

# ORGANISATION CHANGE PAPER TH CAMHS SPECIALIST SERVICES

## 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 change establishment in the Complex Needs Team by introducing an 8C Clinical Team Lead role by deleting the 8b Team Manager role. The paper is intended for **only one staff member** and will outline the operational and business case for proposing the change including all contractual and service changes affecting staff.
- 1.3. The process of consultation is to ensure all staff are informed of the proposal 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 The establishment of the Complex Needs Team (CNT) is required to meet the increase in acuity and complexity in mental health presentations in Tower Hamlets (TH) Children and Young People over the last couple of years, alongside the development of crisis services in East London CAMHS. CNT aims to provide consultation, assessment and treatment for children and young people up to age 18 with severe and enduring mental health difficulties with underlying vulnerabilities and/or contextual adversity and accompanied sustained high risk with significant impact on their functioning, requiring more than routine care over a longer period of time. It is anticipated that this will lead to an increase in clinical capacity and guarantee a more efficient patient flow in core CAMHS teams. Care by CNT will be delivered via an enhanced and/or modified assertive, recovery focussed treatment model, with the provision of evidence based, medium to long-term individual, group and systemic interventions. The CNT will operate in the close interface with other services – inpatient CAMHS, ICCS, CECS, CSC, YOS, voluntary and tertiary services etc. and enable smooth transition into adult mental health services in accordance with the ELFT Transition Policy. Service user and carer participation is being promoted in care planning and service development. Given the anticipated clinical demand and impact of highly challenging work on performance and wellbeing, robust leadership will be required. Therefore, enhanced shared medical and non-medical leadership will be required in order to meet the standards of clinical governance (in particular clinical risk management and operational management). In terms of specific implications to staff roles, this will be justification for the deletion of the Band 8b post to allow the creation of an 8c Clinical Team Lead post.

### 3. Current Structure

#### 3.1 Current

Staff Type	Grade	WTE
CTL-Consultant Psychiatrist		0.7
Team Manager (MH Clinical Nurse Specialist)	8B	1.0
Senior CAMHS Practitioner	8A	0.6
CAMHS practitioners	7	4.0

### 4. Proposal

- 4.1. The establishment of the Complex Needs Team (CNT) is required to meet the increase in acuity and complexity in mental health presentations in Tower Hamlets (TH) Children and Young People over the last couple of years, alongside the development of crisis services in East London CAMHS. CNT aims to provide consultation, assessment and treatment for children and young people up to age 18 with severe and enduring mental health difficulties with underlying vulnerabilities and/or contextual adversity and accompanied sustained high risk with significant impact on their functioning, requiring more than routine care over a longer period of time. It is anticipated that this will lead to an increase in clinical capacity and guarantee a more efficient patient flow in core CAMHS teams. Care by CNT will be delivered via an enhanced and/or modified assertive, recovery focussed treatment model, with the provision of evidence based, medium to long-term individual, group and systemic interventions. The CNT will operate in the close interface with other services – inpatient CAMHS, ICCS, CECS, CSC, YOS, voluntary and tertiary services etc. and enable smooth transition into adult mental health services in accordance with the ELFT Transition Policy. Service user and carer participation is being promoted in care planning and service development. Given the anticipated clinical demand and impact of highly challenging work on performance and wellbeing, robust leadership will be required. Therefore, enhanced shared medical and non-medical leadership will be required in order to meet the standards of clinical governance (in particular clinical risk management and operational management). In terms of specific implications to staff roles, this will be justification for the deletion of the Band 8b post to allow the creation of an 8c Clinical Team Lead post.

4.2. Job descriptions already exist within CAMHS however any changes following consultation will be reviewed accordingly.

## 5. Proposed Structure

- Proposed structure

Staff Type	Grade	WTE
CTL-Consultant Psychiatrist		0.7
Clinical Team Lead (MH Clinical Nurse Specialist)	8C	1.0
Senior CAMHS Practitioner	8A	0.6
CAMHS practitioners	7	4.0

## 6. Impact on Staff

- 6.1. Deletion of 8B post
- 6.2. Ring-Fenced Interview Offered to 8B Post Holder
- 6.3. Risk of redundancy if the current 8B post holder is unsuccessful in securing the 8C position. Redeployment process will be followed to reduce any such impact.

## 7. Financial, staffing and workload implications

- 7.1. No identified cost savings.
- 7.2. There is a risk of redundancy if the current 8B post holder is unsuccessful in securing the 8C position.

## **8. Service User Impact Assessment**

8.1 The provision of medium to long-term therapeutic interventions that are informed by individual needs, evidence based and goal focussed will lead to more qualitative care. Improved quality of care will be reflected in reduced crisis presentations to A&E and in the community, admissions to general hospitals as well as lower admission rate to CAMHS inpatient services. The provision of enhanced care will improve general outcomes for the children and young people, in particular academic attainment through better attendance of education and improved personal and interpersonal functioning.

8.2 The CNT will be catering towards the underserved and ever-growing population in TH by improving access to evidence based interventions in line with needs and complexity. It will serve all children and young people with complex needs and high-risk profiles, regardless of age or cultural background. Access will be further improved by providing an assertive outreach model, reaching out to children and young people struggling with accessing a traditional clinic setting. Further, the provision of holistic care, joint-up with other services, will not only lead to improved mental health outcomes but also better physical health outcomes. Access and transition to adult mental health services will be optimised through joint transition processes well before the young person reaches adulthood. Lastly, the new CNT will generate employment opportunities for mental health practitioners. Therefore we would expect a number of positive equality impacts in relation to a range of protected characteristics of our service users including age, race, disability and religion.

## **9. Timetable & Proposed Implementation**

9.1. The Proposals for organisational change to (Service) will be managed in line with the Trusts "Management of Staff Affected by Change Policy and Procedure"

9.2. There will be a formal consultation period of **30** days commencing on **7 October 2024**.

9.3. 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 **Ms Noor Razzaq** - mah-e-noor.razzaq@nhs.net

9.4. 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.

9.5. The timetable summarises the full implementation plan and is attached as **Appendix A**.

## **10. Equality Analysis**

10.1. 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.

10.2. 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 B**.

## Appendix A

### Implementation Timetable

Date	Action
w/c 7 Oct	Consultation document shared with Staff Side and TU reps
Oct	Start of consultation. Consultation document given to affected staff
N/A	Group meeting to discuss proposals.
W/c 7 Oct	Consultation meetings with individuals, as required
Between 7 Oct- 5 Nov	Responses to consultation from Staffside, individual TUs or staff submitted to management (it is a matter for those responding to decide who should be copied into their response)
5 Nov 2024	End of consultation period
w/c 4 Nov	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 4 Nov	Written notification of decision following consultation, including timetable for implementation of changes
w/c 11 Nov	Selection activities – e.g. interviews
w/c 18 Nov	Meeting to confirm impact on affected people
May 2025	Impact assessment of major change to be undertaken 6 months after implementation

## Appendix B-

### Equality Impact for staff affected by the proposal

This proposal is assessed to have a mild impact on staff. Specifically, it will place a staff member “at risk,” namely the 8B post holder, if they are unsuccessful during the Ring-Fenced interview process. Despite risk identified above, these changes will align with Trust values and equalities policies and procedures in relation to the development of a senior clinical leadership role within the team and service.

Group	Impact	Actions to mitigate impact
Band		No adverse impact
Staff group		No adverse impact
Disability		No adverse impact
Gender		Some impact. However, following robust recruitment processes.
Age		No adverse impact
Pregnancy/Maternity		No adverse impact
Religion or Belief		Some impact. However, following robust recruitment processes.
Sexual Orientation		No adverse impact
Gender re-assignment		No adverse impact
Marriage and Civil Partnership		No adverse impact
Ethnicity		Some impact. However, following robust recruitment processes.
Key:		No adverse impact
		Some impact
		Disproportionate impact

