

BIRMINGHAM CITY COUNCIL

CABINET

TUESDAY, 09 OCTOBER 2018 AT 10:00 HOURS
IN COMMITTEE ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE,
BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The Chairman to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 DECLARATIONS OF INTERESTS

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

3 APOLOGIES

To receive any apologies.

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4 DRUIDS HEATH REGENERATION

Report of the Corporate Director, Economy.

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5 HS2 INTERCHANGE, ARDEN CROSS, SOLIHULL

Report of the Assistant Director, Planning.

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6 ADULT SOCIAL CARE & HEALTH - CUSTOMER JOURNEY

Report of the Corporate Director, Adult Social Care & Health.

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7 PROCUREMENT OF AN INTEGRATED COMMUNITY EQUIPMENT LOAN SERVICE

Report of the Corporate Director, Adult Social Care & Health.

- 203 - 208**
- 8 **PERFORMANCES BIRMINGHAM LIMITED – MAKING AN ENTRANCE – FUNDING REVIEW**
- Report of the Corporate Director, Finance and Governance.
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- 9 **PLANNED PROCUREMENT ACTIVITIES (DECEMBER 2018 – FEBRUARY 2019) - PUBLIC**
- Report of the Director of Commissioning and Procurement.
- 10 **OTHER URGENT BUSINESS**
- To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.
- 11 **EXCLUSION OF THE PUBLIC**
- That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-
- Exempt Paragraph 3

P R I V A T E A G E N D A

- 12 **HS2 INTERCHANGE, ARDEN CROSS, SOLIHULL PRIVATE**
- Item Description
- 13 **PERFORMANCES BIRMINGHAM LIMITED – MAKING AN ENTRANCE – FUNDING REVIEW - PRIVATE**
- Item Description
- 14 **PLANNED PROCUREMENT ACTIVITIES (DECEMBER 2018 – FEBRUARY 2019) - PRIVATE**
- Item Description
- 15 **OTHER URGENT BUSINESS (EXEMPT INFORMATION)**
- To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

**BIRMINGHAM CITY COUNCIL
PUBLIC REPORT**

Item 4

Report to:	CABINET
Report of:	CORPORATE DIRECTOR, ECONOMY
Date of Decision:	9 OCTOBER 2018
SUBJECT:	DRUIDS HEATH REGENERATION
Key Decision: Yes	Relevant Forward Plan Ref: 005300/2018
If not in the Forward Plan:	Chief Executive approved <input type="checkbox"/>
(please "X" box)	O&S Chair approved <input type="checkbox"/>
Relevant Cabinet Member(s) or	Councillor Ian Ward – Leader, Councillor Sharon
Relevant Executive Member:	Thompson – Homes and Neighbourhoods, Councillor
	Waseem Zaffar – Transport and Environment
	Councillor Brett O'Reilly – Finance and Resources
Relevant O&S Chair:	Councillor Sir Albert Bore – Resources; Councillor Liz
	Clements – Sustainability and Transport; Councillor
	Penny Holbrook – Housing and Neighbourhoods;
	Councillor Tahir Ali – Economy and Skills
Wards affected:	Druids Heath and Monyhull

1. Purpose of report:

- 1.1 To inform Cabinet of an opportunity to lead a regeneration programme for the redevelopment of areas within Druids Heath. This will provide new mixed tenure housing, improvements to infrastructure, improvements to public open space and new opportunities for employment.
- 1.2 To seek Cabinet approval to the Full Business Case for the Druids Heath regeneration scheme, for site assembly and procurement processes necessary to drive the project forward as outlined in Appendix 1.
- 1.3 To seek approval to develop new housing on approximately 7 Hectares (18 acres) of land as shown edged black on the plan at Appendix 2 to this report
- 1.4 To seek approval for the appropriation of 2 pieces of land one measuring 2.08 hectares (5.13 acres) and a second piece 0.56 hectares (1.4 acres), as shown in appendix 3 and 4, of General Fund land into the Housing Revenue Account (HRA) in order to facilitate the development of new housing provision within Birmingham.

2. Decision(s) recommended:

That Cabinet :-

- 2.1 Approves the Full Business Case for a redevelopment scheme at Druids Heath as set out in Appendix 1 of this report;
- 2.2 Authorises the cessation of lettings, the rehousing of tenants and the serving of initial and final demolition notices for properties within the area single hatched black on the plan at Appendix 2, in accordance with Schedule 5A of the Housing Act 1985. This includes the following high rise tower blocks: Saxelby House, Barratts House, Kingswood House, Hillcroft House and Brookpiece House.
- 2.3 Authorises the Assistant Director of Property to pay statutory and discretionary Home Loss payments and negotiate disturbance compensation to qualifying tenants as listed in Appendix 5
- 2.4 Approves, subject to the consent of the Secretary of State for Education, the appropriation of 2.08 hectares (5.13 acres) of General Fund land held for school land under the Education Act 1996 as shown on the plans at appendix 3 to the Housing Revenue Account for the purpose of housing development under the Housing Act 1985; with the Council being satisfied that the land is no longer required for its current educational function.
- 2.5 Approves the appropriation of 0.56 hectares (1.4 acres) of General Fund land, held within the Place Directorate (current public open space land under the open spaces Act 1906) shown on the plan at Appendix 4 to the Housing Revenue Account.

- 2.6 Approves the commencement of the procurement activity as set out in Appendix 6 by Acivico Ltd for the demolition of the former Baverstock School site and the following High Rise blocks Saxelby House, Barratts House, Kingswood House, Hillcroft House and Brookpiece House along with any other buildings that may be required within the boundary shown edged black on the plans in Appendix 2 and delegates the award of the subsequent contract to the Corporate Director, Economy, the Director of Commissioning and Procurement, the Corporate Director of Finance and Governance (or their delegate) and the City Solicitor (or their delegate)
- 2.7 Authorises the Assistant Director of Property to follow the procedure required under section 122(2A) and 122(3A) (as required) of the Local Government Act 1972 for placing of advertisements and consideration of objections in respect of appropriation and disposal of any open space shown in grey and labelled as development land on the plan at Appendix 2;
- 2.8 Delegates to the Assistant Director- Property the power to amend or vary the development boundaries of the Druids Heath site by 10%.
- 2.9 Authorises the Head of Landscape and Development to progress the retained public open space to detailed design stage to support the redevelopment of Druids Heath and to carry out the procurement activity to award a contract for the open space works using the Council's Landscape Construction Framework.
- 2.10 Approves the commencement of the procurement activity for the development of Druids Heath regeneration scheme using the Homes England Developer Partner Panel 3 Framework Agreement as set out in Appendix 6 and delegates the award of the subsequent contract(s) under the framework to the Corporate Director, Economy, the Director of Commissioning and Procurement, the Corporate Director of Finance and Governance (or their delegate) and the City Solicitor (or their delegate).
- 2.11 Approves the commencement of the procurement activity for the appointment of the Employers Agent as set out in Appendix 6 and delegates the award of the subsequent contract(s) under the framework to the Corporate Director, Economy, the Director of Commissioning and Procurement, the Corporate Director of Finance and Governance (or their delegate) and the City Solicitor (or their delegate).
- 2.12 Authorises the Assistant Director Transportation and Connectivity to develop the highway proposals required to deliver the Druids Heath regeneration scheme and progress the preferred option to detailed design.
- 2.13 Authorises appropriate agreements or exercise powers under the Highways Act 1980 (including but not limited to section 38 and section 278 agreements (if required) and submit applications under section 247 of the Town and Country Planning Act 1990 to stop up highway as well as make appropriate Traffic Regulation Orders under Section 1 of the Road Traffic Regulation Act 1984 as are necessary to deliver the Druids Heath regeneration scheme;
- 2.14 Authorises the City Solicitor to negotiate, execute and complete all necessary documentation to give effect to the recommendations in this report, including the execution and completion of all appropriate way leaves and easements and highway agreements required for the development of Druids Heath
- 2.15 Notes that a further report including an update on phase 1 will be presented in due course seeking approval to phase 2 of the Druids Heath regeneration
- 2.16 Authorises the Corporate Director, Economy to seek consent from the Secretary of State under Section 174 of the Localism Act 2011 to exclude the new properties to be constructed from Right to Buy pooling requirements, to ensure that any capital receipts generated from the sale of homes under the Right to Buy are retained by the Council.
- 2.17 Authorises the Corporate Director, Economy to apply for and accept any external funding associated with the Druids Heath scheme to help support the delivery of this programme (subject to satisfactory approval of any associated funding conditions).

Lead Contact Officer

Clive Skidmore, Assistant Director Housing Development
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3. Consultation

3.1 Internal

The Ward Member for Druids Heath and Monyhull Ward has been consulted on the overall proposals for the regeneration of Druids Heath, please see comments received in appendix 7

- 3.1.1 Officers in Legal Services, Finance, Economy, Procurement, Transportation and Connectivity and Place Directorate have been involved in the preparation of this report. The Corporate Director of Children and Young People and the Corporate Director of Place have been consulted and support the appropriation recommendation in this report

3.2 External

In January/February 2017, a public consultation survey was sent out to all residents/businesses in the Druids Heath regeneration area. This sought views on what people thought of the area as a place to live/work and what residents considered to be the main strengths and weaknesses. This identified a real mix of both positive and negative impressions of the area. Strengths were identified as being transport, accessibility and open space. Weaknesses were identified as being an unattractive area, lack of job opportunities and feeling unsafe.

Further consultation with the local community started in November 2017 and completed in February 2018. This included 3 indicative options for the regeneration of Druids Heath which included varying degrees of rehousing, demolition and new build. The area covered approximately 1800 households. The methods used were as follows. Questionnaires were sent in the post with a prepaid envelope. Residents were able to access the consultation information on the Be Heard website. Four consultation sessions in the local community centre where residents were able to discuss the proposals, fill in questionnaires with Council Officers and ask questions. 'Fly through' video imagery was also available at these sessions so that residents could see a 'before' and 'after' impression of the proposed changes including the significant impact on the area that would result from redevelopment of the tower block sites and Baverstock School site. The sessions were staffed by BCC Officers, and representatives from the appointed consultant team. In addition, an independent organisation was appointed to undertake door to door visits and support with filling in questionnaires working in the afternoons and weekends.

The overall response rate to the consultation was 28%. Option A, which has the least level of rehousing and demolition and focuses on the rehousing of the High Rise Tower Blocks and possible development land, building houses on the previous Baverstock School site, was the most popular redevelopment option with support from 45% of respondents, followed by option C with 40%. Option B was the least preferred with 13% of respondents choosing this option.

4. Compliance Issues:

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

- 4.1.1 The development of new homes for a growing city is a key objective of the Council. The development of new affordable housing within the City is in accordance with the objectives of the Council Plan and Budget 2018+. The proposals also contribute to the delivery of the Council's core vision and priorities in the Council's Vision and Forward Plan 2017+ of:
- 4.1.2 **Birmingham is a great city to live in:** This scheme will provide new housing for council rent and for sale and improve existing public open spaces.
- 4.1.3 **Birmingham is an entrepreneurial city to learn and work and invest** activity within the construction sector will create jobs and apprenticeships in the city, and activity in the supply chain industries, supporting the local economy through the Birmingham Business Charter for Social Responsibility.
- 4.1.4 **Birmingham is an aspirational city to grow up in;** new homes will be developed which will provide a safe, warm, sustainable and connected neighbourhood in which our children can

thrive.

- 4.1.5 **Birmingham is a fulfilling city to age well in:** the links between health and housing are well recognized. New thermally efficient, economical to run new homes which are designed to high standards of quality and internal space standards will be more affordable for residents and will offer a higher quality of life leading to better health outcomes.

4.1.7 Birmingham Business Charter for Social Responsibility (BBC4SR)

Development of Druids Heath Regeneration Scheme

Compliance with the BBC4SR is a mandatory requirement that will form part of the conditions of these contracts. Tenderers will be required to submit an action plan with their tender that will be evaluated in accordance with procurement strategy set out in Appendix 6 and the action plan of the successful tenderers will be implemented and monitored during the contract period. In addition, in recognition of the Council's policy to support sheltered workshops and its commitment to promote such firms who employ People with Disabilities, the tender invitation will include a requirement for contractors to seek a competitive quotation from Shelforce for the supply of windows and doors. Whilst this does not mandate contractors to use Shelforce, it will ensure they have the opportunity to price for these opportunities.

The benefits will include, as a minimum:

- An estimated 49 people will benefit from apprenticeships and local work placements and training opportunities
- Mentoring support to local colleges
- Engagement with local schools and community groups to provide information about the construction industry
- Provision of support to the local community e.g. litter picking
- Payment of the Birmingham Living Wage in accordance with the policy

4.1.8 Demolition of the Former Baverstock School Site

The value of this contract is below the threshold for the BBC4SR. However the requirements of the Birmingham Living Wage will apply in accordance with the policy.

4.1.9 Landscaping of Public Realm

The value of this contract is below the threshold for the BBC4SR. However the requirements of the Birmingham Living Wage will apply in accordance with the policy.

4.2 **Financial Implications (How will decisions be carried out within existing finances and Resources?)**

- 4.2.1 By law, any appropriation of land between the HRA and General Fund results in a transfer of borrowing between the HRA and the General Fund equivalent to the open market value of the appropriated land.
- 4.2.2 The total open market value of the appropriations from the General Fund to HRA is estimated to be £3.8m. Of which £3.1m for the appropriation of the previous Baverstock School site and £0.7m is for the appropriation of the leisure land. The valuations have been provided by Birmingham Property Services
- 4.2.3 Assuming an average long term interest rate of 4% per annum, this would result in a revenue cost to the HRA of approximately £0.1m per annum in perpetuity. It is not anticipated that there will be any further significant revenue consequences associated with the maintenance of these sites prior to their redevelopment.

- 4.2.4 The appropriation of the leisure land will contribute to the disposal of under-utilised public open space savings target, saving an estimated £28,000 per annum.
- 4.2.5 The total estimated cost of site assembly is £6.5m. This cost comprises a capital cost of £6.1m, including the payment of home loss and disturbance payments to tenants and the demolition of the tower blocks and the school, funded from HRA revenue contributions; and revenue costs of £0.4m in relation to securing properties, funded from HRA rent income.
- 4.2.6 The estimated site assembly costs for the five tower blocks is £5.8m, included in the £6.5m total identified above, which is a reduction of £10.5m compared to the Druids Heath site assembly costs included in the Clearance report approved in February 2017. This reduction is due primarily to changes in numbers of properties affected by the proposals. If further site assembly is approved on a future phase at Druids Heath this will reduce the variation.
- 4.2.7 The estimated total cost of the proposed development is £43.3m. The total capital cost is £43.1m, which will be funded from HRA revenue contributions, BMHT sales receipts, Right to Buy (RtB) One-for-One receipts, RtB general receipts, Affordable Housing Section 106 income and any grant income that might be secured on these schemes, although none is assumed at this point. The revenue cost is £0.2m, which will be funded from HRA rent income within the existing HRA Business Plan. The FBC document for these developments is included in Appendix 1 and includes further details of the funding of these schemes.
- 4.2.8 The future running costs of the properties and areas of public realm retained within the scheme will be met from ongoing rental income to be derived from the new build properties. This will result in an overall net revenue surplus to the HRA as a result of these proposals of £5.0m over 30 years.
- 4.2.9 The financial viability of the proposals is based on the social housing rent policy that was outlined by the Chancellor of the Exchequer on 2nd July 2015 (i.e. that rents will be reduced by 1% per annum from 2016-17 to 2019-20). Rents will then revert to the Consumer Price Index (CPI)+1% after 2019-20 (currently projected at 3% per year). However, should rents not increase at this rate, it is anticipated that efficiency savings within the HRA will be needed to ensure that the scheme breaks even.
- 4.2.10 The new Council rented homes will be subject to the Right to Buy cost floor regulations, which mean that for the first 15 years following the completion of the new homes, any tenant purchasing their Council property through Right to Buy will be obliged to pay the Council full construction cost of the property, irrespective of any discount to which they may be entitled under the Right to Buy legislation.
- 4.2.11 All homes have been designed in-house by the BMHT team, guaranteeing the best possible design both internally and externally. Careful consideration is given to neighbourhood services including waste storage and collection, with internal consultation being undertaken to consider appropriate size of bins, impact on collection rounds and any cost implications ahead of approving any planning applications. Dedicated and secure areas are shown on planning applications for both general waste and recycling bins in rear gardens with no household having to bring their bins through the main dwelling.
- 4.2.12 Where new highway is required to enable these sites to be redeveloped to support the housing construction described in this report then such development costs and ongoing maintenance costs will be met by the HRA. Appropriate permissions to construct highway will also be required. Opportunities will be explored to align any changes to the highway as a consequence of each new development to the Highways Management and Maintenance PFI (HMMPFI) programme of works to minimise costs of delivery to the schemes.

4.3 **Legal Implications**

- 4.3.1 The Council has powers to hold and appropriate land under Sections 120-122 of the Local Government Act, 1972. Under Section 122 of the Local Government Act 1972, the Council may appropriate for any purpose for which the Council is authorised by legislation to acquire land; and land which belongs to the Council and is no longer required for which it is held immediately before the appropriation.
- 4.3.2 Section 122(2A) of the Local Government Act requires that where land is existing open space, notice of change of use must be advertised and any objections considered prior to the appropriation taking place. Section 123(2A) contains a similar requirement for advertisement and consideration of objections in respect of disposals of open space.
- 4.3.3 The school sites affected by this report are subject to Secretary of State for Education approval prior to appropriation and any disposal of the school sites in accordance with Section 6 Part 1 of Schedule 1 of the Academies Act 2010.
- 4.3.4 The Council has powers to dispose of land under Section 32 of the Housing Act 1984 and Section 123 Local Government Act 1972
- 4.3.5 The Highways Act 1980 sets out the relevant powers for changes to existing highways and the adoption of new roads. The Road Traffic Regulation Act 1984 contains the powers to make appropriate Traffic Regulation Orders and Section 247 of the Town and Country Planning Act 1990 to stop up highway.
- 4.3.6 Section 111 of the Local Government Act 1972 confers power on the Council to do anything (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to the discharge of any of its functions.

4.4 **Public Sector Equality Duty**

- 4.4.1 A copy of the Equality Act 2010 – Public Sector Duty statement is included at the end of this report. There are currently around 10,486 people on the Council's waiting list for affordable housing. Many of these people live in overcrowded conditions across the housing sector. Evidence from allocating properties previously developed under the Birmingham Municipal Housing Trust (BMHT) banner has revealed the extent of this problem, many families being allocated from accommodation that was too small for their needs.
- 4.4.2 Through the BMHT programme, the Council provides homes that reflect the Strategic Housing Market Assessment for Birmingham with an emphasis on 2 bedroom houses and 4+ bedroom houses. Whilst there is a clear driver for family homes (and these make up the majority of the new development programme) the programme also looks to meet other needs, such as people without children and elderly residents who wish to down-size from under-occupied homes. Local need, site restrictions and financial viability are taken into account when determining the exact mix of homes and typologies to build on each site. There is also a requirement for 3 bedroom properties within the Druids Heath area.
- 4.4.3 The initial Equalities Assessment reveals that there is no requirement for a Level 2 equality assessment because although Druids Heath Regeneration will impact on the community that live there, there is no differential impact as there are existing policies in place within the function areas. For the demolition process the contract documents comply with Standing Orders and Equal Opportunity requirements, the new build programmes comply with the existing procurement regulations. Rehousing will be undertaken in line with the current allocations policy. A Level 1 equality assessment is appended at Appendix 8

5. Relevant background/chronology of key events:

- 5.1 On the 17 May 2016, Cabinet approved the Druids Heath Investment Options Strategy report, which provided funding from Homes England to procure a consultant team to prepare a housing master plan for the area. In November 2016 this funding supported the appointment of a consultant team, who worked with the City and developed 3 options for the area. The baseline review work involved land use and design analysis, assessment of housing stock, landscape, transport, utilities, ecology, flood risk and land quality analysis. This work also included the financial viability of the options.
- 5.1.1 On the 14 February 2017 Cabinet approved the 7 Year Housing Clearance Programme for the period from 2017/18 to 2023/24. This included approval for the clearance of 6 high rise tower blocks in Druids Heath, only one of these, Heath House, was identified in the report. This report now presented to Cabinet seeks approval for the clearance of 5 other high rise blocks namely. Saxelby House, Barratts House, Kingswood House, Hillcroft House and Brookpiece House.
- 5.1.2 The consultant team, working with Birmingham City Council, developed the following three options:
Option A – This option has the least level of rehousing and demolition and focuses on the rehousing of the High Rise Tower Blocks and possible development land in the area, including the Baverstock School site.
Option B – This option includes the same properties as option A and expands the proposed clearance to include an additional 58 more properties within the East of Druids Heath.
Option C – This option includes the same properties as option B and includes an additional 151 properties for rehousing and demolition in Druids Heath South.
- 5.1.3 Consultation was undertaken on all three options, the option preferred by the local community was Option A, which focuses on the rehousing of the tower blocks and possible development land including the previous Baverstock school site.
- 5.1.4 The consultation also included the following high rise blocks, Harrison House, Parker House and Middlefield House. However consultation comments from residents of Harrison House, which mainly houses older residents, was mixed with people preferring to stay in the block, together with this and considering the proximity of the other tower blocks it is proposed that these 3 blocks will be refurbished. The Asset Management and Maintenance Division will carry out these works in conjunction with the overall estate redevelopment timetable.
- 5.1.5 Option A will be carried out in 2 phases, this report as set out in the Full Business Case and recommendation 2.1, is seeking approval for the first phase in the east of Druids Heath (and one high rise from the south) and includes the rehousing from and subsequent demolition of 5 high rise tower blocks, which is 250 flats. There will be 250 replacement new homes in Druids Heath, to be split between 150 homes for affordable/social rent and 100 properties for sale. Appendix 2 shows the areas of development land which comprises approximately 18 acres of land. This first phase of development is anticipated to take approximately 7 years to complete, after which a further approval for the second phase in the south, of Druids Heath will be sought.
- 5.1.6 This scheme will be delivered through the Birmingham Municipal Housing Trust for the new build programme. The new build programme will include new infrastructure, where possible improvements will be made to cycling and walking pathways. The three high rise blocks to be refurbished will be undertaken through existing contracts for Housing Repairs, Maintenance and Capital Investment. Appendix 9 shows the risk assessment and 10 shows the stakeholder plan
- 5.1.7 In addition to the capital investment, Birmingham City Council housing management are currently scoping out the needs of the area and determining the best social intervention that could be implemented within the area

- 5.1.8 The regeneration of the area also provides the Place Directorate an opportunity to realign and integrate services to support the regeneration and to ensure that services delivered are focused on the needs of the residents. Officers from the Place Directorate will lead on this aspect of work.

5.2 Procurement Strategy

- 5.2.1 The procurement strategy is set out within the report in Appendix 6

Evaluation of alternative option(s):

- 6.1 Three options were considered by the City:

Option 1 – do nothing in the Druids Heath area, this option was discounted as doing nothing would not provide any regeneration benefits for the area, in addition there are properties in the area that require greater levels of investment than the rental income and doing nothing would continue to put financial pressure on the HRA.

Option 2 – Build new homes on the cleared land only in the area, this option was discounted because while it does provide some regeneration benefits it missed the opportunity for a wider regeneration programme in the area.

Option 3 – This option includes the rehousing and subsequent demolition of 5 High Rise Blocks(250 flats) in Druids Heath. Building on development land in close proximity and appropriating 2.08 hectares of land for new build. This is the preferred option as it provides wider regeneration benefits with the new build of 250 new homes, improvements to public open spaces and infrastructure and opportunities for apprenticeships within the area.

7. Reasons for Decision(s):

- 7.1 The recommendation is to take forward Option 3. The properties proposed for clearance in this report will remove properties from the HRA which are financially unviable.
- 7.2 Clearance of these properties will improve the development potential of land that can be developed for new, higher quality family homes that better meet the current and future housing needs of the citizens of Birmingham and contribute to the creation of sustainable communities.
- 7.3 The construction of new homes facilitates local employment opportunities and will inject much needed stimulus into the local economy and improves the lives for citizens of Birmingham
- 7.4 To achieve the key City Council objective of providing development land to support housing growth for Birmingham.

Signatures

Date

Councillor Ian Ward
Leader

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Councillor Waseem Zaffar
Cabinet Member for Transport and
Environment

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Councillor Brett O'Reilly
Cabinet Member for Finance and Resources

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Councillor Sharon Thompson
Cabinet Member for Homes and
Neighbourhoods

Waheed Nazir
Corporate Director, Economy

List of Background Documents used to compile this Report:

1. Druids Heath Investment Options Strategy – Cabinet 17th May 2016
2. Housing Clearance Report Cabinet 14th February 2017
3. Druids Heath : Housing Masterplan & Options

List of Appendices accompanying this Report (if any):

1. Appendix 1 – Full Business Case
2. Appendix 2 – Plan of the Area
3. Appendix 3 - Education site to be appropriated for Housing
4. Appendix 4 – Leisure land to be appropriated
5. Appendix 5 – Schedule of properties
6. Appendix 6 – Procurement Strategy
7. Appendix 7 – Comments received from Ward Member for Druids Heath and Monyhull Ward
8. Appendix 8 – level 1 equality assessment
9. Appendix 9 - Risk Assessment
10. Appendix 10 – Stakeholder Plan

**PROTOCOL
PUBLIC SECTOR EQUALITY DUTY**

- 1 The public sector equality duty drives the need for equality assessments (Initial and Full). An initial assessment should, be prepared from the outset based upon available knowledge and information.
- 2 If there is no adverse impact then that fact should be stated within the Report section 4.4 and the initial assessment document appended to the Report duly signed and dated. A summary of the statutory duty is annexed to this Protocol and should be referred to in section 4.4 of executive reports for decision and then attached in an appendix; the term 'adverse impact' refers to any decision-making by the Council which can be judged as likely to be contrary in whole or in part to the equality duty.
- 3 A full assessment should be prepared where necessary and consultation should then take place.
- 4 Consultation should address any possible adverse impact upon service users, providers and those within the scope of the report; questions need to assist to identify adverse impact which might be contrary to the equality duty and engage all such persons in a dialogue which might identify ways in which any adverse impact might be avoided or, if avoidance is not possible, reduced.
- 5 Responses to the consultation should be analysed in order to identify:
 - (a) whether there is adverse impact upon persons within the protected categories
 - (b) what is the nature of this adverse impact

- (c) whether the adverse impact can be avoided and at what cost – and if not –
 - (d) what mitigating actions can be taken and at what cost
- 6 The impact assessment carried out at the outset will need to be amended to have due regard to the matters in (4) above.
- 7 Where there is adverse impact the final Report should contain:
- a summary of the adverse impact and any possible mitigating actions (in section 4.4 or an appendix if necessary)
 - the full equality impact assessment (as an appendix)
 - the equality duty (as an appendix).

Equality Act 2010

The Executive must have due regard to the public sector equality duty when considering Council reports for decision.

The public sector equality duty is as follows:

- 1 The Council must, in the exercise of its functions, have due regard to the need to:
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 2 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
 - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- 3 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- 4 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
 - (a) tackle prejudice, and

- (b) promote understanding.

5 The relevant protected characteristics are:

- (a) marriage & civil partnership
- (b) age
- (c) disability
- (d) gender reassignment
- (e) pregnancy and maternity
- (f) race
- (g) religion or belief
- (h) sex
- (i) sexual orientation

Appendix 1

Full Business Case (FBC)			
1. General Information			
Directorate	Economy	Portfolio/Committee	Housing and Development
Project Title	Druids Heath Regeneration Programme	Project Code	CA-02928
Project Description	<p>Druids Heath is a purpose-built municipal housing estate that is located approximately six miles south of the city centre and lies on the periphery of Birmingham and Bromsgrove local authority boundaries. It is within the Druids Heath and Monyhull Ward, and borders green belt land which is within the local authority of Bromsgrove District Council.</p> <p>The area has good access to the motorway network and local bus services. Local rail services are 3 miles and 4.5 miles away at Cotteridge (Kings Norton) and Shirley.</p> <p>Druids Heath is predominantly a residential area, primarily developed in the 1960's with smaller extensions in later decades with a mixture of low rise and 15 high rise tower blocks. There are clusters of Radburn style layouts and cul-du-sacs, and areas of incidental open space, which are largely unused and have no identified recreational purpose. The area has remained largely unchanged since it was built. Druids Heath remains the only large municipal estate in Birmingham that has received no major regeneration and is an area that represents a significant housing market and regeneration opportunity.</p> <p>This scheme would include the rehousing for Phase one which includes the rehousing from and demolition of 5 High Rise Blocks which are: Hillcroft House, Kingswood House, Barratts House, Saxelby House and Brookpiece House. In addition a new build programme on development land in Druids Heath East, which has a total area of 18.00acres (7 Hectares). The following three tower blocks, Parker House, Middlefield House, Harrison House, will be refurbished by the Asset Management and Maintenance Division. These refurbishment works would include re-roofing, structural strengthening, new windows, balcony enclosures, external wall insulation, communal decoration and a review of the current heating provision. These works will be carried out in conjunction with the overall estate redevelopment timetable. The first phase is anticipated to take 7 years to complete.</p>		

	<p>Delivery model</p> <p>BCC to carry out all surveys, and obtain outline planning permission (2018/19)</p> <p>Appointment of housing developer (2019) who will obtain planning permission in phases. First phase planning to be obtained in 2020</p> <p>Birmingham Municipal Housing Trust to deliver the new council housing using the Forward Homes model. This approach includes working with a developer to build the new housing and the properties will be sold by Birmingham City Council therefore retaining all the profits from the scheme.</p> <p>First build to start in year 2021</p> <p>Improvements to Public Open Space to be undertaken by Landscape Practice Group – Design to be undertaken in 2020, and procurement of contractor and Installation of equipment by in 2021/22</p> <p>Indicative completion of scheme 2022</p>		
<p>Links to Corporate and Service Outcomes</p>	<p><i>Which Corporate and Service outcomes does the project address:</i></p> <p>This project will make a direct contribution to both Corporate and Directorate outcomes, including the following:</p> <ul style="list-style-type: none"> • Leader’s Policy Statement 2018 • Council Business Plan & Budget 2018+ • Housing Revenue Account Business Plan 2018+ • Homelessness Strategy 2018 <p>Birmingham is a great city to live in: This scheme will provide new housing for council rent and for sale and improve existing public open spaces.</p> <p>Birmingham is an entrepreneurial city to learn and work and invest in: activity within the construction sector will create jobs and apprenticeships in the city, and activity in the supply chain industries, supporting the local economy through the Birmingham Business Charter for Social Responsibility.</p> <p>Birmingham is an aspirational city to grow up in; The house building programme will include apprenticeship opportunities in the construction industry. Birmingham is fulfilling city to age well in: the links between health and housing are well recognized. New thermally efficient, economical to run new homes which are designed to high standards of quality and internal space standards will be more affordable for residents and will offer a higher quality of life leading to better health outcomes.</p>		
<p>Options Appraisal Approved by</p>	<p><i>Cabinet</i></p>	<p>Date of Approval</p>	<p><i>8 December 2014</i></p>
<p>Benefits Quantification- Impact on Outcomes</p>	<p>Measure</p>		<p>Impact</p>
	<p><i>List at least one measure associated with each of the outcomes above</i></p>		<p><i>What the estimated impact of the project will be on the measure identified</i></p>
	<p>150 New affordable homes</p>		<p><i>150 built, a reduction of 100 affordable homes</i></p>
	<p>100 New homes for sale</p>		<p><i>100 new properties will be built and</i></p>

		<i>sold</i>
	Improvements to 2 public open spaces	<i>Birmingham a fulfilling city to age well in – improving spaces to encourage walking in that area and increase contact with other people reducing isolation</i>
	49 Apprenticeships	<i>49 new apprenticeships will be available for local people</i>
Project Deliverables	Rehousing of 250 council tenants Demolition of 5 High Rise tower Blocks New build of approximately 150 council properties for rent New build of approximately 100 houses for sale 2 New Improved Public Open Spaces 49 New opportunities for apprenticeships	
Scope	Birmingham City Council, <ul style="list-style-type: none"> • Rehousing of council tenants • Detailed plan development and outline planning • Highways and infrastructure: provision of new highway and infrastructure for the new development • Demolition of existing tower blocks • Appointment of housing developer • Construction of new housing • Appointment of apprenticeships • Improvements to public open space 	
Scope exclusions	Heath House High Rise Block is not included within this report, approval for rehousing and demolition was approved by Cabinet in The Housing Clearance Report 14 February 2018 The refurbishment of Harrison House, Parker House and Middlefield House is not included within this report. This work will be carried out by Assessment Management and Maintenance Division This report includes phase one of a wider regeneration and does not include the 6 High Rise Tower Blocks in the south. These tower blocks fall into phase two which will be subject to a review and further report after phase one works are complete these fall into phase two and will be subject to a further report	
Procurement Implications	The procurement strategy has been set out within the report in Appendix 6	
Taxation Implications	The development includes pre contract expenditure and new build homes expenditure on land owned by Birmingham City Council, together with the sale of some of the properties that will be built.	

	There are no specific tax implications connected with this development.
Accountable Body	Not applicable.
Dependencies on other projects or activities	<ul style="list-style-type: none"> The demolition of Heath House is required for the wider new build programme
Achievability	<ul style="list-style-type: none"> The Council through the Birmingham Municipal Housing Trust (BMHT), has a proven track record with schemes completed
Project Manager	Bali Paddock , Principal Housing Development Officer
Budget Holder	Clive Skidmore / Assistant Director Housing Development Tel 0121 303 1667/ clive.skidmore@birmingham.gov.uk
Sponsor	Waheed Nazir /Corporate Director, Economy / 0121 464 7735 waheed.nazir@birmingham.gov.uk .
Project Accountant	Guy Olivant / Head of City Finance (HRA) / Tel 0121 303 4752 guy.olivant@birmingham.gov.uk
Project Board Members	<ul style="list-style-type: none"> Waheed Nazir /Corporate Director, Economy Clive Skidmore / Assistant Director Housing Development Guy Olivant / Head of City Finance (Housing)
Finance Business Partner (FBP)	
	Date of FBP Approval:

Key Inputs			
Construction		Running Costs, etc.	
Total Site Assembly costs (Capital and Revenue)	£6.53 m	Weekly rent	2 bed £98.50 / 3 bed £112.80 / 4 bed £129.70 / 5 bed £141.29
Total Development costs (Capital and Revenue)	£43.2 7m	Rent loss - voids / arrears	3.0%
		Annual rent increase	-1.0% until 2019/20 then 3.0% ongoing
Total Sales Income	£19.8 6m	Management Costs	£737
RTB Activity	None	Repairs Costs	£938
Key Outputs		Capital Works (5-yearly)	£4,702
(Surplus) / Deficit after 30 years	£(5.03)m	Annual Cost Increase	2.5% (CPI 2.0%)

HRA Extract	2019/20	2020/21	2021/22	2022/23	2023/24 to 2025/26	Total Year 1 to Year 30
	Year 1	Year 2	Year 3	Year 4		
	£m	£m	£m	£m	£m	£m
Rental Income	0.00	(0.01)	(0.15)	(0.41)	(2.59)	(38.07)
Voids and arrears	0.00	0.00	0.00	0.01	0.08	1.14
Repairs and Maintenance	0.00	0.00	0.03	0.07	0.43	5.78
Management Costs	0.00	0.00	0.02	0.06	0.34	4.53
Appropriation interest cost	0.08	0.08	0.08	0.08	0.24	2.28
Site Assembly Revenue Costs	0.06	0.07	0.08	0.09	0.10	0.40
Development Revenue Costs	0.00	0.00	0.04	0.04	0.08	0.16
Cash-backed Depreciation	0.00	0.01	0.05	0.09	0.47	5.88
HRA Deficit / (Surplus) Contribution	0.14	0.15	0.15	0.03	(0.85)	(17.90)
Revenue contributions from wider HRA (to fund capital investment shown below)	(0.88)	(4.34)	(3.30)	(3.25)	(1.10)	(12.87)
Net HRA Impact	1.02	4.49	3.45	3.28	0.25	(5.03)

Capital Account	2019/20	2020/21	2021/22	2022/23	2023/24 to 2025/26	Total Year 1 to Year 30
	Year 1	Year 2	Year 3	Year 4		
	£m	£m	£m	£m	£m	£m
Site Assembly Costs	0.44	1.70	1.08	1.10	1.81	6.13
Pre Contract Costs	0.42	0.01	0.00	0.00	0.00	0.43
Build Costs (including Fees)	0.00	4.37	9.48	11.19	14.96	40.00
POS & Infrastructure Costs (including Commuted Sum)	0.02	0.57	0.65	0.61	0.83	2.68
Total Development Costs	0.88	6.65	11.21	12.90	17.60	49.24
Capital Investment / Renewals ¹	0.00	0.00	0.00	0.00	0.29	0.29
Other Capital Financing (RTB 1-4-1 / Affordable Housing S106 / General RTB Receipts)	0.00	(2.31)	(5.34)	(5.86)	(8.29)	(21.80)
Revenue Contributions from wider HRA	(0.88)	(4.34)	(3.30)	(3.25)	(1.10)	(12.87)
Receipts	0.00	0.00	(2.57)	(3.79)	(13.50)	(19.86)
Cyclical Maintenance Reserve Release	0.00	0.00	0.00	0.00	(0.29)	(0.29)

Total Capital Income	(0.88)	(6.65)	(11.21)	(12.90)	(22.89)	(54.53)
Capital Account (Surplus) / Deficit	0.00	0.00	0.00	0.00	(5.29)	(5.29)

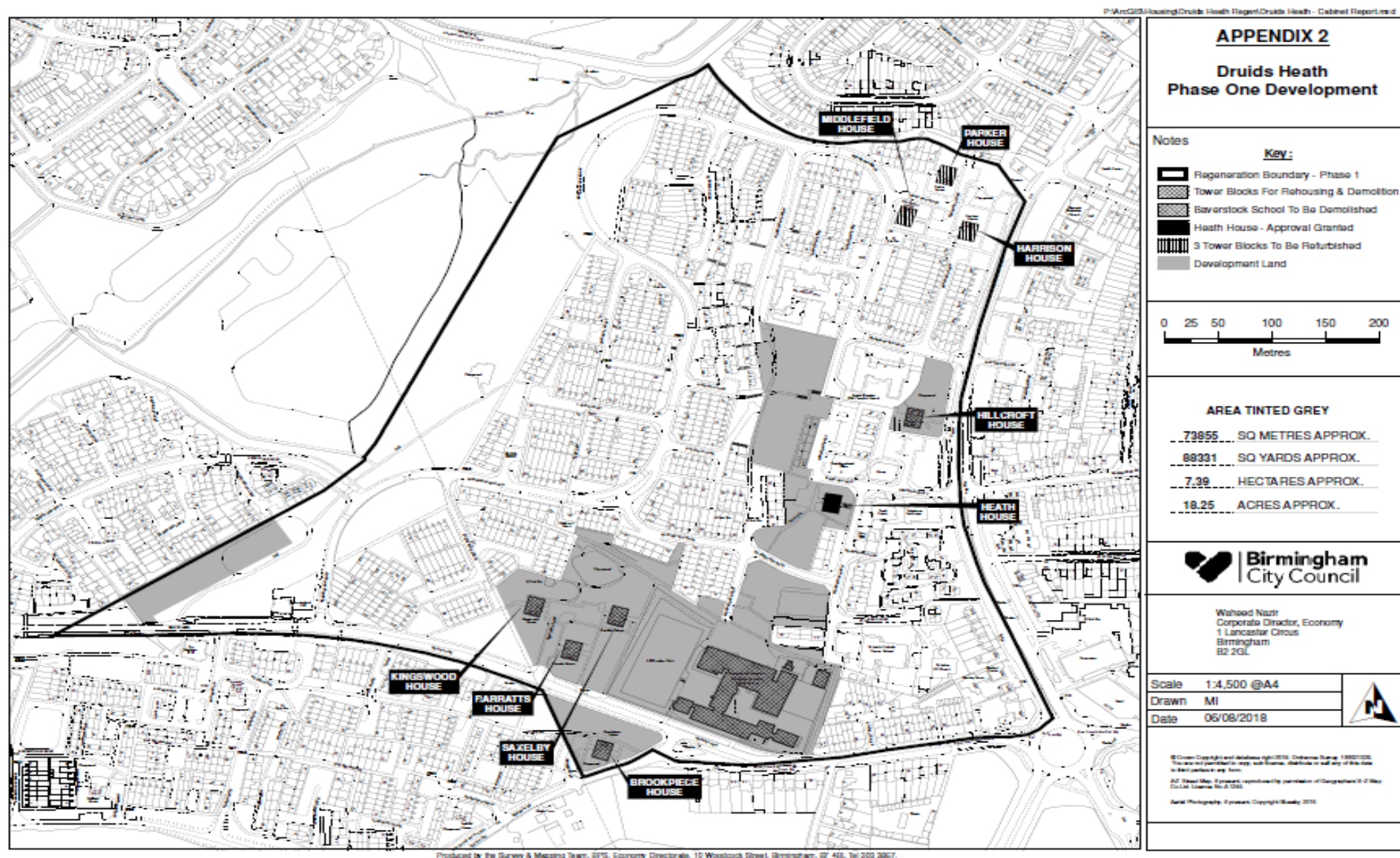
Balance Sheet Extract	2019/20	2020/21	2021/22	2022/23	2048/49
	Year 0	Year 1	Year 2	Year 3	Year 30
	£m	£m	£m	£m	£m
Land & Buildings	0.00	1.40	7.69	15.22	53.98
Cyclical Investment Reserve	0.00	0.01	0.06	0.15	1.41
Capital Reserve	0.00	(1.41)	(7.75)	(15.37)	(55.39)
Net	0.00	0.00	0.00	0.00	0.00

Properties	2019/20	2020/21	2021/22	2022/23	2023/24 to 2025/26	Total Year 1 to Year 30
	Year 1	Year 2	Year 3	Year 4		
Social Rent Properties	0	10	40	40	60	150
Sale Properties	0	0	15	20	65	100
Total Properties	0	10	55	60	125	250

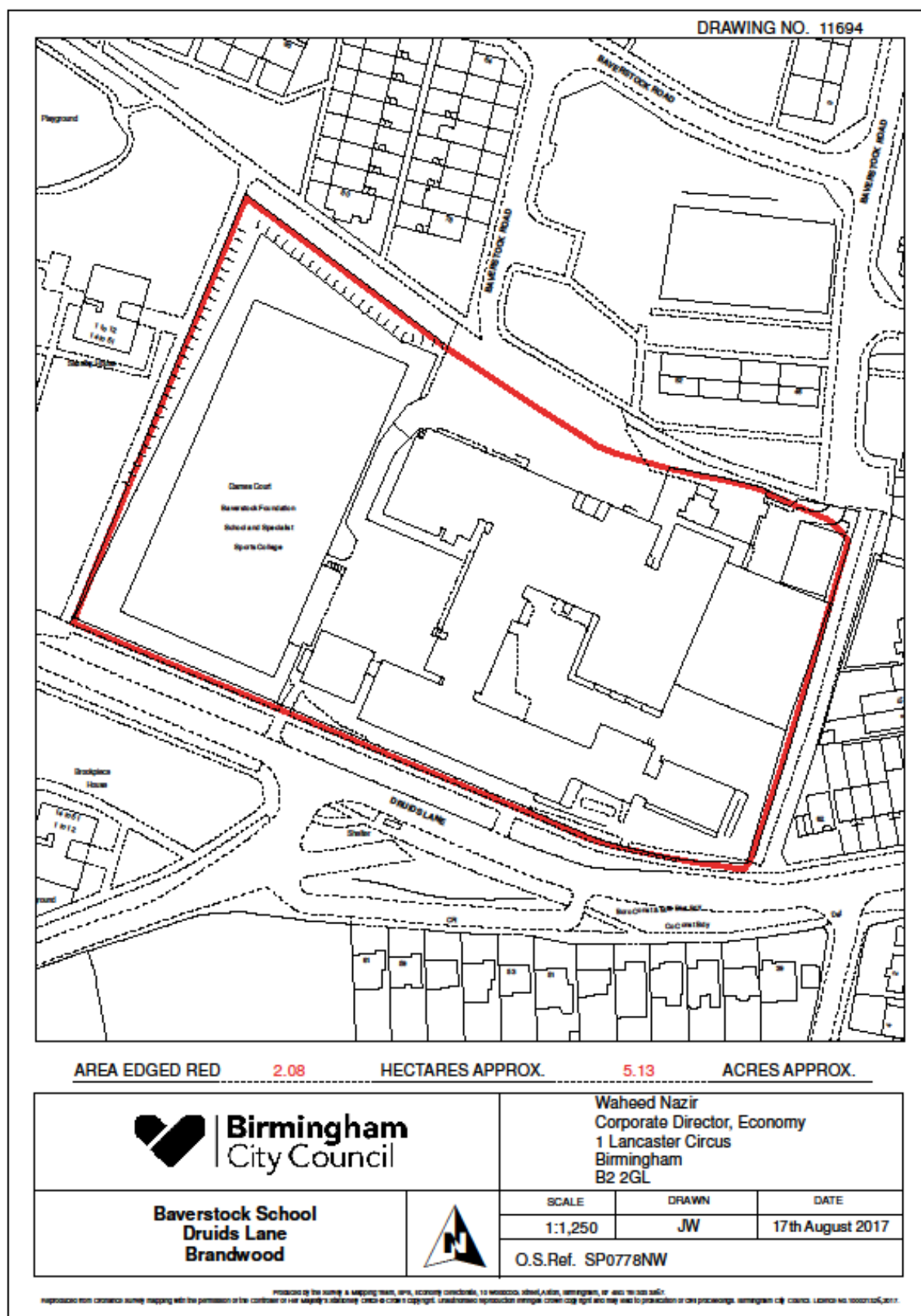
Note:

1. Formal approval to the ongoing capital investment / renewals programme (at a total value of £0.29 million over the coming 30 years) will be sought in due course as a part of the overall HRA capital programme as details of elemental investment needs emerge over time.

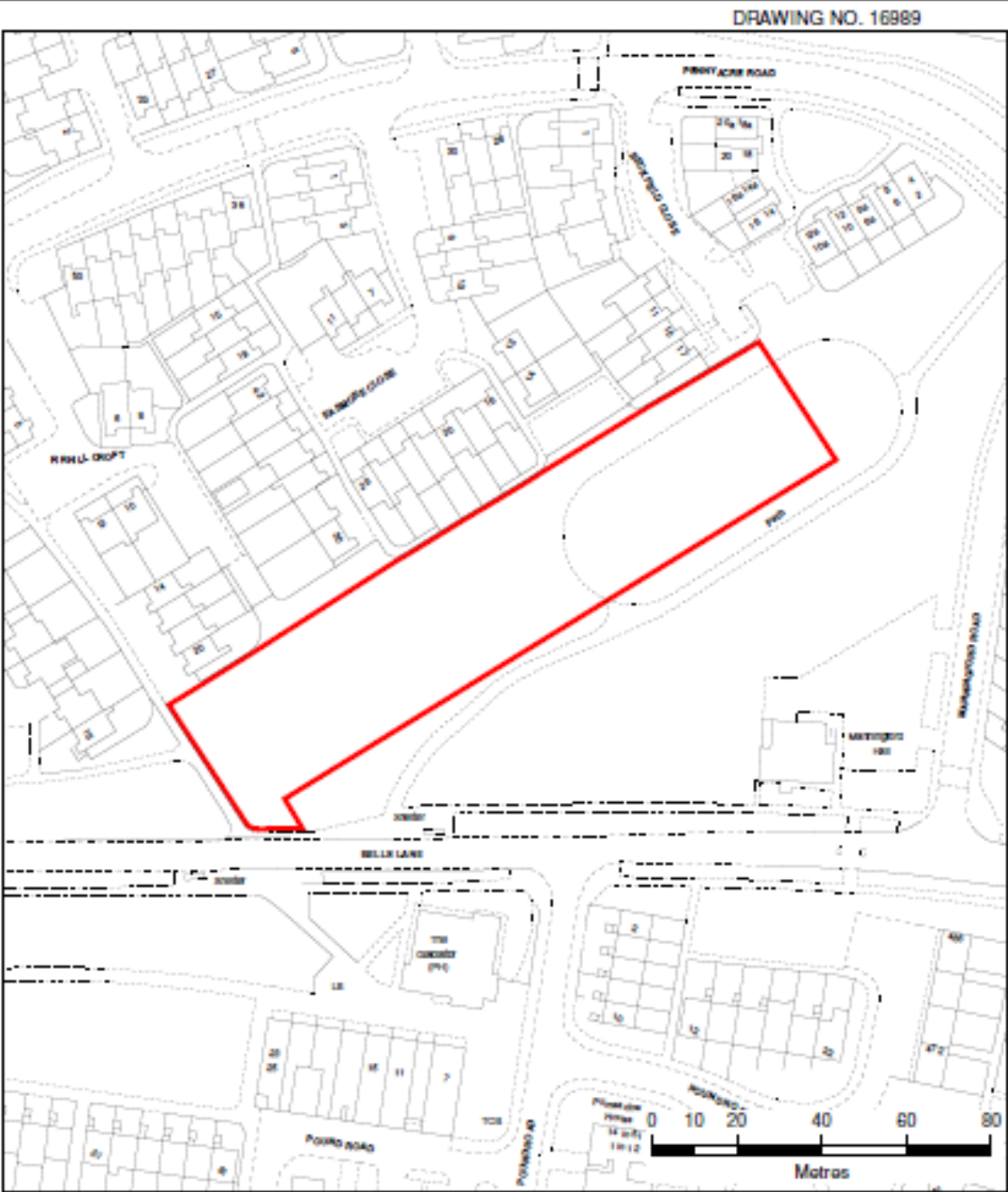
Appendix 2 Plan of area – including high rise blocks for rehousing and clearance, 3 high rise blocks for refurbishment



Appendix 3 – Site to be appropriated and demolished for Housing



Appendix 4 – Appropriation of land from Leisure into Housing



AREA EDGED RED 5781 SQ. METRES APPROX. 6914 SQ. YARDS APPROX.

 Birmingham City Council		Wahood Nazir Corporate Director, Economy 1 Lancaster Circus Birmingham B2 2GL		
Land At Manningford Road/Bells Lane Druids Heath & Moryhull		SCALE	DRAWN	DATE
		1:1,250	MI	11/07/2018
		O.S.Ref SP0678NE		

Produced by the Survey & Mapping Team, GP5, Economy Directorate, 10 Woodcock Street, Birmingham, B7 4BL. Tel 020 3862.
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Appendix 5 – Schedule of properties identified for rehousing and clearance,
as below and as shown in the black line plan listed in appendix 2

1. Hillcroft House:
1,2,3,4,5,6,7,8,9,10,11,12,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,
2. 36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51

50 properties – all council

3. Kingswood House
1,2,3,4,5,6,7,8,9,10,11,12,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39
,40,41,42,43,44,45,46,47,48,49,50,51

50 properties – all council

4. Saxelby House
1,2,3,4,5,6,7,8,9,10,11,12,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39
,40,41,42,43,44,45,46,47,48,49,50,51

50 properties – all council

5. Barratts House
1,2,3,4,5,6,7,8,9,10,11,12,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39
,40,41,42,43,44,45,46,47,48,49,50,51

50 properties – all council

6. Brookpiece House
1,2,3,4,5,6,7,8,9,10,11,12,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39
,40,41,42,43,44,45,46,47,48,49,50,51

50 properties – all council

Total – 250 Council flats

Baverstock School Site

The demolition of this site after completion of the appropriation

Appendix 6 – Procurement Strategy for Druids Heath Regeneration

1. Background

This appendix details the procurement activity required for the development of the Druids Heath regeneration scheme and the strategy for each requirement. The following procurement activities are to be undertaken:

- Provision of Employers Agent Services
- Demolition of the Former Baverstock School Site and High Rise Tower Blocks
- Development of the Druids Heath Regeneration Scheme
- Improvements to the Public Open Space

2. Provision of Employers Agent Services

2.1 Service Requirements

- 2.1.1 Employer's Agent Services are required to provide full project management services for the development of approximately 250 housing units on the Druids Heath site.

The Council currently has contracts in place for the provision of Employer's Agent Services to support the Council's Housing programme to 2020 with Arcadis LLP and Capita Property and Infrastructure Ltd. However, the allocation of properties has reached the maximum capacity of these contracts and therefore no further allocations can be made to the contracted suppliers, hence the requirement to commence this procurement process.

2.2 Procurement Options

The following options have been considered:

- Do nothing. This was rejected on the basis that the existing contract volume has reached capacity and a new contract is required to meet the Council's house building targets.
- Use a collaborative framework agreement. There is a collaborative framework agreement in place for the provision of the services required. However, due to the number of homes involved it is felt that more competitive rates can be achieved by undertaking a procurement exercise.
- Use of Acivico was considered but they are currently unable to complete the full range of services required of an employer agent for large sites (over 12 homes). BMHT have recently allocated a number of small garage sites to Acivico to manage to build their capability. Acivico has been advised of this future tender and will have the opportunity to either tender or to participate as part of a consortium bid or to be a sub-contractor with another provider.
- Tender the services for an Employers Agent using the open route

2.3 Procurement Approach

2.3.1 Duration and Advertising Route

The contract duration will be for a period of 7 years as this is the estimated build programme timescale. The tender opportunity will be advertised via Contracts Finder, www.finditinbirmingham.com and the Official Journal of the European Union (OJEU).

2.3.2 Procurement Route

The requirement will be tendered using the open route on the basis that:

- Although there are many providers in the market place who provide employer's agent services, there are few who are likely to be interested in medium size schemes.
- The requirement can be clearly defined
- Tenderer's prices will be based on a price per unit based on a maximum of 250 units.

2.3.3 Scope and Specification

The services to be provided by the Employer's Agent include the following;

- Project Management
- Programme Management
- Principal Designer
- Engineering Services
- Party Wall Surveying
- Quantity Surveying
- Clerk of Works
- Liaison between the Council and contractor(s)

2.3.4 Tender Structure (Including Evaluation and Selection Criteria)

Tenders will be evaluated against the specification in accordance with a pre-determined evaluation model. The evaluation of tenders will be assessed as detailed below;

The assessment will be divided into the following stages:

- Stage 1 – Company Information
- Stage 2 – Invitation to Tender

Stage 1 – Company Information (Pass/Fail)

- Section A – Information about the Applicants (Pass / Fail)
- Section B – Grounds for Mandatory Exclusion (Pass / Fail)
- Section C – Grounds for Discretionary Exclusion Part 1 and Part 2 (Pass / Fail)
- Section D – Economic and Financial Standing (Pass / Fail)
- Section E – Technical and Professional Ability (Pass / Fail)
- Section F – Environmental Management (Pass / Fail)
- Section G – Insurance (Pass / Fail)
- Section H – Compliance with Equalities Duty (Pass / Fail)
- Section I – Compliance with Health & Safety (Pass / Fail)
- Section J – Compliance with BBC4SR (Pass / Fail)
- Section K – Declaration (Pass / Fail)

Tenderers will be required to pass Stage 1 in order to progress to Stage 2.

Stage 2 – Invitation to Tender Stage

Evaluation and Selection Criteria

Tenders will be evaluated using the quality / social value / price in accordance with a pre-determined evaluation model. The quality element will account for 50%, social value 10% and price 40%. This

quality / social value / price balance has been established having due regard to the corporate document 'Evaluating Tenders' which considers the complexity of the services to be provided and the degree of detail contained within the contract specification.

Quality (50%)

Criteria	Sub-weighting
Technical Competency	15%
Service Delivery and Capacity	20%
Organisation and Resources	10%
Mobilisation and Implementation	5%

Tenderers who score less than 60% of the quality threshold i.e. a score of 30 out of a maximum quality score of 50 will not proceed to the stage of the overall evaluation.

Social Value (10%)

Criteria	Sub-weighting
Local Employment	2%
Buy Local	1%
Partners in Communities	3%
Good Employer	1.5%
Green and Sustainable	1.5%
Ethical Procurement	1%

Tenderers who score less than 40% of the social value threshold i.e. a score of 4 out of a maximum quality score of 10 will not proceed to the stage of the overall evaluation.

Price (40%)

Tenderers will be expected to price per unit based on a maximum allocation of 250 units during the contract period. Prices will be fixed for the duration of the contract.

Overall Evaluation

The evaluation process will result in comparative quality, social value and price scores for each tenderer. The maximum quality score will be awarded to the bid that demonstrates the highest quality. The maximum social value score will be awarded to the bid that demonstrates the highest social value. The lowest price will be given the maximum score. Other tenderers will be scored in proportion to the maximum scores in order to ensure value for money and the proposed contract will be awarded to the first ranked tenderer.

2.3.5 Evaluation Team

The evaluation of tenders will be undertaken by officers from BMHT, supported by the Corporate Procurement Services.

2.4 Indicative Implementation Plan

Cabinet Approval (Strategy)	18 th September 2018
ITT Issued	1 October 2018
ITT Return	5 November 2018
Evaluation Period	6 to 13 November 2018
DPR Approval (Award)	7 December 2018
Contract Award	24 December 2018
Contract Start	2 January 2019

2.5 Service Delivery Management

2.5.1 Contract Management

The contract will be managed operationally by the Development Manager, Housing Regeneration and Development.

2.5.2 Performance Management

The performance of the successful employer's agent will be monitored by the existing performance management regime for BMHT employers agent services. This includes regular review meetings to discuss performance and potential issues that may impact of future performance and establishing solutions to rectify any non-performance. Performance is benchmarked across the schemes and different employer's agents and dedicated Development Manager within the BMHT team undertakes this role.

3. **Demolition of the Former Baverstock School Site and 5 High Rise Tower Blocks**

2.1 Service Requirements

2.1.1 The demolition of the former Baverstock School site and 5 High Rise Tower Blocks

2.2 Procurement Options

The following options were considered:

- Tender this contract on an individual basis - there are benefits as prices will reflect current market conditions and the latest corporate requirements can be included for each tender exercise. For these reasons, this is the proposed route. Also, there is not a framework agreement currently in place suitable for this project.
- Use a Collaborative Framework Agreement - there is not a collaborative framework agreement awarded by the Council or any other public sector body in place for the services required.
- Utilising the Constructing West Midlands Framework Agreement - this option was discounted as the framework agreement does not cover demolition.

2.3 Procurement Approach

2.3.1 Duration and Advertising Route

The contract will be for a period of 16 weeks for each block. This period reflects the proposed delivery programme for the project. This is a works contract which is below the OJEU threshold and therefore the tender will be advertised via www.finditinbirmingham.com and Contracts Finder only.

2.3.2 Procurement Route

The requirement will be tendered using the 'open' route on the basis that:

- There are sufficient suppliers in the market place that can provide all the required services
- The service can be clearly defined
- Tenderers' prices will be fixed for the term of the contract.

2.3.3 Scope and Specification

The scope and specification for the site is as follows:

- Preliminaries in preparation for the works to commence
- Demolition including;
 - Demolition including foundations to a depth of 2m below existing ground levels
 - Removal of communication lines
 - Removal of any fly tipped and surplus materials
 - Identification and disposal of asbestos and toxic waste
 - Site protection
 - Erect temporary security fencing
 - Grade site to match surrounding ground levels

2.3.4 Tender Structure (Including Evaluation and Selection Criteria)

The quality / price balances below were established having due regard for the corporate document 'Evaluating Tenders' which considers the complexity of the services to be provided. The tender documents will include the form of contract; JCT Measured Contract 2011 with the Council's amendments, specification and standard details.

Tenders will be evaluated against the specification in accordance with a pre-determined evaluation model.

The evaluation of tenders will be assessed as detailed below:

Assessment A

The criteria below, based on the PAS91:2013 Construction Prequalification Standard, will be assessed on a pass / fail basis:

- Supplier Information
- Economic / Financial Standing
- Health and Safety / Construction Design Management
- Business and Professional Standing
- Equality Legislation
- Environmental and Sustainability Management
- Statement of Good Standing
- Economic and Financial Standing
- Compliance to the Birmingham Business Charter for Social Responsibility

- Experience and References

Those organisations that pass all sections of Assessment A will proceed to the next stage.

Assessment B - Quality (20% Weighting)

Criteria	Overall Weighting	Sub-Weighting
Technical Competence and Capacity	100%	9%
Organisation and Resources		5%
Project Methodology		6%

An interview with tenderers may take place if required to clarify their understanding of the requirements and the scoring adjusted accordingly, as appropriate.

Assessment C – Pricing (Weighting 80%)

Tenderers would submit a fixed price tender with the demolition of the site.

Overall Evaluation

The evaluation process will result in comparative quality, and price scores for each tenderer. The maximum quality score will be awarded to the bid that demonstrates the highest quality. . The lowest price will be given the maximum score. Other tenderers will be scored in proportion to the maximum scores in order to ensure value for money and the proposed contract will be awarded to the first ranked tenderer.

2.3.5 Evaluation Team

The evaluation of the tenders will be undertaken by Building Consultancy, Acivico Ltd. and Officers from the Housing and Development Team

2.4 Indicative Implementation Plan for the first High Rise Block

Cabinet Approval (Strategy)	18 th September 2018
ITT Issued	1 August 2020
ITT Return	31 August 2020
Evaluation Period	September 2020
DPR Approval (Award)	November 2020
Contract Award	November 2020
Contract Start	January 2021
Please note this plan is for one building and the same process will be applied to the other 4 High Rise blocks and Baverstock School site.	

2.5 Service Delivery Management

2.5.1 Contract Management

Acivico Ltd has been commissioned as the project managers for the procurement and delivery of the demolition contract.

2.5.2 Performance Measurement

The following Key Performance Indicators will be included to ensure sufficient performance management of the contract. These include the delivery of the:

- Project delivered to agreed milestones
- Project Delivered to agreed cost
- Project delivered to agreed scope

3. Development of the Druids Heath Regeneration Scheme

3.1 Service Requirements

The development of the Druids Heath site including the construction of new housing, infrastructure and market sale of new properties, as shown in Appendix 2,

3.2 Procurement Options

- 3.2.1 Other procurement options were not considered as part of funding agreement conditions from Homes England (HE) is that a further competition exercise is carried out using the HE Developer Panel 3 (DPP3) Framework Agreement. This is a specialist framework agreement for the development of housing with suppliers that are suitably capable and competent for schemes of the size required for the site.

3.3 Procurement Approach

3.3.1 Duration and Advertising Route

The contract will be for a period of 7 years commencing from 2019 until the completion of the scheme.

3.3.2 Scope and Specification

The scope and specification is as following:

- Work with the Council on the overall master plan for the area and develop detailed design proposals for the area;
- Apply for detailed planning permissions for individual plots for new housing/infrastructure, and discharge all planning conditions and obtain other statutory approvals;
- Liaise with the Council and appointed consultants;
- Build the affordable housing and open market sale properties in line with agreed specification supplied;
- Provide training and employment opportunities including apprenticeships as per the requirements of the Council;
- Co-ordinate alongside other works which may run concurrent with the proposed development in the area;
- Provide new highway infrastructure to adoptable standards supported by commuted sums.

3.3.3 Tender Structure (Including Evaluation and Selection Criteria)

The protocol to use the framework agreement is a three stage process:

- Stage 1 – Expressions of Interest (3 days response period)
- Stage 2 – First Line Sift (5 days response period)
- Stage 3 – Invitation to Tender (10 weeks response period)

Stage 1 – Expressions of Interest

Expressions of interest will be requested from the 42 suppliers to register their interest in the opportunity.
Stage 2 – First Line Sift

Documentation will be sent out to the suppliers that expressed an interest requesting information as to their experience and suitability to deliver the housing for the lot applied for. This assessment will be scored and the top 3 suppliers will proceed to the Invitation to Tender stage.

Stage 3 – Invitation to Tender

Invitation to tender documentation will be issued to the top 3 suppliers for each lot. Tenders will be issued in accordance with the phasing plan for each lot.

Tenders will be evaluated using the indicative quality / social value / price balance in accordance with a pre-determined evaluation model. The quality element will account for 40%, social value 20% and price 40%. This quality / social value / price balance has been established having due regard to the corporate document 'Evaluating Tenders' which considers the complexity of the services to be provided and the degree of detail contained within the contract specification.

Tenders will be evaluated against the specification in accordance with the pre-determined evaluation model described below:

Quality (40% Weighting)

Criteria	Sub-Weighting
Technical Competency	6%
Design / Build Quality and Specification	10%
Management of the Programme	12%
Organisational Management & Resources	10%
Health & Safety	2%

Tenderers who score less than 60% of the quality threshold i.e. a score of 24 out of a maximum quality score of 40 will not proceed to the next stage of the evaluation.

Social Value (20% Weighting)

Criteria	Sub-weighting
Local Employment	4%
Buy Local	3%
Partners in Communities	4%
Good Employer	4%
Green and Sustainable	3%
Ethical Procurement	2%

Tenderers who score less than 40% of the social value threshold i.e. a score of 8 out of a maximum quality score of 20 will not proceed to the next stage of the evaluation.

Price (40% Weighting)

Tenderers will be required to price on the basis of a JCT design and build contract. Tenderers for the housing element of the scheme will be expected to state their proposed cost for constructing the new council properties plus the guaranteed minimum price to be paid for the land on which the successful developer will construct and sell the homes for outright sale.

Overall Evaluation

The evaluation process will result in comparative quality, social value and price scores for each tenderer. The maximum quality score will be awarded to the bid that demonstrates the highest quality. The maximum social value score will be awarded to the bid that demonstrates the highest social value. The lowest price will be given the maximum score. Other tenderers will be scored in proportion to the maximum scores in order to ensure value for money and the proposed contract will be awarded to the first ranked tenderer.

3.3.4 Evaluation Team

The evaluation of tenders will be undertaken by officers from BMHT and representatives from the Employer's Agent, supported by the Corporate Procurement Services.

3.4 Indicative Implementation Plan

Cabinet Approval (Strategy)	18 th September 2018
ITT Issued	October 2019
ITT Return	January 2020
Evaluation Period	February to March 2020
DPR Approval (Award)	April 2020
Contract Award	May 2020
Contract Start	May 2020

3.5 Service Delivery Management

3.5.1 Contract Management

The contract will be managed operationally by the Development Manager, Housing Regeneration and Development.

4. **Improvements to the Public Open Space**

4.1 Service Requirements

- 4.1.1 Improvements to the public open space, including improvements to play equipment, boundary treatments, planting and access arrangements. The proposed improvements to the public open space will be designed and delivered by the Council's Landscape Practice Group

4.2 Procurement Options

- 4.2.1 The Council's approved procurement route for work of this nature is to use its Landscape Construction Framework Agreement.

4.3 Procurement Approach

- 4.3.1 The contract for the works will be awarded in accordance with the protocol of the Landscape Construction Framework Agreement. The full scope and specification is being drawn up and the call-off will follow one of the two routes depending upon the complexity of the works:

- If the works comprise less than 50% non-standard items - a direct award on a 'taxi rank' basis will be carried out. The work will be offered to the first-ranked contractor under the framework agreement. If the opportunity is declined by the first-ranked contractor then the work will be offered to the second-ranked contractor and so forth.
- If the works comprise 50% or more non-standard items - a further competition exercise will be undertaken using the evaluation criteria stated in the framework agreement.

4.4 Contract Management

4.5.1 The contract will be managed by the Head of Landscape Practice Group.

Appendix 7 – Comments received from Ward member for Druids Heath and Monyhull Ward and Officer response

- **Consultation with Residents** - There were two rounds of consultation with residents. The first was only a general overview of residents' views of the area, and the second was a decision between three options. It is this second consultation that I find most problematic. Residents were only given three options. There was no option to reject all the options, or pick from some options and not others.

Officer response: The options were developed on the basis of financial viability and retaining and providing as many homes on the estate as possible. During the development process for these options, discussions were held with elected members at the time, and it was agreed that these 3 options would be taken forward for consultation.

- **Charter for Social Responsibility** - Regarding compliance with the Birmingham Charter for Social Responsibility while the landscaping demolition of Baverstock are below the threshold for mandatory compliance with the Charter I feel these elements should still comply with the charter even if it is not mandatory.

Officer response: The demolition is below the threshold for mandatory compliance, however the Council will request that the contractors adhere to the charters principles.

- **Impact on the Community** - The report says the number of new homes will match the number of homes being demolished, but this is not taking into account the number of homes in Heath House that are not in this report.

In terms of the housing type, while the strategic market assessment for Birmingham emphasises 2 and 4 bedroom houses, this does not reflect the housing type being demolished. This means it will not be like for like replacement of the housing being demolished.

I am concerned this change in housing type will mean a large change in the population of a significant part of Druids Heath, and have a significant impact on the community. Certain residents have even gone so far as to say to me it will destroy the community. I feel this has not been taken into account in this report.

Officer response: Paragraph 5.1.2 in the report notes that rehousing from Heath House has already been approved by Cabinet. Paragraph 5.1.5 notes that 250 flats will be demolished and 250 new homes will be built. Heath House comprises 50 flats, this takes the total number of flats being demolished to 300. Taking into consideration that high rise blocks have a small land footprint and the new build includes mainly houses with

gardens, with some apartments and bungalows, the overall reduction in housing numbers will be 50 properties, less than 20%. The new properties will be built to a high quality standard, with secure by design principles and will be energy efficient.

There is currently no right to return. While many residents in the tower blocks will be happy to leave the area, those that do wish to stay should have a right to do so. Although many will not want to move twice, the regeneration could be phased to allow residents in some of the tower blocks to move out straight into new housing. Particularly if housing on Baverstock is built first. This would mitigate the impact on the local community. This is not currently being proposed.

Officer response: The Council will work with individual residents whose homes are being demolished to ensure that they are rehoused appropriately. Rehousing and construction will take a number of years, so there may be opportunities for some residents to move directly to a new home on Druids Heath. There are Council house building programmes across the city, for example at Kings Norton, and we expect that some residents will take the opportunity to move out of the area to a new home. The option to offer a right to return or a local lettings policy is under consideration.

- **Impact on Local and City Housing Situation** - The report does not take into account Heath House, and so therefore a net loss of housing in Phase 1 when this is included. Also Phase 2 will have a net loss of housing, which has also not been properly acknowledged in the report. This will have an impact on the number of homes available in the area.

This overall net loss of housing in the two phases will also have an impact on the overall housing in the city. Particularly the loss of social housing, which is even greater.

I would prefer to see a greater number of flats, reflecting the housing being demolished, it would also mean a higher density and therefore a greater number of homes to rent or buy. This would mean not having a net loss of housing (if Heath House is taken into account), or even perhaps a net gain in housing to offset loss in Phase 2.

Officer response: The net loss on phase one is 50 properties please see response in the impact on the community section. With regards to phase 2 a review will be undertaken in 7 year's time and this may alter numbers of demolition and new build.

The new build split between social and sale is 60% social and 40% sale properties. The density for the new build is approximately 40 properties per hectare.

One of the key objectives of the development is to reduce the number of flats at Druids Heath and to provide more family houses. As family houses require more land for construction there is inevitably a reduction in the overall number of homes, but the quality of those homes will be improved.

- **Tower Block Refurbishment** - I note the refurbishment of the three remaining tower blocks is not being decided in this report. My concern with this is that it gets forgotten about and these three tower blocks do not get the investment they need. The refurbishment of these tower blocks need to be of a very high standard, considering the current standard of Middlefield and Parker Houses in particular.

Officer response: The refurbishment works would include re-roofing, structural strengthening, new windows, balcony enclosures, external wall insulation, communal decoration and a review of the current heating provision.

- **Public Space Improvements & Wider Regeneration**- I note there are two improvements to public open space in the report. However beyond this there does not appear to be much in the way of public space

improvements or wider economic and social regeneration. The plans feel to simply be simply demolishing and rebuilding homes.

There is little in the report about wider regeneration and refurbishment of existing properties, streets and walkways, nor of investment in local shops or other local services or infrastructure. I would This potentially lessons the impact of the plans.

This is important as the area has historically had very little investment since it was built. I would like to see greater investment and wider regeneration of the area.

Officer response: Improvements to public open space are already planned as part of the wider regeneration, and in parallel with the housing development, opportunities will be sought to attract funding to undertake wider regeneration activities.

Appendix 8 – Level 1 Equality Assessment: Druids Heath Regeneration

Birmingham City Council Analysis Report

Directorate Economy Service Area Economy - P&R Planning and Development Type New/Proposed Function

Service Area Economy - P&R Planning and Development Type New/Proposed Function
Type New/Proposed Function

EA Summary- This assessment looks at the consultation that has been undertaken to seek the views of the residents affected by the recommendations of the Druids Heath
views of the residents affected by the recommendations of the Druids Heath

Regeneration Report to Cabinet. Reference Number EA002906 Task Group Manager
bali.paddock@birmingham.gov.uk
Reference Number EA002906 Task Group Manager bali.paddock@birmingham.gov.uk
Task Group Manager bali.paddock@birmingham.gov.uk

Task Group Member Date Approved- 20 July 2018
Date Approved- 20 July 2018
Senior Officer clive.skidmore@birmingham.gov.uk Quality Control Officer
richard.woodland@birmingham.gov.uk
Quality Control Officer richard.woodland@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 quality 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 Function.
The activity has been identified as a New/Proposed Function.

2 Initial Assessment

2.1 Purpose and Link to Strategic Themes

What is the purpose of this Function and expected outcomes?

Druids Heath regeneration proposal includes rehousing of people from 5 High Rise Blocks, with Subsequent demolition and the new build of homes on identified available land within Druids Heath. Working with the Asset Management and Maintenance Division three additional tower blocks will be refurbished. Heath House High rise block, which is also in close proximity to these, has already received Cabinet approval and rehousing is almost complete in this block. The new build homes will include both new council properties and homes for sale. Outcomes include: New homes, opportunities for employment and improved public open spaces

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 Yes

Comment: New homes will be built by Birmingham Municipal Housing Trust providing new areas to live and grow

Health: Helping People Become More Physically Active And Well Yes

Comment: Encouraging all ages to be more active with improved public open spaces

Housing : To Meet The Needs Of All Current And Future Citizens Yes

Comment: we aim to build thriving prosperous communities with mixed tenure new homes, both council and homes for sale

Jobs And Skills: For An Enterprising, Innovative And Green City Yes

Comment: New opportunities for employment will be created with the new build programme in the area, including apprenticeships

2.2 Individuals affected by the policy

Will the policy have an impact on service users/stakeholders? Yes

Comment: Birmingham City Council Officers worked with local Councillors and agreed a method and approaches that would be used for the consultation in the area

Will the policy have an impact on employees? No

Will the policy have an impact on wider community? Yes

Comment: Druids Heath is an area of southern Birmingham covering the south-west quadrant of the B14 postcode (west of the Maypole). Primarily known for the large council estate in the Brandwood ward of south Birmingham the area has seen many changes over the years and mixed in with BCC stock is housing association and owner occupied properties bought under the Right to Buy scheme. There is an older population in area, with 17% aged 65 or more years and also there is also a younger population with 35% aged 30 to 59 years.

Consultation with the local community was undertaken with 3 regeneration options - A,B and C.

These included varying degrees of rehousing demolition and new build programmes. The consultation methods used included, postal surveys, door step interviews, public exhibitions and providing information and survey forms on the Be Heard website. The overall response rate to the consultation was 28%. Option A, which is the least level of rehousing and demolition and focuses on the rehousing of the High Rise Tower Blocks and possible development land, building houses on the previous Baverstock School site, was the most popular redevelopment option with support from 45% of respondents, followed by option C with 40%. Option B received the least level of support with 13%.

2.3 Relevance Test

Protected Characteristics Relevant Full Assessment Required

Age Relevant No

Disability Relevant No

Gender Relevant No

Gender Reassignment Relevant No

Marriage Civil Partnership Relevant No

Pregnancy And Maternity Relevant No

Race Relevant No

Religion or Belief Relevant No

Sexual Orientation Relevant No

2.4 Analysis on Initial Assessment

The proposal is to rehouse and demolish 5 High rise blocks in Druids heath. These high rise flats vary from 1 and 2 bedrooms and includes a mix of communities and are all Birmingham City Council tenants. Consultation took place from November 2017 through to the end of January 2018, this included 3 options with different levels of rehousing, demolition and new build.

Option A - This option has the least level of rehousing and demolition and focuses on the rehousing of the High Rise Tower Blocks and possible development of land. (45% preferred this option)

Option B - This option includes the same development and rebuild Option A and includes the rehousing and demolition of some extra properties which are located in Druids Heath East. (13% preferred this option)

Option C - This option includes the same demolition and new build as Option B and includes additional properties for rehousing and demolition in Druids Heath South. (40% preferred this option).

Surveys and information were sent in the post, drop in sessions were set up for face to face communication, door knocking exercises were undertaken and information was provided on the Be Heard website. The results of the consultation showed that the preference was for the minimum intervention with the rehousing and demolition of the high rise blocks and the rebuild of properties in the land that is available and on the previous Baverstock school site.

The results of the survey show that the preferred way forward is Option A with the tower blocks and new build on available land, including the previous Baverstock School Site. Please note the variation to this option, which includes retention and refurbishment of Parker House, Middlefield House and Harrison House. Consultation comments from residents of Harrison House were mixed, with people preferring to stay in the block. Together with this and considering the proximity of the other 2 tower blocks, it is our intention to work with our colleagues in Asset Management and Maintenance Division to identify the feasibility of refurbishing Parker House, Middlefield House and Harrison House

A closer analysis by each of the protected characteristic groups shows no particular pattern that would raise any concern about any adverse impact on any particular group

The analysis on the initial assessment is that the project will contribute to equality of opportunity by improving resident's standard of housing. Through the development of this scheme, consultation and the use of existing council policies such as the Allocations Policy, there is no potential to disproportionately disadvantage any protected group within the scope of the project.

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 analysis on the initial assessment is that the project will contribute to equality of opportunity by improving resident's standard of housing. Through the development of the scheme, consultation and existing Birmingham City Council policies there is no potential to disproportionately disadvantage any protected group. All of the protected groups will benefit from a better quality of housing. It is felt that there is no need to conduct a full assessment.

4 Review Date

01/04/20

5 Action Plan

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

Appendix 9 Risk Assessment

Description of Risk	Impact	Probability	Score	Mitigation Measures	Risk Owner
Difficulty in appointing a Housing Developer	4	2	8	Highlighting early the opportunity to developers Use of BMHT to build Council Properties	Birmingham City Council
Planning permission not gained	4	2	8	Working closely with planning and highways to ensure policies and procedures are adhered to	Housing Developer
Infrastructure costs are estimates	4	2	8	Work closely with highways and use costs from other sites	Birmingham City Council
Secretary of State approval not gained for the previous Baverstock School site	4	2	8	Working closely with Education	Birmingham City Council
Cost overruns with the scheme	4	2	8	Working closely with Employers Agent, contractor and BCC finance managers to manage budgets	Birmingham City Council
Delays in demolition	4	2	8	Working closely with Housing Officers and appointing demolition contractor early	Birmingham City Council
Difficulty in selling new build properties	4	2	8	Work closely with agents that will be appointed to sell the new homes	Birmingham City Council
IMPACT	Probability		SCORE		
1 - Insignificant	1 - Unlikely		1 - 4		
2 - Minor	2 - Possible		5 - 8		
3 - Moderate	3 - Likely		9 -12		
4 - Major	4 – Almost Certain		13 -16		

Appendix 10 – Stakeholder Plan

Stakeholder	Stakeholder's Interest	Influence Impact	What does the project board expect from the stakeholder	Perceived attitudes and/or risks	Stakeholder management strategy	Responsible
Cabinet Member - Development Transport and the Environment	Endorses Full Business Case	High	Political support	Supportive	Consult during development stage and provide progress reports during delivery as required	Principal Housing Development Officer
Cabinet Member – Finance and Resources	Endorses Full Business Case	High	Political support	Supportive	Consult during development stage and provide progress reports during delivery as required	Principal Housing Development Officer
Ward Councillor	Regeneration of Druids Heath	High	Political support	– please see appendix 7	Provide progress reports during delivery as required	Principal Housing Development Officer
Wider local community	Consultation was undertaken with the local community from	High	Communication and support	Consultation has shown support for the development	Provide development updates	Principal Housing Development Officer

**BIRMINGHAM CITY COUNCIL
PUBLIC REPORT**

Item 5

Report to:	CABINET
Report of:	Assistant Director, Planning
Date of Decision:	09th October 2018
SUBJECT:	HS2 INTERCHANGE, ARDEN CROSS, SOLIHULL
Key Decision:	No
If not in the Forward Plan:	Relevant Forward Plan Ref: N/A
(please "X" box)	Chief Executive approved <input type="checkbox"/>
Relevant Cabinet Member(s) or	O&S Chair approved <input type="checkbox"/>
Relevant Executive Member:	Councillor Ian Ward - Leader of the Council
Relevant O&S Chair:	Councillor Tahir Ali – Economy & Skills
Wards affected:	N/A

1. Purpose of report:

- 1.1 To enable the Council to continue its support for the delivery of the HS2 Interchange site under the High Speed Rail (London-West Midlands) Parliamentary Bill.
- 1.2 The subject property is shown edged black on the plan attached as Appendix 1.
- 1.3 A report on the private agenda considers the commercial elements of this decision.

2. Decision(s) recommended:

That Cabinet:

- 2.1 Notes this report.

Lead Contact Officer(s):	Kathryn James, Assistant Director Property
Telephone No:	0121 303 3844
E-mail address:	Kathryn.james@birmingham.gov.uk

3. Consultation

3.1 Internal

- 3.1.1 The property is outside the city boundary. Internal consultation has taken place with Finance Department , Legal Services and Corporate Governance.

3.2 External

- 3.2.1 No external consultation has taken place regarding the content of this report.

4. Compliance Issues:

- 4.1 Are the recommended decisions consistent with the Council's policies, plans and strategies?
The proposal contributes towards producing a balanced budget as per the Council Plan and Budget 2018+ in delivering a capital receipt or capitalised income and rationalising the Council's property portfolio as part of its asset management programme.
- 4.2 Financial Implications (How will decisions be carried out within existing finances and Resources?)
The disposal will generate a capital receipt for the Council to help support the Council Plan and Budget 2018+ and contribute to key business priorities.

4.3 Legal Implications

The power to acquire, dispose and manage assets in land and property is contained in Section 120 and 123 of the Local Government Act 1972 and cost commitment incidental thereto is authorised by Section 111 Local Government Act 1972.

4.4 Public Sector Equality Duty

Having carried out initial screening, Equality Analysis (EA attached at Appendix 2) there is no requirement to undertake a full equality analysis as the initial screening disclosed that the report recommendations do not have an adverse impact on the Protected Characteristic groups as identified in the Equality Act 2010.

5. Relevant background/chronology of key events:

- 5.1 Arden Cross is a 350 acre strategic development opportunity formed in a triangular shape by the M42, A45 and A452 in Solihull to the immediate east of Birmingham NEC and Birmingham Airport. The entire Arden Cross site area is divided by four ownerships, of which the City Council owns a major proportion of 29.9% of land in one parcel measuring a gross area of 99.6 acres as shown edged black on the plan attached at Appendix 1.
- 5.2 The HS2 Bill gained Royal ascent in February 2017 for the delivery of a parkway rail station with 7,500 surface level car parking spaces at the HS2 Interchange site situated within the centre of Arden Cross. The line of the track splits the Arden Cross site between east and west and the proposed location of the large scale surface car parks breaks the City Council land between north and south reducing efficient use and design potential.
- 5.3 Solihull Metropolitan Borough Council (SMBC) recognises the opportunity to enhance the HS2 Bill scheme design. A mixed use development will support delivery of the economic growth for the region that both central and local Government desire. SMBC established UK Central as inward investment portal that identifies, coordinates and promotes key economic assets connected along the M42 corridor and unlocks growth opportunities. The UK Central Hub Area comprises of and promotes the NEC, Airport, Birmingham International Rail Station, Birmingham Business Park, Jaguar Land Rover and the intended HS2 Interchange site and combined is seen as the catalyst for driving growth within the adjoining area.
- 5.4 The Arden Cross site is currently designated as Green Belt in the SMBC Local Plan. SMBC are currently undertaking a review of the Local Plan which recommends that the Arden Cross properties adjacent and around the HS2 Interchange are taken out of the Green Belt. The potential scale of the growth envisaged by SMBC was outlined in their 'Garden City' prospectus and recognises the opportunity to create more than 2,000 new homes, 246,000 sq2m of quality commercial, retail, leisure and public realm.
- 5.5 The four landowners are working collaboratively to deliver an alternative design than that initially proposed by HS2, based on the premise that a more efficient layout will enhance development opportunities and create a high quality, viable mixed use location. The Urban Growth Company is funding adaptations and options to the HS2 base design for further consultation.
- 5.6 The Cabinet report of the Assistant Director of Property (Interim) titled HS2 Birmingham Interchange in July 2017 authorised the Council to enter into a joint venture limited company with the other three landowners with the purpose of bringing legal formality to its intentions and to facilitate future proposals for collaborative transactions.
- 5.7 A full review of the Consortium's budget, findings and programme has been undertaken prior to the Council's final commitment to the formation of the joint venture Arden Cross Limited company. Revised work streams, outputs and timelines are now in place with an emphasis on an updated

development framework and viability, and submission of a planning application leading to the identification of a suitably capable preferred development partner.

- 5.8 Significantly it has been agreed by the Consortium that Birmingham City Council play a prominent and lead role in delivering the Arden Cross vision and that the Corporate Director, Economy be appointed Chairman of the new company, Arden Cross Limited. Direction will be focused upon more specific market research to establish demand and values, an updated masterplan, a realistic programme of delivery and market engagement up to contracting with a suitably resourced and capable development and investment partner during 2019 / 2020.
- 5.9 HS2 are now accelerating key design decisions that greatly influence the efficiency and development potential of all of the adjoining Arden Cross land. Collaborative engagement by Arden Cross Limited will assist to maximise the opportunity for achieving recognised development outputs.

6. Evaluation of alternative option(s):

- 6.1 To not continue supporting the delivery of the HS2 Interchange site could mean that the land may not be developed to its full potential in terms of value achieved, mixed use community and quality of built environment and therefore the opportunity to maximise economic policy growth may be lost.
- 6.2 An alternative option would be for the Council to pursue the development of its land after the HS2 station has been designed and committed. Acting in isolation however, may be unlikely to provide sufficient net developable land to deliver appropriate funds to pay for the necessary infrastructure works to service the site. The collaborative approach with HS2 and the other landowners creates a significantly larger economy of scale and efficient land mass, where the costs can be shared.

7. Reasons for Decision(s):

- 7.1 The proposed disposal of the BCC property asset will generate a capital receipt for the City Council.

Signatures

Date

Councillor Ian Ward
Leader of the Council

.....

.....

Ian Macleod
Assistant Director, Planning

.....

.....

List of Background Documents used to compile this Report:

Relevant Officers file(s) save for confidential documents

List of Appendices accompanying this Report (if any):

Appendix 1 – Site Plan

Appendix 2 – Equality Analysis

PROTOCOL PUBLIC SECTOR EQUALITY DUTY

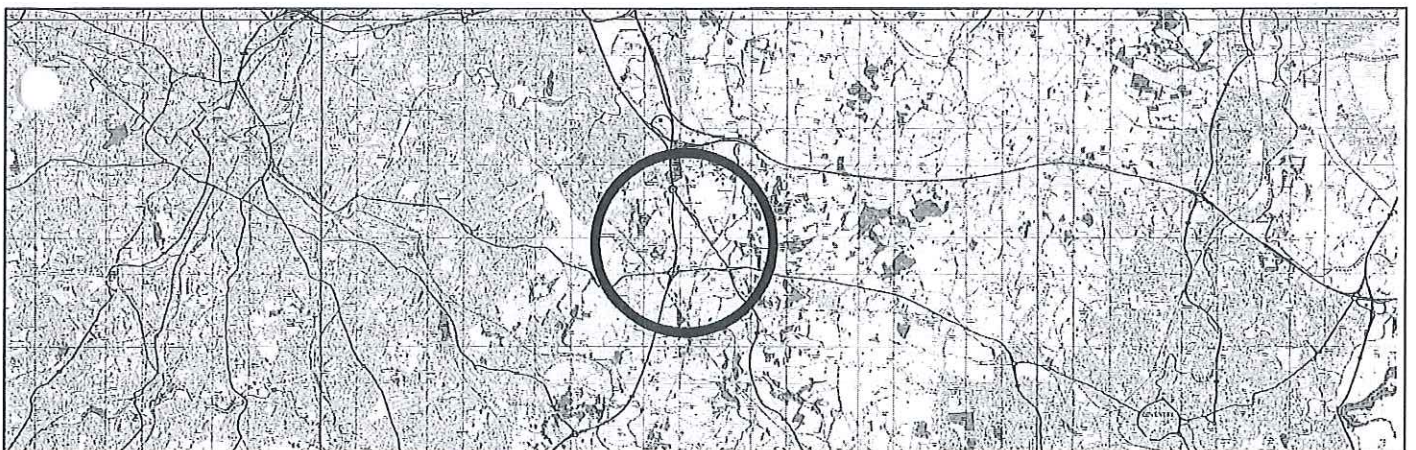
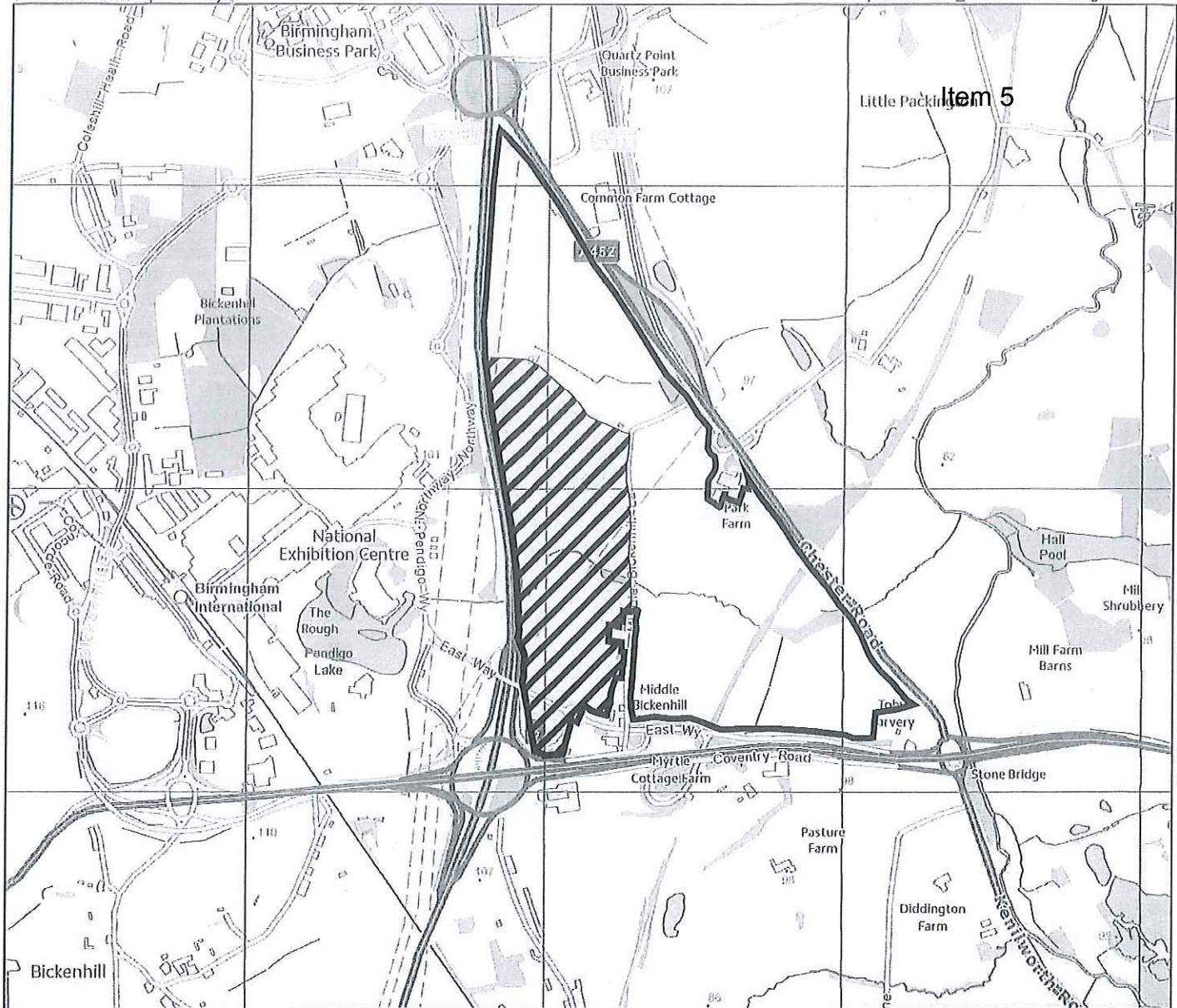
- 1 The public sector equality duty drives the need for equality assessments (Initial and Full). An initial assessment should, be prepared from the outset based upon available knowledge and information.
- 2 If there is no adverse impact then that fact should be stated within the Report section 4.4 and the initial assessment document appended to the Report duly signed and dated. A summary of the statutory duty is annexed to this Protocol and should be referred to in section 4.4 of executive reports for decision and then attached in an appendix; the term 'adverse impact' refers to any decision-making by the Council which can be judged as likely to be contrary in whole or in part to the equality duty.
- 3 A full assessment should be prepared where necessary and consultation should then take place.
- 4 Consultation should address any possible adverse impact upon service users, providers and those within the scope of the report; questions need to assist to identify adverse impact which might be contrary to the equality duty and engage all such persons in a dialogue which might identify ways in which any adverse impact might be avoided or, if avoidance is not possible, reduced.
- 5 Responses to the consultation should be analysed in order to identify:
 - (a) whether there is adverse impact upon persons within the protected categories
 - (b) what is the nature of this adverse impact
 - (c) whether the adverse impact can be avoided and at what cost – and if not –
 - (d) what mitigating actions can be taken and at what cost
- 6 The impact assessment carried out at the outset will need to be amended to have due regard to the matters in (4) above.
- 7 Where there is adverse impact the final Report should contain:
 - a summary of the adverse impact and any possible mitigating actions (in section 4.4 or an appendix if necessary)
 - the full equality impact assessment (as an appendix)
 - the equality duty (as an appendix).

Equality Act 2010

The Executive must have due regard to the public sector equality duty when considering Council reports for decision.

The public sector equality duty is as follows:

- 1 The Council must, in the exercise of its functions, have due regard to the need to:
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 2 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
 - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- 3 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- 4 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
 - (a) tackle prejudice, and
 - (b) promote understanding.
- 5 The relevant protected characteristics are:
 - (a) marriage & civil partnership
 - (b) age
 - (c) disability
 - (d) gender reassignment
 - (e) pregnancy and maternity
 - (f) race
 - (g) religion or belief
 - (h) sex
 - (i) sexual orientation



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Peter Jones BSc, FRICS
Director of Property
Birmingham Property Services
PO Box 16255
Birmingham B2 2WT

BCC Land Adjoining M42 / NEC



Scale (Main Map)

1:20,000

Drawn

Jon Wilson

Date

03/10/2014

Item 5

Title of proposed EIA	HS2 Interchange, Arden Cross, Solihull
Reference No	EQUA129
EA is in support of	New Function
Review Frequency	Six Months
Date of first review	28/03/2019
Directorate	Economy
Division	Birmingham Property Services
Service Area	Projects & Programmes
Responsible Officer(s)	<input type="checkbox"/> Felicia Saunders
Quality Control Officer(s)	<input type="checkbox"/> Eden Ottley
Accountable Officer(s)	<input type="checkbox"/> Eden Ottley
Initial equality impact assessment of your proposal	<p>To enable the Council to continue its support for the delivery of the HS2 Interchange site under the High Speed Rail (London-West Midlands) Parliamentary Bill.</p> <p>The delivery of the HS2 Interchange site will be developed to its full potential in terms of value achieved, mixed use community and quality of built environment and therefore the opportunity to maximise economic policy growth.</p> <p>The protected characteristics have not been impacted as the principles of this new function are to support the delivery of the HS2 Interchange site. Any equality implications will be picked up by HS2.</p>
Protected characteristic: Age	Not Applicable
Age details:	
Protected characteristic: Disability	Not Applicable
Disability details:	
Protected characteristic: Gender	Not Applicable
Gender details:	
Protected characteristics: Gender Reassignment	Not Applicable
Gender reassignment details:	
Protected characteristics: Marriage and Civil Partnership	Not Applicable
Marriage and civil partnership details:	
Protected characteristics: Pregnancy and Maternity	Not Applicable
Pregnancy and maternity details:	

Protected characteristics: Race	Not Applicable
Race details:	
Protected characteristics: Religion or Beliefs	Not Applicable
Religion or beliefs details:	
Protected characteristics: Sexual Orientation	Not Applicable
Sexual orientation details:	
Consulted People or Groups	Finance, Legal Services and Corporate Governance
Informed People or Groups	
Summary and evidence of findings from your EIA	<p>At this stage there is no requirement for BCC in isolation to undertake a Full Equality Assessment as the design principles have not been agreed or concluded with HS2.</p> <p>There should be ongoing consultation with all interested parties once the outcome of the design have been decided.</p>
Submit to the Quality Control Officer for reviewing?	Yes
Quality Control Officer comments	
Decision by Quality Control Officer	Proceed for final approval
Submit draft to Accountable Officer?	Yes
Decision by Accountable Officer	Approve
Date approved / rejected by the Accountable Officer	28/09/2018
Reasons for approval or rejection	
Please print and save a PDF copy for your records	Yes
Content Type: Item Version: 19.0 Created at 28/09/2018 08:50 AM by <input type="checkbox"/> Felicia Saunders Last modified at 28/09/2018 11:54 AM by Workflow on behalf of <input type="checkbox"/> Eden Ottley	

Close

BIRMINGHAM CITY COUNCIL

PUBLIC REPORT

Item 6

Report to: CABINET

Report of: Corporate Director Adult Social Care and Health

Date of Decision: 9th October 2018

SUBJECT: CUSTOMER JOURNEY

Key Decision: Yes **Relevant Forward Plan Ref:** 005547

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

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

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

Wards affected: All

1. Purpose of report:

- 1.1 The report seeks approval from Cabinet for the Adult Social Care Customer Journey Project outcomes and delivery.

2. Decision(s) recommended:

That Cabinet:-

- 2.1 Approves the internal reorganisation of Adult Social Care as set out in the Customer Journey Business Case.
- 2.2 Approves the high level implementation plan and key milestones for implementation of the recommendations as outlined in the Customer Journey Business Case attached as **Appendix 1**.
- 2.3 Notes that staff and Trade Union Consultation concludes by the 1st March 2019 and to approve delegation to the Cabinet Member for Health and Social Care and Cabinet Member for Finance & Resources jointly with the Corporate Director for Adult Social Care and Health to amend and implement the plan as a result of the Consultation.
- 2.4 Notes that the Adult Health and Social Care Directorate will co-produce the details of the new operating model with staff and citizens.

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 engagement events will be held through September and October 2018 as part of a co-production strategy. This will include working groups, task and finish groups and work streams looking at different areas within the customer journey. The engagement will inform the details within the future operating model.

3.1.2 Formal Staff Consultation and Trade Union Consultation will take place from December 2018 through S188 process.

3.1.3 Engagement has taken place with:

Council Management Team
Adult and Health Management Team
Corporate Director Adult Social Care and Health
Corporate Director Children Services

3.1.2 This report has been drafted with support from Legal & Governance department, Customer Service Team, and Adult Social Care Finance Team.

3.2 External:

3.2.1 Citizen engagement will take place as part of a co-production strategy and supported through an engagement plan delivered in partnership with the Citizens Voice Team.

3.2.2 Citizens will be invited to participate in discussions about the service and be involved in shaping the changes.

4. Compliance Issues:

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

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'

4.1.3 The report outlines how Adult Social Care will develop practice to deliver the Adult Social Care and Health Strategy agreed by Cabinet in October 2017, and align Social Work to maximise the impact of the Prevention Strategy agreed by Cabinet in December 2017.

4.2 Financial Implications

4.2.1 The proposals in this report deliver the planned budget reductions that relate to social work and care management staffing budgets set out in the Long Term Financial Plan agreed by Cabinet in February 2018. The proposals further support the planned reductions in the packages of care budget in the Long Term Financial Plan through increased development of demand management approaches.

4.2.2 The detail of the proposed workforce changes will arise from the engagement and consultation process and will reduce workforce costs to deliver required savings in 2019/20 and future years in Adult Social Care. This reduction is equivalent to approximately 148 full-time equivalent staff (using GR4 mid-points) and is around £6m. This will be managed as far as possible through deletion of vacant posts, reduction in use of agency staff, and other mitigations in order to minimise the need for redundancies.

4.3 Legal Implications

4.3.1 The report will ensure that the Council effectively discharges its duties under The Care Act 2014, specifically to:

- Assess for Care and Support Needs and through Assessment ensure that this is fair and clear to the citizen.
- Focus on wellbeing – physical, mental and emotional – of both the person needing care and their carer
- Prevent and delay the need for care and support through enablement, Intermediate Care, Information, Advice and Guidance and early help.
- Ensure people are in control of their care

4.3.2 There will be consultation with staff and Trade Unions concerning the redesign in accordance with s.188 TULRCA 1992 as amended. Consultation will be

meaningful and any potential redundancies will be managed in a fair and reasonable way.

4.4. Public Sector Equality Duty (see separate guidance note)

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

4.4.2 The proposals in this report are focused on improving the quality of life for citizens through improved service process and responses. Therefore the intended impact is to deliver to the council's equality agenda.

4.4.3 Implementation of the proposed changes will result in a workforce reduction. When the workforce strategy is agreed the impact on staff will be known and a subsequent Equality Analysis will be produced.

5. Relevant background/chronology of key events:

5.1 There are a number of challenges facing the Council in supporting adults and older people including: more people living longer with more complex needs; significant numbers of young adults who have disabilities or who suffer from mental illness; people having higher expectations of the public sector; and significantly reduced level of resources. Consequently, changes are needed to the type of support that is arranged and provided and to the way services are organised and delivered.

5.2 The desired outcomes for adults and older people in Birmingham are that they should be resilient, live independently whenever possible, and exercise choice and control so they can live good quality lives and enjoy good health and wellbeing. Birmingham wants to set a high aspiration for citizens where Adults who may have care and support needs receive timely and excellent Information, Advice and Guidance, and can quickly access early help to prevent any threat to their wellbeing. Then, when a person requires care and support to live independently, the assessment process is clear, transparent and undertaken in skilled, local teams.

5.3 The vision for Adult Social Care and Health is clear about the design principles and actions which need implementing for the development of Adult Social Care into the future. The current environment that we are operating in is challenging. The combined issue of reduced available investment for Adult Social Care and increased demand for service due to changing demographics including an ageing population means that we have to look differently at how we provide support in innovative ways, enabling them to be independent and resilient where possible. The Customer Journey work to reduce process and support full implementation of the Community Development Work is a key way of how Adult Social Care will deliver this

5.4 Historically services in Birmingham have been based upon a traditional "assess for service" model which has resulted in a higher proportion of adults in receipt of services when compared to regional neighbours. Care and support has been provided by services rather than prevention and promotion of an individual's strengths. Services also tend to be traditional and generally have not identified how they fit into the person's wider life plans and aspiration.

- 5.5 Customer Journey is one of the work-streams which sits within the Personalised Support project, which is one of a number of projects which sits within the Adults Social Care and Health (ASCH) Programme 2017-2021. The overarching 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.
- 5.6 The Customer Journey work seeks to address potential barriers and obstacles to delivering an efficient and effective service. Through the Community Development Model, Social Care practice and Social Work delivered through the Three Conversations Model, seeks to better utilise community assets at a local level to enable sustainable packages of care and support to be provided within service users' own communities. A cultural, practice and behavioural shift will take place which will focus on outcomes and will subsequently deliver savings across the system by enabling people to live with greater independence.
- 5.7 Person centred planned, enablement for independent living, choice and control, and building aspiration are principles that will underpin the way that organisation processes will be reviewed and redesigned to ensure the individual's outcomes are at the heart of practice. This may be by accessing universal services at no or low cost or purchasing community services with support from a personal assistant when required.
- 5.8 Birmingham has started the journey to an asset based approach and community development model, supporting closer links to communities. The approach encourages family and other networks to share in the support of citizens where needed. This was described in the Prevention Strategy agreed by Cabinet in December 2017.
- 5.9 In March 2018 the Older Adults and Learning Disability Social Work teams in Birmingham moved into a constituency model. Teams were aligned to ten constituencies across Birmingham to build local knowledge and work with partners and groups. This principle needs to be extended across Adult Social Care to ensure resources are organised as close to communities as possible.
- 5.10 Social Work practice based on national best practice is being improved through the roll out of a new Social Work model. The Three Conversations approach started implementation in April 2018. The implementation of this model supports a proportionate response to people making contact with the service and builds on the community model. In addition, it supports the streamlining of systems, removing bureaucracy from the process. The Customer Journey work therefore needs to ensure the Directorate business model, business process and organisational form support this new way of working.
- 5.11 Community engagement and working close to the person is a key principle underlying the community model and drove the reorganisation of the Social Work service in March 2018. The constituency model implementation has seen the creation of 10 locality teams working to build multi-disciplinary teams as part of the developing Network Neighbourhood Schemes newly commissioned as part of the Adult Social Care Prevention Strategy. The next phase of the work has two key elements: continue to align Adult Social Care in this way, and to

ensure that services are as efficient as possible to ensure that the maximum resource is invested in front-line services. Essentially, this will enable Social Workers to do Social Work.

- 5.12 The new Customer Journey community model will improve access and extend the community offer. There will be an enhanced information and advice service focussing on strengths and assets in the community. Where appointments are needed, they will be made directly into the local constituency team. The teams will be multi-disciplinary in nature ensuring a skills mix with robust links to Neighbourhood Networks. This model will involve fewer processes and systems to improve the experience of the citizen and promote efficiencies within the service. This will be in line with an asset based approach and the implementation of the Three Conversations Model. The model will support true connections to the local area and will lead to communities being responsive and deliver on multiple outcomes.
- 5.13 There will be a workforce strategy that will set out the size, shape and mix of the workforce required to meet this new social care offer. Staff will be supported to train and develop and clear processes for induction and change management will be in place to ensure safe transition to new ways of working.
- 5.14 It is expected that this will involve a restructure of the Adult Social Care workforce which will have differing impacts on different groups of staff. This will be set out in the S188 Workforce Business Case which is expected to be produced in December 2018.

5.15 Headline Implementation Plan

Activity	Start Date	End Date
Staff Engagement – Process Mapping, Process Redesign, task and finish Groups	September 2018	October 2018
Proposed Customer Journey Produced with supporting capacity requirement	November 2018	November 2018
Workforce Strategy and proposed service structure	December 2018	December 2018
Conduct TU consultation	January 2019	March 2019
Conduct Directorate, and staff, consultation (45 days) - staff briefings, individual meetings; collate and monitor responses	January 2019	March 2019
Process for selection of redundancy as appropriate -	April 2019	July 2019
Selection for any new roles in the service	April 2019	July 2019
Move to new service design	September 2019	

6. The approval of the recommendations in this report will mean:

- Birmingham will have a citizen focussed social care service that is strengths based, proportionate and community facing.
- The citizens of Birmingham who contact the service will receive an immediate response and will be provided with good quality advice and information at an early stage.
- Birmingham will support the development of productive, innovative and resilient communities which will enable citizens to become active participants in their local area.
- Birmingham will build a high quality service, based on evidence and best practice improving the outcomes for citizens. A practice and behavioural shift will take place which will focus on outcomes and will subsequently deliver savings across the system.
- The citizen will be empowered as much as possible to make decisions from the first point of contact. The systems and processes within the current system will be streamlined, reducing delays and handoffs within the customer journey.
- Birmingham will adopt a right person, right time, and right place approach to citizens with multi-disciplinary teams working closely with partners in the community to meet the desired outcomes of citizens.

7. Evaluation of alternative option(s):

7.1. BCC to become a Local Authority Trading Company (LATC):

- 7.1.1 This would provide the option for Birmingham to trade our services and generate up to 20% of income from non-council contracts.
- 7.1.2 There is a potential income stream for BCC within this model while retaining control of the service. Flexibility could be incorporated and there is the potential to expand services that are working well.
- 7.1.3 Other Local Authorities adapting this model have reported improvements in the quality of services offered if there is a demand and it can encourage innovation and creativity.
- 7.1.4 Having looked at the experience of other Local Authorities, however, there can be significant difficulties in this model and some have operated at a loss for a period of time and have carried financial risks.
- 7.1.5 To implement this on a large scale basis would be a risk as Birmingham would need to fully understand the market, meet the challenge to be competitive and would need robust contingency plans in place. This option was not progressed

at this stage given the pace of delivery to achieve the reduced budget.

7.2 Trust Model

- 7.2.1 Following the example of the Children's Trust, Adult Social Care and Health would move into a Trust model.
- 7.2.2 Whilst it is acknowledged there are some benefits in moving into this model, it is recognised that it would take a period of time to set up a shadow trust and there would be initial financial costs incurred.
- 7.2.3 In addition to this, change will not be instant and it could lead to the fragmentation of services and the links to partners. It was therefore decided not to proceed with this model.

7.3 Full Integration with health

- 7.3.1 Social care and health would be fully integrated and working within the same teams and systems.
- 7.3.2 It is recognised that there are many benefits to integrating fully with our health partners including a reduction in duplication and the full utilisation of resources.
- 7.3.3 However, it is acknowledged that there is a lot of work that needs to be undertaken to prepare for a full integrated service and there are many facets within the health service that would need to be considered and mapped. At this time, this model was not pursued. The Integration pilot with health is testing models of closer working and integration and the outcome of this work will inform future service plans

8. Reasons for Decision(s):

- 8.1 To improve outcomes for Birmingham Citizens
- 8.2 To deliver required workforce efficiency savings as agreed by Cabinet in setting the Council Plan and budget 2017/2018.
- 8.3 To reduce the future demand on Adult Health & Social Care within the wider context of strategic change in Birmingham, increasing financial pressures and shrinking resources.
- 8.4 Continue the journey started by the move into constituency teams, beginning of the Three Conversations Model and commissioning of Neighbourhood Networks.

Signatures**Date**

Cabinet Member for
Health & Social Care
Councillor Paulette Hamilton

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.....

Corporate Director for
Adult Social Care & Health
Graeme Betts

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List of Background Documents used to compile this Report:**List of Appendices accompanying this Report (if any):**

1. Customer Journey Business Case
2. Equality Analysis

Report Version v5 Dated 14/09/18

BUSINESS CASE DOCUMENT

Programme:	Adults Social Care and Health	Item 6
Project:	Customer Journey	
Workstream:	Personalised Support	

Purpose of Business Case

- Birmingham's citizens who will receive timely care and support by a skilled multi-disciplinary constituency based team.
- To build a high quality community service based on evidence and best practice including three conversations social work model and improving the outcomes for adults.
- To deliver a practice and behavioural shift which will focus on outcomes and will subsequently deliver savings across the system.
- Deliver considerable efficiency through the implementation of stream lined practice and process within the three conversation model; reducing waiting times for service, reliance on packages of care, increased crisis support and reduced assessment process.
- To build an efficient and lean customer journey which improves the satisfaction and experience of Adults that can both meet care and support needs whilst increasing independence and building on strengths.

Key Work-stream/Project/Programme Owners

Name	Project/Organisation Role
Graeme Betts	Programme SRO, Corporate Director, Adults Social Care and Health, BCC
Pauline Muggeridge Melanie Brooks	Project SRO, Assistant Director, Adult Social Care and Health, BCC
Amanda Jones	Workstream Lead

1.0 Executive Summary

- 1.1 The goals that Birmingham Council are seeking to achieve for adults and older people 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. It is essential to recognise that in order to support people to achieve these goals, the Council has broad responsibility across a range of areas and it is a corporate responsibility to achieve them.
- 1.2 For people to live independently and safely there needs to be a wide range of community assets which the Council should ensure are in place. This should be alongside excellent information and guidance for citizens that is able to facilitate access to support, as well as be able to exercise choice and control when navigating care and support. Where it is identified that a person is not able to live independently following exploration of support networks and community groups, timely and skilled professional support is needed. This includes an element of person centred planning and tailored conversations to identify and plan how to meet needs and identify short-term support. Additionally, the Council must ensure that the most vulnerable people feel safe and have speedy access to support that will safeguard their health and wellbeing.
- 1.3 Most adults and older people can enjoy access to mainstream services independently or with help and support from their families, friends and social groups. However, for some citizens this is only possible with support from Adult Social Care services and from other public sector agencies such as health services. On the whole, people want to lead happy, fulfilled lives; in touch with their families, friends and communities. They cherish their independence and prefer to live at home or in the community with support if necessary. The vast amount of people do not want to be dependent on others but will accept one-off support or ongoing support if it helps them to maintain their independence.
- 1.4 Birmingham will continue to face considerable challenges as reductions in public spending have to be managed; whilst at the same time the forecast rising demand for care and support is likely to generate significant pressures. The Long Term Financial Plan for the Council reduces the staffing budget in Adult Social Care by the equivalent of 148 full-time equivalent posts from 2019/20. To achieve a budget reduction of this order, considerable transformation needs to take place to fundamentally change the way Social Care is delivered.
- 1.5 The desired outcomes for adults and older people in Birmingham are that they should be resilient, live independently whenever possible, and exercise choice and control so they can live good quality lives and enjoy good health and wellbeing. The Customer Journey Business Case seeks to build a Social Care Service based on the Community model to deliver these outcomes.
- 1.6 Historically adult social care in Birmingham has been based upon a traditional “assess for service” model which has resulted in a higher proportion of adults in receipt of services when compared to regional neighbours. Care and support has been provided by services rather than prevention and promotion of an individual’s strengths. Services also tend to be traditional due to lack of real alternatives available across the City. Our aim is to provide a more flexible and personal approach to adult social care services. By putting the individual at the heart of everything, people will be helped to develop their personal support network of trusted people, places and services, allowing more choice and control over their care and support. We will provide accessible information about the

opportunities available and support people to identify what is best for them. The Three Conversations model is a key part of our community model and is changing the way our Social Workers practice. We now need to ensure the organisation built around Social Work, including our operational management, processes, design and workforce supports this new way of working.

- 1.7 This paper defines people as those of all ages, but the focus is on those with eligible social care needs. This will include people with learning disability, Autism, older adults, people with mental health problems, physical disabilities. An underlying principle for Adult Social Care is that services are co-produced with users and carers as they are directly impacted by services and have first-hand experience of what works well and what doesn't. The focus will be to work with people to drive the future direction of services.
- 1.8 Community engagement and working close to the person is a key principle underlying the community model and drove the reorganisation of the Social Work service in March 2018. The constituency model implementation has seen the creation of 10 locality teams working to build multi-disciplinary teams as part of the developing Network Neighbourhood Schemes, newly commissioned as part of the Adult Social Care Prevention Strategy. The next phase of the work has two key elements: to continue to align Adult Social Care in this way, and to ensure that services are as efficient as possible to ensure that the maximum resource is invested in front-line services. Essentially, create capacity for Social Workers to Social Work.
- 1.9 Therefore, with this in mind, this paper sets out the proposed outline shape of Adult Social Care within the Community Model and the implementation plan proposed to take forward the work in line with the Prevention Strategy approved by Cabinet in December 2017 and the Assessment and Support Planning Service Redesign Business Case 2017/18.

2.0 Fundamental Shift in Practice

- 2.1 In summary, this business case seeks to support Adult Social Care achieve the fundamental shift in practice through the Community Development Model and to foster new behaviour with the following new ways of working to enable implementation of the Adult Social Care Vision (October 2017):

Table 1 – Fundamental Shift in Practice

From....	To...
1. Doing things for people, helping people	Enabling people to do things for themselves or as independently as possible
2. See the person as an individual in isolation	An emphasis on family, friends and circles of support
3. Highlight what a person cannot do	Focus on ability, skills and strengths
4. Undertaking assessments for services or for standard solutions	A conversation which provides an in-depth understanding of the person
5. Arranging support provided by or managed by the Council	Use of creative home first and family first solutions including peer led solutions, community support and voluntary sector services.
6. Buying placements and large amounts of institutional care for people with long term conditions	Community and home support that is flexible and adaptable for when it is needed.
7. Buying hours or staffing levels	Planning for support that focusses on wellbeing, outcomes, aspirations, potential and improvement.
8. Working through processes – assessment, review, safeguarding	Timely interventions, ability to work intensively, impact driven practice
9. Focus on social care need assessment	Building partnership around the individual to address root causes of problems
10. Commissioning providers	Market shaping to develop vibrant support in the city that is resilient and includes alternative delivery models such as microenterprise and peer led support.

3.0 Resident Experience

- 3.1 Adult Social Care regularly reviews and works to respond to feedback from citizens, services users and carers. We know from our compliments and the results of the 2018 Service User survey that there are many citizens who feel safer following support from Adult Social Care and who value the support they receive. The Council has improved in the results from the Service User survey from 2017 to this year. However, we know from recent service reviews and complaints that there is further work to do.
- 3.2 A Carers survey completed in 2017 demonstrated that Birmingham's performance against main ASCOF (Adult Social Care Outcomes framework) measures was worse than

average. Overall Birmingham seemed to be engaging with its carers less than elsewhere. This resulted in a smaller proportion of carers feeling engaged or having access to the right information. Consequently, below average satisfaction and higher levels of social isolation were noted. There has been work undertaken to improve this service and this model will further build on this work to improve outcomes for carers.

- 3.3 In October 2017, the Health and Social Care system undertook a review of the rehab, recovery and reablement services and outcomes. Whilst other work is impacting directly on the Enablement Service itself, we learnt from this work that in Adult Social Care we have an over-reliance on institutional forms of care and can do more to support people to stay at home or return home following a stay in hospital. Given the high volume of referrals received in Adult Social Care, it often seems as if there is not the capacity to support people when it is asked for or to provide intensive and timely support. Rethinking the way we use our resources is key to the customer journey workstream.
- 3.4 In February 2018, Adult Social Care reviewed the Day Opportunities support available to people and the approach to person centred support. This work involved feedback from service users and carers. The review found that Social Work in the City varies, but an emerging theme was that people felt that there is not the time in the support planning process to support a person's aspirations and goals, and to look at alternatives to traditional care. Think Local Act Personal (TLAP) supported Birmingham with workforce development on Direct Payments. Feedback to Adult Social Care was that some of the style, processes and systems got in the way of Social Workers facilitating choice and control. Central to the Customer Journey work therefore is to ensure that the workforce configuration has capacity for person centred planning, particularly for Adults with Disabilities through their life-course. The work will also remove any processes that are no longer fit for purpose and that creates unintended barriers to good practice.
- 3.5 Learning from the work above, and an analysis of Complaints, the following table outlines the key changes to citizen experience that Adult Social Care seeks to achieve through this work:

Table 2 – Citizen Experience

Current	Future
Waiting too long at each stage	7 day working and 24/7 access
Little support at times of crisis	Capacity to support when it is needed
Not being able to get to the right person	Self-service where possible and clear access in constituency teams
High expectations and high dependency	Focus on ability and how community resources provide majority of support
Not knowing what to expect from assessment	Through information, advice and guidance and structured three conversations, clarity on rights, responsibility and options.

4.0 Strategic Case

4.1 Care Act 2014

4.1.1 The Care Act 2014 drives the focus and aim of Adult Social Care and is the legal framework that underpins the way in which we operate. To meet the requirements of the Care Act, the council must:

- Assess for Care and Support Needs and through Assessment ensure that this is fair and clear to the citizen.
- Focus on wellbeing: physical, mental and emotional. This is for both the person needing care and their carer
- Prevent and delay of the need for care and support through enablement, Intermediate Care, Information, Advice and Guidance and early help.
- Ensure people are in control of their care

4.1.2 The Care Act sets out the assessment of care and support needs must include:

- Focus on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve
- Involve the person in the assessment and, where appropriate, their carer or someone else they nominate
- Consider other things besides care services that can contribute to the desired outcomes (e.g. preventive services, community support)
- Be clear on likely eligibility for funded care, the cost of care and financial options for paying for care.

4.1.3 As Adult Social Care moves from Care Management to Community Development, and develops the Three Conversations Model as the process to replace assessment, the Customer Journey work will ensure the organisational processes maintain compliance with the Care Act, as well as ensuring the right workforce balance, skills mix and development to work in way that is personalised and outcome focused.

4.2 Making Safeguarding Personal

4.2.1 The Care Act places a duty on the Local Authority to lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens. Adult Social Care must have effective processes and systems that enables the service to respond in a timely and appropriate way. Management of work must be robust with sound decision-making.

4.2.2 As well as the Statutory Duty placed on Adult Social Care to Safeguard Adults with Care and Support Needs, Making Safeguarding Personal is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

4.2.3 Making Safeguarding Personal seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- An approach that utilises social work skills rather than just 'putting people through a process'
- An approach that enables practitioners, families, teams to know what difference has been made

4.2.4 Adult Social Care achieves good performance in Adult Safeguarding measured through the Service User Survey. The findings demonstrate that citizens generally feel safer after receiving care and support. The number of referrals to Birmingham City Council continues to rise and there is increasing pressure to respond quickly to prevent abuse from occurring or to prevent escalation to formal process where early help could have supported the person better. In 2018, performance in recording outcomes within Safeguarding Enquires improved with a focus on making safeguarding personal. It is important that continued improvement remains our goal.

4.2.5 The Customer Journey work will therefore seek to ensure that Adult Social Care has sufficient capacity to discharge it's statutory duties to Safeguard. By putting the Adult at the heart of the service process redesign, with a focus on improvement of the person's circumstances as they define it, it will deliver a more timely and effective response.

4.3 Adult Social Care and Health Vision

Consistent with the Birmingham Adult Social Care Vision and Strategy (October 2017), the following principles will guide the development of the Customer Journey approach to delivery of the community model:

4.3.1 Information, advice and guidance

4.3.2 People need easy access to high quality information, advice and guidance and whenever possible and appropriate, they need to be able to self-serve or their carers and families need to be able to do so on their behalf. This approach allows people to maintain control and to exercise choice at whatever point they are at in their lives. Further, it helps the Council to use its resources more effectively.

4.3.3 Building on this, it is essential that when people contact adult social care, they are given a positive response and support to help resolve the issues they face by emphasising what people can do for themselves, what support is available from other organisations and what support is available in the community. The aim is to divert people to appropriate support other than formal care which fosters dependency. Adults with assessed eligible need for care and support and carers need to have access to good information and advice about the market and to be able to choose from suppliers in the knowledge that services are safe and of a stated quality. Adults must be informed about the potential cost of their care, the process of financial assessment, payment of care and be supported to make decisions based on this information.

4.3.4 In order to deliver this element of the strategy, it will be essential that information is freely available through a range of channels which includes quality web based services that

provides people and their carers information on the range of options in the community and the range of support options that can be supported through direct payments. Social Care staff will be expert in providing information and advice on day opportunities where a person or their carer requires additional support.

4.4 Personalised support

- 4.4.1 People require and respond better to personalised services. The approach that works most effectively always puts users and carers at the centre and builds support round them rather than fitting people into rigid services. Essentially, there needs to be a strength-based approach to assessing people's needs; building on the assets people, their families, friends and communities can offer to support them. Further, Direct Payments are promoted and offered as a support option because they maximise the opportunity for people to exercise choice and control.
- 4.4.2 In order to deliver this element of the strategy, there will be a reorganisation of the customer journey to ensure the citizen is at the centre of every process and unnecessary process is stripped away. To achieve this, the Council will review the current internal Adult Social Care Process for assessing and providing for care and support needs.
- 4.4.3 The Council recognises that services need to take a life course approach and recognise that the needs and aspirations change at different points in a person's life, and that there are certain times when greater or different types of support is needed. However, an important principle in taking a personalised approach is that no assumptions are made about the support or opportunities that are relevant to people because of age.

4.5 Community assets

- 4.5.1 Community assets are the wide network of services which range from very small, very local services provided by volunteers through to faith groups and community groups, national charities and private companies and businesses. They are all part of the wide network of community assets which provide choice and enable people to engage with others in activities they enjoy and which add meaning to their lives.
- 4.5.2 People need to be able to access a wide range of community assets which are local, flexible and responsive. Through being able to access these resources people can continue to enjoy good quality lives while maximising their independence.
- 4.5.3 While the use of community assets is part of a broader approach to prevention, these assets are important for the quality of people's lives whatever period of life they are in. Some people may volunteer and be part of the provision of them while others may use them once in a while but still see them as a key part of being part of a wider community and others will make good use of them.
- 4.5.4 In order to deliver this element of the strategy, the constituency and community model will be expanded so that all social care operations has a locality focus which will in turn allow for greater integration with health and voluntary sector services. Network Neighbourhoods will continue to grow and develop to drive a shift in investment to a local range of support that enables people to remain in the community.

4.6 Prevention and early intervention

- 4.6.1 People need to be able to access prevention and early intervention services quickly and at any time in their lives. Personal support will help people to maximise their independence throughout their lives and as people's needs change, services will adapt, change and develop. It is important too that organisations in the public sector and in the third sector are joined up in their approaches and maximise the available resources. Through making every contact count, timely access will take place and support will seek to maximise the skills and abilities of people to enhance the quality of their lives. By providing support and reassurance when this is needed and a constant focus on development of skills, the aim is that crisis will be prevented.
- 4.6.2 In order to deliver this element of the strategy, a thoroughgoing approach to prevention needs to be developed and implemented. This will involve the link to community assets to ensure that people with lower level needs are not left until they develop acute needs, but it will also involve a greater focus on employment and daily living skills that enable people to stay well, healthy and independent wherever possible.

4.7 Partnership working

- 4.7.1 People's needs are often complex and require support and interventions from a range of organisations, as well as different services within the Council. Services need to be integrated and built on partnership working utilising existing community assets of all partners. This will require a drive to ensure all facilities and services in the City are accessible to people with support needs and/or disabilities, including provision for delivery of personal care, safe spaces for vulnerable adults, and for organisations to consider how activities are adapted to include people.
- 4.7.2 A consistent message from people is that we are not joined up with other service providers such as health. Our aspiration is to have an efficient and effective health and care system that supports the needs of anyone wishing to access services while stimulating a vibrant and innovative variety of care and support options. This will enable us to meet the personalisation agenda so that people can plan and take control, bringing in services which meet the outcomes important to them. To ensure this takes place the Customer Journey must be both lean and efficient, but have multi-agency processes embedded throughout.

5.0 Management Case

5.1 Programme Structure

- 5.1.1 Customer Journey is one of the workstreams which sits within the Personalised Support project. It 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.
- 5.1.2 Within the Customer Journey work there are a number of key interfaces including the Early Intervention pilot with Health and the Aging Well strategy. The Early Intervention pilot with Health and the Aging Well strategy are focussed on older adults and while there

is some overlap and dependencies within this work, the Customer Journey is looking at the processes, systems and workforce within the whole of Adult Social Care and Health.

5.2 Scope of Services

5.2.1 The Adult Social Care and Health Directorate includes

- Commissioning
- Specialist Care Service
- Public Health
- Assessment and Support Planning

5.2.2 Specialist Care Services includes Day Services, Care Centres, Enablement, Occupational Therapy, Transport, Funerals and Protection of Property, and Shared Lives. These services are in scope but with the following service development considerations:

- Day Opportunity Strategy
- Enablement Business Case
- Shared Lives Strategy
- Early Intervention Project (Integration with Health)

5.2.3 It is intended that the Customer Journey will impact on the organisational management of these services, the place based delivery of these services through the further development of the Community Development model and particularly on the role that therapy-led and Enablement approaches have across the service.

5.2.4 The Assessment and Support Planning function is responsible for undertaking the statutory requirement of assessing the needs of citizens as per the legal requirements of the Care Act 2014. These services include Social Work, ACAP, Client Financial Services, Training and Development, Quality and Assurance, Adult Safeguarding. These services are in scope of the Customer Journey Work. Hospital Social Work and Social Work support to EAB are out of scope as they are part of the Early Intervention Project.

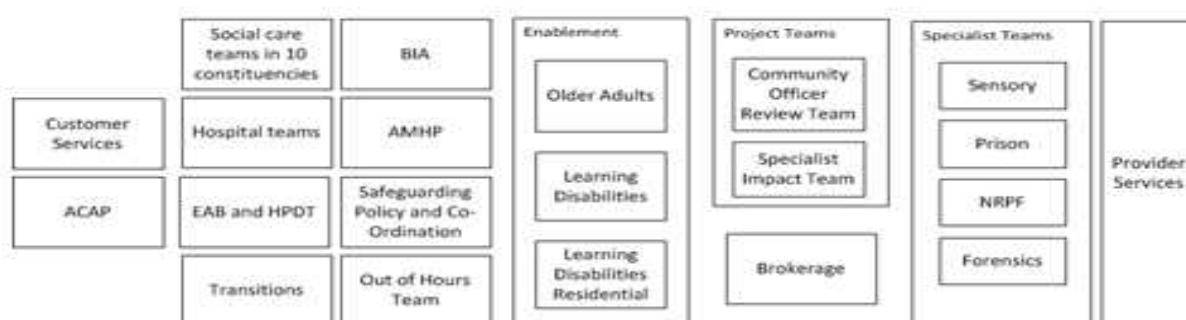
5.2.5 Current Organisation of Service

5.2.6 In March 2018, Social Work teams were reorganised into ten Constituency Teams. The social Work Delivery and Workforce Teams were merged. The Adult Learning Disability Teams moved from a city-wide service to the constituency model. The Mental Health Social Work teams are currently being reviewed to work within the constituency model.

5.2.7 Table three below sets out the current organisational design.

Table Three

Current Organisational Design



5.2.8 The aim of the move to the Community Development Model and Constituency based working was to respond positively to the peer review of Adult Social Care in February 2017 which made recommendations for strengthening and improving the assessment and support planning function in order to meet the challenges ahead:

- Having consistent practice in the process for agreeing personal budgets
- Having a stronger focus with regard to complying with the Care Act duty around promoting wellbeing
- Reviewing the approach to managing risk and reliance on institutional care
- Recommendation to upscale and maximise the potential offered by an asset based approach with the voluntary and community sector to transform our traditional Social Work model

5.2.9 The Customer Journey work will complete the implementation of the Community Development Model, and specifically will:

- Ensure timely access and response with as much contact taking place in constituency teams as possible
- Ensure the service can take a life-course approach to disability, manage service transitions successfully from both Children to Adult Services, Health and Adult Services and ensure best practice for those with the most complex needs as set out in the Transforming Care Programme (Building the Right Support, October 2015) and Named Social Worker (Social Care Institute for Excellence). This will include support that can adapt and change and can respond to those with Learning Disability Aging.
- Deliver Specialist functions in an effective way, in partnership with others, and ensuring equality for those with particular needs.
- Review the workforce, capacity, roles, skills mix and career pathways to deliver the community model

5.3 Community Development Model

5.3.1 Adult Social Care has been progressing to implement the Community Development model as set out in the Customer Journey Cabinet Paper. The core elements of the model are:

- Three Conversations Social Work practice
- Family Group Conferencing
- Community Development Work
- Constituency based working

5.3.2 The key to delivering a shift in practice is the roll-out of the Three Conversations Model which Birmingham is receiving support from Partners for Change. Partners for Change have worked with 27 Local Authorities to implement this way of working successfully. Learning from their experience will ensure that Birmingham will deliver the change successfully. The core elements of the change will mean:

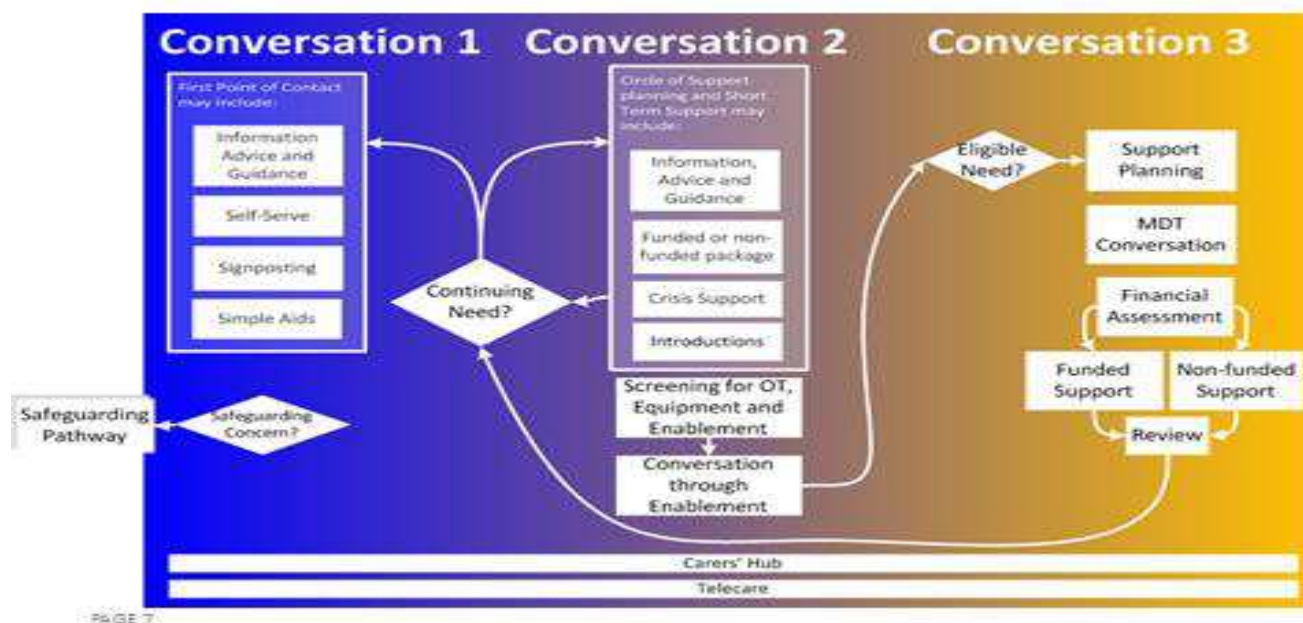
- Workers will see through work to completion meaning less hand-offs and continuity for the service user
- Processes will be reduced including within the referral, allocation and contact systems. This will reduce waiting time and provide efficiencies.
- Increased collaboration with Service Users, Carers, partners and the community meaning that services are not seen as solutions
- Time to spend when crisis occurs and a focus on what things need to change. This will enable resilience and sustainability for citizens.

5.3.3 Three Conversations would typically take three-years to implement in a City the size of Birmingham to ensure that practice change is safe and embedded. The work takes place by rolling out on a team by team basis and implementation began in March 2018. A plan to implement with rapid improvement has been developed which will take full city-wide implementation in Social Work to September 2019. Alongside this, work will need to take place to shift the way that Commissioning and brokerage processes operate to support the new way of working and this is in scope of the Customer Journey Work. To enable change at this pace, the Customer Journey Work must ensure the shape of the workforce is fit for this and that roles are reviewed and developed in line with the new model. To ensure that Social Work time is released for Social Work, the Customer Journey work will review all organisational processes with lean methodology.

5.3.4 The Three Conversations Model is mapped against core Social Care processes within the Care Act 2014 in Diagram 1. The Customer Journey work will shape the organisation processes and then form to ensure efficient delivery against this model.

Diagram 1

Three Conversations Model



5.4 Social Care Record and Project Eclipse

5.4.1 The Council is in the second phase of the replacement to CareFirst. The project to replace the Adult Social Care record (following successful completion of the Childrens Project) commences in September 2018 and completes in September 2019. This work will support the Customer Journey is releasing time for Social Work and removing time consuming processes.

5.5 Building a One Council approach

5.5.1 A core aspect of the Council Plan for 2018 is to ensure a one Council approach and to focus delivery on the Citizen to improve their experience, at the same time as consolidating functions to ensure best value through efficient service provision. Adult Social Care will therefore work alongside Customer Services to ensure that the Customer Journey pathway through Adults is as efficient as possible and simple to citizens. This will include a review of telephony and customer service technology, making best use of the Brum Account for Adults, testing the delivery of Information, Advice and Guidance, self-service, and ensuring full use is made of the Customer Service centre to support Adult Social Care enquiries.

5.6 Staff Experience and Feedback

5.6.1 The Customer Journey work will be lead and developed through staff engagement and new processes will be developed through staff practice led workshops. Feedback from staff to date has identified the following drivers for change:

- Multiple Hand-offs between people within and between teams when working through Adult Social Care processes
- Gaps and duplication in particular processes linked to buying care
- Excessive time spent by Social Workers and Senior Practitioners on administrative duties in CareFirst.

- Problems escalating for service users or carers that have arisen as there isn't time to progress work with them.
- Over time tasks have been added by others that have increased reporting and recording requirements away from what is needed for good social care practice.
- There is too much focus on assessment and not enough focus on supporting people

5.6.2 The aim of the Customer Journey work is to create staff capacity and time by removing processes and ensuring the organisation function drives Social Work and Social Care, not practice being driven by systems and processes.

5.7 Performance and Activity

5.7.1 Performance in Adult Social Care has improved from 2017/18 to 2018/19, but it is crucial to maintain some key areas of good performance and take continued action to improve key ASCOF (Adult Social Care Outcomes Framework) indicators to ensure good outcomes for Residents.

5.7.2 The aim of the Customer Journey work alongside implementation of the Community Development Model is to reduce the time taken to receive support and to increase the impact of this support through personalisation. Therefore, the key performance areas where we expect to see improvement are:

Measure	Current Performance
Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	88%
Proportion of people who use services who report control over their daily life	78.3%
Proportion of people using social care who receive self-directed support, and those receiving direct payments	26%
Proportion of people who use services and carers, who reported that they had as much social contact as they would like.	46.5%
Long-term support needs met by admission to residential and nursing care homes	31.3%
Proportion of people who use services and carers who find it easy to find information about support services or benefits	74.5%
Proportion of people who use services who say that those services have made them feel safe and secure	90.1%

5.7.3 Adult Social Care in Birmingham is faced with more demand and activity than before. Referrals to the service, the number of Assessments undertaken, the number of contacts

concerning Safeguarding and the number of adults discharged from Hospital have all increased. Table 4 demonstrates the current demand for Social Care, setting out the number of assessments each month. The current service access point is ACAP which currently supports an average of 8,000 people a month making contact with Adult Social Care. This is 60% of those contacting the Council. The current process is advice, information and guidance will be provided via ACAP and then if there are outstanding needs, those citizens will be allocated to teams for assessment, which may vary in their type, length and outcome.

Table 4 – Average Monthly assessments completed (2017)

Assessment Type	Total
Complex Assessment	1,075
Standard Assessment	1,042
Carers	115
Contact Assessment	1,598
MHA Assessment	332
OT	933
Reviews	1,194
Safeguarding	1,377
Support Plan	886
TOTAL	8552

Table 5 demonstrates the new services started on average in a week.

Table 5 – Service Demand in a typical month

Type of Service	Average New Services Started Per Week in 2017
Day Care	8
Direct Payments	20
Enablement	84
EAB and Interim Care	20
Home Support	92
Nursing	20
Residential	38
All Services	282

- 5.7.4 Evidence from Local Authorities who have developed the Three Conversations Model and Community model type services, is that there is a considerable reduction in the amount of assessments undertaken and an increase in the number of people supported through their communities. The Day Opportunity Strategy for Adult Social Care and the Enablement Business Case, both agreed by Cabinet in July 2018, both expect to see a decrease in formal care settings, and an increase in short-term enablement services, an increase in Direct Payments, and greater numbers of people supported to access employment.

5.8 Objectives, Outcomes and Deliverables

5.8.1 The key objective is to ensure that the service offer to citizens is efficient and enables citizens to receive support in a timely way whilst delivering support that wherever possible maximises independence for the citizens of Birmingham.

5.8.2 This will be achieved by:

- Birmingham will have a citizen focussed social care service that is strengths based, proportionate and community facing.
- The citizens of Birmingham who contact the service will receive an immediate response and will be provided with good quality advice and information at an early stage.
- Birmingham will support the development of productive, innovative and resilient communities which will enable citizens to become active participants in their local area.
- Birmingham will build a high quality service, based on evidence and best practice improving the outcomes for citizens. A practice and behavioural shift will take place which will focus on outcomes and will subsequently deliver savings across the system.
- The citizen will be empowered as much as possible to make decisions from the first point of contact. The systems and processes within the current system will be streamlined, reducing delays and handoffs within the customer journey.
- Birmingham will adopt a right person, right time, right place approach to citizens with multi-disciplinary teams working closely with partners in the community to meet the desired outcomes of citizens.

6.0 Key deliverables

6.1 The outcomes expected from the business case are:

- Achieving increased capacity levels due to a more efficient business model and business process releasing time for Social Care
- Delivering better outcomes for citizens arising from a timelier intervention with less hand-offs, and increased independence and control
- Maintaining an absolute focus on safeguarding for our most vulnerable residents by ensuring intervention enables change for the person by paying attention to what makes a difference.
- Reducing reliance on care packages and services sizes

7.0 Financial Case.

7.1 The Long Term Financial Plan for the Council agreed by Cabinet in February 2018 sets out the following budget for Adult Social Care. Clearly this sees considerable reduction on spend in Adult Social Care and a requirement to change the way services are delivered to reduce cost.

Table 6 – Adult Social Care Budget LTFP:

	2018/19 £000	2019/20 £000	2020/21 £000
Adult Packages of Care	196,770	197,728	197,728
Assessment & Support Planning	36,598	36,086	34,148
Specialist Care Services	31,280	28,972	29,378

- 7.2 Adult Social Care is a people service and therefore the majority of cost is within staffing. Any planned reduction in spend therefore can only be met by reducing staffing. The breakdown of where staffing spend is shown in table 7. The proposed workforce changes reduce workforce costs. The savings target has been bought forward and Adult Social Care & Health need to deliver this in 2019/20. This is equivalent to 148 full-time equivalent staff (using GR4 mid-points) and is around £6m savings on the staffing budget.
- 7.3 Birmingham City Council expects to see a 30% reduction in assessment for Social Care over a two-year period as the Community Development model supported by the Customer Journey work take effect. This will enable the Council to achieve the workforce reduction required by the reduced budget in the LTFP. Additionally, the reduction in the use of formal care will support the packages of care budget reduction in the LTFP of £20m by 2020.

Table 7 - 2018-19 forecast figures for Employee/ Agency spend:

Area	£'000
Acute Hospitals	6,190
Hospitals Community	4,439
Client Financial Services	2,933
Adult Safeguarding	677
Quality & Performance	4,008
Sutton & Erdington	2,870
Ladywood & Perry Barr	6,015
Hodge Hill & Yardley	4,008
Northfield & Edgbaston	4,817
Selly Oak & Hall Green	4,248
Day Care Services	8,033
Occupational Therapy	3,003
Home Care/Enablement	9,698
Care Centres	5,735
Other	2,518
Total SCS/SAP	68,832

8.0 Service Options

8.1 Methodology

- 8.1.1 Co-production will underpin the Customer Journey Work. A clear plan of staff engagement will be in place so that change is driven by practitioners identifying where business process change needs to take place. With support from the Citizen's Voice Team, continued Service User and Carer coproduction will enable Adult Social Care to build a service that addresses their concerns and builds on the elements from the

current service offer that works well. Coproduction is embedded in the Three Conversations model implementation and will continue to drive our service change.

8.2 Improve Access and Extended Community Offer

8.2.1 The “front door” to services and ways of handling calls, referrals and allocation of work will be radically reviewed and overhauled. This will be undertaken with expertise from Customer Services and Information Technology specialists to exploit digital solutions for citizens, self-service, information, Advice and Guidance. When a person requires more support, a customer service approach will ensure citizens are supported to get the right help as quickly as possible. Current steps in the process will be reduced and the Customer Service team utilised for Adult Social Care.

8.2.2 Where appointments are needed, they are made in the community into their local constituency team and made directly with the citizen so they know when and where they will be seen. The Customer Journey work will review the roles and skills mix of the constituency teams to ensure the following:

- There are robust links with the merging Network Neighbourhoods and the range of support options available locally
- Skilled support is available to enable person-centred planning and more specialist advice without needing formal assessment processes
- Enablement services are easily accessible and have sufficient capacity to support Older Adults as well as people with Disabilities or mental health problems.
- Therapy-led support to lead more specific enablement programmes or for equipment to enable independence in the home.
- Expert professional support and advice when it is needed, such as Occupational Therapy support, Social Work assessment for Care and Support Needs, Financial Assessment
- Sufficient capacity to deliver Adult Safeguarding to an excellent standard and resolving concerns of the individual as soon as possible.

8.2.3 The community model will involve fewer processes and systems to improve the experience of citizens and promote efficiencies within the service. This will be in line with an asset based approach and the implementation of the Three Conversations model. This approach will be proportionate with streamlined recording and reduced need for management oversight.

8.2.4 The model will provide an enhanced information and advice service, focussing on strengths and assets within the community. There will be community hubs within the local area that the service would be a part of. This will be a multi-disciplinary team that is connected to the community. Citizens will be encouraged to be a part of the community and where needed, appointments will be booked with a social care worker directly; providing an immediate response. This will provide true connections to the local area and will lead to communities being responsive and deliver on multiple outcomes. Citizens will see the benefit of multi-disciplinary working as they will see the right person at the right time.

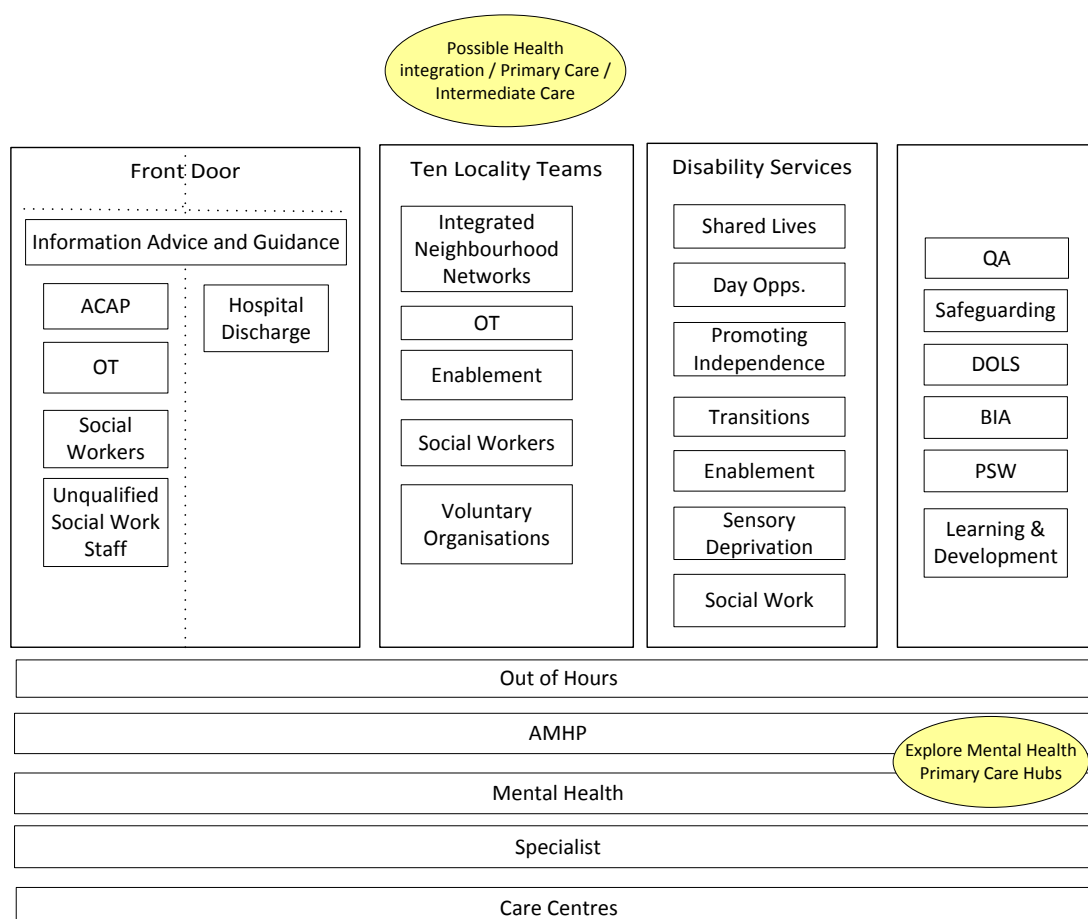
8.3 Core Service Offer

8.3.1 Management and Team organisation will be reviewed to further simplify Adult Social Care Operations and to drive the constituency approach. Specialist functions will be reviewed with partners to ensure the most effective methods of delivery and that we integrate with partners where this adds value to the citizen.

8.3.2 To ensure consistency with best practice and a life-course approach to disability, a core service offer for disability which will link closely with transitions and children's services will be developed to ensure expertise in person-centred planning, maximising access to employment and day opportunities and a greater focus on growing old with Learning Disability. This function will ensure sufficient capacity and expertise to support people with complex needs, providing a named social worker where this is seen as best practice, for example with Transforming Care work with the NHS. Mental Health will continue to work in partnership with NHS providers, but through the constituency teams will have a greater focus in primary care and voluntary sector.

8.3.3 The service core offer is summarised in Diagram 3.

Diagram 3 – Core Service Offer



8.3.4 A number of specific reviews will take place to shape the core service offer as part of the work:

- Specialist pathway/journey reviews including Sensory Impairment, Mental Health
- Out of hours, emergency support and seven day working

- Further work to ensure sufficient Approved Mental Health Professional Capacity when it is needed.
- Specialist Practitioner Social Work Role development
- Review of Social Care Facilitator, Occupational Therapy Assistant, Enablement Workers in disability services to develop greater career pathway and greater capacity in constituency teams for community support.
- Review of spans and layers, workload and capacity of roles within the service.

8.4 Workforce Development and Cultural Change

- 8.4.1 Adult Social Care has invested in the workforce in 2018 with the introduction of the Owning and Driving Performance cultural change programme and through implementation of Three Conversations. Adult Social Care is utilising key partnerships with national leaders of good practice such as Think Local Act Personal, Community Catalysts and NDTi. However, these programmes have not yet been to the benefit of all staff and in all roles, and there is a need to support in the development of the workforce to drive the necessary cultural change that working in the Community Model will require.
- 8.4.2 A workforce strategy will be a key deliverable of the Customer Journey. This will set out the size, shape and mix of the workforce required to meet the new Social Care offer the Customer Journey work will develop. Staff will be supported to train and develop, and clear processes for induction and change management will be in place to ensure safe transition to new ways of working.
- 8.4.3 It is expected that this will involve a restructure of the Adult Social Care workforce which will have differing impacts on different groups of staff. This will be set out in the S188 Workforce business Case which is expected to be produced in December 2018.

8.5 Alternate Delivery Models, Network Neighbourhood and Health Integration

- 8.5.1 This business case aims to deliver improved management of processes and to embed the Community Development Model. An output of this will be to reduce staffing to meet the LTFP budget for the service.
- 8.5.2 Alongside this, Adult Social Care is undertaking two key development areas which are out of scope of this case, but may impact on the Service.
- 8.5.3 The Early Intervention pilot with Health is reviewing the process and services that citizens receive before and after an hospital admission. This work is expected to impact on Hospital Social Work and Enhanced Assessment Bed Social Work support, as well as some of the therapy led support that citizens receive. This work is complimentary and will shape the way that consistency teams work with health partners.
- 8.5.4 Birmingham is investing in Network Neighbourhoods (NNS) which aim to build community capacity in each constituency to support people closer to home and delay them needing social care support. This work is medium term, and it is expected that as these develop the way that Adult Social Care works with the NNS would be further reviewed.

9.0 Headline Implementation Plan

Activity	Start Date	End Date
Staff Engagement – Process Mapping, Process Redesign, task and finish Groups	September 2018	October 2018
Proposed Customer Journey Produced with supporting capacity requirement	November 2018	November 2018
Workforce Strategy and proposed service structure	December 2018	December 2018
Conduct TU consultation	January 2019	March 2019
Conduct Directorate, and staff, consultation (45 days) - staff briefings, individual meetings; collate and monitor responses	January 2019	March 2019
Process for selection of redundancy as appropriate -	April 2019	July 2019
Selection for any new roles in the service	April 2019	July 2019
Move to new service design	September 2019	

10.0 Key Risks and Issues

Pace of Change deters from cultural change	The timescale for Implementation was bought forward to meet the LTFP and is faster than recommended for practice change in Three Conversations. There is a risk that practice will not change as desired and benefit will not be realised or the safety of the service is a risk.
Efficacy of Solution/ Savings Realisation	The changes may not be robust enough to realise the anticipated savings, efficiencies and/or benefits Any delay to implementation will delay delivery of savings
Staff Engagement / Cultural Challenges	Staff will need to be supported and developed to work in different ways. There is a risk to morale and productivity due to risk of redundancy and uncertainty created by change.

Title of proposed EIA	Customer Journey - Adult Social Care & Health
Reference No	EQUA118
EA is in support of	Amended Service
Review Frequency	Six Months
Date of first review	30/11/2018
Directorate	Adult social care & health
Division	
Service Area	
Responsible Officer(s)	<input type="checkbox"/> Amanda J Jones
Quality Control Officer(s)	<input type="checkbox"/> Melanie Brooks
Accountable Officer(s)	<input type="checkbox"/> Melanie Brooks
Initial equality impact assessment of your proposal	<p>The proposed service change is a development of the constituency model further into the local community. We intend to improve the service and therefore the impact will be positive.</p> <p>The proposals have the following intended outcomes:</p> <ul style="list-style-type: none"> • Birmingham's citizens will receive timely care and support by a skilled multi-disciplinary constituency based team. • To build a high quality community service based on evidence and best practice including three conversations social work model and improving the outcomes for adults. • To deliver a practice and behavioural shift which will focus on outcomes and will subsequently deliver savings across the system. • Deliver considerable efficiency through the implementation of stream lined practice and process within the three conversation model; reducing waiting times for service, reliance on packages of care, increased crisis support and reduced assessment process. • To build an efficient and lean customer journey which improves the satisfaction and experience of Adults that can both meet care and support needs whilst increasing independence and building on strengths. <p>At this initial stage, no discriminatory impact has been identified for any groups either within the employee or citizen base.</p> <p>It is expected that as a result of this work, there will be changes to posts and that some posts may be deleted. The outline proposals will not impact a specific group in any greater proportion than any other profile. There will be staff engagement events as well as tasks and finish groups as we are planning to co-produce the model with staff. Any</p>

Item 6

potential for emerging detriment or discrimination identified will be addressed accordingly. We will also be consulting with citizen's and involving them in the design through the Citizen's Voice Team.

Further to this, there will be a formal consultation process and any redundancies made will be done in line with the corporate redundancy process, placement and selection process. This will be completed in consultation with staff and unions.

It is acknowledged that there will be further detail to consider as the model develops. However, at the initial stage there is no identified potential for negative impact to any person with a protected characteristic.

For citizens, the impacts identified at this time are positive.

This document will be reviewed at the end of November when it is expected that the design of the new model will be in place.

Protected characteristic: Age	Not Applicable
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Age details:

Protected characteristic: Disability	Not Applicable
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Disability details:

Protected characteristic: Gender	Not Applicable
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Gender details:

Protected characteristics: Gender Reassignment	Not Applicable
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Gender reassignment details:

Protected characteristics: Marriage and Civil Partnership	Not Applicable
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Marriage and civil partnership details:

Protected characteristics: Pregnancy and Maternity	Not Applicable
--	----------------

Pregnancy and maternity details:

Protected characteristics: Race	Not Applicable
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Race details:

Protected characteristics: Religion or Beliefs	Not Applicable
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Religion or beliefs details:

Protected characteristics: Sexual Orientation	Not Applicable
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Sexual orientation details:

Consulted People or Groups

Staff engagement events will be held and formal consultation with staff across Adult Social Care & Health is expected to take place in January 2019.

Consultation will also take place with citizens through the Citizen's Voice Team.

Informed People or Groups

Summary and evidence of findings from your EIA

From initial analysis there is no requirement for a full EA.

A full review of this document will take place in November 2018.

Submit to the Quality Control Officer for reviewing?

Yes

Quality Control Officer comments

Decision by Quality Control Officer

Submit draft to Accountable Officer?

No

Decision by Accountable Officer

Date approved / rejected by the Accountable Officer

Reasons for approval or rejection

Please print and save a PDF copy for your records

Yes

Content Type: Item

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Last modified at 25/09/2018 01:43 PM by Workflow on behalf of Amanda J Jones

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BIRMINGHAM CITY COUNCIL

PUBLIC REPORT

Item 7

Report to: **CABINET**

Report of: **Corporate Director Adult Social Care and Health**

Date of Decision: **9th October 2018**

SUBJECT: **BIRMINGHAM COMMUNITY EQUIPMENT LOAN SERVICE**

Key Decision: **Yes** **Relevant Forward Plan Ref: 005332/2018**

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

Relevant Cabinet Member(s) or Relevant Executive Member: **Cllr Paulette Hamilton - Health and Social Care**
Cllr Brett O'Reilly - Finance and Resources

Relevant O&S Chair: **Cllr Rob Pocock - Health and Social Care**
Cllr Sir Albert Bore - Resources

Wards affected: **All**

1. Purpose of report:

- 1.1 To obtain approval of this procurement strategy and to seek authority to proceed with the procurement of the Birmingham Community Equipment Loan Service (BCELS). This service provides equipment to citizens based upon a clinical assessment to meet their short or long term needs and to ensure that they can remain independent and in their homes for as long as possible.
- 1.2 The contract will commence on 1st April 2019 for a period of 3 years with an option to extend for a further 2 years subject to satisfactory performance and funding availability. The estimated value of the contract is £5.3m per annum. It is funded through the Better Care Fund by Birmingham and Solihull CCG, Sandwell and West Birmingham CCG and BCC, with in the region of £40k per annum contribution from Solihull CCG.
- 1.3 It is proposed that BCC is the lead commissioner to assist a collaborative approach and support a partnership working arrangement with the CCGs. The procurement approach will be via an open procurement route.

2. Decision(s) recommended:

That Cabinet approves:-

- 2.1 Birmingham City Council acting as the Lead Commissioner for the Birmingham Community Equipment Loan Service (BCELS).

- 2.2 The contents of this report in order to implement the strategy and commence procurement activity for the Birmingham Community Equipment Loan Service in accordance with the requirement and approach set out in Section 5.2 onwards.
- 2.3 The delegation of the contract award to the Corporate Director, Adult Social Care & Health in conjunction with the Corporate Director Finance & Governance, City Solicitor (or their delegates) and the Director of Commissioning & Procurement.

Lead Contact Officer(s): Julie Harrison
Commissioning Manager – Adults Social Care and Health

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3. Consultation

Consultation should include those that have an interest in the decisions recommended

3.1 Internal

- 3.1.1 This contract has been included in the Forward Plan and has been discussed at the Better Care Fund (BCF) Board and the Health and Wellbeing Board on 19th June 2018. The BCF Board co-ordinate payment of this contract following provision of funds from Birmingham and Solihull CCG, Sandwell and West Birmingham CCG and BCC all are supportive of this approach.
- 3.1.2 Discussions have taken place at Adult Social Care & Health Commissioning Management Team on the 10th August and Adults and Health Management Team on the 15th August 2018.
- 3.1.3 Officers from City Finance, Corporate Procurement and Legal & Governance Services have been involved in the preparation of this report.
- 3.1.4 The Corporate Director – Children and Young People has been consulted and is supportive of the proposal to procure this service.
- 3.1.5 The Cabinet Members for Health and Social Care and Finance and Resources have been consulted on the proposal and are supportive of the recommendation.

3.2 External

- 3.2.1 The following organisations have been consulted as part of the development of the future service model and are supportive of the planned approach:
- There are up to 1500 Prescribers from both BCC and the NHS who refer citizens for equipment and their comments were requested via a survey (appended to this report) on what they believed their requirements were for a new service.
 - Citizens of the service were requested via a survey to respond as to what they

- thought a new community equipment loan service should provide to them.
- Birmingham and Solihull CCG representatives formed part of the project team.
- Discussions took place with Sandwell and West Birmingham CCG to ensure that they wished to continue to provide funding for this service.
- Market shaping with potential providers was undertaken in May 2018.

4. Compliance Issues:

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

4.1.1 The Birmingham Community Equipment Loan Service contributes to the achievement of the following Council priorities:

- a city of growth where every child, citizen and place matters;
- an aspirational city to grow up in; and
- a fulfilling city to age well in.

4.1.2 Birmingham Business Charter for Social Responsibility (BBC4SR)

Compliance with the BBC4SR is a mandatory requirement that will form part of the conditions of this contract. Tenderers will submit an action plan with their tender that will be evaluated in accordance with 5.5 and the action plan of the successful tenderer will be implemented and monitored during the contract period.

4.2 Financial Implications

(How will decisions be carried out within existing finances and Resources?)

4.2.1 The Birmingham Community Equipment Loan Service is funded from the Better Care Fund (BCF) for 2019/20 as follows:

Organisation	Contribution of Budget %
NHS Birmingham and Solihull CCG	71
NHS Sandwell and West Birmingham CCG	10
Birmingham City Council	19

The Birmingham City Council contribution includes funding from both Adult Social Care and Health and Children's and Young People.

4.2.2 The estimated value of the contract is £5.3m per annum. The Council's financial liability under the Better Care Fund is approximately £1m (19% of the total) for which there are capital and revenue budgets included in the current budget and future plans.

4.2.3 The Better Care Fund's current arrangement will end in March 2020 and government announcements are awaited regarding future arrangements.

- 4.2.4 All partners have agreed to enter into this contract. If the current Better Care Fund arrangements do not continue alternative funding arrangements need to be agreed to ensure the financial risk is covered by all parties until the end of the new contract in March 2024.

4.3 Legal Implications

- 4.3.1 The Care Act 2014 sets out local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support. Section 2 of the Care Act 2014, places a general duty on local authorities to provide, arrange or otherwise identify services, facilities or resources to help prevent, delay or reduce the needs of adults for care and support. The provision of a community equipment loan service forms part of this duty, as having the correct equipment to assist with daily life supports people to live independently in their homes for longer. Section 8 of the Care Act 2014 details how a local authority should respond to an identified need and contains an illustrative list of what may be provided to an adult in need. The list includes providing care and support at home which the Birmingham Community Equipment Loan Service helps to fulfil.

4.3.2 Pre-Procurement Duty under the Public Service (Social Value) Act 2012

Consideration of whether to undertake a consultation exercise was discussed during the planning stage and it was agreed that this would not be required as tenderers will be asked how their bid addresses social value as part of the evaluation and no additional stakeholder consultation was required. This consideration also included how this procurement exercise might improve the social and economic well-being of the city and will be addressed by evaluating social value.

4.4 Public Sector Equality Duty

- 4.4.1 A stage 1 initial assessment has been completed and is attached as an appendix to this report. The assessment did not identify any potential negative impacts on groups with protected characteristics and therefore a full Equality Assessment report has not been produced at this stage.

5. **Relevant background/chronology of key events:**

5.1 Background

- 5.1.1 A community equipment loan service provides equipment to citizens to help reduce unnecessary admissions to hospital, prevent delayed discharge from hospital, and assist with everyday tasks, enabling people to live independently at home. This type of equipment can range from simple mobility aids, such as crutches and walking frames, to more complex and expensive items such as profiling beds and hoists. Items are provided free of charge, on loan or single issue, to people of all ages who meet the agreed criteria. However a majority of those in receipt of the equipment in 2017/18 were aged 65+ (70%). This service is an all-age service and provided following a clinical assessment.
- 5.1.2 The current Community Equipment Loan Service contract commenced on 1st April 2013 and is an NHS contract which is contract managed by Birmingham and Solihull CCG. The contract award was approved on the 5th February 2013 and a subsequent contract extension to 31st March 2018 was noted on the 22nd March 2016 by Cabinet. A further extension to 31st March 2019 was agreed through BCF governance processes earlier this year.

- 5.1.3 There are around 1,500 prescribers in Birmingham who prescribe equipment to help children and adults with health and/or social care needs to live as independently as possible in their chosen home. These prescribers are Occupational Therapists, District Nurses and Physiotherapists from both NHS and BCC.
- 5.1.4 In 2017/18 a total of 105,832 pieces of community equipment/aids to daily living were delivered to children and adults across Birmingham generated from 32,142 orders. On average a delivery to a citizen includes 3 items of equipment. There are 131,282 citizens that are registered as receiving equipment across the life of this contract.
- 5.1.5 Provision of equipment/aids to daily living is an essential component of the health and social care system. Meeting an individual's changing equipment needs plays a pivotal role in:
- Improving an individual's quality of life, by providing equipment that supports, maintains and enhances the ability of people to remain independent in their own home and in the community;
 - Preventing health difficulties and deterioration, reducing the need for hospital admission and facilitating quick discharge from hospital;
 - Supporting people at the end of their life to be cared for and to die in the place of their choice;
 - Supporting the use of direct payments and personal health budgets, providing people with increased choice and control over services they receive.
- 5.1.6 The current contract with Medequip is due to end on the 31st March 2019.

5.2 Strategic Procurement Approach

- 5.2.1 Further to the Options Appraisal Report in Appendix 3, the following options for the procurement of the service were considered:
- Tender for a service with Birmingham & Solihull Clinical Commissioning Group (BSol CCG), Sandwell & West Birmingham CCG and Birmingham City Council under a shared contract. This is the recommended option as this would give the Council and CCGs the most flexibility in specifying our service provision, drive improvement from the service and enable the contract to be awarded within the required timescales due to the restructuring of the CCG. In addition this ensures a partnership and collaborative approach.
 - Tender as a framework agreement primarily for Birmingham but available for use by other public sector bodies. No benefit or economies of scale would be realised from this option therefore this option was discounted.
 - Use a collaborative framework agreement. There are no collaborative framework agreements in place that meet the Council's requirements.

5.3 Duration and Advertising Route

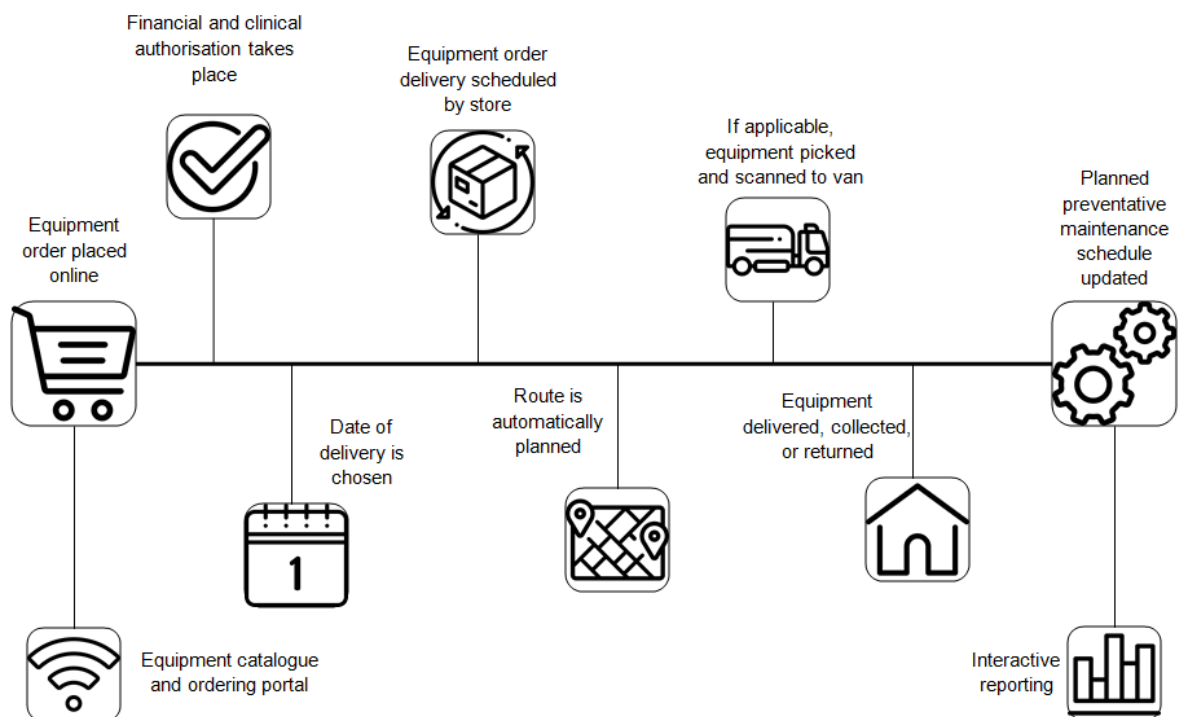
- 5.3.1 The proposed contract will be for a period of 3 years with an option to extend for a further 2 years subject to satisfactory performance and funding availability. The contract will

commence on 1st April 2019. The tender opportunity will follow the open route and will be advertised via Contracts Finder, Find it in Birmingham and the Official Journal of the European Union (OJEU).

5.4 Scope and Specification

- 5.4.1 The aim is to provide a BCELS that enables citizens to live as independently as possible, in their chosen home, and enables Health and Social Care Services to function effectively and without delay, preventing citizens from developing more complex needs, and protecting them and their carers from harm or injury.

The following depicts an overview of the key elements of a community equipment service:



5.5 Tender Structure

The evaluation of tenders will be conducted in 2 stages:

Stage 1 – Company Information

This stage will consist of mandatory pass/fail considerations which tenderers must pass before progressing to Stage 2. These are:

- Part 1 Information about the Applicant
- Part 2 Grounds for Mandatory Exclusion
- Part 3 Grounds for Discretionary Exclusion Section 1
- Part 4 Grounds for Discretionary Exclusion Section 2
- Part 5 Economic and Financial Standing
- Part 6 Technical and Professional Ability
- Part 7 Additional Questions
 - Environmental Management
 - Insurance

- Compliance with Equalities Duty
- Compliance with Health and Safety
- Compliance with BBC4SR
- Part 8 Previous Experience
- Part 9 Declaration

Those tenderers that pass Stage 1 will proceed to the Stage 2 Evaluation.

Stage 2 – Evaluation of Tenders

The contract award will be based on the Most Economically Advantageous Tender. This will be determined by reviewing the quality of the service, social value and price offered as detailed in the tenderer's response.

Tenders received will be evaluated using a quality/price/social value balance in accordance with a pre-determined evaluation model. The quality element will account for 50%, the social value element 10% and the price element 40%.

This quality/social value/price balance was established having due regard for the corporate document 'Evaluating Tenders Procedure v3.0' which considers the complexity of the services to be provided.

The quality of each tenderer's submission will be assessed in relation to specific requirements set out in the tender documents. These are:

Quality (50% Weighting):

Criteria	Overall Weighting	Sub-weighting
Service Structure	50%	10%
Service Outcomes		10%
Service Care Pathways		15%
Contract Mobilisation and Transition		15%

Tenderers who score less than 60% of the quality threshold, i.e. a score of 30 out of a maximum quality score of 50 will not proceed to the next stage.

Social Value (10% Weighting):

Criteria	Overall Weighting	Sub-weighting
Good Employer	10%	5%
Green and Sustainable		5%

Tenderers who score less than 40% of the social value threshold, i.e. a score of 4 out of a maximum quality score of 10 will not proceed to the next stage.

Only suppliers that meet the minimum quality and social value thresholds will proceed to the price evaluation.

Price (40% Weighting):

Tenderers will be expected to submit a price on the basis of service delivery and mobilisation.

The price of the service includes two elements, an element for the overall service delivery that is based on standard and special equipment which includes delivery, maintenance, collection and recycling. Equally included in price is an element for one off, upfront set up costs.

The tenderer with the lowest acceptable price for both elements is given the maximum possible weighted price score. The other tenderers' weighted price scores will be calculated on pro rata basis.

Criteria	Overall Weighting	Sub-weighting
Service Delivery (Value for Money)	40%	30%
Mobilisation (One off Transformational Cost)		10%

Overall Evaluation

The evaluation process will result in comparative quality, social value and price scores for each tenderer. The proposed contract will be awarded to the tenderer with the overall highest score.

5.6 Evaluation Team

The evaluation will be undertaken by the Assistant Director Community and Operational (BCC) or delegate, Clinical Lead and Commissioning Manager (BCC), Nominated Birmingham and Solihull CCG delegates X3 which includes a Clinical Lead with the support of officers from Finance and Legal. The process will be moderated by the Assistant Procurement Manager.

5.7 Risk

- 5.7.1 The Corporate Procurement Service (CPS) approach is to follow the Council Risk Management Methodology and the Procurement Team is responsible for local risk management. CPS maintains a risk management register and documentation relevant for each contract. The risk register for the service has been jointly produced and owned by Adult Social Care and Health Commissioning and CPS with arrangements being put in place to ensure operational risks are appropriately mitigated.

5.8 Indicative Implementation Plan

Cabinet Approval (Strategy)	9 th October 2018
ITT Issued	October 2018
ITT Return	November 2018
Evaluation Period	November/December 2018
DPR Approval (Award)	December 2018

Contract Award	December 2018/January 2019
Mobilisation period including TUPE transfer	January to March 2019
Contract Start	1 st April 2019

5.9 Service Delivery Management

5.9.1 Mobilisation

The mobilisation period will commence on January 2019 and will be on-going with the commencement of the contract and full service delivery by no later than 1st April 2019.

The mobilisation period is required as there will be the requirement to train around 1,500 prescribers to a new or updated ordering system.

5.9.2 Contract Management

The contract will be managed by a designated BCC Adult Social Care & Health Commissioning Manager using the Council's Contract Management process and toolkit. Key performance indicators will be used to regularly monitor and manage quality.

5.9.3 Performance Management

Performance measures will cover:

- Provide a quality service with high levels of Equipment Prescriber and Citizen satisfaction responses;
- Deliver equipment, providing a choice of times that are appropriate to the citizen and Equipment Prescriber and within the agreed prescribing timeframes;
- Ensure that suitable equipment, including both standard and special items, are delivered on time, fully maintained and meeting relevant legal requirements;
- Provide a cost effective service that achieves good value for money on standard and special equipment purchases through buying power and optimizes re-use of equipment, collection and recycling;
- Offer a range of equipment that is effective and keeps up-to-date with developing technology;
- Maintain an exemplary safety record, with health and safety policies in place and implemented; and ensure any breaches are reported to Commissioners, the Medicines and Healthcare Products Regulatory Agency (MHRA) and manufacturers as soon as possible;
- Provide good quality intelligence on the demand for and usage of equipment and share good practice on the use of equipment to support citizens at home.

Performance monitoring information will be submitted on monthly basis and this will include a range of qualitative and quantitative evidence to be submitted on a monthly basis, along with regular contract compliance review meetings. There are measures within the contract to address any potential performance and contractual issues.

6. Evaluation of alternative option(s):

- 6.1 Not to progress the procurement strategy is not an option as the Birmingham Community Equipment Loan Service meets both a BCC and NHS statutory responsibility.
- 6.2 To procure the service on an age group or geographic basis. This was not considered a viable option as this could fragment the service creating inconsistencies across the city and potentially be more costly with a range of overheads.
- 6.3 There is not an in-house service which is able to deliver this service.

7. Reasons for Decision(s):

- 7.1 To enable Birmingham City Council to act as the Lead Commissioner for the Birmingham Community Equipment Loan Service (BCELS).
- 7.2 To implement the strategy and commence procurement activity for the Birmingham Community Equipment Loan Service in accordance with the requirement and approach set out in Section 5.2 onwards.

Signatures

Date

Cllr Paulette Hamilton
Cabinet Member for
Health and Social Care

.....

.....

Cllr Brett O'Reilly
Cabinet Member for
Finance and Resources

.....

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Graeme Betts
Corporate Director
Adult Social Care and Health



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27.09.2018

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List of Background Documents used to compile this Report:

- 1. Birmingham Community Equipment Loan Service (BCELS) Commissioning Strategy

List of Appendices accompanying this Report (if any):

- 1. BCELS Commissioning Strategy
- 2. Equality Analysis
- 3. Procurement Options Appraisal Report
- 4. Prescriber Survey
- 5. Citizen Survey

Report Version

v9

Dated 27/09/2018

Birmingham Community Equipment Loan Service

Joint Commissioning Strategy

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1. Introduction

This commissioning strategy sets out Birmingham's plans to jointly commission a Birmingham Community Equipment Loan Service (BCELS) to meet the health and wellbeing needs of citizens:

- Who are residents of Birmingham
- Who are registered with a Birmingham GP who is a member of NHS Birmingham and Solihull Clinical Commissioning Group
- Who are resident in West Birmingham and registered with a Birmingham GP who is a member of NHS Sandwell and West Birmingham Clinical Commissioning Group
- Where exceptional authorisation has been given by commissioners, for example, in emergency cases, where people are subject to court orders, deprivation of liberty etc.

This service will be commissioned via a Section 75 pooled budget arrangement between Birmingham City Council (BCC), NHS Birmingham and Solihull Clinical Commissioning Group (BSol CCG) and NHS Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG).

Community equipment services provide equipment to citizens to help reduce unnecessary admissions to hospital, prevent delayed discharge from hospital, and assist with everyday tasks, enabling people to live independently at home. This type of equipment can range from simple mobility aids, such as crutches and walking frames, to more complex and expensive items such as profiling beds and hoists. Items are provided free of charge, on loan or single issue, to people of all ages who meet the agreed criteria.

BCC has a statutory duty to ensure the provision of community equipment. Under Section 2 of the Care Act 2014, local authorities have a duty to ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support. The provision of community equipment services forms part of this duty, as having the correct equipment to assist with daily life supports people to live independently in their homes for longer.

Clinical Commissioning Groups were established under the National Health Service Act 2006, as amended by the Health and Social Care Act 2012. CCGs are statutory bodies with the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purpose of the 2006 Act.

The challenges facing Birmingham to improve health and care outcomes have never been greater. Currently Birmingham is home to 147,000 people over the age of 65 (13% of total population). This is predicted to increase to 203,000 people by 2035 – an increase of 38%. While it is a great achievement for society that there are more people living longer with more complex needs, inevitably this puts pressure on resources.

At the same time, the resources available have been significantly reduced, strengthening the imperative to maximise the use of these resources and ensure that every pound that we spend on health and social care is a pound well spent. Citizens' expectations from public sector services are increasing, there is a drive to improve standards and it is increasingly recognised that people want support to enable them to exercise independence, choice and control, rather than rely on statutory services. The best way to meet these challenges is to work together to jointly design, plan and commission services.

We now need to focus on provision of an outcomes based Birmingham Community Equipment Loan Service that has a clear understanding of the needs of citizens and incorporates effective performance management to ensure that the service aligns to our shared vision for health and social care in Birmingham:

- promoting independence for people
- preventing, delaying and reducing dependency on health and social care services.

In line with this approach, we will jointly commission the Birmingham Community Equipment Loan Service to meet the following key outcomes for citizens:

1. Citizens receive the right equipment to ensure that they can be happy and healthy at home.
2. Citizens are prevented from unnecessary admissions to hospital and care homes by receiving equipment that enables them to remain independent at home.
3. Citizens leave hospital/hospice and go home promptly with the right equipment delivered to their home in a timely manner.
4. Citizens have choice and some control over when the equipment is delivered to their home or required destination.
5. Citizens and Equipment Prescribers receive an excellent customer service.

This strategy details how we intend to commission a service that meets the above outcomes and sets out:

- Current commissioning arrangements for the Birmingham Community Equipment Loan Service.
- The legislative and policy context (both national and local) for the commissioning of a new community equipment loan service in Birmingham.
- An appraisal of the different commissioning options for the new service.

- What citizens and Equipment Prescribers would like to see in a new community equipment loan service.
- Our strategic priorities and aims for the new community equipment loan service.
- The key outcomes that we hope to achieve for citizens, and how we will make sure that these are being met.
- Details of the procurement process.

This strategy will help everyone to understand how BCC, BSol CCG, and SWB CCG are working together to achieve key strategic priorities for Birmingham, and enable providers to consider if they would like to be involved in delivering the new service.

2. Understanding the current service

This commissioning strategy has been informed by a review of the existing contract arrangements and activity baselines.

Current service delivery model

The current provider of this service is Medequip.

This service is based at one central warehouse in the Nechells area of Birmingham. In addition, there are around 100 peripheral stores throughout Birmingham that supply smaller items of standard stock.

Please see Appendix A – Process map for standard equipment, and Appendix B – Process map for specials.

Citizens cannot directly access the loan service or order equipment for themselves; a referral from an Equipment Prescriber is required. However, citizens are able to self-purchase items from the retail service that is provided alongside the loan service.

The service is able to issue items to citizens:

- Who are residents of Birmingham
- Who are registered with a Birmingham GP who is a member of NHS Birmingham and Solihull Clinical Commissioning Group
- Who are resident in West Birmingham and registered with a Birmingham GP who is a member of NHS Sandwell and West Birmingham Clinical Commissioning Group
- Where exceptional authorisation has been given by commissioners, for example, in emergency cases, where people are subject to court orders, deprivation of liberty etc.

Equipment Prescribers

There are somewhere in the region of 1,500 Equipment Prescribers actively using the service to order items online on behalf of citizens, on the basis of a clinical assessment. These include occupational therapists, physiotherapists and district nurses.

Types of equipment

The range of community equipment available can be divided into two types:

- Standard items: these items form the standard community equipment catalogue and are available for loan or issue through the service after a clinical assessment by an Equipment Prescriber. Once equipment is no longer needed it is collected by the service, and if suitable for re-use is cleaned, checked and re-issued into the community.

These items have a fixed price in the catalogue and can be routinely ordered by Equipment Prescribers. The equipment catalogue is managed by Clinical Leads with input from Equipment Prescriber advisory groups.

Examples of such items include: bath lifts, bed rails, hoists.

- **Specials:** pieces of equipment that are of sufficient high cost or specialist nature that they do not form part of the standard catalogue and cannot be routinely ordered by Equipment Prescribers.

These items do not have a fixed price, and Equipment Prescribers must collect quotations from several suppliers and get sign-off before ordering items on a spot-purchase basis. If at all possible specials are re-used rather than ordering new items, due to their high cost.

Once the equipment is returned it is collected by the service, and if suitable for re-use is cleaned, checked and put into the specials stock which is managed separately from the standard catalogue stock by a Clinical Lead with responsibility for specials.

Exclusions

Some smaller, low cost items are not available through the community equipment loan service in Birmingham. Instead, citizens are expected to self-purchase these items, and can do so at a cheaper cost than purchasing from the high street by purchasing through the BCELs retail service. Examples of such items include shoehorns and long handled sponges.

Wheelchair and Telecare services are not currently included in the community equipment loan service, and are instead provided under separate contracts.

Medical equipment, with the exception of nebulisers and suction machines, are not included in this service.

Provision into care homes, other than for items as agreed in the 'Birmingham Guidance for Provision of Community Equipment in Care Homes With and Without Nursing'.

Expenditure

The Birmingham Community Equipment Loan Service is funded through a Section 75 pooled budget arrangement. In 2017/18 the budget was split as below:

Organisation	Contribution as % of budget
NHS Birmingham and Solihull CCG	71%
Birmingham City Council – Lead Commissioner	19%
NHS Sandwell and West Birmingham CCG	10%

Outcomes

The current community equipment loan service has been commissioned on a transactional basis – that is, service performance is monitored and measured by looking at activity levels and the achievement of targets such as number of deliveries made within set timescales.

Moving forward, we will be moving towards the introduction of service outcomes into the community equipment loan service, measuring performance by looking at how the service is achieving key health and social care outcomes for the people of Birmingham.

Areas for development

Through a review of the current service, we have identified the following key areas where we feel that the service offer could be improved or further developed:

- a. Catalogue – this needs to be easy to use with good quality photos of standard equipment and existing specials stock, and detailed information to enable Equipment Prescribers to make informed equipment choices.
- b. Ordering – this should be streamlined and efficient; not requiring individual Equipment Prescribers to research equipment or identify best value for money options. We want to reduce the amount of documentation and assessment paperwork required to order equipment. During the lifetime of the current service there has been a high percentage of cancelled orders due to unclear ordering requirements, and we want to see this reduced as a priority.
- c. Delivery – feedback from citizens and Equipment Prescribers has consistently identified problems with the delivery service, including time slots that are too wide and a high number of late deliveries. We want to see the new service offer citizens specific time slots for delivery, with choice maximised as far as possible (dependent on clinical need).
- d. Equipment – over the lifetime of the current service there has been an unacceptably high number of items of equipment reported as ‘Not At Property’ (NAP) with their location unknown. We expect to see the location of high cost items continually monitored, perhaps using electronic tagging.
- e. Recycling – the level of equipment recycled and re-used needs to be significantly higher to bring us in line with comparable services. This is especially true for children’s specials, which are high cost and could be re-issued with clinical involvement and adaptation.
- f. Equipment Prescriber development – we have a large number of Equipment Prescribers in Birmingham with access to the BCELS. We want to see a learning and development programme put in place by the future service provider to ensure

continual improvement in clinical practice, demonstrated by fewer equipment orders being cancelled due to prescriber error.

- g. Peripheral stores – Birmingham has around 100 peripheral stores across the city supplying small standard items, with limited levels of stock control or record keeping. This poses not only a significant financial risk but a safety risk in the event of a product recall. We want to see robust record keeping systems put in place so that peripheral store stock is more tightly controlled.
- h. Flexibility – the new BCELS will be affected by a number of social care and health initiatives taking place in Birmingham, including the STP Ageing Well work programme. This could lead to significant increases or decreases in demand for community equipment. The new service must be able to flex with demand rather than rely on guaranteed levels of activity.
- i. IT system/information management – robust management of information with regular data cleansing to ensure information on peripheral stores and Equipment Prescribers remains up-to-date.

3. Legislative and policy context

Key to the development of a new community equipment loan service is an understanding of both the current national legislative and policy context, as well as an understanding of local approaches to the commissioning of health and social care services.

National legislative context

Care Act 2014

The Care Act 2014, which came into effect on 1 April 2015, was a significant reform to the way that health and care services are understood and delivered in the UK, as well as setting out new duties for public bodies and local authorities. The Act creates a single, consistent route to assessing eligibility for public care and support for all adults and carers, and is clear about the processes that local authorities must follow when assessing this eligibility.

There are several key principles which form the foundation of the Act and influence the way in which local authorities must now plan, design and deliver services.

Eligible needs

Under the Act, local authorities have a duty to carry out needs assessments for adults who may have care and support needs to determine if they have an eligible need. This assessment must be carried out with involvement from the adult (and any suitable representatives), and must include consideration of their needs, how these needs impact on their wellbeing and the outcomes that they wish to achieve. As part of this process, the local authority must also consider what other things besides formal services could help an individual achieve their desired outcomes, and whether there are any preventative services that could help them to stay well for longer.

Personalisation

The Care Act 2014 emphasises the need to 'personalise' care and support processes, giving people greater control and influence over the services that they receive. The Act aims to do this in two ways. Firstly, local authorities have a legal duty to produce a care and support plan for every individual who has an eligible need for services, developed in agreement with that individual and taking into account the outcomes that they wish to achieve. Secondly, people have a legal entitlement to a personal budget as part of their care and support plan, whereby they can ask for a direct payment to allow them to directly arrange the care and support services that they need. As long as the money is used to meet the needs identified in their care and support plan, the individual has control over where and how the money is spent.

Prevention

Under the Care Act 2014, local authorities have a duty to ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support. In so doing, local authorities must

consider what services are already available in their area, identify people (including carers) who have care and support needs that are not already being met, and think about how they can help these people to access the services that they need.

Wellbeing

There is a general duty on local authorities to promote an individual's 'wellbeing'. This means that they should always have a person's wellbeing in mind, especially when making decisions or planning services. Wellbeing includes:

- Personal dignity (including treating individuals with respect)
- Physical, mental and emotional health and wellbeing
- Protection from abuse and neglect
- Control by individuals over their day to day life (including the care and support services that they receive)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to society

Children Act 1989

The Children Act 1989 sets out the obligations of local authorities with regards to children in need, including children with disabilities. Every local authority has a duty to safeguard and to promote the welfare of children in their area who are in need, by providing a range of services to meet those needs.

Children and Families Act 2014

The Children and Families Act 2014 seeks to improve services for vulnerable children and support all children and young people to succeed, no matter what their background. Under the Act, local authorities have a duty to identify all the children and young people with a disability in their area, and promote integration between educational and training, health, and social care provision.

Local authorities must also ensure that they pay attention to the views and feelings of children and their parents, and enable them to participate as fully as possible in any decisions made about the support that they receive.

Equality Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

Additional Equality Act provisions came into force in April 2011:

- Positive action - recruitment and promotion
- Public Sector Equality Duty (see section below)

Public Sector Equality Duty

The Public Sector Equality Duty is an addition to the Equality Act 2010 that requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

More specifically, local authorities and NHS bodies must have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not have it
- Foster good relations between people who share a protected characteristic and those who do not share it

BCC, BSol CCG, and SWB CCG have ensured that they will commission the new community equipment loan service in line with the Public Sector Equality Duty by carrying out an Equality Analysis on the new service specification and commissioning process.

Public Services (Social Value) Act 2012

The Public Services (Social Value) Act 2012 places a duty on Local Authorities at the pre-procurement phase of procuring services to consider how what is being procured might improve the economic, social and environmental wellbeing of an area and how the authority might secure that improvement in the procurement process itself. There is also a requirement that authorities consider whether to consult on these matters. In essence it is about factoring in 'social value'.

Local policy context

Live Happy, Live Healthy (Birmingham and Solihull Sustainable Transformation Partnership (STP)) 2018

The vision of the Live Happy, Live Healthy partnership is that everyone in Birmingham and Solihull is supported to live the healthiest and happiest lives possible. The STP's priorities are organised around a life course approach, focusing on three strategic areas of health and care:

- Maternity, children and adolescents
- Adults and work
- Ageing well and end of life

The joint commissioning of a community equipment loan service supports this approach by ensuring that people receive the equipment they need when they need it, rather than being organised around individual organisations or sectors.

Ageing Well Birmingham Vision for Older People 2018

This is Birmingham's delivery vehicle for the ageing well priority of the Birmingham and Solihull STP. The provision of community equipment through a BCELS service will contribute to achieving Birmingham's vision by enabling older people to live as independently as possible in their chosen home.

Birmingham City Council Plan 2018-2022

The provision of a community equipment loan service contributes to three of the BCC's key priorities for action in Birmingham:

- Birmingham is a city of growth where every child, citizen and place matters;
- Birmingham is an aspirational city to grow up in; and
- Birmingham is a fulfilling city to age well in.

Birmingham City Council Vision and Strategy for Adult Social Care and Health 2017

The strategy for the Adult Social Care and Health directorate states that the goals that Birmingham City Council are seeking to achieve for adults and older people 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 order to meet these goals, the Adult Social Care and Health directorate has identified 8 areas of work where there will be a continuing drive for improvement:

- Information, advice and guidance
- Community assets
- Prevention and early intervention
- Personalised support
- Use of resources
- Partnership working
- Making safeguarding personal
- Co-production

Birmingham City Council Whole of Life Disability Strategy

The Whole of Life Disability Strategy sets out BCC's approach to ensuring that services are planned and delivered to enable people with lifelong disabilities to achieve the best possible health and social care outcomes. This is a corporate priority that crosses all directorates and functions, and requires the needs of people with lifelong disabilities to be considered within our approach to everything that we do.

To help achieve this, the strategy establishes a framework against which current practice can be reviewed and improved outcomes delivered:

1. A life course based approach.
2. A proportionate graduated response, with:

- a. Accessible universal services for all.
- b. Effective early help services for some.
- c. Community based support for some.
- d. High quality specialist support for a few.

In accordance with this strategy, BCC intends to develop a Whole of Life Disability Commissioning Strategy.

Birmingham's Strategy for SEND (Special Education Needs and/or Disability) and Inclusion 2017-2020

BCC's Strategy for SEND and Inclusion 2017-20 confirms the vision for children in Birmingham, that every child and young person aged 0-25 with SEND in Birmingham will have the opportunity to be happy, healthy and achieve their fullest potential, enabling them to participate in, and contribute to all aspects of life.

Birmingham Business Charter for Social Responsibility

The Birmingham Business Charter for Social Responsibility is a set of principles for organisations that aims to help the local economy in Birmingham by supporting the local supply chain, creating jobs and making sure that workers are paid a fair wage. BCC has committed to adhere to these principles and encourages contracted suppliers, the wider business community, other public sector bodies and third sector organisations to sign up to the Charter also.

The principles of the Charter include:

- Local employment
- Buy local
- Partners in communities
- Good employer
- Green and sustainable
- Ethical procurement

Future commissioning and contracting decisions made by BCC will take account of the principles of the Charter and it forms part of BCC contracts. All the principles and policies of the Charter will be mandatory for organisations with individual contracts or grants over £200,000 per annum and for those that have aggregate annual contracts or grants above £500,000.

Proposed Birmingham Clean Air Zone

Birmingham City Council has proposed creating a Clean Air Zone (CAZ) in Birmingham city centre to support our ambition to be a clean and green city. This may impact on delivery of the new BCELS service.

NHS Birmingham and Solihull Clinical Commissioning Group

Mission

The CCG's strategic intent is to deliver the best possible outcomes for local people, tackle health inequalities, and meet the health and wellbeing needs of a diverse population, as well as improving CCG and provider performance and providing financial sustainability across Birmingham and Solihull.

Vision

To help everyone in Birmingham and Solihull to live the healthiest and happiest lives possible.

The vision requires a transformed health and care system, a health and care system that:

1. Focuses on prevention.
2. Promotes independence.
3. Delivers excellence in healthcare.

Leading to:

1. Improved health and wellbeing.
2. Improved access to quality services.
3. Maximised resources and productivity.

Values

- Working together for patients.
- Patients come first in everything we do.
- Respect and dignity.
- Commitment to quality of care.
- Compassion.
- Improving lives.
- Everyone counts.

4. The current market

There is a small but experienced market of community equipment service providers, with four main providers holding the majority of contracts across the UK.

Market shaping event

On 2 May 2018 BCC, BSol CCG, and SWB CCG held a market shaping event for providers to inform them of our commissioning intentions and initial vision for the new Birmingham Community Equipment Loan Service. This event included opportunities for providers to ask some initial questions about the vision for the new service and how the procurement process would proceed, with commissioners giving public answers.

After the market shaping event, a 'Frequently Asked Questions' document was produced and circulated to all attendees. Providers were also encouraged to approach commissioners if they wished to have an individual meeting to discuss the service and procurement process, however no providers have approached commissioners with a request.

A copy of the Frequently Asked Questions document is included as Appendix C of this strategy.

5. What have citizens and Equipment Prescribers told us?

In line with the principles of co-production, we have developed this commissioning strategy with input from a variety of stakeholder groups, including current Equipment Prescribers of community equipment and citizens.

What Equipment Prescribers have told us

An online questionnaire was developed and uploaded for access by Equipment Prescribers only to Birmingham Be Heard, which is Birmingham City Council's consultation database.

A link to the survey was then circulated by email to 3,000 Equipment Prescribers who are registered to use the service.

Key findings

- 104 Equipment Prescribers completed a questionnaire giving their views on what a great community equipment service would look like.
- Those responding to the questionnaire were more likely to: be regular users of the service; order equipment for adults; and order both standard and special items. They were also most likely to use the standard 7 day delivery option.
- Views were gathered on various aspects of a community equipment service and from these comments key themes were identified around:
 - **Equipment catalogue:** Easy to access and navigate; specific functions to facilitate its use; wide range of products; detailed descriptions of products; quality images; and comments on the ordering process.
 - **Ordering process:** Easy to access and use; specific functions to facilitate ordering; support with the ordering process; availability of stock; delivery process; and good communication.
 - **Delivery process:** Reliable service; responsive service; delivery time slots; usable equipment; qualities of staff; and good communication.
 - **Installation service:** Reliable service; efficient service; usable equipment; qualities of staff and good communication.
 - **Maintenance service:** Accurate record keeping system; usable equipment; prompt service; qualities of staff; and good communication.
 - **Collection service:** Timely collection; collection time slots; flexible service; and good communication.
 - **Complaints process:** Easy to access; clear and simple process; prompt response; open and clear communication; action taken; and qualities of staff.

- Responses included suggestions for service developments; identification of innovations; and comments relating to the current provider.

What citizens have told us

A questionnaire was developed by the commissioning team with questions covering previous experiences of community equipment and aspects of the community equipment loan service process, from delivery to recycling.

Questionnaires were administered between 24 May and 12 July 2018 at a number of locations around Birmingham.

Key findings

- Questionnaires were completed with 62 citizens to gather their views on what makes a good community equipment service.
- A small majority of respondents (53%) had experience of getting equipment through a community equipment loan service for themselves or someone that they cared for.
- A small majority of respondents (57%) had previously purchased community equipment for themselves or somebody that they cared for.
- When asked where they would go for equipment if they needed it, the top suggestions were: GP; occupational therapist; social care; NHS bodies such as hospitals or rehabilitation clinics; and self-purchase.
- Citizens gave a number of reasons for previously self-purchasing community equipment, including: a greater choice and range of equipment available; a quicker and easier process; negative experience of community equipment loan services; and not being aware of the loan service.
- Views were collected on key aspects of a community equipment service and what makes a 'good community equipment service':
 - **Delivery of equipment:** a speedy and reliable service; time slots; good communication at all stages of the process; staff attitude and behaviour; correct equipment received in good condition.
 - **Fitting and installation:** qualified staff with good attitude and behaviour; a good quality fitting; a quick and reliable service; clear communication and information provided to people using the service.
 - **Repairs:** equipment repaired or replaced as needed; repairs carried out as quickly as possible; being kept informed at all stages.
 - **Customer service:** staff having key attitudes, skills and behaviours; easy to contact; clear processes; issues resolved quickly; no automated telephone systems.
- Respondents gave their suggestions for how people could be encouraged to return equipment when it was no longer needed. Suggestions included: collecting equipment from homes; collecting equipment more quickly; making

it easier to contact the service; and specific innovations such as deposits and labels on equipment.

- Citizens also fed back on the need to further publicise community equipment loan services, the range of equipment available, and how to access the service.

Findings from the Equipment Prescriber and citizen surveys were used to develop the requirements for the new Birmingham Community Equipment Loan Service, and the aims and objectives.

6. Commissioning drivers

The previous sections of this strategy have set out a number of different influences and drivers for the commissioning of a new community equipment loan service for Birmingham, including a review of the current legislative and policy context, feedback from citizens and prescribers, and activity data from the current service.

With this in mind, BCC, BSol CCG, and SWB CCG have identified the following key drivers for this commissioning process.

Choice and control

Alongside the increased personalisation of care and support services, we want to enable people in Birmingham to have real choice and control over the types of services that they receive and how they are designed.

There is limited scope for personal choice within the community equipment loan service for equipment. Equipment is procured via a competitive review of the market based on clinical need and on how easy the equipment is to recycle. Historical information and current operational data clearly identifies service trends and this is used to plan future services.

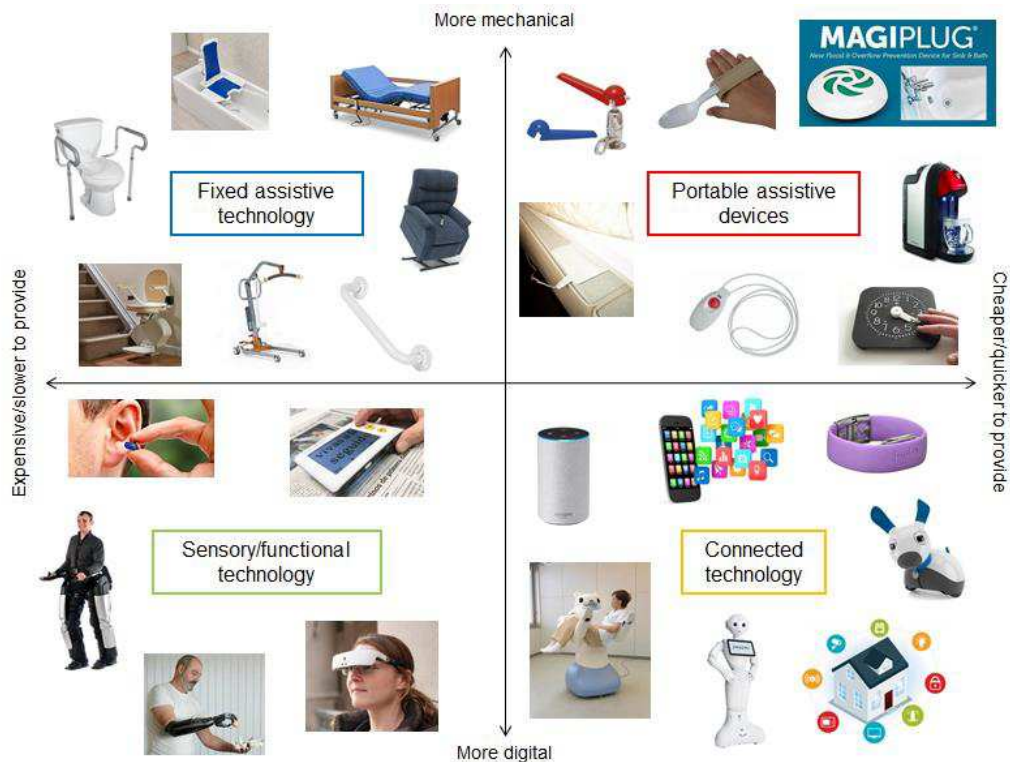
Citizens acknowledge this but want control over how and when the equipment is delivered, maintained and collected for recycling from them.

Promoting independence

A central goal that we are seeking to achieve for adults and older people in Birmingham is that they are able to live as independently as possible for as long as possible. The community equipment loan service should play a key role in achieving this goal by providing the right equipment at the right time to meet people's needs, delaying and reducing admission to formal health and care settings.

New and emerging technologies

Over the last decade there has been a massive increase in the range of different Assistive Living Technologies (ALT), including new and emerging digital technologies.



Currently, health and social care services in Birmingham do not make best use of ALT, with services focusing on the provision of fixed assistive technology and portable assistive devices through community equipment services rather than exploring the full range of new sensory, functional and connected digital technologies.

However, we know that citizens are already using new technologies such as apps, wearables and artificial intelligence-enabled devices to help them in their everyday lives - and as citizens begin to expect more from health and care services, we can reasonably assume that they will expect to see new ALT as part of the services that they receive.

The development of new robotic carers and prosthetics has the potential to change the face of health and social care in Birmingham, moving far beyond traditional understandings of what it means to provide care and equipment to people in their homes. This may have cost implications for the service as new technologies could potentially be far more expensive than the traditional community equipment items that we currently provide, with increased maintenance and support requirements. However we may be able to offset costs by reducing Home Care visits to citizens.

With this in mind, the new community equipment loan service must be ready to make use of new technologies, with room built in for innovation and horizon scanning.

Use of resources

The financial pressures and challenges facing health and social care services have never been greater. BCC, BSol CCG and SWB CCG will have to make difficult decisions as demand for health and care services increases and the amount of money available to provide services decreases. There is a need to ensure that every pound spent on health and social care services, including the community equipment loan service, is a pound well spent, with the maximum possible positive impact on health and care outcomes in Birmingham.

Changes to health and social care system in Birmingham

The Sustainability and Transformation Partnership (STP) Ageing Well programme commencing in September 2018 will review the referral and operational processes for health. This programme will include a review of urgent care systems and how stock is held by NHS providers. The programme may identify alternative pathways for equipment and care which could increase/decrease the number of referrals to the BCELS going forward.

7. Commissioning intentions

With all the previous sections in mind, the outcomes that BCC, BSol CCG, and SWB CCG want to achieve for citizens in Birmingham using the community equipment loan service are:

1. Citizens receive the right equipment to ensure that they can be happy and healthy at home.
2. Citizens are prevented from unnecessary admissions to hospital and care homes by receiving equipment that enables them to remain independent at home.
3. Citizens leave hospital/hospice and go home promptly with the right equipment delivered to their home in a timely manner.
4. Citizens have choice and some control over when the equipment is delivered to their home or required destination.
5. Citizens and Equipment Prescribers receive an excellent customer service.

Aims and objectives

The aim is to provide a BCELS that enables people to live as independently as possible, in their chosen home, and enables health and social care services to function effectively and without delay, preventing people from developing more complex needs, and protecting them and their carers from harm or injury.

In order to do this the service will:

- a) Provide a quality service with high levels of Equipment Prescriber and citizen satisfaction comments;
- b) Deliver equipment, providing a choice of times that are appropriate to the citizen and Equipment Prescriber and within the agreed prescribing timeframes;
- c) Ensure that suitable equipment, including both standard and special items, are delivered on time, fully maintained and meeting relevant legal requirements;
- d) Provide a cost effective service that achieves good value for money on equipment purchases through buying power and optimises re-use of equipment, collection and recycling;
- e) Communicate effectively with Equipment Prescribers, taking on board their views and providing information and training regarding new equipment and procedures on a regular basis.

- f) Offer a range of equipment that is effective and keeps up-to-date with developing technology;
- g) Maintain an exemplary safety record, with health and safety policies in place and implemented; and ensure any breaches are reported to Commissioners, the Medicines and Healthcare Products Regulatory Agency (MHRA) and manufacturers as soon as possible.
- h) Provide good quality intelligence on the demand for and usage of equipment and share good practice on the use of equipment to support citizens at home.
- i) Be registered with CECOPS (Community Equipment Code of Practice Scheme) and work towards accreditation with CECOPS within a year of the start of the Contract.
- j) Support a pilot for the introduction of personal health budgets and direct payments to purchase equipment.

Clinical Leads

We know that there are particular challenges associated with supplying a community equipment loan service for people with varying levels of complexity and intensity of care needs, in a complex social care and health context such as Birmingham. In the new BCELS we want to build upon existing operational knowledge from the current service to further develop and improve the service that we provide to citizens. We will therefore continue to have independent clinicians (Clinical Leads) working alongside the BCELS to:

- advise Equipment Prescribers on the purchase of appropriate Specials, ensuring quality and value for money;
- provide guidance to Equipment Prescribers on complex cases;
- maximise opportunities for the recycling and re-use of equipment, where appropriate;
- work with Equipment Prescribers to reduce prescribing errors and associated costs;
- continue to build expertise and ensure good clinical practice.

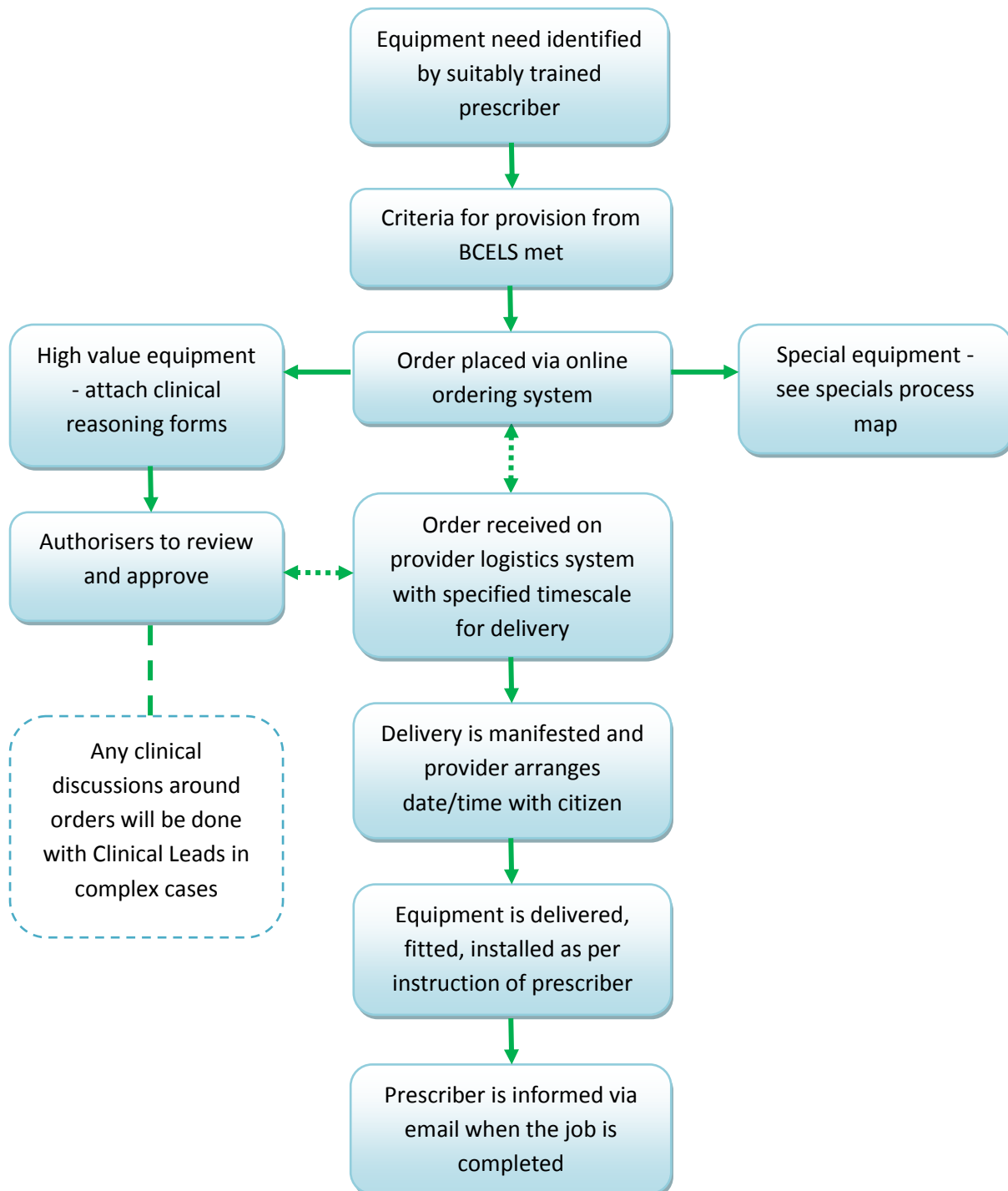
We will also continue to encourage liaison between the Clinical Leads and multi-disciplinary teams (MDTs) across nursing, enablement services, and social care, to help achieve the above objectives and drive efficiencies in the new BCELS.

8. Procurement process

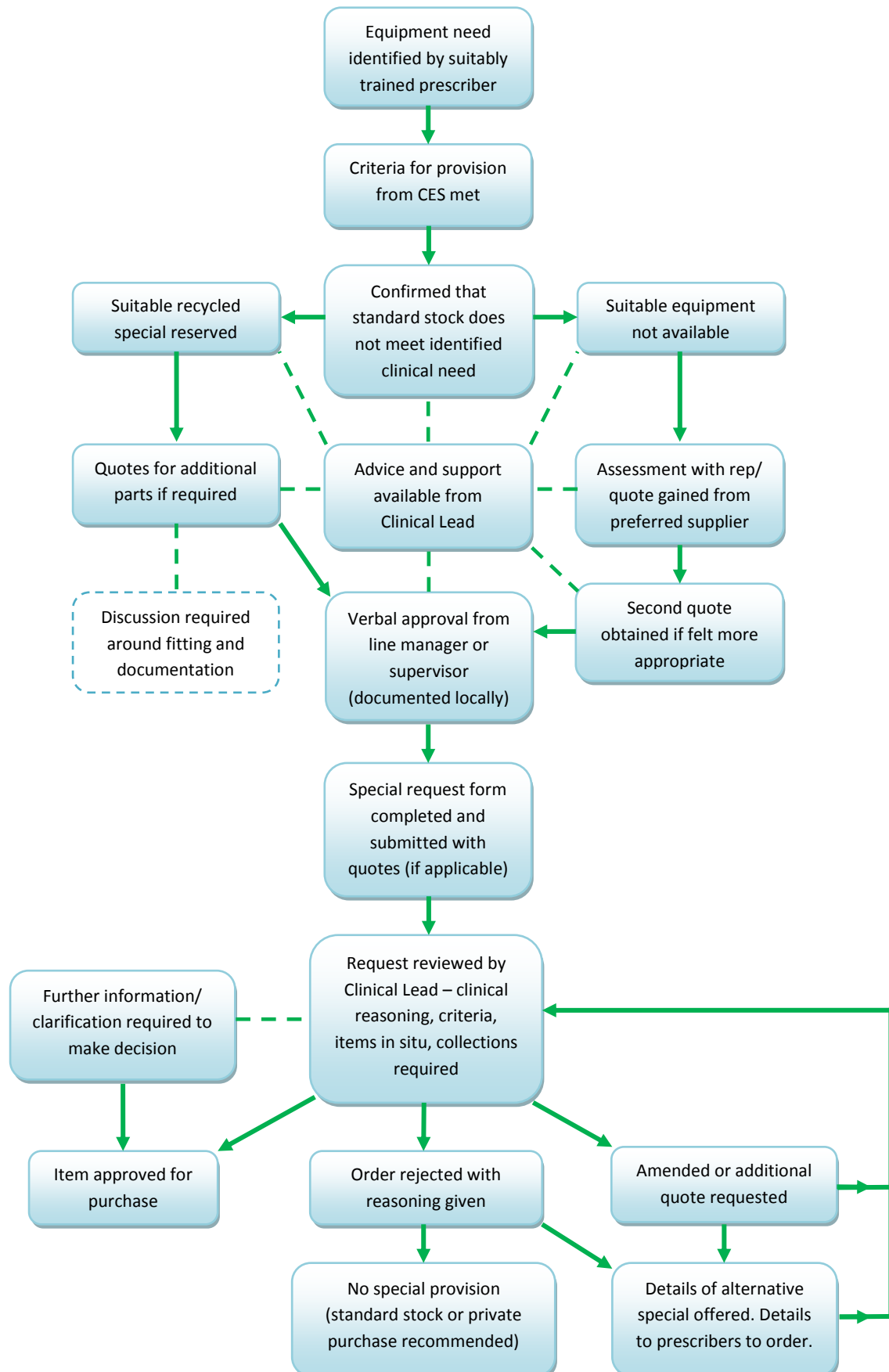
The new contract will commence on 1 April 2019, for an initial three (3) year period with the option to extend for a further two (2) years.

Please see Appendix D – Procurement timeline.

Appendix A – Current process map for standard equipment



Appendix B – Current process map for specials



Process notes for specials

The equipment required is identified by an Equipment Prescriber who is suitably trained.

The criteria for this equipment is met and it is an item which should be supplied by the BCELS.

The Equipment Prescriber establishes that it would not be possible to meet the citizen's need using a standard stock item and checks the catalogue to see if a suitable recycled special is available. If they require assistance with this, or to understand any amendments that can be made to recycled specials, they can contact the clinical lead or product rep who will be able to advise.

If a suitable item is available in stores, this item should be reserved. If any additional parts are needed the Equipment Prescriber must get a quote for this. The clinical lead will be able to provide help and advice on repairs and parts which may be needed. Discussion is required around who should fit these parts.

If a suitable item is not available, the Equipment Prescriber must get an assessment (if required) and a quote. The quote should be from the BCELS approved supplier list. This ensures value for money and allows for improved recycling and adapting of returns. If the Equipment Prescriber does not feel that this item is suitable then they may get a second quote and include this in their order, explaining why the first item is unsuitable.

Once the item is reserved/ quote is obtained, the Equipment Prescriber must gain approval from their manager to place the order. They will need to provide the name of this person and the date it was approved but any other documentation of this approval should be recorded locally.

The special order request form should be completed and submitted via TCES. This, alongside the client's loan record and the quote, will be reviewed by the clinical lead. If any further information is required to make a decision regarding provision, the Equipment Prescriber will be contacted directly.

If the clinical reasoning and quote are appropriate, the criteria for provision is met, and there are no suitable alternatives in stores, the order will be approved for purchase. If the item has been reserved and needs no additions, it will be approved for delivery.

If there are alternative items which would be suitable, which the Equipment Prescriber may not have been aware of or have recently been returned, the Clinical Lead will contact the Equipment Prescriber to discuss. If this item is suitable the original order would be refused and an order for the recycled item must be placed. For ease, it will not be necessary for the Equipment Prescriber to fill in the special order form with the same level of detail, but only to refer to the earlier submission and conversation with the Clinical Lead. The item does not need to be re-approved by the Equipment Prescriber's manager unless there is a significant difference in cost and/ or function. If it transpires that a standard stock item would actually

meet the need, the special order will be refused and the Equipment Prescriber should place a new order for the standard stock item.

If the quote is too expensive, or the item is over specified/ not the agreed colour etc., the order will be refused and the Equipment Prescriber will be asked to resubmit with the correct quote.

If the client does not meet the criteria for provision of the item, the order will be refused and private purchase recommended.

Appendix C - Frequently asked questions

Market shaping event, 2 May 2018

1. What credit /financial model are you considering? Do you have a preference?

As you are the market leaders we are looking for the best financial model to meet the requirements of the citizens of Birmingham. We have not made a judgement on the most appropriate financial model and wait to receive advice from the market as long as it meets the citizen focused outcomes and demonstrates value for money for public funds.

2. Will the Council/NHS be able to flex the budget to take advantage of opportunities to Invest to Save? For example, introducing new types of equipment may reduce budget in other areas of the Social Care and Health service. Could this e budget be included on top of the current budget?

Birmingham City Council (BCC) and Clinical Commissioning Group (CCG) colleagues are looking for innovations that could reduce our expenditure in other areas and used as an Invest to Save opportunity. We would welcome identification of these types of opportunities.

3. Can you clarify the contract life span?

We have not made a definite decision on the new contract life span. However, similar contracts for this type of service are around the 5 years plus 2 lifespans.

4. We understand the need for the introduction of citizen focussed outcomes. We would welcome clarity on how quickly these types of measures would be introduced to the new contract. There is a concern that this could lead to two 'tiers' of contract management on both an outcome and transactional basis

As in similar contracts, we believe that citizen focussed outcomes may be a better measure of how well a contract is performing. However, it is acknowledged that not all contracts lend themselves to these types of KPIs. We would like to work with the market to understand how best to incorporate citizen focussed outcomes into a contract such as Community Equipment Loan Services.

Where we have introduced citizen focussed outcomes the contract has run for at least a year before these measures were managed and reviewed, as all contracts take time to settle down. We would welcome working collaboratively with the successful provider to ensure the outcomes are delivered.

For enhanced outcomes there could be additional payments. This will be considered during the specification design.

5. Do we have to use the building that is leased in Nechells? How long will be left on the lease when the new contract commences?

The building in Nechells does not have to be used but we would need to consider the financial aspect of not using this warehouse and the impact this could have. Once the new contract commences in April 2019 there will be four years left on the building lease.

6. You have said that you welcome tenders from groups of providers/provider consortia with a lead provider arrangement. If one provider can provide all elements of this service, are you also happy to consider tenders with one provider?

All tenders will be reviewed and scored against key criteria. If you believe you do not need to break the service into its component parts and you can achieve efficiencies by providing the whole service, this offer would be acceptable and evaluated and scored against the same key criteria.

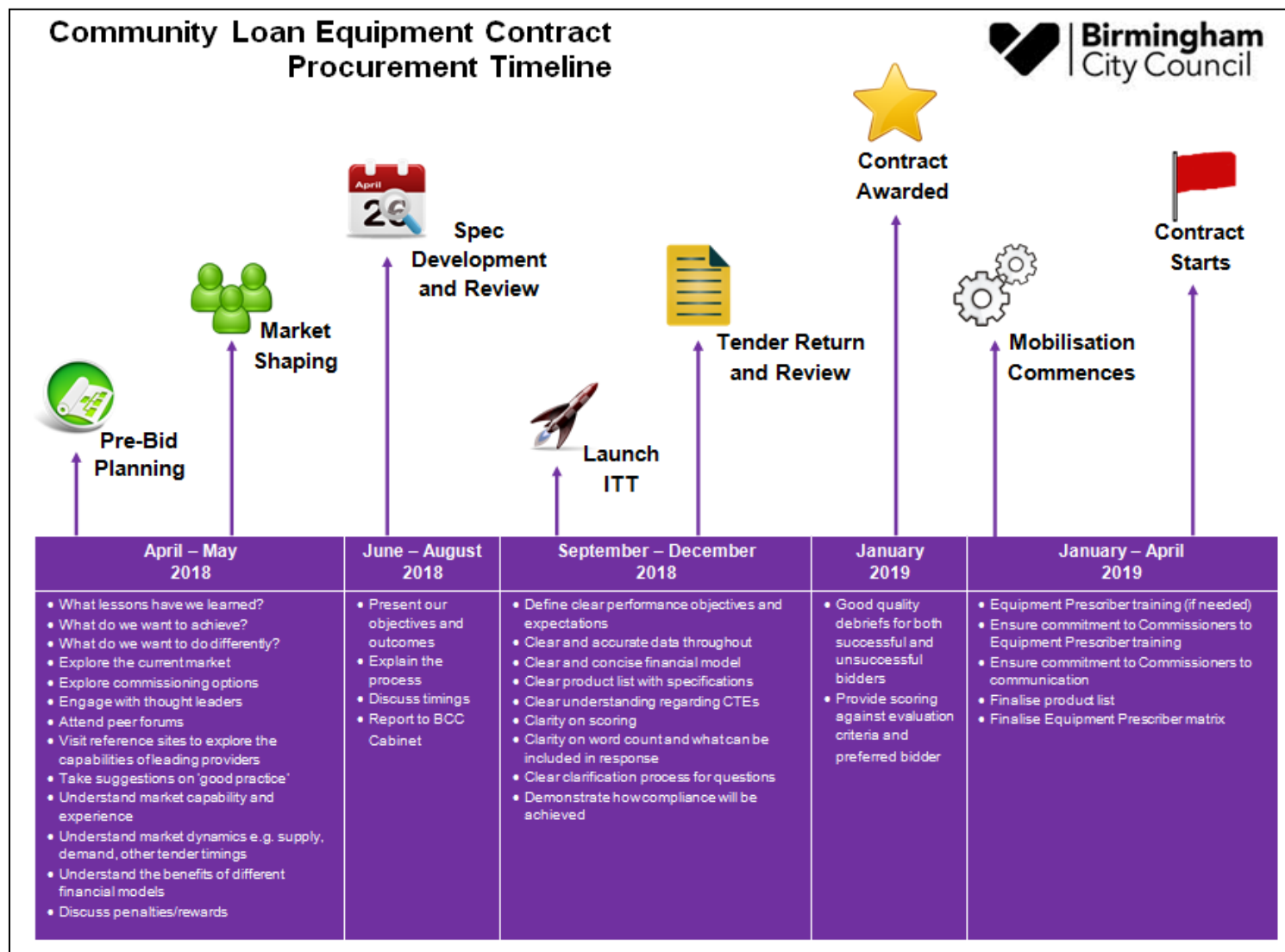
7. To provide efficiencies can you add further services to the contract such as telecare or wheelchairs?

We are not currently considering adding telecare or wheelchair services to this contract. Our telecare service has significantly reduced in size from 13,000 citizens to 3,000 and is now being provided from our in-house provider Careline. We have recently finished reprogramming all these citizens to Careline. The inclusion of wheelchairs has been discussed but it will not be considered as part of this current commissioning process.

8. What type of contract will this form - a block or flexible?

We have not decided whether the new contract will be a block contract or something more flexible, and are open to suggestions from providers as to how they can best deliver this service. A view will then be taken as to the basis of the contract.

Appendix D – Procurement timeline



Title of proposed EIA	Re-commissioning of a Birmingham Community Equipment Loan Service (BCELS)	
Reference No	EQUA75	Item 7
EA is in support of	New Function	
Review Frequency	Annually	
Date of first review	02/01/2019	
Directorate	Adult social care & health	
Division	Commissioning	
Service Area	Strategy & Integration	
Responsible Officer(s)	<input type="checkbox"/> Deborah Towle	
Quality Control Officer(s)	<input type="checkbox"/> Julie M. Harrison	
Accountable Officer(s)	<input type="checkbox"/> Pip Mayo	
Initial equality impact assessment of your proposal	<p>This equality analysis is to support the request to Cabinet for approval to re-commission a Birmingham Community Equipment Loan Service (BCELS).</p> <p>The current BCELS contract is an NHS contract which is contract managed by Birmingham and Solihull Clinical Commissioning Group (BSol CCG). The BCELS is funded through a pooled budget arrangement under a Section 75 (National Health Service Act 2006) agreement and managed via the Better Care Fund. The current contract for the service is due to end on 31st March 2019.</p> <p>A re-commissioned BCELS will be responsible for the procurement, delivery, installation, maintenance, collection, cleaning/decontamination and recycling of equipment which is provided on loan, or for single issue, to citizens based upon their assessed needs.</p> <p>The demand for equipment is likely to increase in line with the review of referral and operational processes in Health being conducted by the Sustainability and Transformation Plan (STP) Ageing Well Programme; NHS and local authority objectives for more care in the community and prompt, safe discharge from hospital; population increases; and developments in equipment and technology.</p> <p>The main beneficiaries of the BCELS will be children and adults who have health and/or social care needs and who have been assessed by clinical staff as requiring equipment on a short term or long term basis to enable them to live as independently as possible in their chosen home; prevent avoidable admissions to hospital; and facilitate discharge from hospital. The Service will also support carers to provide ongoing care in the home environment.</p> <p>Provision of equipment is an essential component of the health and social care system and the BCELS is central to meeting the changing equipment needs of citizens and carers.</p>	

The Service is integral to citywide strategies to promote health, independence and maximize self-management, and supports the Council to meet its responsibilities under the Care Act 2014 in responding to identified needs.

The BCELS will be available to citizens:

- Who are residents of Birmingham;
- Who are registered with a Birmingham GP who is a member of Birmingham and Solihull Clinical Commissioning Group (BSol CCG);
- Who are resident in West Birmingham and registered with a Birmingham GP who is a member of the Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG);
- Where exceptional authorisation has been given by Commissioners, for example, in emergency cases where people are subject to Court Orders, Deprivation of Liberty etc.

Citizens who meet the criteria for the Service will be assessed by clinical staff (Occupational Therapists, Physiotherapists and District Nurses) who will prescribe equipment through the BCELS to meet assessed needs. These 'Equipment Prescribers' will be able to record specific requirements of the citizen on the order for the Service Provider to follow. The equipment will then be made available on loan, or for a single issue, and the citizen and carer will be expected to be offered a choice of delivery times, within prescribing timeframes. When the loaned equipment is no longer required, it will be collected, decontaminated and refurbished, where possible, and stored for future use.

Equipment provided by the Service will range from simple aids to daily living, for example, walking frames, to complex equipment, such as, profiling beds and hoists.

It is anticipated that the Service will be able to accept 'top up' payments from citizens and their families where they wish to obtain items with a higher specification and the Equipment Prescriber confirms that the equipment is able to meet the assessed needs.

The BCELS will not include equipment where the needs are met by other services provided by the Council or the NHS, for example: wheelchairs; telecare equipment; and medical equipment with the exception of nebulisers and suction machines. Currently, equipment provided as part of Continuing Healthcare (CHC) is not included in the Service. In addition, the loan service will not issue certain small, low value aids, as identified in consultation with clinical staff that citizens might reasonably be expected to purchase themselves and that are readily available from retail outlets. However, it is anticipated that the BCELS will offer a retail service that citizens self-purchasing these aids may wish to use and it is expected that assistance would be provided with this where required.

encourage innovation, provide value for money, and ensure continuing improvements in performance and quality.

The key outcomes from the BCELS for citizens will be:

- a) Citizens receive the right equipment to ensure that they can be happy and healthy at home.
- b) Citizens are prevented from unnecessary admissions to hospital and care homes by receiving equipment that enables them to remain independent at home.
- c) Citizens leave hospital/hospice and go home promptly with the right equipment delivered to their home in a timely manner.
- d) Citizens have choice and some control over when the equipment is delivered to their home or required destination.
- e) Citizens and Equipment Prescribers receive an excellent customer service.

32,142 orders for equipment were placed in 2017/18, with the current service provider delivering a total of 105,832 items of equipment.

Although a re-commissioned BCELS will be provided to all citizens who meet the criteria and who are assessed as needing it, the Service is likely to have a more significant impact on certain groups, such as those with disability/ill health and older people.

Age

Birmingham has a relatively young population compared to other cities in England. It has a larger proportion of children and young people, and a smaller proportion of people in the older age groups.

Young people in Birmingham have a relatively unhealthy start in life, with the health of children in Birmingham worse than the health of children in England overall.

Age profile of Birmingham residents

Age	% of Birmingham population
0-4	7.63%
5-7	4.28%
8-9	2.65%
10-14	6.86%
15	1.38%
16-17	2.74%
18-19	3.36%

20-24	8.75%
25-29	7.98%
30-44	20.75%
45-59	16.40%
60-64	4.33%
65-74	6.53%
75-84	4.57%
85-89	1.18%
90 and over	0.6%

In 2017/18 the majority of orders for equipment were placed for citizens aged 65+ (70% of orders). This may be a reflection of more people living longer with more complex needs making it difficult for them to manage activities of daily living without assistance. In addition, older people may be more likely to receive multiple orders of equipment.

Number of orders for equipment by age of recipient, 2017/18

Age	Number of orders placed for equipment
0-17	1,227
18-64	8,439
65+	22,476

Re-commissioning of a BCELS is expected to have a positive impact on citizens of all ages who meet the criteria for the Service by ensuring they receive equipment appropriate to their needs to enable them to live as independently as possible in their homes. The range and complexity of equipment required by citizens may vary with age, for example, children and young people with disabilities may be more likely to require complex therapy equipment compared with equipment required by adults.

It is anticipated that carers will benefit from the re-commissioning of a BCELS as the effective provision and use of equipment can help prevent future ill health related to caring responsibilities. The 2011 Census indicated that 107,380 people in Birmingham provided unpaid care (10% of the usual resident population). In terms of age of unpaid carers:

- 2% were below the age of 16.
- 59% were aged between 35 and 64.
- 19% were aged 65 and over.
- Those aged 65 and over were more likely to be providing 50 or more hours of care per week.

It is not foreseen that a re-commissioned BCELS will have any significant potential or actual adverse impact on those sharing the protected characteristic of age.

Gender

Birmingham has a slightly higher proportion of women (50.81%) than men (49.19%), which reflects the picture for England as a whole.

Although the current BCELS is available to all those assessed as needing it regardless of gender, in 2017/18 the majority of orders were placed for female recipients of the Service (61%). This may reflect females living longer than males, as the majority of orders placed through BCELS were for older adults.

Number of orders for equipment by gender of recipient, 2017/18

Gender	Number of orders placed for equipment
Males	12,584
Females	19,558

It is anticipated that re-commissioning a BCELS will have a positive impact on citizens of all genders who meet the criteria for the Service by ensuring they receive equipment appropriate to their needs to enable them to live as independently as possible in their homes.

It is not foreseen that a re-commissioned BCELS will have any significant potential or actual adverse impact on those sharing the protected characteristic of sex.

Disability

The 2011 Census included two measures of health – general self-rated health and limiting long-term illness. These two measures are a predictor of mortality and use of health services.

In the 2011 Census fewer people in Birmingham reported having good health compared with the population of England as a whole. 79.4% of people in Birmingham stated that they had 'good' or 'very good' health compared with a figure of 81.4% for England. The percentage of people in Birmingham stating they had 'bad' or 'very bad' health was 6.7%, which was higher than the figure for England of 5.5%.

In the Census returns, 9.1% of people in Birmingham identified that they had a long-term health problem or disability that affected their day-to-day activities a lot, compared with a figure of 8.3% for England. This group in Birmingham was made up of 45% males and 55% females.

The proportion of people in Birmingham identifying that their activities were limited a little by a long-term health problem or disability was 9.3%, which was the same as for England as a whole.

Day-to-day activities are increasingly limited by age. Within the age group 0-15 years, 1.97% identified that their activities were limited a lot and this increased to 15.09% for those aged 65 years and over.

Those citizens with a disability/ill health are more likely to access the BCELS as they have conditions that make it more difficult for them to manage activities of daily living without assistance.

Re-commissioning of a BCELS is expected to have a positive impact on citizens with disabilities/ill health who meet the criteria for the Service by ensuring they receive equipment appropriate to their needs to enable them to live as independently as possible in their homes.

The Carers UK report, 'State of Caring 2017', found that caring can have a significant impact on health and in the 2017 GP Patient Survey 3 in 5 carers reported having a long term health condition, compared with half of non-carers. It is anticipated that unpaid and paid carers providing support in the home environment will benefit from the re-commissioning of a BCELS as the effective provision and use of equipment can help prevent future ill health related to caring responsibilities.

It is not foreseen that a re-commissioned BCELS will have any significant potential or actual adverse impact on those sharing the protected characteristic of disability.

Race

58% of Birmingham's population is White British and 42% are from a Black and Minority Ethnic background (BAME).

BAME groups are unevenly distributed within Birmingham. The majority of people from BAME groups (51%) live in the heart of the city, with only 18% living in south Birmingham.

Percentage of the population in Birmingham by race (from 2011 Census)

Race	% of Birmingham population
White British	53.14%
White Irish	2.05%
Gypsy/Irish Traveller	0.04%
White Other	2.70%
White & Black Caribbean	2.30%
White & Black African	0.30%
White & Asian	1.04%
Other Mixed	0.79%
Asian Indian	6.02%

Asian Pakistani	13.48%
Asian Bangladeshi	3.03%
Asian Chinese	1.18%
Asian Other	2.90%
Black African	2.79%
Black Caribbean	4.44%
Black Other	1.75%
Arab	1.02%
Other	1.02%

In the 2011 Census 84.7% of the Birmingham population identified English as their main language. Where English was not their main language residents were asked to identify their proficiency in English. Just over 30% stated that they could either not speak English well or at all, which represented 47,005 people.

The top 10 languages at the time of the 2011 Census (other than English) were:

Language	Number	%
Urdu	29,960	2.45%
Punjabi	22,014	1.80%
Bengali	14,933	1.22%
Pakistani Pahari	10,864	0.89%
Polish	9,390	0.77%
Somali	8,158	0.67%
Arabic	7,153	0.58%
Pashto	6,189	0.51%
All other Chinese	5,983	0.49%
Gujarati	5,489	0.45%

Re-commissioning of a BCELS is expected to have a positive impact on citizens of all races who meet the criteria for the Service by ensuring they receive equipment appropriate to their needs to enable them to live as independently as possible in their homes. The Service Provider will be required to employ communication methods appropriate to the needs of individuals, including those for whom English is not the first language.

The Carers UK report (2011), 'Half a million voices: Improving support for BAME carers', using population statistics drawn mainly from the 2001 Census, found that 10% of carers were from a BAME background, with Indian carers being the largest BAME group. BAME carers were found to be

significantly more likely to provide 20-49 hours a week of care. It is anticipated that unpaid and paid carers will benefit from the re-commissioning of a BCELS as the effective provision and use of equipment can help prevent future ill health related to caring responsibilities.

Although information regarding race is not routinely collected from citizens currently using the BCELS, it is not foreseen that the proposed Service will have any significant potential or actual adverse impact on those sharing the protected characteristic of race.

Citizens from Roma and travelling communities could potentially be disadvantaged by the criteria for the Service if they are not registered with a Birmingham GP who is a member of either the Birmingham and Solihull Clinical Commissioning Group or Sandwell and West Birmingham Clinical Commissioning Group, or if they do not qualify as being ordinarily resident in Birmingham. However, it will be possible for authorisation to be given for the provision of equipment in emergency cases.

Overview of the impact of a BCELS

It is anticipated that a re-commissioned BCELS will have a positive impact on citizens who meet the criteria for the Service by ensuring they receive appropriate equipment that facilitates independent living and meets specific clinical needs.

The Service is intended to meet the changing equipment needs of citizens, including those children and young people who may reside outside of Birmingham but for whom the Council holds responsibility as a corporate parent.

The Service will be expected to provide a choice of times to the citizen and carer, within prescribing timeframes, for delivery, collection etc. of equipment.

All organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of citizens, carers and parents with a disability, impairment or sensory loss. The Service Provider will be required to comply with the Standard and identify the preferred communication methods of individuals and employ methods that are appropriate for use with vulnerable groups, including people with physical and/or sensory impairments, older people, and where English is not the first language.

It is anticipated that unpaid and paid carers who provide ongoing care in the home environment will also benefit from the effective provision and use of equipment as this can help prevent future ill health related to caring responsibilities.

In addition, a BCELS will support Equipment Prescribers who prescribe equipment for citizens.

The re-commissioning of a BCELS is not expected to have any significant potential or actual adverse impacts on individuals who share any of the protected characteristics of: age; disability; sex; gender re-assignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; or sexual orientation. The Service must ensure equal access to all. Citizens could potentially be disadvantaged by the criteria for the Service if they are not registered with a Birmingham GP who is a member of either the Birmingham and Solihull Clinical Commissioning Group or Sandwell and West Birmingham Clinical Commissioning Group, or if they do not qualify as being ordinarily resident in Birmingham, for example, people from Roma and travelling communities, those who have no fixed address such as homeless people. However, it will be possible for authorisation to be given for the provision of equipment in emergency cases and the Equipment Prescriber would be expected to nominate a delivery address.

It is not foreseen that there will be a significant difference in the take up of the Service with regard to the protected characteristics as it is not anticipated that there will be any changes to the assessment process or the criteria for the Service.

As the proposal is to re-commission a currently provided service, TUPE may apply. The equality analysis will be updated if required as the procurement exercise progresses and reviewed at the contract award stage. If the proposal is found to have an impact on employees, appropriate human resources processes will be followed that are compliant with human resources legislation.

The initial equality assessment has not identified any significant potential or actual adverse impacts of the proposal to re-commission a BCELS and a full assessment is not required at this stage.

Protected characteristic: Age	Not Applicable
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Age details:

Protected characteristic: Disability	Not Applicable
--------------------------------------	----------------

Disability details:

Protected characteristic: Gender	Not Applicable
----------------------------------	----------------

Gender details:

Protected characteristics: Gender Reassignment	Not Applicable
--	----------------

Gender reassignment details:

Protected characteristics: Marriage and Civil Partnership	Not Applicable
---	----------------

Marriage and civil partnership details:

Protected characteristics: Pregnancy and Maternity	Not Applicable
--	----------------

Pregnancy and maternity details:

Protected characteristics: Race	Not Applicable
---------------------------------	----------------

Race details:

Protected characteristics: Religion or Beliefs	Not Applicable
Religion or beliefs details:	
Protected characteristics: Sexual Orientation	Not Applicable
Sexual orientation details:	
Consulted People or Groups	<p>Engagement has taken place with Equipment Prescribers (Occupational Therapists, Physiotherapists, District Nurses) who conduct assessments and prescribe equipment for citizens based upon assessed needs. 3,000 Equipment Prescribers were surveyed between 30th April – 28th May 2018 as to their views of the requirements of a community equipment service. 104 Equipment Prescribers responded to the survey to inform the specification requirements of a future service. The findings of the survey were reported back via the adults' and children's prescriber advisory groups (PEAG and CEAG) and accepted by prescribers.</p> <p>Engagement has also taken place with citizens. Between 24th May – 12th July 2018, 62 adult citizens, including older adults, carers and parents of children with disabilities, were interviewed in venues across the city as to their views of the requirements of a community equipment service. The engagement took place at an Ageing Well event, an extra care village, a residential care centre, a rehabilitation clinic for children and adults, and the Victoria College for young people with profound and multiple disabilities and complex healthcare needs. The results were used to inform the specification requirements of a future service.</p>
Informed People or Groups	<p>Cabinet Member for Health and Social Care Cabinet Member for Finance and Resources Cabinet Member for Children's Wellbeing Corporate Director for Adult Social Care and Health Corporate Director for Children and Young People Corporate Procurement Legal and Governance Services City Finance Representatives of Birmingham and Solihull Clinical Commissioning Group Representatives of Sandwell and West Birmingham Clinical Commissioning Group Better Care Fund Board Birmingham Health and Wellbeing Board</p>
Summary and evidence of findings from your EIA	<p>The proposal to re-commission a BCELS is expected to have a positive impact on citizens who meet the criteria for the Service by ensuring they receive equipment appropriate to their assessed needs that facilitate independent living and meet specific clinical needs. The Service will be expected to offer the citizen and carer a choice of times, within prescribing timeframes, for the delivery, collection etc. of equipment. In addition, the Service Provider will be required to identify the preferred communication methods of</p>

individuals and employ methods that are appropriate for use with vulnerable groups, including people with physical and/or sensory impairments, older people, and where English is not the first language.

It is anticipated that unpaid and paid carers who provide ongoing care in the home environment will benefit from the effective provision and use of equipment which can help prevent future ill health related to caring responsibilities.

The initial equality analysis has not identified any significant potential or actual negative impacts of the proposal to re-commission a BCELS on individuals who share any of the protected characteristics of: age; disability; sex; gender re-assignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; or sexual orientation.

For those who do not meet the criteria for the Service it will be possible for authorisation to be given for the provision of equipment in emergency cases and it is expected that Equipment Prescribers would nominate a delivery address.

It is not foreseen that there will be a significant difference in the take up of the Service with regard to the protected characteristics as it is not anticipated that there will be any changes to the assessment process or the criteria for the Service.

As the proposal is to re-commission a currently provided service, TUPE may apply. The equality analysis will be considered and updated if required as the procurement exercise progresses and reviewed at the contract award stage. If the proposal is found to have an impact on employees, appropriate human resources processes will be followed that are compliant with human resources legislation.

A full assessment is not required at this stage.

Submit to the Quality Control Officer for reviewing?	No
Quality Control Officer comments	
Decision by Quality Control Officer	Proceed for final approval
Submit draft to Accountable Officer?	No Decision
by Accountable Officer	Approve
Date approved / rejected by the Accountable Officer	24/09/2018
Reasons for approval or rejection	
Please print and save a PDF copy for your records	Yes

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Close

Procurement Options Appraisal Report – Birmingham Community Equipment Loan Service

Item 7

1. Summary

The Birmingham Community Equipment Loan Service (BCELS) is funded by Birmingham and Solihull Clinical Commissioning Group (BSol CCG), Sandwell and West Birmingham CCG and Birmingham City Council and is provided via an external provider Medequip. The service supplies community equipment free of charge on loan or for single issue to adults and children in Birmingham who meet the agreed criteria.

Current funding is through a Section 75 (National Health Service Act 2006) pooled budget arrangement. The budget is £5.49m with the CCGs (BSol CCG and Sandwell and West Birmingham CCG) contributing 81% of the funding and Birmingham City Council contributing the remaining 19% drawn from the Adult Social Care and Health directorate and Children & Young People directorate budgets.

The current contract with Medequip commenced in 2013 and was due to expire on the 31 March 2018. However, a further extension of a year was required to ensure a robust review of the service was carried out and to obtain prescribers' and citizens' comments on what a good quality service would look like whilst ensuring value for money is achieved.

The new service will aim to promote the goals that Birmingham City Council and the CCGs are seeking to achieve for adults and older people of living independently whenever possible and exercising choice and control.

2. Purpose

An Options Appraisal has been undertaken to explore the potential delivery models for a new and transformed service.

The purpose of this Options Appraisal was to fairly present and evaluate all options available and to recommend the best or most appropriate option that would have the greatest benefit for our increasing population of older adults and children who require equipment and meet criteria set by Birmingham City Council and the BSol CCG.

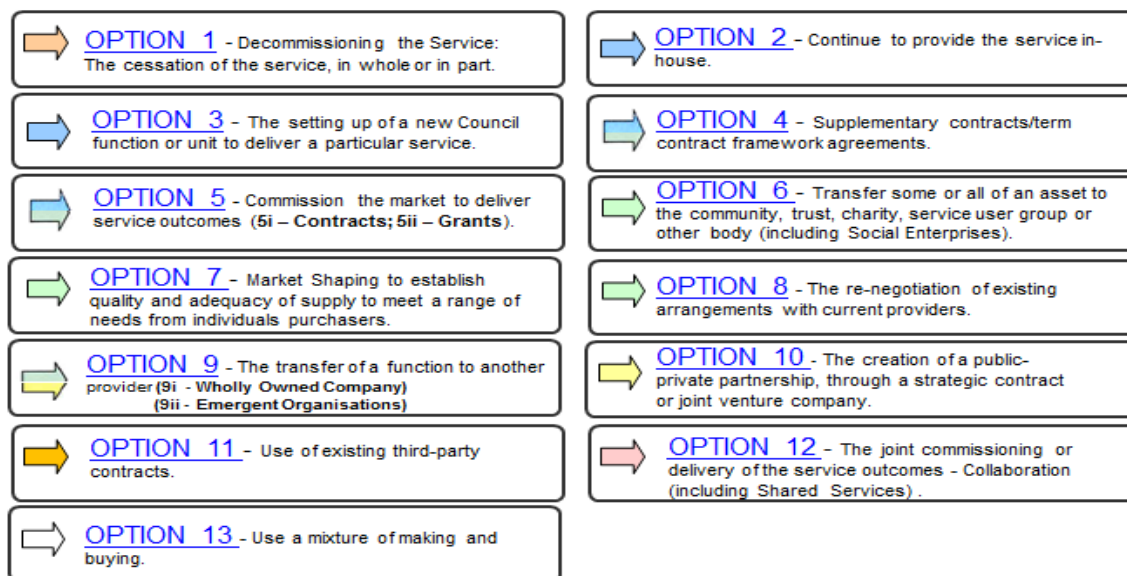
A working group was set up with staff from across the Council and BSol CCG to evaluate options. The group included representatives from:

Adult Social Care and Health Commissioning Team – BCC
Commissioning & Contracts Team – BSol CCG
Corporate Commissioning - BCC
Clinical Leads – BCC
Finance – BCC & BSol CCG

3. Process and Methodology

The Birmingham City Council Procurement Commissioning toolkit has been used to inform the process and methodology of evaluating delivery options.

Service Delivery Options – The more detailed options are shown below:



Out of the 13 options listed above, 6 were shortlisted as potential service delivery options.

A weighting and scoring guide was used, set against priority outcomes for citizens, to determine the short listed options as set out below:

- **OPTION 3** - The setting up of a new Council function or unit to deliver a particular service. (Deliver in-house loans service for those eligible).
- **OPTION 4** - Supplementary contracts/term contract framework agreements (Retail model – e.g. Amazon style model used by health and social care staff to order equipment for those eligible who then own the items).
- **OPTION 5** - Commission the market to deliver the outcomes (Contracts).
(Commission a loans service with option to provide retail service for self-funders. Loans service for those eligible and retail service for self-funders/those wishing to exercise choice).
- **OPTION 7** - Market Shaping to establish quality and adequacy of supply to meet a range of needs from individual purchasers. (Prescriptions/Direct Payments retail

service - Prescriptions/Direct Payments issued to those eligible to purchase items from open market and citizens would then own item).

- **OPTION 12** - The joint commissioning or delivery of the service outcomes (including Shared Services. Collaborating with other LAs) – (Collaborating with another local authority to deliver a loans service to those eligible).
- **OPTION 13** - Use a mixture or combination of options. (Splitting the service i.e. retail service for small items and loan service for large items. Mixed model – Prescription/Direct Payments issued to those eligible to purchase small items from the open market and citizens would then own item. Large items would be provided on loan to those eligible).

The above options were evaluated and explored in more detail by the working group and the results are noted further down in the document under the heading ‘Item 5 Options explored’.

The following options were not considered for the reasons stated in the rationale column

OPTION REFERENCE	DESCRIPTION	RATIONALE
1	Decommission the service	There is a statutory demand for Birmingham City Council to provide a community equipment service therefore this service cannot be decommissioned.
2	Continue to provide in-house service	There is no existing in-house community equipment service.
6	Transfer of an asset to Community, Trust, Charity, Service User Group or others	Provision of a community equipment loans service requires a considerable level of expertise and staffing in order to meet the needs of the Birmingham population. There are no organisations of this type currently operating such a service in Birmingham.
8	The re-negotiation of existing arrangements with current providers	The existing contract has already been extended to allow for the current re-procurement process and cannot be extended further.
9	The transfer of a function to a Wholly Owned Company (WOC) or Emergent Organisation	There is already an established market of providers who are able to deliver this service. There is no evidence that this would provide better value for money. It is not feasible or practical for Birmingham City Council to establish an arms-length organisation to deliver this service considering capacity and other

		constraints.
10	Joint Venture, i) the creation of a public-private partnership, through a strategic contract; ii) joint venture company; iii) Service Delivery via a PFI route	This is a well-established service that does not require significant commercial investment or incur undue financial risk. It is not feasible for Birmingham City Council to go down the joint venture route considering capacity and other constraints.
11	Use of existing third-party contracts	There are no existing third party contracts in place.

4. Feedback from Citizens & Prescribers

Prescribers – Prescribers are health and social care staff who conduct clinical assessments and prescribe community equipment to meet the needs of those eligible to receive support. A questionnaire was developed and uploaded to the Council’s BeHeard consultation database for prescribers to complete on what a great community equipment service would look like. Out of a total of 3,000 prescribers, 104 submitted a completed questionnaire. A qualitative analysis of prescribers’ suggestions and comments was undertaken and key themes identified. Please see the attached report for further information. The report was reviewed and its findings agreed at the Adults’ and Children’s prescriber group meetings.

Citizens – A questionnaire was administered to citizens at various events across the city on what a great community equipment service would look like and the results uploaded onto the Council’s BeHeard consultation database. Please see the attached report for further information.

5. Options explored

OPTION REFERENCE	DESCRIPTION	RATIONALE FOR SHORT LISTING DECISION
3	The setting up of a new Council and CCG function or unit to deliver a particular service - Deliver in-house loans service for those eligible (In-house loans service)	Prior to the existing contract, the community equipment loan service was provided in-house. Reverting to this option would have the following implications:

		<ul style="list-style-type: none"> • It would pose a high financial risk should BSol CCG, who are the principal funders, decide to withdraw from the s75 pooled budget arrangement. • The initial set up costs would be very high and would need to include the development/ procurement of IT systems. • The service would not offer the same level of purchasing power or provide purchasing economies of scale as the existing service. • There would be a risk of prolonged waiting lists whilst the service was being set up. • There would be a risk of delayed hospital discharges whilst the service was being set up.
4	Supplementary contracts / term contract framework agreements - Retail model (e.g. Amazon style model for use by prescribers to order equipment for those eligible for service)	<p>We do not have framework agreements for this type of contract but this is an option to be explored.</p> <p>However:</p> <ul style="list-style-type: none"> • There is a lack of evidence as to

		<p>whether suppliers would be interested in this model.</p> <ul style="list-style-type: none"> • Risk that equipment might not be installed/ maintained/ serviced by appropriately trained and experienced staff. • Unable to provide purchasing economies of scale.
5	Commission the market to deliver the outcomes (Contracts) – Commission a loans service with option to provide retail service for self-funders. (Loans service for those eligible and retail service for self-funders/those wishing to exercise choice)	<p>This is the existing arrangement for the community equipment loan service. There are a number of expert providers in the market who are able to deliver this service through a contract and therefore a competitive tendering process is likely to be successful.</p> <p>This option would offer:</p> <ul style="list-style-type: none"> • Established expert providers that are available in the market with processes set up to meet the needs of citizens. • Purchasing economies of scale. • Cost savings by recycling of loan

		<p>equipment.</p> <ul style="list-style-type: none"> • Access to a greater range of equipment. • Potential to improve performance, based on existing arrangements. • Reduced financial risk to the Council if the contract is managed well. • Suitable IT systems as this would be provided by the outsourced provider.
7	<p>Market Shaping to establish quality and adequacy of supply to meet a range of needs from individual purchasers - Citizen self-funding model (Prescriptions/Direct Payments issued for those eligible to purchase items from open market and would then own item. Retail service only)</p>	<p>There are a number of established providers who could be shaped into providing a new kind of service. There is the potential for Direct Payments or Personal Health Budgets to be used to enable citizens to purchase equipment directly.</p> <p>However:</p> <ul style="list-style-type: none"> • There is a risk that citizens would not purchase appropriate equipment for their needs which could result in more complex needs and re-admissions. • Potential increased costs of the service as

		<p>there would be no potential for recycling items.</p> <ul style="list-style-type: none"> • Risk to Council's reputation if the market is unable to be shaped in time to support this. • Risk of adverse effect on hospital discharges as Direct Payments are not available to citizens whilst in hospital.
12	<p>The joint commissioning or delivery of the service outcomes (including Shared Services. Collaborating with other LAs) - Collaborating with another local authority to deliver loans service to those eligible.</p>	<p>There is a statutory obligation to provide this service. Currently there are 6 councils in the West Midlands that provide this service in-house. It is likely that pooling resources would have a large impact on the market and enable the service to benefit from purchasing economies of scale.</p> <p>However:</p> <ul style="list-style-type: none"> • Informal discussions with some local authorities have indicated that this option is not possible in the immediate future. • BCC has a larger cohort of citizens that require loan

		<p>equipment compared to neighbouring local authorities (LAs). Therefore it would be unlikely that the in-house services provided by neighbouring LAs would be able to accommodate BCC's requirements. Instead, it would be more likely that neighbouring LAs would transfer to a service provided by BCC if such a service was in place.</p> <ul style="list-style-type: none"> • The IT system would need to be accessible to health and social care staff from across collaborating authorities which might be costly and time consuming to implement.
13	<p>Use a mixture or combination of options - Splitting the service i.e. retail service for small items and loan service for large items (Mixed model – Prescription/Direct Payments issued to those eligible for purchase of small items from the open market and citizens would then own item. Loans service for large items for those eligible)</p>	<p>It may be possible to divide this service into two separate services with provision of smaller items through prescription/ Direct Payments to those eligible and loans of larger pieces of equipment through community equipment loan service to those eligible. However:</p> <ul style="list-style-type: none"> • Adverse effect on

		<p>hospital discharges as Direct Payments are not available to citizens whilst in hospital.</p> <ul style="list-style-type: none"> • Reduced cost savings as smaller items would not be available for recycling. • Risk that citizens might not purchase smaller items that are appropriate for their needs. • Possible reputational risk to the Council if citizens purchase incorrect small items.
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Summary of overall scores of shortlisting options:

Option 3 – Setting up of in-house service – This was placed 2nd in the overall scoring. This would not be an option at the present time as it carries a huge financial risk to the Council. It could possibly be an option in the future if adequate funding is provided.

Option 4 – Supplementary contracts / term contract framework agreements. Retail model (e.g. Amazon style model) – This option scored 5th place in the overall scoring. This option will not be pursued due to concerns that citizens may be at risk of equipment not being installed, maintained and serviced by appropriately trained and experienced staff unless some type of accreditation system could be developed for suppliers.

Option 5 – Commission the market to deliver the outcomes - This was placed 1st in the overall scoring and was the preferred option as the market already has established expert providers. Please refer to item '8 – Recommendation' below, for further details.

Option 7 – Retail services for citizens: Prescriptions/Direct Payments issued to those eligible for purchase of items from the open market and citizens would then own item - This was placed 6th in the overall scoring and was the least preferred option. However, it might be possible to offer this in the future when the use of Personal Health Budgets and Direct

Payments have been developed further. A pilot program will be set up in the future to assess how this might work.

Option 12 – The joint commissioning or delivery of the service outcomes. Collaborating with another local authority to deliver loans service - This option scored 3rd place in the overall scoring, however, it is not possible to implement at the moment as those local authorities contacted were not willing to partner with BCC at this present time.

Option 13 – Use a mixture or combination of options. Splitting the service i.e. small item retail and large item loans - This option scored 4th place and will not be pursued due to concerns that this option does not allow for recycling, might incur multiple delivery charges if ordered from different providers and potentially could be a reputational risk to the council and CCG if equipment bought by citizens was not maintained.

6. Market Shaping Event

A market shaping event was held on the 2nd May 2018 to test interest from the market. A further event will be held to update interested parties on specifics prior to the commencement of the tender process.

7. Equality Assessment

An equality assessment has been completed by BCC and BSol CCG. Please see attached report for detail.

8. Recommendation

Option 5 – Commissioning the market to deliver the service is the recommended model for implementation. This is the current delivery model, however it is envisioned that the new contract will incorporate more robust contract management creating opportunities for improved outcomes and value for money. This is evidenced by the fact that savings have been made in the current contract over the last couple of years through increased monitoring and inventory management of special items of equipment by clinicians working alongside the current provider. There has also been an increase in recycling of equipment. These practices will be built upon in the new contract. Pilots to test the use of Direct Payments and Personal Health Budgets would form part of the new contract.

What would a great community equipment service look like?

Findings from a survey of prescribers

Strategy & Integration
Commissioning
Adult Social Care & Health

June 2018
V2.4

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Executive Summary

Key findings from the survey

- 104 prescribers completed a questionnaire giving their views on what a great community equipment service would look like.
- Those responding to the questionnaire were more likely to: be regular users of the service; order equipment for adults; and order both standard and special items. They were also most likely to use the standard 7 day delivery option.
- Views were gathered on various aspects of a community equipment service and from these comments key themes were identified around:
 - **Equipment catalogue:** Easy to access and navigate; specific functions to facilitate its use; wide range of products; detailed descriptions of products; quality images; and comments on the ordering process.
 - **Ordering process:** Easy to access and use; specific functions to facilitate ordering; support with the ordering process; availability of stock; delivery process; and good communication.
 - **Delivery process:** Reliable service; responsive service; delivery time slots; usable equipment; qualities of staff; and good communication.
 - **Installation service:** Reliable service; efficient service; usable equipment; qualities of staff and good communication.
 - **Maintenance service:** Accurate record keeping system; usable equipment; prompt service; qualities of staff; and good communication.
 - **Collection service:** Timely collection; collection time slots; flexible service; and good communication.
 - **Complaints process:** Easy to access; clear and simple process; prompt response; open and clear communication; action taken; and qualities of staff.
- Responses included suggestions for service developments; identification of innovations; and comments relating to the current provider. Comments on the current provider have not been included in this report.

1. Introduction

Birmingham has an integrated community equipment loans service which is funded by local Clinical Commissioning Groups and Birmingham City Council, and delivered by an external provider.

The provision of community equipment to adults and children enables independent living, facilitates patient discharge from hospital and can contribute to reducing overall costs in the health and social care system.

The current contract for delivering the service is due to expire in 2019 and commissioners in the NHS and Birmingham City Council are working on what is needed for a future service. An important part of this process was obtaining views from health and social care staff (prescribers) about what a great community equipment service, fit for the future, might look like. Prescribers are clinical staff (occupational therapists, physiotherapists, district nurses) who assess clients of all ages and order equipment to enable independent living and facilitate discharge from hospital. To obtain their views a questionnaire was developed and distributed to the 3,000 prescribers who currently use the service.

2. Methodology

2.1 Questionnaire

An online questionnaire was developed and uploaded for access by prescribers only to Birmingham Be Heard, which is Birmingham City Council's consultation database.

A link to the survey was then circulated by email to 3,000 prescribers who order equipment through the current community equipment loans service.

The survey was launched on 30th April 2018 with an initial closing date of 14th May. Prescribers were sent several email reminders about the survey and the closing date was changed to 21st May as some staff were experiencing problems accessing the survey's website. A Word version of the questionnaire was also developed and shared with a small number of staff from Birmingham Community Healthcare Foundation Trust who reported continued difficulty accessing the online survey.

The closing date for the survey was later changed to 28th May to allow for the link to be shared at a meeting of hospice staff and to contacts via a CCG contract manager.

2.2 Analysis

Responses were captured on the Birmingham Be Heard consultation database.

One completed Word version of the survey questionnaire was returned and this was manually inputted into the Birmingham Be Heard database.

2.2.1 Quantitative analysis

Closed questions were coded according to a predetermined coding structure. Survey responses were extracted from Birmingham Be Heard and entered onto an Excel database for analysis using pivot tables. The findings are reported in section 3.

2.2.2 Qualitative analysis

Survey responses to open text questions were extracted from Birmingham Be Heard and entered onto an Excel database for analysis.

The qualitative analysis was undertaken in several stages. Comments to each question were considered and manually coded. Themes were then identified from the coded data to inform the key findings. A check on the reliability of the process was undertaken by a second analyst who reviewed the results for a sample of respondents.

The findings are reported in section 3.

2.3 Survey limitations

The survey was distributed to 3,000 prescribers but only a small proportion (104, 3.5%) responded.

Problems caused by some NHS trusts' firewalls blocking access to the survey website may have contributed to the low response rate. Advice was given to staff to request that trusts 'whitelist' the Birmingham Be Heard website or for them to access the survey from a device not connected to an NHS network.

3. Key Findings

104 staff completed a questionnaire.

3.1 Quantitative findings

Question 1 - Which organisation do you work for?

More respondents were from the Birmingham Community Healthcare trust than any other organisation. No responses were received from those working in Birmingham Children's Trust or the Royal Orthopaedic Hospital.

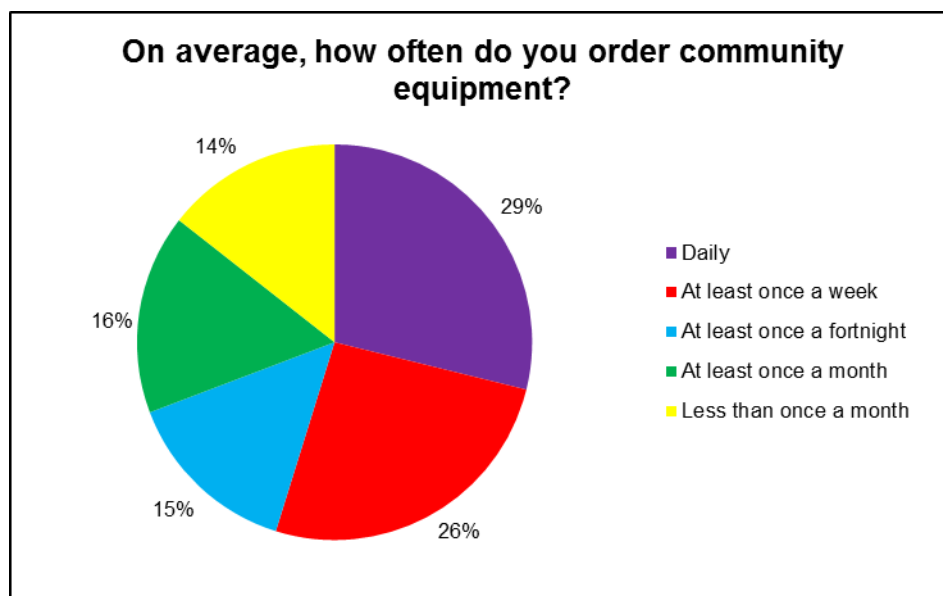
Table 1: Question 1 - Employing organisation

Organisation	Number	%
Birmingham Children's Trust	0	0%
Birmingham City Council	26	25%
Birmingham Community Healthcare NHS Foundation Trust	45	43%
Birmingham & Solihull Mental Health NHS Foundation Trust	3	3%
Birmingham Women's & Children's NHS Foundation Trust	3	3%
CJOT	1	1%
Heart of England NHS Foundation Trust	14	13%
Hospice	5	5%
Royal Orthopaedic Hospital NHS Foundation Trust	0	0%
Sandwell and West Birmingham Hospitals NHS Trust	4	4%
University Hospitals Birmingham NHS Foundation Trust	3	3%
TOTAL	104	100%

Question 2 - On average, how often do you order community equipment?

104 responses were received to this question with the majority of respondents being regular users of the service; on average placing orders daily or at least once a week.

Figure 1: Question 2 - Frequency with which orders are placed



Question 3 - Who do you order equipment for?

Most of the respondents order equipment for adults.

Table 2: Question 3 - Citizen group receiving equipment

Citizen group	Number	%
Adults	88	85%
Children	14	13%
Both adults and children	2	2%
TOTAL	104	100%

Question 4 - What equipment have you ordered?

The majority of respondents order both catalogue/standard stock items and Specials.

Table 3: Question 4 - Type of equipment ordered

Equipment type	Number	%
Both catalogue/standard stock items and Specials	67	64%
Catalogue/standard stock items only	36	35%
Not answered	1	1%
TOTAL	104	100%

Question 5 - Which delivery time are you most likely to use when ordering equipment?

49% of those responding to this question were most likely to use 7 day delivery.

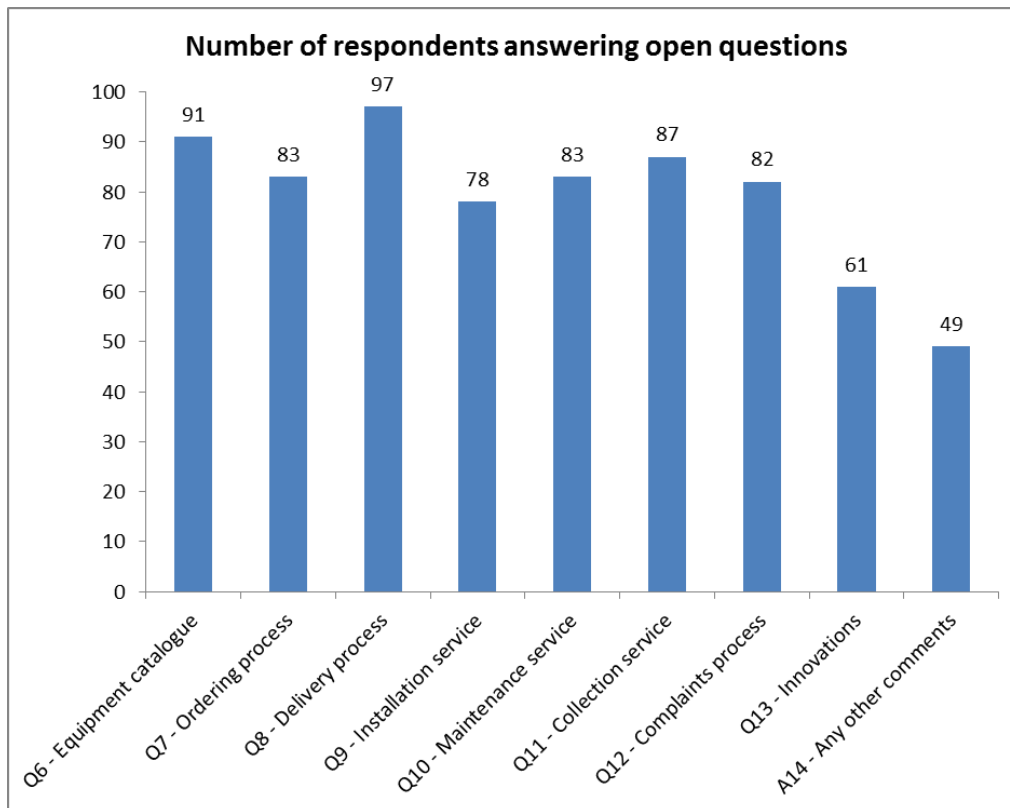
Table 4: Question 5 - Delivery time

Delivery time	Number	%
Emergency delivery - 4 hours	9	9%
Next day delivery	20	19%
3 day delivery	23	22%
7 day delivery	51	49%
Not answered	1	1%
TOTAL	104	100%

3.2 Qualitative findings

The survey included 9 open questions. Of these, respondents were most likely to answer question 8 (93% of respondents) which was about the delivery process and were least likely to provide additional comments for question 14 (47% of respondents).

Figure 2: Number of respondents answering open questions



Question 6 - Describe up to 3 features that would make an equipment catalogue great to use

91 respondents answered this question, providing 223 suggestions.

Key themes identified were:

- Easy to access and navigate.
- Specific functions to facilitate use of the catalogue.
- Wide range of products.
- Detailed descriptions of products.
- Quality images of products.
- Comments on the ordering process.

Easy to access and navigate

The online catalogue would be easy to log into via the Internet and available across all platforms. It would be simple to navigate with a logical layout and quick access to menus. The content would be easy to read with equipment organised accurately within appropriate categories and subcategories, as well as including an alphabetical index. 'Used for' headings would be helpful and being able to view the details of products without the extra step of a 'View details' option.

Specific functions to facilitate use of the catalogue

A number of comments identified specific functions that would make an equipment catalogue great to use. These included:

- Flexible, effective search tool;
- Shortcuts for frequently ordered items/'Your favourites' section;
- 'Live' help function for submitting queries;
- Profession specific pages;
- Suggestions of alternative products;
- Use of tick boxes to avoid having to duplicate information;
- Live information on stock levels; and
- Indication of products that have to be purchased privately.

Wide range of products

The catalogue would include a wide range of items that prescribers could order, with specific mention made of: bariatric equipment; small items; and the need for more specialist equipment. It was suggested that recycled Specials should be added to the catalogue as standard stock and if items are requested regularly on special order it should be possible to add these to stock.

Detailed descriptions of products

The importance of having full, accurate descriptions of all products, including non-stock items/Specials/recycled items, was stressed such as:

- Full dimensions;
- List of adaptations/parts and description of what is included with the equipment;
- Details of parts missing from recycled equipment;
- Performance information such as weight capacity and how long an item lasts e.g. mattresses;
- The conditions and age ranges for which the equipment is suitable;
- An item's compatibility with other equipment e.g. compatibility of bed rails with beds;
- Fitting instructions, where appropriate; and
- Contraindications.

In addition, guidance would be useful on what else to order with an item.

One respondent indicated that the use of millimetres as a unit of measurement in descriptions could be difficult to work with.

Quality images of products

A great equipment catalogue would need to include large, clear, good quality pictures of the exact make/model of all items, including non-stock items/Specials. The ability to enlarge images would also be helpful. Two comments suggested including videos, such as, a video of the equipment in use and a 360 degree view of items. One respondent commented that it would be useful to have illustrations that could be shown to patients to explain equipment.

Comments on the ordering process

Although question 6 was specifically about features of an equipment catalogue, some of responses were related to the process of ordering/an ordering system - thereby overlapping with question 7.

Comments included:

- A simple ordering system, easy for all to use and with fewer authorisation issues;
- Clarity on who could order which equipment;
- Being able to view items in the store and order from there;
- Using clinical reasoning to make decisions, with the forms available from within the system;
- Reducing the amount of paperwork, in particular, for special orders;
- Being able to highlight special considerations regarding an order;
- Having dedicated staff to do the ordering; and
- Being able to track orders.

Other comments

A range of other suggestions, although not all related to an equipment catalogue, were provided by a small number of respondents including:

- **Support:** Having staff to advise about equipment; instructions for clients; a facility to demonstrate equipment.
- **Stock levels:** Items would be available in stock; stock replaced regularly; buffer stock in place.
- **Condition of equipment:** Equipment would be clean, safe to use and not missing any parts.
- **Delivery process:** Cheaper delivery with guaranteed response time and the ability to select a delivery date.

Question 7 - Describe up to 3 things that would ensure an excellent ordering process

83 respondents answered this question, providing 183 suggestions.

Key themes identified were:

- Easy to access and use.
- Specific functions to facilitate ordering.
- Support with the ordering process.
- Availability of stock.
- Delivery process.
- Good communication.

Easy to access and use

The ordering process would be online, with the option to order by phone. One respondent suggested having an App. The process would be fast with quick access through gatekeeping, and simple to use regardless of who was funding the equipment. It would need to be available seven days a week.

Suggestions for what would make the ordering process easy to access and use included:

- Prompt assistance with password reset;
- Intuitive navigation and clear step-by-step instructions;
- An efficient way to identify if a client existed on the system;
- Easy to find patient list and easy to create client details;
- Streamlined process with simple forms for clinical reasoning and ordering beds; and
- Being able to list most recently ordered items first.

One respondent queried the need for clinical reasoning forms as prescribing is carried out by professionals.

Specific functions to facilitate ordering

A range of specific functions were suggested for an excellent ordering process. These included:

- Only allowing clients to be added who fall within the boundary area;
- An effective search engine;
- A frequently ordered/previously ordered page;
- Suggestion of other items to accompany an order, such as, bed rails for beds;
- Notification of close technical equivalents;
- Drop down boxes/tick boxes to simplify ordering;
- Clinical reasoning forms embedded within the process;
- A way to consolidate duplicated clients;

- Information on the availability of authorisers and confirmation when order had been authorised;
- Space for delivery notes;
- Flagging up missing information;
- Ability to edit an order after it had been placed;
- Ability to place an order and arrange a collection with the same process;
- An automated log for orders for peripheral stores; and
- Being able to track an order.

Support with the ordering process

An excellent ordering process would provide assistance with ordering such as:

- Delivering training;
- Providing examples and instructions for completing orders;
- Sourcing additional quotes for prescribers;
- Having dedicated staff to do the ordering; and
- Providing access to advisors for specific queries, with a contact email for non-urgent queries.

Availability of stock

Ordering would be facilitated by having sufficient numbers of items in stock; details of the number of items available; information on whether an item was out of stock; and date for when it was expected to be in stock.

Delivery process

The ordering process would be supported by a delivery process that:

- Provided a choice of delivery response times;
- Offered delivery time slots, including weekend deliveries;
- Delivered on time;
- Allowed for part deliveries;
- Was able to be flexible with orders placed just outside the window for next day delivery; and
- Had low delivery charges.

One respondent suggested that non-working days should be counted.

Good communication

The service would acknowledge orders and include an expected delivery time; provide updates (by text/email) about deliveries; and automatically notify the prescriber when an item had been delivered. This information could be provided by a tracking system.

It would be helpful if prescribers were contacted by phone rather than by email about problems with an order and they should be contacted before an order was cancelled.

The service would also be expected to be persistent in trying to contact clients about a delivery.

Other comments

Other suggestions were made by a small number of respondents including:

- Providing access to stores to check recycled items and to trial stock;
- Automatically providing standard accessories on recycled items;
- The need for useful descriptions of items, such as, what was included with Specials; and
- Having up to date information from CCGs regarding the interface between partners for ordering.

One respondent indicated that knowing equipment was being sent out in a clean and good condition would be important for an excellent ordering process.

Question 8 - Describe up to three features of a great delivery process

97 respondents answered this question, providing 231 suggestions.

Key themes identified were:

- Reliable service.
- Responsive service.
- Delivery time slots.
- Usable equipment.
- Qualities of staff.
- Good communication.

Reliable service

A great delivery process would deliver on time; drivers would follow instructions from prescribers; and equipment would be fitted/set up as specified.

Responsive service

The service would be responsive providing self-collection options for clients; offering a range of delivery response times; and providing extended weekend delivery hours for urgent cases. One respondent suggested offering next day delivery for bathing equipment and 3 day delivery for equipment for end of life patients. Other suggestions included having alternative delivery points across trusts and posting out slings as standard.

Delivery time slots

A great delivery process would provide focused time slots for deliveries, possibly offering a choice of time slot, so that clients/families could better plan their time.

Usable equipment

The delivered equipment would be clean and complete, with fitting carried out on site where possible. Equipment would be accompanied by instructions for use; a demonstration; and advice on maintenance.

Qualities of staff

A range of comments were made relating to the staff involved in the delivery process. They would need to be friendly, helpful, patient and understanding towards the client/family. Staff would have respect for equipment and unpack, set up, assemble and demonstrate it if needed. Fitters would ensure they had the correct tools with them and check measurements to inform decision about whether equipment would fit.

Good communication

A great delivery process would make arrangements with the client/family; providing them with sufficient notice; notifying them if the delivery was likely to be after 5pm; and contacting the client/family by phone if unable to deliver.

Liaison with prescribers would be important including: advising them of delivery dates; providing updates; giving accurate reasons for non-deliveries; informing them of any changes made to an order; and contacting them before cancelling an order. Order tracking would be useful.

A comment was made that nurses out visiting may not have access to emails and would need to be contacted by phone about any problems.

Other comments

Other comments on considerations for a great delivery process included:

- Maintain stock levels to avoid delays.
- Lower charges for smaller items.
- One respondent suggested providing the family with a printable receipt.

Question 9 - Describe up to 3 things that would ensure an excellent installation service

78 respondents answered this question, providing 170 suggestions.

Key themes identified were:

- Reliable service.
- Efficient service.
- Usable equipment.
- Qualities of staff.
- Good communication.

Reliable service

The work would be carried out correctly and in a timely manner to ensure client safety and facilitate hospital discharge. Heights of equipment would be adjusted as specified by the prescriber and having the client present would ensure the correct placement etc. of equipment.

Efficient service

A number of comments identified efficiency as important suggesting specific time slots for installation/fitting; installation carried out at the time of delivery; involving prescribers with the fitting so that any problems could be resolved quickly; and reducing the amount of plastic waste.

Usable equipment

Several suggestions focused on the equipment being installed. It would need to be complete; clean; and checked to ensure it was without faults and in working order.

Qualities of staff

Technicians would have good people skills and be friendly, helpful, and considerate.

Installation would be carried out by properly trained staff who were knowledgeable about products; had the correct tools for the task; checked whether or not equipment fitted; and left the work area clean and tidy. In certain situations, fitting and demonstrations would need to be carried out by prescribers, for example, when clients have a cognitive impairment.

Some respondents indicated they would appreciate technicians using their initiative and providing correct equipment without having to liaise with prescribers. Others, however, expressed concern that technicians did not have sufficient training to suggest alternatives.

Good communication

An excellent installation service would provide contact details and communicate with the client before visiting to ensure clients were aware of what was to be done. Information would be provided about the equipment including: how to keep it clean; instructions for charging; and expected dates for servicing.

Prescribers would receive confirmation when equipment had been installed along with timely and accurate feedback regarding any problems. Guidance would be useful on which equipment could be installed and on the installation of rails.

Question 10 - Describe up to 3 features of a great maintenance service

83 respondents answered this question, providing 175 suggestions.

Key themes identified were:

- Accurate record keeping system.
- Usable equipment.
- Prompt service.
- Qualities of staff.
- Good communication.

Accurate record keeping system

A great maintenance service would have an accurate record keeping system able to provide automatic notifications and ensure timely maintenance, testing and servicing of equipment, including Specials. One respondent suggested the maintenance schedule for an item could be set up at the time of ordering the equipment. An online log book where prescribers could view maintenance/service records would be useful and a copy of the service report for an item could be left with the client.

Usable equipment

Several respondents commented that a great maintenance service would ensure that equipment, including Specials, was clean, complete and in full working order before it was put onto the catalogue or sent out.

Prompt service

The maintenance service would be available seven days a week and prompt in repairing faulty equipment and providing a replacement if equipment could not be repaired.

Qualities of staff

Staff would be caring, polite and courteous, with a positive attitude. They would be experienced, suitably trained and knowledgeable about equipment; and able to set up and maintain Specials. One suggestion was that drivers could look at all the equipment in a client's property and identify any maintenance issues.

Good communication

Guidance would be provided on maintenance responsibilities and charges. Equipment would be labelled and a card could be left when equipment was delivered. The service would be easily contactable, including out of hours, with a phone number that clients could use. The service would book appointments with clients/family to ensure access to equipment. Prescribers would be informed about any issues with equipment; given feedback; and notified when issues have been resolved.

Other comments

A small number of comments were made regarding replacements, such as, maintaining a stock of items so that replacements could be done easily in-house and supplying filters for nebulisers.

Question 11 - Describe up to 3 things that would ensure a great collection service

87 respondents answered this question, providing 171 suggestions.

Key themes identified were:

- Timely collection.
- Collection time slots.
- Flexible service.
- Good communication.

Timely collection

The service would be available seven days a week providing a timely and prompt response sensitive to the needs of the client/family. It would be possible to arrange a collection within seven days, with collections from the bereaved prioritised and able to take place on the same day or the next day following a client's death. Collections from NHS bases and schools would be timely and planned so as to take place over a minimum number of days.

One suggestion was that the collection service could provide similar timescales as for the delivery of equipment.

Collection time slots

The collection service would provide allocated time slots for collection, offering a choice to clients/families.

Flexible service

A great collection service would be flexible and able to pick up all unused equipment from a property even if it were not listed for collection; not on the system; or did not have a code/number on the product. The service would also be able to combine collection with delivery of other items.

It would support self-return of equipment with, for example, check-in systems at stores and local drop points in the community and in hospitals.

Good communication

A great service would be easy to contact, for example, by providing a designated freephone number and also accepting bookings by text and email, including accepting bookings from clients/families. Equipment would be labelled and the importance of returning unused equipment would be stressed to clients.

The service would keep the client/family informed about any changes to a collection and confirm when the driver was on the way. Email confirmation could also be sent to the prescriber when equipment had been collected.

If collection would not be cost-effective, this would be explained clearly to the client/family and prescribers would also need clear information about which items could not be re-used/collected so they could advise clients.

Other comments

A number of other suggestions were made regarding a collection service including:

- **Collection charges:** Low collection charges; collection to be free of charge when collection and delivery were completed together.
- **Staff:** Staff providing the service would be polite, courteous, happy to help, have good quality spoken English and provide a welcoming environment in the store.
- **Equipment tracking:** A system that could identify and locate equipment to maximise the re-use of items.
- **Use scrap metal vans:** One respondent queried whether dedicated scrap metal vans with decontaminating equipment could be used.

Question 12 - Describe up to 3 features of a great complaints process

82 respondents answered this question, providing 175 suggestions.

Key themes identified were:

- Easy to access.
- Clear and simple process.
- Prompt response.
- Open and clear communication.
- Action taken.
- Qualities of staff.

Easy to access

A great complaints process would be easy to access with the facility for prescribers, clients and family members to report a problem online, by email or by phone. It was suggested that a dedicated phone number could be provided, perhaps with a separate number for client/families but taking into account that some clients have problems with automated phone menus.

Clear and simple process

The complaints process would be simple with a clear channel for directing complaints. It would include details of who to direct complaints to; timescale for response; and how to escalate if the issue was not resolved. The complaints form would be simple to complete with one suggestion being that the form for prescribers could be linked to the client's notes to avoid the need to retype this information. The process would be transparent, independent and unbiased.

Prompt response

A great complaints process would provide a prompt, timely response. One respondent suggested parents should receive a response within 24-48 hours and another suggested resolution of complaints within 3 days.

Open and clear communication

Communication would be open and clear, with the service actively seeking feedback. The option to informally discuss an issue before moving to a formal complaint should be available. Complaints would be acknowledged; the complainant kept informed; the prescriber notified of any complaint related to an order/equipment; an apology given when appropriate; and clear feedback provided of the actions taken (e.g. you said, we did) as well as information on what was learnt. One suggestion was that complaints and solutions should be made available online for prescribers to view.

Action taken

Action would be taken to resolve the complaint and to prevent it from reoccurring. Complaints would be taken as an impetus to improve, with complaints examined for lessons learnt.

Qualities of staff

Those handling complaints would possess listening skills and be empathetic; diplomatic; take time to understand the problem; avoid making assumptions; and be open and honest, admitting when things had gone wrong.

Other comments

One respondent suggested the service could be promoted and clients supported to better understand how the service operated by providing access to stores, along with tea/coffee and biscuits.

Question 13 - Describe up to 3 innovations that you think could impact on community equipment services within the next five years

61 respondents answered this question, providing 125 suggestions.

Responses included a mix of innovations/developments and suggestions for developing the service.

Innovations/developments impacting on service

Technology	<ul style="list-style-type: none"> • Widespread use: IT in houses; CCTV. • Improving the service: Face Time & Skype for remote appointments; have App for service; barcodes to scan items in and out. • Equipment provision: More digital and electronic services; sensors; access to telecare.
Resources	<ul style="list-style-type: none"> • Services needing to be rationalised. • Cuts to funding. • Increases in funding. • Fewer community nurses.
Population & lifestyle	<ul style="list-style-type: none"> • Growing and ageing population. • Increasing number of people with complex needs. • More people living in flats/apartments rather than houses.

Health & social care	<ul style="list-style-type: none"> • Direct payments & personal health budgets. • Reduced length of hospital stay. • Drive for single-handed care. • Seven day week service. • Needs of community rehabilitation teams to discharge clients. • Access to service for wider multi-disciplinary team e.g. clinical nurse specialists; health care assistants. • Privatisation.
Service delivery	<ul style="list-style-type: none"> • Bring service back into shared control of the NHS and local authority. • Provide shop for purchase of low level items not needing an assessment. • Equipment prescriptions. • Have in-house equipment experts to maintain, repair and adapt stock, with specialists on children's equipment. • Provide catalogue for self-purchase items, indicating when referral was needed to a therapist.
Store facilities	<ul style="list-style-type: none"> • Have satellite stores in accessible parts of the city, with highly qualified staff. • Provide access to store for therapists to collect/reserve equipment and for clients/families to collect smaller items. • Have area to try out recycled equipment and hold children's seating clinics. • Provide self-service system for therapists when collecting equipment.

Suggestions for service developments

Communication	<ul style="list-style-type: none"> • Continue with equipment advisory group meetings. • Good communication with peripheral stores.
Public awareness	<p>Raise awareness of:</p> <ul style="list-style-type: none"> • What the service can provide. • What is not available. • Items are on loan and not new. • Costs of service.
Website	<ul style="list-style-type: none"> • Fast website with effective search facility.
Equipment	<ul style="list-style-type: none"> • Need wide range: bariatric equipment; corner baths; deluxe transport slings for Oxford Journey; chair raisers; specialist chairs; air flow mattresses. • Include smaller items. • Add frequently ordered Specials to standard stock. • Recycle all equipment.

Ordering process	<ul style="list-style-type: none"> • Provide wider range of specialist items on fast track order.
Delivery process	<ul style="list-style-type: none"> • Provide faster delivery times including to peripheral stores. • Offer choice of time slots.
Installation/fitting	<ul style="list-style-type: none"> • Must be carried out by prescriber who can check client's ability.
Maintenance	<ul style="list-style-type: none"> • Have maintenance agreement in place which also covers Specials. • Provide comprehensive cleaning system for equipment. • Repair equipment/ replace parts to ensure equipment was usable before it was issued.
Equipment records	<ul style="list-style-type: none"> • Good monitoring and tracking of equipment. • Update pre-contract items. • Provide log of all maintenance/repairs on website with access by prescribers.
Collection service	<ul style="list-style-type: none"> • Proactively check if equipment is still needed. • Provide fast collection, especially when end of life or bereaved. • Timely collection of unused items from schools. • Make it easy to return items. • Enable clients to email when equipment needs collecting. • Offer equipment amnesties. • Reduce wastage.
Staffing	<ul style="list-style-type: none"> • Retain staff. • Clinician to trouble shoot/liase between service and prescribers. • Someone to advise about equipment. • Staff with good knowledge of equipment; staff with expertise of paediatric equipment

Question 14 - Any other comments about what a future community equipment service could look like?

49 respondents answered this question, with many responses covering a range of issues.

The majority of comments provided suggestions for a future service and a small number gave examples of innovations/developments. In many cases the comments reiterated topics covered in responses to earlier questions.

Innovations/developments

- Seven day working.
- More integration with other community services.
- Contract with citizens to ensure return of equipment.
- Provide a non-profit service owned by the NHS and local authority.

Suggestions for the future service

Communication	<ul style="list-style-type: none"> • Polite and responsive phone service. • Phone/email line for technical queries and advice. • Communication and joint working between the service and prescribers. • Provide information on the complaints process. • Raise awareness of the service by providing information to GP surgeries; community centres and schools.
Catalogue	<ul style="list-style-type: none"> • Regular review of catalogue with prescribers. • Catalogue for self-purchase items.
Equipment	<ul style="list-style-type: none"> • Choice: bariatric equipment; different kinds of raisers; access to telecare; smaller items for prescribing to palliative care patients. • Interest from families in equipment to help people with dementia. • All equipment to be clean and usable; items kept charged where appropriate.
Ordering process	<ul style="list-style-type: none"> • Easy two tier gatekeeping process and clear instructions on the gatekeeping process. • Guidance where there are preferred suppliers for equipment. • Simple process for clinical reasoning with forms embedded within the process. • Minimum number of comment/instruction boxes.
Delivery process	<ul style="list-style-type: none"> • Timely and reliable, adhering to delivery dates. • Offer 3 day service as standard. • Focused time slots for clients. • Good delivery process for self-purchase items.
Installation/fitting	<ul style="list-style-type: none"> • Fitting and installation to be done by prescriber.
Maintenance	<ul style="list-style-type: none"> • Maintenance contract in place. • Set a basic standard for all recycled items.
Recycling	<ul style="list-style-type: none"> • Effective recycling and customisation of stock. • Stock of parts available to facilitate recycling.

Staff	<ul style="list-style-type: none"> • Well organised. • Good product knowledge. • Take responsibility when things go wrong. • Dedicated staff to advise on equipment for children.
Training	<ul style="list-style-type: none"> • Provide training and equipment case studies to prescribers to raise awareness of the range of equipment available and of new items on the market.
Other	<ul style="list-style-type: none"> • Less bureaucratic. • Client centred, customer service approach with good provision for all the community. • Accessible service. • Reliable, responsive and efficient service. • More of everything.

4. Next Steps

An overview of the findings from the survey was presented to members of the Professional Equipment Advisory Group (PEAG) and the Children's Equipment Advisory Group (CEAG) in June 2018 to confirm the main themes identified from the results and to provide an opportunity to collect further suggestions for a great community equipment service. In addition, 24 respondents to the survey who expressed an interest in participating in a focus group were contacted to gather further feedback. The information collected will be used to inform the development of a commissioning strategy and a service specification.

5. Appendix 1: Copy of questionnaire

Your views on what a great community equipment service would look like

Overview

Commissioners in the NHS and Birmingham City Council are working together on what is needed for a future integrated community equipment service.

An important part of the process is getting views from prescribers about what a great community equipment service, which would be fit for the future, might look like.

We want to know your views on what you think a great community equipment service would look like and any innovations we could consider. The online questionnaire includes 15 questions and will take about 10 -15 minutes to complete.

Your responses will be anonymous. However, there will be the opportunity to provide an email address if you wish to participate in a focus group about future community equipment services. The email address will be separated from your responses to preserve your anonymity.

This survey will close on 28th May 2018.

Thank you in advance for taking the time to complete the online questionnaire.

Your responses will help us to provide a better community equipment service for prescribers and patients.

We will be sending out a summary report to all prescribers after the survey closes to let you know what we have found out.

If you have any questions about this survey, please contact
ACInfoResearch@birmingham.gov.uk

About You

1. Which organisation do you work for? (This question requires an answer)

Please select only one item

Birmingham Children's Trust (Social Care)

Birmingham City Council

Birmingham Community Healthcare NHS Foundation Trust

Birmingham Women's and Children's NHS Foundation Trust

Heart of England NHS Foundation Trust

Hospice

Royal Orthopaedic Hospital NHS Foundation Trust

Sandwell and West Birmingham Hospitals NHS Trust

Other

If other, please specify:

2. On average, how often do you order community equipment?

Please select only one item

Daily

At least once a week

At least once a fortnight

At least once a month

Less than once a month

3. Who do you order equipment for?

Please select only one item

Adults

Children

Both Adults and Children

4. What equipment have you ordered?

Please select only one item

Catalogue/standard stock items only

Specials only

Both catalogue/standard stock items and specials

5. Which delivery time are you most likely to use when ordering equipment?

Please select only one item

Emergency delivery - 4 hours

Next day delivery

3 day delivery

7 day delivery

Ordering Process

6. Describe up to 3 features that would make an equipment catalogue great to use.

Suggestion 1

Suggestion 2

Suggestion 3

7. Describe up to 3 things that would ensure an excellent ordering process.

Suggestion 1

Suggestion 2

Suggestion 3

Delivery Process

8. Describe up to three features of a great delivery process.

Suggestion 1

Suggestion 2

Suggestion 3

Installation Service

9. Describe up to 3 things that would ensure an excellent installation service.

Suggestion 1

Suggestion 2

Suggestion 3

Maintenance Service

10. Describe up to 3 features of a great maintenance service.

Suggestion 1

Suggestion 2

Suggestion 3

Collection Service

11. Describe up to 3 things that would ensure a great collection service.

Suggestion 1

Suggestion 2

Suggestion 3

Complaints Process

12. Describe up to 3 features of a great complaints process.

Suggestion 1

Suggestion 2

Suggestion 3

Innovations

13. Describe up to 3 innovations that you think could impact on community equipment services within the next five years.

Suggestion 1

Suggestion 2

Suggestion 3

Any Other Comments

14. Any other comments about what a future community equipment service could look like?

Comments:

Would you like to take part in a Focus Group?

15. We are planning a focus group to gather further feedback about a future community equipment service. If you would be interested in participating in a focus group, please provide your email address for us to contact you.

Email Address:

What would a great community equipment loan service look like?

What citizens told us

Strategy & Integration
Commissioning
Adult Social Care & Health

August 2018
V1.0

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Executive summary

- Questionnaires were completed with 62 citizens in Birmingham to gather their views on what makes a good community equipment service.
- A small majority of respondents (53%) had experience of getting equipment through a community equipment loans service for themselves or someone that they cared for.
- A small majority of respondents (57%) had previously purchased community equipment for themselves or somebody that they cared for.
- When asked where they would go for equipment if they needed it, the top suggestions from citizens were: GP; occupational therapist; social care; NHS bodies such as hospitals or rehabilitation clinics; and self-purchase.
- Citizens gave a number of reasons for previously self-purchasing community equipment, including: a greater choice and range of equipment available; a quicker and easier process; negative experience of community equipment loans services; and not being aware of the loans service.
- Views were collected on all aspects of a community equipment loans service and what makes a 'good community equipment loans service':
 - **Delivery of equipment:** a speedy and reliable service; time slots; good communication at all stages of the process; staff attitude and behaviour; correct equipment received in good condition.
 - **Fitting and installation:** qualified staff with good attitude and behaviour; a good quality fitting; a quick and reliable service; clear communication and information provided to citizens.
 - **Repairs:** equipment repaired or replaced as needed; repairs carried out as quickly as possible; being kept informed at all stages.
 - **Customer service:** staff having key attitudes, skills and behaviours; easy to contact; clear processes; issues resolved quickly; no automated telephone systems.
- Respondents gave their suggestions for how people could be encouraged to return equipment when it was no longer needed. Suggestions included: collecting equipment from homes; collecting equipment more quickly; making it easier to contact the service; and specific innovations such as deposits and labels on equipment.
- Citizens also fed back on the need to further publicise community equipment loan services, the range of equipment available, and how to access the service.

1. Introduction

Birmingham has an integrated community equipment loan service which is jointly funded by NHS Birmingham and Solihull Clinical Commissioning Group (BSol CCG) and Birmingham City Council (BCC). This is currently delivered through an external provider.

The community equipment loan service provides equipment to citizens who require equipment to assist with everyday tasks and live independently at home. This can range from simple mobility aids, such as crutches and walking frames, to more complex and expensive items such as profiling beds and hoists. Items are provided free of charge, on loan or single issue, to people of all ages who meet the agreed criteria.

The provision of community equipment to adults and children enables independent living, facilitates patient discharge from hospital and can contribute to reducing overall costs in the health and social care system.

The current contract for delivering the service is due to expire in 2019 and commissioners in BSol CCG and BCC are working together to determine what is needed in a new Birmingham Community Equipment Loan Service (BCELS). As part of this process, we have spoken to people across Birmingham to gather their views on what makes a great community equipment loan service, using a specially developed questionnaire to explore all aspects of service delivery.

This report summarises our findings from this questionnaire and sets out how we are going to use this information to inform the commissioning process for the new BCELS.

2. Methodology

2.1 Questionnaire

A questionnaire was developed by the commissioning team with questions covering previous experiences of community equipment and all aspects of the community equipment loans service process, from ordering to recycling. Due to the short timescale, and the need to ensure that views from older adults were captured, it was decided that the questionnaire would not be put online but would instead be administered in person with citizens across Birmingham at specially selected sites.

Members of the commissioning team were trained on how to administer the questionnaire with citizens, and a visual 'prompt' sheet was designed with pictures of examples of community equipment to help citizens understand what types of equipment are included.

Questionnaires were administered between 24 May and 12 July 2018 at the following locations:

- Ageing Well in Birmingham Citizen Event, Birmingham City Football Club
- Perry Tree Centre, Kingstanding
- Hagley Road Extra Care Village, Edgbaston
- West Midlands Rehabilitation Centre, Selly Oak
- Victoria College, Northfield

In total, 62 questionnaires were completed with citizens.

2.2 Analysis

Completed versions of the questionnaire were manually input onto Birmingham Be Heard (Birmingham City Council's consultation database), to facilitate easier data storage and analysis.

2.2.1 Quantitative analysis

Closed questions were coded according to a predetermined coding structure. Survey responses were extracted from Birmingham Be Heard and entered onto an Excel database for analysis. The findings are reported in section 3.

2.2.2 Qualitative analysis

Survey responses to open text questions were extracted from Birmingham Be Heard and entered onto an Excel database for analysis.

The qualitative analysis was undertaken in several stages. Comments to each question were considered and manually coded. Themes were then identified from the coded data to inform the key findings. A check on the reliability of the process was undertaken by a second analyst who reviewed the results for a sample of respondents.

The findings are reported in section 3.

2.3 Survey limitations

The questionnaire was administered using a 'convenience sample' of citizens in Birmingham – that is, respondents were not specially selected to reflect the demography of the city, but were identified based on their attendance at one of the locations listed above. This means that there is a risk that responses may not reflect the views of everybody in Birmingham, however this risk was mitigated by ensuring that a variety of sites were visited at different times and on different days. Comparing survey results with other methods of data collection, including a survey carried out with community equipment prescribers, suggests that all significant themes were captured.

The structure and format of the questionnaire meant all respondents were adults over 18 years old. Results therefore do not directly include the views of children or young people, however the views of parents were captured to cover some of the main issues affecting children and young people accessing the community equipment loan service.

3. Key findings

Questionnaires were completed with 62 citizens. Key findings from the questionnaire are set out below.

Q1. If you, or someone you care for, needed equipment to help with everyday tasks where would you go for it?

All 62 respondents answered this question. Eight respondents (13%) stated that they didn't know where they would get community equipment if they needed it. The remaining 54 respondents gave multiple suggestions for where they would go to get equipment.

Category	No. of respondents	% of respondents
Buy it myself	6	10%
Community equipment loan service	2	3%
Internet	3	5%
Local authority - social care	8	13%
Local authority - other	2	3%
Named/identified provider of community equipment	2	3%
NHS - district nurse	4	6%
NHS - GP	15	24%
NHS - occupational therapist	11	18%
NHS - physiotherapist	4	6%
NHS – other (<i>including hospital, rehabilitation clinic</i>)	7	11%
School	3	5%
Misc. (<i>including Careline, support groups</i>)	13	21%
I don't know	8	13%
N/A	3	5%

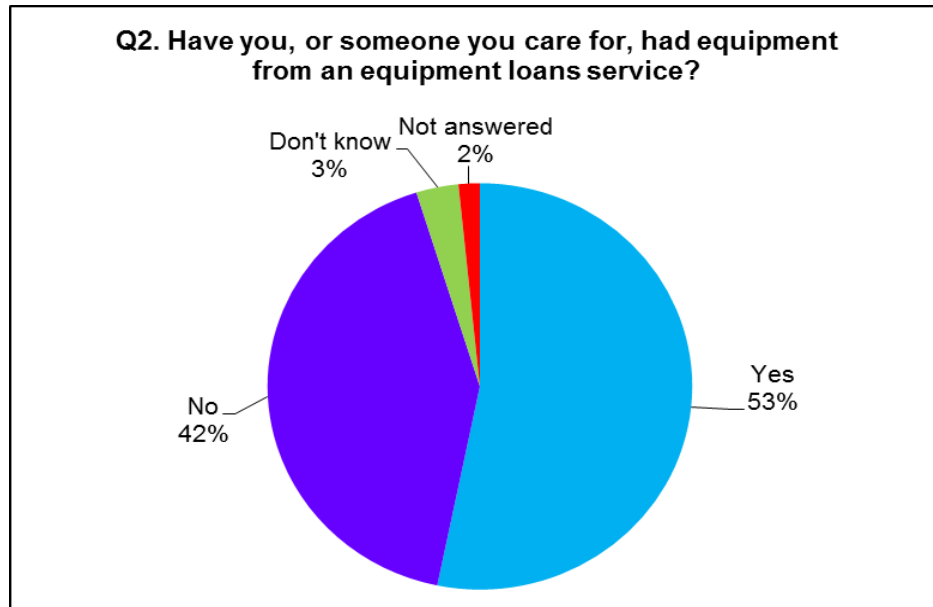
Excluding 'I don't know' and 'non applicable' answers, the five most common suggestions for where to get community equipment were:

Category	No. of respondents	% of respondents
NHS - GP	15	24%
NHS – occupational therapist	11	18%
Local authority – social care	8	13%
NHS - other	7	11%
Buy it myself	6	10%

Only two respondents (3%) stated that they would go to community equipment loan services for equipment if they needed it. However it is unclear whether this is due to a lack of awareness of the service or whether respondents had first-hand experience of the referral process for community equipment services, which can only be accessed following a clinical assessment.

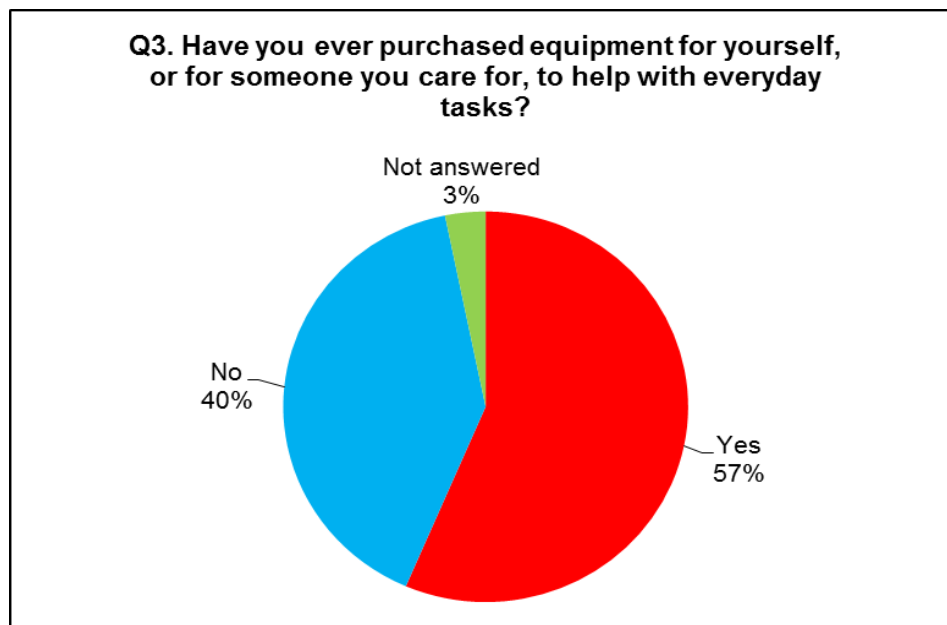
Q2. Have you, or someone you care for, had equipment from an equipment loans service?

Respondents to the questionnaire were slightly more likely to have experience of community equipment loan services, with 53% saying that they, or someone they cared for, had received equipment from a loan service. One respondent did not answer this question.



Q3. Have you ever purchased equipment for yourself or for someone you care for to help with everyday tasks?

57% of citizens completing the questionnaire had purchased equipment for themselves or somebody that they cared for.



Q3.b) Why did you purchase equipment rather than get it from a community equipment loans service?

26 respondents did not answer this question (25 of these had not purchased equipment so the question was not applicable to their experiences).

36 respondents did answer this question, with many giving multiple reasons for purchasing rather than borrowing community equipment. In total, 36 respondents gave 48 reasons why they had purchased equipment.

Reasons for purchasing equipment fell into three broad categories:

- Positive reasons for purchasing rather than borrowing equipment
- Previous negative experience of community equipment loan services
- A lack of awareness of community equipment services

Positive (active) reasons for purchasing rather than borrowing equipment

Many respondents had actively chosen to purchase their own equipment without having prior experience of loan services. Key reasons given for purchasing equipment included:

- More choice (range of equipment available/being able to choose specific items)
- Better quality equipment
- Being able to afford to buy equipment
- Quicker to buy equipment

Other respondents indicated that ownership of equipment was important to them, or that they had bought extra equipment to 'supplement' the equipment they had received on loan (for example, a lightweight wheelchair to use on holiday to go alongside the standard wheelchair available).

Previous negative experience of community equipment loan services

Some respondents had purchased community equipment because they had previous negative experiences of loans services. Key themes included:

- Previously loaned equipment that had repeatedly broken down
- Loan service being too slow
- Loan service being unreliable

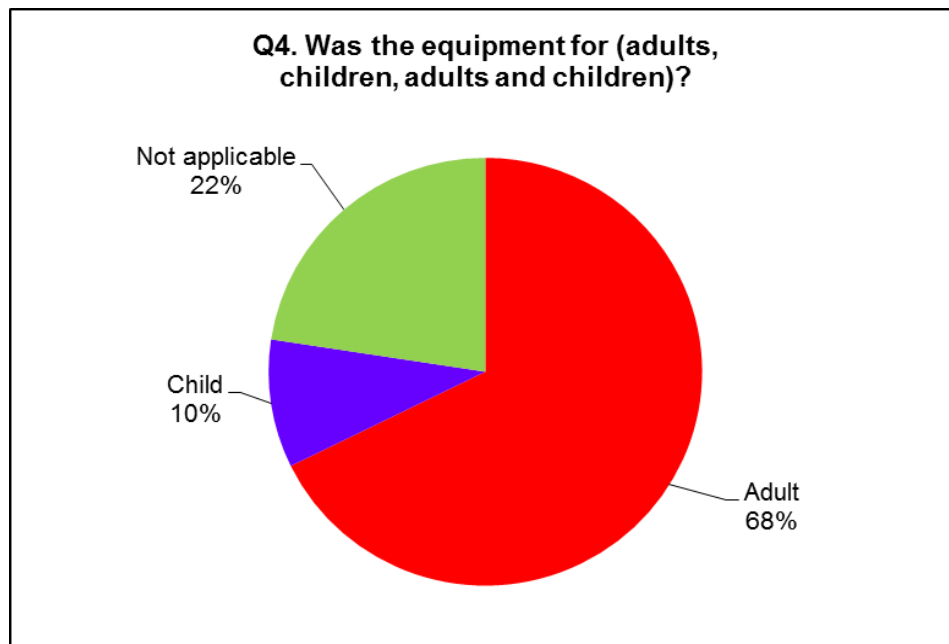
A lack of awareness of community equipment services

A significant proportion of respondents to this question had bought equipment because they were either unaware that community equipment loan services existed (9 respondents), or were not aware of the range of types of equipment that could be borrowed (6 respondents).

Q4. Was the equipment for (adults, children, adults and children)?

Thirteen respondents (22%) did not answer this question as they had no experience of purchasing or borrowing equipment to help with everyday tasks.

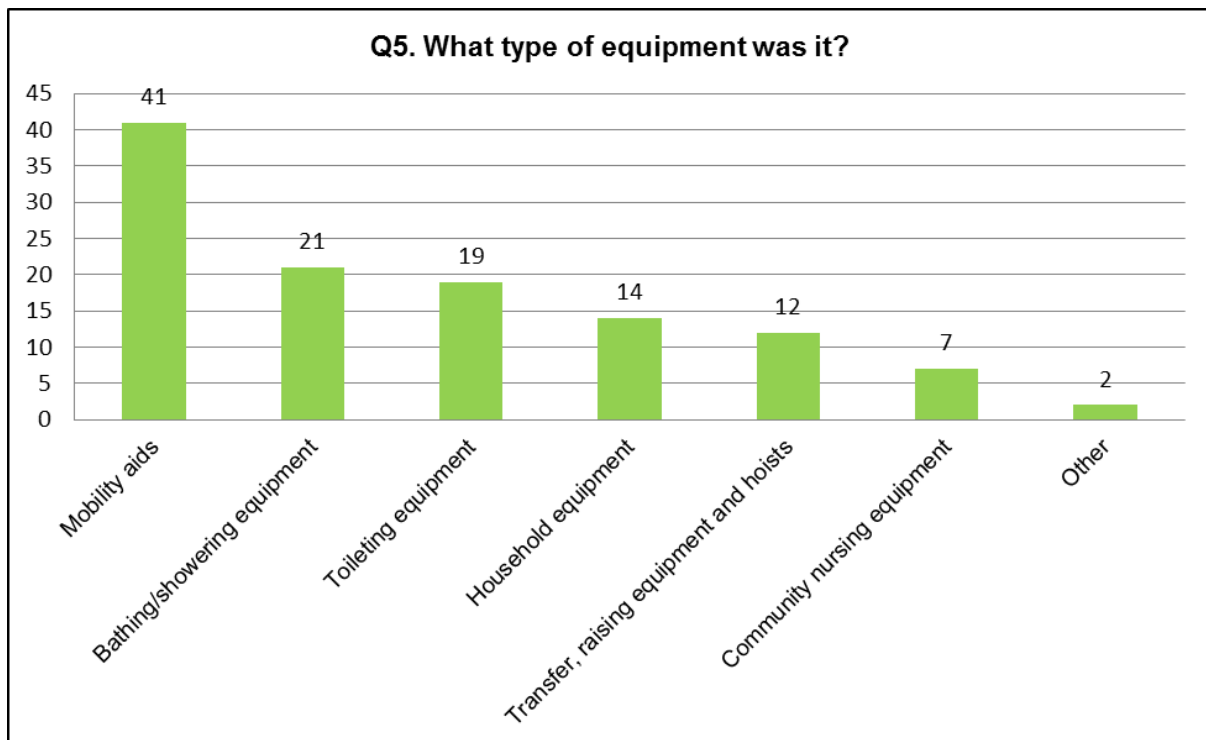
A significant majority of respondents (68%) had purchased or borrowed equipment for an adult.



Q5. What type of equipment was it?

There was a wide range in the types of equipment that people had bought or loaned to help with everyday tasks.

49 respondents had borrowed or purchased community equipment. The most common type of equipment used were mobility aids, with 41 respondents stating that they had bought or loaned these.



Q6. What do you think a good delivery service should offer?

Every respondent answered this question, with 60 respondents providing 119 suggestions for what made a good delivery service (two respondents stated that they 'did not know').

Key themes included:

- Speed and reliability of service
- Importance of communication
- Staff attitude and behaviour
- Condition of equipment

Speed and reliability of service

The majority of suggestions focused on the importance of speed and reliability in a delivery service. A significant proportion of respondents wanted to be given specific time slots for delivery, while others simply wanted deliveries to be made on time. Citizens also wanted a quick service, with equipment delivered promptly. Many respondents emphasised that speed and reliability was particularly important when delivering community equipment, as it was vital medical equipment that was often needed urgently.

Other suggestions included providing a choice of delivery dates and/or times, ensuring that equipment was delivered to the right address and having a safe process where delivery staff understood the importance of having identification when attending someone's home.

Importance of communication

Citizens expected a good delivery service to keep customers informed at every stage of the process, providing updates on any issues and when equipment could be expected to provider. A small number of respondents also highlighted that they would want a service that was easy to contact in case of any issues.

Staff attitude and behaviour

A significant number of respondents gave suggestions regarding the attitude and behaviour of delivery staff, stating that this was an important aspect of a good delivery service. They wanted staff that were polite, professional and willing to provide extra assistance where necessary, for example helping to unpack and set up equipment, or ensuring that equipment was into the right place before leaving.

Condition of equipment

Some respondents said the condition of equipment, once delivered, was an important consideration for them. They wanted the correct equipment to be delivered, in good condition.

Q7. What would you expect from a good fitting/installation service?

61 respondents (98%) answered this question. Of these, four stated that they did not know what they would expect from a good fitting and installation service. The remaining 57 respondents gave 113 suggestions.

Key themes included:

- The attitude, behaviour and qualifications of staff
- The quality of the fitting/installation
- The efficiency of the process
- Communication and provision of information

The attitude, behaviour and qualifications of staff

Citizens saw the attitude, behaviour and qualifications of staff as important aspects of a good fitting and installation service. Staff should be fully qualified to carry out their roles and happy to demonstrate and test equipment with citizens once it was installed, to ensure that it was fitted correctly and that citizens knew how to use it safely.

The quality of the fitting/installation

Respondents emphasised the importance of having a good quality fitting/installation, with no mess left behind and fittings personalised to individual customers.

The efficiency of the process

Many respondents gave suggestions regarding the processes that would enable and support a good fitting and installation service. They wanted a quick and reliable service, with some respondents wanting specific time slots for when work would be carried out rather than a whole day slot.

Communication and provision of information

Communication and provision of information was a key theme. Citizens expected that a good service would communicate well, keeping them updated and informed throughout the whole process. They wanted instructions to be left after the fitting so that citizens knew how to use the equipment, with a contact number provided in case of any issues or concerns.

Q8. What would you expect a good repair service to look like?

61 respondents (98%) answered this question. Of these, four people said that they did not know what they expected from a good repair service. The remaining 57 people gave 107 suggestions for what would make a good repair service.

Key themes included:

- Repair or replacement of equipment
- Speed and efficiency of process
- Importance of communication

Repair or replacement of equipment

Citizens expected that a good repair service would ensure that equipment was repaired to a high standard, and that replacement equipment would be provided if a repair was not possible. Many respondents would also expect a 'courtesy' replacement item to be provided until the repair could take place.

Speed and efficiency of process

There was an emphasis on speed and efficiency, with many respondents expecting that a good repair service would carry out repairs on equipment as quickly as possible. They wanted to have appointment times arranged in advance so that they knew when equipment would be repaired, and to have a reliable service that was on time for appointments.

Importance of communication

Respondents placed importance on good communication and the provision of information throughout the repair process. They wanted a service that kept them informed throughout with staff that had a good attitude and proactively provided information to citizens, as well as being easy to contact (either to report a fault or get updates on a requested repair).

Q9. What do you think would help people to return borrowed equipment promptly?

55 respondents (88%) answered this question. Five people didn't have any suggestions for how to encourage people to return borrowed equipment. The remaining 50 respondents gave 96 suggestions, which could be grouped into three areas:

- Process
- Customer service
- Specific suggestions for improvement or innovation

Process

Some responses concerned the process for returning borrowed equipment and what features would encourage people to return equipment. The majority of responses identified that a collections service, whereby the community equipment loans service collected equipment from people's homes, would work better than a returns system where people had to take back equipment themselves. They went on to say that collections should be made quickly, especially when there had been a bereavement, and that it might help if collections could be arranged in advance.

Where people did return equipment, there should be a clear process for doing so.

Customer service

Respondents stated that being able to contact the service easily would encourage people to return equipment.

Specific suggestions for improvement or innovation

The majority of respondents gave suggestions for specific innovations or improvements that they felt would improve equipment return rates.

Innovation/improvement	No. of respondents
Labels on equipment with service/contact information	10
Deposits paid on equipment, repaid on return	10
Charges for equipment that is not returned	4
Information provided to citizens about why equipment should be returned (such as a leaflet)	4
Proactive management of equipment by the service e.g. improved record keeping, sending reminder letters to citizens, periodically checking the location of equipment	4
Trackers on equipment	2

Other suggestions made include:

- Providing a credit when equipment is returned
- Signing a contract when receiving equipment
- Delivering and collecting equipment at the same time (exchanging old for new)
- Training staff to emphasise at all stages of the process that equipment must be returned

Q10. What do you think a good customer service would be like?

55 respondents (88%) answered this question. Of these, three stated that they did not know what they thought good customer service looked like. The remaining 52 respondents gave a total of 117 suggestions for good customer service.

Themes included:

- The attitude and behaviour of staff
- The customer service process
- Communication systems

The attitude and behaviour of staff

The majority of responses focused on the specific attitudes, behaviours and skills that were necessary for staff working in customer service. These could be grouped together into the following requirements for staff:

- Knowledgeable
- Polite and professional
- Friendly and caring
- Good communication and listening skills
- Responsible and reliable – ‘doing what they say they will’
- Helpful and positive

Respondents were also clear that they wanted to speak to as few people as possible when they contacted the service – they didn’t want to be passed around multiple members of staff, but wanted someone to take responsibility for solving their issue as soon as possible.

The customer service process

Some respondents identified key aspects of a good customer service process. These included being able to make contact easily, having lots of information provided about the process and what was going to happen, and having issues resolved quickly.

Communication systems

Many respondents said that a good customer service did not involve automated telephone systems or switchboards – they wanted to speak to ‘a real person’ when they contacted the service, and felt that automated systems would be a barrier for older or vulnerable adults. They wanted a central phone number to call if they needed to make contact.

Q11. Anything else you would like to tell us about what would make a good equipment loans service?

Finally, we asked respondents if they had any further suggestions or feedback on what would make a good community equipment loan service. 40 respondents (65%) chose to answer this question.

Responses to this question could be grouped into four themes:

- The need to publicise the service
- Previous experiences of community equipment services
- Funding
- Specific suggestions for developing the service

The need to publicise the service

A significant number of respondents (12) suggested that there was a need to more widely publicise the community equipment loan service, what equipment was available and how it could be accessed.

Suggestions for how to promote the service included leaflets, accessible websites, and including information in bulletins at Extra Care villages.

A lack of awareness of the service was also highlighted in responses to Q3.b) exploring reasons why people had chosen to buy equipment rather than loan it.

Previous experiences of community equipment services

Some respondents chose to feedback on their experiences of using a community equipment service. Feedback was mixed, however, it was unclear whether the feedback related to the service provided in Birmingham.

Funding

A number of responses focused on funding and financial arrangements for the community equipment service. Feedback received included:

- Money is being spent unnecessarily
- The council pays contractors and suppliers too much for equipment and work carried out
- The service requires additional funding, perhaps from the UK Government or the West Midlands Combined Authority (WMCA)

Specific suggestions for developing the service

Respondents provided a number of suggestions for how the service could be further developed.

Equipment	<ul style="list-style-type: none"> • Equipment could look less clinical/hospital-like • Suggestions for specific items of equipment e.g. folding chairs for use outside the home • A better range of equipment with more choices
Service expansion	<ul style="list-style-type: none"> • An 'Avon lady' style service where representatives come to homes and demonstrate range of equipment available • Arrangements with local charities and voluntary organisations to buy equipment for citizens and then reimburse • More help provided with adaptations • A good repair service where equipment is collected, repaired and brought back
Customer service	<ul style="list-style-type: none"> • Easy to contact and deliver on promises • Not being passed from person to person • Checking with citizens what equipment they would like before it is ordered • A good relationship between the provider and the citizen • Accessible at a reasonable time • Common sense, flexibility, accuracy, understanding • Compassionate with families after the loss of a child
Processes	<ul style="list-style-type: none"> • Check in with citizens to see if equipment is working for them • Have a clear list of equipment with pictures to make it easier for citizens to see what is available • It is important to provide citizens with instructions and information e.g. about collections • Coherent & cohesive approach to working with other services • Keep us on case load • The service should be prompt • Pay someone to coordinate returns and work with other agencies • Old equipment to be collected
Miscellaneous	<ul style="list-style-type: none"> • I would always rather buy my equipment rather than borrow it • To have a catalogue of equipment available to loan

4. Next steps

The information collected from this questionnaire will be used to inform the commissioning of the new Birmingham Community Equipment Loan Service, through the development of a commissioning strategy and service specification.

Appendix 1 – Citizen questionnaire

Your views on what a great Community Equipment Loans Service would look like

Introduction

Birmingham City Council wants to ensure it provides the best community equipment loans service that it can.

An equipment loans service is one that loans out equipment to help people who have been assessed as needing help with everyday tasks. (*Show pictures*).

Examples of equipment would be things like walking sticks and frames; raised toilet seats, bath seats, specialist chairs and beds and so on.

We are interested in your views of what a good equipment loans service should be like. And you can help us even if you have never borrowed any equipment of this type.

It should only take about 10 minutes of your time.

Questions

About You

1. If you, or someone you care for, needed equipment to help with everyday tasks where would you go for it?

2. Have you, or someone you care for, had equipment from an equipment loans service? (choose one)

Yes ☐

No ☐

Don't Know ☐

3. Have you ever purchased equipment for yourself or for someone you care for to help with everyday tasks? (choose one)

Yes ☐

No ☐

Don't Know ☐

If answered yes – ask 3b

3b. Why did you purchase equipment rather than get it from a community equipment loans service?

If answered NO to Q2 or Q3 – please go straight to Question 6

If answered YES to Q2 or Q3 – go to Question 4

4. Was the equipment for? (choose one)

Adult ☐

Child ☐

Adult and Child ☐

5. What type of equipment was it? (tick all that apply)

- Bathing/showering equipment ☐
- Toileting equipment ☐
- Household equipment ☐
- Transfer, raising equipment and hoists ☐
- Community nursing equipment ☐
- Mobility aids ☐

Other

Can't remember ☐

Delivery of equipment

Thinking about when equipment is to be delivered to a person's home.

6. What do you think a good delivery service should offer? (What would minimize inconvenience?)

7. What would you expect from a good fitting/installation service? (What would minimize inconvenience?)

Repairs

Thinking about if the equipment becomes damaged and needs to be repaired.

8. What would you expect a good repair service to be like? (What would minimize inconvenience?)

Return of loaned equipment

When equipment is borrowed from a loans service, the equipment should be returned when it is no longer needed.

9. What do you think would help people to return borrowed equipment promptly? (What would encourage people to return borrowed equipment?)

Customer Service

Sometimes problems or queries can arise with equipment, and help may be needed through customer services.

10. What do you think a good customer service would be like? (What makes a good customer service experience?)

Any Other Comments

11. Anything else you would like to tell us about what would make a good equipment loans service?

Panel

12. Would you be interested in being part of a panel to help plan future services?

If yes – ask them to complete the form to register their interest and collect the form from them. Give person the 'Fair processing' hand-out to take away for information on how BCC processes personal data.

Thank you very much for your time. Your views will help us to plan future services.

**BIRMINGHAM CITY COUNCIL
PUBLIC REPORT**

Item 8

Report to:	CABINET
Report of:	CORPORATE DIRECTOR, FINANCE AND GOVERNANCE
Date of Decision:	9 October 2018
SUBJECT:	PERFORMANCES BIRMINGHAM LTD – MAKING AN ENTRANCE – FUNDING REVIEW
Key Decision:	Yes
If not in the Forward Plan:	Relevant Forward Plan Ref: 005538/2018
(please "X" box)	Chief Executive approved <input type="checkbox"/>
Relevant Cabinet Member(s) or	O&S Chair approved <input type="checkbox"/>
Relevant Executive Member:	Councillor Brett O'Reilly – Finance and Resources and
Relevant O&S Chair:	Councillor Jane Francis – Education, Skills and Culture
	Councillor Sir Albert Bore – Resources; Councillor
	Penny Holbrook – Housing and Neighbourhoods
Wards affected:	Ladywood

1. Purpose of report:

- 1.1 To update Cabinet on Performance Birmingham Limited's (PBL) plans to improve the ICC entrance way as part of the project – Making an Entrance.
- 1.2 To note that PBL are expected to require approval for a loan facility for the completion of their project following their fund raising activities and this decision will put such a facility in place.
- 1.3 To note that commercially sensitive matters are contained within the accompanying private report.

2. Decision(s) recommended:

That Cabinet :-

- 2.1 Notes the proposal to put in place a loan facility for up to £3m for PBL to access once their grant fund raising activities in relation to Making and Entrance are complete.

Lead Contact Officer Alison Jarrett, Assistant Director Development and Commercial Finance
Telephone No: 0121 675 5431
Email Address: alison.jarrett@birmingham.gov.uk

3. Consultation

3.1 Internal

The Cabinet Members for Resources and Education, Skills and Culture have been consulted on the overall proposals for Making an Entrance project and the funding proposal and are supportive.

Officers in Legal Services and Finance have been involved in the preparation of this report. The Corporate Director of Place has been consulted and is supportive of the report coming forward.

3.2 External

No external consultation has taken place on the loan facility aspect of the project. PBL has undertaken their own consultation on their project.

4. Compliance Issues:

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

4.1.1 Creating a city of vibrant culture is in accordance with the objectives of the Council Plan and Budget 2018+ and the Making an Entrance project specifically contributes towards:

4.1.2 **Birmingham is a great city to live in:** This scheme will provide a new entrance performance area for the ICC and will extend and re-model the Symphony Hall's public spaces to create a building that is economically sustainable, vibrant, and connected to the public realm..

4.1.3 **Birmingham is an entrepreneurial city to learn and work and invest:** Activity within the cultural sector of the City will attract business relocations and increase the leisure offer for workers and investors . Capital investment in the project will support the local economy.

4.1.4 **Birmingham is an aspirational city to grow up in;** increasing the leisure and cultural opportunities will enhance the City's reputation and improve such provision for its citizens and visitors.

4.1.5 **Birmingham residents gain the maximum benefit from hosting the Commonwealth Games:** Making an Entrance project is planned for completion in time to be able to play a part in the public realm of Centenary Square and in the hosting of the Commonwealth Games. It will project a positive image of the city.

4.1.6 **Birmingham Business Charter for Social Responsibility (BBC4SR)**

This proposal for a loan facility to PBL is not a procurement activity. PBL are members of the BBCSR and their continued compliance to the Charter will be a condition precedent within the loan documentation.

4.2 Financial Implications (How will decisions be carried out within existing finances and Resources?)

4.2.1 PBL is a company limited by guarantee from Birmingham City Council as sole guarantor. The company receives a revenue support grant from the council as shown in the table below:

	2019/20	2020/21	2021/22	2022/23	2023/24
BCC Core Grant	1,270	1,150	1,060	1,000	950

4.2.2 Financial details of the project and loan facility are contained within the private report

4.3 **Legal Implications**

4.3.1 Section 111 of the Local Government Act 1972 confers power on the Council to do anything(whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to the discharge of any of its functions.

4.4 **Public Sector Equality Duty**

4.4.1 There is no requirement for an Equalities Assessment as this decision relates to a financial transaction and will not have an impact on communities, groups or individual citizens.

4.5 **Procurement Strategy**

4.5.1 There is no procurement element to this decision.

5. **Relevant background/chronology of key events:**

5.1 Symphony Hall (SH) is one of the finest concert halls in the world. Presenting a world-class programme of music and education, it is a major cultural draw for Birmingham and is the home of the City of Birmingham Symphony Orchestra (CBSO). Over 350,000 audiences enjoyed performances at SH in 2015, across a programme of classic, jazz, folk, rock, pop, comedy and community events, high levels of audience continue to date.

5.2 The organisation which operates Symphony Hall, Performances Birmingham Limited (PBL) is about to embark upon a £13.5m capital construction project. This construction project extends and re-models SH's public spaces to create a building that is economically sustainable, vibrant, and connected to the public realm.

5.3 Key physical components of the development are:

- An extended glass frontage into Centenary Square
- 750m² additional space
- A dedicated front door, separate to the ICC entrance
- New bars and hospitality
- 588m² of underused space brought into commercial and learning use
- New learning, education and meeting spaces
- New corporate hospitality suites
- A relocated box office
- Enhanced FOH (front of house) performance space

5.4 PBL is undertaking a fund raising programme and approached the council for a loan facility in order to complete the project should this fund raising not reach the required level.

Evaluation of alternative option(s):

6.1 Options were considered by the City:

Option 1 – do nothing

Option 2 – Provide a loan facility – pricing options are detailed within the private report as they contain commercially sensitive detail.

7. Reasons for Decision(s):

7.1 To note the intention to provide a loan facility to PBL.

Signatures

Date

Councillor Brett O'Reilly
Cabinet Member for Finance and Resources

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Councillor Jane Francis
Cabinet Member for Education, Skills and
Culture

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Clive Heaphy
Corporate Director, Finance and Governance

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List of Background Documents used to compile this Report:

List of Appendices accompanying this Report (if any):

PROTOCOL PUBLIC SECTOR EQUALITY DUTY

- 1 The public sector equality duty drives the need for equality assessments (Initial and Full). An initial assessment should, be prepared from the outset based upon available knowledge and information.
- 2 If there is no adverse impact then that fact should be stated within the Report section 4.4 and the initial assessment document appended to the Report duly signed and dated. A summary of the statutory duty is annexed to this Protocol and should be referred to in section 4.4 of executive reports for decision and then attached in an appendix; the term 'adverse impact' refers to any decision-making by the Council which can be judged as likely to be contrary in whole or in part to the equality duty.
- 3 A full assessment should be prepared where necessary and consultation should then take place.
- 4 Consultation should address any possible adverse impact upon service users, providers and those within the scope of the report; questions need to assist to identify adverse impact which might be contrary to the equality duty and engage all such persons in a dialogue which might identify ways in which any adverse impact might be avoided or, if avoidance is not possible, reduced.
- 5 Responses to the consultation should be analysed in order to identify:
 - (a) whether there is adverse impact upon persons within the protected categories
 - (b) what is the nature of this adverse impact
 - (c) whether the adverse impact can be avoided and at what cost – and if not –
 - (d) what mitigating actions can be taken and at what cost
- 6 The impact assessment carried out at the outset will need to be amended to have due regard to the matters in (4) above.
- 7 Where there is adverse impact the final Report should contain:
 - a summary of the adverse impact and any possible mitigating actions (in section 4.4 or an appendix if necessary)
 - the full equality impact assessment (as an appendix)
 - the equality duty (as an appendix).

Equality Act 2010

The Executive must have due regard to the public sector equality duty when considering Council reports for decision.

The public sector equality duty is as follows:

- 1 The Council must, in the exercise of its functions, have due regard to the need to:
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act;
 - (b) advance equality of opportunity between persons who share a relevant protected

characteristic and persons who do not share it;

- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

2 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

3 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

4 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- (a) tackle prejudice, and
- (b) promote understanding.

5 The relevant protected characteristics are:

- (a) marriage & civil partnership
- (b) age
- (c) disability
- (d) gender reassignment
- (e) pregnancy and maternity
- (f) race
- (g) religion or belief
- (h) sex
- (i) sexual orientation

BIRMINGHAM CITY COUNCIL

PUBLIC REPORT

Item 9

Report to:	CABINET
Report of:	DIRECTOR OF COMMISSIONING & PROCUREMENT
Date of Decision:	9 OCTOBER 2018
SUBJECT:	PLANNED PROCUREMENT ACTIVITIES (DECEMBER 2018 – FEBRUARY 2019)
Key Decision:	No
Relevant Forward Plan Ref:	n/a
If not in the Forward Plan:	Chief Executive approved <input type="checkbox"/>
(please "tick" box)	O&S Chair approved <input type="checkbox"/>
Relevant Cabinet Member(s) or	Cllr Brett O'Reilly, Finance and Resources
Relevant Executive Member	
Relevant O&S Chair:	Cllr Sir Albert Bore, Resources
Wards affected:	All

1. Purpose of report:

- 1.1 This report provides details of the planned procurement activity for the period December 2018 – February 2019. Planned procurement activities reported previously are not repeated in this report.

2. Decision(s) recommended:

That Cabinet

- 2.1 Notes the planned procurement activities under officer delegations set out in the Constitution for the period December 2018 – February 2019 as detailed in Appendix 1.

Lead Contact Officer (s):

Nigel Kletz
Corporate Procurement Services
Strategic Services Directorate

Telephone No:

0121 303 6610

E-mail address:

nigel.kletz@birmingham.gov.uk

3. Consultation

3.1 Internal

This report to Cabinet is copied to Cabinet Support Officers and to Resources Overview & Scrutiny Committee and is the process for consulting with relevant cabinet and scrutiny members. At the point of submitting this report Cabinet Members/ Resources Overview & Scrutiny Committee Chair have not indicated that any of the planned procurement activity needs to be brought back to Cabinet for executive decision.

3.2 External

None

4. Compliance Issues:

4.1 Are the recommended decisions consistent with the Council's policies, plans and strategies

4.1.1 Details of how the contracts listed in Appendix 1 support relevant Council policies, plans or strategies, will be set out in the individual reports.

4.1.2 Birmingham Business Charter for Social Responsibility (BBC4SR)

Compliance with the BBC4SR is a mandatory requirement that will form part of the conditions of the contracts. Tenderers will submit an action plan with their tender that will be evaluated in accordance with the agreed evaluation criteria and the action plan of the successful tenderers will be implemented and monitored during the contract period. Payment of the Living Wage, as set by the Living Wage Foundation, is a mandatory requirement of the BBC4SR and will apply for all contracts in accordance with the Council's policy for suppliers to implement the rate.

4.2 Financial Implications

Details of how decisions will be carried out within existing finances and resources will be set out in the individual reports.

4.3 Legal Implications

Details of all relevant implications will be included in individual reports.

4.4 Public Sector Equality Duty

Details of Risk Management, Community Cohesion and Equality Act requirements will be set out in the individual reports.

5. Relevant background/chronology of key events:

- 5.1 At the 1 March 2016 meeting of Council changes to procurement governance were agreed which gives Chief Officers the delegated authority to approve procurement contracts up to the value of £10m over the life of the contract. Where it is likely that the award of a contract will result in staff employed by the Council transferring to the successful contractor under TUPE, the contract award decision has to be made by Cabinet.
- 5.2 In line with the Procurement Governance Arrangements that form part of the Council's Constitution, this report acts as the process to consult with and take soundings from Cabinet Members and the Resources Overview & Scrutiny Committee.
- 5.3 This report sets out the planned procurement activity over the next few months where the contract value is between the EU threshold (£181,302) and £10m. This will give members visibility of all procurement activity within these thresholds and the opportunity to identify whether any procurement reports should be brought to Cabinet for approval even though they are below the £10m delegation threshold.
- 5.4 It should be noted that the EU threshold has changed from £164,176 to £181,302 and will apply from 1st January 2018 for a period of 2 years.
- 5.5 Individual procurements may be referred to Cabinet for an executive decision at the request of Cabinet, a Cabinet Member or the Chair of Resources Overview & Scrutiny Committee where there are sensitivities or requirements that necessitate a decision being made by Cabinet.
- 5.6 Procurements below £10m contract value that are not listed on this or subsequent monthly reports can only be delegated to Chief Officers if specific approval is sought from Cabinet. Procurements above £10m contract value will still require an individual report to Cabinet in order for the award decision to be delegated to Chief Officers if appropriate.
- 5.6 A briefing note including financial information is appended to the Private report for each item on the schedule.

6. Evaluation of alternative option(s):

- 6.1 A report approved by Council Business Management Committee on 16 February 2016 set out the case for introducing this process. The alternative option is that individual procurements are referred to Cabinet for decision.

7. Reasons for Decision(s):

- 7.1 To enable Cabinet to identify whether any reports for procurement activities should be brought to this meeting for specific executive decision, otherwise they will be dealt with under Chief Officer delegations up to the value of £10m, unless TUPE applies to current Council staff.

Signatures:

Date:

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Nigel Kletz – Director of Commissioning & Procurement

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Councillor Brett O'Reilly – Finance and Resources

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List of Background Documents used to compile this Report:

List of Appendices accompanying this Report (if any):

Appendix 1 - Planned Procurement Activity December 2018 – February 2019

Report Version 1 **Dated** 26/09/2018

APPENDIX 1 – PLANNED PROCUREMENT ACTIVITIES (December 2018 – February 2019)

Type of Report	Title of Procurement	Ref	Brief Description	Contract Duration	Directorate	Portfolio Finance and Resources Plus	Finance Officer	Contact Name	Planned CO Decision Date
Approval to Tender Strategy	Repairs to a Roof at Moseley Road Baths	TBC	There is a requirement for the replacement of one of the roofs at the baths. A conservation architect has been appointed and completed a detailed survey of the work required, in conjunction with Historic England and the National Trust.	5 months	Place	Education, Skills and Culture	Guy Olivant	Dave Wagg / Charlie Short	19/11/2018
Approval to Tender Strategy	Home Support for Adults in Prison at HMP Birmingham	TBC	For a suitably qualified care provider to deliver Care and Support for one Prison on a Commissioned (as required) basis. The Service will enable Service Users to achieve their identified outcomes in order to improve their independence and ability to self-manage and to achieve and maintain their desired potential in relation to their physical, intellectual, emotional and social capacity.	3 years plus 1 year option to extend	Adults and Social Care	Health and Social Care	Shabir Ladak	Chris MacAdams / Gina Dimarco	19/11/2018
Approval to Tender Strategy	Multifunctional and Print Room Devices and Print Management Software and Services	P0466	A range of Multifunctional print Devices and Print Management Software and Services including supply, installation and maintenance of products.	4 years	Strategic Services	Deputy Leader	Thomas Myers	Andrea Webster	19/11/2018
Works Quotation	Replacement of the Glasshouses at Cofton Nursery	TBC	The replacement of the glasshouses and the building of office and accommodation facilities at Cofton Nursery.	6 months	Economy	Deputy Leader	Simon Ansell	Noel Phillips / Charlie Short	19/11/2018
Approval to Tender (SCN)	Shared Lives - Growth Accelerator	TBC	A nationally recognised model of care which delivers consistently high outcomes for service users. The Shared Lives model is based on the notion that an individual or family is paid a modest amount to include a service user in their family and community life. This lends itself to the service user developing a number of close contacts within their local social community and participating fully in the community they live in.	3 years	Adults and Social Care	Health and Social Care	Peter Woodall	Sarah Feeley / Mike Smith	19/11/2018
Strategy / Award	Supply of Tyres and Associated Services	TBC	This contract covers the following: • Provision of a mobile tyre fitting service including carrying emergency road side repairs • Carrying out periodic tyre inspections on all fleet and waste vehicles • Supply and fit approximately 4,000 tyres and associated products and services in accordance with relevant statutory regulation and guidelines per annum. • Disposal and recycling of all used tyres in accordance with statutory regulations	4 years	Economy	Transport and Environment	Simon Ansell	Jackie Woollam / Darren Langley	19/11/2018
Approval To Tender (SCN)	Engagement of Waste Engineering and Technical Advisors	TBC	Engineering and technical advisors to support the delivery of an overrun agreement and procurement of a new waste treatment and disposal contract. This is a critical project that will deliver significant improvements and savings within the Waste Service.	3 years with the option to extend for a further 3 years	Place	Clean Streets, Waste and Recycling	Fazal Khan	Michelle Climer / Darren Langley	19/11/2018
Approval To Tender (SCN)	Birmingham Adult Education Services (BAES) – Progressing delivery of the recommendations of the OFSTED report	TBC	Progressing delivery of the recommendations of the OFSTED report.	6 months with break clause 31/12/2018	Place	Education, Skills and Culture	Guy Olivant	Lesley Ariss / David Waddington	19/11/2018

