

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1000 hours on 13th August 2019, Committee Room 6 – Actions

Present:

Councillor Rob Pocock (Chair)

Councillors: Mick Brown, Diane Donaldson, Peter Fowler, Ziaul Islam and Paul Tilsley.

Also Present:

Michele Garrison, Finance Manager

Ian James, Independent Adviser to the Health & Social Care O&S Committee. (Care and Health Improvement Adviser West Midlands; Local Government Association, Care and Health Improvement Programme).

Marion Kelly, Interim Assistant Director, Finance Business Partnering

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Pauline Mugridge, Assistant Director, Adult Social Care

Tim Normanton, HR Business Partner

Gail Sadler, Scrutiny Officer, Scrutiny Office

Afsaneh Sabouri, Head of Service, Adult Social Care

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

Councillors Mohammed Idrees and Zaheer Khan.

4. ACTION NOTES/ISSUES ARISING

The action notes of the meeting held on 16th July 2019 were agreed.

The following matters have arisen since the committee last met:

- Period Poverty: Evidence Gathering
Awaiting a response from the Cabinet Member for Education, Skills and Culture to the query regarding how educational programmes in schools teach children about the menstrual cycle.
- Adult Social Care Performance Monitoring Scorecard – End of Year 18/19
Further clarification on some areas of performance will be circulated upon receipt.

5. REVIEW OF IN-HOUSE ENABLEMENT SERVICE

The Chair clarified the intended outcome of the review which was to look at the options, define the issues that the Executive should consider relating to the future of the in-house service, and compile a report which will go to the Cabinet Member for Health and Social Care for consideration prior to any Executive decision being made.

He also stated that the agenda for the meeting was not to go over what had happened in the past but to look at how best the service may be developed in future.

Pauline Mugridge (Acting Assistant Director, Adult Social Care); Marion Kelly (Interim Assistant Director, Finance Business Partner); Michele Garrison (Finance Manager); Afsaneh Sabouri (Head of Service, Adult Social Care) and Tim Normanton (HR Business Partner) were present to discuss the work that had been undertaken to date in terms of identifying alternative activities and determining where further work was needed to ensure that the rota hours for Enablement workers are utilised to the best effect and also supports the work being done with the Early Intervention Community Team.

In discussion, and in response to Members' questions, the following were among the main points raised:

- Undertaking three pieces of work to provide other activities for Enablement Assistants to undertake during their rota hours when they do not have any other allocated work:-
 - Increase the amount of domiciliary care packages.
 - Supporting Duty Social Workers e.g. supporting someone with shopping or a sitting service. This is being piloted in the Edgbaston constituency.
 - Supporting the Emergency Duty Teams out of hours' provision so if there is a crisis in the middle of the night/weekend this would be provided by the Enablement Team rather than using external providers.
- Currently exploring alternative activities for staff within their existing terms and conditions, working hours and rotas.
- In terms of the BCC Edgbaston constituency pilot roles are still being developed but the in-house enablement function would see people being

supported to go to centres, shopping etc. with the outcome being that they will be able to do these activities independently.

- Clarification was sought about how many people currently receiving support from social care also have a medical need and are supported by the NHS.
- As part of the Sustainability and Transformation Partnership (STP) there was a work stream – Personalised Support – which is looking at multi-disciplinary working arrangements to provide a joined up approach to health and social care and avoid duplicity.
- The committee was advised that an estimated 40% of the Enablement Assistants are car users and claiming mileage. The rest use public transport or walk between calls.
- A system called ‘Staff Plan’ is used to allocate calls which takes into consideration which mode of transport is used between calls. If there is a delay in getting to the next call the service user is informed.
- There are two pilots ongoing in the Edgbaston constituency. The first is the Early Intervention Prototype which is a joint team led by the Birmingham CHT looking at rehabilitation/ enablement support for people who are being discharged from hospital and step up from the community. Currently, this is only for patients being discharged from the QE Hospital or through the front door at the QE Hospital. The step up work from the community has not yet begun.

The second is a BCC pilot involving the in-house workforce which is about preventing people getting into crisis. Supporting people in the community to avoid them needing the early intervention support.

- The Early Intervention Prototype is road testing the new service which will be externally commissioned by Birmingham and Solihull Clinical Commissioning Group.
- Over the next couple of months the Early Intervention Team will have started the step up work from the community. When this happens, testing will be undertaken to see how the Early Intervention Programme and BCC Preventive Programme fit together.
- Introduction of the 3 conversations model and whole service transformation with a new customer journey will improve the throughput of people who are supported beyond the 6 week limit. Currently, 22% of people are with the service longer than 6 weeks.
- The Early Intervention Prototype is currently being rolled out into Northfield constituency. It is envisaged that the full city-wide roll out will be complete over the next 8-12 months.
- In terms of the in-house BCC Preventive Programme the committee was told “We will be reviewing that in 2 weeks and if it’s successful, we’ll be rolling out to the next constituency. We will be learning from that and our intention is to roll that out really quickly – definitely less than 12 months.”

- Once clear about the model being adopted, the Early Intervention Community Team will then be in a position to determine what the staffing implications are in terms of the numbers and types of roles. There is a potential that as that model develops staff from BCC would be working with staff from the various health organisations. The HR implications for staff working between the two organisations would then be legally considered. At this point, which is likely to be at the start of 2020, a further report seeking an Executive decision will be presented to Cabinet.
- The new arrangement for the in-house team needs to resolve the issue of downtime. Providing a broader suite of preventive and support activities would use the Enablement Assistants time more productively.
- The figures comparing the cost of hourly provision in Birmingham with Coventry and Nottingham were taken from the business case in June 2017. Since then, almost half of the staff have taken voluntary redundancy and, therefore, some of the inefficiencies in the rota which were driving up the hourly rate have reduced.

Ian James (Independent Adviser to the Health & Social Care O&S Committee; Care and Health Improvement Adviser West Midlands; Local Government Association, Care and Health Improvement Programme) presented an advice note on recent research findings on emerging national best practice on how to organise social care services which makes the best use of resources and outcomes for people. Ian made the following observations:-

- Promoting independence should underpin everything the City Council does in terms of delivering adult social care.
- There are a range of services that are aimed at promoting independence:-
 - Reablement, recuperation and rehabilitation – typically associated with people coming out of hospital.
 - Progression – could apply to a whole range of people with long term conditions including people with learning disabilities. Providing support that helps them to progress and become more independent.
 - Recovery – focussed around people with mental health difficulties.

As a model, this may be a useful approach to looking at how the Community Early Intervention Service and In-House Enablement Service complement each other to promote independence.

- There are challenges for the City Council in trying to transform the whole adult social care service, which is complicated and has implications for Neighbourhood Networks and partnership working, in a realistic timescale, whilst at the same time, trying to implement some things quickly. The new approach to a different way of supporting people needs to be a long term commitment. There is no quick fix.

- The issues of rotas and value for money need to be addressed but, initially, there would be more value in being able to explore and prototype some of the service potential.
- There needs to be a coherent approach to everything the Community Early Intervention Team and In-House Enablement Service are trying to do.

The Chair cited three issues that needed to be looked at:-

1. The need to create a synchronised operational service around the promoting independence model, where the enhanced Enablement service commissioned by the NHS works in close alignment with the remaining in-house home care team to provide an integrated experience for service users.
2. Organise the work programme and activities of the in-house team within their agreed terms and conditions to ensure a productive and valuable use of time.
3. The need to demonstrate and evidence that prevention uses resources more efficiently and effectively.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The cost of in-house service provision can often appear more expensive than contracted out services. To mitigate against those high costs some councils use their in-house service for the out of hospital reablement role where there is some justification for incurring higher costs because investment and delivering a good service in this area will then reduce long term costs.
- One of the issues about delivering the Enablement Service in a different way is identifying what improved outcomes are expected to be delivered? How will those be measured? How will we know if it's working or not and the relationship between that, the cost of the service and value for money? It is always more difficult to demonstrate the impact of a preventative intervention and long term costs.

RESOLVED:

- Provide information on how many of the service users also have a medical condition and are also being supported by the health service (if available).
- Finance to provide the current cost per hour for the Enablement Service benchmarked against other comparable local authorities, noting the need for a fair and valid like-for-like comparison.
- Ian to undertake some more in-depth work on reviewing the transferable experience of other local authorities and NHS providers in the context in which Birmingham is now proceeding i.e. as the service evolves our current workforce may take the opportunity to work for the NHS or through the in-house provision.
- Further information is required on:-

- The Community Early Intervention Prototype and experiences from providers and service users.
- Update on the BCC Preventive Programme Pilot.
- Birmingham and Solihull Clinical Commissioning Group to clarify their commissioning intentions.
- Workforce views on the future direction of the service.
- The next evidence gathering session originally scheduled to be held on 3rd September is deferred until October to allow further time for this evidence to be gathered.

6. WORK PROGRAMME – AUGUST 2019

The work programme was noted.

7. REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)

None.

8. OTHER URGENT BUSINESS

None.

9. 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.

The meeting ended at 1118 hours.