

**JOINT INTEGRATED COMMISSIONING SERVICE RESTRUCTURE**  
**SUMMER 2013 – FREQUENTLY ASKED QUESTIONS**

**1) CONSULTATION**

**Q: Why am I being consulted with?**

A: Southampton City Council (SCC) and Southampton City CCG (SCCCG) jointly intend to combine resources to commission various services. This is outlined in the SCC and SCCCJG Joint Commissioning Strategy.

A review has been undertaken of the structure of the services provided and we believe efficiencies in working practices can be delivered by deploying our resources differently with a new structure.

As you work in an area that will be affected by the proposed restructure there may be changes to job titles, responsibilities and line management which will could directly affect you.

**Q: What is the timescale of consultation?**

A: As more than 20 employees are affected but less than 99 employees we are obliged to conduct a minimum of a 30 day formal consultation period.

The formal consultation process will commence on 26<sup>th</sup> July 2013 and end on 30<sup>th</sup> August (36 days).

**Q: Will I have the opportunity to comment on the proposed new structure?**

A: All employees are encouraged to comment and give feedback on the new structure as part of the consultation process as we value your input to develop a fully functioning structure.

In addition during the consultation process you will be offered an individual consultation meeting with an identified manager and discuss how this will affect you personally.

**Q: Will my employer change?**

A: You will continue to work for your existing employer (either Southampton City Council or Southampton City CCG) and no one is being moved between organisations.

**Q: Will my terms and conditions of employment be changed?**

A: No, you will be employed by your existing employer on your existing terms and conditions. This consultation is not about changing terms and conditions of employment; however it is possible your job title and responsibilities may change as a result of the restructure.

**Q: Does TUPE (Transfer of Undertakings Protection of Employment) apply?**

A: No, this is not a TUPE situation as you will continue to work for your existing employer (either Southampton City Council or Southampton City CCG) and no one is being moved between organisations.

**2) SUPPORT FOR STAFF**

**Q: What support can I expect?**

A: Southampton City Council employees  
Please contact your line manager in the first instance, alternatively contact HR Pay on 023 8091 7770.

A: Southampton City CCG employees  
Please contact your Line Manager in the first instance, alternatively Sonia Weavers Senior HR Business Partner on 023 80627633.

**Q: Is there any emotional support for people?**

A: Southampton City Council employees  
There is the Employee Support Programme Tel: 0800 243458 (24 hours a day, 7 days a week, 365 days a year) or via their website: [www.workplaceoptions.co.uk](http://www.workplaceoptions.co.uk) Username: Southampton, Password: employee.

A: Southampton City CCG employees  
There is an Employee Assistance Programme Right Management. Tel: 0800 1116 387 For management support contact 0800 1116 385. (24 hours a day, 7 days a week, 365 days a year) or via their website: [www.wellness.rightmanagement.co.uk/login](http://www.wellness.rightmanagement.co.uk/login).

Both agencies provide a free and confidential support service, offering you unlimited access to advice and information and coaching and counselling where appropriate. Expert advisors are there to help, support on the telephone, online and face to face.

### 3) GUIDANCE FOR STAFF

**Q: I am on maternity or long term sickness, how am I going to be consulted with about the proposed changes?**

A: Your manager will be discussing with you how you wish to be kept informed either by face to face meetings, email or phone calls about the changes and how they impact on your role. In order for you to be able to participate as appropriate given your individual circumstances, HR will need to advise your manager as to any adjustments that may be needed in order that you can participate. NB If you are on maternity leave you may be able to use your KIT (Keeping in Touch) days for these, this will need to be discussed with your manager.

### 4) SELECTION PROCESS

**Q: What selection processes are there?**

A: Managers will be consulting with Trade Unions and staff on which selection criteria will be used. After the formal consultation process has closed job matching will take place to match employees to roles in the new structure.

**Automatic Slot-in** – Where there is only one individual who matches a role and they match over 70% of the new duties this will be classed as an automatic slot-in so the employee is allocated this role in the new structure.

**Ring fencing** posts to a pool of 'at risk' staff, appointing senior posts first and cascading the selection process down the team in order to allow applicants to state interest in roles within one grade (up or down) of the their current role, ahead of potential promotions within the team. There may need to be a series of ring-fenced selection processes.

**Interview selection process** – interview and where appropriate additional selection criteria e.g. tests / exercises, presentations. Decisions will be made by an interview panel consisting of representatives from both organisations to ensure fairness and consistency.

**Q: What is considered to be suitable alternative employment?**

A: Suitable alternative employment (SAE) is considered to be posts within one grade (up or down) from your current grade, on the same hours as your current role with similar skills.

**5) WHAT ARE THE SELECTION CRITERIA**

A: The selection process will be carried out on a top down process led jointly by Alison Elliott and John Richards. This will allow job matching at each level to be done by the line managers individuals report into and therefore best understand their skills, competencies and capabilities as well as the responsibilities of the current role to enable them to objectively be able to assess which job role(s) most closely matches in the new structure.

As job matching is being carried out for employees from two separate organisations – Southampton City Council and Southampton City Clinical commissioning Group – at present there are differences in the criteria set by each organisation. SCC has no set matching criteria and currently uses the term natural successor to describe where a similar job is created utilising the same or virtually the same skills as the original role. SCCCG sets a percentage of the old job contents to match to the new job description to be considered a slot in. Essentially in job matching the same considerations are made in respect of:

1. **The responsibilities of the job**
2. **The nature of the post**
3. **Skills required for the post**
4. **Appropriate salary**
5. **Decision making responsibilities**

For standardisation as part of the consultation a 70% match was considered as potentially demonstrating that the new role sufficiently matches the existing role of the post holder and there not be additional requirements of training to successfully undertake the new role. Where only one person matches the new role and they would then slot in to this in the new structure.

Where the match is insufficient i.e. over 50% match but less than 70% so unable to be considered for automatically slotting in then this would result in a ring fence situation and would involve a selection criteria where more than one person matches. Employees would be able to express interest in one or more of the available posts, provided at same grade or no more than one grade above or below as the existing post.

Before agreeing the matching criteria there will need to be consultation with the Unions.

If more than one employee expressed interest in the same position they are ring fenced to then this would lead to a competitive interview situation to appoint to the position.

It is not anticipated that anyone will not successfully be matched via automatic slot-in or the next level of ring-fencing as there are sufficient available roles matching current skills in the new structure.

## **6) REDUNDANCY**

**Q: Will there be any redundancies?**

A: It is not anticipated that there will be any redundancies as there are sufficient roles available for the number of individuals affected. The aim of the remodelling is to develop a structure with appropriately skilled staff who will achieve quality outcomes and efficiency savings through more focussed, integrated work. The focus is not on making savings through the establishment of an Integrated Commissioning Unit but that the correctly skilled staff once working within the ICU will achieve the savings.

**Q: Can I apply for voluntary redundancy?**

A: This is no intention for compulsory redundancies as part of this consultation. Voluntary redundancy may be considered.

## **7) REDEPLOYMENT**

**Q: For those people whose posts no longer exist in the new structure are there redeployment options?**

A: There are sufficient roles for all affected employees in the new structure as this is not a reorganisation that will result in a reduction in number of employees but a change in structure of the function and no posts are being deleted.

All employees should match a similar role in the new structure.

## **8) FURTHER INFORMATION**

**Q: How do I access further information if I do not have IT access?**

A: You should contact your line manager in the first instance who will arrange for you to have hard copies of information.

## **9) ADMINISTRATION ARRANGEMENTS**

A: The admin arrangements are now being considered jointly now we have a draft model in place and staff have had opportunity to comment. Admin staff will be consulted during this phase.

## **10) HOW WERE THE SYSTEM REDESIGN AREAS ALIGNED?**

A: Grouped together the work programmes with a focus on integration for families and adults within one area and then grouped together the specialist arenas related to people with a disability with Prevention and positive lives with more emphasis on achieving positive outcomes for individuals

It is recognised that all work is inter-related and there will be lots of joint working across areas

## **11) LOCATION**

A: Currently the teams that will make up the ICU are not co-located. However, work is underway to co-locate the SCC staff that will form the ICU. This is being considered as part of the decant of staff from Marland House. CCG staff are based at the CCG headquarters at Oakley Rd. Accommodation solutions are being devised that will allow ICU members to access desks at both SCC and CCG in order to facilitate joint working, some staff may move bases facilitate this. IT solutions are also being explored.

## **12) FURTHER CLARITY ON THE SYSTEM RE-DESIGN FUNCTION**

A: This function will fulfil all elements of the commissioning cycle:

- Needs assessment
- Working towards procurement
- Service re-design
- Stakeholder involvement
- Contribution to contracting oversight

## **13) WHAT EVIDENCE HAS BEEN USED TO SUPPORT THIS MODEL?**

- Lots of preparatory work looking at other structures and models, including Portsmouth Integrated Unit.
- Based on national evidence of integrated working
- There will be monitoring and evaluation

**14) WILL THERE BE OPPORTUNITY FOR DEVELOPMENT?**

A: There will be development opportunities to gain new skills as the unit evolves. A training plan is currently being developed.

**15) VACANT POSTS**

A: There will be a number of vacant posts. It will not be clear where these actually are until matching is completed. These will be advertised and those with the relevant skill set and who meet the person specification will be able to apply

**16) WHY DOES THE STRUCTURE APPEAR SO TOP HEAVY?**

A: The ICU has a considerable amount to achieve in relation to outcomes, system change, savings to be achieved and quality to be maintained. Considerable skills and experience are needed to manage the workload across agencies with strong leadership to achieve at scale and pace.

This will be constantly under review.

**17) HOW WILL THE UNIT BE EVALUATED?**

A: The ICU Board will be responsible for the evaluation and effectiveness of the model

A Memorandum of Agreement will be in place between the CCG and SCC outlining key principles covering financial, personnel, accountability, approaches with disagreements and evaluation/outcome measures.

**18) DOES THE MODEL FIT WITH CHANGES IN CITY COUNCIL AND HEALTH?**

A: Yes. The structure has been designed taking into account the fact that both organisations are moving towards personalisation as the way that people access care. We have therefore given more emphasis to the need to develop the market in order to widen the type of services available to people and the need to monitor performance and availability on a more individual basis

**19) WHY DO SOME JD'S HAVE SPECIFIC TITLES AND SOME GENERIC?**

A: Some of the roles are very specific and unique with particular responsibilities and expertise needed

**20) WHO HAS BEEN INVOLVED IN THE DEVELOPMENT OF ICU?**

A: There has been a project team made up of representatives from across the Council and CCG including housing, children, adults and Public Health working together on this proposal. Procurement, finance, legal and HR colleagues have also been involved.

**21) WILL SPECIALIST SKILLS BE MAINTAINED WITH A MODEL OF GENERIC JD'S?**

A: The new model of integrated commissioning will require staff to work in a more flexible way, across different subject areas, recognising that people will have transferrable commissioning skills and there are benefits from sharing knowledge and expertise across the team and different subject areas. Our service users will often experience services in different areas (eg. a family may be in contact with AMH as well as children services) and bringing different commissioner knowledge into different areas can often help us think more broadly about and bring different perspectives to the services we commission. It will also enable the unit to use its resources flexibly and more responsively to deliver the Council's and CCGs priorities. A more generic approach should not preclude staff also maintaining their expert knowledge and acting as a valuable source of advice across the team.

**22) HOW WILL STRONG LINKS BE MAINTAINED WITH PUBLIC HEALTH?**

A: The strong inter relationship between Public Health and the ICU has been recognised by many throughout the consultation. Detailed discussions between the Director of People and Director of Public Health have led to the proposal that Public Health team to be aligned with the ICU, will Public Health Consultants, and their teams, providing public health advice and expertise to a particular work stream area in the ICU. Priorities and workplans will be agreed between the Public Health consultant and relevant Associate Director for members of the team. Public Health will have a strong influence within the commissioning team, especially the emphasis on prevention and early help and well as providing needs assessment and evidence based expertise.

**23) WHY ARE SOME ASPECTS OF COMMISSIONING STILL MISSING?**

A: There are some areas of work that have a significant commissioning element where clarity on accountability and functions is still required. It is recognised that the intention is for commissioning from all parts of the Directorate to be included as part of the ICU.

There are some functions carried about by staff identified as part of the unit that may not be a commissioning function, such as School and Academy service levels agreements and contract's undertaken by the Children's contracts team. The recommendation is that staff transfer to the ICU with their current responsibilities although future adjustment may be required.

**24) QUERIES RELATING TO INDIVIDUAL POSTS**

A: These queries will be addressed with individuals and through line management arrangements and are therefore not included in this document/FAQ

**25) GRADE OF POSTS/SPAN OF CONTROL OF POSTS**

A: All Job descriptions have been drafted taking into account the work that will be covered by the Integrated Commissioning Unit. The posts have all been through the usual job evaluation process and the grades have been set accordingly. The evaluation process considers a number of elements, each of which are scored. The final grade is therefore based on a range of considerations which includes areas such as line management and responsibility for staff and budget responsibility.

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