

Response to the Consultation on the Proposals for re-structure the Community Health Services Leadership team for London Including Tower Hamlets and Newham Place based Localities – Phase 1

18th December 2024

Dear Colleagues,

I am writing to you following the end of the consultation period with staff regarding the proposed organisational change **Consultation on the Proposals to re-structure the Community Health Services Leadership team for London including Tower Hamlets and Newham Place based localities – Phase 1**

The formal consultation process commenced on 11th November 2024 and consultation documents were made available to those staff directly affected as well as the Deputy Directors, the Director of Nursing and Director of Allied Health Professionals. The consultation ended on 10th December 2024. 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 and Occupational health requests was offered to all affected by this change. Support from respective Deputy Director as their line managers was also available.

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 at 3rd Floor, Beaumont House, Mile End Hospital on the 12th November 2024 and all staff were invited to attend. Individual meetings were also offered to affected staff throughout the consultation period and these meetings have taken place with all staff affected by this change. I would like to take the opportunity to thank those of you who 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:

Following the end of the consultation it has been decided that the proposal will go ahead as detailed in the Consultation Document; and the following comments have been provided and have been considered.

1. In Tower Hamlets Community Health Service, we have reduced the number of Band 8A clinical lead positions overseeing the Extended Primary Care Team



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(EPCT) from four to two. The change has created challenges in providing adequate senior leadership support to the teams, particularly during unplanned absences. Under the new proposed structure, the Deputy Lead Nurse will be tasked with the line management responsibilities for staff currently overseen by the Lead Nurse, in addition to the significant demands of managing the EPCT. **Suggest reducing the number of staff under the Deputy Lead Nurse's management to enhance their capacity to support the teams, especially in light of the reduction of the clinical leads.**

As outlined in the consultation paper, Phase 2 of the consultation includes the 8B deputy lead roles and aligning services into 'stacks' which reflect the pathways of care rather than professional leadership lines.

The timeline for Phase 2 will be for JSC approval in March 2025 in order to allow time for the consultation document and service 'stacks' to be finalised. A series of meetings will be held with the Place based leadership team to finalise the structures in January. It is expected that this will be concluded by 14th February in readiness for the 5th March JSC.

- 2. Propose that the implementation of phase 1 is postponed until we receive the results of the phase 2 consultation, as there may be alterations to the proposed leadership structure.**

The timescales for Phase 2 are outlined above. Phase 1 includes the slotting in process/appointments of the 8C roles. Once this is completed, phase 2 will commence and a timeline is included in this feedback.

- 3. Seeking clarification on the responsibility for safeguarding, presently, within Newham it sits within the lead nurse portfolio. This should continue to sit with a clinician, ideally the head of nursing and replicated in Tower Hamlets & added to the JD.**

The Job Description for the Head of Nursing and Head of Allied Health Professionals has been amended to reflect the responsibility for safeguarding

- 4. Would the professional lead roles attract 20% high cost living as it would also be covering TH?**

The Head of Nursing and Head of Allied Health Professionals attracts inner London weighting as the expectation these roles are working equally across Tower Hamlets and Newham.

- 5. Would the role be best placed to report to the director of nursing rather than the directorate director?**

The Head of Nursing will report to the Service Director CHS however will have professional accountability to the Director of Nursing. The same applies to the Head

of Allied Health Professionals who will report to the Service Director CHS and professional accountability aligned to Director of Allied Health Care Professionals.

6. The current structure chart needs to be amended to reflect Patient Appliances and Phlebotomy under the Head of Therapies

The current AS IS structure chart has been updated to reflect the above

7. CHC – since managing the team(s) earlier this year there is considerable work needed to support the teams in improving flow of work and parity. The new structure would need considerable support to develop the CHC team prior to the service moving to the ICB – as yet the timeline is not known. In terms of support for the CHC service I am finding that this is taking considerably more support than anticipated. In the next consultation the 8a post needs to be considered and reviewed. The post would warrant an 8b leader to take the provision forwards with the leadership/management direction required.

The CHC consultation was concluded in 2024 and the band 8B post was removed following an assessment of need by the service and the band 8A was created. The design of service 'stacks' will include CHC, however it is not envisaged that an 8B would be reinstated to this service specifically and the 8A will report to the appropriate 8B.

8. The proposed structures mean that the Clinical leads would be undertaking therapy and nursing management. How will risks be mitigated for therapy staff if a nurse is line managing those posts? Will the clinical leads be offered training for development?

The Head of AHP role will be responsible for providing professional leadership and guidance to the respective professional leads and teams to ensure there is appropriate professional supervision and accountability in place.

The Community Health Services are multi-professional teams including administrative, nursing, Allied Health Professionals and medical staff. The Heads of Clinical Services each possess the transferrable leadership and management skills required to manage their teams irrespective of their discipline.

The alignment of the 8B deputy roles will be appointed based on the predominant professional groups at 80%. The rationale behind this is to ensure services are aligned to clinical pathways rather than professional groupings as is the case in the current structure. The 8B deputy roles will have operational and professional responsibility.

As part of the development of Phase 2, the Head of Nursing and Head of Therapies will inform the alignment of clinical supervision.



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- 9. For the 8a/8b consultation can it be considered that the services in TH for example already are multi professionally led/work flow of MDT teams especially for AADS – this operates very well and is improving flow of pts from nursing and therapy perspective? I would request that demand and capacity/job role planning is considered for these posts.**

The responsibility for leading capacity and demand is reflected in all JD's including the 8b deputy lead roles and forms part of Phase 2 outlined in previous points. Capacity and demand planning will be a key responsibility for the Heads of Clinical Services and Head of AHP and Nursing who will be required to work jointly to ensure our services are safe, resourced appropriately, efficient and value for money.

The Development of the 8a will be the responsibility of the Leadership team and will require a standardised approach to JDs and PS. This work will progress once Phase 2 is completed.

10. What training maybe offered to the professional leads posts.

The leadership team; once appointed into roles will have the opportunity to outline their training needs to the Service Director. As part of their orientation, they will meet with respective teams across the CHS Directorate and key internal and external stakeholders to understand the priorities across Place and forums where they are required to engage in.

11. Margaret Young has now left LBTH and has been replaced by Julie Davidson who started yesterday. The proposal will be shared with LBTH.

The Service Director and Commercial Associate Director have met with the LBTH Director to share the proposal and discuss the role. LBTH are highly complimentary of the joint role of the Head of Therapies with ELFT and we have provided assurance that the 0.5 WTE will continue to be provided going forward with no risk to the contract. The operational contractual management will be retained under CHS Tower Hamlets Deputy Director.

12. How will the AHP strategy be embedded ?

Fiona Kelly, Director of AHP will be setting the strategic direction for AHP's, and CHS should dovetail into this.

In terms of embedding the new leadership structure, meetings will be scheduled with all the 8Cs and the professional team including Deputy Directors, Director of Nursing and Allied Health Professional Director in January 2025. My expectation is that the Professional Head roles are the subject experts relating to directorate on pathways, safe staffing, workforce modelling, etc., and as such the leadership team will be playing a major role in informing the directorate on the direction of travel.

13. What admin support will be available to the new post holders?

There is no additional funding for admin support and it is proposed that the current arrangements in place at Place, continue.

The next steps are

- Expressions of Interest – all preference forms have been submitted. 1:1's will be arranged with each individual in w/c 6th January with the new line manager and Service Director to confirm the role and clarify areas of responsibility.
- Selection activities will be arranged in w/c 13th January. If a slotting process applies, a letter will be sent confirming the individual into role.
- Joint planning meetings will be held with the 8C leadership team, Deputy Directors, Director of Nursing, Director of Allied Health Professionals during January to work through how the new matrix structure will operate and work through any areas of concern and clarity.
- Joint planning meetings will be held with the 8C leadership team, Deputy Directors, Director of Nursing, Director of Allied Health Professionals during January to work through the Phase 2 Consultation development and provide handovers. This will include agreement and sharing of the new structures and 8B job descriptions.
- Implementation of change and posts to Phase 1 will commence 3rd February.
- Phase 2 consultation for 8B structure will commence as outlined in table below.

Table 1: Summary of CHS consultation timeline Phase 1 2024/25:

| | |
|------------------------------------|---|
| w/c 16 th December 2024 | Written notification of decision following consultation, including timetable for implementation of changes. |
| w/c 6 th January 2025 | Review preference forms and conduct 1:1 discussions with new Line manager and Service Director |
| w/c 13 th January 2025 | Selection activities – e.g. interviews/slotting in/confirmation letters |
| w/c 20 th January | Joint planning meeting with DoN, DoAHP, DD's and leads 2 hours |
| w/c 27 th January | Joint planning meeting with DoN, DoAHP FK, DD and leads for 8B structure and handovers 2 hours |
| 3 rd February 2025 | Implementation of change and posts commence - update and attendance to key meetings etc. |



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| w/c 4 th August 2025 | Impact assessment of major change to be undertaken 6 months after implementation |
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Table 2: Summary of CHS consultation timeline Phase 2 2025:

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|----------------|---|
| February 14th | Submit consultation paper by 14th February |
| March 5th | Consultation document shared with Staff Side and TU reps |
| March w/c 10th | Start of consultation. Consultation document given to affected staff |
| March w/c 10th | Group meeting to discuss proposals. |
| March w/c 17th | Consultation meetings with individuals, as required |
| w/c 14th April | Responses to consultation from Staffside, individual TUs or staff submitted to management |
| w/c 9th April | End of consultation period |

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.

Yours sincerely

Anna Bjorkstrand
Service Director, Community Health Services London



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