara Susan	Adult Protection Co-ordinator	Quality and Clinical Leadership
Marshall	Vikki	Secretary to Professional Advisers	Quality and Clinical Leadership
Owen	Stephen	PCT Professional Advisor	Quality and Clinical Leadership
Preedy	Sally	Quality Assurance Co-ordinator	Quality and Clinical Leadership
Price	Sarah	Complaints Administrator	Quality and Clinical Leadership
Rogers	Alison	Clinical Governance Community Pharmacist	Quality and Clinical Leadership
Rogers	Victoria	Adult Safeguarding Information Officer	Quality and Clinical Leadership
Stubbs	Fiona	Complaints Administrator	Quality and Clinical Leadership

Appendix 3

Teams transferring unchanged into Integrated Commissioning Directorate			
Surname	Forenames	Post(s)	Team
Weaver	Jane	Clerk	Adult Placement Scheme
Lawrence	Sandra	Adult Placement Scheme Officer	Adult Placement Scheme
Cocker	Christine	Adult Placement Scheme Officer	Adult Placement Scheme
Rees	Catherine	Adult Placement Scheme Manager	Adult Placement Scheme
Hopkins	Doreen	Adult Placement Team Clerk	Adult Placement Scheme
Edwards	Jane	Adult Placement Officer	Adult Placement Scheme
Beard	Sara	Network Administrator	Cardiac & Stroke Network
Wyn-Wright	Menna	Network Service Improvement Manager	Cardiac & Stroke Network
Scott	Sara	Network Service Improvement Manager	Cardiac & Stroke Network
Whitehouse	Victoria	Network Service Improvement Manager	Cardiac & Stroke Network
Grove	Diane	Network Manager	Cardiac & Stroke Network
Howls	Lyle	Network Service Improvement Manager	Cardiac & Stroke Network
Roger	Jakki	Network Administrator	Cardiac & Stroke Network
Gregory	Matthew	Continuing Care Nurse Specialist	Cont Care Clinical Support
Buck	Marion	Continuing Care Nurse	Cont Care Clinical Support
Beveridge	Nicky	Continuing Care Nurse	Cont Care Clinical Support
Warden	Fran	IMPACT Officer, Signposting & Prevention projects	PCT Signposting
Rowell	Jennifer	Signposting and Prevention support	PCT Signposting
Rabbetts	Linda	Signposting Co-ordinator	PCT Signposting
Rogers	Julie	Primary Care Administrator	Primary Care Admin
Hughes	Cath	Primary Care Assistant	Primary Care Admin
Baker	Christine	Primary Care Administrator	Primary Care Admin
Millward	Emma	Review Officer	Supporting People
Stradling	Dawn	Senior Commissioning & Development Officer	Supporting People
Gardner	Ian	Supporting Housing Manager	Supporting People
Pitt	Amy	Development Officer	Supporting People
Watson	Josephine	Supporting People team administrator	Supporting People
Thomas	Michael	Performance Needs Officer	Supporting People

### Proposed Timetable for Restructure Process

The numbers in the following chart relate to the allocated ring fence for the posts and individuals according to the Grade/Band in Document 5.

Week Commencing date	Job Evaluation	Number of Posts	Appointment Process
26 <sup>th</sup> Jan	Ring Fence 1	2	None
02 <sup>nd</sup> Feb	None	0	Ring Fence 1
09 <sup>th</sup> Feb	Ring Fence 2	5	None
16 <sup>th</sup> Feb	Ring Fence 3	11	None
23 <sup>rd</sup> Feb	Ring Fence 4	18	Ring Fence 2
02 <sup>nd</sup> March	Ring Fence 4 (cont'd)	18	Ring Fence 3
09 <sup>th</sup> March	Ring Fence 5	22	Ring Fence 4
16 <sup>th</sup> March	Ring Fence 5	22	Ring Fence 4
23 <sup>rd</sup> March	None		Ring Fence 5
30 <sup>th</sup> March	None		Ring Fence 5

**Notes:**

- The timetable has been constructed according to Grade/Band and numbers, cascading from the highest to the lowest
- There are 6 teams in the Directorate; concurrent interviews will need to take place in more than one team at a time.
- HC9/AfC7 evaluations will create the biggest pressure with posts in all 6 teams and 6 posts in one of the teams.
- A high level of commitment will be required from appointed managers and job evaluators to achieve the proposed timetable.