REVIEW OF

IN-HOUSE

ENABLEMENT

SERVICE

BACKGROUND

DOCUMENTS

CONTENTS

DOCUMENT NUMBER	DATE	TITLE
1	March 2017	Enablement Service Redesign – Full Business Case.
2	June 2017	Review of Enablement Service – Business Case v12.
3	18th June 2017	Enablement Redesign Oversight Working Group: Workforce data – BCC Enablement Assistants (April 2018 payroll data).
4	4th July 2018	Enablement Information Briefing.
5	9th July 2018	Enablement Trade Union Presentation.
6	31st July 2018	Enablement Cabinet Report.
7	December 2018	Enablement Rota Options for ACAS.
8	3rd December 2018	Unison Rota Proposal (23rd November 2018) – Analysis.
9	31st January 2019	Unison Enablement Proposals.
10	7th February 2019	Capacity vs. Demand Analysis – Unison proposal options from 1st February 2019.
11	14th March 2019	Trade Union Update on Enablement Negotiations.
12	20th March 2019	Enablement Constituency Supply Analysis.
13	22nd May 2019	Enablement Service Redesign Cabinet Report.
14	16th July 2019	Action Notes from Health & Social Care O&S Committee
15	16th July 2019	Agreed Terms of Reference for the In-House Enablement Service Review.

DIRECTORATE FOR PEOPLE – PROGRAMME MANAGEMENT OFFICE
FULL BUSINESS CASE

Adult Services
Enablement Service Re-Design

Purpose

The full business case expands on the information that is contained in the Project Start Up document. It puts forwards the reasons why we should have the project and analyses how feasible it is.

Project Information and Approval

Name	Project/Organization Role	Signed	Date
Terry Waller	Project Manager		
Geoff Sherlock	Senior Responsible Officer		
Margaret Ashton-Gray	Finance Representative		
Claire Riley	Human Resources Representative		
TBC	Legal Representative		

Full Business Case - Version Control

Version	Date	Author	Change Description
0.1	07.12.2016	Terry Waller	First draft based on Outline business case
0.3	12.12.2016	Geoff Sherlock	Updated version with added Management information and deletion of sections deemed not relevant

V0.4	14.12.2016	Terry Waller	Updated with direct comments and suggested changes provided by Geoff Sherlock. Management summary added which provides a narrative for the whole project, other tables and graphics amended. Added comments from Afsaneh Sabouri v2 amendments
V0.5	14.12.2016	Terry Waller	Amendments following an initial review of revisions with Programme Manager
V0.6	15-12-2016	Simon Field	General comments
V0.7	16.12.2016	Terry Waller	Updated draft
VO.8	19.12.2016	Geoff Sherlock	Updated draft
V0.9	20.12.2016	Terry Waller	Update draft based on GS comments
V0.10	20.12.2016	Geoff Sherlock	Updated draft
V0 11	21.12.2016	Geoff Sherlock	Minor amends/typos
V0.12	21.12.2016	Terry Waller	Queries and suggested amends on governance
V0.13	05.01.2017	Terry Waller	Collated comments and feedback from stakeholders
V0.14	09.01.2017	Geoff Sherlock	Updated draft incorpating feedback from stakeholders
V0.15	12.01.2017	Geoff Sherlock	Update to include feedback from June Marshall, Head of Communications
V0.16	23.01.2017	Geoff Sherlock	Updates and addition of section on service design options and options appraisal
VO.17	25.01.2017	Geoff Sherlock	Update to finance section
V0.18	25.01.207	Terry Waller	Version control. Appendices added. Board membership updated.
V0.19	01.02.2017	Geoff Sherlock	Updates
V0.20	06.02.2017	Geoff Sherlock	Minor amendments plus update to risk section
V0.21	10.02.2017	Geoff Sherlock	Update to Sect 1e, risk log, options and development of appendix 2
V0.22	14.02.2017	Simon Field	Revision of Options with 4 amended. Revision of finance table p10.

V0.23	16.02.2017	Geoff Sherlock/Terry Waller	New options added with full costs. Enablement model showing quadrants approach inserted (previously in Appendices)
V0.24	16.02.2017	Geoff Sherlock	Updates
V0.25	27.02.2017	Terry Waller	Replaced option 5 with option 5(a), 5(b) inserted as option, 6 minor typo amends, added statement at end of options appraisal on low carbon emissions
V0.26	20.03.17	Geoff Sherlock	Minor amends
V1	23.03.17	Terry Waller	Version control – signed off version

1. Management Summary

a) Enablement is a community based service provided to service users in their own home aimed at helping people recover skills and confidence to live at home; maximising their level of independence so that their need for on-going homecare support can be appropriately minimised.

b) Interventions for the majority of service users will last for up to six weeks, although for many people the involvement will be less than six weeks. During that time enablement workers will support people to recover independence and lost skills and, through weekly visits by Occupational Therapists (OTs), a plan for potential long term support may be developed.

c) For some people this will result in a return to full independence and support to link with wider community systems rather than relying on Council provided services. For others the outcome will be a longer term support.

d) The current service was formed in 2011 and was constituted from the existing in-house Domiciliary Care Service. The service is currently separate to the Occupational Therapy Service although the two work closely together but neither is responsible for undertaking the initial client assessment to access the service.

e) The current service provides 357,773 contact hours per year. This is equal to 58% of the hours available against a current target of 65%. Although face to face contact time is currently recorded as 58%, a proportion of that time is spent supporting people beyond the 6 week enablement period. Currently it has been shown that 22% of people are supported beyond the 6 week period which effectively reduces the available enablement contact time by a further 22%. The overall effect of this is to suggest that the actual effective contact time is closer to 279,000 contact hours.

f) There is also evidence to show that people who do not require an ongoing service continue to be supported for a variety of reasons such as Home care organisers believing they do not have the authority to make the decision to withdraw or social workers do not have the capacity to move them on. In some cases family members insist that the service should

continue. As a proportion of this will be within the 6 week enablement period this will further reduce the effective contact time.

g) For the re-configured service the target will be re-set, taking in to account annual leave, sickness, training and meeting time, to 70%. Given that the contact hours available in the new service will be around 260,000, an assumption is that up to 40,000 of the reduced hours may result in a care package being required. A contingency of £500k per annum has been set aside based on care being purchased at £12.50 per hour.

h) Existing arrangements in Birmingham have been compared with best practice elsewhere. In 2015, a National Audit of Intermediate Care was undertaken by the NHS Benchmarking Network with the support of ADASS (Association of Directors of Adult Social Services) and a range of other professional bodies. This indicates that the current service in Birmingham provides less face to face contact time with service users than services provided in other authorities. However the overall amount of domiciliary care provided for each service user is much higher than in other authorities. The consequence of these two trends is that the cost of the enablement service in Birmingham is currently higher per head of population than that achieved in other areas.

i) The current service has in excess of 200 staff who do not drive or have access to a car and either walk or use public transport to carry out their allocated visits. Given the excessive amount of time spent travelling, the limitation on the distance staff are able to travel and Health and Safety concerns in relation to staff walking unaccompanied after dark this contributes significantly to the current levels of inefficiency in the service as it stands today. In addition there are current staff members who are not able to work weekends or evenings which further restricts the ability of the service to be flexible enough to meet the demands placed on it.

j) In order to address these issues the current job description has been reviewed to include the requirement to be able to drive and have access to a car. In addition staff will be required to work flexibly which includes weekends and evenings. A review of the current rota planning system will also be undertaken to ensure that the most efficient deployment of staff is achieved.

k) Through the establishment of a more mobile and flexible workforce and through the development of an integrated and multi-disciplinary approach which incorporates OT and Enablement manager assessment expertise, within four community hub based teams, considerable efficiencies can be achieved, service outcomes improved and service user satisfaction increased.

l) Work is currently underway to review the process by which referrals are made to the enablement team to ensure that only those who will benefit from the service will be referred. The proposals for this process, which form part of the "Better Social Care" programme, also include the enablement service becoming the initial assessment process, the intention of which is to reduce pressure on the social work teams by reducing the number of referrals for needs assessments.

m) The aim of this proposal is to establish a smaller but more efficient, higher performing, fit for purpose and value for money Enablement Service, focussed on improving quality of life for Birmingham service users and maximising independence.

2. Vision

2.1 Vision Statement

The vision is to establish a high performing, fit for purpose and value for money Enablement Service, focussed on improving quality of life for Birmingham service users and maximising independence.

It is provided free of charge to those service users who are likely to be independent or receive a lower level of service following an enablement programme of up to six weeks

Reduction by 40% of the current enablement workforce, associated management re-structure and updating of existing job descriptions to achieve a more efficient and effective service.

Establish a multi-disciplinary team consisting of enablement workers, OT, and social care expertise, which is OT led and sized to support the delivery of up to 4,000 Enablement packages in 2017/18, and 3,000 packages from 2018/19.

To support a reduction in delayed transfers of care from hospitals by working closely with the discharge process

The service will be structured in such a way as to "Future proof" it for any future potential for integration with community based health services

2.2 Outcomes

Key outcome measures for the service will be:

- % of clients fully enabled and receiving no ongoing service following completion of an enablement package
- % of clients readmitted to hospital within 28 days following Enablement package
- % of Homecare packages reduced following completion of the enablement process
- % of referrals from Hospital Teams
- Reduction in Hospital delayed discharges
- Reduction in homecare hours provided
- Customer satisfaction survey
- Monitoring of productive contact time

Following reorganisation it is anticipated that the service will play a key role in providing integrated health and social care in Birmingham and in particular supporting the ambition set out in the Birmingham Health and Social Care Strategy and Transformation Plan to deliver local, place based services. To this end it is anticipated that the service will be structured around the four proposed Hub areas that are being established to deliver place based services.

2.3 Future Operating Model
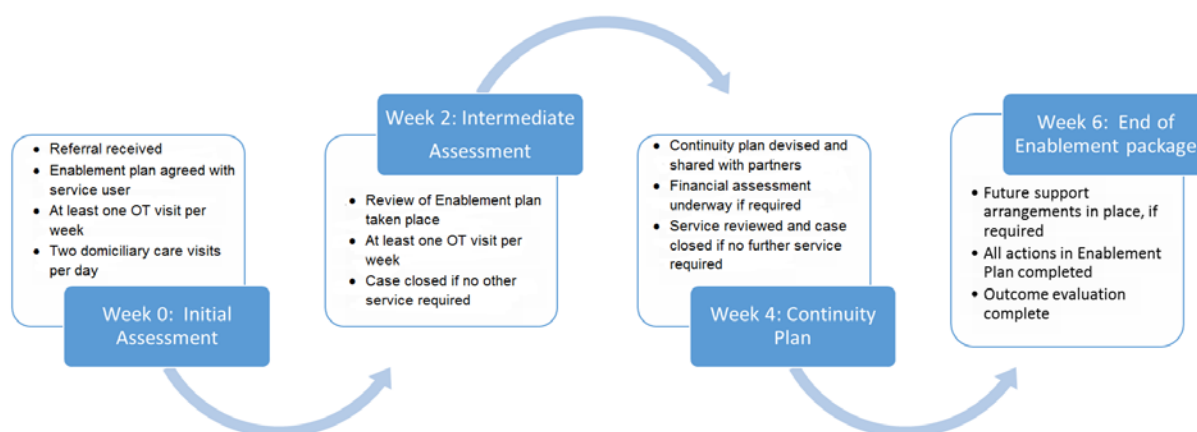
2.3.1 Future operating model

As a first step in developing a new approach to enablement it is proposed that a single definition is agreed for enablement. The paragraph below sets out the definition used in the National Audit of Intermediate care and it is proposed that this definition is adopted by Birmingham City Council (BCC).

 "Enablement is a community based service provided to service users in their own home aimed at helping people recover skills and confidence to live at home; maximising their level of independence so that their need for on-going homecare support can be appropriately minimised."

Future Customer Journey for Enablement Package

Set out below is the proposed future customer journey for service users utilising the new Enablement Service. It should be noted that each enablement package will be unique and developed in accordance to need.

Proposed Enablement package

Week 0: Initial Assessment
- Referral received
- Enablement plan agreed with service user
- At least one OT visit per week
- Two domiciliary care visits per day

Week 2: Intermediate Assessment
- Review of Enablement plan taken place
- At least one OT visit per week
- Case closed if no other service required

Week 4: Continuity Plan
- Continuity plan devised and shared with partners
- Financial assessment underway if required
- Service reviewed and case closed if no further service required

Week 6: End of Enablement package
- Future support arrangements in place, if required
- All actions in Enablement Plan completed
- Outcome evaluation complete

[See also Appendix A – Enablement process]

Initial Assessment

In order to improve the customer journey it is proposed that further work is undertaken to optimise the initial assessment process, clarify the resources and expertise required and to agree the referral criteria into the service.

It is proposed that changes are made to the referral criteria to the Enablement Service. At present, providing there is capacity within the service then all service users who, following a contact assessment, are assessed as requiring on-going support are referred to the Enablement Service. In future it is proposed that only those service users, who are likely to be independent or receive a lower level of service following enablement, are referred to the service, and where this is not the case service users are referred to the relevant Social Care Teams for assessment. As the enablement service develops further experience it is possible that more referrals can be made through the enablement service.

In the initial phase of the new service citizens awaiting discharge from Hospital will be the main focus of priority for enablement.

Referral criteria to Enablement service

Support	Referral criteria	Funding
Enablement service	• Able to live safely at home with support • At least a likelihood of independence following enablement package	Costs met by BCC

Referral Process

Referrals are made to the Enablement service via two routes:

a) Via the Hospital based social work team.
b) Via Adult and Community Access Point (ACAP)

What is essential in this process is that the initial decision to refer to the Enablement service is based on a likelihood of independence following enablement package. Clearly this will be a matter of professional judgement on the part of the person receiving the first contact. Analysis of the enablement outcomes will evidence whether or not this process needs to be reviewed.

In the initial phase of the introduction of the new enablement service the focus will be on supporting those people being discharged from hospital. The aim being to provide a positive experience for those people by reducing the time spent in hospital and supporting a reduction in delayed transfers of care.

Enablement Process

In the case of a hospital discharge referral the hospital discharge team will recommend the level of support required for the person to be discharged home safely. Wherever possible this initial support package will be provided by the enablement service. Where this might cause a delay in discharge the initial package can be procured from an independent provider and taken up by the enablement service at the earliest possible opportunity.

Following receipt of a community based referral for both new referrals and citizens currently in receipt of a service the OT and enablement manager will visit the service user within 48 hours and review any service currently provided. They will discuss with the service user the process and aims of enablement and agree whether or not enablement is appropriate and, if it is, agree some initial goals with the service user. The OT and enablement manager will agree the initial level of enablement support to be provided and the enablement team will be put in place within 24 hours.

The enablement process is an ongoing assessment of progress against the goals agreed in the initial plan put in place at the beginning of the process. Throughout enablement the enablement assistants will feed back their day to day experience of how goals are being achieved and the plan can be adjusted to reflect the progress achieved. OT's and enablement managers will visit on a regular basis to review progress and agree with the service user any future long term support that may be required.

It has to be stressed that enablement is provided for up to six weeks and only under exceptional circumstances would it continue beyond the six week period. Where, through the review process, it is agreed that no further service is required the OT and enablement manager can agree that the service is ended even if that is before the six week period has been completed.

Where it is identified through the enablement process that an ongoing service will be required this will, initially, be procured by the OT/enablement manager and a referral made to the relevant social work team.

Social Care Expertise

In addition to the initial contact with a potential service user, Social Care expertise will also be utilised where required in the enablement programme to identify potential community assets and to support the establishment of long term support arrangements if required.

Where other professional social work input, e.g. mental capacity assessments, safeguarding etc. are identified, this would be provided as and when required.

OT expertise

OT staff have a key role to play in developing the enablement process. They, with the enablement manager will implement the initial level of support and be responsible for the ongoing review of the achievement of the enablement goals. They will also be responsible for identifying any appropriate use of aids and adaptions and ensuring and assisting with increased mobility. It is envisaged that an OT will visit each enablement service user at least once a week throughout the programme of enablement and will play a key role in undertaking fortnightly reviews and agreeing with the service user enablement priorities.

Enablement Manager

The Enablement Manager will support the OT in the development of the initial enablement plan which sets out the individual enablement goals agreed with the service user. They will also be responsible for identifying the initial level of support required and deploying the required number of enablement assistants to ensure the service user is safely supported whilst being encouraged to be as independent as possible.
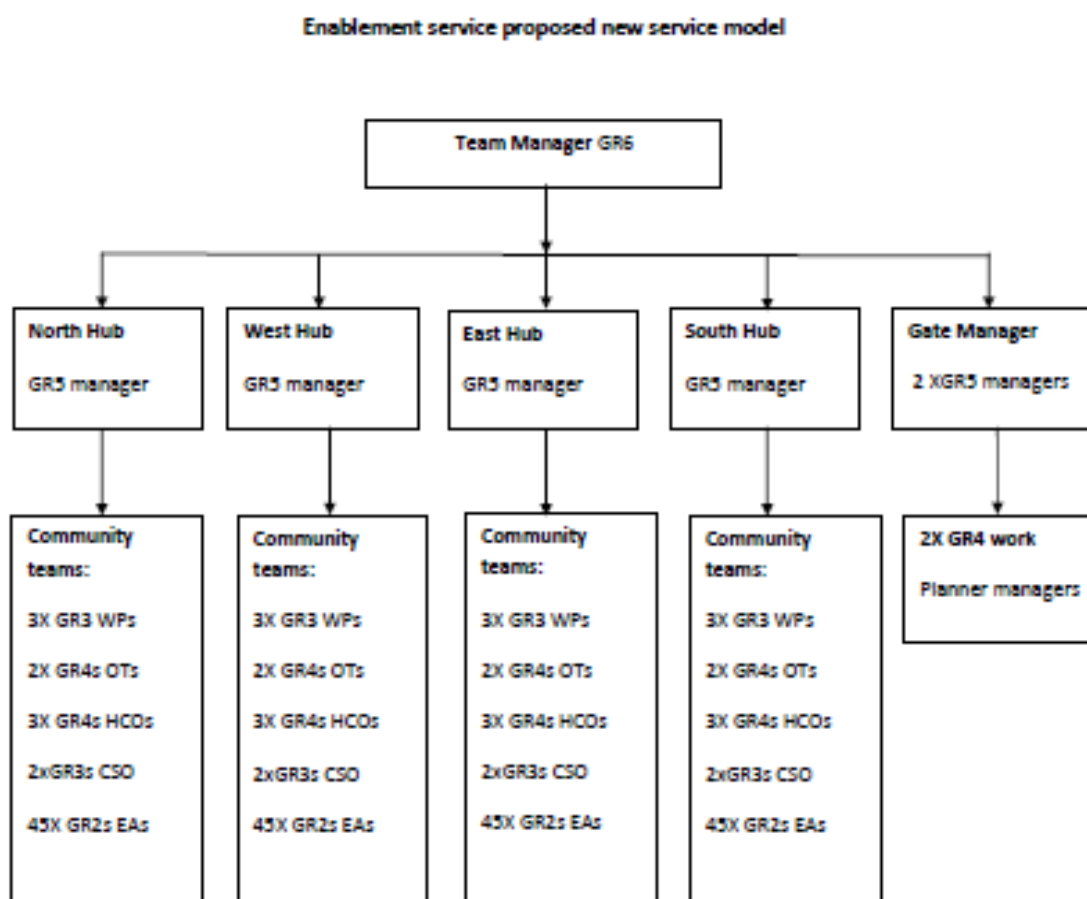
Enablement Assistants

The role of Enablement Assistants will be to work within an agreed enablement plan to support service users to regain, where possible, a level of independence which enables them to live as independently as possible with the minimum support, if any, from Council services.

Enablement Assistants are an essential part of the ongoing monitoring of the enablement plan and will feedback to the enablement manager/OT the progress being made or any issues which may arise which may result in the enablement plan requiring updating.

It is important to note that the role of enablement assistants, in the new service model, is not to provide an enhanced package of personal care to assist with recovery or recuperation, or to provide support functions where it is clear the service user requires ongoing rehabilitation and is not at the point where enablement becomes appropriate.

2.3.2 Future operating model structure

The proposed structure, as outlined below is designed to provide services through four locality hubs which are geographically based and co-terminous with the ares covered by the locality social work teams. The fifth box on the far right reflects the role of the recievers of initial referrals and the management of distributing them to the relevant locality hub.

Enablement service proposed new service model

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                          ┌─────────────────────┐
                          │  Team Manager GR6   │
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North Hub	West Hub	East Hub	South Hub	Gate Manager
GR5 manager	GR5 manager	GR5 manager	GR5 manager	2 XGR5 managers

Community teams:	Community teams:	Community teams:	Community teams:	2X GR4 work Planner managers
3X GR3 WPs	3X GR3 WPs	3X GR3 WPs	3X GR3 WPs	
2X GR4s OTs	2X GR4s OTs	2X GR4s OTs	2X GR4s OTs	
3X GR4s HCOs	3X GR4s HCOs	3X GR4s HCOs	3X GR4s HCOs	
2xGR3s CSO	2xGR3s CSO	2xGR3s CSO	2xGR3s CSO	
45X GR2s EAs	45X GR2s EAs	45X GR2s EAs	45X GR2s EAs	

Key

EA:	Enablement assistant	WP	Work Planners
HCOs	Enablement managers	CSO	Community Support Officers
OT	Occupational therapists		

[See also Appendix B - PDF version of structure]

2.3.3 Timescales

Timescales are as the table below:

Timescale	Milestone
April – May 17	Formal union and staff consultation
June 17	Cabinet consider recommendations
June - July 17	Assessment and selection process, redundancy notices issues
July 2017	Training programme introduced
Sept/Oct 2017	New Enablement service goes live

3. Project Delivery

3.1 Current Situation

3.1.1 Principles of current operation

In order to improve service outcomes and to deliver better value for money a fundamental review of the Enablement Service was identified as a strategic priority for BCC and a key element of the Better Social Care Programme. These are also outlined in Management Principles 1(d)-1(g) above.

3.2 Need for Change

The drivers for change are:

- The current service is not efficient and is wasteful of existing resources
- Contact hours are low and fall short of targets
- The current Council financial position requires that budget savings have to be achieved within this service
- The need for flexible working arrangements and a mobile workforce
- Better focus around supporting hospital discharge

The current service was formed in 2011 and was constituted from the existing in-house Domiciliary Care Service. The service is currently separate to the Occupational Therapy Service although the two work closely together but neither is responsible for undertaking the initial client assessment to access the service.

The current service provides 357,773 contact hours per year. This is equal to 58% of the hours available against a current target of 65%. For the re-configured service the target will be re-set to 70%. The current service has in excess of 200 staff who do not drive or have access to a car and either walk or use public transport to carry out their allocated visits. Given the excessive amount of time spent travelling and the limitation on the distance staff are able to travel this contributes significantly to the current levels of inefficiency in the service as it stands today. In addition there are currently staff members who are not able to work weekends or evenings which further restricts the ability of the service to be flexible enough to meet the demands placed on it.

3.3 Consequences of Inaction

3.3.1 Effect on citizens, other services, the Council as a whole, city of Birmingham

- The service would continue to be delivered in an inefficient manner and be wasteful of existing resources
- Citizens in hospital are more likely to have their stay extended than moving quickly onto the most appropriate package of care support, or independence.
- Clients would continue to receive less face to face contact time, and lower levels of domiciliary care than services provided in other authorities.
- Required savings would not be achieved

3.3.2 Effects on employees

In order to achieve the required level of savings the current staffing compliment will be reduced by 40% of FTE's which amounts to 169 FTE's. Wherever possible staff at risk will be offered redeployment to other roles but it is likely that some staff will be made redundant.

Within the new service staff will be:
- Expected to drive and have access to a car.
- Required to work flexibly which includes weekends and evenings.
- Work as part of an integrated and multi-disciplinary team which incorporates OT and Enablement manager assessment expertise, within community hub based teams

A full consultation process including staff and Trade Unions is included in the project plan.

3.3.3 Legal implications

There is a potential for challenge in relation to the insertion of the requirement to drive in the enablement worker job description. See risk log for details of the mitigation process.

3.3.4 Financial implications (budget deficit, access to funds, borrowings)

The Enablement project represents significant savings in 2017/18 and subsequent years as outlined below:

Projected savings:

Employee Budget – restructure	£4,809,000
Expenditure Budget	£226,000
Total Budget full year Savings from 2021/22	£5,035,000

	2017/18* (000s)	2018/19 (000s)	2019/20 (000s)	2020/21 (000s)
Savings Target	£2,000	£4,000	£4,000	£4,000
Savings	£2,518	£5,035	£5,035	£5,035
Less Revenue Implementation Costs**				
Pension strain	-170	-170	-160	0

Home Support	-250	-500	-500	-500
Training	-50	0	0	0
Net savings	£2,048	£4,365	£4,375	£4,535

* 2017/18 – It is likely that the changes will not come in to effect until early September 2017 the full year savings will not be achieved. Given that any redundancy notice for affected staff will not be completed until September it is considered likely that half year savings will be achieved during 2017/18 which is reflected in the last column of the above table. Full year savings are expected to be achieved in 2018/19

** Revenue Implementation costs for 2017/18 are estimated at:
- Estimated Pension strain - £500K – across 3 years
- Estimated Transformation costs £50K – an estimate of £50K for training of staff for 2017/18 only
- Home support - £500k. Based upon an assumption that with the reduction of hours provided by 100,000 there may be a pressure on home support equating to 40,000 further hours of care needed costed at £12.50 per hour

How these savings/budget reductions will be made

Current Enablement structure and costs

Staff Grade	Numbers FTE	Av. Cost per FTE (£)	Total Cost (£'000)
GR6	4	67,542	270
GR5	8.5	53,580	455
GR4	44	40,911	1,800
GR3	27	27,429	741
GR2	325	23,478	7,630
Grand total	**408**		**10,896**

Proposed Enablement structure and costs

Staff Grade	Numbers FTE	Cost per FTE (£)	Total Cost (£'000)	Rationale
GR6	1	67,542	68	1 Clinical Lead/Service Manager
GR5	6	53,580	321	4 Hub Managers (1 Per Community Hub) 2 Gate Managers
GR4	22	40,911	900	8 OTs (2 per Community Hub) 14 Enablement Managers (3 per Community Hub 2 out of hours)

GR3	20	27,429	549	12 Work Planners (3 per community Hub) 8 Community Enablement Support Workers (2 per Community Hub)
GR2	181	23,478	4,249	40% reduction in existing capacity
Grand total	**239**		**6,087**	

3.4 Benefits

3.4.1 Potential benefits to citizens

Citizens will benefit from:

- Assessment and support from an integrated multidisciplinary team, working together to provide appropriate equipment and interventions which meet their needs
- People will be more involved in designing their support
- Citizens will maintain independence and choice around how their needs are met
- There can be earlier discussion on direct payments and options for using these.
- A shorter process that will lead more rapidly to the best care options
- Be served by a more responsive mobile team that operates in their locality providing greater continuity of workers
- Greater service available in evenings and weekends
- Enablement being more closely offered to those who will benefit most

3.4.2 Potential benefits to employees

Employees will benefit from:

- Being valued as part of an interdisciplinary team with a clear focus on enablement, recognised for the contribution they make to the needs of the service user
- Increased job satisfaction as the assessment process means the enablement package focuses on those most likely to benefit and achieve independence
- Have training available to extend skill and knowledge levels

3.4.3 Potential efficiency savings

See financial details in 3.3.4 above. The proposed new assessment approach, more flexible working arrangements, and the requirement to drive, should all deliver a more efficient service and savings. It is aimed that the savings will be £2.24M in 2017/18 and £4.489M in 2018/19

3.4.4 Potential risk avoidance

Risks will be minimised by:

- Clear consultation with staff and unions supported by human resources
- Early offer of voluntary redundancy and redeployment offered wherever possible
- offering further support to staff through the career transition programme, employee assistance programme and training via the learning pool and iLearn scheme

- Ensuring that any individuals with disabilities who are unable to meet the requirements of the new GR2 job descriptions are provided with every opportunity to find suitable alternative employment within the Council
- Training for all involved in the new enablement approach
- Transparency of new processes and engagement with other stakeholders, such as health and social workers who interface with the service.
- Alignment with the Better Social Care, Better Lives programme to ensure that Enablement is integrated with the new model of working
- Defined and structured communications strategy to support the service redesign

4. Organisational Design – options and options appraisal

The following options were developed, considered and assessed in order to inform the business case for the service redesign.

Option 3, is the preferred option, which will provide an improved and more effiecient Enablement service and deliver both short and longer term savings targets.

Option 1	Maintain current service without change		
Information Considered	- The service would continue to be delivered in an inefficient manner and be wasteful of existing resources - Citizens in hospital are more likely to have their stay extended than moving quickly onto the most appropriate package of care support, or independence. - Clients would continue to receive less face to face contact time, and lower levels of enablement than services provided in other authorities. - Fewer opportunities for integration with Health - Required savings would not be achieved		
Savings effect	**No savings would be made against the target of £2million required (2017/18) and £4million (2018/19, 2019/20)**		
Stakeholders engaged.	Service Users	Not consulted	As there is no fixed group of service users (the enablement service is only provided for up to 6 weeks) consultation with service users is not required.
	Enablement staff (assistants and managers) and OT's	Consultation not required	As this proposal creates no change to the current arrangements there is no requirement to consult
	Trade unions	Consultation not required	As this proposal creates no change to the current arrangements there is no

			requirement to consult
	Strategic Director	Accountable	Informed of progress and engaged as required
	HR	Responsible	As this proposal creates no change to the current arrangements there is no requirement for any HR process to be developed
	Service Areas	Responsible	Informed of progress and engaged as required
	Project Sponsor	Accountable	As this proposal creates no change to the current arrangements there is no requirement to be accountable
Recommendation	Not Recommended		

Option 2	Outsource current workforce as is		
Information Considered	As described above.		
Information Considered	- Significant TUPE requirements - No improvement in service efficiency - No improved experience for Citizens - Hospital discharge not improved		
Savings effect	This is unlikely to deliver the savings required with TUPE costs expected to be considerable		
Stakeholders engaged.	Service Users	Not consulted	As there is no fixed group of service users (The enablement service is only provided for up to 6 weeks) consultation with service users is not required.
	Enablement staff (assistants and managers) and OT's	Consultation required	All relevant employees will be consulted with and their views considered and taken in to account when drawing up the final proposals
	Trade unions	Consultation required	Consultation over new operation, JD's, structure and roles.

	Strategic Director	Accountable	Informed of progress and engaged as required
	HR	Responsible	Responsible for providing resources to run the consultation process; providing technical advice on the process and selection criteria/past performance and future performance data. Involved in all other HR elements
	Service Areas	Responsible	Informed of progress and engaged as required
	Project Sponsor	Accountable	Responsible for obtaining approval of new structure, budget and new governance arrangements. Ensure resources are identified and available to meet timescales
Recommendation	Not recommended		

Option 3	**Reduction in workforce by 40% and introduction of a new model of working**
Information Considered	- Required financial savings will be achieved - The proposed new assessment approach, more flexible working arrangements, and the requirement to drive, should all deliver a more efficient service and savings. Assessment and support from an integrated multidisciplinary team, working together to provide appropriate equipment and interventions which meet citizens needs - People will be more involved in designing their support - Citizens will maintain independence and choice around how their needs are met - There can be earlier discussion on direct payments and options for using these. - A shorter process that will lead more rapidly to the best care options for them - Be served by a more responsive mobile team that operates in their locality providing greater continuity of workers - Greater service availability in evenings and weekends - Enablement being more closely offered to those who will benefit most
Savings effect	This is forecast to deliver savings required:

	2017/18* (000s)	2018/19 (000s)	2019/20 (000s)	2020/21 (000s)	
	£2,048	£4.365	£4,375	£4,535	

Stakeholders engaged.	Service Users	Not consulted	As there is no fixed group of service users (The enablement service is only provided for up to 6 weeks) consultation with service users is not required.
	Enablement staff (assistants and managers) and OT's	Consultation required	All relevant employees will be consulted with and their views considered and taken in to account when drawing up the final proposals
	Trade unions	Consultation required	Consultation over new operation, JD's, structure and roles.
	Strategic Director	Accountable	Informed of progress and engaged as required
	HR	Responsible	Responsible for providing resources to run the consultation process; providing technical advice on the process and selection criteria/past performance and future performance data. Involved in all other HR elements
	Service Areas	Responsible	Informed of progress and engaged as required
	Project Sponsor	Accountable	Responsible for obtaining approval of new structure, budget and new governance arrangements. Ensure resources are identified and available to meet timescales
Recommendation	**Recommended proposal**		

Option 4	**Reduction in workforce by 40% with a new model of working, with approximately 80% of GR2 staff as car users. and measures put in to support some use of public transport amongst the remaining 20%**
Information	As per option 3, people will be more involved in designing their support

Considered	• Citizens will maintain independence and choice around how their needs are met
	• There can be earlier discussion on direct payments and options for using these.
	• A shorter process that will lead more rapidly to the best care options for them
	• Enablement being more closely offered to those who will benefit most
	• Most of the required financial savings will be achieved but there would be a reduction in hours provided
	• There would be a less flexible workforce - public transport is more restricted during the later evenings and weekends which will reduce contact time and the service which can be offered.
	• There are health and safety issues associated with staff having to walk or use public transport after dark which also restricts the times that non-drivers are able to work.
	• There could be an uneven distribution of work across staff leading to challenge. It could then prove much harder to maintain 80% as car users over time leading to reduced efficiency
	• Designing rotas will remain more complex and time consuming due to staff having different availability and transport needs creating a less responsive service and greater costs

Savings

This would deliver the cost savings required but would reduce the level of service provision and potentially require care packages to be purchased to offset this.

Based on 260,000 productive hours it is estimated this will reduce to 248,857, and require an 11,143 hours of additional home support. This would result in additional costs of £20,571 (based on £18/hour net). The table below outlines the assumptions on which this is based

	Proportion	Current Productivity	Gain	Gain	New Productivity
Full Change			Travel	Rostering	
With Car	50%	60%	0%	10%	70%
Without Car	50%	55%	5%	10%	70%
Average		58%			70.%
	Proportion	Current Productivity	Gain	Gain	New Productivity
Full Change			Travel	Rostering	
With Car	80%	60%	0%	10%	70%
Stays No	20%	50%	0%	5%	55%

	Car						
	Gets Car	0%	0%	0%	0%	0%	
						67%	

Stakeholders engaged.	Service Users	Not consulted	As there is no fixed group of service users (The enablement service is only provided for up to 6 weeks) consultation with service users is not required.
	Enablement staff (assistants and managers) and OT's	Consultation required	All relevant employees will be consulted with and their views considered and taken in to account when drawing up the final proposals
	Trade unions	Consultation required	Consultation over new operation, JD's, structure and roles.
	Strategic Director	Accountable	Informed of progress and engaged as required
	HR	Responsible	Responsible for providing resources to run the consultation process; providing technical advice on the process and selection criteria/past performance and future performance data. Involved in all other HR elements
	Service Areas	Responsible	Informed of progress and engaged as required
	Project Sponsor	Accountable	Responsible for obtaining approval of new structure, budget and new governance arrangements. Ensure resources are identified and available to meet timescales
Recommendation	**Not recommended**		

Option 5	**Closure of entire service and purchase of enablement service from multiple external providers (based on 260,000 hours of provision)**
Information Considered	• Savings within the enablement cost centre will be over achieved but pressure will be placed on care purchasing budgets • The savings target for 2017/8 is highly unlikely to be met and to ensure

| | | Savings |
| | | |

Savings	**Required financial savings will be not be achieved within the required timescales.**

		2017/18 £(000)
Direct Employees		(10,896)
Indirect Employees		(14)
Premises		(5)
Transport		(134)
Supplies and Services		(281)
Saving from Service		(11,330)
Less cost of Re-provision / Transition:		
Pension strain		1,934
Re-provision in external market (@£18/hour) Based on 260,000 hours of provision		4,680
Net (Saving)/cost from Service		(4,716)
Scaled back for delays and implementation		50%
Net Saving from service scaled back		**(2,358)**

Notes:
Re-provision rate £18 per hour used which is based on previous exploration of this model and direct quotations from providers
Re-provision based on GR2 FTE contact time of 58%
Pension strain cost fully paid in 17/18
Home Care enablement service fully decommissioned
Redundancy funded centrally

Stakeholders engaged.	Service Users	Not	As there is no fixed group of service users (The enablement service is only provided

Bullet points above Savings section:

- Significant risk of major challenge from Trades Unions which would create a significant delay in achieving the closure
- Lack of confidence in the independent sector to provide both the quality and quantity of service provided
- An outsourced service would not have the level of OT input as outlined in the proposed model, making it less likely to have a directly "enablement" approach and is more likely to replicate "traditional" homecare
- Limited control over models of service delivery
- Inconsistency of approach across different service providers
- Current procurement process may cause delay in service availability
- Citizens will maintain independence and choice around how their needs are met
- Greater service availability in evenings and weekends

a quality and sustainable service in the long term would require a market testing and development exercise.

		consulted	for up to 6 weeks) consultation with service users is not required.
	Enablement staff (assistants and managers) and OT's	Consultation required	All relevant employees will be consulted with and their views considered and taken in to account when drawing up the final proposals
	Trade unions	Consultation required	Consultation over new operation, JD's, structure and roles.
	Strategic Director	Accountable	Informed of progress and engaged as required
	HR	Responsible	Responsible for providing resources to run the consultation process; providing technical advice on the process and selection criteria/past performance and future performance data. Involved in all other HR elements
	Service Areas	Responsible	Informed of progress and engaged as required
	Project Sponsor	Accountable	Responsible for obtaining approval of new structure, budget and new governance arrangements. Ensure resources are identified and available to meet timescales
Recommendation	**Not Recommended**		

Option 6	**Closure of entire service and no reprovision of enablement service**
Information Considered	• Savings within the enablement cost centre will be over achieved but pressure will be placed on care purchasing budgets • Significant risk of major challenge from Trades Unions which would create a significant delay in achieving the closure • Lack of confidence in the independent sector to provide both the quality and quantity of service provided • Inconsistency of approach across different service providers • Current procurement process may cause delay in service availability • Significant pressure on Care purchasing budgets due to the absence of

		enablement

- No ability to mitigate against future demographic pressures
- Potential for increase in delayed transfers of care

Savings	**Required financial savings will be not be achieved within the required timescales.**		

			2017/18 £(000)
Direct Employees			(10,896)
Indirect Employees			(14)
Premises			(5)
Transport			(134)
Supplies and Services			(281)
Saving from Service			(11,330)
Less cost of Re-provision / Transition:			
Pension strain			1,934
Re-provision from care budgets 260,000 hours based on 50% of current enablement hours @ standard homecare rate of £12.50 per hour			3,250
Net (Saving)/cost from Service			(6,146)
Scaled back for delays and implementation			50%
Net Saving from service scaled back			**(3,073)**

Notes:
Re-provision rate £12.50per hour
Re-provision based on GR2 FTE contact time of 100% of current enablement hours
Pension strain cost fully paid in 17/18
Home Care enablement service fully decommissioned
Redundancy funded centrally

Stakeholders engaged.	Service Users	Not consulted	As there is no fixed group of service users (The enablement service is only provided for up to 6 weeks) consultation with service users is not required.
	Enablement staff (assistants and managers) and OT's	Consultation required	All relevant employees will be consulted with and their views considered and taken in to account when drawing up the final proposals
	Trade unions	Consultation required	Consultation over service closure
	Strategic Director	Accountable	Informed of progress and engaged as required

	HR	Responsible	Responsible for providing resources to run the consultation process
	Service Areas	Responsible	Informed of progress and engaged as required
	Project Sponsor	Accountable	Responsible for obtaining approval of closure programme. Ensure resources are identified and available to meet timescales
Recommendation	**Not Recommended**		

In considering the best option for a re-designed Enablement service, Birmingham City Council strategies and policies were reviewed to ensure alignment. In particular the requirement to use cars to improve productivity of care staff was examined, in the context of the city seeking to limit emissions from vehicles. To support the aspirations of the Birmingham Low Carbon Transport Strategy we will continue to seek a balance between the productivity required to fulfil care commitments and wider environmental factors.

RECOMMENDATION

Option 3 was identified as the best option for Birmingham citizens and is the **recommended option** to take the enablement service forward.

5. Delivery Approach

5.1 Objectives

5.1.1 Delivery of Vision, Outcomes and Future Operating Model
To deliver the vision, and set up the new operating model for introduction in 2017/18

5.1.2 How these link with our corporate objectives
This delivers on the Council's Health objective and supports citizens to be in control of their lives. Delivers the transformation intended by the Adults Improvement programme and meets the required level of savings

5.1.3 Delivery of high level products supporting the Outcomes
Business Plan
Full staffing structure in place and filled

5.1.4 Measures of success
See 4.83 and 4.8.4

5.2 Scope

IN SCOPE	OUT OF SCOPE
All staff within the current enablement service	PSS
	ACAP/Corporate Call Centre
	Service users

5.3 Meeting Business Targets

Contributing to the business aims for the Better Social Care Programme

Contributing to overall BCC saving and efficiency targets.

Stakeholders

5.3.1 Stakeholders impacted by project

The stakeholders who are impacted by the project include the enablement staff plus others.

Stakeholders involved in delivery of programme – external and internal

The organisation and structure will impact a number of stakeholders. The table below details the list of key stakeholders and how they will be impacted by this project:

Stakeholder name	Position	Connection to the project
Service Users	Not consulted	As there is no fixed group of service users (The enablement service is only provided for up to 6 weeks) consultation with service users is not required.
Enablement staff (assistants and managers) and OT's	Consultation required	All relevant employees will be consulted with and their views considered and taken in to account when drawing up the final proposals
Trade unions	Consultation required	Consultation over new operation, JD's, structure and roles.
Strategic Director	Accountable	Informed of progress and engaged as required
HR	Responsible	Responsible for providing resources to run the consultation process; providing technical advice on the process and selection criteria/past performance and future performance data. Involved in all other HR

		elements
Service Areas	Responsible	Informed of progress and engaged as required
Project Sponsor	Accountable	Responsible for obtaining approval of new structure, budget and new governance arrangements. Ensure resources are identified and available to meet timescales

Workforce implications

Staffing changes							
2017/18		2018/19		2019/20		2020/21	
FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount
408 –Reducing to 239		239		239		239	

5.4 Dependencies

5.4.1 Dependencies (both ways)

Internal

- The start of the restructure process (VR, application, appointment etc.) is dependent on the consultation period taking 45 days
- The start date of the new service is dependent on there being sufficient resource to deliver the staff remodelling HR processes
- The expected outcomes of the enablement service are dependent on the effective retention or recruitment of staff with the skills and expertise required or recruitment of new staff to fil vacancies created through the process

External
- Effective communication is key to ensuring that the City Council's reputation is not adversely affected by negative media coverage

5.4.2 Links with programmes/projects running in parallel

Adults Improvement Programme, Single Handled project, Future Model of Social Care

5.5 Project Structure and Team

5.5.1 Principles adopted in structuring the project

A small core delivery team is required to deliver the project. No separate work streams are envisaged at this stage. The project board will provide challenge and insight to inform the delivery of the project.

5.6 Governance

5.6.1 Governance structure

Fortnightly project meetings

5.6.2 Project board members (named)

Geoff Sherlock, Dylan Champion, Afsaneh Sabouri, Claire Riley, Hardeep S Rai, Paul D Hallam, Fiona C Mould, Julia Parfitt , Lloyd Wedgbury, Stuart Reynolds, Gemma Bains, Tracy Cartmell, Simon J Field, Terry Waller, Hannah Csizmadia

5.6.3 Roles and responsibilities

Responsible Project Team for delivery		
Project Role	Name of Resource	Responsibilities
SRO	Geoff Sherlock	Lead and direct project delivery, including host regular project boards and meetings. Provide timely updates, to report on project progress and escalate any risks or issues as necessary. Commits business resources to the project and is the ultimate decision maker. Ensures the project delivers value for money.
Service Lead	Afsaneh Sabouri (Head of Service)	Liaise with the project manager and the SRO regularly for updates on progress. Report progress to the project Board and raise any risks or issues accordingly.
Project Manager	Terry Waller (Project Manager)	Manage the day to day delivery of the project; prepare work-packages and ensure that everyone understands what is required of them. Liaise with, SRO, Service Lead, and business experts regularly and present an update to the project board; prepare a status report for project and escalate any risks or issues as necessary.
Project Support and Quality	Hardeep S Rai (Senior Business Analyst)	Support and the project lead and project manager as necessary. Ensure that outputs are quality assured and escalate any concerns, risks or issues

| assurance | Tracy Cartmell (Programme Manager)

Simon J Field (Programme Manager)

Hannah Csizmadia (Project Support Assistant) | to relevant senior managers as necessary. |
|---|---|---|
| Subject Matter Experts (SME)/Project Leads | Paul D Hallam (Group Manager - Complex, North)

Fiona C Mould (ASP Group Manager)

Julia Parfitt (ASP Group Manager)

Lloyd Wedgbury (ASP Group Manager, Workforce)

Dylan Champion (Assistant Director)

Legal

Representative TBC

HR

Claire Riley (Senior HR Practitioner)

Communications

Stuart Reynolds (Communications Manager) | Agree SME work packages with Project leads

Deliver the agreed work-packages that they are responsible for.

Provide Project Manager with update on their work; ensure timely project delivery against agreed deliverables in the work-package.

Raise any risks or issues with the project manager in a timely manner.

Give SME advice and support to the Project throughout the life of the project. |

5.6.4 Reporting structure

Monthly reports submitted to Programme manager and to Project Board.

Programme manager to report progress of project via Highlight report to MIA Board

How the stakeholder voice is represented

Consult on these proposals from March 2017 onwards for a minimum of 45 days: including

- Consulting with trades union representatives
- Arranging a series of consultative sessions with affected staff groups

- Arranging 1-1 sessions with affected staff
- Encouraging Team Discussions

5.7 Benefits Realisation

5.7.1 Benefits delivery/realisation approach
- Remodelling the Enablement service to be more responsive and locally focused
- Provide training on the new approach and ensure all stakeholders are informed
- Review the referral process into enablement to ensure the service is appropriate for those put forward
- Delivering a reduction in the work force
- Improvement is service efficiency
- Savings targets achieved
- Improved outcomes for service users

5.7.2 Where Benefits come from
- Establishment of fit for purpose, multi-disciplinary Enablement Service , through the implementation of a new operational model
- Establishment of value for money service, with a reduced cost per 'enablement package'
- Increased user satisfaction, measured through the % of service users rating it good/very good.
- The introduction of an enablement assessment at the beginning of the enablement process will ensure that each service user is supported through an agreed enablement support plan.

5.7.3 Impact of the proposal on other services/partners
- Transformation of the Enablement Service should make it more responsive and able to take on more cases, more quickly.
- Establishing a new service standard of a same working day assessment for service users referred from hospital and within 2 working days for service users referred via the community.
- A quicker, more focused service will reduce hospital stay, and prevent hospital acquired conditions. This could have the effect of a discharge to an enhanced assessment bed is less likely, thus reducing pressure on this service. More closely aligned to the New Model for Social Work.

5.7.4 Impact of the proposal on Outcomes
A better Enablement Service will assist with:
- Ensuring that more people live independently at home for longer and reduce the numbers of people who require admission to residential or nursing care
- Helping people to leave hospital quickly and safely and reduce the likelihood that support will be required in an enhanced assessment bed
- Reducing the likelihood of hospital admission.

5.8 Project Plan

5.8.1 Resourcing

Resourcing will come from internal delivery team, the project board and HR.

Training resources are provided for in the savings to be achieved

5.8.2 Implementation approach

In order to achieve maximum benefit from service redesign, in terms of both improved outcomes for citizens and also meet targets for financial savings it has been decided that there will not be a test or pilot phase, The approach is to consult with unions and staff and implement the changes by July 2017 with the fully remodelled service in place during 2017.

5.9 Lifecycle Cost

Internal costs.

5.10 Risks

5.10.1 Risks associated with going ahead with transformation:

Risk	Counter measure	Likelihood
1. There is a risk of challenge from trade unions and they may enter into dispute. The impact of this will be that the go live date for the new service may be delayed.	Effective communication and engagement Consultation and active inclusion of staff and unions within the project and adherence to agreed HR protocols. Officers should consider and record, any potential impact (positive or adverse) for any person or group (employees, service users or wider public) with protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). Officers must have due regard for the need to (i) eliminate unlawful discrimination, (ii) advance equality of opportunity and (iii) foster good relations between people with protected characteristics and those without. This is essential for the Council to demonstrate that it has complied with the Public Sector Equality Duty (PSED): If there is potential for a negative impact, officers should record what consideration has been given to eliminating, mitigating or justifying the same. All consultation responses should be made available to Members prior to Cabinet meeting which will decide the proposal as well as to view by members of the	Medium

	public. Early contact with Committee Services should be made to ensure arrangements are in place. The PSED is not a duty to achieve a particular outcome (reduced funding will often present the prospect of service cuts having an adverse impact on people with protected characteristics). The duty is to have due regard, which means officers must demonstrate that they understand how proposals might affect people, by recording and confronting possible discriminatory outcomes. This is not a one-off task and continues throughout the decision making process (including at the development, decision making, implementation and review stages).	
2. There is a risk that the redundancy/recruitment process takes longer, and the assumption that 169fte have left the service by 1 July 2017 proves incorrect, and this means the service will be implemented later that planned	Sufficient resource allocated to the recruitment, redundancy, and appointments process. Early engagement with staff.	Medium
3. There is a risk that the intention to make all enablement assistants car drivers is challenged and this means the project implementation is delayed	Ensuring that any individuals with disabilities who are unable to meet the requirements of the new GR2 job descriptions are provided with every opportunity to find suitable alternative employment within the Council **See fuller details in Appendix C below**	Medium
4. There is a risk that the proposals are challenged by staff affected and this means that the implementation is delayed	Robust consultation process followed Effective communication and engagement	Low
5. There is a risk that experienced staff required for the remodelled service opt for redundancy and recruiting suitable staff means that the implementation is delayed	Early completion of consultation process will indicate if this is a risk and will enable a recruitment process to be undertaken	Low
6. There is a risk that is it	Agency staff can be used in the short term until posts	Low

not possible to fill the new Occupational Therapy posts in time. The impact of this may be that there is not the needed resource within the service to fully implement the new model as required	are filled on a permanent basis. It is possible for current agency OT's to apply for roles on an internal basis	

Appendices

A – Enablement process (draft)

Enablement
Process.pdf

B – Enablement structure (draft)

Enablement
structure draft (3).pc

C – Mitigation for risk 3

Issues in relation to the inclusion of the requirement to be a driver in the enablement worker job description.

The requirement for enablement workers to be able to drive and have access to a car is considered an essential element of the enablement service in order to achieve the levels of efficiency required to make the service viable in terms of its ability to meet current levels of demand.

Current information suggests that there are a some people within the enablement service who may have a disability or underlying health issue which may prevent them from being able to drive.

There are currently eight people with a health issue which may constitute a disability. Of these eight people two are currently car drivers so would not be affected by the change. The other six people do not currently drive and there is no current information as to why this is the case.

Also identified is a list of 18 people within the service who have a recognised disability although no information is available to indicate that this is an issue which prevents people from being able to drive. Half of those on that list are currently drivers who will not be affected by the change.

A number of those potentially affected may take the opportunity for voluntary redundancy so will not be affected by the proposed change. It is not possible to predict those numbers at this stage as the current proposals are not yet agreed and so consultation has not yet taken place. It can be said, however, that discussions are taking place with the Trades Unions which, with their agreement,

enable us to offer VR at an earlier stage at which point potentially affected people may take advantage of that offer and, therefore, reduce the number of people potentially affected.

In order to ensure that the Council does not discriminate against those people who may be potentially affected by the inclusion of the requirement to drive in the revised Job Description a number of strategies have been considered. These are:

a) Holding current vacancies within the younger adult's day services which, subject to skills matching, can be made available for displaced staff to transfer in to.

b) There are currently a significant number of vacancies in the children's services Travel Assist programme which do not have the requirement to drive and for which affected staff can apply. Training is available for these roles which would "Upskill" staff to enable them to fulfil the requirements of the posts.

c) Other vacancies across the Council for which affected staff may be able transfer skills or re-train.

d) If all else fails, given the small numbers which are likely to be involved, people can be accommodated within their current "Patch" and allocated work, either in tandem with a worker who does drive or within their ability to travel.

The numbers of people likely to be affected by the proposals will not become clear until the consultation process begins and agreement is reached for the changes to be implemented.

The process by which individual staff are given the opportunity to discuss their individual situation and needs will be through 1-1 discussions with managers and, where appropriate, support from their Trades Unions.

It is standard practice within BCC that Officers, during these i-I interviews, should consider and record, any potential impact (positive or adverse) for any person or group (employees, service users or wider public) with protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

Officers must also have due regard for the need to (i) eliminate unlawful discrimination, (ii) advance equality of opportunity and (iii) foster good relations between people with protected characteristics and those without. This is essential for the Council to demonstrate that it has complied with the Public Sector Equality Duty (PSED):

If there is potential for a negative impact, officers will record what consideration has been given to eliminating, mitigating or justifying the same. All consultation responses should be made available to Members prior to any Cabinet meeting which will decide the proposal, as well as to view by members of the public. Early contact with Committee Services should be made to ensure arrangements are in place.

Ensuring that any individuals with disabilities who are unable to meet the requirements of the new GR2 job descriptions are provided with every opportunity, as outlined in the details above, to find suitable alternative employment within the Council

Any individual member of staff, identified through the process, who has a disability which prevents them fulfilling the requirements of the new job description will be supported to find, wherever possible, alternative employment within the Council. Where a reasonable adjustment can be made to enable the member of staff to maintain a role within the enablement service that will be implemented

The PSED is not a duty to achieve a particular outcome (reduced funding will often present the prospect of service cuts having an adverse impact on people with protected characteristics). The duty is to have due regard, which means officers must demonstrate that they understand how proposals might affect people, by recording and confronting possible discriminatory outcomes. This is not a one-off task and continues throughout the decision making process (including at the development, decision making, implementation and review stages).

BUSINESS CASE
(*subject to consultation and therefore subject to change*)

REVIEW OF
ENABLEMENT SERVICE
Adults Directorate

June 2017

BASED ON THE BIRMINGHAM CITY COUNCIL'S
ORGANISATION DESIGN PRINCIPLES

Content Page

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INTRODUCTION

This Business Case follows the Birmingham City Councils organisation design principles as set out in People Solutions.

PURPOSE

The purpose of this Business Case is to inform all relevant stakeholders of the rationale for a proposed service re-design of the existing Enablement Service that sits within Specialist Care Services and forms part of the Adults Directorate.

The review aims to address the fundamental issue that the current service levels outweigh the demand for Enablement Services. The service had a savings target for 2014 that was missed, and a new savings target for 2017 as set out in the Council Business Plan that was consulted on in February 2017. This Business Case ensures that service levels match demand and by doing so addresses the current budget deficit which includes the aforementioned savings targets. The Councils business plan included a number of savings from 2017 through to 2020 as captured in the Section 188 and Councils Budget process. In addition Specialist Care Services has also been allocated a financial target to deliver as part of the Future Council Programme to deliver workforce savings in year 2017/2018, of which Enablement will need to consider as part of any future proposals.

Enablement is of fundamental importance to how we operate in Adult Social Care in Birmingham and of greater importance in delivering on our vision of improving the outcomes and quality of life of the citizens of this City. A high quality, efficient and effective Enablement Service is at the heart of any good Adult Social Care Service. The implications of continuing to operate an inefficient service delivery model are as follows:

- Citizens denied better outcomes
- Increased demand for long term/residential care and reduced independence and control for citizens
- Increased Delayed Transfers of Care (DTOC) resulting a decline in bed availability
- Increased financial pressure
- Increased reputational risk for the Directorate and Council

The proposed operating model needs to ensure that it is aligned to the goals that Birmingham City Council are seeking to achieve for adults and older people which are that they should be resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing. In addition the proposed operating model needs to ensure that the Enablement service is aligned to the corporate centre and in particular the development of a corporate ICT&D Strategy and Customer Services Review.

The service will need to ensure that in the future it provides defined and agreed core services that demonstrate positive outcomes and has the capacity and capabilities to respond to the demands of its key stakeholders including health partners, social work teams, end users/customers and support the delivery of the overall Adults Strategy and Vision. The service will also need to ensure that it is outcome focussed and be able to demonstrate measurable benefits.

BACKGROUND

Birmingham City Council commissions seven million hours of external homecare which includes Domiciliary and Enablement services from 150 providers in the city. Average hourly rates vary from £11.00 to £14.00 per hour in the external market depending on the care required which is apportioned across the following Adult user groups, £39m on Older Adults, £10m on Physical and Sensory Impairment, £4m on Mental Health and £25.5m on Learning disabilities. Capacity in the market is healthy and the quality is generally good although there is a need for more of an enabling approach to be promoted across all providers to enable the City Council to cope with future demand for services and increasing demographic pressures.

The Enablement Service is a non commissioned service that is provided by Birmingham City Council which currently has a staffing budget of £9,217,085m with a forecast spend of £11,600,000 (including Extra Care Sheltered Housing) projected for 2017/2018. The service delivered approximately 187,023 hours of enablement in 2016/2017 from a pool of 726,934hours available. This equates to an average hourly rate of £62.02 per hour for every hour of care delivered. The service employs 462 people, equating to 383 full time equivalents including agency staff of which 311 are grade 2 Enablement care workers who actually provide care to citizens.

Birmingham City Council has had to commission a quick discharge service who pick up out of hospital care packages within 4 hours totalling 55,000 hours for 2016/2017 at a rate of £14.00 per hour. Additional enablement services are also being commissioned externally at a rate of around £14.00 per hour. This is as a result of the internal Enablement service not being able to meet the demand and not being able to respond quickly enough to the referrals that support hospital discharge. Analysis across a sample of rejected packages evidenced that cases were not being picked up because the service did not have employees available at the times of day that the packages were needed, but had excess hours available at the times that packages were not required. This has attributed to increasing Delayed Transfer of Care rates in the city.

Delayed Transfers of Care rates in the city during 2016/17 totalled 58362 days. Of these, 34363 were attributable solely to delays caused by adult social care and a further 2643 to delays that were the responsibility of both adult social care and health. It is imperative that in the future the Enablement service is able to support all Birmingham hospitals to discharge Birmingham Citizens quickly, safely and help to enable people to avoid further admissions.

At present there is no direct measure of delays due to waiting for enablement services. The best proxy is to consider delays due to waiting for a domiciliary care service to be put in place. Data

suggests that this type of delay, attributable to adult social care, resulted in 4710 days of DTOCs which represents 8% of the total and 14% of those attributable to social care.

SERVICE CONTEXT AND SCOPE OF THE REVIEW

Enablement is a community based service provided to service users in their own home aimed at helping people recover skills and confidence to live at home. It maximises their level of independence and can reduce the need for long term and residential care.

Interventions for the majority of service users will last for up to six weeks, although for many people the involvement will be less than six weeks. During that time enablement workers will support people to recover independence and lost skills.

For some people this will result in a return to full independence and support to link with wider community systems rather than relying on Council provided services. For others the outcome will be a longer term support.

The current service was formed in 2011 and was constituted from the existing in-house Domiciliary Care Service. The service is currently separate to the Occupational Therapy Service although the two work closely together but neither is responsible for undertaking the initial client assessment to access the service.

The current service has 726,934 staffing hours available and provides 187,023 contact hours per year based on actual delivery from 1st April 2016 to 31st March 2017. This is equal to 42% of the hours available against a current service target of 65%. It has been proven that 22% of people are supported beyond the 6 week period which effectively reduces the available enablement contact time by a further 20% approximately, however this varies from package to package.

There is also evidence to show that people who do not require an ongoing service continue to be supported for a variety of reasons such as Home care organisers believing they do not have the authority to make the decision to withdraw or social workers do not have the capacity to move them on. In some cases family members insist that the service should continue. As a proportion of this will be within the 6 week enablement period this will further reduce the effective contact time.

For the re-configured service the target will be re-set, taking in to account annual leave, sickness, training and meeting time, to 70%. Given that the contact hours available in the new service will be around 200,000, an assumption is that a further 58,000 will be required to provide cover in the event of sickness (15 days per FTE), annual leave (34 days per FTE) and training/supervision (5 days per FTE). If sickness levels were reduced to within the Council target of 10 days per FTE, a further reduction of hours could be achieved.

Currently there are a large proportion of employees within the Enablement Service who do not work weekends or evenings which further restricts the ability of the service to be flexible enough to meet the demands placed on it. In addition the service currently employs people at certain times of day when there is no demand for services such as between 14.00 and 16.00. A sample of a week's data has shown that at 09.00 733 hours were required as opposed to at 11.00 where

only 321 hours were requested. This is a 50% service demand reduction at this time however we had a large number of employees who were available to work at this time. At 13.00 and 14.00 the service demand decreases further to 158 and 26 hours which is between 80-95% decrease in demand for services. Again due to the contracts that we currently have in place we have employees available to work, however do not have the demand to utilise these hours which negatively impacts on the utilisation figures and in turn cost per hour.

In order to address these issues all employees will be required to work flexibly which includes weekends and evenings. The implementation of a new rota will ensure that employees have the flexibility that they require to meet their personal needs, but the needs of the business must also be met. At present, a manual process of routing and scheduling is adopted by the home care organisers. A review of the current rota planning system will also be undertaken to ensure that the most efficient deployment of staff is achieved and a move to automated routing and programming should be adopted.

In implementing the recommended change we need to ensure that staff have the right skills and are supported to deliver enablement rather than homecare rebranded as different service. As it is enablement rather than traditional home care that will support citizens to live independently.

Through the establishment of a more flexible workforce and through the development of an integrated and multi-disciplinary approach which incorporates Occupational Therapist assessment expertise, within four community hub based teams, considerable efficiencies can be achieved, service outcomes improved and service user satisfaction increased.

The aim of this proposal is to establish a smaller but more efficient, higher performing, fit for purpose and value for money Enablement Service, focussed on improving quality of life for Birmingham service users and maximising independence. In doing so the hourly rate for the Enablement service will reduce from £62.02 per hour down to £46.00 per hour based on delivering 200,000 hours of Enablement. If additional hours are achieved within the revised service hours of 258,000 the hourly rate will continue to reduce and become more competitive in any attempts to bid for additional work. Although £46.00 per hour remains considerably higher than the external market rate, if the service is able to demonstrate real, positive outcomes and reductions in package sizes and cost, the invest to save principle can be achieved.

Benchmarking suggests that Enablement costs vary across the Country. They can be as little as £11.00 per hour for externally commissioned services as has been evidenced by Coventry City Council and up to £38.00 per hour for internally provided services as demonstrated by Nottingham City Council. As such the current cost per hour for Birmingham City Council's Enablement Service is considerably higher at £62.02 per hour than comparator authorities. In addition, the 2 other local authorities are able to demonstrate the benefits of having an Enablement service and measure outcomes using the Derby Outcome Measure. At present, Birmingham City Councils Enablement Service is not able to demonstrate the benefit to citizens of providing an enablement service because outcomes are not measured.

By using the proposed principles for measuring outcomes the Enablement service will be able to better demonstrate the positive impact that the service has on the citizens of Birmingham

- The baseline level of need/independence/function is captured at the very start of enablement
- Goals are agreed with the citizen at the very start of enablement (including quality of life goals)
- Levels of need and progress against goals are measured and documented on a weekly basis
- The individual outcome is measured by the difference in the baseline level of need/independence along with progress on goals
- The macro level outcome is measured by impact on existing care packages and where there is no existing care package informed by the individual measure

There are a number of tools available for measuring improvement in function. One that has been well documented and used by a number of other authorities is the Derby Outcome Measures which is a predominantly health led approach. Developed by the NHS in Derby it is freely available for use and adaptation by Local Authorities as long as it acknowledges Derby City NHS. There are other models available such as the Community Dependency Index which is a mixed approach incorporating health and social care needs. The Occupational Therapist service in Birmingham City Council already use this model and due to the ease of use and the ability to adapt it, the Community Dependency Index is being proposed as the basis for capturing baseline need/independence/function, progress and measuring the outcome of enablement. It is proposed that the Community Dependency Index is adapted to incorporate goals and any other detail deemed necessary.

A one week pilot has demonstrated that by having Occupational Therapist review and assess all new cases there is an increased success rate of reducing package sizes. Based on a sample of a 1 week data in June 2017, of 23 referrals processed by an OT they reduced at least 10 of the packages. Of the 110 referrals processed by the existing Homecare Organisers, only 9 packages demonstrated a reduction which is less than 8% success rate as opposed to nearly a 50% success rate for OT's. In the context of increasing demand for services and reducing budgets, it is imperative that Enablement services considerably reduce package sizes which in turn reduce cost and provide better outcomes for citizens in line with the Adult Services vision by helping citizens to remain independent for longer.

The pilot also evidenced that of the 110 referral received 22 were refused due to the service having no capacity at the time of day the package was required, 4 customers declined the offer of a service and 13 cases did not meet the eligibility criteria. All of the above add to the existing budget pressures by having less efficient services than possible if better scrutiny, routing, planning and rostering was in place. At present a majority of cases can only be processed in core working hours as opposed to the service being able to accept referrals from 0700 to 2300. This will need to be reflected in the service redesign as the social work function is having to consider an operational move to a seven day working pattern which will require the Enablement service to have to be able to respond to the demands placed upon it. As such a proposal to have scheduling capacity available to cover the service hours over 7 days will be required.

A review of the current IT system used (Staff plan) will be required to ensure that the functionality meets the future service requirements with regards to enabling an automated

approach to scheduling and programming of all care referrals and the system must be able to provide better reporting tools so that performance can be properly measured.

A phase 2 review should be completed within 12 months of go live to consider the impact of the proposed changes at which point a review of the wider administrative support services and programming functions need to be brought together to ensure that there is single ownership of a referral as opposed to several handoffs between social work, homecare and brokerage teams to see if further efficiencies can be achieved.

A comprehensive training and induction programme for all new starters and existing employees will be put into place to ensure that each of the team areas are consistently applying all policies and Procedures.

DRIVERS FOR CHANGE

- The need to take on complex cases where people have complex needs including learning disability, physical disability, sensory disability and mental illness
- Financial base budget pressures and Council Business Plan savings targets
- Suitability of existing structure in line with changes across People Directorate (Future Operating Model, Children's, Public Health, Adults, Commissioning Centre of Excellence, Education) including the ongoing deliverability of improvement plans
- Suitability of existing structure in line with changes across the wider Council (Future Operating Models including, ICT Strategy, Customer Services including use of the Councils Customer Contact Centre)
- High use of agency staff to create skills and capacity within teams
- The current service is not efficient and is wasteful of existing resources, contact hours are low and fall short of existing service targets
- Current DTOC levels within the city
- The need to offer Birmingham Citizens choice and control of their own care, in their own homes
- Current customer journey results in citizens and stakeholders being bounced around the system
- The need for a flexible workforce to respond to business need and provide potential Commercial opportunity in the future
- A more competitive hourly rate will offer the possibility of exploring future business opportunities
- The ability to evidence real benefits for Birmingham Citizens and demonstrate the value of having a proper Enablement service that reduces package sizes and costs as well as improving outcomes
- The need to have a skilled and valued workforce
- The need to have improved IT systems in place to allow informed performance management reporting and accurate data recording

OTHER OPTIONS CONSIDERED

1) Do nothing resulting in a continued budget pressure in in excess of £4.5m by 2019
2) Decommission entire service and purchase from a range of existing providers to release a saving in excess of £8m if purchased at a rate of £14 per hour. This excludes TUPE and other potential costs
3) Reduce workforce size, maintain existing employees contractual hours and continue to not meet the full demand of Birmingham City Council's Citizens
4) Reduce workforce size and maximise hours available through implementation of new rotas and more efficient operating procedures to bring the hourly rate down and reduce the number of referrals declined due to a lack of capacity. Review the current IT and programming methods to move towards automated routing. Implement a performance management framework and Enablement outcome measures to future proof the service.

PREFERRED OPTION

Option 4) Reduce workforce size and maximise hours available through implementation of new rotas and more efficient operating procedures to bring the hourly rate down and reduce the number of referrals declined due to a lack of capacity. Review the current IT and programming methods to move towards automated routing. Implement a performance management framework and Enablement outcome measures to future proof the service.

CHANGES REQUIRED

1) Workforce Reduction across all grades totalling at least 40% to ensure that the hours available are better aligned to the actual demand for services
2) Job Descriptions and Person Specifications will need to be reviewed and rewritten to incorporate the requirement for appropriate skills and training, flexible working and provide clear definition between grades and activity. The job description will also need to reflect the requirement for new staff members to have a driving licence and access to a vehicle for work
3) New Rota's will be required to enable the service to meet and respond to the demands of the Council and its stakeholders, including the citizens of Birmingham
4) A review of the current process for all referrals into and out of the service
5) A review of the current IT systems used and a functionality test
6) Implementation of automated routing and programming
7) Introduction and implementation of the Community Dependency Index measures to measure the success of the enablement packages being provided
8) Introduction of a performance management report

9) A comprehensive training and induction programme will need to be rolled out to include management, IT, performance management, programming and embedding an enablement culture across each of the 4 teams

INTERDEPENDENCIES CONSIDERED

- Social work reorganisation Project with regards to Social worker capacity for assessments
- Commissioning Centre of Excellence redesign and current Brokerage function
- FOM and the Consolidation of Support Services
- ACAP review
- ICT&D strategy for the City
- IBCF programme and health integration proposals
- New provider framework contract

ANTICIPATED BENEFITS

A clear vision for the service to offer choice, control, reduced package sizes, reduced costs, improved outcomes

Improved customer journey and move to an automated routing system

Reduce social work assessment time by having OT early intervention and trusted assessor/reviewer roles in Enablement

Reduction in the number of refusals for service to be provided by better filtering and challenge at the front door

Outcomes measured and evidence based

Reduced package sizes and in turn reduced package costs

Stronger policies and training in place to support staff and help citizens understand approach

TIMESCALES & IMPLEMENTATION PROCESS

The aim is for revised structures to be implemented from September 2017 following comprehensive consultation in order to reduce the financial pressure for 2017/2018 and provide assurance that the savings allocated through to 2020 can be achieved. A project plan has been developed detailing how this will be achieved. **This includes a draft timetable which is included in Appendix 1.**

All new posts, and those with significant changes to duties/responsibilities, will have new job descriptions, some of which could be subject to job evaluation to determine the grade and have departmental approval. Where minor changes are made, or a change of job title is required, a process will take place of checking with the Job Evaluation team as to whether a full evaluation is required which will be shared throughout the course of the consultation process. Therefore, until this process is complete any grades referred to remain draft. **AS IS and To BE draft structure charts can be found in Appendix 2.**

Revised Job Descriptions and Person Specifications can be found in **Appendix 3.**

A new rota will be required to ensure that we have adequate staff cover at to meet the needs of the business both operationally and administratively. Proposed shift patterns are being offered and can be found in **Appendix 4.**

A new set of outcome measures can be found in **Appendix 5.**

Where there is a proposal to transfer duties/activities or posts to other areas of the Directorate or Council, service level agreements will be developed to ensure that the services continue to be delivered to an agreed standard and meet the needs of all stakeholders.

STAKEHOLDER COMMUNICATIONS

The organisation and structure will impact a number of stakeholders, so a variety of communications will be produced throughout the project.

The table below details the list of key stakeholders and how they will be impacted by this project:

Stakeholder name	Position	Connection to the project
Enablement Service Employees	Consulted	All employees will be impacted and must be actively consulted, their views considered and updated throughout the whole process until project closure
Trade unions	Consulted	Consultation over new operation, structure and roles, updated on progress
Corporate Directors	Accountable	Informed of progress and engaged as required
Cabinet Member	Consulted	Informed of progress and engaged as required
Leader, Deputy Leader and all Councillors	Consulted	Informed of progress and engaged as required
HR	Responsible	Responsible for providing resources to run the consultation process; recruitment, interview and selection process; involved in all other HR elements
Service and Stakeholder groups	Responsible	Informed of progress and engaged as required

Project Sponsor	Accountable	Responsible for obtaining approval of new structure, budget and new governance arrangements. Ensure resources are identified and available to meet timescales

As a result of the number of stakeholders involved above, the following communications have been discussed and agreed

Stakeholder	Type and frequency	Purpose & content
Corporate Directors	Attendance at DLT	Progress and implementation of this project Ensure Directorates compliant with new vision and strategy
Cabinet Member	Attendance at Cabinet Member Briefing Fortnightly	Progress and implementation of this project
Service Areas and key stakeholders	Broadcast Message	Progress and implementation of this project
Enablement staff	Attendance at Workshops as required Minutes produced after each staff consultation Regular updates on progress of project (frequency as required)	Consultation over new structure and updated throughout the project Embed new governance, agree new behaviours, ways of working and ensure compliance
Trade unions	Union timetable Minutes of each consultation meeting Regular updates on progress of project (frequency as required via HR)	Consultation over new structure and progress and updates

OBJECTIVE/OUTCOMES/BENEFITS

The re-design for the new operation has the following objective and measures:

Ref:	Objective	Measure	Baseline performance	Target	Date
01	*Establishing the optimum structure and capability to achieve Birmingham City Council and the Adults Directorate Vision including the delivery of the allocated workforce Savings for 2017/2018 in line with reviewing layers spans and controls*	Performance Financial monitoring and service levels	The 2017/2018 Enablement staffing budget is **£9,217,085.** Existing staffing budget expenditure is **£10,751,616** excluding non-staffing budgets per annum which fund's **378.86 budgeted** FTE. This results in a direct staffing budget pressure/ gap of **£1,534,531** per annum and a total base budget pressure of **£2,382,915m**	Reduce the operating costs to reflect the budget available for 2017/2018 to **£9,217,085** and ensure the redesign delivers future savings allocated for 2018/2019 of **£4,489m.** This results in a revised FTE establishment figure of **223.5**.	By end of financial year 2017/2018
02	*Clarity of reporting line management roles and responsibility and stringent performance management framework*	Performance Management Information Customer and Employee Feedback Audit	Sickness Levels currently **16.02** days per FTE Number of Actual hours **187,023** delivered V hours available **726,934** Reduce downtime/travel time by improved automated routing allocation	Sickness Levels **10** days per FTE Number of Actual hours **200,000** delivered V Available **258,000** to ensure new hourly rate of **maximum £46.00** Improve routing and programming by implementing the automated routing functionality within Staff plan	Review against 2016/2017 performance and thereafter at monthly intervals post implementation

			Removal of all agency expenditure	Reduce all agency expenditure to zero	
			Reduced package success rate of **8%**	Increase package reduction success rate to **50%**	
			Number of declined referrals due to no capacity **20%**	Reduce number of declined referrals due to no capacity to maximum **10%**	
03	*Service Improvement plans and implementation of Derby model for enablement outcome measures to demonstrate benefits and service value*	Performance management reporting Financial monitoring and service levels	Not applicable as not collected	Implementation of Derby Outcome Measures for Enablement Reduced Package Sizes Reduce Package Costs Faster and efficient access to Enablement and alternative services where Enablement not applicable Clear documented processes and procedures Remove duplication Links to IBCF	Review monthly

FINANCIAL CONTEXT

There are currently 383 FTE within scope of this review.

Total employee full year cost of **£11,600,000** (including Extra Care Sheltered Housing) projected in 2017/18 against a cash budget of **£9,217,085**

As a result of inherent budget issues there is now a gap of **£2,382,915m**

In order to achieve budget reductions, we expect that we will need to make all of the required savings through headcount reductions and implementation of a new operating model which includes alternative shift patterns, implementation of rota's, automated routing, streamlined office processes, implementation of enablement outcome measures and the collection of key performance data to inform future services. In line with management alignment and the delayering principles and based on an **average** salary plus on-costs of **£28,473.15** across Enablement, this equates to approximately **90** full time positions. However in order to ensure the delivery of the savings allocated for 2018/2019 the approximate number of full time posts required increases to **168**.

The IBCF funding will be used to offset some of the 2016/17 savings and allow the proposed changes to be implemented properly and less harshly.

Following completion of the consultation process and subject to adjustments being made the full year revised to be structure is anticipated to be brought in at **£6,607,110** based on the proposed model being implemented. In order to mitigate, the proposed workforce savings, address the full year Budget gap in 2017/18 and deliver the savings allocated to the service area for 2018/2019, this proposal includes a reduction of **3** Grade 6 Team Manager posts, **0.5** Grade 5 Homecare Manager posts, **29.8** Grade 4 Home Care Organiser, Work Plan Manager and Community Links team Leader posts, **7.8** Grade 3 Community Enablement Support workers, **2** Grade 3 Work Planners and **126.7** Grade 2 Enablement Assistant posts. Due to a number of posts being added in to the structure the net reduction equated to 162 FTE. The Table below sets out the validated financial models which has informed the AS IS and TO BE budget position.

Enablement Project AS IS structure 2017-18 (March 2018 prices)

Funds Centre	CENTRE DESCRIPTION	Sum of Actual FTE	Sum of Budget Cost	Sum of Year End Forecast Spend	Sum of Year End Variance
RV14R	Night Care Service	33.11	948,856	1,165,085	216,229
RV14X	North Area- Enablement	98.42	2,313,151	2,814,402	501,251
RV152	Central Area Enablement	96.38	2,308,805	2,679,113	370,308
RV156	South Area Enablement	144.07	3,396,836	3,866,904	470,068
RVA13	Community Enablement Service	6.88	249,437	226,112	(23,325)
Grand Total		**378.86**	**9,217,085**	**10,751,616**	**1,534,531**

Enablement Project TO BE (March 2018 prices includes on costs at mid-point of grade & top of grade)
TO BE PROPOSED STRUCTURE

Description	Grade	FTE	Mid-point (£)	Top of Grade (£)
Service provision Manager	GR6	1	66,160	74,500
Enablement Team Manager	GR5	6	316,080	348,240
Enablement Team Leader	GR4	12	493,920	548,640
Occupational Therapist	GR4	10	411,600	457,200
Care Coordinator	GR3	15.5	473,525	540,640
Enablement Assistants	GR2	179	4,170,700	4,637,890
		223	**5,931,985**	**6,607,110**

INDICATIVE TIMELINE

COLLECTIVE, TEAM & INDIVIDUAL CONSULTATION

Consultation originally started in June 2017 and lasted 22 days. We intend to restart the consultation from the 27th July 2017 and this will be for a minimum of 45 days.
In addition to sending out this business case we will:

- Consult with your trades union representatives
- Arrange a series of consultative sessions with the teams
- Offer 1-1 discussions with your line managers
- Encourage Team Discussions
- By the end of July 2017 we aim to have a final business case for agreement
- As part of the consultation we will agree the detailed timeline for implementation

Description	Activity	Timeline	Owner
Consultation	Share updated business case Team briefs 1-1s Workforce consultation sessions Trades Union consultation	June/July 2017	Wendy Griffiths
Recruitment Freeze	Freeze all vacancies	June 2017	Afsaneh Sabouri

Description	Activity	Timeline	Owner
Final TOM & Business Case Agreed	Consider all consultation feedback. Draft final operating model & business case decision report. Communicate to employees & their representatives Secure internal governance sign off	August 2017	Wendy Griffiths
Ring fences identified	Employees advised of ring fences Employees invited to determine preferences where applicable & challenge ring fence	August 2017	Afsaneh Sabouri
Selection Processes	Assessment Process implemented on a grade by grade basis	September 2017	Afsaneh Sabouri
Appointments Made subject to close of consultation	Each individual advised of outcomes	September 2017	Afsaneh Sabouri
Note of dismissal issued subject to close of consultation	Formal meeting. Right of appeal given	September 2017	Afsaneh Sabouri
Mitigation to prevent compulsory redundancies	Exploration of lateral moves, priority movers, career transition, the bridge, existing vacancies	August 2017	Afsaneh Sabouri
Move into new roles & structure	Transition process focusing on core service stability & strategic priorities	October 2017	Afsaneh Sabouri

DETAILS OF AFFECTED POSTS

The table below outlines the details of the affected posts and proposed reductions by this proposal. Current and proposed structure charts are attached as Appendix 2.

Deleted posts

Post Title	Job Family	Grade	At Risk		Vacancies	Reduction	
			HC	FTE	FTE	HC	FTE
Enablement Service							
Team Manager		6	4	4	0		3
Assistant Team Manager		5	7	6.5	0		0.5
Home Care Organiser/Work Planner Manager/Community Links Team Leader		4	43	41.8	0		29.8
Community Support Worker		3	8	7.8	0		7.8
Home Care Work Planners		3	18	17.5	0		2
Enablement Assistant		2	382	305.4	0		126.7

NEW or EXISTING POSTS

Post Title	Job Family	Grade	Additional FTE
Enablement Service			
Service Provision Manager		6	1
Enablement Team Manager		5	6
Enablement Team Leader		4	12
Occupational Therapist		4	10
Care Coordinator		3	15.5
Enablement Assistant		2	179

POOLING ARRANGEMENTS, REDUNDANCY SCENARIOS & SELECTION PROCESSES

In line with the ring fencing and selection principles the following pooling arrangements will apply, redundancy scenarios and selection processes that are applicable for this Service Review are:

- All Grade 6 employees will be ring fenced to all Grade 6 vacancies within the Enablement Change Pool

- All Grade 5 employees will be ring fenced to all Grade 5 vacancies within the Enablement Change Pool

- All Grade 4 employees will be ring fenced to all Grade 4 vacancies within the Enablement Change Pool

- All Grade 3 employees will be ring fenced to all Grade 3 vacancies within the Enablement Change Pool

- All Grade 2 employees will be ring fenced to all Grade 2 vacancies within the Enablement Change Pool

- Following the Assessment and Selection Process should vacancies at the Grade below still exist, all employees will be given an opportunity to apply for these at any grade.

Current post deleted and no new post created

This proposal deletes posts of a particular kind / the same type and does not replace them with an alternative post. All employees occupying the posts are provisionally at risk of redundancy. These posts include:

Current Post Title		Reduction in HC
Community Support Officers	Grade 3	8

Displacement

Revised Job Descriptions/Job Titles

Where there is a revision of the Job Title or Job Description and the employees' duties are not fundamentally different and the grade remains unchanged.

Current Post Title	Current FTE		New Post Title	Proposed FTE
Enablement Service				
Team Manager	4		Service Provision Manager	1
Gate Managers and Community Team Managers	6.5		Enablement Team Manager	6
Work Plan Manager and Home Care Organisers	41.8		Enablement Team Leader	22

| Work Planners | 17.5 | Care Coordinators | 15.5 |

APPENDICES

Description		Attachment
Appendix 1	Project Plan and Consultation Timelines	Consultation Timeline Enablement implementation plan v
Appendix 2	"as is" and "to be" Structure Chart	Current and Proposed Structure
Appendix 3	Proposed Job Descriptions	Care Coordinator Care Coordinator Enablement Assistant Enablement Assistant Enablement Team Leader Enablement Team Leader Enablement Team Manager Enablement Team Manager Service Provision Manager Service Provision Manager

Appendix 4	Proposed Rotas Option 1 – Rota A (2 week rota for enablement assistants)	Enablement Assistant Rota A - 2 v
	Option 2 – Rota B (3 week rota for enablement assistants)	Enablement Assistant Rota B - 3 v
	Care Coordinator Rota	Care Coordinator Rota 26.07.17.xlsx
	Enablement Team Manager (ETM) / Enablement Team Leader (ETL)	Management Rota 26 07 17 V2.xlsx
Appendix 5	Proposed Outcome Measures	Derby Outcome Measures CDI presentation CDI Measures CDI Scoring

Adult Enablement - s188 Staff & Trade Union Consultation Meetings

Description	2017 Timeline
Corporate S188 *Unison, GMB, Unite and UKAT*	5th April- Woodcock St
Trade Union Consultation Meetings *Unison, GMB, Unite and UKAT*	6th April - Lifford House 13th April - Norman Power 18th April - Woodcock St 27th April - Norman Power 27th April- (dispute lodged)
Staff and Trade Union Consultation Meetings	6th April - GR5, GR6- Lifford House 10th April - GR4 and GR2 Central Team – Radley Court 10th April - GR4 South- Lifford 11th April - GR2 Central, GR4 North- Radley Court & Hollyfields 18th April - GR2 Central- Woodcock St 19th April - GR2 Central and South- Woodcock St & Hub 20th April - GR2 South, GR4 out of hours- Hub & Lancaster 21st April - GR3 Work Planners, GR2 South- Lancaster & Hub 24th April - GR3 Work Planners- Lancaster 25th April - GR2 North- Alexandra Stadium 26th April - GR2 North- Hollyfields 27th April - GR2 South- Hub

Staff and Trade Union Consultation Meetings	1st August - GR6, GR5,GR4 central and GR3 CSWs- Lancaster
	2nd August - GR2 OOH, GR3 OOH - Lancaster
	3rd August - GR2 central- Radley Court and Woodcock St
	4th August - GR2 central- Manor Court
	7th August - GR2 North& GR4 North- Hollyfields
	9th August - GR2 North & GR4 North- Hollyfields
	10th August - GR2 North & GR2 North- Hollyfields
	21st August - GR4 South & GR2 South- Hub
	22nd August - GR2 South & GR2 South- Hub
	23rd August - GR2 South & GR2 South- Hub
Trade Union Consultation Meetings Unison, GMB, Unite and UKAT	27th July - Norman Power
	10th August - Lifford House
	24th August - Norman Power
	7th September - Norman Power

these meetings have already occurred

Enablement Project - Adults Improvement Programme - Implementation Plan

	Senior Responsible Officer	Wendy Griffiths				James Lloyd		

Implementation Plan Updated by JL 19-07-2017

Project REF	DELIVERABLES/ ACTIONS	LEAD	Start Date	End Date	Status	Timeline marker
	Adult Enablement - Service Improvement and planned savings:	Wendy Griffiths	01/11/2016	30/03/2018		
1	Worksteam - Approvals					
1.1	Big Ticket' Board Project Approval to proceed to consultation received	Afsaneh Sabouri	01/01/2017	01/01/2017	COMPLETED	Jan-17 ◆
1.2	Initial business case to Operational Board for review	Geoff Sherlock	01/12/2016	20/02/2017	COMPLETED	Feb-17 ◆
1.3	1st Briefing - Consult with CLT and Cabinet Member on service redesign paper	Geoff Sherlock	01/12/2016	23/03/2017	COMPLETED	Mar-17 ◆
1.4	DLT approval to proceed to consultation on the updated business case	Wendy Griffiths	05/07/2017	05/07/2017	COMPLETED	
1.5	Cllr Hamilton briefed on updated business case	Wendy Griffiths	13/07/2017	13/07/2017	COMPLETED	
1.6	**Equality Impact Assessment** - milestone to inform new business case for Cabinet Member briefing/Cabinet approval process, and kept under constant review thereafter	Wendy Griffiths/ Afsaneh Sabouri	05/04/2017	29/09/2017	GREEN	Sep-17 ◆
2	Worksteam 2- Operating model					
2.1	Review of current referral pathway into the service	Afsaneh Sabouri	01/11/2016	14/02/2017	COMPLETED	Feb-17 ◆
2.2	Enablement process - design staff structure for new service	Geoff Sherlock	01/11/2016	14/02/2017	COMPLETED	Feb-17 ◆
2.3	Finalise new operating model concept	Geoff Sherlock	01/11/2016	22/02/2017	COMPLETED	Feb-17 ◆
2.4	Updated Business Case: DLT Approval 05-07-17, Cllr Hamilton briefed 13-07-17	Wendy Griffiths	13/07/2017	13/07/2017	COMPLETED	
3	Worksteam 3 - Staff Consultation					
3.1	Start of consultation - obtain feedback from Staff/Trade Unions	CR	27/03/2017	27/03/2017	COMPLETED	Mar-17 ◆
3.2	Phase 1 - S188 consultation staff and trade union consultation process phase 1 start date (ie 5th April 2017).	Afsaneh Sabouri	05/04/2017	26/04/2017	COMPLETED	Apr-17 ◆
3.3	Phase 1 - S188 consultation with staff and trade unions (**Unison trade union dispute period**)	Afsaneh Sabouri	27/04/2017	19/05/2017	COMPLETED	May-17 ◆
3.4	Phase 2 - S188 consultation (24 day alternative 'fast track' option - not selected).	Wendy Griffiths	27/07/2017	22/08/2017	COMPLETED	
3.5	Phase 2 - S188 consultation (Preferred option) - complete re-launch of new 45 day s188 consultation process - This will include fortnightly meetings with trade union representatives	Wendy Griffiths	27/07/2017	09/09/2017	GREEN	Sep-17 ◆
3.6	Citywide staff consultation meetings (venues and timing detail contained in schedule held by Head of Service). This links to 3.4	Wendy Griffiths	01/08/2017	23/08/2017	GREEN	Aug-17 ◆
4	Worksteam 4 - Delivery					
4.1	Structures, roles, recruitment and impact					
4.1.1	Job Description (JD) and Person Specification (PS) for GR2-G6 posts reviewed	Afsaneh Sabouri	01/11/2016	01/12/2016	COMPLETED	Jan-17 ◆
4.1.2	Agree staffing numbers in scope	Afsaneh Sabouri	01/12/2016	06/12/2016	COMPLETED	Jan-17 ◆
4.1.3	Original busines case: Send out proposed new structure to all GR2-6 staff allowing 7 days for any challenges to be reviewed	Afsaneh Sabouri	10/04/2017	18/04/2017	COMPLETED	Apr-17 ◆
4.2	Voluntary redundancy process & measures against compulsory redundancy					
4.2.1	Selection process for voluntary redundancy to be formally agreed with trade unions, and only then staff to be formally notified through HR process	Claire Riley/ Wendy Griffiths	01/07/2017	04/08/2017	GREEN	Aug-17 ◆
4.2.2	**Open up voluntary redundancy trawl with agreement of the trade unions(this is an estimated date only)**	Claire Riley/ Wendy Griffiths	14/08/2017	14/08/2017	GREEN	Aug-17 ◆
4.2.3	Employee information to be requested from Organisational Development team (Process strictly by exception as deemed required)	Claire Riley/ Wendy Griffiths	14/08/2017	22/09/2017	GREEN	Sep-17 ◆
4.2.4	Obtain figures from pensions team and detail costings	Claire Riley/ Wendy Griffiths	**01/07/2017**	22/09/2017	GREEN	Sep-17 ◆

Timeline columns: Jan-17, Feb-17, Mar-17, Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18

Ref	Task	Owner	Start	End	Status
4.2.5	Advise staff whose voluntary redundancy package has been agreed and identify those staff still at risk	Claire Riley/ Wendy Griffiths	29/09/2017	29/09/2017	GREEN
4.2.6	Lateral movers registration period	Claire Riley/ Wendy Griffiths	27/07/2017	06/10/2017	GREEN
4.3	**Supplementary Process - Assimilation/ Recruitment**				
4.3.1	Prepare interview documentation/process/timetable	Claire Riley/ Wendy Griffiths	01/08/2017	08/09/2017	GREEN
4.3.2	Notify individual staff (in scope and at risk) of past performance in role data (All process, data and communications having been pre-verified as compliant by senior HR staff)	Claire Riley/ Wendy Griffiths	25/09/2017	25/09/2017	GREEN
4.3.3	Prepare interview documentation/process/timetable	AS/CR	22/09/2017	29/09/2017	GREEN
4.3.4	Total Selection interview Period (Overview)	Claire Riley/ Wendy Griffiths	02/10/2017	21/11/2017	GREEN
4.3.5	Selection - Wave 1 GR6 & GR5	Claire Riley/ Wendy Griffiths	02/10/2017	13/10/2017	GREEN
4.3.6	Selection - Wave 2 GR4	Claire Riley/ Wendy Griffiths	16/10/2017	20/10/2017	GREEN
4.3.7	Selection - Wave 3 GR3	Claire Riley/ Wendy Griffiths	23/10/2017	03/11/2017	GREEN
4.3.8	Selection - Wave 4 GR2	Claire Riley/ Wendy Griffiths	06/11/2017	17/11/2017	GREEN
4.3.9	Formal feedback for those who were unsuccessful provided in additon to formal notification of redundancy which takes place at the end of each wave 1-4	Claire Riley/ Afsaneh Sabouri	13/10/2017	21/11/2017	GREEN
4.3.10	Staff appointments formally complete (inc. assimilation/migration into new positions)	Claire Riley	22/11/2017	30/11/2017	GREEN
4.3.11	Redundancy appeals	Claire Riley/ Wendy Griffiths	02/10/2017	05/01/2018	GREEN
4.3.12	Register at risk displaced staff with BCC Priority Movers for compulsary redundancy process (12 weeks) starting immediately after first interview date with appropriate Cabinet sign-off	Claire Riley/ Wendy Griffiths	02/10/2017	05/01/2018	GREEN
4.4	**Staff Support**				
4.4.1	Develop a programme of staff workshops for staff due to be affected by re-modelling	Wendy Griffiths/ Afsaneh Sabouri	03/07/2017	19/07/2017	COMPLETED
4.4.2	Deliver a programme of workshops, support and advice for staff affected by remodelling - including signposting and advice on employment pathways	Wendy Griffiths/ Afsaneh Sabouri/ Stuart Reynolds	27/07/2017	31/01/2018	GREEN
5	**Workstream 5- Saving plan and monitoring**				
5.1	Savings Action Plan - original existing service cost baseline agreed with Finance to measure progress going forward	Geoff Sherlock	01/12/2016	01/03/2017	COMPLETED
5.2	New service operational savings tracked and verified throughout life of project, in accordance with agreed annual budget savings targets to 2020/21	Wendy Griffiths	01/01/2018	31/03/2021	RED
5.3	Project performance monitoring and reporting	Wendy Griffiths/ Afsaneh Sabouri/ James Lloyd	16/01/2017	30/03/2018	GREEN
6	**Worksteam 6 - Communication and Engagement**				
6.1	Communications strategy developed	Stuart Reynolds	01/12/2016	28/08/2017	GREEN
6.2	Communication and engagement process via dedicated e-mailbox and non-electronic means	Wendy Griffiths/ Afsaneh Sabouri/ Stuart Reynolds	05/04/2017	31/01/2018	GREEN
7	**Worksteam 7 - Training and Development Programme**				
7.1	Core training plan developed for new enablement service staff	Wendy Griffiths/ Afsaneh Sabouri	01/11/2017	30/11/2017	GREEN
7.2	New enablement service - staff training	Wendy Griffiths/ Afsaneh Sabouri	08/01/2018	30/03/2018	GREEN
7.3	Project implementation review period informing Adult Enablement service re-structure project closure	Wendy Griffiths/ Afsaneh Sabouri	12/02/2018	30/03/2018	GREEN

Proposed Future – Structure Chart

```
Service Provision
Manager GR6
(x1 FTE)
       │
Enablement Team
Manager GR5
(x6 FTE)
       │
Enablement Team                    Occupational
Leader GR4                         Therapist GR4
(x12 FTE)                          (x10 FTE)
       │
   ┌───────────────┐
Care Coordinator
GR3
(x15.5 FTE)
                    Enablement
                    Assistants GR2
                    (x179 FTE)
```

Current – Structure Chart

Head of Service

- **Team Manger Central GR6** (x1 FTE)
- **Team Manger South GR6** (x1 FTE)
- **Team Manger North GR6** (x1 FTE)
- **Team Manger Night Care and out of hours GR6** (x1 FTE)

- **Assistant Team Managers GR5** (x1.5 FTE)
- **Assistant Team Managers GR5** (x2.5 FTE)
- **Assistant Team Managers GR5** (x 1.5 FTE)
- **Assistant Team Managers GR5** (x1 FTE)

- **Work Planner Organisers GR4** (X3 FTE)
- **Home Care Organiser GR4** (X 38.8 FTE)

- **Community Support Worker GR3** (X 7.8 FTE)
- **Home Care Work Planner GR3** (X 17.5 FTE)

- **Enablement Assistants GR2** (X 303.5 FTE)
- **Night Enablement Assistant GR2** (X 1.9 FTE)

Birmingham City Council

AD03-10

Adult Social Care and Health

Job Description

adults and
communities

Post:	Care Co-ordinator	**Salary/Grade:**	GR3
Division:	Specialist Care Services	**Section:**	Enablement Service

1. Job Purpose

The post holder, as part of a team of Care Co-ordinators, will be responsible for the day to day planning, allocation and monitoring of Enablement resources to ensure the effective consistent and reliable delivery of a safe, caring and responsive service to Citizens. This includes the day to day allocation of work to care staff, the planning and coordination of care, planning the forward rota, responding to changes and events to maintain service continuity and effectiveness. The role also includes maintaining accurate information systems so that management and performance information is accurate and up to date.

2. Duties & Responsibilities

2.1 To work as part of a team of Care Co-ordinators to plan and co-ordinate effective use of Enablement service resources to meet service objectives:

1. To receive new referrals planning and coordinating care, allocating and maximising the use of resources so that all are responded to within agreed timescales.

2. To plan the on-going day to day allocation of work to care staff and plan the forward rota, to maximise service quality, continuity and the efficient use of resources.

3. To ensure the continuity of service provision to service users in the absence of regular carers due to sickness, leave, training etc by the use of agreed procedures.

4. To contribute to ensuring that service delivery values and respects the diversity, dignity and needs of service users and meets regulatory standards.

2.2 Maintaining accurate information systems so that management and performance information is and up to date.

1. To create and update records on data systems to ensure service user and care staff information is accurate and kept up to date.

2. To regularly check and reconcile reporting inaccuracies to ensure systems can report accurately.

2.3 Respond to day to day changes and events to maintain service continuity and effectiveness.

1. Working as part of a team of Care Co-ordinators to effectively respond to day to day events and circumstances to ensure service continuity and effectiveness.

2. To recognise, and act appropriately to prevent or respond to circumstances of harm and abuse, and to adhere to Adult Safeguarding Procedures.

3. To provide day to day contact and support to front line staff within agreed parameters or as advised by a manager.

4. To respond to personal contact from service users or their representatives and to ensure that follow up actions are undertaken.

5. To report significant issues or service deficiencies to a manager.

2.4 General

1. To contribute to team and service initiatives which develop the quality and effectiveness of the service and which support it and its staff to adapt to changing needs and circumstances.

2. To ensure that business continuity is maintained and service hours are fully covered.

3. To work collaboratively with other professionals and agencies to ensure appropriate pathways are followed, the potential for reaching enablement outcomes is maximised, and the most cost effective use of public resources achieved.

4. To attend and contribute fully to own supervision meetings and participate in all relevant training and development activities.

5. To carry out any other duties and responsibilities within the scope and spirit of the job purpose and grade as may be required.

3. Supervision Received

3.1 **Supervising Officer Job Title:** Enablement Team Leader
3.2 **Level of Supervision**

Regularly supervised with work checked by supervisor.

4. **Supervision Given** (excludes those who are **indirectly** supervised i.e. through others).

Nil

5. **Special Conditions**

N.B. In order to meet the needs of the Enablement service, which operates 365 days per year, it is an essential requirement of the job that post-holders work flexibly. This will regularly include early mornings, evenings, weekends and Bank holidays, and will also include changes of work location across the city as the needs of the service alter.

❑ This vacancy is exempt from the Rehabilitation of Offenders Act

❑ A Criminal Records Bureau check will be undertaken

Observance of the **City Council's Equal Opportunities Policy** will be required.

Adult Social Care and Health

Person Specification

Job Title: Care Co-ordinator **Grade:** GR3

Division: Specialist Care Services Enablement Service

Method of Assessment (M.O.A.) A.F. = Application Form; I = Interview; T. = Test or Exercise; **C. = Certificate; P. = Presentation.**

CRITERIA	ESSENTIAL	M.O.A.
Experience (Relevant work and other experience)	1. Experience of working successfully in a care or programming environment.	A.F
	2. Experience of working as part of a team.	A.F
	3. Experience of working in a pressurised and changing environment.	A.F I
	4. Experience of communicating with members of the public, colleagues and other professionals.	A.F I
Skills & Ability e.g. written communication skills, dealing with the public etc.	5. Able to communicate effectively, verbally and in writing, to members of the public, colleagues and members of external organisations.	A.F
	6. Basic numeracy and literacy skills.	T
	7. Ability to use a variety of IT applications to process and analyse data in an accurate and timely manner in order to achieve business objectives.	A.F I T
	8. Able to prioritise and organise a diverse work load, and respond to a range of enquiries to arrange and maintain a safe, effective and consistent service.	A.F I
	9. Able to work to high levels of accuracy and reliability	I
	10. Able to work on own initiative but judge when to appropriately escalate issues to a manager.	A.F I
	11. Understanding of social care and what standards are required to deliver a safe, effective, caring and responsive service to	A.F I

	vulnerable people.	
Training	12. Able to undertake any training and development activities that may be required.	I
Education/Qualifications NB: Full regard must be paid to overseas qualification	13. Qualifications in literacy, numeracy and IT skills or relevant experience	A.F I
Other	14. In order to meet the needs of the Enablement service, which operates 365 days per year, it is an essential requirement of the job that post-holders work flexibly. This will regularly include early mornings, evenings, weekends and Bank holidays, and will also include changes of work location across the city as the needs of the service alter.	I I

All staff are expected to **understand** and be **committed** to Equal Opportunities in employment and service delivery.

BIRMINGHAM CITY COUNCIL

JOB DESCRIPTION

Post: **Enablement Assistant**   **Salary/Grade: GR2**

Division: **Adult Social Care & Health – Specialist Care Services**

Section: **Enablement service**

Is the job exempt from the Rehabilitation of Offenders Act?	Yes ☑	No ☐
Does the post require Criminal Records Bureau Clearance	Yes ☑	No ☐
Is the post exempt from job share	Yes ☐	No ☑

1. **Job Purpose**

   By providing compassionate, safe, effective and responsive care, to assist service users to exercise choice and control over their lives and achieve as much independence as possible. This will involve giving support with a range of personal and practical care tasks, to achieve agreed enablement outcomes, so that wherever possible service users are able to carry out these tasks for themselves. After following an individual's enablement plan, staff will report back to their manager, giving accurate feedback on progress towards enablement outcomes.

   To promote and ensure service delivery which values and respects the dignity, diversity, rights and responsibilities of individuals.

2. **Duties & Responsibilities**

   1. To provide planned care and support which encourages and enables vulnerable adults to maintain or regain as much independence and control over their own lives as possible.

   2. To deliver care in a way which demonstrates compassion and empathy, and which respects the personal dignity o f service users.

   3. To ensure the safety and welfare of the service user, the worker and work colleagues, by following the written instructions of a manager or standard procedures.

   4. To ensure that service users can access adequate nutrition and hydration, and that obvious changes in health condition are reported to a manager at once.

   5. To gain a knowledge of and work in accordance with all policies, procedures and legislation in place for the safe and effective delivery of the Enablement Service.

6. To provide accurate written and verbal feedback on service users' well being, abilities, changing needs and progress during their enablement outcomes, so that decisions can be made regarding their ongoing care needs. This may include requesting referrals for equipment and Telecare services.

7. To observe and report service users' changing needs to the manager.

8. To be alert to and immediately report all suspicions of Adult Safeguarding concerns to the manager.

9. To attend supervision meetings, group meetings, reviews and other meetings as required.

10. To alert the manager of equipment or services needed by service users, including Assistive Technology.

11. To attend Training Courses as required, to develop skills and knowledge to improve the quality of service provision.

12. To carry out any other duties and responsibilities within the scope and spirit of the job purpose and grade as may be required, either in specific circumstances, or as the service changes or develops.

3. **Supervision Received**

3.1 **Supervising Officer Job Title**: GR4 Enablement Team Leader

3.2 **Level of Supervision**

1. Regularly supervised with work checked by manager
   or
2. Left to work within established guidelines subject to scrutiny by manager.

4. **Special Conditions**

To adhere to the Skills for Care *Code of Conduct for Healthcare Support Workers and Adult Social Care workers in England.*

N.B. In order to meet the needs of the Enablement service, which operates 365 days per year, it is an essential requirement of the job that post-holders work flexibly. This will regularly include early mornings, evenings, weekends and Bank holidays, and will also include changes of work location across the city as the needs of the service alter.

Birmingham City Council

Adult Social Care and Health

Person Specification

JOB TITLE: Enablement Assistant   **GRADE:**   GR 2

DIRECTORATE: Adult Social Care and Health   **DIVISION:** Specialist Care Services

Method of Assessment (M.O.A.) A.F. = Application Form; I = Interview; T = Test or Exercise.

CRITERIA	ESSENTIAL	M.O.A.
Experience (Relevant work and other experience)	Experience of providing personal care in a formal capacity to adults in a social care or health care setting.	AF + I
Skills & Abilities e.g. written communication skills, dealing with the public etc.	Ability to demonstrate compassion and empathy in meeting the care needs and enablement outcomes of service users.	I
	Ability to provide sensitive and dignified enabling care to both male and female service users.	AF + I
	Ability to demonstrate awareness of and respect for people's diverse backgrounds and needs, and a willingness to find out how meet those needs.	AF + I
	Ability to provide a service in a non-judgemental way to all service users.	AF + I
	Ability to read, understand and follow written instructions in English.	T
	Ability to write legibly and accurately in English.	T
	Ability to provide accurate written and verbal feedback to supervisors about care delivered and changes and developments observed regarding service users.	AF + T
	Ability to make basic financial calculations when handling a service user's money.	T
	Ability to work on own initiative.	AF + I

DG 10-2013

	Ability to work under pressure and deal with difficult situations. Ability to carry out moving and handling practice in accordance with Council procedures.	AF + I Medical Questionnaire
	Ability to work flexibly, including early mornings from 7am, evenings to 10pm (or 10pm to 7am for Night Care Enablement Assistants), week ends and bank holidays	AF+ I
Training	Willingness to undergo essential training in order to develop professionally. This may take place outside usual working hours.	AF + I
Education/Qualifications	To hold a minimum of NVQ level 2 in Care or QCF Level 2 Diploma in Health and Social Care, or equivalent.	AF + I
Other	. Willingness to learn how to use basic IT equipment and software (such as smart phones) required to carry out the role.	AF

All staff are expected to **understand** and be **committed** to Equal Opportunities in employment and service delivery.

Adult Social Care and Health

Job Description

Post:	**Enablement Team Leader**, leading on one of 5 portfolios:	**Salary/Grade:**	GR4

- Workflow
- Workforce
- Work planning and Duty
- Extra Care Sheltered Housing
- Night Care

Division:	Specialist Care Services	**Section:**	Enablement Service

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1. **Job Purpose**

   To work as part of a team that provides enablement services to vulnerable people that maximises their independence and reduces their need for ongoing care.
   To ensure robust enablement assessments are carried out and appropriate service user-led outcomes set, resources are efficiently used, and enablement outcomes achieved in a safe, effective, caring and responsive way.

2. **Duties & Responsibilities**

   2.1 To ensure the effective operation of the enablement service to deliver enablement outcomes for service users and meet the Directorate's goals/targets.

   2.2 To ensure that a safe responsive and caring enablement service is delivered in line with policies and procedures, so that care standards are met and that the service is cost effective.

   2.3 To identify and report safeguarding issues raised, to diligently adhere to the Directorate's safeguarding policies, procedures and guidance.

   2.4 To encourage and participate in multi-disciplinary and/or multi- agency meetings to support the achievement of enablement goals.

   2.5 To work with colleagues in enablement in the preparation of performance management information.

   2.6 To be involved in and contribute to initiatives (including partnership working with other professional colleagues and external organisations) which develop and improve the service.

2.7   To ensure good communication between the management team and carers in order to maximise service users independence.

2.8   To provided effective and efficient management of services which meet the Directorate's legal duties and policy objectives.

2.9   To undertake any other duties as may be necessary to meet the business need and which are within the scope and spirit of the post.

3.   Supervision Received

3.1   **Supervising Officer Job Title:**

Team Manager or Assistant Team Manager

3.2   **Level of Supervision**

1.   Plan own work to ensure the meeting of defined objectives.

4.   Supervision Given- Dependent upon port folio

Post Title	Grade	No. of Posts	Level of Supervision
Enablement Assistant	GR2	Up to 40	Direct
Care Co-ordinator	GR3	Up to 10	Direct

5.   Special Conditions

❑   This vacancy is exempt from the Rehabilitation of Offenders Act

❑   A Criminal Records Bureau check will be undertaken

Observance of the **City Council's Equal Opportunities Policy** will be required.

Portfolio responsibilities – Work planning and duty

- To line manage a group of GR3 Care Co-ordinators
- To manage the efficient acceptance, processing and response to referrals to meet timescales, the allocation of staff resources and the appropriate response to day to day changes, developments and enquiries.
- To ensure that safe, effective and responsive care is delivered.
- To work with other managers to ensure Enablement service teams have adequate level of Care Co-ordinator cover.
- To ensure that all referrals and service enquiries are effectively dealt with within timescale.
- To ensure all referrals receive are responded to in specified timescales.
- To ensure new services can safely commence within 1 day, 7 days a week.
- To ensure gap/lack of capacity is identified and escalated to Managers.
- To ensure all service user data is entered onto Staffplan.
- To ensure all employee information is entered onto Staffplan.
- To ensure employees are allocated to service user in a way that promotes continuity of care.
- To lead and support a robust duty system that responds and resolves all enquiries appropriately and promptly from 7am each week day.
- To lead on developing team skills in effectively using Staffplan to its full potential.
- Identify and report any safeguarding issues raised and take appropriate action.
- To ensure there are sufficient stocks of working hardware/phones etc.
- To monitor, order and maintain stocks of light equipment.
- To produce reports as required from Staffplan and other electronic systems.
- To resolve day to day iConnect phone issues.
- To contribute to service development and improvement.
- To carry out any role from other HCEM portfolios if service need requires this.

Portfolio responsibilities – Service Delivery

- To assess and support citizens through the enablement process to maximise their independence and establish the level of any on-going service need.
- To ensure service duration is appropriate to the needs of each individual and that an exit from the service takes place by an agreed date.
- To ensure that safe, effective and responsive care is delivered.
- To carry out an enablement Risk Assessment with each new service user.
- To ensure new services can safely commence within 1 day, 7 days a week, where required.
- To design and agree outcome-based Enablement Plans or Enhanced Assessments, including how these are to be achieved with each S/U, in conjunction with other professionals e.g. Social Workers/OTs etc.
- To ensure Enablement service file/tag etc are onsite for the start of the enablement programme.
- Arrange/order light equipment.
- To review progress towards achieving Enablement Plan outcomes or completion of Enhanced Assessments and inform ASP of these, including reporting to weekly MDT meetings as necessary.
- To set and communicate expected dates of discharge from Enablement Service with S/Us and those responsible for arranging follow-on care.

- Liaise with Workforce Manager to monitor employee performance.
- Identify and report any safeguarding issues raised and take appropriate action.
- Identify assistive technology solutions to support service user's independence.
- To work with workforce managers to ensure continuity of service.
- To contribute to service development and improvement.
- To carry out any role from other HCEM portfolios if service need requires this.
- To carry out robust moving and handling risk assessments with service users, to create and implement safe systems of work.

Portfolio responsibilities – Care Co-ordinator Workforce

- To manage the Enablement service workforce, to ensure excellent performance, to follow and complete all corporate and local procedures.
- To monitor the quality of service provision to ensure that safe, effective and responsive care is delivered and that care standards are met.
- To recruit and induct Enablement Assistants.
- To ensure all Enablement Assistants receive all the essential training and updates necessary to offer excellent care and be effective enablement practitioners.
- To monitor and manage the performance of Enablement service employees to include; supervision/PDR.
- To use Staff plan as a daily tool to monitor and manage the performance of staff.
- To collate reports on supervision/PDR stats.
- To ensure staff work safely.
- To investigate and report performance issues.
- To investigate and report employee disciplinary issues.
- Identify and report any safeguarding issues raised and take appropriate action.
- To manage attendance to agreed standards.

- To ensure all carers have an up to date DBS clearance.
- To carry out employee risk assessments as required e.g. maternity, accident or stress.
- To ensure good communication between employees and managers via local team meetings.
- To collate and report employee information/statistics as required.
- To support staff to use Staff plan and iConnect effectively and ensure that staff comply with the requirements of the system.
- To resolve day to day iConnect phone issues.
- To work with HCEM Work Flow to maximise service users' independence.
- To contribute to service development and improvement.
- To carry out any role from other HCEM portfolios if service need requires this.

Portfolio responsibilities – Extra Care Sheltered Housing.

- To manage the Enablement service workforce in ECSH schemes to ensure excellent performance and service.
- To ensure that safe, effective and responsive care is delivered.
- To recruit and induct Enablement Assistants.
- To ensure all Enablement Assistants receive all the essential training and updates needed to offer excellent care and be effective enablement practitioners.
- To monitor and manage the performance of Enablement service employees to include; supervision/PDR.
- To manage attendance to agreed standards.
- To ensure Safe Systems of Work/MH Risk Assessments and appropriate User-led support plans are in place and up to date.
- To ensure that S/U reviews and appraisals are carried out on time and that support plans reflect current Service User needs and objectives.
- To use Staffplan as a daily tool to monitor and manage the performance of staff.
- To collate reports on supervision/PDR stats.
- To ensure staff work safely.
- To investigate and report performance issues.
- To investigate and report employee disciplinary issues.
- Identify and report any safeguarding issues raised and take appropriate action.
- To ensure all carers have an up to date DBS clearance
- To carry out employee risk assessments as required ie maternity, accident or stress.
- To ensure good communication between employees and managers via local team meetings.
- To collate and report employee information/statistics as required.
- To support staff to use Staffplan and iConnect effectively and ensure that staff comply with the requirements of the system.
- To resolve day to day iConnect phone issues.
- To work with HCEM Work Flow to maximise service users' independence.
- To contribute to service development and improvement.
- To carry out any role from other HCEM portfolios if service need requires this.

Portfolio responsibilities – Night Care and out of hours

- To manage the efficient response to referrals to meet timescales, the allocation of staff resources and the appropriate response to out of hours changes, developments and enquiries.
- To ensure that safe, effective and responsive care is delivered.
- To manage the Night Care workforce to ensure excellent performance and service.
- To lead and support a robust duty system that responds and resolves all enquiries appropriately and promptly.
- To recruit and induct Night Care Assistants.
- To ensure all Night Care Assistants receive all the essential training and updates needed to offer excellent care and be effective enablement practitioners.
- To monitor and manage the performance of Night Care employees to include; supervision/PDR.
- To manage attendance to agreed standards.

- To ensure Safe Systems of Work/MH Risk Assessments and appropriate User-led support plans are in place and up to date.

- To ensure that S/U reviews and appraisals are carried out on time and that support plans reflect current Service User needs and objectives.
- To use Staffplan as a daily tool to monitor and manage the performance of staff.
- To collate reports on supervision/PDR stats.
- To ensure staff work safely.
- To investigate and report performance issues.
- To investigate and report employee disciplinary issues.
- Identify and report any safeguarding issues raised and take appropriate action.
- To ensure all carers have an up to date DBS clearance
- To carry out employee risk assessments as required ie maternity, accident or stress.
- To ensure good communication between employees and managers via local team meetings.
- To collate and report employee information/statistics as required.
- To support staff to use Staffplan and iConnect effectively and ensure that staff comply with the requirements of the system.
- To resolve day to day iConnect phone issues.
- To work to maximise service users' independence.
- To contribute to service development and improvement.
- To carry out any role from other HCEM portfolios if service need requires this.

Adult Social Care and Health

Person Specification

Job Title: Enablement Team Leader   **Grade:** GR4

Division: Specialist Care Services

Method of Assessment (M.O.A.) A.F. = Application Form; I = Interview; T. = Test or Exercise; C. = Certificate; P. = Presentation.

CRITERIA	ESSENTIAL	M.O.A.
Experience (Relevant work and other experience)	Experience of assessing and arranging care to suite service users needs in a care environment, and ensuring enablement outcomes are met.	AF/I
	Experience with service user including older adults, people with learning, physical or mental health disability.	AF
		AF
	Experience of managing people in a care setting.	AF
	Experience of working in a multi-disciplinary health and social care setting.	

Skills & Ability e.g. written communication skills, dealing with the public etc.	The ability to organise and prioritise own and others workloads and the efficient allocation of resources.	AF/I
	High level skills in assessing, monitoring and managing risk	AF/I
	Proven skills in leadership, mentoring and coaching staff.	AF/I
	Proven skills in managing and monitoring the performance of staff against set outcomes.	AF/I
	High level of verbal and written communication skills in English in order to communicate with citizens, other professionals and colleagues in other sections/departments.	AF/I/T
	Proven ability to work collaboratively to achieve shared outcomes	AF/I
	The ability to compile and report performance data.	AF/I/T
	Competent use of IT systems.	AF/I/T
Training		
Education/Qualifications NB: Full regard must be paid to overseas qualification	NVQ 3 in Care or equivalent	AF
	Willing and able to work towards achieving NVQ 4 or equivalent	AF/I
Other	Able to work from any BCC location to ensure business continuity.	AF/I
	Ability to work a rota covering evenings, weekends and Bank Holidays	AF/I
		AF/I

All staff are expected to **understand** and be **committed** to Equal Opportunities in employment and service delivery.

Birmingham City Council
Human Resources

Birmingham City Council

Adult Social Care and Health

Job Description

Post:	Enablement Team Manager	**Salary/Grade:**	GR5
Division:	Adult Social Care and Health	**Section:**	Specialist Care Services – Enablement service and Night Care and Out of Hour Service

1. Job Purpose

- To support the Registered Service Provision Manager for an area of the Enablement service, to ensure that it provides high quality care which is safe, effective, responsive, and well led.

- To support the Registered Service Provision Manager to ensure the efficient and effective delivery of the Enablement service across the city to ensure enablement targets are met.

- To support the Registered Service Provision Manager to develop and deliver professional practice, efficient and effective processes and procedures to ensure that the service constantly improves and evolves to meet changing demands.

2. Duties & Responsibilities

2.1 To support the Service Provision Manager to manage the day to day delivery of enablement services to maximise service users' independence and achieve the Directorates goals and targets.

2.2 To ensure that, within the Post holder's area of responsibility, standards of performance are established, progress regularly monitored and that these standards are met.

2.3 To contribute to producing robust and accurate performance information/reports to senior managers and elected members and to use information technology to capture work related data to report and manage performance

2.4 To contribute to initiatives and ideas for change and to participate in development and planning processes to ensure that the whole Enablement service evolves and improves to meet changing policies and priorities of the Directorate.

2.5 To support the Enablement Team Leader to ensure effective communication, liaison and collaborative working between all levels of business and partnerships both internally and externally to the Enablement Service, for the effective provision of the Enablement service and the meeting of Council and Directorate policies and plans.

2.6 To manage and address HR issues that arise, implementing Council procedures (e.g. Discipline, Dignity at Work, Managing Attendance) as appropriate.

2.7 To ensure that within the Postholder's area of responsibility that supervisions/PDR meetings are effectively completed in line with Directorate procedures.

2.8 To work with service users and carers to resolve complaints at the earliest stage and incorporate learning from complaints to ensure continued improvement and best practice.

2.9 To ensure that within the Postholder's area of responsibility the Directorate's Safeguarding procedures are adhered to.

2.10 To support the Enablement Team Leader to ensure the continual development of all levels of staff so that they are able to provide services which meet all required standards of the present and the future

2.11 To support the Enablement Team Leader to ensure that all services provided are appropriate, relevant and sensitive to the needs of all citizens and to actively promote anti-discriminatory practice.

2.12 To support the Enablement Team Leader to ensure that all Directorate and statutory requirements are met in respect of Health and Safety, Fire Regulations, inspection reports etc.

2.13 To provide cover for other Enablement Team Managers as directed and to take part in an "on Call" rota service to deal with out of hours emergencies as required.

2.14 To deputise for the Service Provision Manager as required.

2.15 To carry out any other duties which may be necessary to ensure that the above responsibilities are carried out.

3 **Supervision Received**

3.2 **Supervising Officer Job Title:**

Service Provision Manager

3.3 **Level of Supervision**

1. Plan own work to ensure the meeting of defined objectives.

4   **Supervision Given** (excludes those who are **indirectly** supervised i.e. through others).

Post Title	Grade	No. of Posts	Level of Supervision
Enablement Team Leader	GR 4	8	Direct

5   **Special Conditions**

□   This vacancy is exempt from the Rehabilitation of Offenders Act

□   A Criminal Records Bureau check will be undertaken

Observance of the **City Council's Equal Opportunities Policy** will be required.

PORTFOLIO RESPONSIBILITIES

Enablement Team Manager

To support the Enablement Team to:

Ensure the Directorate's enablement process is effectively implemented, monitored and reported in line with agreed policies and procedures.

Ensure the enablement process supports service users to maximise their independence to meet Directorate enablement targets.

Line manage Enablement Team Leaders to manage their practice, throughput of cases and provide guidance and training.

Foster the development of enablement practice to ensure that this constantly develops and improves.

Ensure that Quality Management systems are maintained and used to improve the service

Ensure the effective delivery of the Community Enablement Service.

Ensure all health and safety policies and procedures are adhered to, monitored and reported.

Contribute to service development and continuous improvement of the Enablement service

and to carry out the role of Enablement Team Manager workforce and duty as and when required.

Enablement Team Manager – Workforce and Duty

To support the Enablement Team to:

Ensure the smooth processing of all referrals, allocation of carers and associated paperwork.

Provide an efficient and effective duty system, working with colleagues form other teams and ensuring continuity of service and effective resolution of issues.

Ensure that Quality Management systems are maintained and used to improve the service

Ensure that the effective management and development of the care workforce

Provide regular and periodic management information reports.

Carry out line management of Enablement Team Leaders to ensure they meet targets for Supervisor, PDR, training etc.

Ensure the work planning and monitoring IT package is used to maximum efficiency, that staff are adequately trained to use them and ensure issues of concern are progressed.

Ensure all health and safety policies and procedures are adhered to, monitored and reported.

Contribute to service development and continuous improvement of the enablement service

and to carry out the role of Enablement Team Manager as and when required.

Adult Social Care and Health

Person Specification

Job Title: Enablement Team Manager   **Grade:**   GR5

Division: Specialist Care Services

Method of Assessment (M.O.A.) A.F. = Application Form; I = Interview; T. = Test or Exercise; C. = Certificate; P. = Presentation.

CRITERIA	ESSENTIAL	M.O.A.
Experience (Relevant work and other experience)	3 years experience of working in a management role.	AF/I/T
	Experience of successful budget control and financial management.	AF/I
	Experience of continuously developing and improving services, listening and responding to customer needs, pursuing innovation and providing the highest quality of service delivery.	AF/I/T
	Experience of successful partnership working, with colleagues and agencies.	AF/I
	Experience of managing a team in a changing environment.	AF/I/T

Skills & Ability e.g. written communication skills, dealing with the public etc.	Demonstrate a good understanding of the statutory Local Government framework, best practice, national; and council policies and of the wider social care agenda.	AF/I/T
	The ability to resolve problems relating to employees and customers.	AF/I
	Good verbal and written skills in English	AF/I
	Competent in the use of a variety of IT packages.	AF/I/T
	Ability to work on own initiative, prioritise and plan workload to meet deadlines and work to targets and deliver work to agreed timescales.	AF/I/T
	To understand the requirement of and be committed to equal opportunities in all aspects of the role.	AF/I/T
	Monitoring and improving the performance of teams in delivering agreed outcomes	AF/I/T
Training		
Education/Qualifications NB: Full regard must be paid to overseas qualification	NVQ4 supervisory management or equivalent Willing and able to work towards achieving NVQ level 5 or equivalent	AF/I
Other	Available to provide on call cover when required	AF/I

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Birmingham City Council
Human Resources

Adult Social Care and Health

Job Description

Post:	Service Provision Manager	**Salary/Grade:**	GR6
Division:	Adults and Communities	**Section:**	Specialist Care services

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1. <u>**Job Purpose**</u>

   - To take responsibility as Service Provision Manager (Registered Manager) for an area of the Enablement service, and ensure that it provides high quality care which is safe, effective, responsive, and well led.

   - To ensure the efficient and effective delivery of the Enablement service across the city to ensure enablement targets are met.

   - To develop and deliver professional practice, efficient and effective processes and procedures to ensure that the service constantly improves and evolves to meet changing demands.

2. <u>**Duties & Responsibilities**</u>

   2.1 To provide effective operational leadership, management vision and direction to staff groups engaged in the provision of Enablement services and to achieve a culture that promotes continuous improvement and equality of opportunity.

   2.2 Direct and control the efficient use of allocated resources in order to ensure effective services meet the Directorate's legal duties and policy objectives.

   2.3 To support the Directorate's senior management team in achieving all Council and Directorate objectives and outcomes.

   2.4 To ensure that, within the Post holder's area of responsibility, standards of performance are established, progress regularly monitored and that these standards are met.

2.5 To provide robust and accurate performance information/reports to senior managers and elected members and to use information technology to capture work related data to report and manage performance.

2.6 To manage and address HR issues that arise, implementing Council procedures (e.g. Discipline, Dignity at Work, Managing Attendance) as appropriate.

2.7 To initiate ideas for change where appropriate and to participate or lead as required in development and planning processes to ensure that the whole Enablement service evolves and improves to meet the policies and priorities established by the Directorate.

2.8 To ensure effective communication, liaison and collaborative working between all levels of business and partnerships both internally and externally to the Enablement Service, for the effective provision of Enablement and the meeting of Council and Directorate policies and plans.

2.9 To ensure that within the Post holder's area of responsibility that supervisions/PDR meetings are effectively completed in line with Directorate procedures.

2.10 To ensure that within the Post holder's area of responsibility financial and staffing targets are met, and to assist in the formulation of estimating budgets.

2.11 To ensure the continual development of all levels of staff so that they are able to provide services which meet all required standards of the present and the future.

2.12 Work with service users and carers to resolve complaints at the earliest stage and incorporate learning from complaints to ensure continued improvement and best practice.

2.13 To ensure that within the Post holder's area of responsibility the Directorate's Safeguarding procedures are adhered to.

2.14 To ensure that all services provided are appropriate, relevant and sensitive to the needs of all citizens and to actively promote anti-discriminatory practice.

2.15 To ensure that all Directorate and statutory requirements in respect of Health and Safety, etc., and care standards are met.

2.16   To provide cover for the Group Manager at meetings or in links with other bodies as may be required.

2.17   To take part in an "on Call" rota service to deal with out of hours emergencies as required.

2.18   To provide cover for similar Team Manager posts during leave or sickness.

2.19   To carry out duties which may be necessary to ensure that the above responsibilities are carried out.

<u>Supervision Received</u>

2.20   Supervising Officer Job Title:

Head of Service

2.21   Level of Supervision

1.   Plan own work to ensure the meeting of defined objectives.

3.   <u>Supervision Given</u> (excludes those who are indirectly supervised i.e. through others).

Post Title	Grade	No. of Posts	Level of Supervision
Enablement Team Manager	GR5	6	Direct
Enablement Team Leaders	GR4	As required	

4. <u>Special Conditions</u>

All Service Provision Managers must be a CQC registered manager for the Enablement service

- ❑　　This vacancy is exempt from the Rehabilitation of Offenders Act

- ❑　　A Criminal Records Bureau check will be undertaken

Observance of the City Council's Equal Opportunities Policy will be required.

Specific portfolio responsibilities – Night Care and Out of Hours Service

To forward plan the out of hours function to ensure continuity of service 24/7, 365 days per year and to provided an "on call" cover on a rota basis to deal with out of hours emergencies.

Adult Social Care and Health

Person Specification

Job Title: Service Provision Manager –   **Grade:**   GR6
               Enablement Service

Division: Adult Social Care and Health –
               Specialist Care Services

Method of Assessment (M.O.A.) A.F. = Application Form; I = Interview; T. = Test or Exercise; **C. = Certificate; P. = Presentation.**

CRITERIA	ESSENTIAL	M.O.A.
Experience (Relevant work and other experience)	Extensive line management responsibility in health/social care setting.	A/I
	Experience of establishing user and carer involvement mechanisms.	A/I
	Experience of developing new services or project management.	A/I
	Extensive experience of successful performance management.	A/I
	Experience of continuously developing and improving services.	A/I
	Extensive experience of successful budget control and financial management.	A/I
	Experience of effective partnership working, both corporately with other departments and with external organisations.	A/I

Skills & Ability e.g. written communication skills, dealing with the public etc.	Proven and effective skills in leadership and management, including decision making, business planning and an ability to provide effective supervision/PDR to achieve business objectives.	A/I/T
	Change management skills including an ability to use analytical and problem solving skills.	A/I/T
	The ability to manage resources (people, budgets, products and services) effectively.	A/I/T
	The ability to gather information and compile accurate reports.	AF/I
	The ability to manage complex employee relation situations.	AF/I
	High verbal and written communication skills in order to communicate with a wide range of audiences.	AF/I
	Competence in the use of a variety of IT packages	AF/T
	Ability to proactively identify opportunities to improve services and to develop strategies to manage change.	AF/I
	The ability to make decisions, prioritise and delegate.	AF/I
	An understanding of Quality Assurance principles.	AF/I
	An up-to-date knowledge of key legislation and policies which impact on adult social care providers. Skills in effective resource management (e.g. people, revenue budgets, buildings).	AF/I
	Skills in supervising and developing staff to achieve business objectives.	AF/I
	A strong applied value base in respect of Equality, diversity and Quality, which has enhanced service delivery.	AF/I
	Ability to gather information and compile accurate written reports.	I/T
	Ability to work on own initiative, prioritise and plan workload to meet deadlines and work to targets and deliver work to agreed timescales	AF/I/T

Training		
Education/Qualifications NB: Full regard must be paid to overseas qualification	Meet registration requirements of CQC NVQ Level 4 or equivalent	AF/I
Other	Available to provide on call cover when required	AF/I

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Week One

Name	Sat	Sun	Mon	Tues	Wed	Thur	Friday	
one (35 hours)	rest day	rest day	rest day	rest day	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	
two (35 hours)	rest day	rest day	rest day	rest day	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	
three (21 hours)	rest day	rest day	rest day	rest day	5-11pm	5-11pm	5-11pm	
four (17.5 hours)	rest day	rest day	rest day	rest day	6-11pm	6-11pm	6-11pm	
five (21 hours)	rest day	rest day	rest day	rest day	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	
six (17.5 hours)	rest day	rest day	rest day	rest day	7 - 10am 12 - 2pm	7 - 10am 12 - 2pm	7 - 10am 12 - 2pm	
seven (21 hours)	rest day	rest day	rest day	rest day	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	
eight (35 hours)	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	rest day	rest day	rest day	
nine (35 hours)	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	rest day	rest day	rest day	
ten (21 hours)	5-11pm	5-11pm	5-11pm	5-11pm	rest day	rest day	rest day	
eleven (17.5 hours)	6-11pm	6-11pm	6-11pm	6-11pm	rest day	rest day	rest day	
twelve (21 hours)	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	rest day	rest day	rest day	
thirteen (17.5 hours)	7 - 10am 12 - 2pm	7 - 10am 12 - 2pm	7 - 10am 12 - 2pm	7 - 10am 12 - 2pm	rest day	rest day	rest day	
fourteen (21 hours)	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	rest day	rest day	rest day	

WEEK TWO

Name	Sat	Sun	Mon	Tues	Wed	Thur	Friday	
one (35 hours)	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	rest day	rest day	rest day	
two (35 hours)	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	rest day	rest day	rest day	
three (21 hours)	5-11pm	5-11pm	5-11pm	5-11pm	rest day	rest day	rest day	
four (17.5 hours)	6-11pm	6-11pm	6-11pm	6-11pm	rest day	rest day	rest day	
five (21 hours)	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	rest day	rest day	rest day	
six (17.5 hours)	7 - 10am 12 - 2pm	7 - 10am 12 - 2pm	7 - 10am 12 - 2pm	7 - 10am 12 - 2pm	rest day	rest day	rest day	
seven (21 hours)	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	rest day	rest day	rest day	
eight (35 hours)	rest day	rest day	rest day	rest day	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	
nine (35 hours)	rest day	rest day	rest day	rest day	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	7-10.30am 12 - 2 4-8.30pm	
ten (21 hours)	rest day	rest day	rest day	rest day	5-11pm	5-11pm	5-11pm	
eleven (17.5 hours)	rest day	rest day	rest day	rest day	6-11pm	6-11pm	6-11pm	
twelve (21 hours)	rest day	rest day	rest day	rest day	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	7 - 10.30am 12 - 2.30pm	
Thirteen (17.5 hours)	rest day	rest day	rest day	rest day	7 - 10am 12 - 2pm	7 - 10am 12 - 2pm	7 - 10am 12 - 2pm	

WEEK TWO

| fourteen (21 hours) | rest day | rest day | rest day | rest day | 7 - 10.30am 12 - 2.30pm | 7 - 10.30am 12 - 2.30pm | 7 - 10.30am 12 - 2.30pm | |

Week 1							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
EA 1 30hrs	5-11pm	RD	8am - 2pm	8am - 1pm	7am - 2.30pm	8am - 2pm	8am - 2pm
EA 2 35 hrs	3.30-11pm	3.30-11pm	3.30-11pm	RD	RD	7am - 2.30pm	7am - 2.30pm
EA 3 25hrs	RD	8am - 1pm	8am - 1pm	8am - 1pm	7-11pm	RD	RD
EA 4 25hrs	8am - 12pm	6-11pm	RD	7am - 12pm	7am - 1pm	8am - 1pm	8am - 1pm
EA 5 20hrs	7 - 11am	7 - 11am	7-11pm	4 - 10pm	RD	8am - 12pm	8am - 12pm
EA 6 25hrs	RD	8am - 12pm	8am - 2pm	8am - 12pm	8am - 1pm	RD	RD
EA 7 25hrs	6 - 10pm	RD	RD	7 - 11am	7 - 11am	7 - 11am	7 - 11am
EA 8 20hrs	7 - 11am	7 - 11am	7 - 11am	RD	RD	7 - 11am	7 - 11am
EA 9 25hrs	8am - 12pm	RD	7-11pm	4 - 10pm	6-11pm	RD	RD
EA 10 30hrs	8am - 2pm	8am - 2pm	RD	8am - 2pm	8am - 2pm	4 - 10pm	4 - 10pm
EA 11 30hrs	8am - 2pm	8am - 2pm	7am - 2.30pm	RD	4 - 9pm	4 - 10pm	4 - 10pm
EA 12 30hrs	RD	4 - 10pm	4 - 10pm	5-11pm	4 - 10pm	RD	RD
EA 13 25hrs	4 - 9pm	RD	RD	7am - 12pm	8am - 1pm	6-11pm	6-11pm
EA 14 20hrs	7 - 11am	7 - 11am	7 - 11am	RD	RD	7-11pm	7-11pm
EA 15 20hrs	RD	5 - 10pm	6 - 9pm	6-11pm	7 - 10pm	RD	RD

Week 2							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
EA 1 30hrs	RD	8am - 2pm	8am - 2pm	8am - 2pm	8am - 2pm	RD	RD
EA 2 35 hrs	7am - 2.30pm	7 - 2.30pm	RD	7am - 2.30pm	7am - 2.30pm	3.30-11pm	3.30-11pm
EA 3 25hrs	8am - 1pm	4 - 9pm	6 - 10pm	RD	7am - 11pm	4 - 10pm	4 - 10pm
EA 4 25hrs	RD	8am - 12pm	7am - 2.30pm	8am - 12pm	8 - 11am	RD	RD
EA 5 20hrs	7 - 11am	RD	RD	6-11pm	6 - 10pm	6 - 10pm	6 - 10pm
EA 6 25hrs	4 - 10pm	6 - 10pm	6-11pm	RD	8am - 1pm	7am - 12pm	7am - 12pm
EA 7 25hrs	RD	7 - 11am	7 - 11am	7 - 10am	7-11pm	RD	RD
EA 8 20hrs	7-11pm	RD	7 - 11am	7 - 11am	7-11pm	7-11pm	7-11pm
EA 9 25hrs	8am - 2pm	8am - 11am	4 - 10pm	5-11pm	RD	8am - 1pm	8am - 1pm
EA 10 30hrs	RD	7am - 1pm	8am - 2pm	4 - 10pm	4 - 10pm	RD	RD
EA 11 30hrs	4 - 10pm	RD	RD	8am - 2pm	7am - 1pm	8am - 2pm	8am - 2pm
EA 12 30hrs	8am - 2pm	4 - 10pm	4 - 10pm	RD	RD	8am - 2pm	8am - 2pm
EA 13 25hrs	RD	7 - 11am	8am - 2pm	4 - 9pm	4 - 9pm	RD	RD
EA 14 20hrs	6-11pm	7-11pm	RD	8 - 11am	8 - 11am	7 - 11am	7 - 11am

EA 15 20hrs	7 - 11am	7-11pm	7-11pm	RD	RD	7 - 11am	7 - 11am
Week 3							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
EA 1 30hrs	4 - 10pm	4 - 10pm	4 - 10pm	RD	RD	4 - 10pm	4 - 10pm
EA 2 35 hrs	RD	7am - 2.30pm	7am - 2.30pm	7am - 2.30pm	3.30-11pm	RD	RD
EA 3 25hrs	4 - 10pm	RD	RD	8am - 12pm	8am - 1pm	8am - 1pm	8am - 1pm
EA 4 25hrs	6-11pm	6-11pm	6-11pm	RD	RD	4 - 10pm	4 - 10pm
EA 5 20hrs	RD	8 - 11am	7 - 11am	7 - 11am	8am - 1pm	RD	RD
EA 6 25hrs	8am - 2pm	RD	RD	8am - 1pm	7-11pm	6-11pm	6-11pm
EA 7 25hrs	7 - 11am	7-11pm	7-11pm	RD	7 - 12am	7-11pm	7-11pm
EA 8 20hrs	RD	7 - 11am	7 - 11am	7-11pm	6 - 10pm	RD	RD
EA 9 25hrs	5-11pm	RD	RD	7am - 12pm	8am - 1pm	7am - 12pm	7am - 12pm
EA 10 30hrs	8am - 2pm	4 - 10pm	4 - 10pm	RD	RD	8am - 2pm	8am - 2pm
EA 11 30hrs	RD	8am - 2pm	8am - 2pm	4 - 10pm	4 - 10pm	RD	RD
EA 12 30hrs	8am - 2pm	8am - 2pm	RD	8am - 1pm	7am - 2.30pm	8am - 2pm	8am - 2pm
EA 13 25hrs	7am - 1pm	8am - 11pm	8am - 1pm	4 - 10pm	RD	7am - 12pm	7am - 12pm

EA 14 20hrs	RD	7 - 11am	8am - 12pm	6-11pm	7-11pm	RD	RD
EA 15 20hrs	7 - 11am	RD	8am - 11am	8am - 11am	7am - 12am	7am - 11am	7am - 11am

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CC1	3.30 - 11.30pm	rest day	6.45 -2.45	6.45 - 2.45	6.45 - 1.45	3.30 - 11.30pm	3.30 - 11.30pm
CC2	3.30 - 11.30pm	rest day	6.45 -2.45	6.45 - 2.45	6.45 - 1.45	3.30 - 11.30pm	3.30 - 11.30pm
CC3	6.45 -2.45	6.45 - 2.45	rest day	8.45 - 5.15	8.45 - 4.15	6.45 - 2.45	8.45 - 5.15
CC4	6.45 -2.45	6.45 - 2.45	rest day	8.45 - 5.15	8.45 - 4.15	6.45 - 2.45	8.45 - 5.15
CC5	8.45 - 5.15	8.45 - 5.15	8.45 - 5.15	8.45 - 4.15	rest day	8.45 - 5.15	6.45 - 2.45
CC6	8.45 - 5.15	8.45 - 5.15	8.45 - 5.15	8.45 - 4.15	rest day	8.45 - 5.15	6.45 - 2.45
CC7	8.45 - 5.15	6.45 - 2.45	rest day	8.45 - 5.15	8.45 - 4.15	rest day	rest day
CC8	6.45 -2.45	rest day	6.45 -2.45	6.45 -2.45	6.45 -1.45	rest day	rest day
CC9	8.45 - 5.15	8.45 - 5.15	8.45 - 5.15	rest day	8.45 - 4.15	rest day	rest day
CC10	8.45 - 5.15	8.45 - 5.15	8.45 - 5.15	rest day	6.45 -1.45	rest day	rest day
CC11	rest day	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day
CC12	rest day	3.30 - 11.30pm	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CC1	rest day	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day

CC2	rest day	3.30 - 11.30pm	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day
CC3	4.30 - 11.30pm	rest day	8.45 - 5.15	8.45 - 5.15	8.45 - 4.15	rest day	rest day
CC4	3.30 - 11.30pm	rest day	8.45 - 5.15	8.45 - 5.15	8.45 - 4.15	rest day	rest day
CC5	6.45 -2.45	rest day	8.45 - 5.15	8.45 - 5.15	8.45 - 4.15	rest day	rest day
CC6	8.45 - 5.15	8.45 - 5.15	rest day	8.45 - 5.15	8.45 - 4.15	rest day	rest day
CC7	6.45 -2.45	6.45 -2.45	6.45 -2.45	rest day	6.45 -1.45	3.30 - 11.30pm	3.30 - 11.30pm
CC8	8.45 - 5.15	8.45 - 5.15	rest day	8.45 - 5.15	8.45 - 4.15	3.30 - 11.30pm	3.30 - 11.30pm
CC9	8.45 - 5.15	8.45 - 5.15	rest day	6.45 -2.45	6.45 -1.45	6.45 -2.45	8.45 - 5.15
CC10	8.45 - 5.15	8.45 - 5.15	8.45 - 5.15	rest day	6.45 -1.45	6.45 -2.45	8.45 - 5.15
CC11	6.45 -2.45	6.45 -2.45	6.45 -2.45	6.45 -1.45	rest day	8.45 - 5.15	6.45 -2.45
CC12	6.45 -2.45	6.45 -2.45	6.45 -2.45	6.45 -1.45	rest day	8.45 - 5.15	6.45 -2.45
Week 3	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
CC1	8.45 - 5.15	8.45 - 5.15	rest day	8.45 - 5.15	8.45 - 4.15	8.45 - 5.15	6.45 -2.45
CC2	8.45 - 5.15	8.45 - 5.15	rest day	6.45 -2.45	6.45 -1.45	8.45 - 5.15	6.45 -2.45
CC3	6.45 -2.45	6.45 -2.45	8.45 - 5.15	8.45 - 4.15	rest day	3.30 - 11.30pm	3.30 - 11.30pm

CC4	6.45 -2.45	6.45 -2.45	8.45 - 5.15	8.45 - 4.15	rest day	3.30 - 11.30pm	3.30 - 11.30pm
CC5	3.30 - 11.30pm	rest day	6.45 -2.45	6.45 -2.45	6.45 -1.45	6.45 -2.45	8.45 - 5.15
CC6	3.30 - 11.30pm	rest day	6.45 -2.45	6.45 -2.45	6.45 -1.45	6.45 -2.45	8.45 - 5.15
CC7	rest day	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day
CC8	rest day	3.30 - 11.30pm	3.30 - 11.30pm	4.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day
CC9	3.30 - 11.30pm	rest day	8.45 - 5.15	8.45 - 5.15	6.45 -1.45	rest day	rest day
CC10	6.45 -2.45	6.45 -2.45	6.45 -2.45	rest day	8.45 - 4.15	rest day	rest day
CC11	8.45 - 5.15	8.45 - 5.15	8.45 - 5.15	rest day	8.45 - 4.15	rest day	rest day
CC12	8.45 - 5.15	8.45 - 5.15	rest day	8.45 - 5.15	8.45 - 4.15	rest day	rest day

Week 4	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CC1	8.45 - 5.15	8.45 - 5.15	rest day	6.45 -2.45	6.45 -1.45	rest day	rest day
CC2	8.45 - 5.15	8.45 - 5.15	rest day	8.45 - 5.15	8.45 - 4.15	rest day	rest day
CC3	rest day	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day
CC4	rest day	3.30 - 11.30pm	3.30 - 11.30pm	4.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day
CC5	6.45 -2.45	rest day	8.45 - 5.15	8.45 - 5.15	8.45 - 4.15	rest day	rest day

CC6	rest day	6.45 -2.45	6.45 -2.45	6.45 -2.45	6.45 -1.45	rest day	rest day
CC7	3.30 - 11.30pm	rest day	6.45 -2.45	8.45 - 5.15	8.45 - 4.15	8.45 - 5.15	6.45 -2.45
CC8	3.30 - 11.30pm	rest day	8.45 - 5.15	8.45 - 5.15	8.45 - 4.15	8.45 - 5.15	6.45 -2.45
CC9	6.45 -2.45	6.45 -2.45	6.45 -2.45	6.45 -1.45	rest day	3.30 - 11.30pm	3.30 - 11.30pm
CC10	8.45 - 5.15	8.45 - 5.15	8.45 - 4.15	3.30 - 11.30pm	rest day	3.30 - 11.30pm	3.30 - 11.30pm
CC11	8.45 - 5.15	8.45 - 5.15	8.45 - 5.15	rest day	6.45 -1.45	6.45 -2.45	8.45 - 5.15
CC12	6.45 -2.45	6.45 -2.45	6.45 -2.45	rest day	8.45 - 4.15	6.45 -2.45	8.45 - 5.15

Week 5	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CC1	8.45 - 5.15	8.45 - 5.15	8.45 - 5.15	rest day	8.45 - 4.15	6.45 -2.45	8.45 - 5.15
CC2	8.45 - 5.15	8.45 - 5.15	8.45 - 5.15	rest day	6.45 -1.45	6.45 -2.45	8.45 - 5.15
CC3	6.45 -2.45	6.45 -2.45	rest day	6.45 -2.45	8.45 - 4.15	8.45 - 5.15	6.45 -2.45
CC4	6.45 -2.45	6.45 -2.45	rest day	8.45 - 5.15	8.45 - 4.15	8.45 - 5.15	6.45 -2.45
CC5	8.45 - 5.15	6.45 -2.45	6.45 -2.45	6.45 -1.45	rest day	3.30 - 11.30pm	3.30 - 11.30pm
CC6	8.45 - 5.15	8.45 - 5.15	8.45 - 5.15	6.45 -1.45	rest day	3.30 - 11.30pm	3.30 - 11.30pm
CC7	2.30 - 10.30pm	rest day	6.45 -2.45	8.45 - 5.15	8.45 - 4.15	rest day	rest day

CC8	2.30 - 10.30pm	rest day	6.45 -2.45	6.45 -2.45	6.45 -1.45	rest day	rest day
CC9	rest day	3.30 - 11.30pm	3.30 - 11.30pm	4.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day
CC10	rest day	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day
CC11	6.45 -2.45	rest day	8.45 - 5.15	8.45 - 5.15	6.45 -2.45	rest day	rest day
CC12	8.45 - 5.15	8.45 - 5.15	rest day	8.45 - 5.15	8.45 - 4.15	rest day	rest day

Week 6	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
CC1	6.45 -2.45	6.45 -2.45	rest day	8.45 - 5.15	8.45 - 4.15	rest day	rest day
CC2	8.45 - 5.15	6.45 -2.45	rest day	8.45 - 5.15	6.45 -2.45	rest day	rest day
CC3	6.45 -2.45	rest day	8.45 - 5.15	8.45 - 5.15	6.45 -1.45	rest day	rest day
CC4	6.45 -2.45	8.45 - 5.15	rest day	6.45 -2.45	8.45 - 4.15	rest day	rest day
CC5	rest day	3.30 - 11.30pm	3.30 - 11.30pm	4.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day
CC6	rest day	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	rest day	rest day
CC7	8.45 - 5.15	8.45 - 5.15	6.45 -2.45	rest day	8.45 - 4.15	6.45 -2.45	8.45 - 5.15
CC8	8.45 - 5.15	8.45 - 5.15	6.45 -2.45	resy day	8.45 - 4.15	6.45 -2.45	8.45 - 5.15
CC9	8.45 - 5.15	8.45 - 5.15	8.45 - 5.15	8.45 - 4.15	rest day	8.45 - 5.15	6.45 -2.45

CC10	8.45 - 5.15	6.45 -2.45	6.45 -2.45	6.45 -1.45	rest day	8.45 - 5.15	6.45 -2.45
CC11	3.30 - 11.30pm	rest day	8.45 - 5.15	6.45 -2.45	6.45 -1.45	3.30 - 11.30pm	3.30 - 11.30pm
CC12	3.30 - 11.30pm	rest day	8.45 - 5.15	6.45 -2.45	8.45 - 4.15	3.30 - 11.30pm	3.30 - 11.30pm

week 1

Name		tues	wed	thur	fri	sat	sun
ETL 1	6.45am - 2.45pm	6.45am - 2.45pm	6.45am - 2.45pm	rest day	6.45am - 1.45pm	6.45am - 2.45pm	6.45am - 2.45pm
ETL2	3.30 - 11.30pm	rest day	rest day	6.45am - 2.45pm	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm
ETL 3	rest day	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	4.30 - 11.30pm	rest day	rest day
EATM	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 4.15pm	rest day	11am - 7pm	11am - 7pm
ETAM	8.45am - 5.15pm	8.45am - 5.15pm	rest day	8.45am - 5.15pm	8.45am - 4.15pm	rest day	rest day
ETAM	3.30 - 11.30pm					rest day	rest day
ETAM		3.30 - 11.30pm				rest day	rest day
ETAM			3.30 - 11.30pm			rest day	rest day
ETAM				3.30 - 11.30pm		rest day	rest day

week 2

Name	mon	tues	wed	thur	fri	sat	sun
ETL 1	3.30 - 11.30pm	rest day	rest day	6.45am	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm
ETL 2	rest day	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	4.30 - 11.30pm	rest day	rest day

ETL 3	6.45am - 2.45pm	6.45am - 2.45pm	6.45am - 2.45pm	rest day	6.45am - 1.45pm	6.45am - 2.45pm	6.45am - 2.45pm
ETAM	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 4.15pm	rest day	rest day	rest day
ETAM	8.45am - 5.15pm	8.45am - 5.15pm	rest day	8.45am - 5.15pm	8.45am - 4.15pm	11am - 7pm	11am - 7pm
ETAM		3.30 - 11.30pm				rest day	rest day
ETAM			3.30 - 11.30pm			rest day	rest day
ETAM				3.30 - 11.30pm		rest day	rest day
ETAM	3.30 - 11.30pm					rest day	rest day

week 3

Name	mon	tues	wed	thur	fri	sat	sun
ETL 1	rest day	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	4.30 - 11.30pm	rest day	rest day
ETL2	6.45am - 2.45pm	6.45am - 2.45pm	6.45am - 2.45pm	rest day	6.45am - 1.45pm	6.45am - 2.45pm	6.45am - 2.45pm
ETL3	3.30 - 11.30pm	rest day	rest day	6.45am	4.30 - 11.30pm	3.30pm	3.30pm
ETAM	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 4.15pm	rest day	11am - 7pm	11am - 7pm
ETAM	8.45am - 5.15pm	8.45am - 5.15pm	rest day	8.45am - 5.15pm	8.45am - 4.15pm	rest day	rest day

ETAM-			3.30 - 11.30pm			rest day	rest day
ETAM-				3.30 - 11.30pm		rest day	rest day
ETAM-	3.30 - 11.30pm					rest day	rest day
ETAM-		3.30 - 11.30pm				rest day	rest day

week 4

Name	mon	tues	wed	thur	fri	sat	sun
ETL 1	6.45am - 2.45pm	6.45am - 2.45pm	6.45am - 2.45pm	rest day	6.45am - 1.45pm	6.45am - 2.45pm	6.45am - 2.45pm
ETL 2	3.30 - 11.30pm	rest day	rest day	6.45am - 2.45pm	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm
ETL 3	rest day	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	4.30 - 11.30pm	rest day	rest day
ETAM	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 4.15pm	rest day	rest day	rest day
ETAM	8.45am - 5.15pm	rest day	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 4.15pm	11am - 7pm	11am - 7pm
ETAM				3.30 - 11.30pm		rest day	rest day
ETAM	3.30 - 11.30pm					rest day	rest day
ETAM		3.30 - 11.30pm				rest day	rest day

Name	mon	tues	wed	thur	fri	sat	sun
ETAM			3.30 - 11.30pm			rest day	rest day

Week 5

Name	mon	tues	wed	thur	fri	sat	sun
ETL 1	3.30 - 11.30pm	rest day	rest day	6.45am	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm
ETL 2	rest day	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	4.30 - 11.30pm	rest day	rest day
ETL 3	6.45am - 2.45pm	6.45am - 2.45pm	6.45am - 2.45pm	rest day	6.45am - 1.45pm	6.45am - 2.45pm	6.45am - 2.45pm
EATM	8.45am - 5.15pm	8.45am - 5.15pm	rest day	8.45am - 5.15pm	8.45am - 4.15pm	11am - 7pm	11am - 7pm
EATM	8.45am - 5.15pm	rest day	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 4.15pm	rest day	rest day
EATM-	3.30 - 11.30pm					rest day	rest day
EATM-		3.30 - 11.30pm				rest day	rest day
EATM-			3.30 - 11.30pm			rest day	rest day
EATM-				3.30 - 11.30pm		rest day	rest day

Week 6

Name	mon	tues	wed	thur	fri	sat	sun
ETL 1	rest day	3.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm	4.30 - 11.30pm	rest day	rest day
ETL 2	6.45am - 2.45pm	6.45am - 2.45pm	6.45am - 2.45pm	rest day	6.45am - 1.45pm	6.45am - 2.45pm	6.45am - 2.45pm
ETL 3	3.30 - 11.30pm	rest day	rest day	6.45am	4.30 - 11.30pm	3.30 - 11.30pm	3.30 - 11.30pm
EATM	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 5.15pm	8.45am - 4.15pm	rest day	rest day	rest day
EATM	8.45am - 5.15pm	8.45am - 5.15pm	rest day	8.45am - 5.15pm	8.45am - 4.15pm	11am - 7pm	11am - 7pm
EATM -		3.30 - 11.30pm				rest day	rest day
EATM -			3.30 - 11.30pm			rest day	rest day
EATM -				3.30 - 11.30pm		rest day	rest day
EATM -	3.30 - 11.30pm					rest day	rest day

Measuring the Outcomes of Enablement

Background

The Enablement Service is accessed via a referral made to the service. The format of the referral may differ dependent on the referral route. An enablement plan is completed by the Enablement Team once the referral is processed.

The current "enablement plan" is a somewhat misleading document in that it is structured to capture the support provided in a traditional home care context. The document has detailed sections that capture the care delivered. It however lacks any detail on goals or expected/desired outcomes for the citizen at the end of enablement. Whilst the document requests that the Enablement Team input whether or not the citizen has been enabled – without a baseline position along with goals or a defined future state it is arguably impossible to say whether or not the citizen has been enabled.

In Birmingham the outcome of enablement is measured by a proxy for the level of need post enablement. This presents a situation where there is arguably a high margin for error as there isn't a known baseline for needs that the post enablement state is judged against.

Proposed Principles for Measuring Outcomes

- The baseline level of need/independence/function is captured at the very start of enablement
- Goals are agreed with the citizen at the very start of enablement (including quality of life goals)
- Levels of need and progress against goals are measured and documented on a weekly basis
- The individual outcome is measured by the difference in the baseline level of need/independence along with progress on goals
- The macro level outcome is measured by impact on existing care packages and where there is no existing care package informed by the individual measure

There are a number of tools available for measuring improvement in function. One that has been well documented and used by a number of other authorities is the Derby Outcome Measures. Developed by the NHS in Derby it is freely available for use and adaptation by Local Authorities as long as it acknowledges Derby City NHS. Due to the ease of use and the ability to adapt it, the Derby Outcome Measure is being proposed as the basis for capturing baseline need/independence/function, progress and measuring the outcome of enablement. It is proposed that the Derby Outcome Measure is adapted to incorporate goals and any other detail deemed necessary.

Community Dependency Index

Training 3rd June 2013

By

Shantina Morgan

&

Jenneane Reid

Ice Breaker

Ground Rules

What is Occupational Therapy

http://www.youtube.com/watch?v=89z9jIzq5wk

Session Objectives:

- What are your expectations for today's session-desired learning outcomes.

- What is the Community Dependency Index (CDI)

- To indentify 3 benefits of implementing the CDI within your specialist setting.

- Quiz

- Case scenario.

- Evaluation

Desired Learning outcomes for the session

Please get into your specialist groups and nominate one person to feedback.

What is your understanding of CDI

CDI

Community Dependency Index

- Developed by Pamela Eakin (1995)
- Discrepancies with Barthel Index
- Standardised assessment tool
- Adhere to the assessment requirements of the new Community Care policy.
- Assess the level of need
- Measure/evaluate the outcome of intervention.
- Summarises the level of overall independence before and after intervention
- Consists of 10 self care items with focus to a person's environment
- Score out of 100. 100=Fully independent

What does the Theory say about CDI??

Evidence based practice

- International Journal of Therapy and Rehabilitation http://www.ijtr.co.uk/

- House of Commons Article (2000)

- British Journal of Occupational Therapy 58(1), January 1995, pp.17-22

Who uses CDI?

- Occupational Therapists
- Community Nurses
- Social Workers
- Care Managers
- Others- responsible for the assessment of disabled and elderly people living in the community.

CDI…Why should I Use it??

- Assists with identifying Service users with a potential for increasing independence.

- Easy to complete.

- Useful measure to determine whether a Service User has potential for rehabilitation.

- Quick to administer

- No special training required to administer tool

Coffee break

Case studies

Assessment forms

Quiz

Questions

Evaluation

End of session

Community Dependency Index

Clients Name: ………………………M/F ……. Date of birth.………............... GP ……………………………………………

Care First No.………………………

CDI scoring	Dependent ----Independent (fully assisted) (No assistance)				CDI start	CDI finish	Start date	Finish date
1. **Personal toilet** (wash face, comb hair, shave, clean teeth	0			5				
2. **Feeding** (If food needs to be cut up = help)	0	5		10				
3. **Sit to stand transfer. Bed transfers and return** (includes turning in bed) (wheelchair to chair and bed applies)	0	5	10	15				
4. **Getting on and off toilet** (handle clothes, wipe, flush and transferring)	0	5		10				
5. **Walking 50 yards outside** (or propelling wheelchair) score only if unable to walk	0 5 10 15 0* 0* 5* 5*							
6. **Dressing** (Includes laces and fasteners) (Look at dressing lower body and upper body)	0	5 5		10				
7. **Bathing self** (all over body wash, bath or shower) (ability to turn taps- controls and dry themselves) Transfers in-out of bath/shower.	0	0		5				
8. **Ascending and descending stairs.**	0	5		10				
9. **Controlling bladder/bowels**	0	5		10				
10. **Engagement**	0	5		10				
Total	Total /100				-	-	-	-

CDI scoring guide

1. **Personal toilet** Dependent (any help, supervision or difficulty) = 0, Independent = 5
2. **Feeding** Dependent = 0, With help or difficulty = 5, Independent = 10
3. **Sit to stand transfer. Bed transfers and return** Has to be lifted = 0, Any help / supervision or difficulty = 5, Independent in chair, not bed = 10, Independent in chair and bed = 15
4. **Getting on and off toilet** Not able to transfer / help to empty commode = 0, Any difficulty or needs help to balance, handle clothes, use toilet paper, emptying commode = 5, Independent in transfer, clothes, toilet paper, emptying commode = 10
5. **Walking 50 yards outside** Unable to walk or propel wheelchair = 0. Able to propel wheelchair, including access = 5. Able to walk with supervision or difficulty = 10. Walks alone and independent access = 15.
6. **Dressing** Needs help to put on / fasten most of clothing= 0. Needs help to put on / fasten some clothing (less than half) or any other difficulty = 5. Puts on / fastens all clothing independently and in reasonable time = 10.
7. **Bathing self** Any help or difficulty = 0. Independent (verbal supervision allowed) = 5.
8. **Ascending and descending stairs** **(NB: If the Subject does not have stairs in the house count as independent (10) because they are not an obstacle to independence in the home, even if they are obstacles in the community)** Unable to climb stairs = 0. Has difficulty / needs help or supervision to climb stairs = 5. Independent (including lift) or stairs not an obstacle = 10.
9. **Continence of the bladder / bowel.** No bowel control / no bladder control = 0. Help with enema, help with external device or cannot reach toilet in time = 5. Has bowel control, has bladder control, manages external devices = 10.
10. **Engagement** Unable to engage/increase in support = 0, Some engagement with assistance = 5, Engaged and showing success and or Enabled = 10
Total- out 100.

ENABLEMENT REDESIGN OVERSIGHT WORKING GROUP

Workforce data – BCC Enablement Assistants (April 2018 payroll data)

222 headcount (excluding night care, ECSH, LD Enablement services)

contract hours	Headcount (%)
10-20 hours	32 (14.4)
21-25 hours	27 (12.3)
26-30 hours	48 (21.6)
31 hours+	115 (51.8)
TOTAL	**222**

age group	Headcount (%)
under 40	19 (8.6)
40-49	91 (41)
50-59	99 (44.6)
60+	13 (5.9)
TOTAL	**222**

gender	Headcount (%)
Male	17 (7.7)
Female	205 (92.3)
TOTAL	**222**

Redundancy costs

Total indicative cost of 'redundancy compensation' for reduced hours (if all staff were moved to 22.75 hour contracts) = £320K.

Of 184 staff potentially eligible for 'redundancy compensation' for reduced hours the average payment would be £1,700. For 103 staff working 33.5 hours+ the average payment would be £2,300

For staff over 55 (41 employees) there is potential for flexible retirement benefits; ruding hours and accessing pension.

This is based on current BCC redundancy compensation (same payment whether compulsory or voluntary redundancy). There is potentially discretion to enhance payments where there is a negotiated agreement.

Pay

Average hourly pay rate of selected job roles by area	England	Region	Birmingham
National Living Wage *	£7.50	£7.50	£7.50
Senior care worker	£8.66	£8.81	£9.22
Care worker	£7.85	£7.97	£7.94
Support & outreach	£9.11	£9.45	£9.17

Skills for Care data captured for the local authority sector as at September 2017 and the independent sector as at February 2018. At the time of analysis the National Living Wage was £7.50.

*BCC is an accredited Living Wage Employer, paying a minimum of £8.45 per hour (during 2017/18)

88% of Enablement Assistants are paid at spine point 17 (Grade 2 pay range is pay points 11-19), and earned £9.34 p/h from April 2017. This rose to £9.81 p/h in April 2018 as a result of the national pay award.   G4 Annual salary full time (April 2018) = £17,007 - £19,446.

It is important to recognise the value of the total reward package for BCC – the Local Government (defined benefit) pension scheme, with substantial employer contributions, is a generous element of a competitive remuneration package.

A job search for enablement/reablement assistant type roles within local authorities returns vacancies with pay ranging from £8-£11 p/h – examples at appendix 1.

Appendix 1 – example Enablement/ Re-ablement Assistant type roles in West Midlands/ local authorities

Reablement Assistant - Surrey County Council
£17,896 a year - Part-time (£9.40 p/h)

We currently have a variety of part time hours available, including evenings, weekends and Bank contracts. Please call or email to discuss our shift patterns and hours.

Local government salary-related pension offered, discounted child care vouchers as well as many staff discounts and offers including gym membership, dental insurance, shopping cards, hotels and adult learning courses. For more information, please visit **MyBenefits for Surrey County Council staff.**

Reablement Assistant – Wakefield Council
Salary £12,543 - £13,247 (actual salary) 26.25 hours per week (@£11.40 p/h)

We are looking to appoint a 26.25 hours self-motivated and enthusiastic Reablement assistant to work within Wakefield Council's Adult Integrated Care Service in partnership with NHS Community Health Services. This is an essential service which works 7 days per week 52 weeks of the year and involves covering a 2 week rota and includes early shifts afternoon shifts, weekends and bank holidays.

Applicants must be car drivers and have the use of a vehicle. Reablement is a short and intensive service, usually delivered in the service user's own home, which is offered to people with disabilities and those who are recovering from an illness or injury.

The Reablement team have received excellent feedback from CQC and have a 'good' rating in their last inspection report. We also received ' highly commended' in a top team award for Wakefield Council for the last two years and were nominated in the Local Government Chronicle awards 2018 finishing in the top 8 authorities across the country

Reablement Assistants - West Berkshire Council
£16,863 - £19,819, pro rata (£10.40 p/h)

The team works a rolling rota, we would like to hear from applicants who are able to work within our fixed rotational shift patterns – working either 14, 18.5, 22.75 or 32.5 hours per week and would give a starting salary of (£15,238 with no NVQ2, £16,772 with NVQ2). Essential Car User allowance of £120 per annum is also paid as well as a generous mileage allowance of 97.1p per mile for the first 1,500 miles per year, 40.9p per mile after 1,500 upto 8,500 miles per year and 14.4 per mile after 8,500 miles per year.

West Berkshire Council offer excellent employment benefits such as access to a wide range of relevant training, local government pension scheme, family friendly policies, a range of local discounts and much more. You will also be entitled to a generous annual leave.

Enablement support worker vacancies – Kent County Council
£18,059 pro rata (@£9.60 p/h)
Whether you want weekend, morning or evening work, our roles offer flexible hours to fit around your current lifestyle. If you are hardworking and compassionate, with the ability to travel independently around a wide geographical area, then we would like to hear from you.

- Starting salary £18,059 pro rata
- Contract type: permanent, part time
- Number of hours: various hours available
- Paid mileage (45p/mile)
- Paid holiday
- Guaranteed hours

<u>Mobile Care Assistant - Lancashire County Council</u>
2 x 30 hour posts and 1 x 20 hour post
£16,882 - £17,391 pro-rata (@£8.90 - £9.13 p/h)

Would you enjoy the variety of working in residential and domiciliary care, but want the stability that comes with a permanent contract with guaranteed hours? We are recruiting Care Assistants to join our new Peripatetic Care Service Team offering support to vulnerable members of our communities.

•Excellent pay rates plus enhancements
•Paid Mileage
•Driving licence and vehicle required
•Opportunities for progression

Shifts include mornings, evenings, and alternate weekends including bank holidays as required.

We offer Living wage pay rates and weekend/BH enhancements

Information briefing

Report From: **Graeme Betts**

Date: **04/07/18**

Title: **Enablement Service – Redesign business case**

Context

Enablement is a community based, therapy led service provided to service users in their own home aimed at helping people recover skills and confidence to live at home; maximising their independence so that their need for on-going social care support can be appropriately minimised.

The Newton review of the older peoples pathway in Birmingham (October 2017) identified that Enablement could make a significant contribution to effective intermediate care in the city; However, the current BCC Enablement service was identified as poor performing by the CQC in January 2018. BCC Enablement performance is poor compared to other authorities.

The objective of the redesign business case is to establish a high performing, effective and value for money Enablement Service, focused on improving quality of life for Birmingham citizens, maximising independence and reducing demand on care and health services.

Currently, most staff are working on individual rotas which are based on their availability for work and not the needs of citizens. The business case proposal is to introduce a part time rota to improve enablement outcomes for citizens of Birmingham, and the efficiency of the service, aligning staff working hours with assessed needs of citizens.

Management have been both consulting and negotiating with unions for over 12 months in an effort to agree a way forward with the staff rota.

Implementing the revised, business case and rota proposed by management in June 2018 will require a redundancy process, with an opportunity for staff to apply for part time contracts in the new service. Where staff are appointed to a part time role, they will receive compensation for the reduction in hours. The revised business case will be shared with Trade unions on 9th July, with formal s.188 consultation commencing on 11th July. Staff briefings will be scheduled week commencing 16th July.

All staff will have access to a range of support to help them secure alternative employment, including:

- Access to priority mover vacancies, including roles currently covered by agency staff
- Application skills, cv clinics, Interview & Job search skills, self-employment workshops
- Moving into Personal Assistant/direct payment employment workshops
- Time off to seek alternative employment
- Jobs fair with both internal and external opportunities available

Local authority in house Enablement/Reablement comparison

Authority	Part-time	Full-time	Hours	Carer Hourly Rate	Performance measure 2B1	Performance measure 2D
Surrey County Council	yes	no	TBC	£9.40	74.3	88.6
Wakefield Council	yes	no	26 ¼ hrs 2 week rota	£11.40	91.7	85.5
West Berkshire Council	yes	no	14hrs - 32 ½ hrs	£10.40	92.8	57.8
Kent County Council	yes	no	various	£9.60	81.5	81.1
Lancashire County Council	yes	no	20hrs - 30 hrs	£8.90 - £9.13	83.8	72.1
Sandwell	yes	TBC	20hrs-28hrs	£8.70 - £9.72	64.1	60
Coventry	yes	no	28 hours	£9.02-£9.91	85.2	66.9
Stoke on Trent	yes	no	21 hours	£9.22 - £10.50	84.4	88.4
Worcestershire	yes	no	TBC	£8.74 - £9.68	81	71
Rotherham	yes	no	18hrs – 25 hrs	£9.78 – £10.64	87.5	81.9
Walsall	yes	no	Up to 30hrs	£9.51-£10.54	TBC	TBC
Birmingham City Council	yes	yes	Various up to 36 ½ hrs	£8.93 - £10.21 90% £9.81	77.5	58.1

Higher performing
Lower performing

Performance measures -
- 2B1 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
- 2D – Proportion of clients (18+) that received a short term service to maximise independence during the year, where the sequel was either no ongoing support or support of a lower level.

For both measures, higher is better.

NB - authorities implement enablement in different ways – potentially providing it in cases where it is deemed likely to succeed, providing very early in the process (enabling people who would not normally receive a service) or enabling people with lower levels of needs as a preventative measure. Depending on individual approach, these percentages may mean different things.

Key messages

1) **Impact of no action - failure to implement the business case will mean:**
- Unresponsive service continues to decline care packages resulting in citizens being referred to other providers delivering home care as an alternative to enablement
- Equal pay risk of sustaining current low productivity
- £4m savings are not delivered for 18/19; further step up savings will not be achievable
- Ongoing poor performance across key measures – including Delayed Transfers of Care (DTOC)

2) **Impact of change - moving to the new, efficient rota will deliver:**
- Improved outcomes for adults – increased independence
- Improved performance on key measures – including DTOC
- Opportunity to develop intermediate care market and health partnership, further improving outcomes across the health & care system
- £4m projected annual savings, with step up opportunities

3) **Unison alternative proposal: staff self-roster**

Unison's alternative to the management rota in the original business case was to have staff self-roster. Unison proposed an approach in December 2017, a draft rota was shared with management in May 2018. Management analysis of the rota identified that it did not meet the business case objectives and had several critical failings:

- There is a significant over-supply of staff (50% more than required for the majority of the rota); the self-roster model does not increase the capacity of the service. See Appendix 1
- There are days where significant numbers of staff will have no work to do, perpetuating the risk of equal pay claims.
- Staff continue to work very long days, with an impact on quality of care and wellbeing (the service makes a disproportionate number of referrals to the occupational health service – suggesting current working practices are impacting on health)
- The self-roster rota means a significant number of staff do not get an 11 hour break between shifts – Unison challenged this lack of a rest period in the previous management rota.
- Safeguarding risks regarding continuity of care and changes to staffing
- Difficulty managing, and covering, inconsistent working patterns

4) Mitigation for effected staff

The business case in 2017 retained full time contracts, but required a triple split shift to match staffing hours to service demand. The revised business case proposes part time hours to match hours to service demand avoiding the need for split shifts and ensuring a work-life balance for staff.

Staff will be offered a package of support, training and development to secure alternative employment both within the service and across BCC. In autumn 2017 staff received the following, this offer will be refreshed for the revised business case:

- Career transitions skills workshops to over 200 employees
- Personal Assistant training to support transition into direct payment roles
- Access to priority mover vacancies, including roles covered by agency staff
- Application skills, cv clinics, Interview skills, Job search skills, self employment
- Moving into Personal Assistant/direct payment employment workshops
- Time off to seek alternative employment
- Jobs fair (attended by 600 staff) with both internal and external employment opportunities available (32 employers attended), alongside expert talks for job seekers (350 attendees)
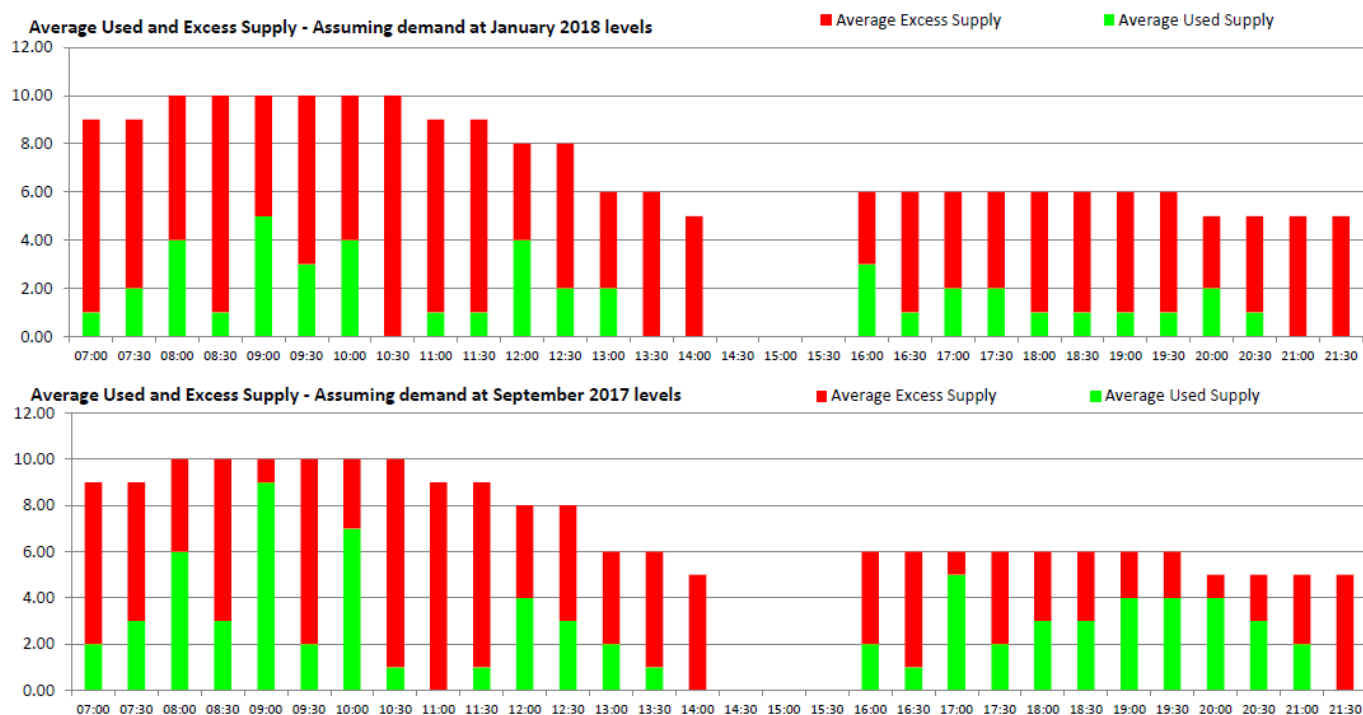- Support from the JobCentrePlus for staff to secure alternative employment

Workforce Impact of proposed business case:

Current proposal - Redundancy & Alternative employment offer	Previous proposal - Dismiss & Re-engage
• Offering an alternative employment with reduced hours to meet business and citizen need	• Offer suitable alternative employment with reduced hours to meet business and citizen need
• Compensation for reduction in hours – average payment of £2.3k (based on BCC redundancy payments for staff working 30 hours+). Officers are willing to negotiate payments as mitigation	• Compensation for reduction in hours – average payment of £2.3k (based on BCC redundancy payments for staff working 30 hours+).
• Enablement Assistant role to be job evaluated in future; once new activity and training rolled out	• Enablement Assistant role to be job evaluated in future; once new activity and training rolled out
• Access to Priority Movers – opportunity to secure alternative employment in City Council • There are part time hours where we currently use agency staff that displaced staff could consider (NB - 50+ agency workers in care roles across BCC in June 2018).	• Staff who do not accept suitable alternative are not eligible for redundancy payment

Appendix 1 – Self-roster analysis

Average Used and Excess Supply

In the charts below, the longer the red lines are in comparison to the green lines, the more capacity is wasted, and the more carers have no work. If we assume demand to be similar to January, there are more carers with no work, than those with work, in every time slot. If we assume September 2017 demand levels, then there is less wasted capacity, but even so, in more than half of the time slots there are more carers with no work than those with work.

Trade Union Enablement update

09/07/18

Background

- Business Case April, relaunch June 2017; consultation closed Oct 2017

- Unison Dispute; Ballot industrial action November 2017

- ACAS conciliation Jan-Feb 2018

- Self Roster staff session March 2018

- Draft self-roster rota May 2018

- Unison ballot for further industrial action June 2018

- Management advised the self-roster pilot would not go ahead June 2018

Birmingham
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Business case July 2018

- 11th July - Business case will be shared with TU representatives at BCC s188
- 16th July - Directorate s188 meeting
- 18th & 20th July - commence staff consultation meetings
- 31st July - Cabinet report & business case

Birmingham
City Council

Business case key messages

- Part time rota - 14, 21 and 22.75 hour contracts
- Full time staff redundant & eligible for PM support
- All staff offered alternative employment
- Compensatory payment for reduction in hours
- Wide range of support to secure alternative employment, or additional hours elsewhere in BCC
- Commitment to review Enablement Assistant Job Evaluation as the service is developed

Birmingham City Council

Questions?

BIRMINGHAM CITY COUNCIL

DOCUMENT 6

PUBLIC REPORT

Report to:	**CABINET**
Report of:	**Corporate Director Adult Social Care and Health**
Date of Decision:	**31st July 2018**
SUBJECT:	**ENABLEMENT**
Key Decision: Yes	**Relevant Forward Plan Ref: 005138/2018**

If not in the Forward Plan: **Chief Executive approved**   ☐
(please "X" box)   **O&S Chair approved**   ☐

Relevant Cabinet Member(s)   **Councillor Paulette Hamilton - Health & Social Care**

Relevant O&S Chair: **Councillor Rob Pocock - Health & Social Care**

Wards affected: **All**

1.   Purpose of report:

1.1   To seek approval for the recommendations in relation to the Enablement Service and the subsequent implementation of the recommendations and to delegate the implementation of the recommendations to Corporate Director for Adult Social Care and Health jointly with the Cabinet Member for Health and Social Care.

2.   Decision(s) recommended:

That Cabinet:-

2.1   Approves the recommendations in relation to the Enablement Service redesign, see the business case.

2.2   Approves the high level implementation plan and key milestones for implementation of the recommendations as outlined in the Enablement Business Case attached as **Appendix 1**.

2.3   Notes that staff and Trade Union Consultation conclude on the 27 August 2018 and to approve delegation to the Corporate Director for Adult Social Care and Health jointly with the Cabinet Member for Health and Social Care to amend the implementation plan as a result of the Consultation.

2.4   The approval of the recommendations in this report will mean:

- Birmingham's citizens who are older will receive intensive therapy-led services which will develop their confidence and ability to manage daily

living activities and other practical tasks so they can carry out these activities themselves and continue to live at home.

- Birmingham will build a high quality service, based on evidence and best practice improving the outcomes for older adults. A practice and behavioural shift will take place which will focus on outcomes and will subsequently deliver savings across the system.

- Enablement will become one of the Council's main tools for efficiently supporting an ageing population by ensuring that any homecare provided following Enablement is appropriate to older adults needs.

- Deliver the required improvement in Enablement to address the shortfalls identified in the CQC System inspection in January 2018 where Enablement was highlighted as an area of underperformance.

- The Enablement Service will have capacity to support timely discharge from hospital and improve performance in Delayed Transfers of care.

- The Enablement Service will deliver considerable efficiency through the implementation of common working patterns whilst improving both equality in working hours and compliance with the Working Time Directive.

Lead Contact Officer(s):   **Graeme Betts - Corporate Director**
                                   Adult Social Care and Health

Telephone No: **0121 303 2992**

E-mail address: graeme.betts@birmingham.gov.uk

3.   Consultation:

3.1   Internal:

3.1.1 Staff working within the Service were consulted from April 2017 to October 2017 under formal Consultation and have been in informal consultation through focussed staff meetings from November 2017 to date. 105 individual face to face meetings were offered to staff to discuss their concerns with the Head of Service and Team Manager of the Service

3.1.2 All Trade Unions were consulted formally. Unison raised a dispute with BCC in November 2017 and Management have met regularly with them, at least every two weeks through the period. Since the start of consultation, Management has held 20 meetings with UNISON and attended 8 monthly meetings with all Trade Unions. BCC also sought support from ACAS in January 2018 to resolve the dispute. To date Officers and Unison have not reached agreement on how to implement regularised working patterns for staff.

3.1.3 An extensive programme of individual meetings was held with key service representatives from Adult Social Care, Human Resources, Legal and Finance through the last twelve months.

3.1.4 An Enablement Delivery Group was established to implement staff development, management training, changes to systems, procedure and management oversight.

3.2 <u>External:</u>

3.2.1 The work undertaken by Newton in October 2017, to review the ability of the system to support hospital flow and hospital discharge as part of the programme of work delivered by the Sustainability and Transformation Plan, considered a whole systems approach to improvements to enablement. This work involved practitioner case reviews of real experiences of Older Adults. The Service redesign allows for the first stages of service changes to meet the recommendations made through this work.

4.   Compliance Issues:

4.1 <u>Are the recommended decisions consistent with the Council's policies, plans and strategies?</u>

4.1.1 The recommendations of this report are consistent with the Council's Vision and Forward Plan, 2018, and support the priority:

- Health - A great city to grow old in

4.1.2 Health, Priority 2 includes:

- 'Promoting independence of all of our citizens'

- 'Joining up health and social care services so that citizens have the best possible experience of care tailored to their needs'

- 'Preventing, reducing and delaying dependency and maximising the resilience and independence of citizens, their families and the community'

4.2 <u>Financial Implications</u>

4.2.1 The Council and partners in Birmingham are facing considerable change, together with shrinking resources, increasing demand and challenging financial savings. The proposals in this report contribute to the cost reductions needed in the Adult Social Care management budget. A person centred approach will prevent and/or delay the need for Adult Social Care services for Older Adults. This management of demand should be further strengthened by robust commissioning which should reduce costs in Home Care and increase efficiencies.

4.2.2 The proposed workforce changes to support the new Service Model will further reduce workforce costs and enable Adult Social Care to meet the savings attached to Specialist Care Services in 2018/19 and 2019/20.

4.2.3 The service currently has a budget of £8m of which on average only £3m of the current staffing capacity is used in direct care and the remaining is spent in unproductive time as the current working patterns do not fit with service user's need. By introducing consistent and sufficient staffing, achieved by regularising working patterns, throughout the seven day working week all staff capacity can be used in a planned way enabling the downtime in the service to be reduced considerably. This way, more Older Adults can be supported within the current workforce cost.

4.2.4 Implementing the part-time rota reduces the staffing budget in the service by a further c£1m. The exact figure for this can only be calculated once the selection process for redundancy is complete. The potential cost of redundancy for 2018 is estimated between £350,000 and £1.1m. 232 staff of the 280 current headcount could potentially be eligible for a partial redundancy payment for the number of contracted hours reduced and this would be a key feature of individual negotiation to retain staff.

4.3 Legal Implications

4.3.1 The recommendations in the report support the delivery of the Council's duties under the Care Act, 2014 which places a duty on Birmingham City Council to prevent and delay the need for Adult Social Care.

4.3.2 There has been extensive consultation with staff and Trade Unions concerning the redesign in accordance with s.188 TULRCA 1992 as amended.

4.3.3 The recommendation to move to a new working pattern may create some redundancies and the process will be conducted in a fair and reasonable manner. Staff will be properly consulted and alternatives to dismissal will be considered.

4.3.4 The recommendations comply with the requirements of the Working Time Regulations 1998.

4.4.1 Public Sector Equality Duty (see separate guidance note)

4.4.2 An Equality Analysis has been completed as outlined in **Appendix 2.**

4.4.3 The proposals in this report are focused on improving the quality of life for Older Adults and in so doing improve the council's delivery of the equality agenda.

4.4.4 Implementation of the proposed changes will result in a further workforce reduction in the Enablement Workforce and will impact on staff working greater than 22.75 hours per week. The Equality Analysis has not shown that this impacts adversely on a particular group of staff with protected rights.

5.   Relevant background/chronology of key events:

5.1   Trade Union Consultation

5.1.1   The Enablement Business Case was launched in March 2017 and following revisions to the case, formal Consultation recommenced on the 27th July 2017 (date of S188 meeting). Officers met with Trade Union colleagues from GMB, Unite and Unison to discuss the Business Case every two weeks throughout the Consultation Process.

5.1.2   Officers presented the case at the S188 Meeting, the Corporate Consultative Committee on13th and 27th June 2018, and Enablement was additionally discussed at monthly Directorate level Trade Union Meetings.

5.2   Staff Consultation Meetings

5.2.1   The complete process involved 38 staff meetings attended by 371 employees and one-to-one meetings offered to all employees. Union representatives were available at all meetings. The meeting on 16th October 2017 was held after 101 days of consultation.

5.3   Business Case Changes

5.3.1   Unison requested permission for staff to have leave from work to attend the staff working group. This was granted and sixteen meetings took place.

5.3.2   Through Consultation, considerable revisions were made to the business case. Elements of the case which were not clear or made general statements were redacted as evidenced in the minutes of Trade Union Consultation.

5.3.3   There were four formal written responses from UNISON and staff in response to the business case which were considered formally in the process as alternative proposals. Written responses were provided to each of these and the key points were outlined in the close of business case meetings which clearly set out what had changed or what had not changed in response to each of these.

5.3.4   In summary, the changes made in response to staff feedback and formal alternative proposals were:

- The original business case proposed that all staff would be compulsory car drivers, this was removed.

- Staff had two choices of rota presented to them and they preferred the rota which included working alternate weekends to the other one. The main factors were having more time off at weekends and working less weekdays in a row. The preferred rota was included in the expression of interest sent to staff on 8th November 2017.

- Within this rota further changes requested by staff were made:

- Working day to finish at 10.00pm instead of the proposed 11.00pm
- Reduced number of split shifts in the rota
- Working pattern choices to reflect current contracted hours
- Clarity on break times and appropriate breaks between working days
- Increase break times between split shifts

5.3.5 <u>Industrial Dispute with Unison</u>

Unison raised a Trade Dispute through the Collective Procedures on the 31st October 2017 on behalf of UNISON members working as enablement assistants. The letter stated that to resolve our dispute the council will need to agree to the following outcomes:

1. That there will be no compulsory redundancies in the enablement service.

2. That the rota being proposed by management is withdrawn and a self-roster system is negotiated with the union and staff.

3. That a joint working group consisting of UNISON and staff from all grades is set up to review the suggested service changes to ensure that the service works for the future

5.3.6 Management met with Unison on the 1st November 2017 to seek to resolve the dispute. On the 22nd November 2017 UNISON wrote to the Council stating that it intended to hold a ballot for strike action between 19 January and 18 June 2018. "We reasonably believe that ballot papers were despatched on 29 November 2017. The ballot is in relation to a trade dispute over proposed changes to the home care enablement service. The ballot closes 19th December". UNISON Members voted for Industrial Action.

5.3.7 Unison Officials have also met with The Leader and Elected Members during the Trade dispute.

5.3.8 To seek to resolve the dispute, Officers have met with UNISON Officials on 13 occasions, released staff for 26 Members meetings, attended ACAS for three facilitated sessions and supported a Self-Roster exercise with considerable staff and management time. UNISON and BCC Officers have failed to reach collective agreement on the implementation of staff rotas that gives sufficient, regular and even capacity through a seven day working week.

5.6 <u>Revised Business Case</u>

5.6.1 The Service requires sufficient, regular and even capacity through the week to ensure the maximum number of service users can be supported. i.e. there must be the same number of staff at the same time of the day seven days a week. The Service also requires staff to work seven days a week covering three working patterns:

6

Morning:	07:00 – 11:00
Lunchtime:	12:00 – 14:30
Evening:	16:00 – 22:00

5.6.2 The simplest way to achieve this is to work seven days out of fourteen. This allows for the consistency for Service Users to have the same staff caring for them as it minimises handoffs through the working week (a handoff is when a person has a different carer). This also allows regular whole days off for staff and enables all staff to have regular alternate weekends off.

5.6.3 Through the dispute, Elected Members have expressed dissatisfaction with the rota proposed by BCC in July 2017. Although the rota only required staff to work 7 days out of fourteen, for staff who worked over 21 hours they would be required to work two split shifts and staff who worked over 25 hours had to work three split shifts, and for full-time staff they would work three split-shifts on every working day.

5.6.4 In order to eliminate the requirement of staff to work in this way, the service must move to part-time working as it is not possible for staff working over 30 hours to be compliant with the working time directive and not work split shifts over a long day and have alternate weekends off. This is a model of Enablement adopted in many other Local Authorities, including those in the Midlands. A revised rota has been produced with three options for staff working patterns of 14, 21 and 22.75 hours. This eliminates the need for working three split shifts, whilst focussing staff capacity on the hours of service user need over the seven day working period.

5.6.5 The reduction in working hours of the workforce will in turn reduce the FTE in the service by 55 GR2s, 1,5 GR5s, and 2 GR4s. This would deliver a further workforce efficiency of approximately £1m. This figure will be refined following calculation of associated redundancy and pension costs which will be between £330k and £1.1m.

5.6.4 The initial phase for the implementation is outlined in the Business Case **(Appendix 1 - Sub Appendix B).** This would be a redundancy process with an offer of alternative employment. Whilst this approach is not preferable, given the position the service is now in it has become essential to deliver better quality of care for our most vulnerable citizens.

6.   Evaluation of alternative option(s):

6.1   Self-rostering proposed by Unison.

6.1.1   Unison proposed self-rostering as a method of agreeing staff working both in terms of the contracted hours staff should work and the times that each member of staff works. The system works by staff negotiating with each other as to agree working times. It is a model that has had limited national discussion. Unison have been unable to provide evidence of services that operate self-rostering either in social care or the NHS to support their claim that it is a tried and effective method of working.

6.1.2 Birmingham City Council supported Unison's request to pilot self-rostering. This was the focus of the times supported by ACAS to resolve the dispute. Unison facilitated a session with staff in one constituency to develop a self-roster. Analysis of the rota found that:

- Capacity is uneven through the working week and working day, and alters between almost every 30 minute period (of service user call times). Such a system makes it difficult to plan a consistent rota.

- Capacity at breakfast time gradually decreases from Tuesday until Saturday. For service users who need a daily call, we would only be able to provide a service according to the minimum supply, which is 10. On most other days, some carers would have no work at these times.

- In more than half of the time slots there would be more carers without work than those with work.

- In the self-rostering system, each time slot has to been catered for separately (because of the uneven supply).

- Unison stated that all staff had rest days together which is not correct. 16 out of the 26 staff do not have their rest days together every week and 10 out of the 26 staff have 3 rest days together and this is usually over a long weekend.
- As there is no pattern to the rota with every staff member doing their own rota pattern this will make agreeing annual leave and attendance at training and meetings more difficult which may disadvantage staff.

6.1.3 Self-rostering therefore does not meet the requirements of the Business Case in terms of productivity and efficiency and it does not meet the requirements expressed by staff in consultation. It is very little departure from the do nothing position.

6.2 Reinstate the rota set out in the July 2017 Business Case

6.2.1 This would meet the requirements of the business case, deliver greater efficiency and productivity, and retain the entire current workforce on their existing contracted hours..

6.2.2 Additional workforce efficiency saving potential would not be met (the additional £1m identified), but compulsory redundancy would be completely avoided. .

6.2.3 Staff working over 21 hours would have at least two split shifts and full time staff would work three split shifts on each of their seven working days.

6.2.4 This option has been publicly rejected by Cabinet Members see 5.6.3.

7.   Reasons for Decision(s):

7.1   To improve outcomes for Birmingham Citizens. In particular, Older Adults who require support to regain their independence following hospital admission.

7.2   To deliver required workforce efficiency savings as agreed by Cabinet in setting the Council Plan and budget 2017/2018.

7.3   To reduce the future demand on Homecare services within the wider context of strategic change in Birmingham, increasing financial pressures and shrinking resources.

7.4   Deliver the required improvements identified by the CQC Systems report in January 2018.

Signatures

                                                                    Date

Cabinet Member for
Health & Social Care
Councillor Paulette Hamilton   ………………………………   …………… ……

Corporate Director for
Adult Social Care & Health
Graeme Betts   ………………………………   ……………………

List of Background Documents used to compile this Report:

List of Appendices accompanying this Report (if any):

1.   Enablement Business Case
2.   Equality Analysis

Report Version   v4   Dated   05/07/18

9

BUSINESS CASE DOCUMENT

Programme:	**Adults Social Care and Health**
Project:	**Early Help and Prevention**
Workstream:	**Enablement**

Purpose of Business Case

- Birmingham's citizens who are older will receive intensive therapy-led services which develop the confidence and ability for them to manage daily living activities and other practical tasks so they can carry out these activities themselves and continue to live at home.
- Birmingham to build a high quality service based on evidence and best practice improving the outcomes for older adults. A practice and behavioural shift which will focus on outcomes and will subsequently deliver savings across the system.
- Enablement will become one of the councils' main tools in managing the costs of an ageing population by ensuring that any homecare provided following Enablement is appropriate to the older adults needs.
- Build an Enablement Service that has capacity to support timely discharge from hospital and improve performance in Delayed Transfers of care.
- Deliver considerable efficiency through the implementation of common working patterns whilst improving both equality in working hours and compliance with the Working Time Directive.

Key Workstream/Project/Programme Owners

Name	Project/Organisation Role
Graeme Betts	Programme SRO, and Interim Corporate Director, Adults Social Care and Health, BCC
Melanie Brooks	Project SRO, and Interim Assistant Director, Adult Social Care and Health, BCC
Afsaneh Sabouri	Enablement Business/Workstream Lead, and Head of Enablement, BCC

Document Owner(s) / Approval

Name	Programme/Organization Role
Melanie Brooks	Project SRO, and Interim Assistant Director, Adult Social Care and Health

Version Control

Version	Date	Author	Change Description
1.0	28 April 2018	Melanie Brooks	Initial 'in progress' draft
2.0	15th May 2018	Graeme Betts	Sign off
2.1	21 June 2018	Afsaneh Sabouri	Staff Consultation timeline revisions/approval

Contents

1.0   Executive Summary

1.1   The current Homecare Enablement service was formed in 2011 and was constituted from the existing in-house Domiciliary Care Service. It provides community based services to Adults and Older People in their own home which is aimed at helping people recover skills and confidence to live at home. The service has continued to provide short-term home care and has not progressed to provide therapy-led Enablement consistent with the best performing services nationally. The service operates in the homes of Citizens with a large workforce of Grade 2 Homecare Enablement Assistants.

1.2   The Care Act 2014 provides the power to Local Authorities to provide free intermediate care which prevents and delays the need for Adult Social Care, promoting independence where possible.

1.3   The existing internal Enablement service has been unable to meet the demand of, or respond quickly enough to, referrals that support both hospital discharge and community enablement requests. Both met and unmet demands have been tracked for the previous 12 months demonstrating the lack of capacity to meet current demand.

1.4   The Sustainability and Transformation Plan (STP) system leadership group undertook work in October 2017 to understand the issues and barriers in supporting hospital flow and smooth discharge. Underpinning this work was a review of the enablement pathway and process, including case reviews undertaken by practitioners across the city and involving the Homecare Enablement Service. The work found that from the cases which were reviewed at least 20% of current Enablement Service users did not require this service. There were considerable longstayers which means they are receiving care beyond the period they need. The diagnostic work found that the enablement pathway could be reduced from an average of 42 days to an average of 25 days. This found that a further 60% of people who receive bed based care could have been supported home with Enablement. This would indicate an even larger amount of citizens whose needs currently cannot be met by the service.

1.5   The Service has been given saving requirements in the previous three years and has not met the required workforce reduction requirements. In October 2017 and January 2018 through voluntary redundancy the service has reduced to meet the FTE target. The remaining savings attached to the service are £2m in 2018/2019 to be made from the effectiveness of Enablement through improvement to the quality of service.

1.6   The Service began Consultation with Staff and Trade Unions in April 2017 and attempted to close consultation on the 16th October 2017. The business case and supporting rota proposal had considerable revisions, including staff choosing from different rota options.

1.7   Unison raised a dispute on the 31st October 2017 and balloted members for Industrial Action on the 18th November 2017. Officers have met with Unison every two weeks and attended three sessions facilitated by ACAS. Staff have been released to attend 26 meetings with Unison, furthermore staff in one constituency have also been released to attend self rostering desk top exercise with Unison. Unison and BCC have not been able to reach an agreement about a way forward for rota. Unison effectively propose status quo for the service.

1.8   Elected Members have directed Officers to withdraw the Management Proposed rota which required staff to work 7 days in fourteen and only at times of service demand. For staff working over 25 hours, this would have required them working three shifts (split shift) in one day over a long period. Members said this is not acceptable. The alternative to this is to move to a part-time service which is common in both Enablement and Homecare across the Country to deliver a balance between service user need and a reasonable working pattern for staff. Staff have not yet been formally consulted on this as an option, as the direction to Officers was to explore self-rostering which has occupied considerable time in the last four months given the lack of a worked up proposal from Unison and indeed any examples nationally to learn from where this is in operation.

1.9   To implement a part-time service, it is proposed that BCC make staff redundant and offer alternative employment with a compensatory payment where appropriate, utilising a selection process to ensure the right skills are retained and have a particular focus of retaining staff with an enablement mindset capable of working to the pace demanded in the new model of care.

1.10   Moving to a part time service would offer additional workforce savings whilst increasing staff capacity to meet all current met and unmet demands. This is estimated at a further £1m of cashable saving. This is realised as the FTE reduces by a further 55.

1.11   It is therefore recommended that:
   • Officers seek Cabinet approval to implement a part-time service model
   • Officers seek Cabinet approval to make staff redundant and offer alternative roles based on skill selection process
   • The timeline is managed as efficiently as possible given the drivers for service change and time spent in consultation thus far.

2.0   Fundamental Shift in Practice

In summary, this business case seeks to achieve a fundamental shift in practice and behaviour with the following new ways of working:

From	to
Only 20% of service users exit enabled.	80% of service users will be enabled evidenced by a reduction in social care need or improvement in quality of life outcome
Between 20 and 40% of current paid staff time is downtime (i.e. no care work available)	All hours will be productive with planned hours 80% service user facing
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
There is no capacity to support Hospital Discharge either planned or rapid and referrals are turned down	Enablement will be a key service in the Older Adult pathway with a crucial focus on discharge from hospital
Service users report seeing up to 15 carers in a week	Service users will recognise their Enablement Team and key Enablement Assistant
Short-term Home Care lasting 42 days	Therapy led interventions set out in a programme of work based on individual need
Service lasting longer than needed due to lack of pace in process of supporting exit	Length of service based on individual goals
Poor understanding of Enablement role by partners	Enablement service recognised for key role in Older Adult Pathway
Fragmented services built around the chance relationships of staff	Enablement service part of the constituency team and with strong partnership with NHS staff

3.0   Strategic Case

3.1   The Care Act 2014 places a duty on the Local Authority to reduce and delay the need for social care by ensuring services are in place through Intermediate care and reablement. The Care Act statutory guidance defines reablement as services to help people live independently which are provided in the person's own home by a team of mainly care and support professionals. The provision of such a service is a statutory requirement.

3.2   The Care Act statutory guidance further describes that to prevent needs emerging across health and care, integrated services should draw on a mixture of qualified and support staff, working collaboratively to deliver prevention.

3.3   The Social Care Institute for Excellence (SCIE) summarises the key elements of reablement in the document "Making the move to delivering reablement" March 2012. It sets out the evidence base for a case for reablement and states that Reablement focuses on helping an individual gain independence and better. The aim is to help people do things for themselves rather than the traditional home care approach of doing things for them. Evidence shows that reablement has positive outcomes for people who use services. Reablement is not about 'getting rid' of home care, it is about helping people learn or relearn the skills they need for daily living – which they may have lost through the deterioration of their health and/or increased support needs – to help them gain more independence.

3.4   The best performing Councils for Reablement (as judged by performance in the ASCOF framework) have demonstrated the following key learning points for service design:

- Therapy led intervention with an Occupational Therapist providing enablement assessment and leading the resulting programme of work for the Enablement Assistant. This is evidenced in Barnet and SCIE have collated an evidence base in this area.
- Kent focused on building capacity through efficiency in the enablement pathway and a drive to improve performance on enablement outcomes, the length of service was reduced to 25 days, enablement outcomes increased to 80% and this was a key driver for savings in social care.
- Kings Fund research has shown that the recovery for Older Adults is increased when intervention takes place in the person's own home rather than bed based care.

3.5   In October 2017 Birmingham Cabinet agreed the vision for Adult Social Care and Health which sets out how the Directorate will develop services and deliver the Council priority *"making Birmingham a great place to grow old in."*   In summary, to achieve delivery of the Vision, Enablement services will:

3.5.1   **Personalised support**
In order to deliver this element of the strategy, there will be a refresh of the assessment and support planning process in the service to ensure work is Occupational Therapy led. Service Users will receive a service to meet their goals and the length of service will be determined by their need.

3.5.2   **Prevention and early intervention**

A thoroughgoing approach to prevention needs to be developed and implemented. This will involve an absolute focus on supporting Older Adults to develop their skills and confidence in managing their activities of daily living to their maximum potential.

3.5.3   **Partnership working**

People's needs are often complex and require support and interventions from a range of organisations, as well as different services within the Council. Enablement services will be central to the community development model of social care and a key component of constituency teams.

3.5.4 **Use of resources**

Underpinning all of this is the imperative to use resources effectively. Every pound that the City council spends on care must represent a pound well spent. The pressures on the City council's resources are enormous and it is essential that resources are maximised. The service must begin to address the inherent inefficiency in the current model of service and the practice of staffing the service when there is no service user demand. The service must operate to the optimum capacity to ensure that all citizens who have enablement potential have access to this service and in turn the investment made in their care is of the optimum benefit to them.

4.0   Management Case

Programme Structure

4.1   Enablement is one of the workstreams which sits within the Early Help and Prevention project, which is one of a number of projects which sits within the Adults Social Care and Health (ASCH) Programme 2017-2021. The over-arching ASCH programme of work is aimed at implementing the ASCH vision and strategy, and interfaces with the Directorate Business Planning process via the Directorate Improvement and Business Plan 2017 – 2021.

Business Case Development - Chronology

4.2   Trade Union Consultation

4.2.1   The Enablement Business Case was launched in March 2017 and following revisions to the case, formal Consultation recommenced on the 27th July 2017 (date of S188 meeting). Officers met with Trade Union colleagues from GMB, Unite and Unison to discuss the Business Case every two weeks throughout the Consultation Process.

4.2.2   Officers presented the case at the S188 Meeting, the Corporate Consultative Committee on two occasions, and Enablement was additionally discussed at monthly Directorate level Trade Union Meetings.

4.3   Staff Consultation Meetings

4.3.1   The complete process involved 38 staff meetings attended by 371 employees and one-to-one meetings offered to all employees. Unfortunately not all employees took this offer up. Some declined the offer as they felt it was not needed and others stated that Unison had advised them not to attend. Union representatives were available at all meetings. The meeting on 16th October 2017 was held after 101 days of consultation.

4.4   Business Case Changes

4.4.1   Unison requested permission for staff to have leave from work to attend the staff working group. This was granted and sixteen meetings took place.

4.4.2   Through Consultation, considerable revisions were made to the business case. Elements of the case which were not clear or made general statements were redacted as evidenced in the minutes of Trade Union Consultation.

4.4.3   There were four written responses (Unsion, GMB and staff) made formally in response to the business case which were considered formally in the process as alternative proposals. Written responses were provided to each of these and the key points were outlined in the close of business case meetings which clearly set out what had changed or what had not changed in response to each of these.

4.4.4   In summary, the changes made in response to staff feedback and formal alternative proposals were:

- The original business case proposed that all staff would be compulsory car drivers, this was removed.

- Staff had two choices of rota and the rota used in the Expression of Interest was the one preferred by staff. The main factor was having more time off at weekends and working less weekdays in a row.

- Within this rota further changes requested by staff were made:

- o Working day to finish at 10.00pm instead of the proposed 11.00pm
- o Reduced number of split shifts in the rota
- o Working pattern choices to reflect current contracted hours
- o Clarity on break times and appropriate breaks between working days
- o Increase break times between split shifts

4.5   Industrial Dispute with Unison

4.5.1   Unison raised a Trade Dispute through the Collective Procedures on the 31st October 2017 on behalf of UNISON members working as enablement assistants. The letter stated that to resolve our dispute the council will need to agree to the following outcomes:

1. That there will be no compulsory redundancies in the enablement service.
2. That the rota being proposed by management is withdrawn and a self-roster system is negotiated with the union and staff.
3. That a joint working group consisting of UNISON and staff from all grades is set up to review the suggested service changes to ensure that the service works for the future

4.5.2   Management met with Unison on the 1st November 2017 to seek to resolve the dispute. On the 22nd November 2017 UNISON wrote to the Council stating that it intended to hold a ballot for strike action between 19 January and 18 June 2018. "We reasonably believe that ballot papers were despatched on 29 November 2017. The ballot is in relation to a trade dispute over proposed changes to the home care enablement service. The ballot closes 19th December". Unison Members voted for Industrial Action.

4.5.3   Unison Officials have also met with The Leader and Elected Members through the Trade dispute.

4.5.4   To seek to resolve the dispute, Officers have met with Unison Officials on 13 occasions, released staff for 26 Members meetings, attended ACAS for three facilitated sessions and supported a Self-Roster exercise with considerable staff and management time, including paying for cover of staff work. Unison and BCC Officers have failed to reach collective agreement on the implementation of staff rotas that gives even capacity through a seven day working week.

4.5.5   Staff have taken industrial action on three occasions and have withdrawn from three days of announced action.

5.0   Objectives, Outcomes and Deliverables

5.1.1   The key objectives is to ensure that service levels match demand whilst delivering a more efficient, cost-effective solution which reduces the need for long term and residential care, wherever possible, and maximises independence for the citizens of Birmingham.

These objectives will be achieved by:

- establishing an efficient, flexible, fit for purpose, high-performing and value for money Enablement Service through a revised structure for, and rota's worked by, Enablement staff;

- developing the Enablement Service to incorporate Occupational Therapist assessment expertise, within four community hub based teams;

- training, development and culture change to ensure capability to respond to the demands of, and deliver enablement (rather than homecare rebranded as different service) to, its service users/key stakeholders.

5.2   Key deliverables

5.2.1   The outcomes expected from the business case are:
- Achieving increased Enablement service capacity levels due to a more efficient rota
- Having stronger policies and training in place to support staff and help citizens understand the approach
- Delivering better outcomes for citizens arising from OT input, and increased independence and control
- Reducing demand for long term/residential care
- Reducing transfer time from hospitals into Enablement services
- Reducing package sizes and in turn reduced package costs

6.0   Financial Case

6.1   The service has a current budget of c£8m for the delivery of Community Enablement. In addition, the following savings were identified in the Business Case of April 2017/2018 and reflected in the Council Plan and Budget February 2018.

Financial Year	Savings Target	Description	Additional Information
2018/19	£2m	Workforce savings to be achieved via FTE staffing efficiencies	One off savings target which will be maintained moving forwards
2018/19	£2m	Effectiveness of enablement and reduction of spend by a third placement budgets. Reduced demand for Homecare services.	Future step-up savings are expected in relation to the effectiveness of Enablement

The workforce saving target of £2m was achieved through voluntary redundancies in 2017/18. The proposed reduction of 55 FTE GR2s, 1.5 FTE GR5 and 2 FTE GR4s will deliver additional savings for the Directorate.

6.2 **Indicative costs of implementation**

- £320K compensatory payments if all staff appointed to new contracts; with further redundancy cost of £250K

- £1.4m if all staff dismissed as redundant

7.0   Service Options

7.1   Proposed Staffing Model

7.1.1   Service users can be supported. This means that there must be the same number of staff at the same time of the day seven days a week as service users require daily support seven days a week.

7.1.2 The Service also requires staff to work seven days a week covering three working periods/shifts:

Morning: 07:00 – 11:00
Lunchtime: 12:00 – 14:30
Evening: 16:00 – 22:00

7.1.3   Enablement empowers citizens to manage their activities of daily living. This is based around the hours when citizens require this support – meal times, bathing times, getting out of bed, going to bed. As with most, this is structured around four times in a day. Each time is known as a call. Some citizens may only require support in the morning, others at each of the four times/calls of the day. The service has no work to give to staff at other times of the day.

7.1.4   Achieving sufficient, regular and even capacity through the week on a planned basis is essential to support citizens seven days a week. It is also essential to ensure support is delivered in a timely as way as possible. The simplest way to achieve this is to work seven days out of fourteen with a shift system that has mirrored working patterns. i.e. 50% of the workforce work week 1 pattern, 50% work week 2 pattern. This allows for the consistency for Service Users to have the same staff caring for them as it minimises handoffs through the working week (a handoff is when a person has a different carer). This also allows regular whole days off for staff and enables all staff to have regular alternate weekends off.

7.1.5   The best services achieve access to Enablement in four hours and operate on a planned "slot" access system. This requires a high service capability of capacity management and allocation planning. BCC has the system capacity through staff plan but currently lacks the staffing capacity to achieve this standard.

7.1.5   Through the dispute, Elected Members have expressed dissatisfaction with the rota proposed by BCC in March 2017. Although the rota only required staff to work 7 days out of fourteen, for staff who worked over 25 hours they would be required to work three split shifts, and for full-time staff they would work three split-shifts on every working day.

7.1.6   In order to eliminate the requirement of staff to work in this way, the service must move to part-time working. This is a model of Enablement adopted in many other Local Authorities, including those in the Midlands. A revised rota has been produced with three options for staff working patterns of 14, 21 and 22.75 hours. This eliminates the need for working three split shifts, whilst focussing staff capacity on the hours of service user need over the seven day working period.

7.1.7   The reduction in working hours further reduced the FTE in the service from 194 to 139. This would deliver a further workforce efficiency of approximately £1m. This figure will be refined following calculation of associated redundancy and pension costs.

7.1.8   The costs of payments equivalent to redundancy where staff accept the contract on the reduced hours would be approximately £370,000. If staff refuse to accept the alternative contract on reduced hours they will be eligible for redundancy payment with potential cost of approximately £1.1m. If large scale redundancy was the outcome, this service would need to recruit 55 FTE new enablement assistants.

7.1.9 With a reduction in enablement assistants to 139 FTE there is a need to consider the numbers and roles of grade four team leaders. It is proposed that to manage this number of staff, ten grade four team leaders will be needed across constituency teams, a reduction of 2 FTE from the current 12 staff.

7.1.10 There is a need to enhance the out of hours staffing to manage staff working outside office hours in order to ensure that lone working risks are minimised.

It is proposed that all grade four staff work a minimum of one weekend every three weeks, the proposed shifts would be 6.45am – 3.15pm or 11am – 7.30am or 2 – 10.30pm. In addition to the weekend, one evening shift would be required every two weeks which would be 2 – 10.30pm. Grade four staff would also need to be flexible to change their shift times to cover for annual leave and sickness absence.

7.1.11 The reduction in grade four staff along with the reduction in enablement assistants will have an effect on the number of grade five staff needed to manage the service. It is proposed that there be a reduction in grade five enablement service team managers from the current 4.5 FTE to 3 FTE with the appointment of a grade five Occupational Therapy Senior Practitioner (OT SP) to support the development of the Occupational Therapy led enablement process.

7.1.12 The initial phase for the implementation is outlined in the Delivery Plan in Appendix C. For grade 2 Enablement Assistants this would be a redundancy of staff followed by a selection process for part time roles based on ability to be trained and developed to provide Enablement. For grade 4 and 5 staff a competitive selection interview will be undertaken.

Grade*	Current FTE	Proposed FTE	Difference
GR5	4.5	3 (+1 OT SP)	-1.5
GR4.	12	10	-2
GR2	194	139	-55
Total	210.5	152 (+1 OT SP)	-58.5

8.0 Evaluation of alternative option(s):

8.1 Self-rostering proposed by Unison.

8.1.1 Unison proposed self-rostering as a method of agreeing staff working both in terms of the contracted hours staff should work and the times that each member of staff works. The system works by staff negotiating with each other as to agree working times. It is a model that has limited national discussion. Unison have been unable to provide evidence of services that operate self-rostering either in social care or the NHS to support their claim that it is a tried and effective method of working.

8.1.2 Birmingham City Council supported Unisons request to pilot self-rostering. This was the focus of the times supported by ACAS to resolve the dispute. Unison facilitated a session with staff in one constituency to develop a self-roster. A roster was produced and analysed by BCC on request of Unison. The analysis of the rota found that:

- Capacity is uneven, and alters between almost every 30 minute period. Such a system makes it difficult to plan a consistent rota.

- Capacity at breakfast time gradually decreases from Tuesday until Saturday. For service users who need a daily call, we would only be able to provide a service according to the minimum supply, which is 10. On most other days, some carers would have no work at these times.
- In more than half of the time slots there would be more carers without work than those with work.
- In the self-rostering system, each time slot has to been catered for separately (because of the uneven supply).
- Unison stated that all staff had rest days together which is not correct. 16 out of the 26 staff don't have their rest days together every week and 10 out of the 26 staff have 3 rest days together and this is usually over a long weekend.
- As there is no pattern to the rota with every staff member doing their own rota pattern this will making agreeing annual leave and attendance at training and meetings more difficult which may disadvantage staff.

8.1.3 The agreed next step of the Self-roster pilot was to live test the proposed rota. The Service could not implement the proposal as it did not offer a safe service to residents. Unison were notified in writing of the reasons for this and given time to rectify the proposal. These were:

- Staff working long days with the proposal that several staff routinely work 13 hour days.
- Staff do not have long enough breaks between consecutive days.
- The rota is not even and there are high incidence of handoffs for a service users care package
- Staff had not confirmed that they are willing to have their hours amended and commit to working the shifts set out. This is crucial to us being able to allocate calls and ensure care is provided as planned.

8.1.4 Self-rostering therefore does not meet the requirements of the Business Case in terms of productivity and efficiency and it does not meet the requirements expressed by staff in consultation. It is very little departure from the do nothing position.

8.2 Reinstate the rota set out in the April 2017 Business Case

8.2.1 This would meet the requirements of the business case, deliver greater efficiency and productivity, and retain the entire current workforce.

8.2.2 Additional workforce efficiency saving potential would not be met (the additional £1m identified), but compulsory redundancy would be completely avoided. .

8.2.3 Staff working over 25 hours would have at least one split shift and full time staff would work three split shifts on each of their seven working days.

8.3 Do nothing

8.3.1 In the current staff working, capacity on average varies in the working week from 150% to 50%. This means we can only support service users at the lowest capacity.

8.3.2 The service currently supports 60% of staff with flexible working requests of which many are historic. This has created the uneven capacity. This also creates inequity in the service as there is a group of staff who undertake the work at evenings and weekends disproportionally. This is not

sound employment practice as there is no fairness in working patterns.

8.3.3   In the current service, there is poor adherence to the Working Time Directive. BCC takes a strong view that for this group of staff it is essential that they are protected by the directive. In keeping this arrangement BCC would continue to support this poor practice.

8.3.4   This option neither creates the capacity needed to meet citizens need nor delivers the required efficiency for the service.

9.0   Key risks and Issue

Union Challenges and risk of further Industrial Action	It is unlikely that the dispute with Unison will be resolved given the fundamental difference in opinion. The impact of Industrial Action can be mitigated by support from the Homecare market and has been managed successfully to date.
Efficacy of Solution/ Savings Realisation	The revised restructure/rota/operational based changes may not be robust enough to realise the anticipated savings, efficiencies and/or benefits The delay to implementation has delayed delivery of savings
Staff Engagement / Cultural Challenges	Changes to the service approach could result in staff resistance to, or refusal to engage with, the changes being delivered. To date this has not realised but there is a possibility that moving forward there will be disruption to service delivery in an interim period.

Appendix - Operational Delivery Plan

Activity	Start Date	End Date
Conduct TU consultation, attend corporate s188 meeting	11 July 2018	
Conduct Directorate, and staff, consultation (45 days) - staff briefings, individual meetings; collate and monitor responses	16 July 2018	
Cabinet report – seek approval to delegate implementation to Director	31 July 2018	
Write to seek expressions of interest in new part time contracts	20 Aug 2018	
Close consultation; Conduct **analysis of staff consultation responses**	27 Aug 2018	
Meet trade unions & notify outcome of consultation	29 Aug 2018	
Review response to expression of interest; Commence redundancy notices and selection process	3 Sept 2018	

Equality Analysis

Birmingham City Council Analysis Report

EA Name	Enablement Service Review
Directorate	People
Service Area	Adults - Public Health
Type	New/Proposed Policy
EA Summary	Enablement is a community based service provided to service users in their own home aimed at helping people recover skills and confidence to live at home; maximising their level of independence so that their need for on-going homecare support can be appropriately minimised. The aim of this proposal is to establish a high performing, effective and value for money Enablement Service, focused on improving quality of life for Birmingham service users, maximising independence and reducing demand on Council services. Currently staff are working on their individual rotas which mainly is based on their availability for work and not the needs of the business and service users. The proposal is to introduce a rota to improve the efficiency of the service and also the quality of life for the citizens of Birmingham.
Reference Number	EA002821
Task Group Manager	afsaneh.sabouri@birmingham.gov.uk
Task Group Member	
Senior Officer	melanie.brooks@birmingham.gov.uk
Quality Control Officer	sueb.jabbar@birmingham.gov.uk

Introduction

The report records the information that has been submitted for this equality analysis in the following format.

Initial Assessment

This section identifies the purpose of the Policy and which types of individual it affects. It also identifies which equality strands are affected by either a positive or negative differential impact.

Relevant Protected Characteristics

For each of the identified relevant protected characteristics there are three sections which will have been completed.
- Impact
- Consultation
- Additional Work

If the assessment has raised any issues to be addressed there will also be an action planning section.

The following pages record the answers to the assessment questions with optional comments included by the assessor to clarify or explain any of the answers given or relevant issues.

1 Activity Type

The activity has been identified as a New/Proposed Policy.

2 Initial Assessment

2.1 Purpose and Link to Strategic Themes

What is the purpose of this Policy and expected outcomes?
The Enablement service supports people in their homes to recover skills they may have lost through frailty, disability or illness. This service is supporting people to be able to complete tasks such
as personal care, assistance with getting in or out of a bath or shower with the minimum of support and
promoting independence.
Enablement service is a therapy led service and is free of charge for up to six weeks.
The service is available between 7:00am and 10:00pm, seven days a week and provides support to all adults over the age of 18 that meet the criteria.
The service is provided through a multi-ethnic workforce and currently, and will continue to meet the religious and cultural needs of potential service users.
Enablement service needs to cover the calls between 7:00 am to 10:00 pm, 7 days a week. In order to improve the service efficiency and the quality of the service, the service needs to have even number of staff per shift each day of the week. One of the rules within working time directives is that staff should have an 11 hour break between their shift finishing one day to it starting the next day. This is good practice and safeguards employees' health and safety.
Currently, every member of staff is working to their own rota pattern which makes agreeing leave, attending training and business meetings more difficult The new proposal is to implement a new rota to improve the service efficiency by allocating work to all members of staff in an equal and fair manner, compliance with working time directive and achieving the best outcome for our citizens in Birmingham.

For each strategy, please decide whether it is going to be significantly aided by the Function.

Children: A Safe And Secure City In Which To Learn And Grow	No
Health: Helping People Become More Physically Active And Well	Yes
Housing : To Meet The Needs Of All Current And Future Citizens	No
Jobs And Skills: For An Enterprising, Innovative And Green City	No

2.2 Individuals affected by the policy

Will the policy have an impact on service users/stakeholders?	No

Comment:
This proposal will not directly affect citizens as there will be no changes to the criteria by which people access the service. The principles of enablement, i.e. promoting independence and wellbeing, remain unchanged. As the service is provided for up to a maximum of six weeks there are no long term users of the service and those currently receiving enablement will continue with no change.

Will the policy have an impact on employees?	Yes

Comment:
The proposal includes make staff redundant and offer alternative employment with a compensatory payment where appropriate, utilizing a selection process. The new contracted hours would be: 14 hours, 21 hours, 22,75 hours. The proposed contracted hours are linked to the demand of the service which is between 7:00 to 11:00 am, 12:00 to 14:30 pm and
16:00 to 22:00 pm. This will mean that it would be a reduction in the workforce from 194 FTE to 139 FTE.

Will the policy have an impact on wider community?	No

Comment:
The proposal would not have an impact on wider communities has there will be no changes in how this service is delivered in the future.

2.3 Relevance Test

Protected Characteristics	Relevant	Full Assessment Required
Age	Not Relevant	No
Disability	Not Relevant	No
Gender	Not Relevant	No
Gender Reassignment	Not Relevant	No
Marriage Civil Partnership	Not Relevant	No
Pregnancy And Maternity	Not Relevant	No
Race	Not Relevant	No
Religion or Belief	Not Relevant	No
Sexual Orientation	Not Relevant	No

2.4 Analysis on Initial Assessment

The proposal is to reconfigure the current working patterns and rotas in enablement service to meet the needs of service users and the business. This will have an impact on some members of staff in terms of pay reductions.

A risk assessment and mitigation plan have been devised and would be a part of the revised business case and project plan.

A full consultation process is planned which will give all affected staff the opportunity to comment and put forward their views on the proposed changes. The Council has in place a full set of procedures and policies which will ensure that all staff will be treated fairly and in line with existing policies.

Mitigation for staff who would be subject to pay cuts could include a redundancy payment.

No service users will be directly affected by the proposed changes as the service, from a user perspective, will remain essentially the same and access to it will not change.

The workforce who would be subjected to this change are mainly female age between 50 to 60 years old.

 Additional Comments
There will be different options to support staff who are at risk of reduction in their hours:
Priority movers, Voluntary redundancy, lateral move, redundancy payment for the hours lost, etc....

3 Full Assessment

The assessment questions below are completed for all characteristics identified for full assessment in the initial assessment phase.

3.1 Concluding Statement on Full Assessment

The configuration of working patterns and introduction of the new contracted hours Enablement service would not have any negative affect on service users. The reduction in contracted hours will be carried out in line with Council's procedures to ensure that the rights of all affected staff will be protected.

4 Review Date

31/03/19

5 Action Plan

There are no relevant issues, so no action plans are currently required.

Enablement Rota background

BUSINESS CASE JULY 2018

Weekly Hours Category	Estimated Number of Staff
14	51
21	79
22.75	88
	218

Total estimated reduction in Gross Annual Salaries* for all staff:	-£869,129
Total Contracted Hours:	4,375

Business Case July 2018	Working times
14	0700-1030
21	1600-2200
22.75	0700-1430 (1100-1200 unpaid)

- Introduced three shifts instead of four to eliminate split shift
- Working day to finish at 10.00pm instead of the previous proposed 11.00pm
- Reduced number of split shifts in the rota
- Clarity on break times and consistent rest day/breaks between working days
- Increase break times between split shifts
- Work alternate weekends
- Fairness of unsocial hours working
- Rotas mirrored over two weeks to minimise handoffs

Revised Offer - Option 2 (Autumn 2018; shared at 1-2-1 meetings)

ROTA OPTION 2

Weekly Hours Category	Estimated Number of Staff
16	51
23	79
27.125	88
	218

Total estimated reduction in Gross Annual Salaries* for all staff:	-£518,903
Total Contracted Hours:	5,020

Option 2 (alternative 17/09/18)	working times
16	0700-1130
23	1530-2200
27.125	0700-1515 (30 min unpaid break)

- In principle agreement to Increase from Grade 2 to Grade 3
- Increased cost of paybill by c£300k each year; approx. 6% pay increase for staff
- Increased hours by over 600 hours p/w above the business case (July 2018) rota hours as a compromise for the service in terms of non-caring time.
- Responded to Trade Union concerns raised about hours to claim in work benefits.
- Mitigation payment offered to staff for lost hours (where they remain in the service and are not redeployed elsewhere within BCC)

Unison Rota proposal – November 2018

UNISON	BCC Rota
Roster is based over four weeks	Roster is based over two weeks
Staff have 1.5 weekends free over four weeks	Staff have 1 weekend free over two weeks
Staff have rest days mixed across four weeks	Staff have 1 rests days grouped two weeks
Inconsistent number of staff each day (Monday Week A 41 staff between 15:30 - 16:00, Friday Week C 34 staff between 15:30 - 16:00)	Consistent number of staff each day
18 Different Contracted Hours/ different across each constituency	Three different contracted hours (16, 23, 30)/ consistent for all constituencies
Has a maximum oversupply of 86 between 15:00 and 15:15 (Monday Week A)	Has a maximum oversupply of 44 between 11:00 and 11:30 (half of staff taking a 30 minute break)
5,171 Weekly Hours	4,526 Weekly Hours

Revised Offer – December 2018

ROTA OPTION

Weekly Hours Category	Estimated Number of Staff
16	46
23	50
30	88
	184

Total estimated reduction in Gross Annual Salaries* for all staff:	-£281,452
Total Contracted Hours:	4,526

Option 4	working times
16	0700-1130
23	1500-2200
30	0700-1400 and 16.00 – 1800

07.00 – 1400 and 18.00 – 2000 |

- Re-introduces split shifts
- Reduces number of contracts available to accommodate 30 hours (avoiding oversupply in the evening
- Increased hours by over 151 hours p/w above the business case (July 2018) rota hours. This is a better compromise for the service in terms of non-caring time.
- The reduction in Gross Annual Salaries is calculated based on a reduction in total headcount of 34 from the 218 in earlier proposals.
- The reduction of £281,452 indicates the reduction in gross annual salaries for the 184 staff who would remain in the service.

Rota review with Unison 10th December 2018

Unison requested management -
1. Remodel the rota including the additional hours included in the previous option 2 – broadly adding 500 hours to the new 30 hour proposal.
2. Model the impact of the new 30 hour proposal as Unison think some staff may be worse off with this proposal.
3. Look at VR requests to see if it was possible to release staff sooner than January (but not to prejudice any Equal Pay settlement). Management clarified that:
 a. A significant number of VR requests from the summer had been withdrawn, Only 6 staff were still pursuing VR from summer – 13 new VR expressions of interest were submitted in response to the corporate trawl opened in November.
4. Confirmation how many staff have flexible working requests in the current service.

Enablement Service Redesign

Unison Rota Proposal (23rd November 2018) – Analysis 3rd December 2018
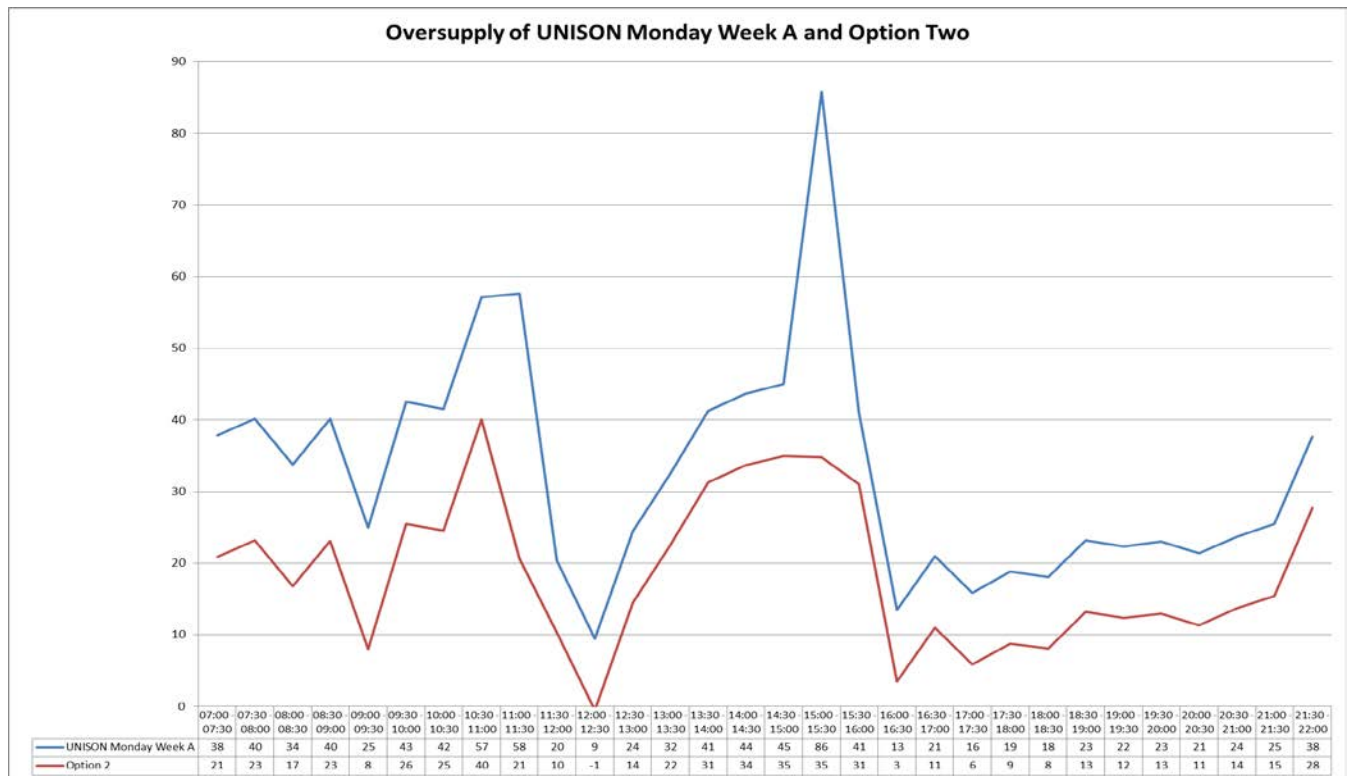
Overview

- Unison proposed a four week rota with 18 different contracted hours.

- In each constituency, there are different individual working patterns and hours. There is not one consistent approach for the Service as a whole.

- The variety of contracts means that the citizen experience will be compromised – with the potential to see a large number of different enablement workers.

- There is a planning assumption that a certain number of staff will leave. These hours are added to the total service hours, and then the rota is devised. i.e the rota is built around keeping staff hours, not meeting demand or citizen focus

- The shift hours are similar to that of BCC, but with overlapping hours and days at certain points. Effort has been made to move toward BCC shift patterns. The two rota proposals are different and cannot be operated together.

- Given the huge variety of contracted hours, it was not possible in the time available to analyse all of the days over the seven day and four week month. Therefore the analysis is based on selecting of three random days.

- The analysis was undertaken independently and then collectively by Business Analyst, Human Resources and Operational Managers to provide a rounded view.

Comparison:

BCC Rota proposal	Unison Rota proposal
Citizen Enablement team – two staff shifts mirror each other to minimise changes in worker	Shift overlap at different points – citizen likely to see a number of different workers
Simple and fair - 3 rota/contract options	Complex and unbalanced - 18 rota rota/contract options
Two week rota, one weekend on, one off	Four week rota, working 2.5 weekends
Standard, regular shift pattern	Additional half shifts on weekends
Rest days grouped together	Rest days vary across four weeks
Regular working pattern (3 days week one, 4 days week two)	Changing shifts over 4 weeks
Match worker hours to service demand	Excess hours when no service demand
New workers hired on contract which best meets service demand	New workers cannot be hired on contract which best meets service demand

Analysis of hours and Productivity

This Graph illustrates the supply of staff in the Unison Rota against the supply of Staff in Option 2 – the final rota offer presented by BCC. This clearly shows that there is oversupply of staff across the working day on the three days that were analysed. This also shows that the Unison rota has peak supply of staff at times of no citizen demand. i.e the Highest supply of staff when there is no caring work

Oversupply of UNISON Monday Week A and Option Two

	07:00 07:30	07:30 08:00	08:00 08:30	08:30 09:00	09:00 09:30	09:30 10:00	10:00 10:30	10:30 11:00	11:00 11:30	11:30 12:00	12:00 12:30	12:30 13:00	13:00 13:30	13:30 14:00	14:00 14:30	14:30 15:00	15:00 15:30	15:30 16:00	16:00 16:30	16:30 17:00	17:00 17:30	17:30 18:00	18:00 18:30	18:30 19:00	19:00 19:30	19:30 20:00	20:00 20:30	20:30 21:00	21:00 21:30	21:30 22:00
UNISON Monday Week A	38	40	34	40	25	43	42	57	58	20	9	24	32	41	44	45	86	41	13	21	16	19	18	23	22	23	21	24	25	38
Option 2	21	23	17	23	8	26	25	40	21	10	-1	14	22	31	34	35	35	31	3	11	6	9	8	13	12	13	11	14	15	28

Summary analysis:

- On each day of 28 days on the rota, staffing capacity is different. The Service can only deliver care to the lowest capacity point. Therefore, on each day there is oversupply, these hours will only be unproductive.

Option	Non-caring Hours
Mon A	983
Sun B	990
Fri C	969

- The rota has five people working 3 out of 4 Sundays and four on the other Sunday. Therefore on those Sundays one person each time will not be engaged in care and those hours will be unproductive.

Operational and Service Management Response

- Staff will work more weekend days than in the proposed BCC rota which is 2 weekend days over a two week rota or 4 weekend days every 4 weeks, proposed rota is 5 weekend days over 4 weeks. So an additional Saturday or Sunday. This is not a working pattern BCC would want to support given staff feedback through consultation.

- The work patterns have no pattern to them with BCC each staff member would work each day once in a two week period so twice in 4 weeks, in addition there are no single days off. With the proposed rota person one works as follows:

Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Rest	**work**	**rest**	**work**	**work**	**work**	**Rest**
Work	**work**	**rest**	**work**	**rest**	**work**	**Work**
Rest	**work**	**work**	**work**	**work**	**rest**	**Rest**
Work	**work**	**rest**	**rest**	**rest**	**work**	**work**

The inconsistent pattern makes it very difficult to arrange and cover for annual leave and sick leave.

- To fit in hours, staff are working small shifts, inconsistent hours and have overlapping shifts. Compared to the BCC rota, there are increased hand-offs for citizen care. The more inconsistent and uneven the rota, the more operational risks there are in terms of safety, ensuring support plans are covered, and managing staff.

- It would not be possible to recruit new staff into the proposed BCC rota. Staff would have to be replaced like for like for this rota to be maintained.

Human Resources Response

- The proposal assumes staff leaving through a variety of means which may not realise through implementation. To develop the rota proposal Unison assumed 25 staff would leave the service – at that time 23 staff were recorded as having expressed an interest in VR, now (3rd December) there are 17 staff with a VR EoI.

- The rota provides a variety of different working patterns and contractual hours therefore staff would have to preference and be selected for different contracts. The process for this would be risky and complicated.

- The amount of unproductive hours is significant.

Potential issues for Individual Employees

- Staff requested a two-week rota for planning of their life – caring, childcare, second work etc. this rota does not give that.

- Some staff have chunks of time off, others work alternate days. Some contracts are therefore much more attractive than others and may be perceived us unfair.

- Staff gain two or three hours of pay, but have to work extra shifts increasing associated costs – travel, childcare etc for very little gain.

- Working small shifts is unattractive and is a risk of absenteeism. Additionally, working a Saturday/Sunday midday shift is a very unattractive prospect.

- The Unison rota does not fit with feedback from Staff Consultation received to date that the BCC proposal incorporated. Specifically:

    o Two week shift pattern

    o Fairness and equity of working hours for all staff

    o Alternate weekends off

    o Regularised working hours to support outside commitments

UNISON Enablement Proposals January 2019

Quotes from UNISON members about what it means if the proposals in the Cabinet report agreed on 22 January are imposed

"I will need to use foodbanks. I could lose my home. I work hard I shouldn't have to rely on a foodbank to feed me." – Taya

"I'm a single mother I already struggle with everyday living, If I have a cut in pay, I might end up living on the street with my child. I'm frightened for our future." – Julie

"I can't afford to live on less than I earn now, the pay cut will bring me in to poverty. I feel depressed and under a lot of stress. I've worked all my life and still struggle." – Sarah

"I'm the main breadwinner my partner is disabled we struggle already. If my pay is cut, I don't know how we would survive. I work hard. I'm good at my job I don't deserve this!" – Carol

"Since all this started, I've been hospitalised. I'm not eating I'm so stressed I don't sleep. I can't live on less money I'd lose everything." – Misha

"This is an impact in living standards that will bring me into poverty. I feel depressed and under a lot of stress. Unable to get a second job due to hours we will have to work on the new rotas" - Sandra

UNISON Enablement Proposals
January 2019

1.   Summary

1.1.   These proposals are a basis for discussion over the issues that are prohibiting UNISON and Birmingham City Council reaching an agreement to end the enablement dispute.

1.2.   Following the Council's consideration of these proposals UNISON are prepared to continuing talking with the Council over any continuing areas of dispute.

1.3.   During talks the council has agreed that there is flexibility around the business case if it produces either the same outcome but with greater staff satisfaction, or a better outcome. Outcome means building a high quality service improving outcomes for older adults allowing support of Birmingham's aging population

1.4.   UNISON has been wrongly and unfairly criticised for *"changing the goalposts"* as to what it would take to end the dispute. When faced with an intransigent employer experienced union negotiators adapt and try new approaches to see if the deadlock can be broken. The criticism made by the council only serves to show the Council's own poor understanding of how to negotiate effectively. One bargaining objective that has been consistent, obvious and stated many times in writing is, that any agreed solution should *eliminate or significantly reduce the loses our members will face.* All the options the council have presented have meant significant loses and will push staff into poverty.

1.5.   This proposal significantly reduces the losses to UNISON members whilst delivering the following objectives as laid out in the Cabinet Report of 22nd January 2019.

1.5.1.   **Birmingham's citizens who are older will receive intensive therapy**-led services which will develop their confidence and ability to manage daily living activities and other practical tasks so they can carry out these activities themselves and continue to live at home independently.

1.5.2.   The Enablement Service will have capacity to deliver a responsive service which can support timely discharge from hospital and improve performance in Delayed Transfers of Care.

1.5.3.   Enablement will become one of **the Council's main tools for efficiently** supporting an ageing population by ensuring that any homecare provided following Enablement is appropriate to older adults needs

1.5.4.   Birmingham will build a high quality service, based on evidence and best practice improving the outcomes for older adults. A practice and behavioural shift will take place which will focus on outcomes and will subsequently deliver savings across the care and health system.

1.5.5.   Deliver the required improvement in Enablement to address the shortfalls identified in the CQC System inspection in January 2018 where Enablement was identified as an area of underperformance.

1.5.6.   The Enablement Service will deliver considerable efficiency through the implementation of common working patterns whilst improving both equity in working hours and compliance with the Working Time Directive.

1.6. As 1.5, in addition to these objectives our proposals satisfy the following:

1.6.1. **There is no pay cut for any worker unless the worker agrees it.** This is contingent upon there being a suitable compensation package for any loss in pay.

1.7. **The cost savings are approximately £255,000.** There are additionally approximately £99,000 worth of savings on redundancy payments compared to the council's proposal.

2. Summary Comparison of UNISON proposals versus the Council's Proposals

2.1. In November 2018 UNISON put proposals to the Council and they were rejected for a number of reasons. UNISON has worked up new proposals based upon the ten key objections that the Council made.

2.2. With seven out of ten of these objections, UNISON have altered our proposals so they now mirror the Council's proposals that were agreed by Cabinet in January 2019. Therefore there should be no further objections from the council.

2.3. For three out of the ten of the Council's objections we have altered our proposals to get much closer to meeting the Council's objections but our proposals do not fully match the Council's expectations. UNISON would expect that as a good employer seeking to minimise the impact of pay cuts on low paid staff, the council will be able to show some flexibility and compromise in these three areas.

2.4. A table of these comparisons can be found at section 3.6.

3. UNISON's proposals

3.1. Job Description

3.1.1. UNISON propose the job description in Appendix 1.

3.1.2. UNISON propose that after 3-6 months the job is evaluated through the NJC joint assessment process which sets out 10% of staff fill in a Job Questionnaire to ensure that all duties have been captured. This will involve UNISON at a local level.

3.1.3. The council and UNISON will agree additional duties to be included in the job description, that will be used in the future service once a career pathway and the scope of the role, are agreed. This will be evaluated in a process which involves the Trade Unions.

3.2. Rotas

3.2.1. The enablement service is a free service for the citizens of Birmingham. Staffing to this service has been cut by 48% since 2017. UNISON believes that to enable all Birmingham citizens who would benefit from having access to this service, it should not be cut any further.

3.2.2. Rota Proposals

Hours in shift	Working Hours	Number of Posts
16*	07:00 - 11:30	12
21	16:00 – 22:00	28
23*	07:00 – 14:00	24
26.5*	07:00 - 11:30 & 16:00 – 19:00/19:00 – 22:00**	56
33.5*	07:00 – 14:00 & 16:00 – 19:00/19:00 – 22:00**	80

*Staff will accrue 15 minutes per week which can be used flexibly throughout the week
**Staff will work 2 weeks 16:00-19:00 and 2 weeks 19:00 – 22:00

Hours	Staff
16	12
21	28
23	24
26.5	56
33.5	80
	200

3.2.3. The proposed total number of contracted hours is 5,494 – this is 1,091 more hours than the July 2018 business case however it is 828.55 hours less than the total number of hours worked in July 2018.

3.2.4. UNISON have calculated the savings on this rota proposal will be approximately **£255,000.**

3.3. System of payments for mileage and travel time

3.3.1.   UNISON propose that there is a hub in each of the 10 constituencies. The base of a member of staff will be the hub nearest to where they live. Staff will be paid mileage from their base to their first call and from their last call back to base. Staff will be paid travel time from base to their first call and from their last call back to base. This has previous been agreed in consultation meetings and is in line with BCC policies and procedures

3.3.2.   UNISON propose that an average time is agreed rather than staff recording time travelled each day and then put in claims for that time as this will reduce administration for both the member of staff and for Birmingham City Council.

3.3.3.   UNISON propose that 20 minutes is taken as an average for the time taken to travel to the first call and 20 minutes is taken as an average from the last call back to the staff members base.
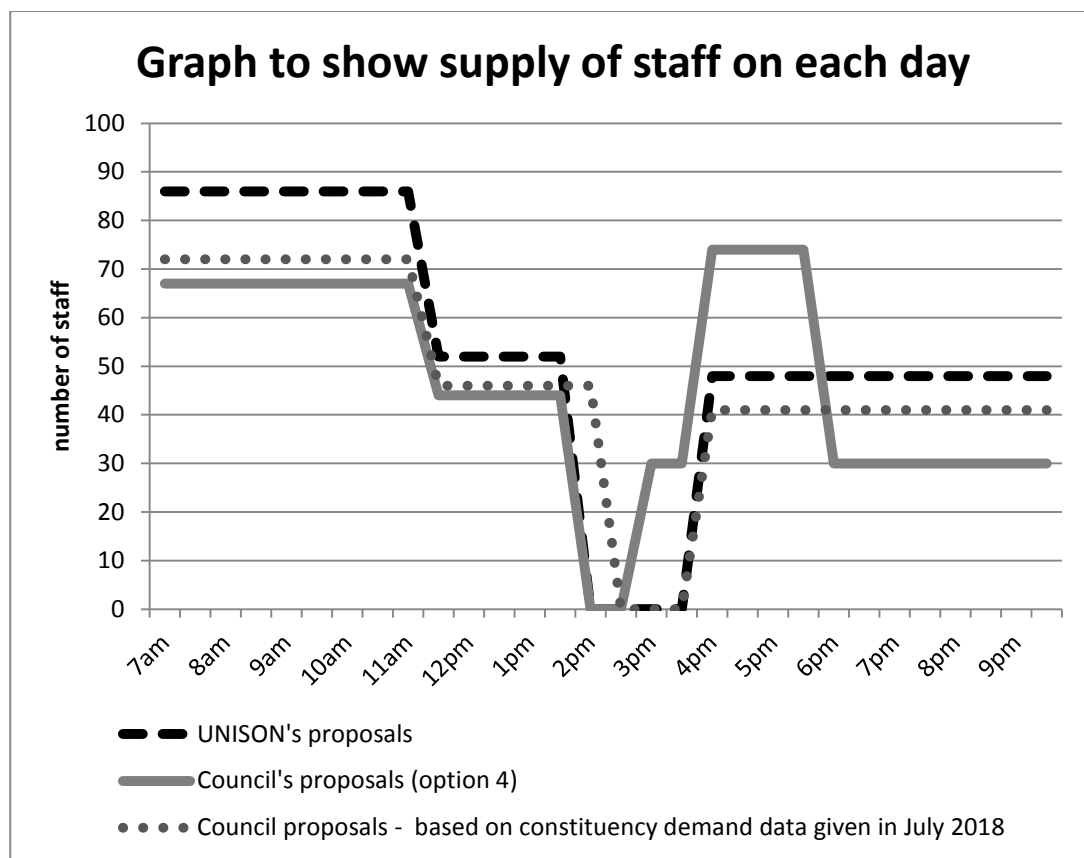
3.4. Analysis of Rota Proposal – hours, productivity & cost

3.4.1.   UNISON's proposal has increased capacity over the Birmingham Council proposal.

3.4.2.   During the negotiations Birmingham City Council have said they want to increase the amount of service users over time and they will recruit staff to enable them to do that.

3.4.3.   The Cabinet Report states "*Met and unmet demands were each tracked for 12 months to inform the July 2018 business case, evidencing the lack of capacity to meet demand. The lack of capacity is due to the multitude of existing rotas and staff working patterns; the service currently has over 150 individual working patterns.*"

The capacity that the business case was based on was tracked following 48% of staff leaving the service leaving via redundancy. Before these staff left the rotas were much more even meaning the service did have the capacity to meet demand.

3.4.4.   The Cabinet report goes on to state that the service is unresponsive and cannot pick up referrals quickly therefore the number of referrals to the service has fallen. ***This means that the figures around met and unmet demand do not reflect the actual demand that exists across Birmingham; rather the number of referrals into the service.*** The more citizens that can access the service and be enabled the more money the Council will save as these will be people who won't have to have continuing home care.

3.4.5.   One example of an area which the Enablement Service could pick up additional patients discharged to EAB beds. Social workers have told UNISON that this service should not be procured from the private sector but remain an in-house council service.

3.4.6.   The graph below shows the supply of staff throughout the day for this proposal, the proposal in the Cabinet report dated 22nd January 2019 and the Council proposal based on constituency demand data given to UNSION in July 2018 and November 2018 (the data remained the same)

3.4.7.   The graph above shows that at points UNISON's proposal is less than BCC's and at times there is increased capacity. On average there is an additional 12.8% capacity over the original business case and 17.3% increase on option 4.

3.4.8.   None of this extra capacity is at "*non-caring*" times. It provides an opportunity for the council to bring in additional service users into the system – as above the demand data proposals have been based upon do not reflect the needs of Birmingham citizen's – simply the number of referrals into the service. Additionally the council have said they want to increase the capacity in the service and plan to recruit, over time, additional staff.

This additional capacity can be delivered whilst still delivering a cost saving of £1/4 million.

3.4.9.   The council have been given an extra £5.6 million for developing and improving enablement & hospital discharge and a further £9.6 million for adults and children.

3.4.10. UNISON refer to the business case paragraph 6.1 which states that workforce savings targets have already been achieved so there needs to be no overall cost savings associated with this restructure.

3.4.11. The council have to make less savings than anticipated because of the work done to ensure that businesses are paying the correct business rates.

3.4.12. Following Brexit it is difficult to predict what the impact will be in respect of recruitment and retention issues within Adult Social Care (ASC**)**.   Although Birmingham has a relatively low level of EU citizens working in social care there is a potential risk that improved terms and conditions in other sectors dependent on EU workers (retail, hospitality etc) will exacerbate the challenge of recruiting. A reduction in capacity in enablement will have an impact across the whole health and social care system. It is important to keep hold of the staff that BCC current has to avoid any recruitment and retention issues and to minimise impact on other health and social care organisations.

3.4.13. The additional capacity is, in this proposal, at its' maximum. If the council agree these proposals once they are discussed with staff there may be staff who leave through redundancy, and redeployment. If a conservative estimate of 5% of the staff do leave it this equates to 10 people; this may provide an opportunity to re-look at capacity.

3.5. Flexible Working

3.5.1.1.   There has been an issue with flexible working. There are several staff now who have formal flexible working requests. These are generally for reasonable adjustments e.g. night blindness, dialysis and for caring commitments.

3.5.1.2.   The council have said that fixed rotas and flexible working is not compatible. This statement is unlawful – the law says that an employer has to consider every flexible working request on its' on merits and cannot just reject a request without having sufficient evidence that the work could be managed in an alternative way. This is particularly relevant in a workforce that is 95% female. If the Council reject flexible working requests UNISON will seek individual legal advice for our members.

3.5.1.3.   UNISON's proposals have built in extra capacity. This allows flexible working requests to be fully considered without having a detrimental impact on the service.

3.5.2.   Working Time Directive

3.5.2.1.   There is no issue about the WTD in our proposals. Although some shifts will finish at 22:00 with a start time of 7:00 this is no different to shifts that staff are working, or have previously worked. The rota proposal would mean that those staff that finish at 22:00 and start at 7:00 would do so for 4 days in 28.

Shift workers are not bound by Regulation 10, however should the Council wish regulation 23 allows for a collective agreement to modify regulation 10 to provide adequate compensatory rest.

3.5.2.2.   Regulation 10 is produced below:

10.—(1) An adult worker is entitled to a rest period of not less than eleven consecutive hours in each 24-hour period during which he works for his employer.

(2) Subject to paragraph (3), a young worker is entitled to a rest period of not less than twelve consecutive hours in each 24-hour period during which he works for his employer.

(3) The minimum rest period provided for in paragraph (2) may be interrupted in the case of activities involving periods of work that are split up over the day or of short duration.

2.—(1) Subject to regulation 24—
(a) regulation 10(1) does not apply in relation to a shift worker when he changes shift and cannot take a daily rest period between the end of one shift and the start of the next one;

(b)paragraphs (1) and (2) of regulation 11 do not apply in relation to a shift worker when he changes shift and cannot take a weekly rest period between the end of one shift and the start of the next one; and

(c)neither regulation 10(1) nor paragraphs (1) and (2) of regulation 11 apply to workers engaged in activities involving periods of work split up over the day, as may be the case for cleaning staff.

(2) For the purposes of this regulation—
"shift worker" means any worker whose work schedule is part of shift work; and "shift work" means any method of organizing work in shifts whereby workers succeed each other at the same workstations according to a certain pattern, including a rotating pattern, and which may be continuous or discontinuous, entailing the need for workers to work at different times over a given period of days or weeks.

3.6. Analysis of Proposals: Losses

3.6.1.   The table below show the % loses in pay for UNISON's proposal v Council Proposal. Note that UNISON have made the same assumption as the Council when calculating loses; staff will move to the nearest available contract to their current hours.

% loss of Yearly Wages	UNISON proposals	Council Proposals
Number of staff losing over 25%	0	15
Number of staff losing between 20 – 24.99%	0	5
Number of staff losing between 15 - 19.99%	0	51
Number of staff losing between 10 – 14.99%	1	55
Number of staff losing between 5 – 9.99%	45	30
Number of staff losing between 0.1 – 4.99%	101	15
Total Number of Staff Losing	106	171

3.6.2.   The table below shows the actual losses;

Loss	Number of people
£189.86	2
£225.96	15
£299.32	11
£362.29	1
£381.86	1
£445.86	4
£456.96	1
£481.96	25
£874.29	2
£957.86	39
£1,255.96	2
£1,323.32	1
£1,578.32	1
£1,593.86	1

3.6.3.   Staff are paid a night allowance when they work between 20:00-22:00. For a member of staff working 5 nights a week this is an additional payment of approximately £1,700 per year. Birmingham City Council, when describing loses, have not mentioned that staff will be losing significant sums of money because of the withdrawal of night allowance on top of the losses the cuts to hours will mean.

3.6.4.   The table below shows the differences between UNISON's proposal and the Councils proposal on the issue of night allowance.

	How many staff can access night allowance?
UNISON Proposal	164
Council Proposal	60

As staff will work 2 weeks 16:00-19:00 and 2 weeks 19:00 – 22:00 although 164 staff will have some additional income through night allowances the FTE equivalent is 70 against the council's FTE of 60. This is an additional cost of approximately £17,500 over a year.

3.6.5.   The losses in the Council proposal means that the pensions of low-paid women are adversely affected. The amount in their final pension pot will be less. UNISON's proposal will reduce this adverse affect.

3.7. Impact on Members of the Council's Proposal

3.7.1.   Below are a section of quotes taken from UNISON members about what it will mean if the proposals in the cabinet report, agreed on 22nd January, are imposed. UNISON's proposal will mean that these harsh consequences on staff will be avoided.

> *"I will need to use foodbanks. I could lose my home. I work hard I shouldn't have to rely on a foodbank to feed me." – Taya*

> *"I'm a single mother I already struggle with everyday living. If I have a cut in pay, I might end up living on the street with my child. I'm frightened for our future." – Julie*

> *"I can't afford to live on less than I earn now, the pay cut will bring me in to poverty. I feel depressed and under a lot of stress. I've worked all my life and still struggle." – Sarah*

> *"I'm the main breadwinner my partner is disabled we struggle already. If my pay is cut, I don't know how we would survive. I work hard. I'm good at my job I don't deserve this!" – Carol*

> *"Since all this started, I've been hospitalised. I'm not eating I'm so stressed I don't sleep. I can't live on less money I'd lose everything." – Misha*

> *"This is an impact in living standards that will bring me into poverty. I feel depressed and under a lot of stress. Unable to get a second job due to hours we will have to work on the new rotas" - Sandra*

3.8. Analysis of Proposals: Table showing the differences between UNISON's November 2018 proposal, & this proposal against the Council's proposal

UNISON's previous proposal (November 2018) – Why the Council rejected them	This proposal	Council's proposal	Difference
The council said that in each constituency there are different individual working patterns and hours – there is not one consistent approach for the service as a whole. Therefore the council said citizens were likely to see a number of different workers	Staff shifts mirror each other to minimise changes in worker	Staff shifts mirror each other to minimise changes in worker	**No Difference**
The council said there was an additional half shift on weekends	No additional half shift – working 1 weekend in 2	Working 1 weekend in 2	**No difference**
The council said rest days varied across 4 weeks	Rest days grouped together	Rest days grouped together	**No difference**
The council said there was changing shifts over 4 weeks	Regular working pattern (3 days one week, 4 days week two)	Regular working pattern (3 days one week, 4 days week two)	**No difference**
The council said that new workers could not be hired on a contract which best met service demand	New workers can be hired on a contract of the council's choosing i.e. it would meet service demand	New workers hired on contract which best meets service demand	**No difference**

The council said that the inconsistent pattern made it difficult to arrange cover for annual leave and sickness	No inconsistent pattern – no issues around cover	No inconsistent pattern – no issues around cover	**No difference**
The council said our rota did not fit with feedback from staff consultation – staff wanted alternative weekends off, fairness & equity of working hours, regular working hours	Rota fits with staff feedback	Rota fits with staff feedback	**No difference**
The council said that the rota was complex and unbalanced – 18 rotas/contract options	Has 5 rotas that are balanced/7 shift patterns	3 rota contracts/4 shift patterns	UNISON proposal has 2 additional rotas & 3 shift patterns; ***UNISON propose this is a compromise the Council makes***
The council said that there was a 4 week rota working 2.5 weekends	2 week rota for 64 staff 4 week rota for 136 staff – this would be 2 weeks of working 4-7 on an evening shift and two weeks working 7-10 on an evening shift to allow for all staff to access night allowances. All staff work one weekend off, one weekend on	2 week rota, one weekend on, one weekend off	136 Staff will alternate working 2 weeks 4-7 and 2 weeks 7-10 – this is to enable more staff to accept night allowances to cut down on loses: ***UNISON propose this is a compromise the Council makes***
The council said that our proposal had excess hours when no service demand	Whilst UNISON's rota does have increased capacity this is not when there is no caring work – this capacity can be used to take on additional service users.	Match worker hours to service demand	Increased capacity in UNISON's rota during times of service demand: ***UNISON propose this is a compromise the Council makes***

UNISON

3.9. Analysis of Proposals: Table showing additional differences between UNISON's proposal and the Council's proposal

This proposal	Council's proposal	Difference
200 staff- current establishment is 199 staff	195 staff	No redundancies v 4 redundancies
No staff working between 3-4	195 staff working between 3-4pm	The Council's preferential rota would not have any staff working between 3-4pm
164 staff can access night allowances	60 staff can access night allowances	104 staff more can access night allowances which will mitigate against their loses
Highest % loss = 11.22% (£1,578.32) for 1 person	Highest % loss = 32.06% (£4,100.22) for 2 people	20.84% difference
Average loss = £643.47	Average loss = £2088.01	Even though UNISON does not believe that an average loss is a satisfactory way to detail losses the Council have included this in their proposal. There is a difference of £1444.54
Allows consideration of all flexible working requests	The council say that fixed rotas and flexible working requests are not compatible	Staff will be able to work flexibly v not being granted flexible working

3.10. Mitigation

3.10.1. UNISON proposes that staff have access to other roles within the Council via the Lateral Movers programme. UNISON proposes that staff are able to undertake a trial in any post, but if this trial is not successful staff are guaranteed a job within the enablement service.

3.10.2. UNISON proposes that staff are able to exit Birmingham City council and have access redundancy if they chose to do so

3.10.3. UNISON proposes that staff are given access to the flexible retirement scheme.

3.10.4. These mitigation packages are as the Council have described in their Cabinet paper.

3.10.5. UNISON proposes that staff are given a payment based on hours and length of service equivalent to redundancy. The council have, in their cabinet report, created scope to look at mitigation payments. Unison propose that the payment is increased to eliminate loses for 2 years for those members of staff where incremental progression would not eliminate this loss. The incremental freeze should end in 2020/2021.

There will still be 47 members of staff with a loss of salary after moving to SCP21 in 2020/21. This will cost approximately £22,000 to "buyout".

3.10.6. The Council will spend approximately £195,000 on payments to give staff a payment based on hours and length of service equivalent to the redundancy position.

3.10.7. UNISON's proposal would mean a cost of approximately £75,000 on payments to give staff a payment based on hours and length of service equivalent to the redundancy position and a further £22,000 as section 3.9.5.

3.10.8. There is a saving to the council of approximately £99,000.

3.11. Selection for Posts

3.11.1. If the Council agree to these proposals UNISON propose that the following should take place to find out the preferences of staff:

3.11.1.1. Staff attend 1-2-1's with managers using a pre-agreed script and Q&A

3.11.1.2. All UNISON members should have a UNISON representative present should they wish. If necessary 1-2-1's will be rearranged to ensure a representative can be present.

3.11.2. Following the 1-2-1's UNISON propose that the remaining staff will assimilate into the new role at the closest hours to their current hours unless they chose otherwise. If there are any issues around assimilation UNISON and BCC will agree a solution.

3.12. Extra Care Sheltered Housing ("the courts")

3.12.1. Staff have historically moved fluidly between the courts and patch work as demand dictates. It was a matter of "luck" as to where staff were when the Business Proposal was published. Some staff had been moved to the courts to help with demand in the preceding few weeks/months however they would like the option of working on the

patch as Enablement Assistants. Additionally there are some enablement assistants who have shown an interest in working permanently in "the courts".

3.12.2.   UNISON propose that the council give a written undertaking that it will agree with UNISON a solution for staff currently working in Extra Care Sheltered Housing ("the courts") that want to work as Enablement Assistants

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Birmingham City Council

**NEW JOB
DESCRIPTION**   **Salary/Grade: GR3**

Post: **Enablement Assistant**
Division: **(Community) Adult Social Care**
Section: **& Health Enablement Service**
                         Enablement Team Leader
Responsible to:

Job Purpose

- To be a key player in ensuring delivery to the citizens of Birmingham in line with the Council Plan "Birmingham is a fulfilling City to age well in", by providing compassionate, safe, effective and responsive care, that involves and empowers citizens to exercise choice and control over their lives and achieve as much independence as possible.

- To give support with a range of personal and practical care tasks, in order to achieve agreed enablement outcomes, so that wherever possible citizens are able to carry out as many of these tasks for themselves.

- To ensure citizen's needs are fully understood and follow the individual's enablement plan, accurately reporting on progress towards enablement outcomes through contact with manager and via written and verbal recording methods.

- To promote and ensure service delivery which values and respects the dignity, diversity, rights and responsibilities of individuals, and encourages empowered, connected, independent citizens who have an improved sense of enablement and wellbeing through the provision of outcome focussed support.

Key Duties & Responsibilities

1. To work towards the Council Plan by providing a service that facilitates a "fulfilling City to age well in", whilst working within relevant policies, procedures, processes and legislation.

2. To provide planned care and support which encourages and enables adults to maintain or regain as much independence and control over their own lives as possible, dealing with a range of health conditions, in order to achieve agreed outcomes.

3. To encourage service users to be empowered, connected, independent and have an improved sense of well-being through working in an outcome focused way.

4. To deliver care in a way which demonstrates compassion and empathy, and which respects the personal dignity of service users.

5. To make observations, be continually aware and ensure the safety and welfare of the service user, the worker and work colleagues, by following Birmingham City Council standard health and safety policies and procedures and contribute towards the professional risk assessment. N.B . The risk assessment process will be led by an Occupational Therapist, and the initial assessment will be completed prior to the first enablement visit.

6. To be responsible to provide a range of person centred interventions to clients; contributing to the assessments, planning and reviewing the process promoting well-being of citizens.

UNISON

7.   To have the knowledge of a range of aids/equipment and therapeutic methods/ system of work to carry out the role and to inform the manager of any equipment needed by the service user including assistive technology

8.   To support the administration of all prescribed medication dispensed in blister packs adhering to the protocols and also encouraging self-medication where possible. Assistance should only be given providing the appropriate training as been given, and where the care plan specifies a need for assistance with medication.

9.   To ensure that service users can access adequate nutrition and hydration, and that obvious changes in health condition are reported to a manager and other appropriate professionals as and when required.

10.   Use designated recording methods to contribute towards accurate reports including health and safety risk assessments, so that decisions can be made regarding ongoing care needs.

11.   Recognise and immediately report all suspicions of Adult Safeguarding concerns to the manager.

12.   To identify and report back to a manager for them to decide if there is a need to pull in specialist support from within and outside the team, to ensure that service users' needs are met and that their health and wellbeing and independence are promoted

13.   To attend supervision meetings, group meetings, service user review meetings and other meetings as required.

14.   Recognise and immediately report any concern that arises around an individual's Mental Capacity. This information will support decision making in relation to that individual's enablement package.

15.   To attend Training Courses, as required, to develop skills and knowledge to improve the quality of service provision.

16.   To maintain an awareness of own professional limitations and knowledge gaps and seek relevant support and guidance when these limitations and gaps are self-identified.

17.   To carry out any other duties and responsibilities within the scope and spirit of the job purpose and grade as may be required.

Special Conditions

To adhere to the Skills for Care *Code of Conduct for Healthcare Support Workers and Adult Social Care workers in England.*

N.B. In order to meet the needs of the Enablement service, which operates 365 days per year, it is an essential requirement of the job that post-holders work flexibly. This will regularly include early mornings, evenings, weekends and Bank holidays, and will also include changes of work location across the city as the needs of the service alter.

Male enablement assistants will not be expected to provide personal female care.

Person Specification

Job Title   **Enablement Assistant (Community)**
Directorate/Division   **Adult Social Care & Health**

Method of Assessment   **A.F. = Application Form; I = Interview; T = Test or Exercise.**

Minimum Essential Requirements (**a -** application form, **b -** test, **c -** interview)

	a	b	c
Knowledge & Qualifications			
To hold a minimum of NVQ level 2 in Care or QCF Level 2 Diploma in Health and Social Care.	x		x
Demonstrate an understanding of the relevant Council and own service's policies, procedures and associated legislation and standards.			x
Understand the Adults Safeguarding policy and procedure and know how to identify and raise a concern.			x
Have a good understanding of the role of an enablement assistant			x
Have a good understanding of common health conditions and how these can affect the delivery of care.			x
Have an understanding of the ways in which minor equipment and adaptations could help a person stay independent and safe.			x
Experience			
Experience of providing personal care in a formal capacity to adults in a social care or health care setting.	x		x
Skills & Abilities			
Demonstrable ability to undertake person-centred care and support activities in a way that reflects the wishes, preference and independence of the service users.		x	x
Ability to provide sensitive and dignified enabling care to all service users, regardless of gender.	x		x
Ability to demonstrate awareness of and respect for people's diverse backgrounds and needs, and a willingness to find out how meet those needs.	x		x
Ability to provide a service in a non-judgemental way to all service users.	x		x
Observe confidentiality at all times.	x		x
Have an attention to detail ensuring that everything is accurate and error free.	x		x
Ability to read, understand and follow written instructions in English, and write written responses legibly and accurately in English.		x	
Provide accurate written and verbal feedback to supervisors about care delivered and changes and developments observed regarding service users.	x	x	
Be an excellent team player, but also, be able to confidently work own initiative, escalating matters when necessary.	x		x
Demonstrate good judgement and be able to make the right decisions quickly and easily when faced with pressurised situations/risks to the safety/wellbeing of service users, demonstrating patience and integrity at all times.		x	x

Ability to carry out moving and handling practice in accordance with Council procedures (to be confirmed through Medical Questionnaire upon offer of appointment).			x
Committed to fulfilling the needs of the service, showing flexibility and adaptability as necessary, and be able to work a range of shifts (as determined upon appointment), including working weekends and bank holidays.	x		x
Personal Style			
Be willing to undertake manual handling, first aid and any other relevant training and development necessary to undertake the minimum essential requirements of the job duties, which may take place outside "normal" working hours.			x
Be able to provide care and support in a way that protects the rights, dignity and privacy of service users.			x
Willingness to learn how to use basic IT equipment and software (such as smart phones) required to carry out the role.			x
Have a friendly and caring approach.			x
Have a genuine desire to help people.			x
Be able to relate to people from a wide range of backgrounds.			x
Understands and shows commitment to Equal Opportunities in employment and service delivery.	x		x

UNISON190201a

Summary: UNISON proposal from January 2019.

Hours in shift	Shifts	Number of Staff	Paid Hours
16.0	07:00 - 11:30	12	192
21.0	16:00 – 22:00	28	588
23.0	07:00 – 14:00	24	552
26.5	07:00 - 11:30 & 16:00 – 19:00/19:00 – 22:00	56	1484
33.5	07:00 – 14:00 & 16:00 – 19:00/19:00 – 22:00	80	2680
		Total: **200**	Total: **5496**

Total Supply during typical working day:
644 hours (1288 half hour periods)

Over-supply during typical working day:
344.65 hours (689.31 half hour periods)

UNISON190201e

Summary: Reduce headcount on 16 hour contract from 12 to 0.

Hours in shift	Shifts	Number of Staff	Paid Hours
16.0	07:00 - 11:30	0	0
21.0	16:00 – 22:00	28	588
23.0	07:00 – 14:00	24	552
26.5	07:00 - 11:30 & 16:00 – 19:00/19:00 – 22:00	56	1484
33.5	07:00 – 14:00 & 16:00 – 19:00/19:00 – 22:00	80	2680
		Total: **188**	Total: **5304**

Total Supply during typical working day:
621 hours (1242 half hour periods)

Over-supply during typical working day:
321.65 hours (643.31 half hour periods)

UNISON190201f

Summary: Reduce headcount on 26.5 hour contract from 56 to 44.

Hours in shift	Shifts	Number of Staff	Paid Hours
16.0	07:00 - 11:30	12	192
21.0	16:00 – 22:00	28	588
23.0	07:00 – 14:00	24	552
26.5	07:00 - 11:30 & 16:00 – 19:00/19:00 – 22:00	44	1166
33.5	07:00 – 14:00 & 16:00 – 19:00/19:00 – 22:00	80	2680
		Total: **188**	Total: **5178**

Total Supply during typical working day:
598.5 hours (1197 half hour periods)

Over-supply during typical working day:
299.15 hours (598.31 half hour periods)

UNISON190201g

Summary: Reduce headcount on 33.5 hour contract from 80 to 68.

Hours in shift	Shifts	Number of Staff	Paid Hours
16.0	07:00 - 11:30	12	192
21.0	16:00 – 22:00	28	588
23.0	07:00 – 14:00	24	552
26.5	07:00 - 11:30 & 16:00 – 19:00/19:00 – 22:00	56	1484
33.5	07:00 – 14:00 & 16:00 – 19:00/19:00 – 22:00	68	2278
		Total: **188**	Total: **5094**

Total Supply during typical working day:
583.5 hours (1167 half hour periods)

Over-supply during typical working day:
284.15 hours (568.31 half hour periods)

UNISON190201h

Summary: Reduce headcount on 23 hour contract from 24 to 12.

Hours in shift	Shifts	Number of Staff	Paid Hours
16.0	07:00 - 11:30	12	192
21.0	16:00 – 22:00	28	588
23.0	07:00 – 14:00	12	276
26.5	07:00 - 11:30 & 16:00 – 19:00/19:00 – 22:00	56	1484
33.5	07:00 – 14:00 & 16:00 – 19:00/19:00 – 22:00	80	2680
		Total: **188**	Total: **5220**

Total Supply during typical working day:
608.5 hours (1217 half hour periods)

Over-supply during typical working day:
309.15 hours (618.31 half hour periods)

Trade Union update on Enablement negotiations 14/03/19

o Unison shared an alternative proposal on 31st January and officers have met with Unison 8 times in February (twice with ACAS in attendance) - on 6th, 7th, 8th,12th, 18th, 20th, 21st, and 26th to negotiate. After positive discussions, Unison initiated a preference process on 8th February requesting members select a rota or alternative by 17th February. It was agreed to review the outcome of preferences on 21st February, however, only half of preferences had been returned at this date.

o A joint effort by Unison and officers to get as many responses as possible was agreed on 5th March, with an extended deadline of 11th March for returns, followed by a meeting to review the output of the Unison preference process on 14th March - at this meeting 156 preferences had been returned, therefore a final deadline for preferences of 19th March was agreed.

o A cabinet report updating on negotiations will be considered on 26th March.

o The progress in relation to the key points of the Unison alternative proposal is detailed below, outstanding matters are in **bold**:

Unison Proposal	Negotiation update
1. Job description	<u>Agreed</u> - Officers have met to finalise the JD to secure a Grade 3; Unison will confirm the preferred approach to a formal job evaluation.
2. Selection process	<u>Agreed</u> - Unison advised officers that their members had been asked to preference constituency team and rota, as well as flexible retirement, VR and flexible working – Officers welcomed this. Selection will be based on 'security before opportunity' meaning that staff will be offered a contract that is closest to their current hours.
3. Rotas	**The Unison rota proposes 5,494 total hours, and 200 contracts.** **Officers agreed to the proposed rota hours and working patterns, however, indicated there are too many contracts in the Unison proposal creating 50% more oversupply than the BCC rota, resulting in unproductive hours. <u>It was agreed that the Unison preference process will inform further negotiation about the numbers of contracts.</u>**
4. Mileage/ Travel	**Unison propose BCC includes 20 minutes at the start and end of each shift for travel time to/from the first/last appointment. Officers cannot agree this as it does not comply with BCC travel and expenses policy.**

		This would substantially increase non-caring hours in the rota. This issue has been subject to both an industrial dispute resolution process and a collective grievance process in 2018 which determined staff were not eligible to claim travel time for the 'commute' at the start and finish of the shift.
5.	Flexible working	<u>Agreed</u> – Officers confirmed that each request will be considered on a case by case basis by the head of service in line with BCC policy. Unison agreed that flexible working would be discussed as part of the formal preference process at implementation of a new rota.
6.	Working Time Directive	<u>Agreed</u> - Unison propose entering into collective agreement regarding rest periods of less than 11 hours between shifts; Officers shared concerns about wellbeing impact for staff working until 10pm, then starting 7am four days in a row.
7.	**Mitigation payments**	**Unison asked officers to consider a payment of two years salary protection, rather than the proposed 'redundancy for lost hours'. There is significant equal pay/discrimination risk in offering this group of staff a substantial period of pay protection. However, following legal advice to develop a business case to justify additional mitigation payments, BCC offered an additional mitigation payment (in addition to 'redundancy for hours lost') as below:** | **Hours lost per week**	**Additional Mitigation payment** | |---|---| | 3 - 3.9 | £300 | | 4 - 4.9 | £600 | | 5 – 5.9 | £900 | | 6+ | £1500 | **This will cost BCC/benefit Enablement Assistants approx. £85K.** **Unison rejected this offer and stated that their position is seeking no losses for their members in the service. <u>It was agreed that the Unison preference process will inform further discussions about mitigation payments.</u>**
8.	Extra Care & Supported Housing	Officers confirmed ECSH was out of scope of the Enablement business case and agreed to look at individual circumstances, that Unison would share, to determine if staff could apply for opportunities in the new rota for the community Enablement service.

Enablement Restructure - Constituency Supply Model: UNISON Proposal

DOCUMENT 12

Hours in shift	Shifts	Head-count	% of staff at each contract
16.0	07:00 - 11:30	12	6.82%
21.0	16:00 – 22:00	28	15.91%
23.0	07:00 – 14:00	24	13.64%
26.5	07:00 - 11:30 & 16:00 – 19:00/19:00 – 22:00	44	25.00%
33.5	07:00 – 14:00 & 16:00 – 19:00/19:00 – 22:00	68	38.64%

Total: **176**

	Edgbaston		Erdington		Hall Green		Hodge Hill		Ladywood		Northfield		Perry Barr		Selly Oak		Sutton		Yardley		Whole Service	
% of City's Demand*:	7.78%		11.24%		11.40%		9.19%		6.95%		10.32%		9.34%		12.65%		11.92%		9.21%			
% of Service's Supply:	7.95%		10.23%		11.36%		9.09%		6.82%		10.23%		9.09%		13.64%		12.50%		9.09%			
Hours in shift	Head-count	% of staff at each contract	Head-count	% of staff at each contract	Head-count	% of staff at each contract	Head-count	% of staff at each contract	Head-count	% of staff at each contract	Head-count	% of staff at each contract	Head-count	% of staff at each contract	Head-count	% of staff at each contract	Head-count	% of staff at each contract	Head-count	% of staff at each contract	Whole Service Head-count	% of staff at each contract
16.0	2	14.29%	2	11.11%	2	10.00%	0	0.00%	0	0.00%	2	11.11%	0	0.00%	2	8.33%	2	9.09%	0	0.00%	12	6.82%
21.0	2	14.29%	4	22.22%	4	20.00%	2	12.50%	2	16.67%	2	11.11%	2	12.50%	4	16.67%	4	18.18%	2	12.50%	28	15.91%
23.0	2	14.29%	2	11.11%	2	10.00%	2	12.50%	2	16.67%	2	11.11%	2	12.50%	4	16.67%	4	18.18%	2	12.50%	24	13.64%
26.5	2	14.29%	4	22.22%	4	20.00%	4	25.00%	2	16.67%	6	33.33%	6	37.50%	6	25.00%	4	18.18%	6	37.50%	44	25.00%
33.5	6	42.86%	6	33.33%	8	40.00%	8	50.00%	6	50.00%	6	33.33%	6	37.50%	8	33.33%	8	36.36%	6	37.50%	68	38.64%
Total Head-count Rounded	14		18		20		16		12		18		16		24		22		16			
Total Head-count (not rounded)	13.69		19.79		20.06		16.17		12.24		18.16		16.43		22.27		20.98		16.21			

*Measured during January 2018.

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? If yes, name(s) of ward(s):	☐ Yes	☒ No – All wards affected
Is this a key decision? If relevant, add Forward Plan Reference: 006528/2019	☒ Yes	☐ No
Is the decision eligible for call-in? *If new decision made	☒ Yes*	☐ No
Does the report contain confidential or exempt information?	☒ Yes	☐ 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 that 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 in 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:\n\n14; 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\n\n**(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

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1000 hours on 16th July 2019, Committee Room 3 & 4 – Actions

Present:

Councillor Rob Pocock (Chair)

Councillors: Mick Brown, Diane Donaldson, Peter Fowler, Mohammed Idrees, Zaheer Khan and Paul Tilsley.

Also Present:

Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care

Elizabeth Griffiths, Interim Assistant Director, Public Health

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Gail Sadler, Scrutiny Officer, Scrutiny Office

Soulla Yiasouma, Joint Head of Youth Services

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1. **NOTICE OF RECORDING**

   The Chairman advised that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (which could be accessed at "www.civico.net/birmingham") and members of the press/public may record and take photographs.

   The whole of the meeting would be filmed except where there were confidential or exempt items.

2. **DECLARATIONS OF INTEREST**

   None.

3. **APOLOGIES**

   Councillor Ziaul Islam.

4. **ACTION NOTES/ISSUES ARISING**

   The action notes of the meeting held on 18th June 2019 were agreed.

   The following matters have arisen since the committee last met:

   - Enablement Service

     A Terms of Reference/Scoping Paper for a review of the service to be undertaken by the committee is to be considered later on the agenda.

- Adult Social Care Draft Day Opportunities Strategy

    Maria Gavin (Assistant Director, Quality and Improvement, Adult Social Care) has provided information requested on the direct payments system.

    A visit to two Day Centres (Heartlands Resource Centre and Harborne Resource Centre) has been arranged to take place on Tuesday 23rd July. Thereafter, the committee can submit a response to the current consultation on the Day Opportunities Draft Strategy.

- Minor Surgery and Non Obstetric Ultrasound Services (NOUS) Listening Exercise

    Information on the number of single-handed practices remaining in the West Birmingham locality has been circulated to the committee.

    Councillor Tilsley remarked that the information was extremely useful as it predicts the configuration in 5 years' time of the number of single-handed practices with GPs who are coming towards retirement and the need for a reconfiguration of patients. It gives a clear indication of where there will be gaps.

5. **PERIOD POVERTY: EVIDENCE GATHERING**

Public Health Birmingham

Evidence was provided by Elizabeth Griffiths (Interim Assistant Director, Public Health).

In discussion, and in response to Members' questions, the following were among the main points raised:

- There is a lack of data and evidence around period poverty which means it's hard to quantify what this looks like in Birmingham so estimates are based on qualitative or descriptive reviews.

- In Birmingham, an estimated figure of 32,000+ women and girls aged between 10-50 years of age may have experienced period poverty at some point in their life, which is a considerable figure for the size of the City.

- There is potential for targeted access to free sanitary wear e.g. in homeless shelters, drug and alcohol services, job centres etc.

- It was suggested that GP surgeries may be ideal distribution centres for free sanitary products.

- Diverse communities with different faiths and cultures may find it difficult to talk about the menstrual cycle and, therefore, the extent and nature of the issue in Birmingham may be invisible. Concern was raised that, so far, there is no in-depth research into specific communities where this issue may arise.

- Education and awareness - destigmatizing the issue of menstruation. How is this being addressed in schools?

RESOLVED:

- Contact the Education Department to provide evidence on how educational programmes in schools teach children about the menstrual cycle.

Youth Services

Evidence was provided by Soulla Yiasouma (Joint Head of Youth Services).

In discussion, and in response to Members' questions, the following were among the main points raised:

- There are 15 Youth Centres throughout Birmingham frequented by, predominantly, 11-19 year olds of which 40% are females/young girls.

- Most, if not all, of the Youth Centres are located in deprived areas and, therefore, are within reach of people who may have an issue with period poverty.

- Free sanitary products have always been available in Youth Centres but, until recently, a young woman/girl would have to ask a female member of staff for a sanitary item.

- A pilot project has been set up to provide free sanitary products more discreetly in boxes in the ladies toilet for all women using the Centre.

- Unsure how sustainable the project is as currently paying for sanitary products but contacting organisations to try and obtain free donations.

- Have discussions in Girls Groups which have tended to concentrate on relationships, sexual health etc. but, going forward, will look at including period poverty.

RESOLVED:

- The committee would like to receive an update on the outcome of the pilot project and feasibility of its continuation should it prove successful.

WRITTEN EVIDENCE

Girlguiding Birmingham

Councillor Pocock thanked Girlguiding Birmingham for their submission to the inquiry. In particular, he highlighted the following extract from their submission:-

> *In addition to this (submission), Girlguiding groups across the city have taken a pledge to end the stigma around periods – "I pledge to tackle period stigma by talking openly about periods, so that no one feels embarrassed talking about them." We invite the Committee to take this pledge alongside us to be advocates for young women in the city.*

The Committee was concerned to note that the pledge raises a wider issue that needs to be addressed, which is on 'period awareness'. Girls faced not just the problem of period poverty, but the general problem of discussing periods openly,

especially within certain cultures. Consideration on ways of widening 'period awareness' within a super-diverse city should be included within the Report

RESOLVED:

- The Committee unanimously agreed to adopt the pledge.

<u>Change, Live, Grow (Substance Misuse Service)</u>

Councillor Pocock presented the submission which set out what the service was currently supporting women/girls in need by providing by free sanitary products in their Team's across the city.

6. **ADULT SOCIAL CARE PERFORMANCE MONITORING SCORECARD – END OF YEAR 18/19**

Maria Gavin (Assistant Director, Quality and Improvement, Adult Social Care) introduced in-depth data on 5 performance indicators chosen by the committee which had an emphasis on work being undertaken to improve performance and was the focus of the presentation. Also included was a summary of all reported adult social care performance indicators and the detail behind those in case there were any particular queries on those.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The ongoing use of social media, and the media in general, should be used to promote and raise awareness of the Shared Lives project.

- Using overtime to reduce the waiting time for a long term client to be reviewed/reassessed is not sustainable and was a short term initiative to improve performance at the end of the year.

- Work has been undertaken to see if our own in-house staff in Day Services, who work closely with service users and carers, might also be reviewers. There is no statutory requirement for a social worker to carry out a review. Looking to maximise opportunities for carrying out reviews.

- Concern was raised about the historic data that was being presented to the committee.

- Permission has been received to recruit a lead person to support improvements in getting service users aged 18-64 with learning disabilities in employment. Also, work is progressing to support the transition into sustainable employment for vulnerable adults.

- Everybody with an eligible adult social care need can have a direct payment. A direct payment may be used in different ways to meet someone's eligible care needs as long as it is not illegal.

- A direct payment is offered as a choice for those clients presenting with an eligible care need. Some communities may not be aware of the service that is available and perhaps this could be further promoted through Neighbourhood Networks.

- The performance targets for this year are now available. Performance targets are set against the benchmark for the next quartile. Therefore, always trying to move up a quartile in terms of performance.

- The target of 140 for Shared Lives is an end point target rather than a staged target.

RESOLVED:

- The committee noted with concern the lateness of reported data.

- Maria Gavin to:-

  o Liaise with Scrutiny Officers to provide a performance data reporting schedule which can be circulated to members.

  o Provide a copy of the performance targets for the current year including current quartile and target end of year quartile as a positioning statement at the start of the year.

  o Provide information as to whether the Shared Lives 140 figure would fall within the top quartile.

  o Provide information on queries regarding:

    ▪ Why **(PI16) The number of children under 5 attending the Wellbeing Service** and **(PI24) The percentage of adults in contact with secondary mental health services in employment** is off target and direction of travel continues to deteriorate?

  o Identify an officer who could provide Councillor Fowler with training on performance data.

- An update on how the Neighbourhood Networks is working to be scheduled on the work programme for later in the year.

7. REVIEW OF IN-HOUSE ENABLEMENT SERVICE

Councillor Pocock recapped that in February 2019 HOSC called-in the Cabinet report on proposals for the development of the Enablement Service. Cabinet accepted the recommendations of the call-in report and replaced the original proposal with a new proposal which was agreed by Cabinet on 22nd May 2019. Included in the new Cabinet report was a recommendation that "a review of enablement provision in BCC should be commissioned, led by Overview and Scrutiny and/or an independent party".

A proposed terms of reference/scoping paper for the review was presented to the committee for consideration.

RESOLVED:

The committee agreed the proposed terms of reference for the review.

8. WORK PROGRAMME – JULY 2019

The work programme was noted.

9. **REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**

None.

10. **OTHER URGENT BUSINESS**

Councillor Pocock brought to the attention of the committee the outcome of the consultation which had taken place on the Sandwell and West Birmingham Commissioning Boundary. Following a ballot of the Sandwell and West Birmingham CCG GP members, the decision was to retain the current Sandwell and West Birmingham CCG boundary integrated into a single commissioning structure for the Black Country and West Birmingham STP.

Councillor Pocock suggested that the committee may wish to write to NHS England to reaffirm its previous decision that CCG and local authority boundaries should be aligned. Furthermore, this would be in line with the government's view that local authority boundaries being a model for place based integrated care systems.

RESOLVED:

The committee agreed that the Chairman should write a letter NHS England.

11. **AUTHORITY TO CHAIRMAN AND OFFICERS**

RESOLVED:-

That in an urgent situation between meetings the Chair, jointly with the relevant Chief Officer, has authority to act on behalf of the Committee.

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The meeting ended at 1139 hours.

HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE

16TH JULY 2019

REVIEW OF IN-HOUSE ENABLEMENT SERVICE

SCOPING PAPER/TERMS OF REFERENCE

Background

Over the past two years there has been a lengthy and controversial debate regarding proposed changes to the BCC Enablement homecare service.

In July 2018 Cabinet approved a business case for the reorganisation and improvement of the Enablement homecare service.

Following an extensive dispute and protracted negotiations with trades unions a revised proposal for delivering the business case was recommended in January 2019.

The decision to implement the revised proposal was subject to call-in by the Health & Social Care Overview & Scrutiny Committee in February 2019.

Subsequently in a report to Cabinet on 22nd May 2019 which outlined the agreement reached following consultation with trades unions on proposed changes to the in-house Enablement Service, the points made by the O&S Committee were accepted and the proposed business case to redesign the BCC Enablement service was withdrawn.

A recommendation of that report was as stated below:

1.1   To agree that a review of enablement provision in BCC should be commissioned, led by Overview and Scrutiny and/or an independent party.

This paper sets out a proposal for implementing this recommendation.

Terms of Reference

Approach

Following discussion between the Cabinet Member for Health & Social Care and Chair of the Health & Social Care Overview & Scrutiny Committee the approach set out below has been agreed:

- For openness and transparency the review will be conducted in full committee and live streamed for public viewing.

- Evidence gathering will be held over two sessions, the first on 13th August 2019 and the second on 3rd September 2019 to review information on and future options for the current in-house Enablement Service in the context of the new model for Enablement provision agreed in the Cabinet paper of 22 May 2019.

- The findings will be presented in a draft report to the Health & Social Care Overview & Scrutiny Committee on the 15th October 2019.

- Once agreed by the O&S Committee, the report will be sent to the Cabinet Member for Health & Social Care with a view to informing any decisions to be made by Cabinet about options for the future of the in-house Enablement service.

- The O&S Committee will be supported by an independent critical friend, Ian James, the Local Government Association Health and Care Improvement Lead for the West Midlands Region.

- Baseline data to be prepared by officers.

Scope

The review will focus on the future options for the current in-house Enablement (homecare) service following Cabinet approval for the in-house service to undertake prevention work alongside the delivery of home care.

The review of the in-house Enablement service will be set in the wider context of the move towards an Integrated Care System and the early intervention work-stream of the Birmingham Older People's Programme and the new integrated community team to support older people to be independent in their own homes, being commissioned by the Birmingham and Solihull Clinical Commissioning Group. However the new integrated community team is out of scope of the review.

Areas of focus

The review will provide an independent view on the current and prospective future in-house service within the context of the Cabinet report dated 22nd May 2019 which describes a future service that includes a focus on prevention.

For clarity, the decision taken on 22nd May 2019 is not being re-opened.

The review will focus on exploring the viable options for the new in-house service model, which includes a focus on prevention, in the context of the new model, and what the key issues are which need to be resolved in coming to a decision about options for the future of the service.

The review will:

- incorporate available evidence, information and analysis on the performance and effectiveness of the current in-house enablement service and the impact on the delivery of the service;
- assess the value for money and quality of the in-house enablement service at present comparative to the potential future state which includes a focus on prevention
- explore options for how the new in-house service model, with a focus on prevention, can work in a complementary way with the Early Intervention Service being piloted by the Birmingham Older Peoples Programme to deliver an improved integrated health and care offer to older people and improve outcomes for older people in Birmingham.

Key questions will include:

- What are the key issues to be resolved before reaching a decision about the potentially viable future options for the current in-house Enablement / home care service?

- What impact will current working practices including rota arrangements and flexible working on future options?

- What do we want the service to look like in 2021/22 at the end of the current business planning cycle?

- What are the options for the new in-house service model?

- Have some potential options already been considered and if so, can the review group see them?

- What are the financial implications and comparative costs of the various options?

- How would any proposed option link to other preventative initiatives such as the Neighbourhood Network Schemes?

- How can the in-house enablement / home care service play a complementary role, focussed on prevention, within the wider enablement service?

- How can the BCC enablement / home care service be embedded in and support the three conversations adult social work model?

- Is it a viable option for the BCC enablement / home care service to be linked with constituency teams to deliver a range of community social care activity?

- How does any proposed model link to current NHS initiatives around, for example, social prescribing?

- Are there any models of best practice from elsewhere which can be explored?

Outcome

Establish the key issues which need to be resolved when considering the future of the in-house Enablement / home care service in order to ensure that the in-house service works in a complementary way with the early intervention work-stream of the Birmingham Older Peoples Programme to deliver a new health and care offer with improved outcomes for the older people of Birmingham.

Councillor Rob Pocock
Chairman of the Health & Social Care Overview & Scrutiny Committee