

Delegated Decision Notice

This form is the written record of a key, significant operational or administrative decision taken by an officer.

Decision type	<input type="checkbox"/> Key Decision	<input checked="" type="checkbox"/> Significant Operational Decision	<input type="checkbox"/> Administrative Decision
Approximate value	<input type="checkbox"/> Below £500,000 <input type="checkbox"/> £500,000 to £1,000,000 <input type="checkbox"/> over £1,000,000	<input type="checkbox"/> below £25,000 <input type="checkbox"/> £25,000 to £100,000 <input checked="" type="checkbox"/> £100,000 to £500,000 <input type="checkbox"/> Over £500,000	<input type="checkbox"/> below £25,000 <input type="checkbox"/> £25,000 to £100,000
Director¹	Cath Roff		
Contact person:	Tony Cooke, Chief Officer Health Partnerships		Telephone number: 07908103267
Subject²:	Health Partnerships Review		
Decision details³:	<p>What decision has been taken? (Set out all necessary decisions to be taken by the decision taker including decisions in relation to exempt information, exemption from call in etc.)</p> <p>The Director of Adults and Health has approved - To agree to carry out consultation, including with Trade Union colleagues and staff, in relation to the review of the service and structure and any potential staffing reductions arising. This paper builds on numerous conversations with internal partners in the Council and with NHS partners via the Partnership Executive Group to ensure the the Health Partnerships Team remained responsive to the needs of the health and care system and the move to more integrated approaches. There are a number of challenges for the system in Leeds and there is a need for clearer definition of the delivery of this service both strategically and operationally within both Leeds City Council and the wider health system. A series of conversations with senior staff have taken place over the last six months and it is proposed that the new draft structure be fully in place by the 1st June 2021 or earlier if we can find alternative options for affected staff.</p> <p>Health Partnerships is a relatively new service in the Directorate and council and has been in place in its current form since 2017 (previous iterations of the team have been in place since 2012). The service has grown and developed during that last 4 years and we are now in a position to review our many achievements but also to consider our challenges, particularly during this very difficult time across West Yorkshire and the UK.</p>		

¹ Give title of Director with delegated responsibility for function to which decision relates.

² If the decision is key and has appeared on the list of forthcoming key decisions, the title of the decision should be the same as that used in the list

³ Simply refer to supporting report where used as these matters have been set out in detail.

We now need to move to a structure and delivery model that is reflective of the developing and future demands being placed on this team. The proposed new structure will mean a reshaping and reduction of the level and focus of resources. We acknowledge this will put some of our staff at risk of redundancy however we aim to do everything we can as a service to support the staff affected and we are committed to avoid compulsory redundancies where possible, when all reasonable alternatives have been explored.

A brief statement of the reasons for the decision

(Include any significant financial, procurement, legal or equalities implications, having consulted with Finance, PACS, Legal, HR and Equality colleagues as appropriate)

The need to review the service stemmed from conversations taken at the Partnership Executive Group (PEG) in February 2020 about partnership working in Leeds and feedback from partners including NHS Leeds Clinical Commissioning Group. For a period of time now the Partnership Executive Group has outlined a number of challenges for the health and care system and the need for a clearer delineation between the strategic and delivery arms of the Health Partnerships Team and of the wider health and care system. These challenges and the direction provided in terms of our key partners has been taken into consideration as part of a review of our delivery model and provided services. Furthermore, these were placed in the financial context outlined in the financial challenge sessions (August-Oct 2020) and the requirement initially to cut 10-20% of the overall budget and additional challenges related to NHS partner budgets, for example the £50m deficit in the Clinical Commissioning Group budget for 2020/21. The paper presented to the Executive Board 18.11.20 outlined the budget ask with the accompanying Service Review Form providing the detail.

The paper proposes deleting three x PO4 Project Leader posts. The postholders for 2 of these roles have been on secondment elsewhere in the organisation for 12-18 months. These posts were not backfilled when the staff were seconded. Upon review of the overall structure and the required outputs of the team now and into the future it has become apparent that there is a reduced need for system support and roles at this level both for the Leeds Plan and more generally across the system. It has been hard to clearly define the Project Leader role and their place between Project Officers and Programme

Managers. Senior leaders and partners have advised that delaying of the team and removing these posts would provide a more focused approach better able to deliver.

It is also proposed to remove a senior manager at Director 60, the Head of the Leeds Plan. Feedback from partners described how reviews of CCG and wider NHS capacity coupled with the desire for a programme management approach focused on delivery, has significantly reduced the need for this post. The governance structure has been reviewed after key partners described the need for a more agile, less bureaucratic and more responsive structure. This led to the removal of the Leeds Plan Delivery Group and subgroups.

Options for current staff: staff have had informal ‘heads up’ conversations and the Chief Officer has had an informal information meeting with the unions. We will then move to full and formal consultation and additional conversations with unions.

We aim to work closely with HR and our union colleagues so that we can both support the employees concerned and hopefully find additional roles without the need for compulsory redundancy. Options include exploring opportunities for redeployment in the talent pool at pre-notice, ELI and severance. Through meaningful consultation we will consider all alternatives presented by the unions and staff as per the MSR policy. The MSR process is to be determined.

Savings are as follows (full year impact – it is envisaged, after all consultation timelines under the MSR policy that the new structure will be in place from 1.6.2020 or earlier if other options are found for affected staff).

Post	Grade	Current position	Savings
Project Leader	PO4 – vacant post	Postholder seconded internally	3,428 A&H (6.5%) 3,428 Childrens (6.5%) Balance NHS partners (87%)
Project Leader	PO4 – vacant post	Postholder seconded internally	3,428 ASC 3,428 Childrens Balance NHS partners (87%)

	Project Leader	PO4	In post	35,476 LCC
	Head of Leeds Plan	Dir 60%	In post	6370 A&H 6370 Childrens Balance NHS partners (87%)
	Total			£48,701 A&H £13,225 Childrens £177,346 NHS
<p>Brief details of any alternative options considered and rejected by the decision maker at the time of making the decision</p> <p>As described above this proposal seeks to meet the need of both the future demands and partners involved in this delivery area and it is not financially or strategically viable to maintain the existing structure.</p>				
Affected wards:	N/A			
Details of consultation undertaken⁴:	Executive Member Cllr Charlwood – briefed extensively on new structure, including on 16 November 2020.			
	Ward Councillors			
	Others			
Implementation	<p>Officer accountable, and proposed timescales for implementation:</p> <p>Tony Cooke – Chief Officer Health Partnerships</p> <p>Publication of Executive Board Papers 10.11.2020</p> <p>Pre-consultation with postholders 10.11.20 – 13.11.20</p> <p>Informal conversation with trade unions (GMB and Unison) 10.11.20</p> <p>Executive Board 18 November 2020</p> <p>Full and formal consultation with affected members of staff and unions from w/c 30th November onwards</p> <p>Formal consultation with staff through the Managing Staff Reductions Policy to begin w/c: 30th November 2020</p> <p>Agreed at DLT level – Cath Roff 18.11.21</p>			

⁴ Include details of any interest disclosed by an elected Member on consultation and the date of any relevant dispensation given.

List of Forthcoming Key Decisions⁵	Date Added to List:-
	If Special Urgency or General Exception a brief statement of the reason why it is impracticable to delay the decision
	If Special Urgency Relevant Scrutiny Chair(s) approval Signature _____ Date _____
Publication of report⁶	If not published for 5 clear working days prior to decision being taken the reason why not possible:
	If published late relevant Executive member's approval Signature _____ Date _____
Call In	Is the decision available ⁷ for call-in? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If exempt from call-in , the reason why call-in would prejudice the interests of the council or the public:
Approval of Decision	Authorised decision maker ⁸ Cath Roff – Director of Adults and Health
	Signature _____ Date _____ Cath Roff 18 th November 2020

⁵ See Executive and Decision Making Procedure Rule 2.4 - 2.6. Complete this section for key decisions only

⁶ See Executive and Decision Making Procedure Rule 3.1. Complete this section for key decisions only

⁷ See Executive and Decision Making Procedure Rule 5.1. Significant operational decisions taken by officers are never available for call in. Key decisions are always available for call in unless they have been exempted from call in under rule 5.1.3.

⁸ Give the post title and name of the officer with appropriate delegated authority to take the decision.