

Response to the Consultation on the proposal to reorganise the community care navigators team within community health services Newham

04 October 2024

Dear Colleagues,

I am writing to you following the end of the consultation period with staff regarding the consultation on the proposal to reorganise the community care navigator's team within community health services Newham.

The formal consultation process commenced on 12th August 2024 and consultation documents were made available to the staff directly affected as well as the rest of the team. The consultation was due to end on 11th September 2024, however it was extended until 26th September 2024 to ensure staff who have been on annual leave had an opportunity to feedback on the proposal. The consultation paper and associated documents were made available on the Trust Intranet. Support measures such as highlighting the availability of the Trust's Employee Assistance Programme this also included Occupational health referrals being offered to staff should they wish to be referred.

The purpose of the consultation was to provide staff with an opportunity to consider the proposal and respond with comments and feedback. An open consultation meeting was held via Teams on 21.08.2024 and all staff were invited to attend, Trust's staff side representatives were also invited. Individual meetings were also offered to affected staff on w/c 26.08.2024 until w/c 23.09.2024.

I would like to take the opportunity to thank those that responded to this proposal.

A number of comments were received during the consultation process. The directorate has carefully considered all feedback and responses to themes are set out below:

10 Concerns about reducing the number of whole-time equivalents (WTE) from 8 to 3 and potential increases in work related stress. What is the possibility of increasing the WTE number?

10.1 On balance there is recognition that the service requires 4WTE care navigators. The expectation is that each nursing team will have 1 care navigator aligned to the team. The 4th role will have a focus on end of life and long-term conditions, the role will also provide cross cover for annual leave and other absences. Essentially a floating role to ensure cover is provided at all times.

11 Clinical duties required sporadically i.e., phlebotomy

11.1 Training will be provided for any new skills required for the phlebotomy roles.



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- 12 Cohesive working of the new CNs' team?**
 - 12.1 The care navigator team will form part of the nursing structure for each nursing team i.e., north, central and south. There will be a care navigator's forum established for peer support.
- 13 JD, lack of KPI's within the job description**
 - 13.1 All KPI's and expected service standards will be shared within the new service specification.
- 14 Clarify (or better remove) what is meant by: 'For long term care needs, ensure the patient has the required consumables to enable them to stay at home'.**
 - 14.1 Consumables relates to medical equipment used i.e., suction tubing, hospital style beds etc.
- 15 Clarify: 'Working with patients and their families to plan for and improve last years of life care, ensuring that choices are reflected in personalised care plans and communicate with others involved in their care'**
 - 15.1 Working with the wider team to ensure patients die in their preferred place of death.
- 16 Clarify MDT attendance: currently CNs are core attendees however with the proposal of a new reduced team, it will be challenging covering 40 odd GP MDTs a month**
 - 16.1 It is expected that the care navigator will not attend every GP MDT Weekly. A time table will be developed and shared with GP colleagues to ensure there is a clear plan.
- 17 KPIs: clearly stated rationale (what KPIs they team will record and why / what is the purpose)**
 - 17.1 To ensure that there is a standardised service across the three nursing teams, all care navigators will work to the same standards and expectations.
- 18 IG: last but not least, what a joke to see the obvious mentioned in the JD. And it feels like a joke because sadly, i often see breaches in IG (mainly relating to incorrect information on patients' records)**
 - 18.1 It is unclear what the question is, more of a comment therefore no response is made
- 19 Health and social care navigation (CN) came into focus in England in 2016 following the publication of the General Practice Forward View 2016. - This is incorrect as the service came into existence in 2014 and not 2016**
 - 19.1 Thank you for highlighting this, it will be corrected.
- 20 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.

This was due to the lack of input/support of management to implement a system for the CNs to follow. CNs have tried to collect data using PAM however the cohort of service users that CN support found the process too difficult.

20.1 It is unclear what the question is, more of a comment therefore no response is made.

- 21 The team members felt they were not given the opportunity to have a 1:1 to explain their workload and despite having conversations with management, the opportunity to add value to their roles by being offered the appropriate training and development opportunities did not materialise.**

21.1 I am sorry the team feel they did not have the opportunity to have a 1:1 – all care navigators had a 1:1 with Gavin Shields (lead nurse) and a representative from people and culture which would have been the forum to raise these concerns.

- 22 The team would like a written criteria for referrals to the new CN role. This will enable a seamless approach for CNs to carry out their duties without duplication of work.**

22.1 This will form part of the new SOP / service specification and will be shared in due course.

- 23 MDT meetings: The CNs provide input at meetings to support patient's needs and feedback to the wider teams, the team would like confirmation that this can be ended if it is proven to be futile.**

23.1 All meetings agendas will be evaluated to ensure the best use of the care navigator time.

- 24 Uniform: CNs have disputed the need to wear uniform in the workplace and have expressed the importance of being able to wear their own clothing has a significant impact on their wellbeing and individuality. The team would like to continue wearing their own clothes as they are non-clinical.**

24.1 If the care navigator is required to visit patient's home they will be required to wear a uniform in line with CHN uniform Standard Operating Procedure.



CHN uniform SOP
v0.8.pdf

- 25 Remain in the same locality: The CNs have developed a working relationship within their locality i.e. nurses, physio and this will ensure a continuity of team support if they are able to remain within the same locality.**

25.1 This will depend on who is successful and what locality they have previously worked.

- 26 Hybrid working: The team have reported the positivity on the current flexible working arrangements which has had a significant impact on maintaining their work/life balance, the flexibility allows the team members to prioritise and manage their caseload, reduces the need for direct supervision, reduces burnout and unnecessary travel to complete their work.**

26.1 It is expected that the team will have a presence in the office. Staff can make a work life balance request in line with Trust Work life balance policies. Each request will be reviewed and agreed on an individual case by case basis.

- 27 Reporting team lead: The team felt each CN having a different reporting lead may cause confusion on the CN role and reduce the team values. With the added role of becoming a trusted assessor, the team suggest having one team lead to report to and preferably an OT lead who is more aligned with the job role.**

27.1 The care navigators will be managed in line with the nursing structure. Nursing management has more capacity to absorb additional roles within its governance structure and provide appropriate line management support.

- 28 Team would like the JD to clearly state that the CN role is non-clinical as the team members, when recruited, specifically applied for the position as it was non-clinical.**

28.1 The new Job description and person specification has been evaluated by Trust's job evaluation panel and matched at a Band 4, with clinical elements incorporated. The Trust is required to ensure we '*make every contact count*' which includes reducing duplicate home visits by our staff. If a patient is to be visited by a care navigator and a health care support worker within 24 hours of each other, this would be a duplicate visit. It is expected that the care navigator will complete NEWS2 scores etc.

Based on the responses and feedback received, it has been decided that the proposal will go ahead with the following changes:

There will be 4WTE care navigators rather than the 3WTE as proposed in the consultation document initially.

The next steps are:

We will now arrange for ring fenced interviews for remainder of the 4 posts, details will follow in due course. We will also continue to support all at risk staff with exploring suitable alternative roles across CHS Newham and the Trust via redeployment register.

It is envisaged that the new structure will be implemented by the Mid-November 2024.



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If at any time you have concerns or queries regarding the change then please do not hesitate to contact me. I appreciate that this is a difficult process, but I want to thank you for your contribution and understanding.

I understand that such processes may be difficult and in order to support you further may I also remind you that you have access to the free Employee Assistance Programme helpline is available 24 hours a day, 7 days a week. You can contact the Employee Assistance Programme by calling 0800 030 4302 or visiting: <https://elft.workplacewellbeing.com>

Yours sincerely



Gavin Shields
Lead Nurse Community Health Newham

Cc People Relations Representative



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