



**UNISON response to
Restructure of the Adults
and Communities Delivery
Unit Consultation
December 2015**

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UNISON Response to Restructure of the Adults and Communities Delivery Unit Consultation

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Summary

- 1) UNISON members have given a strong mandate to UNISON to register their disagreement with the proposals outlined in the document to the employer.
- 2) The proposals see around 18% of jobs in Adults and Communities excluding mental health being lost. Whilst this is offset by the creation of 22 jobs and the reduction then falls to around 9%, the majority of those new posts are in place of higher paid and professional posts. Whilst there are fewer hard redundancies there is huge concern as to how any consequent increase in workload can be managed in a safe way against a backdrop of a workforce already struggling to keep on top of managing the work safely.
- 3) **Social worker posts are to be reduced by 36.8%**
- 4) In addition the proposal to replace social workers with Assessment and Enablement officers who will then be supervised by social workers is viewed by both social workers and AEOs as particularly risky to residents and staff.
- 5) The proposals are set against a backdrop of the delivery unit being lined up to be outsourced is adding to a sense of demoralisation and is destabilising the workforce as colleagues look to leave and gain work where they can be more assured of retaining their terms and conditions.
- 6) UNISON believes staff reductions of 9% will both place residents and workers at unacceptable risk and that the Council has no alternative than to use its reserves to fund the shortfall in the budget.
- 7) The post of Director of Strategic Commissioning has become vacant and UNISON proposes this post is deleted. This is an estimated saving of some £200,000.
- 8) The post of Adults and Health Commissioning Director should be deleted and these functions reintegrated into the Adults Delivery Unit. This is an estimated saving of some £200,000.
- 9) Most Lead Practitioner posts are currently vacant and, if filled, would help alleviate some of the strain of the provision of supervision which exists.
- 10) The deletion of service manager roles creates a potential problem for career progression for team leaders.

Background

The consultation has been brought about by the budget proposal bringing forward a savings proposal of £1.1million in the year 2016-2017 from a total of £1.4million savings proposed by 2020. At the same time Adults and Communities Delivery Unit is consulting on proposals to outsource its functions and this will be a subject of the agenda at the Council Adults and Safeguarding Committee 7th March.

The proposal excludes the Mental Health Social Work teams at present.

The roles of social workers for Adults have become increasingly complex with colleagues now also carrying out Mental Capacity Assessments, Safeguarding Investigations, Best Interest Assessments, joint assessments with health over funding and assessments and advice for top-up arrangements, to name but a few.

The Delivery Unit is sub-divided broadly into 2 sections with an Assistant Director covering each section. The 2 sections are Adult Social Care and Community and Wellbeing.

The Adult Social Care section (excepting Mental Health social workers) foresees the **deletion of some 23 (36.8%) social worker posts and the incorporation into the social worker job role the responsibility for supervising Assessment and Enablement Officers.** The number of Assessment and Enablement Officers will increase from 33.36-49.36.

Assessment and Enablement Officers (AEOs) are not supposed to deal with complex cases as they do not have the training. They are certainly not supposed to tackle these without supervision and support. AEO colleagues are reporting they are managing complex cases and they do not receive supervision and support adequate to deal with the case. UNISON has requested an audit of supervision undertaken across Adults and Communities since at least July 2015.

Social workers are struggling to manage their caseloads now and the implication for inclusion of supervisory responsibilities into their workload, which effectively gives them responsibility for another worker's caseload, means they risk not being able to take on this responsibility effectively. **The consequences for failure on this could be catastrophic for the resident, the worker and the Council.** Furthermore it is not envisaged that the changed social worker role will attract more pay.

81% of all lead practitioner roles are currently vacant. Out of a total of 15.5 lead practitioner roles the majority are vacant (12.6 FTE). Even in the proposed new structure the challenge is to recruit permanently to the posts covered by a series of acting up and seconded arrangements or even agency staff in. This is a well-trodden route for social workers interested in developing managerial skills by taking on limited supervisory responsibilities for colleagues. This role does attract a slightly higher pay and yet there are so many vacancies.

A number of social workers take on student social workers as placement supervisors. This is time-limited and gives the social worker an extra payment. So the opportunity already exists for social workers to enhance their skills with respect to supervision. The effect of social workers supervising staff must have a negative effect on the willingness of social workers wanting to take on students.

Assessment and Enablement Officers have indicated a nervousness, both in a survey and at a union meeting about being supervised by a basic grade social worker asking how realistic the support they would get from a social worker is. Their experience hitherto on being "supported" managing complex cases has often not been an entirely happy one and report everyone being so busy they do not want to add to the workload of their colleagues by keep asking questions.

It has been argued that basic grade OTs have supervisory responsibilities for AEOs and so social workers would be brought in line with this. However, the 2009 restructure involved a lengthy discussion about the evaluation of the social worker and OT role and it was in the end agreed that whilst the OTs had this responsibility there were a number of other responsibilities they did not carry which social workers had,

such as safeguarding. Therefore there was an even trade off of responsibilities for those roles.

It is worth noting that there are **ongoing recruitment difficulties for OTs**, creating a tremendous strain for colleagues working in this field.

In 2013 a very unpopular restructure was imposed on the social care section with team managers being re-titled and downgraded by some 7 spinal column points and service managers being upgraded. This started to build a barrier to natural progression within the service. The current proposal deletes service manager roles in the Adults Social Care section and so the gap between team leader and the next post up in the hierarchy (Head of Service) makes it now even less likely that colleagues will be able to develop their career through LBB.

The Community and Wellbeing section foresees a number of hard redundancies (approximately 9%) across the section and the work of those individuals is to be distributed across the Delivery Unit. The greatest concern voiced on these proposals is what happens to complaints after the deletion of the complaints officer role.

Business support colleagues are concerned they will not be able to cope with the extra demand – as do other colleagues who will be responding to complaints. As the resources for residents reduce there is concern the number of complaints will rise and their workload will become unmanageable. There will be a knock-on effect for vulnerable adults and their carers whose complaints may not be managed in a fashion which inspires confidence.

Our members have expressed concerns about the ability of the Community and Wellbeing section to keep on top of the monitoring and registration of contracts and the inputting of agreed support packages. This is also expressed in the latest Audit report (Audit Committee 28th January 2016) into Procurement practice. It is critical for the Delivery Unit to have a sense of control and oversight into its overall spend. This is a current issue not mentioned in the proposals.

The response in the proposal to mitigate the negative effect of the proposals is that the new database which has yet to be implemented will solve most of these problems as it will be much more efficient. Indeed it is hard to conceive how a new database could possibly be worse than the database colleagues have been working with for the last 12 years, but whether it will offset all of the pressures on colleagues and the service delivery remains to be seen. In any case the root of good social care is the relationship workers have with their service users, the decisions they make and the resources available. This cannot yet be replicated by a database, its role is to be a support tool in assisting the department to deliver on this.

Parallel to the consultation on this restructuring proposal is the ongoing discussion around **outsourcing the Delivery Unit**. This is not a popular proposition amongst staff and has led to many colleagues considering when they need to leave the local authority in order to secure their terms and conditions. This adds to the destabilising the workforce.

Risks

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- 1) The key risk is **catastrophic failure** due to poor resources, and capacity issues. Colleagues already feel they are “flying by the seat of their pants” and that the proposals for a reduction of adequately qualified staff to cover all of the social care remit, coupled with a burdening of those colleagues with increased workload from carrying out supervisory responsibilities, will inevitably result in a tragedy. Unfortunately there is nothing in this showing **statistics** regarding the volumes of work as is or projected. For example it is known there are huge year on year increases in requests for Best Interest Assessments. There is a fundamental issue of capacity in Adults and Communities.
 - 2) The Council, its workforce and residents will be **exposed** to critical risk, if clinical supervision arrangements are not robust.
 - 3) An inability to respond efficiently and appropriately to the needs of service users will lead to an increase in complaints, which will then divert resources to dealing with them rather than the getting it right in the first place. Furthermore, not being able to deal with complaints effectively will **undermine the confidence residents have in the service**.
 - 4) The new database is not operational and so its ability to deliver everything the senior management team expects it to deliver is unproven. There is a risk this mitigation **has been over-estimated**.

Recommendation

- 1) The post of Director of Strategic Commissioning has become vacant and UNISON proposes this post is deleted. This is an estimated saving of some £200,000.
- 2) The post of Adults and Health Commissioning Director should be deleted and these functions reintegrated into the Adults Delivery Unit. This is an estimated saving of some £200,000.
- 3) Most Lead Practitioner posts (81%) are vacant and, if filled permanently, would help alleviate some of the strain of the provision of supervision which exists.
- 4) Abandon the proposal of adding supervisory responsibilities to the social worker job role.
- 5) Abandon the proposal to delete 23 (36.8%) qualified social workers from Adults and Communities.
- 6) The success of the restructuring proposal is predicated on Mosaic (the new database) being able to alleviate a lot of the stress colleagues have in dealing with the inefficiencies of the current database (SWIFT – no irony intended). This is untested. Therefore UNISON recommends the proposals should be put on hold for a few months until we can assess just how well the system is operating and then look at these proposals later in the year. It would help colleagues feel that their issues regarding capacity are being listened to with respect and it may change how colleagues feel about the proposals.
- 7) Re-think the role of team leader and grade with a view to improving the possibility of career progression in Adults and Communities