

# Equality Analysis

## Birmingham City Council Analysis Report

<b>EA Name</b>	Adult Social Care Commissioning Strategy
<b>Directorate</b>	People
<b>Service Area</b>	People - Policy And Commissioning
<b>Type</b>	Amended Policy
<b>EA Summary</b>	To outline the commissioning strategy for a range of social care services (the "Social Care Framework Agreement") and to seek approval to implement the strategy, to be operational from 1st April 2018.
<b>Reference Number</b>	EA002326
<b>Task Group Manager</b>	sharon.d.gentles-garlick@birmingham.gov.uk
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### Introduction

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

#### **Initial Assessment**

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

#### **Relevant Protected Characteristics**

For each of the identified relevant protected characteristics there are three sections which will have been completed.

- Impact
- Consultation
- Additional Work

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

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

## 1 Activity Type

The activity has been identified as an Amended Policy.

## 2 Initial Assessment

### 2.1 Purpose and Link to Strategic Themes

#### **What is the purpose of this Policy and expected outcomes?**

The City Council currently has commissioning framework arrangements in place for Home support (all ages) Residential Care without (older adults), Residential care with Nursing Care (older adults). These arrangements come to an end on 31st March 2018. A new framework gives an opportunity to improve arrangements that will deliver better outcomes to citizens, improve the quality of services and improve resilience and sustainability of the market and supported living and residential care with or without nursing for younger adults 18 to 64 years old.

**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
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**Comment:**

This relates to home support services for children and young people with a disability.

Health: Helping People Become More Physically Active And Well	Yes
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**Comment:**

This proposal should improve the quality of support to vulnerable adults and children and young people with a disability.

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

This relates to supported living accommodation and residential care with and without nursing.

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

This relates to the number of people who work in the care sector.

### 2.2 Individuals affected by the policy

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

There are approximately 13,500 adults (18+ years) receiving adult social care support from the City Council. Over the financial year 16/17, the City Council spent £174m (net) on commissioned adult social care services.

Birmingham's older population, (65+ years) is lower than the UK average. This group is expected to grow by 6.6% by 2021. The rate of growth is however much higher for the more elderly groups:

- The 65-84 age group will increase by 5.4% over the next five years, to 132,084 people.
- The 85+ age group will increase by 13.5% over the next five years, to 24,341, having already grown by 12.7% during 2001-2011, and by 12.4% 2011-2016.
- The 90 and over group has the largest projected percentage increase - by 21%, or 1,602 people.

There are also approximately 150 children and young people with a disability in receipt of home

support services.

There are also approximately 150 children and young people with a disability in receipt of home support services. The prevalence of children and young people with Special Educational Needs (SEN) and disabilities is increasing. The rates of those with an SEN Statement of Education Health and Care Plan in Birmingham, is 3.2% higher than the national average. By 2025 the 0-24 population in Birmingham is predicted to increase by 26,000 (from 404,112 based on the Birmingham Census 2011) with the biggest increase in the 10-14 age group (Source: SEND Needs Analysis)

Another purpose of the proposals made and considered in this Equality Assessment is to ensure that there is sufficient provision of quality care in the City to meet future demands.

Will the policy have an impact on employees?	Yes
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**Comment:**

Skills for Care have estimated that there are over 25,000 adult social care jobs in Birmingham, a significant number of them will be associated with the delivery of City Council care contracts.

It is expected that citizens who use City Council contracted care services in Birmingham and their carers will benefit from increased skills development among care staff, increased staff performance and job satisfaction and increased staff retention, as a result of the introduction of the Commissioning Strategy.

This impact of the proposals on employees of Birmingham City Council will be limited to new ways of working and revised processes and procedures to follow.

Will the policy have an impact on wider community?	Yes
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**Comment:**

Our vision for Birmingham is to have a vibrant, diverse and sustainable local health and social care market, which supports the achievement of better outcomes, increased independence and choice and control for adults.

This vision is supported by three clear aims to improve;

1. Outcomes for those with health, care and support needs
2. the quality of commissioned health and care services
3. the resilience and sustainability of our health and social care system.

To deliver this vision we must recognise that much of the need for care and support is met by people's own efforts including their families, friends or other carers and by community networks. Services bought by the Council and NHS need to support and compliment individual and personal care and support resources.

## 2.3 Relevance Test

Protected Characteristics	Relevant	Full Assessment Required
Age	Relevant	Yes
Disability	Relevant	Yes
Gender	Relevant	Yes
Gender Reassignment	Not Relevant	No

Marriage Civil Partnership	Not Relevant	No
Pregnancy And Maternity	Not Relevant	No
Race	Relevant	Yes
Religion or Belief	Relevant	Yes
Sexual Orientation	Not Relevant	No

## **2.4 Analysis on Initial Assessment**

Our vision for Birmingham is to have a vibrant, diverse and sustainable local health and social care market, which supports the achievement of better outcomes, increased independence and choice and control for adults and children and young people with a disability.

We recognise that if people are to live better lives and achieve better outcomes then we need to help people, their families and the community to have greater choice and control about the care that they receive, to promote independence and to ensure that all adults and children and young people with disabilities have access to the support that they require to live safely and independently.

The proposed approach to the commissioning of adults social care provides a framework for the future commissioning of services that will support us to achieve our key aims to;

- . Improve outcomes for citizens
- . Improve the quality of care delivered
- . Improve the resilience and sustainability of the wider health and social care system.

The key themes of the proposals are;

The inclusion of residential and nursing services for under 65's

Not doing business with inadequate providers.

Fixed pricing

The introduction of a quality framework for all providers on the framework (based on CQC standards), by which providers can be measured and rated, which includes customer feedback.

All packages of care to be offered to the highest quality provider who bids

Annual inspection by the council for all providers.

Home support providers grouped by geographical area of the city to reduce care travel time and reduce missed/late calls.

support to providers to train and retain employees and increase the quality of care delivered.

Develop a social value approach that is linked to a community asset approach.

### 3 Full Assessment

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

#### 3.1 Age - Assessment Questions

##### 3.1.1 Age - Relevance

Age	Relevant
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##### 3.1.2 Age - Impact

###### **Describe how the Policy meets the needs of Individuals of different ages?**

There have previously been different contracting arrangements for citizens of different ages - 18-64 year, children with a disability and 65+.

The proposal is for the framework arrangements to cover all adults and children's home support. Therefore benefits from the new framework will impact on all adults eligible for social care, and those children with a disability in receipt of home support.

###### **Comment:**

Of the 15,500 citizens receiving adult social care from Birmingham City Council as at 7th July 2017, 35% were aged between 18 and 64 years, while 65% were 65 years or older.

The home support framework contract will include services for children under 18 yrs. There are a total of 156 disabled children and young people who receive a service as at 26 September 2017.

Do you have evidence to support the assessment?	Yes
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###### **Please record the type of evidence and where it is from?**

Care recording as part of a social care assessment and consultation feedback from citizens and providers

You may have evidence from more than one source. If so, does it present a consistent view?	Yes
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##### 3.1.3 Age - Consultation

Have you obtained the views of Individuals of different ages on the impact of the Policy?	Yes
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###### **If so, how did you obtain these views?**

Formal consultation from 5th April to 4th July 2017, the consultation was undertaken using varying methods including face to face discussions, completion of on line questionnaires, dedicated phone line and via email.

Letters were sent to all users and in the case of children and young people to their carers, to inform them of the consultation scope and ways to engage. Over 30 events were held in various locations around the city, staff information meetings were also held and commissioners visited staff team meetings. Promotional materials were sent to health to encourage their patients etc to engage in the consultation exercise.

Have you obtained the views of relevant stakeholders on the impact of the Policy on Individuals of different ages?	Yes
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###### **If so, how did you obtain these views?**

Formal consultation from 5th April to 4th July 2017, the consultation was undertaken using varying methods including face to face discussions, completion of on line questionnaires,

dedicated phone line and via email.

Letters were sent to all users to inform them of the consultation scope and ways to engage, over 30 events were held in various locations around the city for providers and service users, staff information meetings were also held and commissioners visited staff team meetings. events/meetings and promotional materials were sent to health to encourage health colleagues and their patients etc to engage in the consultation exercise.

**Comment:**

An extensive consultation exercise took place, with 238 on online questionnaires completed by a range of stakeholders including 55% from service users, 22% from family members and carers and 15% from care providers. 252 people attended more than 30 face to face events with gave the opportunity for in depth discussions on the proposals.

The commissioning team attended 12 events with internal staff from across the council as part of the consultation to gain views and feedback.

Is a further action plan required?	No
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### 3.1.4 Age - Additional Work

Do you need any more information or to do any more work to complete the assessment?	No
Do you think that the Policy has a role in preventing Individuals of different ages being treated differently, in an unfair or inappropriate way, just because of their age?	Yes
Do you think that the Policy could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	No

**Please explain how individuals may be impacted.**

The proposed commissioning strategy sets out a set of quality standards that will apply to all providers on the contract framework. For the first time care providers of younger adult services will be monitored and measured against robust quality standards.



## 3.2 Disability - Assessment Questions

### 3.2.1 Disability - Relevance

Disability	Relevant
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### 3.2.2 Disability - Impact

#### **Describe how the Policy meets the needs of Individuals with a disability?**

The proposed framework will seek to procure providers who can meet the social care and health needs of all citizens that are eligible for support. Providers will be required to assure the council of their competence to provide good quality care and this will be monitored and checked against a quality framework.

Do you have evidence to support the assessment?	Yes
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#### **Please record the type of evidence and where it is from?**

Information recorded on Carefirst system and from consultation feedback.

You may have evidence from more than one source. If so, does it present a consistent view?	Yes
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### 3.2.3 Disability - Consultation

Have you obtained the views of Individuals with a disability on the impact of the Policy?	Yes
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#### **Comment:**

The proposals went to cabinet on 21st March 2017 requesting permission to consult with citizens. Consultation took place between 5th April 2017 - 4th July 2017.

#### **If so, how did you obtain these views?**

The consultation was undertaken using varying methods including face to face discussions, completion of on line questionnaires, dedicated phone line and via email.

Letters were sent to all users of the current services to inform them of the consultation scope and ways to engage. Over 30 events were held in various locations around the city, staff information meetings were also held and commissioners visited staff team meetings. Promotional materials were sent to health to encourage their patients etc to engage in the consultation exercise.

A summary of the ways in which the consultation was promoted are included in Appendix 3 of the main report.

Have you obtained the views of relevant stakeholders on the impact of the Policy on Individuals with a disability?	Yes
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#### **If so, how did you obtain these views?**

The consultation was undertaken using varying methods including face to face discussions, completion of on line questionnaires, dedicated phone line and via email.

Letters were sent to all users of the current services to inform them of the consultation scope and ways to engage. Over 30 events were held in various locations around the city, staff information meetings were also held and commissioners visited staff team meetings. Promotional materials were sent to health to encourage their patients etc to engage in the consultation exercise.

A summary of the ways in which the consultation was promoted are included in Appendix 3 of the main report.

#### **Comment:**

An extensive consultation exercise took place, with 238 on online questionnaires completed by a range of stakeholders including 55% from service users, 22% from family members and carers and 15% from care providers. 252 people attended more than 30 face to face events which gave

the opportunity for in depth discussions on the proposals.

The commissioning team attended 12 events with internal staff from across the council as part of the consultation to gain views and feedback.

Is a further action plan required?	No
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### **3.2.4 Disability - Additional Work**

Do you need any more information or to do any more work to complete the assessment?	No
Do you think that the Policy has a role in preventing Individuals with a disability being treated differently, in an unfair or inappropriate way, just because of their disability?	No
Do you think that the Policy could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	No
Do you think that the Policy will take account of disabilities even if it means treating Individuals with a disability more favourably?	No
Do you think that the Policy could assist Individuals with a disability to participate more?	No
Do you think that the Policy could assist in promoting positive attitudes to Individuals with a disability?	No

### 3.3 Religion or Belief - Assessment Questions

#### 3.3.1 Religion or Belief - Relevance

Religion or Belief	Relevant
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#### 3.3.2 Religion or Belief - Impact

##### **Describe how the Policy meets the needs of Individuals of different religions or beliefs?**

The proposed framework sets out the same quality standards to be achieved for all citizens. One of the fundamental quality standards is that people receive appropriate care to their individual needs. This will include their religious beliefs, this will be monitored and checked to ensure providers are delivering person centred care.

##### **Comment:**

Of the 13,500 citizens there were 13 different religions recorded as part of the social care assessment process, 28% of citizens did not have their religious beliefs recorded

Do you have evidence to support the assessment?	Yes
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##### **Please record the type of evidence and where it is from?**

The framework policy, consultation with citizens and providers and social care records.

You may have evidence from more than one source. If so, does it present a consistent view?	Yes
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#### 3.3.3 Religion or Belief - Consultation

Have you obtained the views of Individuals of different religions or beliefs on the impact of the Policy?	Yes
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##### **If so, how did you obtain these views?**

The consultation was undertaken using varying methods including face to face discussions, completion of on line questionnaires, dedicated phone line and via email.

Letters were sent to all users of the current services to inform them of the consultation scope and ways to engage. Over 30 events were held in various locations around the city, staff information meetings were also held and commissioners visited staff team meetings. Promotional materials were sent to health to encourage their patients etc to engage in the consultation exercise.

A summary of the ways in which the consultation was promoted are included in Appendix 3 of the main report.

Have you obtained the views of relevant stakeholders on the impact of the Policy on Individuals of different religions or beliefs?	Yes
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##### **If so, how did you obtain these views?**

The consultation was undertaken using varying methods including face to face discussions, completion of on line questionnaires, dedicated phone line and via email.

Letters were sent to all users of the current services to inform them of the consultation scope and ways to engage. Over 30 events were held in various locations around the city, staff information meetings were also held and commissioners visited staff team meetings. Promotional materials were sent to health to encourage their patients etc to engage in the consultation exercise.

A summary of the ways in which the consultation was promoted are included in Appendix 3 of the main report.

##### **Comment:**

An extensive consultation exercise took place, with 238 on online questionnaires completed by a range of stakeholders including 55% from service users, 22% from family members and carers and 15% from care providers. 252 people attended more than 30 face to face events with gave the opportunity for in depth discussions on the proposals.

The commissioning team attended 12 events with internal staff from across the council as part of the consultation to gain views and feedback.

Is a further action plan required?	No
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### **3.3.4 Religion or Belief - Additional Work**

Do you need any more information or to do any more work to complete the assessment?	No
Do you think that the Policy has a role in preventing Individuals of different religions or beliefs being treated differently, in an unfair or inappropriate way, just because of their religion or belief?	No
Do you think that the Policy could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	No

### 3.4 Gender - Assessment Questions

#### 3.4.1 Gender - Relevance

Gender	Relevant
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#### 3.4.2 Gender - Impact

##### **Describe how the Policy meets the needs of Men and women?**

The proposed framework will seek to procure providers who can meet the social care and health needs of all citizens that are eligible for support. Providers will be required to assure the council of their competence to provide good quality care and this will be monitored and checked against a quality framework.

##### **Comment:**

59% of current users of the commissioned services are Female with 41% male.

Do you have evidence to support the assessment?	Yes
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##### **Please record the type of evidence and where it is from?**

Care records on the social care recording system, feedback from citizens and providers during consultation.

You may have evidence from more than one source. If so, does it present a consistent view?	Yes
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#### 3.4.3 Gender - Consultation

Have you obtained the views of Men and women on the impact of the Policy?	Yes
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##### **Comment:**

The proposals went to cabinet on 21st March 2017 requesting permission to consult with citizens. Consultation took place between 5th April 2017 - 4th July 2017.

##### **If so, how did you obtain these views?**

The consultation was undertaken using varying methods including face to face discussions, completion of on line questionnaires, dedicated phone line and via email.

Letters were sent to all users of the current services to inform them of the consultation scope and ways to engage. Over 30 events were held in various locations around the city, staff information meetings were also held and commissioners visited staff team meetings. Promotional materials were sent to health to encourage their patients etc to engage in the consultation exercise.

A summary of the ways in which the consultation was promoted are included in Appendix 3 of the main report.

Have you obtained the views of relevant stakeholders on the impact of the Policy on Men and women?	Yes
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##### **If so, how did you obtain these views?**

The consultation was undertaken using varying methods including face to face discussions, completion of on line questionnaires, dedicated phone line and via email.

Letters were sent to all users of the current services to inform them of the consultation scope and ways to engage. Over 30 events were held in various locations around the city, staff information meetings were also held and commissioners visited staff team meetings. Promotional materials were sent to health to encourage their patients etc to engage in the consultation exercise.

A summary of the ways in which the consultation was promoted are included in Appendix 3 of the main report.

**Comment:**

An extensive consultation exercise took place, with 238 on online questionnaires completed by a range of stakeholders including 55% from service users, 22% from family members and carers and 15% from care providers. 252 people attended more than 30 face to face events with gave the opportunity for in depth discussions on the proposals.

The commissioning team attended 12 events with internal staff from across the council as part of the consultation to gain views and feedback.

Is a further action plan required?	No
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**3.4.4 Gender - Additional Work**

Do you need any more information or to do any more work to complete the assessment?	No
Do you think that the Policy has a role in preventing Men and women being treated differently, in an unfair or inappropriate way, just because of their gender?	No

### 3.5 Race - Assessment Questions

#### 3.5.1 Race - Relevance

Race	Relevant
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#### 3.5.2 Race - Impact

**Describe how the Policy meets the needs of Individuals from different ethnic backgrounds?**

The proposed framework will seek to procure providers who can meet the social care and health needs of all citizens that are eligible for support. Providers will be required to assure the council of their competence to provide good quality care and this will be monitored and checked against a quality framework.

**Comment:**

67% of the 15,500 citizens receiving adult social care as at 31st March 2017 were white UK/other. Of the 65+ cohort, 71% were white UK/other. The next largest groups were Black African Caribbean (10%) and Pakistani (7%).

Although the Pakistani community is only 7% of all citizens receiving adult social care, they make up 11% of those aged 18-64 years and only 3% of those aged 65+.

Do you have evidence to support the assessment?	Yes
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**Please record the type of evidence and where it is from?**

Information is collected and recorded as part of a social care assessment.

You may have evidence from more than one source. If so, does it present a consistent view?	Yes
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#### 3.5.3 Race - Consultation

Have you obtained the views of Individuals from different ethnic backgrounds on the impact of the Policy?	Yes
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**Comment:**

The proposals went to cabinet on 21st March 2017 requesting permission to consult with citizens. Consultation took place between 5th April 2017 - 4th July 2017.

**If so, how did you obtain these views?**

The consultation was undertaken using varying methods including face to face discussions, completion of on line questionnaires, dedicated phone line and via email.

Letters were sent to all users of the current services to inform them of the consultation scope and ways to engage. Over 30 events were held in various locations around the city, staff information meetings were also held and commissioners visited staff team meetings. Promotional materials were sent to health to encourage their patients etc. to engage in the consultation exercise.

A summary of the ways in which the consultation was promoted are included in Appendix 3 of the main report.

Have you obtained the views of relevant stakeholders on the impact of the Policy on Individuals from different ethnic backgrounds?	Yes
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**If so, how did you obtain these views?**

The consultation was undertaken using varying methods including face to face discussions, completion of on line questionnaires, dedicated phone line and via email.

Letters were sent to all users of the current services to inform them of the consultation scope and ways to engage. Over 30 events were held in various locations around the city, staff information

meetings were also held and commissioners visited staff team meetings. Promotional materials were sent to health to encourage their patients etc. to engage in the consultation exercise. A summary of the ways in which the consultation was promoted are included in Appendix 3 of the main report.

**Comment:**

An extensive consultation exercise took place, with 238 on online questionnaires completed by a range of stakeholders including 55% from service users, 22% from family members and carers and 15% from care providers. 252 people attended more than 30 face to face events with gave the opportunity for in depth discussions on the proposals.

The commissioning team attended 12 events with internal staff from across the council as part of the consultation to gain views and feedback.

Is a further action plan required?	No
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#### **3.5.4 Race - Additional Work**

Do you need any more information or to do any more work to complete the assessment?	No
Do you think that the Policy has a role in preventing Individuals from different ethnic backgrounds being treated differently, in an unfair or inappropriate way, just because of their ethnicity?	No
Do you think that the Policy could help foster good relations between persons who share the relevant protected characteristic and persons who do not share it?	No



### **3.6 Concluding Statement on Full Assessment**

The aims of the draft commissioning strategy are to;

1. Improve outcomes for those with health care and support needs.
2. Improve quality of commissioning health and care services
3. Improve the resilience and sustainability of the health and care system.

The key aspects of the Commissioning Strategy that will deliver the three aims include:

- No longer doing business with 'Inadequate' care providers.
- Commissioning a new flexible contract to meet the Council's statutory duties.
- Developing clear entry criteria to mitigate against quality and financial risks and secure the best possible provision at the outset.
- Commissioning services at a local level wherever possible.
- Moving to a fixed fee approach for all services, with the exception of residential care (with and without nursing) for under 65's which requires further development as outlined in section 4.2 above.
- An annual price increase (annual increases will not be applied for residential care (with and without nursing) for under 65's until such time as a review has confirmed the link between the needs of the service user and the price paid).
- Setting of core quality standards that will be robustly monitored.
- A quality rating system that includes customer feedback, a self-assessment from the care provider, the Care Quality Commission rating and the result of a local annual inspection.
- A clear support offer to employees entering and remaining in the care workforce and designed to improve skills across the sector.
- Care packages being allocated to the highest quality rated provider.
- Efficient and effective Information Technology solutions.

The consultation feedback has been used to influence the final Commissioning Strategy for Adult Social Care as follows:

• • The Council is now proposing to implement the new fixed fees for home support (all ages), supported living (all ages), residential care (with and without nursing) for over 65's to all care packages that are in place on 1 April 2018 and all new care packages from this date. Based on current data, the Council believes this will provide an increase to 75% of home support packages and 85% of residential care (with and without nursing) services. Of course this also means that some care packages will reduce in price. However this approach provides the ability for all parties to plan, resolves historic pricing issues, means a fair and equitable price to providers and removes the potential for under-bidding. Further information in relation to the risks and alternatives to this option are considered in section 5.2 below.

• The Council is proposing to temporarily pause implementation of a fixed fee for residential care (with and without nursing) for 18 – 64's (including those jointly funded such as Section 117 placements) to allow further dialogue with care providers. A minimum fee will be set in the short term to ensure sustainability, meaning that fees for approximately 230 care packages will be increased. The Council will commence a process of social work reviews (expected to commence by April 2018) that are focussed on recovery and independence and to ensure the Council is able to link the needs of service users to the price the Council is paying for care and support. All other elements of the contract will be implemented to ensure clear contractual arrangements for all parties and to support improvement in the quality of care.

• As a result of significant feedback, particularly from care providers, the Council is no longer proposing to link the fees paid to care providers, to their quality rating. The Council agrees that the process for allocating care packages to providers, based on their quality rating – will provide sufficient incentive for care providers to improve the quality of their service.

• The Council will be extending the scope of care providers who will be able to participate in pilots relating to

Individual Service Funds and the use of assistive technology in the delivery of care. This will now allow both Gold and Silver rated care providers to participate in the pilots. The outcome of these pilots will then influence how any further implementation should be rolled out.

- The Council received significant feedback about the proposed fees and has reviewed these. The proposed fees have been revised as a result of this feedback.
- Whilst respondents to the consultation were supportive of the Council's ongoing commitment to narrowing the wage gap within the social care sector and requiring care provider to pay the Living Wage Foundation pay rate, there was little support for this being paid for via further increases to Council Tax. This has been reconsidered and this report seeks permission to reshape implementation of the Birmingham Care Wage from 1 April 2018, to align wages of those under 25 in the social care sector to a rate equivalent with the National Living Wage.
- The Council is no longer proposing to restrict home support (all ages) providers to those with a registered office within the Birmingham Council Tax Boundary. The home support contract will allow any care provider to join, subject to satisfying the necessary contract entry criteria as set out in the Commissioning Strategy for Adult Social Care.

The Commissioning Strategy seeks to commission a range of care services which will offer good quality care that meets individuals care needs at a price that is sustainable to the market so promoting stability and continuity for the service user, their carers and families.

The proposed quality framework with the link to allocation of work and quality standards is designed to incentivise providers to constantly strive to improve the quality of their service because it makes good business sense and this will benefit service users, carers and families.

In cases where a provider is unsuccessful (for example does not meet the entry criteria, or is rated as Inadequate) in joining the new contract but has existing care packages commissioned by the Council, the following will apply:

- Home support – any citizens currently supported will be contacted by the Council and advised of the outcome of the procurement exercise, alongside the quality rating. They will be offered a choice to either remain with the existing provider by taking up a Direct Payment, or choose for the Council to find them a new provider. This new provider will be identified in line with the process described in the Allocation of Work section below and with care providers who are successful in joining the contract within the geographic area in which the service user lives.
- Supported Living – as these citizens will have an independent tenancy and the Council is only commissioning the care element, there may be an agreement in place between the care provider and the registered social landlord. In these cases, the Council will consider a range of alternatives to secure high quality services which may include the use of an Individual Service Fund, Direct Payments or the provider agreeing to make service improvements within an agreed timescale. In all cases, any citizens currently supported will be contacted by the Council and advised of the outcome and the choices available to them, along with details of any action being taken by the Council.
- Residential and Nursing care – the provider will no longer receive any new placements from the Council and will be required by the Council to make the necessary improvements to the quality of the service within timescales agreed with the Council. Should the provider make the necessary improvements and are then able to meet the entry criteria, they will be allowed to join the new contract. For those providers that are unable to make the necessary improvements, the Council will commence dialogue with service users and their families to start considering moves to alternative, higher quality provision. Only a small number of residential (with and without nursing) services are expected not to get onto the flexible contracting arrangement.

In cases where a provider chooses not to join the contract but has existing care packages commissioned by the Council, the provider will no longer receive any new placements from the Council with immediate effect. The Council will commence dialogue with service users and their families to start considering moves to alternative contracted provision.

#### **4 Review Date**

31/10/18

#### **5 Action Plan**

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