

Annex 1

Establishing the new Adults, Children and Education Directorate

A Consultation Paper

This consultation document is aimed at a range of audiences both internal and external to the Directorate. It is launched in order to initiate dialogue about the future structure and operating practices of the new Directorate. Certain details will inevitably be of more interest to some readers than to others. There will also be opportunities for face-to-face dialogue during the consultation period. All comments received will be non-attributable in any future reports.

Background

1. 1 April 2010 saw the establishment of four new Directorates within the City of York Council (CYC). This paper concerns itself with the options for the high level structure of one of those new Directorates – Adults, Children and Education (ACE), a Directorate that brings together Adult Social Services with all of Children’s Services, including education. This paper also creates an opportunity for both briefing on organisational opportunities but also comment on the proposed culture and operating practices of the new Directorate.
2. Establishing a Directorate of Adults, Children and Education combines a number of significant roles and responsibilities. The statutory roles of Director of Adult Social Services and Director of Children’s Services were established through legislation, which sought to ensure clear leadership and lines of accountability for such services. Both roles in the new structure will be located with the role of Director of ACE. The Directorate delivers key statutory services in both adults and children’s services, which are both heavily regulated and which carry key risks to the overall rating of organisational performance. The scale of the Directorate is reflected in the following key facts:
 - The total expenditure budget for the Directorate is £283m, funded from a wide range of complex funding streams, and with a net call on the council’s budget of £82m
 - The Directorate employs some 2840 staff, 1083 in supply roles including teaching, and if we were to also include school employees we add a further 4624
 - The Directorate has 9 residential homes for the elderly, adult day services, a residential respite unit for people with complex learning disabilities, 2 children’s homes, and approximately 100 foster carers
 - The Directorate is responsible for 7,500 assessments of older/disabled people, delivers over 6,800 packages of support to older/disabled people, and delivers services to nearly 600 carers of older/disabled people,
 - The Directorate has over 1000 open children’s social care involvements at any one time, and 225 looked after children
 - The Directorate works with, supports, monitors, challenges and intervenes as appropriate to enhance the performance of 64 schools and approximately 23,000 school age pupils
 - The Directorate took over the funding responsibility of post 16 provision from 1 April 2010 – this equates to approx £24m
 - The Directorate commissions adult care and housing support services through over 300 contracts worth over £16m
 - The Directorate provides its services from over 100 locations across the city

The Directorate services are delivered within an operating context that sees:

- The highest public expectation around the safeguarding of children and adults
 - A renewed emphasis on prevention, early intervention and wellbeing rather than crisis intervention
 - A drive for transformational movement away from rigid blocks of care and towards higher levels of choice and quality being available to service users and customers through the personalisation agenda
 - Expectations that services will be available when required without historic constraints of delivery within the working week
 - Expectations of higher levels of engagement of service users and customers in the development of strategy, design of services and in the commissioning through individualised budgets of their own support services
 - Expectations that schools actively work within a strong strategic context whilst at the same time being able to exercise greater individual freedoms
 - A growth in the looked after population that has seen an increase of some 13% over the past year in the number of children being taken into the care of the local authority
 - Changing demographic patterns that will see 11,000 more older people within the city by 2025, with 2,900 of these over 85 and more likely to need support.
3. The organisational review of CYC was approved by the Executive of the Council in December 2009. It was always clear that the movement from six to four Directors was to be followed by further management efficiencies as part of the “More for York” programme. This paper deals with the proposed structure at Assistant Director level, on the grounds that early clarity about this will help to remove uncertainty as the new Directorate settles down, and will assist the quest for further efficiencies at other levels. Consideration of further changes to leadership requirements and the implications for managers currently on Grades 10/11 and 12 will be further to future discussion and are not, therefore, specifically covered in the contents of this paper.
4. The consultation timetable is as follows:
- 7 May: Consultation launched
 - 25 May: Date by which consultation on proposed portfolios closes
 - 25 June: Executive report published
 - 6 July: Recommendations on the structure of all four new Directorates to Council Executive
5. In developing the options contained within this paper, opportunity has been taken to:
- learn from the experience of other local authorities and, in particular, from those 12 authorities that have a similarly integrated structure;
 - reflect on the impact of other workstreams of the More for York programme, in particular the impact on Directorate structures of implementing a more centrally managed set of support services;
 - engage in detailed debate with the local health community, in particular the PCT, York Foundation Hospital Trust and York Health Group (the commissioning body for GPs) in the city, about structural changes they are also contemplating;
 - seek early views of our regulators: the Audit Commission, the Care Quality Commission and OFSTED;
 - include the integration of the new discrete York Drug and Alcohol (DAT) team within ACE structures.

Key points from some of these deliberations are highlighted in the next sections.

The External Context

6. **Other local authorities:** There are thought to be approximately 12 other local authorities that have a combined Adults, Children and Education portfolio. A summary of their structures is available on request. Comparison is inevitably difficult given the lack of consistent language used in describing structural arrangements, and care must also be taken not to view any tiers of management in isolation from others. It would appear that York is already at the lower end of the scale in terms of management costs of such a Directorate.
7. The other authorities that have gone down this path range in scale from large counties to small unitaries. They are not specific to particular geographic parts of the country nor are there any two authorities that are exactly alike. The level of integration of adults' and children's functions varies considerably. The feedback from authorities that have directly encompassed health functions is mixed. There are no formally assessed significant performance concerns for adults' or children's services within the authorities identified. In short, there is considerable learning, but no simple transfer of a particular organisational model to the York setting.
8. We need also to take into account a number of discussions currently under way on delivery arrangements within **the local health community**. These include:
 - **North Yorkshire and York PCT Organisational Review.** The need to find 30% management savings at the PCT has prompted a renewed debate on establishing more integrated commissioning structures between health and social care. The PCT has already committed itself to a more localised approach through the establishment of a Locality Director for York, with a key link into the ACE DMT. In addition, the PCT has also committed in principle, to taking opportunities to locate dedicated commissioning and data analyst capacity within an integrated local partnership commissioning function.
 - **Transforming Community Health Services** is a Strategic Health Authority (SHA) driven agenda, on behalf of the Department of Health, which looks to replace existing separate organisational structures for the delivery of community, including mental health, services with a more integrated local solution. The integration of current community elements of the Community and Mental Health Trust with, in some combination, both the local Foundation Trust or the local authority, appears to be the preferred option for York. The details need to be agreed with the SHA by October 2010 and in place by April 2011. Whatever the overall outcome, business cases made through existing commissioning forums may well see opportunities taken for future and more specific service integration under new leadership.
 - **A Local Drug and Alcohol Team:** Whilst City of York currently has its own DAT Partnership Forum, the staffing that supports that agenda are part of a wider DAT that covers North Yorkshire and York. As a result, it has lacked a local focus, and opportunities to integrate its knowledge and skill sets locally have been limited. This has now been recognised as unsatisfactory and a York specific team is being identified, which will be organisationally located within ACE. The PCT has also expressed enthusiasm to locate its alcohol commissioning capacity within the new locally-focussed service.

These developments clearly have great relevance to our own thoughts about developing the new structure for Adults, Children and Education.

Culture and Vision

9. Before we get to structures, however, it is important to say a word about culture. Members of the new DMT are united in their desire to be part of a Directorate that:
 - is outcome focused and resolute in achieving improvements for all customer groups through clear leadership;
 - listens to the views of others both internally and externally, encouraging open dialogue;
 - commits to early intervention and prevention to reduce the need for later, more acute, intervention;
 - recognises that progress, particularly in the current climate, will only be achieved through encouraging creativity, welcoming innovation, and supporting flexibility;
 - encourages and expects the continuous professional development of all – excellence of the workforce delivering excellent provision;
 - is not obsessed with who provides services but ensures that local issues are dealt with in the way that works best for customers, alongside corporate and external partners.

10. The establishment of the new Directorate offers some outstanding opportunities to work more efficiently and effectively with partners for the benefit of all our customers. We can recreate the best of the old links between adults' and children's social services, whilst still building on the progress in establishing integrated services on a wider partnership basis. The new Directorate will:
 - create a new structure which should see greater operational implementation and greater impact of a 'Think Family' philosophy;
 - recognise the crucial importance of *transitions* in all service areas;
 - strive to sustain the excellent relationship that exists between the authority and schools across the city;
 - ensure that practice and budgets reflect need rather than chronological age;
 - promote integrated working whilst still celebrating specialist knowledge and skills;
 - aspire for improvement and excellence across all services whilst being realistic about the timescales for achieving such change;
 - enhance the opportunities for particularly disadvantaged individuals, groups or communities to achieve their potential;
 - reshape existing delivery arrangements to reflect 21st Century expectations, especially in terms of more personalised provision;
 - reduce the historic fragmentation between health and social care provision, and between treatment and prevention services;
 - offer our workforce access to more consistently high quality training and development opportunities within strong partnership frameworks.

In the new ACE Directorate there will be strong and consistent expectations around staff support, communication and overall management, and training and professional development. There will be a genuine commitment to partnership planning activity and a recognition that integrated delivery creates the best opportunities to meet customer needs and expectations. We build from strong performance both in

Children's Services and increasingly in Adult Services, yet recognise that we operate in the most challenging territory both in terms of expectations on performance, changing demographic patterns and financial risks.

11. In my view, the above narrative is best expressed not in a further vision statement, since several such statements already have currency and are available in existing corporate and partnership plans/strategies. Instead, we suggest a simple Directorate strapline that says:

“Adults, Children and Education: Releasing Individual Potential - Achieving Organisational Excellence”

A New Organisational Structure

12. The new Directorate is well placed to embrace these opportunities. At the same time, there is no question that it will also face substantial challenges – including the forthcoming organisational changes in the local health community, the need to deliver more efficiency savings under More for York, and the possibility of significant changes in national policy, after the General Election. In terms of budget and staffing, the ACE Directorate will represent approximately 70% of the Council's resources. The scale of the directorate had been recognised in the original Executive report on the proposed Directorate structure which described how *“where Adult and Children's Services are combined it is clear that one consequence is that the Assistant Director roles within the Directorate carry significant increased operational responsibilities, including management of multi million pound budgets and large staff groups”* and present challenges and risks which must, as a result, be reflected in the management capacity of the Directorate. The movement from 6 to 4 Directors is also recognised as impacting disproportionately on the senior leadership capacity of the newly established Directorate.
13. I have reviewed all of the current Assistant Directorate portfolios in the light of these considerations. Options have been considered for the new directorate structure focusing on models with seven, six and five portfolios.
14. A model with seven portfolios could effectively leave the portfolios close to how they are currently comprised or seek to re-align the responsibilities in any number of ways. This may not take advantage of the opportunities presented by the creation of the combined Adults, Children and Education directorate and would also place extra pressure on the later stages of the Organisational Review in ACE, in terms of the further financial savings needed to achieve efficiency expectations.
15. The model with six portfolios would represent a reduction in some 15% in costs and capacity at senior management level. It is recognised that the Director changes impacted significantly on this area of the council and also that key new service responsibilities around learning disability customers, strategic planning and funding of post 16 provision and responsibility for the drug and alcohol agenda have very recently stretched that capacity. In my view and in brief, the six portfolios could be comprised as follows:
- **Adult Assessment & Personalisation:** a portfolio responsible for the timely and quality assessment and review of all groups of adult users and their carers, and the development of care and support packages which successfully address holistic individual need, and for the safeguarding of all adult groups

- Adult Provision & Modernisation: a portfolio responsible for the provision of high quality home based support, day and residential care services and which leads the modernisation of those services in line with customer opinion and best practice;
 - Integrated Commissioning: a portfolio that will ensure that outcomes achieved by statutory services and non statutory, in house and external, are of the highest possible quality, at the best possible price, and which address both locally assessed need, future demographic patterns and key strategic priorities. This portfolio will also take the lead with external partners in the health community and elsewhere, and will incorporate the Children's Trust, Adult Commissioning and the DAT;
 - Children's Social Care: a portfolio that focuses on the most vulnerable children and young people – children in need of safeguarding, direct protection and planning for future care arrangements. In addition the service covers those with significant additional needs arising from particular disabilities;
 - School Improvement & Early Years: a portfolio responsible for ensuring that our early years settings, schools and post 16 provision across the city provide the best possible educational outcomes for all our children and young people and that barriers to progress are effectively addressed;
 - School Organisation & Resource Management: a portfolio responsible for the planning and organisation of school places and school admissions, ensuring that capital investment reflects strategic need and local priorities. The portfolio will also provide or commission a range of services supporting schools and the wider directorate. The portfolio will also lead on key Directorate based management information, performance, health and safety, industrial relations and risk management functions.
16. A DMT based on these portfolios could be cohesive and effective. Four of the portfolios would specialise in either "Adults" or "Children". The "Integrated Commissioning" brief would take the opportunity to reap the benefits of combining the current skillsets in the two legacy Directorates and would work across all age ranges. Similarly, the "School Organisation and Resource Management portfolio would focus on the changing education agenda but could also provide capacity to support the wider Directorate during a period of significant change which includes the centralisation and modernisation of support services and a major programme of change through the ongoing "More for York" programme.
17. A five portfolio model could place greater strategic emphasis on managers below DMT level. Such a model delivers greater financial savings at the senior management level. Conversely, others argue that reduced capacity at AD level limits such opportunities. However in summary, a workable model with five portfolios has been difficult to envisage and at present an option that is considered viable has not been identified.
18. In looking at the detail of potential portfolios we have taken the opportunity to consolidate approaches to management information, business support, performance management, data analysis, health and safety, trades union liaison, marketing, & risk management. We have also proposed other modifications in the light of experience, service development, or national expectations, especially:
- the movement of the Early Years and Children's Centres portfolio, and the Extended Services Unit, to the School Improvement team;

- the integration of the Youth Offending Team and Young People’s Services – with the location of the combined team within the AD portfolios to be determined at a later date;
 - the integration of the Behaviour Support Service and the Education Welfare Service with the location of the combined team within the AD portfolios to be determined at a later date;
19. Regardless of the model adopted, all members of the ACE DMT will be expected to act as interchangeable senior leaders of the Directorate, and as members of the Corporate Leadership Group.
20. We would not want people to read the wrong message into the fact that certain existing portfolios appear to “disappear” in proposed models. “Commissioning” will be at the heart of one of the portfolios, whilst “partnership” working will underpin everything we do. Similarly, as mentioned earlier, the principle of “early intervention” is now firmly embedded in all of our practices, right across the Directorate.
21. All of the portfolios considered reflect the substantial degree of change management that the new Directorate will be overseeing, even before the impact of any policy changes arising from the General Election is taken into account. The extent of future changes in provision, and the possible need to seek even further efficiencies at a later date, means that we will need to hold open the possibility of reviewing structures again in 2011/12.
22. As this paper describes, the Directorate is being established at a period of wider organisational change. We therefore believe, as described earlier, that we should commit even at this stage to an early review of any new DMT structure, size and portfolio responsibilities in 2011. This reflects a number of current uncertainties relating to:
- the future role of the PCT Locality Director and progress on Integrated Commissioning
 - the outcome of current debate on future location of Community Health Services (CHS) or aspects of CHS
 - the full implementation of the More for York blueprints relating to centralisation of key support services
 - implementation of the More for York blueprint relating to Adult provision
 - post election policy and funding changes
 - the role of the school improvement service following the demise of National Strategies
 - the future of any Building Schools for the Future (BSF) programme
- This second stage review could see further changes in the size and portfolio responsibilities of the directorate management team.

Consultation

23. We are keen to hear feedback from a wide range of staff, as well as internal and external partners, on the proposed portfolios. As described at Paragraph 3 of this document, the consultation period will run from 7 May – 25 May. During that period there will be:

- A sharing of this document with all staff
- Access to a discrete response mailbox
- Managers' briefing session on 7 May and expectations of cascade to teams
- Two open access staff sessions 14 and 17 May with Director and members of DMT
- Discussion within key partnership forums and with key partners.

Consultation questions are set out in Annex A.

Consultation Questions: *Please do not feel you have to complete all questions. Do not be concerned if one response encapsulates many questions – it is the feedback we welcome. Responses are welcomed from individuals, teams, clusters or partnership organisations.*

What do you see as the key opportunities associated with a Directorate of Adults, Children and Education?

What do you see as the key risks associated with a Directorate of Adults, Children and Education?

Do the words at paragraph 9 onwards describe the sort of organisational culture you would wish to see? Does the proposed strapline at paragraph 11 work for you?

What opportunities or risks do you see for the Directorate arising from current debates about the structure of local health services, especially community health services?

Do the portfolios described through paragraphs 12-21 make sense to you? If not, what would you do differently? Can you identify options for further portfolio integration and/or a model with five portfolios?

Do the three suggested changes at paragraph 18 make sense to you?

(These were: the movement of the Early Years and Children's Centres portfolio and the Extended Services Unit to the School Improvement team; the integration of the Youth Offending Team and the Young People's Services – with the location of the combined team within the AD portfolios to be determined at a later date; and the integration of the Behaviour Support Service and the Education Welfare Service – with the location of the combined team within the AD portfolios to be determined at a later date.)

What other comments would you wish to make which will assist decision making on the structure and culture of the new directorate? What do we need to ensure is retained? What do we need to do differently?

Consultation responses can be signed or unsigned and come from individuals or teams/services. They can be sent either electronically or by post to the Director – pete.dwyer@york.gov.uk based at Mill House. Alternatively, you can express your views directly to the "More for York" team, which will be collating responses via chiefexec@york.gov.uk