

PROPOSAL TO REORGANISE THE COMMUNITY CARE NAVIGATORS TEAM WITHIN COMMUNITY HEALTH SERVICES NEWHAM

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 to realign the management structure of the Care Navigators (CN) which is currently provided by 0.4 WTE band 8a matron. CN will be allocated to district nursing teams within the Extended Primary Care team, utilising existing management / supervision structures. The proposal is that the CN is reduced in number from 8.16 WTE to 3.0 WTE band 4 staff.
- 1.3. The process of consultation is to ensure all staff within Care Navigation team are informed of the proposed changes and is also intended to allow the affected employees the opportunity to respond and take an active role in this process.

2. Background

- 2.1. Health and social care navigation (CN) came into focus in England in 2016 following the publication of the General Practice Forward View 2016.
- 2.2. The aim of CN was to address the increasing complexity of the ageing population with multiple needs, ensuring care needs were met but by the right professional or service rather than an overburdened universal front doors to care (General Practice / Emergency Department).
- 2.3. The core of this emerging role was to have a skilled navigator aware of the full breadth of health and social care provision, including charities and local groups, able to meet different health and social care needs. Taking a person-centred assessment approach, addressing needs/issues through referral and coordination, without providing direct care themselves.
- 2.4. The CN act as a link between acute, primary care, community, and with social care services.
Community Health Newham (CHN) integrated CN into the extended primary care team as part of the block contract around the same time.
- 2.5. No outcome measures or Key Performance Indicators have been consistently applied, with the perceived benefits being freeing up of registered health care professionals time by dealing with complex patients needing referral outside of routine medical pathways. There has been little data collected using patient Activation Measure (PAM) tool to show patients becoming more engaged with managing their needs following CN interaction. With no consistent social care provision within EPCT the team tended to focus more on social care needs than health. However, no formal arrangements were agreed with social care to

dovetail as both organisations worked in silos both professionally and with digital systems. So, no efficiencies were realised.

- 2.6. The CN within Community Health Newham accept referrals via two routes: interterm referrals but more so from GP Practice MDTs. CN are competing with other personalised care roles within the GP practices (care coordinators, social prescribers etc.,) for referrals with no clear delineation. Often referrals are passed between several roles due to the complexity of supporting complex patients and to avoid excessive appointment with registered professionals.
- 2.7. The majority of referrals are safety-netting pending social care review, safeguarding or helping patient to access service which needs forms/assessments to be done (key safe etc.) The HSCN have a wealth of knowledge and often reduce referrals to other services via screening and redirecting patients to alternatives within the community outside of mainstream care.
 - Currently, Community Health Newham is divided into 8 clusters (only for the CN service). Each of the 8 clusters have a named CN working with general medical practices to support the delivery of integrated services:
 - Supporting patients at high risk or very high risk of admission
 - Non-essential use of A&E, to prevent hospital admissions and attendance at emergency services
 - Reducing inappropriate use of services (acute and primary care) by ensuring that case management is effective
 - Complementing existing services by bridging service gaps
 - Promoting multiagency working, assisting in preventing the breakdown of service provision
 - Linking closely with local social workers and social care providers
 - Supporting the development and implementation of the IC MDTs and attending their cluster practices MDTs
 - Holding practice based clinics were appropriate to do so and undertaking home visits – recording all interventions on a template and in the patients clinical EMIS record
- 2.8. The scope of the CN has evolved since its introduction into Community Health Newham, both within the service and across the system. Aspects of the CN role is now replicated within primary care and London Borough of Newham across multiple duplicated roles social Prescribers, community link workers, and health & wellbeing coaches.

2.9. Community Health Newham are required to make substantial finance viability savings for 2024/2025. There is significant duplication of similar roles offering similar access to services across the health system in Newham.

2.10. There has not to date been service user involvement. It is expected that the voice of the service user / friends and family will form part of the consultation.

3. Current Structure

3.1 Org chart, table form (should include WTE and headcount)

Current establishment:	staffing	Current establishment:	staffing	Head count:
Band 4 – Care Navigators		7.36 WTE		8.00
Band 4 Support worker		0.80 WTE		1.00

3.2 Establishment Figures and Current Vacancies

The table below show the current and proposed staffing establishment for the change management along with the current vacancy position and number of staff at risk.

Current Establishment

Role	Band	WTE	Post deleted	Vacant	Staff affected	Posts available in future team	Staff at Risk
Community Care Navigator	4	7.36	4.36	0	8	3 WTE	8
Support Worker / Care Navigator	4	0.80	0.80	0	1	0	1
Totals		8.16	5.16	0	9	3	5.16

4. Proposal

4.1 The proposal is to reduce the size of the team from 8.16 WTE to 3.0 WTE. This change will reflect the current health care provision to Newham residents. There is significant duplication of roles across the Newham system, patients can access similar care via a number of routes across London borough of Newham, Primary care and Community Health Newham. This is reflected in the caseloads of the care navigators – table 1. By reducing the head count of the team CHN can realise the cost saving benefits and fully maximise the care already offered by system partners.

4.2 The remaining 3WTE posts will work to a new and improved job description, enabling cohesive system wide partnership working including, for the first time, key performance indicators.

4.3 CN will become embedded within each district nursing team, of which there are 3. This enables utilisation of existing management & supervision structures.

- The team will be reduced in size from 8.16 WTE to 3.0 WTE.
 - The management of the CN posts would sit within the district nursing teams management structure, each team would be allocated 1 CN e.g., North, Central and South teams.

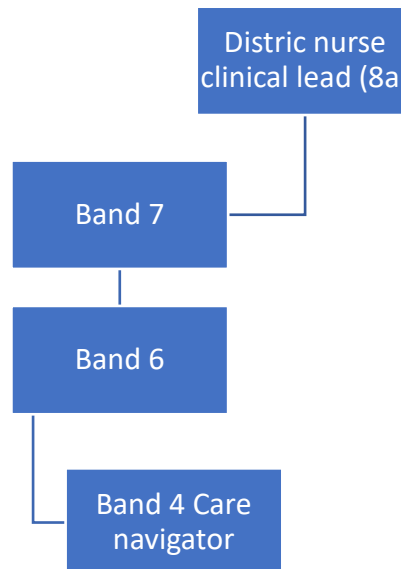
4.4 A new job description and CN SOP to be implement proving greater transparency and clear objectives around roles, responsibilities and key performance indicators.

4.5 Draft Job description have been developed and may change subject to the consultation feedback. These are enclosed as Appendix 1.

4.6 Proposed Structure

Proposed Job Role	Proposed establishment – staffing	Proposed Head count:
Band 4 – Care Navigator	3.0 WTE	3.0

5.1 Replicated across each of North, Central, South district nurse teams



5.2 There will be no changes to business hours. They will remain the same, Monday – Friday 09:00 – 17:00.

5. Impact on Staff

5.1 It is proposed to reduce the current Band 4, Care navigators' roles from 8.16 WTE, to 3 WTE, therefore 6 current post holders will be at risk of redundancy.

5.2 Moving to 3 staff team will require changes in working practices, including the GP practices the care navigator work in collaboration with. There will be a reduction in the ability to cover sick leave and annual leave. Currently this is covered amongst the team members – the expectation is that this will continue with support from health care assistants if required.

5.3 Affected staff will be invited for competitive interview selection process apply for the remaining 3WTE posts in the new structure.

5.4 All efforts will be made to avoid redundancies and find suitable alternative employment through Trust's Redeployment process, additional training will be provided if needed.

5.5 Similar role vacancies will be held vacant for the duration of this consultation across CHS Newham which could act as potential suitable alternative employment for those at risk.

5.6 Existing working patterns and the options of flexible working will be discussed with staff as part of their individual consultation meetings.

5.6 All staff who currently work in the team will be offered an individual consultation meeting to discuss how the proposal impact them personally and provide any feedback in relation to this proposal.

5.7 0.8WTE staff role is covered on a dual basis as Care Navigator and Support Worker, both aspects of the role are being impacted. The remaining workload for support worker will be absorbed within existing Telehealth team.

5 Financial, staffing and workload implications

5.1 The cost savings expected as a result of these changes are £184,652 full year / £92,326. 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

6 Service User Impact Assessment

8.1 Service users will in the short term will see changes to how they access care and who provides that care. Community Health Newham will work with system partners, including third sector providers to ensure there service users continue to access care in a timely manner.

7 Timetable & Proposed Implementation

7.1 The Proposals for organisational change to (Service) will be managed in line with the Trusts "Management of Staff Affected by Change Policy and Procedure, version 11, May2021" (Appendix 2).

7.2 There will be a formal consultation period of **(30)** days commencing on 12.08.2024.

7.3 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 gavinshields@nhs.net.

7.4 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.

7.5 The timetable summarises the full implementation plan and is attached as Appendix 3.

8 Equality Analysis

8.1 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.

8.2 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 Template is attached as Appendix 4.

Appendix 3

Implementation Timetable

Date	Action
12.08.24	Start of consultation. Consultation document given to affected staff
19.08.24	Open forum meeting to discuss proposals with staff and staffside TU reps.
w/c 19.08.24	Consultation meetings with individuals, as required
w/c 02.09.24	Responses to consultation from Staffside, individual TUs or staff submitted to management
11.09.2024	End of consultation period
11.09.24	Management consider all responses and discuss their response with Staffside and try to reach agreement when views are conflicting. At this stage any need for further consultation or an extension can be considered
w/c 16.09.24	Written notification of decision following consultation, including timetable for implementation of changes
w/c 23.09.24	Selection activities – e.g. interviews
w/c 07.10.24	Meeting to confirm impact on affected people
March 2025	Impact assessment of major change to be undertaken 6 months after implementation