

Birmingham City Council

Report to Cabinet

22nd May 2019



Subject: ENABLEMENT SERVICE REDESIGN

Report of: Director Adult Social Care

Relevant Cabinet Member: Cllr Paulette Hamilton - Health & Social Care

Relevant O &S Chair(s): Cllr Rob Pocock - Health & Social Care

Report authors: Graeme Betts
Director – Adult Social Care
Tel. No. 0121 303 2992
e-mail: Graeme.Betts@birmingham.gov.uk

Are specific wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No – All wards affected
If yes, name(s) of ward(s):		
Is this a key decision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, add Forward Plan Reference: 006528/2019		
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No
*If new decision made		
Does the report contain confidential or exempt information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, provide exempt information paragraph number or reason if confidential : 5		
Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings. (Appendix E)		

1 Executive Summary

1.1 The BCC Enablement homecare service has been subject to three business cases to redesign the service over the past two years. The key issues which officers have sought to address have been the amount of downtime in the service and associated lack of responsiveness, linked to poor enablement outcomes for citizens. There has been a lengthy dispute regarding these changes, and during this period, the system that enablement is part of has started changing.

- 1.2 Cabinet approved a business case for the reorganisation and improvement of the Enablement homecare service in July 2018. The business case set out the reasons why change is required, provided benchmarking information on performance and set out the benefits for citizens, staff and partners. However, following an extensive dispute and subsequent protracted negotiations with trades unions, a revised proposal for delivering the business case with a reduced impact on the workforce and reduced cost savings was recommended on 22nd January 2019. This revised proposal included increased working hours, improved mitigations and changes to break times and travel arrangements, in response to concerns regarding the impact on staff.
- 1.3 The decision to implement the revised proposal agreed on 22nd January was subject to call-in and was considered by the overview and scrutiny committee on 5th February. Consideration of the overview and scrutiny report was deferred at Cabinet on 12th February, pending the outcome of negotiations with Unison regarding their alternative proposal which was submitted on 31st January; the negotiations have been protracted, but have now reached a point where an analysis of a compromise rota can be presented to Cabinet.
- 1.4 This compromise proposal has many issues associated with it and this report now provides an analysis of the compromise proposal reached with Unison, and a response to issues raised by the Overview and Scrutiny Committee.
- 1.5 The overview and scrutiny committee identified the following areas for reconsideration by Cabinet, these are addressed in this report, although a new recommendation/decision means these issues are no longer relevant:
 - 1.5.1 Lack of clarity or justification for the urgent and late Cabinet report of 22nd January.
 - 1.5.1.1 Addressed at 1.6 below.
 - 1.5.2 The controversy surrounding this issue.
 - 1.5.2.1 It is fully recognised that this matter has caused controversy - since April 2017 when the first changes to the service were proposed - this is why it was considered urgent that the situation was resolved.
 - 1.5.3 Insufficient information on improved outcomes for service users, requesting more information on other local authority performance and feedback from service users.
 - 1.5.3.1 **Appendix A** provides the recent information linked to service performance.
- 1.6 At 22nd January 2019, as a result of the failure to conclude extensive talks with unions since November 2017 and industrial action in the Enablement service, expected savings were clearly not materialising, legal risks were increasing, and service performance continued to decline. On this basis it was deemed critical that Cabinet approval to implement revised BCC proposals was obtained at the earliest opportunity in order to complete the necessary reforms

and to urgently mitigate the impacts of the industrial action. Since this time a final alternative proposal has been under negotiation with Unison.

- 1.7 In addition, this report updates the current context (which has developed significantly since January 2019) and sets out the proposed approach for the Enablement Service moving forwards.

2 Recommendations

- 2.1 To accept the points made by Overview and Scrutiny Committee (1.5.1 – 1.5.3).
- 2.2 To note the update on the Unison negotiations and the recommendation that this rota is not progressed based on the analysis presented.
- 2.3 To note the update on the Birmingham Older People Programme – Early Intervention workstream, and the implications for the Enablement service.
- 2.4 To agree that the business case to redesign the BCC Enablement Service is withdrawn, and status quo is maintained within the service (with no rota changes, however, preventative community support work will be scheduled to utilise downtime in the service).
- 2.5 To agree that a review of enablement provision in BCC should be commissioned, led by Overview and Scrutiny and/or an independent party.
- 2.6 To agree that the Cabinet portfolio holder and Director of Adult Social Services work with the CCG who will commission the multi-disciplinary Community Early Intervention service to deliver the system's ambitions for better citizen outcomes.

3 Update on Unison negotiations

- 3.1 After the January Cabinet report, Unison shared an alternative proposal on 31st January and officers have met regularly throughout February, March and April seeking to reach agreement on the outstanding matters of dispute – particularly travel time, the number of contracts on offer in the new service, and mitigation payments to staff. As a result of this work, an 'in principle agreement' has been reached with a comparison of the key elements detailed at **Appendix B**
- 3.2 However, in spite of the best efforts, this compromise proposal has resulted in a rota and associated terms that do not meet the aspirations set out in the original business case as detailed in section 5, and will not provide the necessary service improvements to customers.

4 Update on the Sustainable Transformation Partnership (STP) Birmingham Older People Programme – Early Intervention Workstream

- 4.1 Whilst Officers have been negotiating with Unison, significant progress has been made on the Birmingham Older People Programme (BOPP) Early Intervention workstream.
- 4.2 BOPP is the partnership for the local health and social care system. As such it comprises the City Council, Birmingham and Solihull Clinical Commissioning Group, Sandwell and West Birmingham Clinical Commissioning Group, University Hospitals Birmingham NHS Foundation Trust, Birmingham Community Healthcare NHS Foundation Trust and Birmingham and Solihull Mental Health NHS Foundation Trust. Early Intervention, alongside Prevention and Ongoing Personalised Support, is one of the three workstreams through which the partnership is working to improve outcomes and citizen experience.
- 4.3 This programme was praised by the CQC review of the Birmingham system in January 2018 as a clear indication of the improved relationships between the City Council and health services in Birmingham.
- 4.4 The June 2018 Cabinet report 'Integrating Targeted Health and Social Care Services for Older People' agreed Early Intervention workstream proposals to improve outcomes for older people. Specifically, Cabinet agreed to work in partnership to develop and implement a new integrated care model, working across organisational and professional boundaries to address the recognised deficiencies in system performance in the care of older people in Birmingham.
- 4.5 The scope of the Early Intervention workstream is admission into acute hospital care, and rehabilitation after an episode of acute care. Without timely care we know that frail, older citizens can rapidly deteriorate and that once capacity is lost this cannot usually be recovered. A highly flexible and responsive delivery model is therefore essential.
- 4.6 A key objective of Early Intervention is a substantial improvement in patient/citizen outcomes, alongside target annualised financial benefits across the care and health system of £27.1m, with potential savings up to £35m.
- 4.7 A new model for a multi-disciplinary, community early intervention team to provide rapid access to healthcare, personal care and support at home to both facilitate discharge from hospital and to prevent admissions into acute services is a critical element of the transformation programme. This element has targeted annualised financial benefits of c£8m. However, it should be noted that components of the model are interdependent – with the community team being pivotal to achieving ambitions across the entire programme.
- 4.8 The programme has now commenced prototyping a multi-disciplinary community early intervention team with Birmingham Community Healthcare Foundation Trust acting as the lead provider. The prototype draws upon existing resources from across the system to provide the appropriate mix of medical and rehabilitation skills and capacity.

- 4.9 The Early Intervention community team will deliver personal care, health care, support and rehabilitation programmes under the supervision of nurses and therapists. They will work in partnership with patients, carers and other health and social care agencies to promote independence and will be expected to work multi-professionally. The proposed Rehabilitation Therapy Assistants role (the majority of staff in the service) will be working across the city as a mobile workforce of essential car users, and will undertake a range of health and care activities, including installing and using medical equipment.
- 4.10 In Birmingham, the current care and health system is under intense pressure and is at risk of being subjected to external support. In order to avoid this, it is imperative that the Early Intervention programme is successful and is delivered at pace.
- 4.11 To deliver this programme at the required pace it is imperative that the community early intervention team model currently being prototyped in one locality of the city is rolled out citywide commencing in June 2019. Once the model has been refined and embedded, this service will be commissioned by the system as a key element of a new integrated care model.
- 4.12 The CCG notified BCC of the intention to commission this service in a letter dated 10th April 2019 (**Appendix C**). It is proposed that the DASS works with the Cabinet portfolio holder to ensure that this commissioning exercise does secure the best outcomes for citizens.

5 Analysis of Unison compromise proposal

- 5.1 The key objectives of the Business case to redesign the Enablement service are set out below, along with commentary on the potential impact of the rota negotiated with Unison:

From (current service)	To (future service)	Impact of negotiated rota
Only 20% of service users are exit enabled.	80% of service users will be exit enabled evidenced by a reduction in social care need or improvement in quality of life outcome	Potential for staff to deliver enablement programmes after training; however, inconsistent rota will reduce capacity and continuity of care – with impact on enablement outcomes. The service has a history of poor performance on enablement measures; however, does deliver good care.
Between 20 and 40% of current paid staff time is downtime (i.e. where no care or non-caring work	All hours will be productive with 80% of planned hours being service-user facing	Limited reduction in downtime; inconsistent rota will be difficult to arrange cover for absence/leave and will result in significant ongoing downtime with associated equal pay

is available)		risk.
Evening and weekend shifts do not have adequate staff cover to meet service user needs	There will be consistent and even staffing across the seven day working week	Improvement in consistency across 7 days per week.
There is no capacity to support either planned or rapid hospital discharge and referrals are frequently turned down	Enablement will be a key service in the Older Adult pathway with a crucial focus on discharge from hospital	Improved capacity may help with rapid response. However, inconsistent rota will result in reduced ability to take packages from hospitals.
Service users report seeing over 10 carers in a week	Service users will recognise their Enablement Team and key Enablement Homecare Assistant; generally seeing the same two workers on each call.	Service users will have a reduced number of carers, however multiple rotas, with alternating shifts, will result in multiple carers

- 5.2 The compromise proposal now presented is the best that could be negotiated between the two parties but contains many issues and implementing the compromise proposal would prove challenging.
- 5.3 A significant number of staff would not be offered their first choice of rota or constituency. Some staff could be offered additional hours in order to accommodate flexible working (for example, where a flexible working request means that a member of staff cannot work in the morning, they would select an evening rota which would have more hours than their current contract), whilst others could lose hours.
- 5.4 The fundamental challenge for operational managers would be that as more rotas and greater flexible working are introduced into the service, consistency is reduced, then the service is less able to take citizens in general and less able to take them at the required pace to keep the system flowing effectively.
- 5.5 Taking into account the factors outlined above and in **Appendix B**, officers cannot recommend this rota as it does not achieve sufficient improvement in capacity to ensure a rapid improvement in service performance.
- 5.6 In spite of the productive meetings and best endeavours of officers and Trade Unions, the analysis in **Appendix B** demonstrates that there are still significant differences which have not been bridged. Further, it may take many more months to reach, and implement a final agreement, if one can be achieved, and this does not fit with the urgent requirements of the care and health system for a new model of community early intervention.

6 Proposed way forward

- 6.1 On the basis of the analysis above, it appears that the Early Intervention service that is being piloted by the STP Birmingham Older People Programme Early Intervention Workstream would better deliver the citizen outcomes that BCC aspired to in the original Business cases for the BCC Enablement service. The proposed integrated multi-disciplinary partnership service working across the health and care system appears to have greater potential to improve the lives of citizens, than the current compromise proposal for the Enablement service.
- 6.2 As the compromise proposal reached with Unison does not deliver the objectives of the business case, officers have looked at the options to ensure that citizens receive a responsive and high quality service to reduce long term care packages and delayed transfers of care. In addition, a solution is needed to minimise impact on the current workforce.
- 6.3 It is clear that the Birmingham Older People Programme Early Intervention workstream has a viable alternative model to the current proposed redesign of the BCC enablement service and given the pressures on the system must move quickly to secure improvements and to realise financial benefits.
- 6.4 **On this basis it is recommended that the proposed business case for the BCC enablement service is withdrawn, therefore returning the service to status quo. This will mean that there will be no contractual changes for staff, and therefore no compulsory redundancies or reductions in working hours.**
- 6.5 However, as highlighted in three business cases, officers cannot sustain the current high levels of downtime in the service, and associated equal pay risk. A significant proportion of the unproductive hours are later in the morning and early in the afternoon – presenting an opportunity to utilise these hours supporting citizens in the community. Accordingly, any unproductive hours will be closely monitored and eliminated.
- 6.6 Whilst the future of the service has been subject to extensive negotiations, the assessment service in Adult Social Care has implemented a three conversations model which supports citizens to access community assets and prevent dependence on social care services. Now that this model has been embedded, it is possible to propose that the BCC enablement service is linked with constituency teams to deliver a range of additional community social care activity to maximise use of rota hours in the service. This solution retains also flexibility of staff deployment between community and Extra Care and Supported Housing enablement services.
- 6.7 This will mean the Enablement Assistants utilise the full range of their skills, with Enablement constituency teams working closely with Local Area Co-

ordinators to support citizens to access local community assets, in addition to home-based care and support. This community activity will commence in summer 2019, and will include supporting citizens to access and attend services, building independence and capacity to engage with these services independently in future. In addition, there is potential for opportunities to provide further support to the Occupational Therapy team.

- 6.8 This solution will mean that the council maximises the productivity of the workforce, does not reduce the pay of any employee, and the health service will be able to commission a service as part of a partnership led multi-disciplinary team that will improve citizen outcomes, and drive significant efficiencies across the system.
- 6.9 The Early Intervention model will break down the barriers between health and care – driving the move towards an Integrated Care System. Citizens will experience a rapid response to needs, alongside fewer contacts and less disruption in their daily lives, and greater independence and control.
- 6.10 In order to ensure that the BCC Enablement service is adding value, it is proposed that a review is commissioned to analyse the service and explore options for the future – the Overview and Scrutiny Committee, and/or an independent reviewer could lead this.

7 Consultation

- 7.1 BCC has engaged in extensive consultation and negotiations with Trade Union representatives, and staff on an ongoing basis since a previous rota proposal for this service in April 2017. Unison submitted a dispute regarding 'potential changes to Enablement rotas in May 2018'. This dispute was followed by a ballot for strike action which has been ongoing since summer 2018.
- 7.2 Further ACAS mediation resulted in an alternative proposal from Unison on 31st January 2019. Officers have entered into intensive negotiation around the proposal reaching a compromise which is detailed in section 5 of this report.
- 7.3 The recommendations and key points of this report were shared with Unison verbally on 9th May, followed by extracts of the report shared in writing on 10th May. As a result of this Unison have advised their members of the intention 'to progressively suspend industrial action in the Enablement Service whilst working with BCC to seek to end the dispute with a signed Memorandum of Understanding' that resolves any outstanding matters. Officers have requested the details of the outstanding matters from Unison, and will continue to work closely with representatives.

- 7.4 There are ongoing discussions with NHS partners regarding the contents of this report, and the health service welcomes BCC working in partnership across the system to improve outcomes for citizens.

8 Compliance Issues:

- 8.1 Within the BCC Plan 2018-2022, Enablement is a key contributor to outcome 3 - 'Birmingham is a fulfilling city to age well in'. There are two performance indicators in the BCC plan 2019/20 currently linked to this service –

- 3.2.3 Proportion of older people (65+) who were still at home 91 days after discharge from hospital into re-enablement/ rehabilitation services
- 3.2.2 Reduced Delayed Transfers of Care (DToC)

8.2 Legal Implications

- 8.2.1 Cabinet approved a business case for the reorganisation and improvement of the Enablement Service in July 2018. There has been extensive negotiation with the unions, and revised proposals were recommended to Cabinet on 22 January 2019. A key driver for these business cases has been to improve performance, reduce costs and minimise downtime, and the associated equal pay risk.
- 8.2.2 The decision to implement the revised proposal agreed by Cabinet on 22 January 2019 was subject to call-in, and was considered by the Overview and Scrutiny Committee on 5 February 2019. Consideration of the Overview and Scrutiny report was deferred at Cabinet on 12 February 2019, pending the outcome of negotiations with Unison regarding an alternative proposal for the Service. It is now recommended by officers that the observations of Scrutiny should be accepted and the proposals put to Cabinet on 22 January 2019 are not pursued.
- 8.2.3 Unison made a set of compromise proposals which have been given serious consideration by BCC. However, the proposed compromise rota does not achieve enough improvement in capacity to ensure a rapid improvement in service performance. In addition, it is anticipated that it may take many more months to reach, and implement a final agreement with the trade unions (if one can be achieved at all), and this does not fit with the urgent requirements of the care and health system for a new model of community early intervention that is now required to be implemented.
- 8.2.4 The Early Intervention workstream of the Birmingham Older People Programme has identified opportunities for developing an Integrated Community Team to support older people.
- 8.2.5 A prototype of such a service is now in place and it is required to be fully up and running by the end of September 2019.

- 8.2.6 Should Cabinet decide to withdraw the business case, the consultation process will be formally closed and the affected employees will be advised that following the outcome of consultation the decision is to maintain the status quo in respect of working hours, pay and other conditions but moving quickly to utilise unproductive time working in constituency teams to eliminate downtime, this effectively eliminates any Equal Pay risks within the Service.
- 8.2.7 If further changes are made to the rota or terms of employment, the Council would have to commence consultation process. However, the current proposals for community support activity are within and adequately covered in the current contracts and thus there would be no requirement for further formal consultation.
- 8.2.8 It is paramount that any downtime is eliminated as soon as possible as it poses a potential equal pay risk.
- 8.2.9 The commissioning of the Community Early Intervention team by the Birmingham & Solihull CCG is likely to require a procurement process. Ongoing procurement and legal advice will be sought.
- 8.2.10 Pending the outcome of the early intervention programme pilot, the Council will be in a position to determine what the service will look like moving forwards and whether TUPE would apply.
- 8.2.11 If TUPE applies the Council will enter into meaningful consultation with all affected employees, and representatives, concerning the transfer of staff and staff will transfer on the same terms and conditions under TUPE.
- 8.2.12 Further information on the legal risks is presented in the appendices attached.

8.3 Financial Implications

- 8.3.1 Appendix B provides key summary financial figures to compare the various options including the 'status quo' rota and the final compromise position.
- 8.3.2 There are multiple rota options and the 'status quo' rota – working in a constituency based delivery model, if this recommendation were agreed. This uses hours paid more productively, providing improved value for money whilst minimising equal pay risk.
- 8.3.3 The comparative cost analysis has been done specifically for the purposes of the report and not for other uses.
- 8.3.4 The original indicative saving allocation was £1.7m permanent savings from the budget. Of the options only the July original business case option meets the savings objective.

- 8.3.5 Implementation of the compromise proposals would result in reduced savings arising from the service redesign and is the worst financial option. With the Unison compromise the saving would be reduced to £0.727m losing nearly £1m from planned savings.
- 8.3.6 Enablement services are a pivotal service to both the Birmingham system and directly to BCC savings plans. Whilst maintaining status quo will mean no staffing savings are secured, it will safeguard critical savings. Beyond the £27.1m savings for the system referenced at 4.6 in this report, the £30m reduction in adult care packages committed as budget savings to be achieved by 2021/22 could have been put at risk as a result of the ongoing dispute. There is a risk to the whole council where adults cannot make these savings then the burden will fall elsewhere within the council.

8.4 Procurement Implications

- 8.4.1 In order to ensure that the commissioning of the Early Intervention service secures the best possible outcomes for citizens as part of an integrated care and health system it is proposed that the Director of Adult Social care would work directly with the Early Intervention workstream.
- 8.4.2 There are no direct procurement implications for BCC, however the Older People Programme – Early Intervention Workstream intend to commission a multi-disciplinary community early intervention service in summer 2019.
- 8.4.3 Birmingham and Solihull Clinical Commissioning Group are leading on behalf of the system to commission the delivery arrangements for the multi-disciplinary, Community Early Intervention Team to ensure that the locality testing and roll-out phases of the Early Intervention Programme can progress during summer 2019. These will be transitional arrangements that allow for testing and development of a new model of delivery and which will inform future commissioning strategies.

8.5 Human Resources Implications

- 8.5.1 Staff would maintain current contractual hours and suffer no losses to income, retaining the current job description, and with it, flexibility to work across ECSH.
- 8.5.2 Staff will be expected to work in a more flexible manner – aligned to constituency teams providing community support activity, connecting citizens to community assets. Where required, training will be provided.

8.6 Public Sector Equality Duty

- 8.6.1 The PSED has been considered based on the proposal to maintain the status quo, and an initial assessment has determined there are no immediate equality implications for the workforce, and potential positive benefits for citizens. A further assessment will be undertaken once the details of the new activity in the service have been agreed.

9. Reasons for Decision(s):

- 9.1 To improve outcomes for Birmingham Citizens. In particular, Older Adults who require support to regain their independence.
- 9.2 To resolve the dispute with Unison, improving industrial relations – whilst protecting staff terms and conditions and ensuring support to citizens.
- 9.3 To reduce the future demand on long term homecare and health services (and associated costs) within the wider context of strategic change in Birmingham; increasing financial pressures and shrinking resources.
- 9.4 To deliver performance improvements, and address system issues identified by the CQC, improving partnership working across care and health.

10 Appendices

Appx A - Analysis of Current System and performance

Appx B - Analysis of Rota proposals

Appx C – CCG letter 10/04/2019 – Future commissioning - early intervention

Appx D – Risk Register

Appx E – Exempt Information - Legal Risk Matrix



11. Background Documents

- 11.1 Care Act 2014

Appendix A - Analysis of Current System and performance

Why do we need to change the service?

- A CQC review of the south Enablement (homecare) service on 18th February 2019 determined that the service Requires Improvement. The inspection highlighted –
 - Impact of ongoing strike action, requiring reduced number of care packages to ensure safe staffing levels.
 - Improvements required in medication procedures – an element of the increased responsibility reflected in the proposed Grade 3 role for staff
 - There were insufficient systems in place to monitor and improve the quality of care
- Two previous Independent Reviews (CQC Inspection January 2018 and Newton System Diagnostic October 2017) have told us that the service is inefficient, does not provide a service to those who need it and has a negative impact on Hospital discharges (Delayed Transfers of Care).
- Effective intermediate care in the community is a key component of the early intervention workstream of the Birmingham Older People Programme approved by Cabinet in June 2018 (Integrating Targeted Health and Social Care Services for Older People) with projected annualised financial benefits of c£8m. Failure to modernise the service will impact on citizen outcomes and relationships across the health and care system.
- The national Adult Social Care Outcomes Framework (ASCOF) used to compare performance of 152 local authorities with adult care functions has two indicators particularly relevant to Enablement illustrating that BCC performance is in the bottom 10% of councils -

ASCOF ID	Indicator	2016/17	2017/18	National Average	National Rank (of 152)
2B1	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	77.5%	73.1 	83.3%	137
2D	Outcome of short-term services: Home care enablement	58.1%	49.7 	74.9%	145

- Currently, only 1 in 5 Older Adults the Service supports are better off after receiving the Enablement Service. This should be at least 4 out of 5.
- Over time, the service has built itself around the lives of staff and adapted its working to enable people to manage childcare, their caring responsibilities or their second jobs. Whilst this has been well-intentioned. It means that staff do not work when service users need support. Older People need support seven days a week and based around activities of Daily Living (get up, eat, eat dinner, go to bed).

- BCC employs enough staff to meet all of the current demand for the service. However, in a typical week, staff will only spend 20-40% of their working hours providing care.

Current effectiveness benchmark

- Enablement effectiveness of BCC is 52% compared to Swindon County Council (best observed – Newton analysis).
- Even though BCC has a higher initial need, the average package at the end of enablement is over 5x higher than Swindon, and double all 3 other benchmarked councils.

Customer satisfaction

- The customer satisfaction for this service is measured through returns of customer satisfaction questionnaires, the few which are returned generally include good feedback about the service and the caring nature of staff.
- Stakeholders including our Social Work staff feedback about this service is in two parts: Colleagues find the flexibility and accessibility of this service very poor but the feedback about the care is good.
- Since December 2017, Hospital discharge teams have stopped using this service because of limited access and slow speed of response (three day assessment). Adult Social Care and Health has commissioned a service to support facilitating DTOCs which delivers in four hours. The July 2018 business case would mean the internal service could meet all of this demand.

Appendix B - Analysis Rota proposals

	Current Service	July 2018 Business Case	Jan 2019 Alternative	Jan 2019 Unison proposal	May 2019 Compromise	Comment
Headcount/ No.contacts	199	218	194	200	c180 – still being negotiated	Headcount reduced after VR in Feb 2019
Weekly hours	5786	4,375	4,750	5,496	c5000 – still being negotiated	
Rota	C100 individual rotas	3 rota patterns: 14; 21; 23.75 hours	3 rota patterns: 16; 23; 30 hours	7 rota patterns: 16; 21; 23; 26.5; 33.5 hours (two week alternating early/late evening split shift for 26.5 & 33.5)	7 rota patterns: 16; 21; 23; 26.5; 33.5 hours (two week alternating early/late evening split shift for 26.5 & 33.5)	Increased complexity reduces consistent capacity and requires additional management (difficult to cover)
Savings Shortfall/One off costs (In addition: one off mitigation c£500k)	N/A	£0 shortfall (meets £1.7m of savings)*	£0.292m shortfall *	£0.972m shortfall*	£0.521m shortfall *	The option to convert to constituency team results in a savings of £558k shortfall (£4.1m budget vs £4.7m forecasted cost).
Travel/ Expenses	Mileage payable from 3 admin centres	Mileage payable from 10 constituency admin centres	Mileage payable from 10 constituency admin centres	20 minutes travel time to/from first/last appointment; Mileage payable from admin constituency centre	Mileage payable from 10 constituency admin centres	For comparison purposes a standard % has been used across all financials.

	Current Service	July 2018 Business Case	Jan 2019 Alternative	Jan 2019 Unison proposal	May 2019 Compromise	Comment
Job Description	G2	G2	G3 – additional responsibility	G3 – additional responsibility	G3 – additional responsibility	Some resistance to additional duties
Selection process	N/A	Assimilate to closest contract hours	Assimilate to closest contract hours	Assimilate to closest contract hours; accommodating flexible working	Assimilate to closest contract hours; agreed priority matrix within MOU	Complex and potentially contentious selection process – challenge to accommodate flexible working
Flexible working	c70 flexible working arrangements in place	Seek to minimise flexible working impact on rota	Seek to minimise flexible working impact on rota	Accommodate significant majority of flexible working	Accommodate significant majority of flexible working	Substantial impact on consistent capacity across the rota
Working time regulations	Staff work variety of rota – some do not have sufficient breaks	All staff work shifts with sufficient rest breaks		50% of staff will not have the WTR required 11 hour rest break between shifts on alternate fortnights	50% of staff will not have the WTR required 11 hour rest break between shifts on alternate fortnights– requiring TU collective agreement	Concern regarding staff wellbeing and potential impact on safe service/quality of care
Downtime (potential equal pay risk)	Significant downtime as a result of inconsistent rota capacity	Optimum rota to minimise downtime - as a result of consistent rota capacity	c200 hours p/w	c350 hours p/w	TBC	Increased downtime as a result of complex rota and flexible working

	Current Service	July 2018 Business Case	Jan 2019 Alternative	Jan 2019 Unison proposal	May 2019 Compromise	
Mitigation payments	N/A	Mitigation payment equivalent to 'redundancy for lost hours'	Mitigation payment equivalent to 'redundancy for lost hours'	No impact on pay for two years – de facto pay protection (outside of BCC policy)	Additional mitigation payment where losing more than 3 hours; in addition to 'redundancy for lost hours'	One off cost – c£90K 'redundancy for lost hours' c£158k additional payment total Total c£248k
Extra Care & Supported Housing	Flexible staff deployment between community and ECSH schemes	Flexible staff deployment between community and ECSH schemes	Enablement duties at G3; ECSH duties remain G2 – limiting movement between services	Flexible staff deployment between community and ECSH schemes	ECSH staff able to access community service training, with priority access to vacancies in the community service.	Long term residents in ECSH limit opportunity to enable citizens