NHS
East London
NHS Foundation Trust

ORGANISATION CHANGE PAPER

Consultation on proposal to re-structure the Community Health Services Leadership team for London including Tower Hamlets and Newham Place based localities – Phase 2

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.

The London Community Health Services (CHS) Directorate provides adult community care to the local population of Tower Hamlets and Newham. CHS London joined ELFT in 2011 from the then PCT and Barts Health, and Tower Hamlets services transferred to ELFT in 2017 from Barts Health. Over time, services have evolved and grown in line with system wide changes which continue to inform and shape the ELFT Community Services in North East London.

1.2. The purpose of this consultation document is to outline the proposal to re-structure the current Place based CHS leadership team and equalise the leadership structure across the whole Directorate, providing greater resilience at a senior level and creating more standardisation between the two boroughs. The paper is intended for 5.31 WTE 8B Deputy Lead roles which includes:

Table 1: Staff affected

0.4 8B	Deputy Lead Nurse unplanned care Newham
1 8B	Deputy Lead Nurse planned care Newham
1 8B	Telehealth service manager Newham
0.91 8B	MSK service manager Newham
1 8B	Deputy Lead Nurse Tower Hamlets
1 8B	Therapy Manager Tower Hamlets

1.3. Incorporating the 8C (phase 1 November 2024) and 8B structure review, all operational job descriptions and person specifications at 8C and 8B level have been evaluated and total 9, all of which are different. These roles will be subject to revised and standardised job descriptions.

1.4. The paper is intended for the current operational leadership team and will outline the operational and business case for proposing the change including all contractual and service changes affecting staff.

1.5. 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

Tower Hamlets and Newham CHS have similar service and leadership structures which mirror each other. In November 2024, Phase 1 of the Management of Change for 8C leads was consulted on. This was concluded on the 11th December and in January 2025, the 8C roles were appointed in to their roles. The aim of the new structure is to enhance operational and professional leadership and resilience across the Directorate.

Historically, the services managed under the 8C management team were split between two separate reporting lines. An example of this includes Planned and Unplanned care in Newham which comprise of multi-professional services, however the professional groups reported to either a Lead Nurse or Lead Therapist. The Deputy lead/service manager roles reflected the professional structure, however the disaggregation of line management created a degree of ambiguity around who is responsible for which clinical pathways and redesign, leaving gaps in delivery and a lack of oversight at a local level. Tower Hamlets ICT and Rapid Response teams are managed as multi-disciplinary integrated services.

Overtime as services evolve, there are ever greater demands placed on our leadership team.

The 8B Deputy Leads have operational and professional responsibility for their respective services and the deputies manage a suite of services and teams who are mostly aligned according to their professional grouping. This has several disadvantages:

- In some services, services and pathways are managed across multiple leadership reporting lines for example Planned and Unplanned Care in Newham.
- There are fragmented services which do not reflect the multi-disciplinary teams who are integrated.
- There is inequity in the span of control at the 8B level

During the evaluation process, it was apparent that some 8B job descriptions do not reflect their current role and in some cases, have not been issued a new JD when promoted from an 8A to an 8B. This is not acceptable either from an organisational perspective or the individuals who require clarity as an employee. This also amplifies the ambiguity for a number of our senior managers who have a lack of role definition and clarity in terms of expectations for their roles.

Rationale for change

The evolution of the roles at a senior level outlined above and the organisation risk carried with out of date and inconsistent JD's, led to a review of the leadership structure which has progressed over the last 14 months. The Deputy Director role in Newham has been substantively recruited to since April 2024 and during quarter 1 and 2 of 2024/25, a review of all job descriptions including benchmarking with other community providers has been undertaken.

The ambition for CHS is to rebase and re-define the operational and professional responsibilities at the highest level. The aim is to ensure these critical roles have maximum impact and ensure all aspects of operational and professional leadership is met across the Directorate, providing additional resilience and visibility in the delivery of the system requirements for transformation and integration.

There is variability in terms of oversight of organisational business. Whilst the clinical and professional leadership is strong and in line with the role titles, these roles also hold responsibility for managing and understanding the performance of their services, financial management and understanding the contractual nature of their services. The level of oversight at this level is variable and historically,

much of the contract management, financial and performance management has sat with the Deputy Director and Service Director.

Over the past 18 months, the Directorate has sought to address the knowledge and experience in all aspects of the operational delivery. Development programmes for our senior leaders have been put in place to ensure they are meeting the level required and are equip for their roles.

The wider NEL ICS integration and improvement networks has also increased the scope for our leadership team to become more exposed and accountable in working with partners and collaborate in these spaces. We believe these skills are fundamental foundations required of our senior managers and leaders to both deliver core business but also as part of their development and career development.

During 2024/25, there has been significant review of all services which are not recurrently funded. The NEL ICS is financially constrained and has reviewed a number of service lines within the CHS portfolio which may not be funded from the end of 24/25. A number of services have been decommissioned by the end of quarter 4 2024/5 and staff will be consulted with under the Trusts re-deployment processes.

Furthermore, the inpatient bed-base at East Ham Care Centre historically sits under CHS however the Executive decision to transfer Sally Sherman Ward to the Mental Health ward from April 2025 adjusts the portfolio of service lines. Discussions are being progressed to redefine the Fothergill ward in 2025/6 which will be determined over Quarter 4 2024/25.

Design principles

- Embed Strategic, Clinical, Operational and Professional leadership to enable optimal deployment and development of clinical workforce to deliver safe, effective, quality service.
- Strengthen and retain structures where these are established and working well
- Support and develop staff to deliver within new defined roles/responsibilities and portfolios
- Support CHS London integrated approach where appropriate
- Enable clinically led, place based, pathway transformation and service provision

Aim:

- Clarify roles, responsibilities and portfolios by defining service “Stacks” and reviewing and updating 8B deputy JDs.
- Provide clear operational reporting and profession specific governance and escalation routes
- Support clinical and professional capacity to enable workforce planning, professional development, optimise productivity and clinical transformation within operational and admin structures

Structure supports:

Staff Experience:

- Visibility and contribution of skills and knowledge
- Shared purpose and sense of belonging
- Support and enable professional identity
- Empower staff to influence and lead change and transformation within services
- Provide clarity on roles, responsibilities, freedom to act and decision making
- Support continued professional development and career development
- Support strategic development of pathways at Place

Experience of service users

- Support delivery of safe, effective high quality care through effective governance and accountability.
- Achieve efficiencies within services and pathways through leadership and transformation

Consultation stages outlined

- **Phase 1** Qrt 3 24/25 has been concluded and 8C posts commence in post from 12th May 2025

- **Phase 2**. The proposal to align services into 'stacks' led by an 8B Deputy lead role forms phase 2 of this consultation.

- This proposal has been developed with input from the Deputy Directors for CHS, the Director of Nursing, Director of AHP and have been approved by the Chief Operating Officer and Chief Nurse.

3. Current Structure

3.1. The current leadership structure within Newham and Tower Hamlets is outlined and addressed in figure 1.0. The level of investment at a senior level is considered to be appropriate and there is an appropriate balance between 8C, 8B and 8A roles across the board.

3.2. The current 8B deputy lead and service managers span of control varies between 1 service line to up to 5 services creating inequity.

3.3. Both boroughs have a similar portfolio of services with the exception of the Newham bedbase which is located at the East Ham Care Centre.

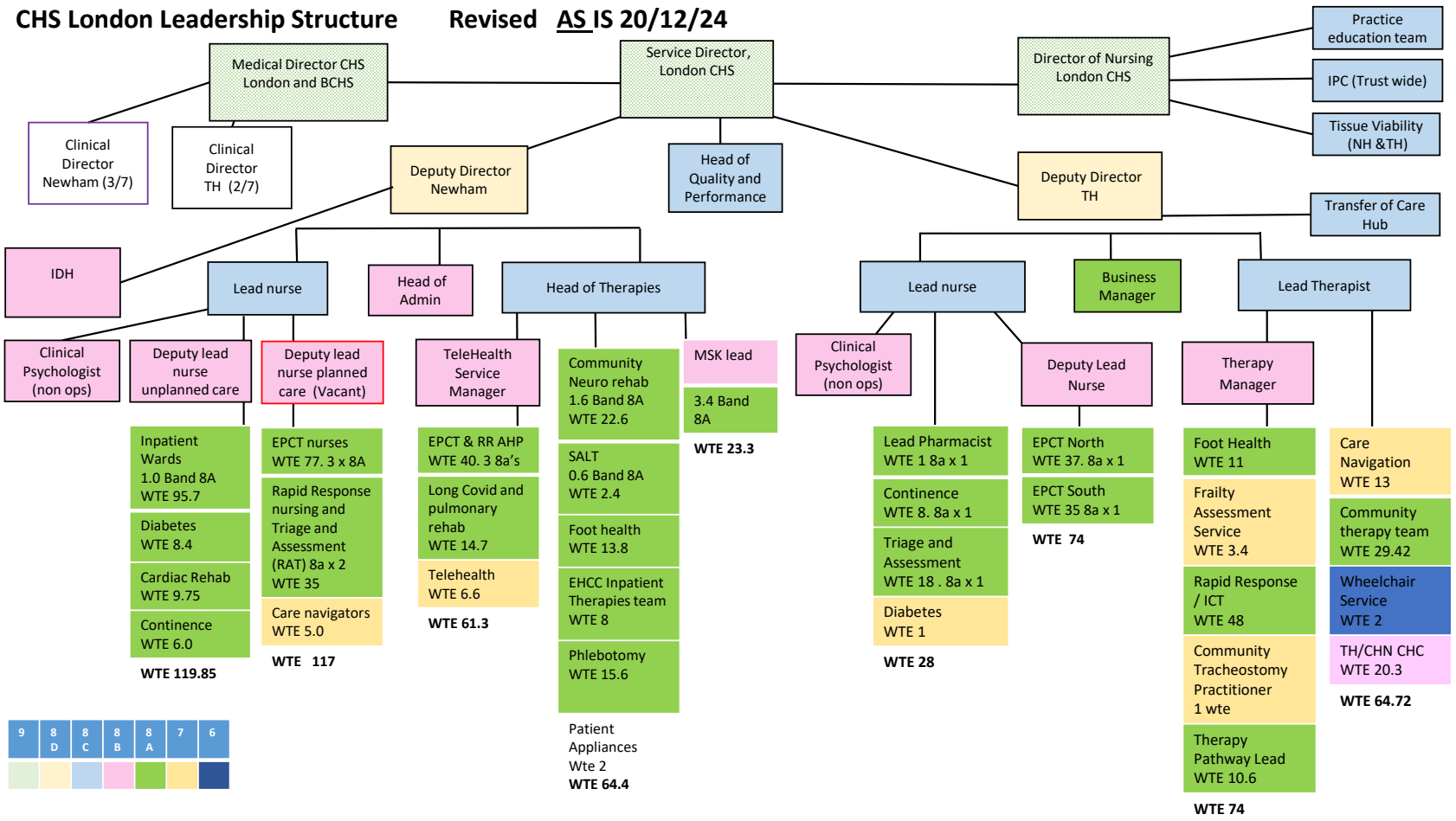
3.4. The structures and reporting lines have become more opaque with the progression to more integration across Place with partner providers and pathway development presents ambiguity in terms of responsibility and leadership for the service.

3.5. As part of the preparation for this consultation, a thorough review of the job descriptions for 8C and 8B roles was undertaken. Of the 9 posts reviewed, it was established there is variation between all the JD's and inconsistency which poses a degree of ambiguity in terms where responsibility lies.

3.6. Leadership structures have been benchmarked across other Community Providers and the existing ELFT structure is not reflective of other national models.

3.7. During 2024/25, following an ICB led review of non-recurrently funded services and NEL wide transformation, several services have closed or have been re-provided, thereby reducing the Directorate headcount.

3.1 Org chart AS IS



CHS London covers Tower Hamlets and Newham. The WTE in Newham is 499 and the WTE in Tower Hamlets is 282. Total Headcount 781.

4. **Proposal/Case for Change**

Table 2: Proposed Roles

Proposed		
Borough	**Banding 8B**	**WTE**
Tower Hamlets	Deputy Head of Unplanned Care	1.0
Tower Hamlets	Deputy Head of Planned Care	1.0
Newham/Tower Hamlets	Deputy Head of Community Centralised Services	1.0
Newham	Deputy Head of Specialist Clinical Services	0.91
Newham	Deputy Head of Planned/Unplanned Care	1.0
Newham	Deputy Head of Clinical Services/Flow	0.4
Total		**5.31**

Table 3: Professional grouping by Service Stack

Stacks	**Nursing %**	**Therapy %**	**Other %**
CHS Lndn Joint Stack	57%	33%	10%
NH Clinical Services (Flow)	36%	5%	59%
NH Planned/Unplanned	65%	35%	N/A
NH Specialist Clinical Services	14%	83%	3%
TH Planned Care	87%		13%
TH Unplanned Care	34%	61%	4%

The proposal includes:

- Redefining the professional and operational senior leadership roles at Deputy Lead level who will provide professional and day to day operational management to the service 'stacks'.
- The Deputy Lead roles will report directly into the Head of Clinical Services at borough level.
- Create new service 'stacks' aligned to service delivery and patient pathways rather than professional discipline.
- Deputy Lead roles will be aligned to reflect 80% of their professional discipline.
- Silver and bronze on-call responsibilities remain the same.

- The span of control allocations are based on complexity of pathway redesign as part of the integration development and improvement networks and contractual implications required to manage under each Deputy role.

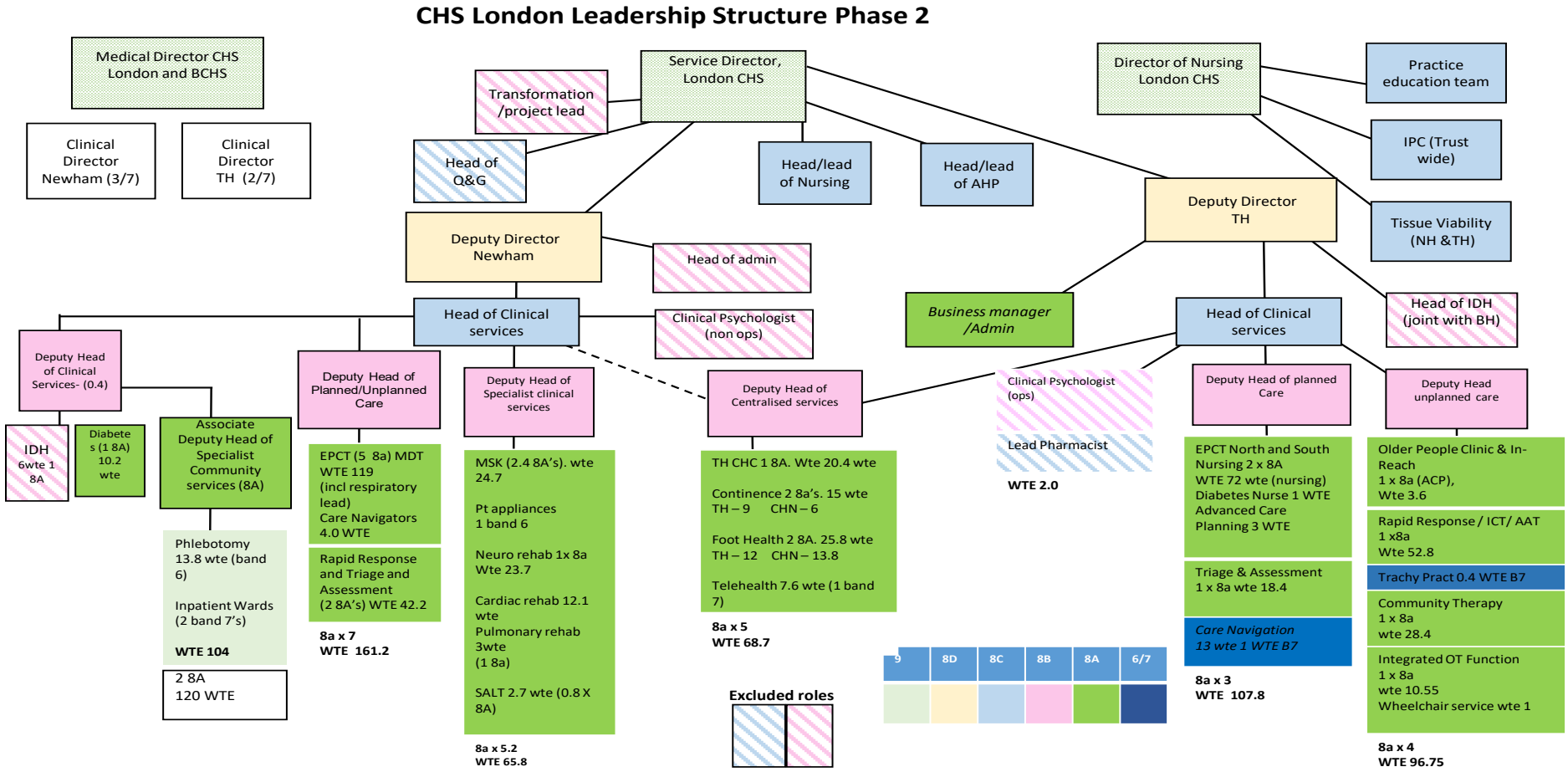
- Equalising the number of direct reports across service stacks.

- Centralising a number of service lines which are duplicated across the Directorate into one stack which spans across Tower Hamlets and Newham.

- The Deputy Head of Unplanned and Planned care in Newham will be responsible for integrated teams which reflect symbiotic pathways of care.

- In Tower Hamlets, planned and unplanned care are proposed to operate separately to reflect the current professional discipline of these teams which are not multi-professional.

Proposed leadership Structure Chart



4.1. **Benefits and Opportunities:**

There are a number of opportunities which the proposed structure will give the Directorate outlined below.

- New roles will be provide the existing 8B deputy leads with clear roles and responsibilities through the revised Job Descriptions ensuring all aspects of the Directorate core business is delivered effectively.

- The senior leadership tier will be required work in close collaboration as part of a matrix structure, ensuring there is a common approach to policy and procedures, communication, transformation both local and system wide and learning.

- Professional Clinical leadership sits at the heart of ELFTS core values and it is essential our leaders have the capacity and bandwidth to focus on professional development so we attract, recruit and retain staff.

- The 8B role will continue to provide professional leadership and be allocated according to the majority of the MDT professional group in the stack.

- The 8B Deputy Heads of Services will be aligned to service 'stacks' and pathways of care providing consistent leadership in pathway development with identified responsible leads. This will mitigate the current issue of fragmented services under different management leads.

- This structure will filter down to Place based leads responsible for service stacks, aligning organisational aims, objectives and planning across multi-professional teams. It is expected that this provide a greater career pathway structure with the relevant exposure at a senior level and leading partnership improvement work for future development opportunities and promotions.

- In addition to operational and professional responsibility, the 8B deputy roles will develop and involve the Clinical Leads at 8A level in pathway redesign and development in primary, secondary and social care.

- This proposal provides the opportunity to manage similar service lines under one deputy lead. This role will be responsible for ensuring there is standardisation and oversight across pathways and maximising the opportunity to reduce variation in relation to staffing, skill mix and outcomes and also to provide cross cover.

- Once the consultation is finalised, phase 3 will be to align the 8A structures and ensure there is equity in JD's and PS's across the 2 boroughs. This will be done in collaboration with the leadership team and reviewed by the CHS Directors.

- Draft Job descriptions have been developed and may change subject to the consultation feedback. These are enclosed as **Appendix 2.** As part of the consultation, once the jobs have been evaluated, these will be shared with the 8B leadership team including the new structure.

5. Impact on Staff

5.1. The Band 8B staff will be provided with updated job descriptions and person specifications and they will have the opportunity to provide their comments and feedback on this.

5.2. Staff will be asked for expressions of interest. Out of a total 6 posts, each post holder will have a choice of roles which represent 80% of their professional discipline. Should more than one person express interest for the same role, then staff will be invited for a competitive interview selection process.

5.3. In an event any staff unsuccessful in the competitive interview for their preferred role, they will be slotted into their next preferred post/available post to avoid any redundancy situation.

5.4. Staff are not at risk of redundancy and staff have the option to apply for one of a number of roles depending on their discipline.

5.5. New job descriptions have been submitted for evaluation and are provided in the appendices.

6. Financial, staffing and workload implications

6.1. This consultation is not determined by Finance Viability, however it is recognised that the current structures and reporting lines presents challenges with split services making agility in decision making and communication less effective.

6.2. There is no reduction in the 8B WTE or budget.

6.3. The allocation of Deputy Lead roles is commensurate with the reduction of service lines in 2024/5 and the planned transfer of services from CHS to MH in 2025/6.

6.4. The cost savings expected as a result of these changes are £0. 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

7. Service User Impact Assessment (numbering and alignment to be updated)

7.1. The aim of the proposed structure is to create sufficient capacity for professional and ops leads to develop services and system working therefore should impact positively on service user experience.

8. Timetable & Proposed Implementation

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

8.2. There will be a formal consultation period of (30) days commencing on March 5th 2025

8.3. 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 via email directed to petra.nittel@nhs.net and sarah.skeels@nhs.net.

8.4. 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.

8.5. The timetable summarises the full implementation plan and is attached as Appendix 1

9. Equality Analysis

9.1. 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.

9.2. 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’.

9.3. The Template is attached as Appendix 3

Appendix 1

Implementation Timetable 2025

March 5th	Consultation document shared with Staff Side and TU reps
w/c 10th March	Start of consultation. Consultation document given to affected staff
w/c 10th March	Group meeting to discuss proposals led by Service Director
w/c 17th March	Consultation meetings with individuals, as required led by Deputy Directors
w/c 14th April	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)
w/c 9th April	End of consultation period
w/c 14th April	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 21st April	Written notification of decision following consultation, including timetable for implementation of changes
w/c 28th April	Selection activities – e.g. interviews
w/c 12th May	Implementation of change and posts commence
w/c 1st Jan 2026	Impact assessment of major change to be undertaken 6 months after implementation

Appendix 2 Job descriptions and Person Specifications

JD PS 8B Deputy Head of Clinical Servic

Appendix 3 Equality Analysis

Copy of Equality Impact Assessment 2(