

Directorate for Adult Social Care and Health  
**Social Care Framework – Draft Commissioning Strategy**  
Consultation Findings Report

**Purpose**

To analyse the consultation findings relating to a range of proposals for changes to the way we buy and allocate adult social care packages and how independent care providers are managed.

Produced by Strategy & Research Team  
Directorate for Adult Social Care and Health  
October 2017

## Contents

<b>1. Introduction</b>	<b>3</b>
<b>2. Background</b>	<b>4</b>
2.1 Overview	4
2.2 Why are the changes being proposed?	4
<b>3. Proposals to be considered</b>	<b>6</b>
3.1 Proposals considered	6
3.1.1 Contractual arrangements	6
3.1.2 Entry criteria	6
3.1.3 Quality of care	6
3.1.4 Allocation care packages	6
3.1.5 Fixed fees	6
3.1.6 Review fixed fees	7
3.1.7 Birmingham care wage	7
3.1.8 Top ups	7
3.1.9 Geographical home support	7
3.1.10 Transitional arrangements	7
3.1.11 Support	8
<b>4. Methodology</b>	<b>9</b>
4.1 Consultation	9
4.1.1 Questionnaire	9
4.2.2 Other methods	9
4.2 Analysis of responses	6
<b>5. Findings</b>	<b>11</b>
5.1 Response rate	11
5.2 BeHeard quantitative (closed question) and qualitative (open Question) analysis	11
5.2.1 Who responded?	11
5.2.2 Demographics	11
5.2.3 Questions	12
5.3 Events and other methods analysis	24
 <b>Appendix A – Summary of questions</b>	 <b>27</b>
<b>Appendix B – Analysis coding</b>	<b>30</b>
<b>Appendix C – Data</b>	<b>34</b>
<b>Appendix D – Event themes</b>	<b>41</b>
<b>Appendix E – Summary of consultation promotion activity</b>	<b>44</b>
<b>Appendix F – Summary of feedback in relation to Court Order</b>	<b>46</b>

## **1. Introduction**

Birmingham City Council (the Council) currently commissions a wide range of care and support services through two framework contracts; one for adult social care and one for children's home support.

The Council currently uses these framework contracts to buy home support services for adults and children, and residential care (with and without nursing) for all adults over 65 with assessed eligible care and support needs.

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.

The 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; and
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 these individual and personal care and support resources.

Between 5<sup>th</sup> April 2017 and 4<sup>th</sup> July 2017, the Council consulted on the Draft Commissioning Strategy which detailed proposals to change the way we buy adult social care services and how the Council will carry out quality assurance of the care market. The Draft Strategy also included proposals for purchasing home support services for children and young people with a disability.

The purpose of the consultation was to find out what people thought about a range of proposals and to use the information to further develop the draft commissioning strategy and form a recommendation to be presented to the Council's Cabinet.

The purpose of this report is to present the findings of the consultation.

## **2. Background**

### **2.1 Overview**

The Council wants to work with partners to create a great city to grow old in and to help people become healthier. It has set out a challenging agenda to; reduce differences in health across the city, lead a real change in the mental wellbeing of all people in Birmingham, promote independence of all our citizens and combine health and social care services so that citizens have the best possible experience of care tailored to their needs.

Through the draft commissioning strategy the Council will translate this into actions that will; support people to continue to live independently and in their own home for as long possible, help all citizens to access high quality and affordable social care and ensure that service users have choice and control over their own lives.

The Council recognises that relationships between health, social care and wider community services are essential for the health and wellbeing of local communities. We are mindful of our role as a significant buyer of these services and also the underlying price pressures in the social care sector both locally and nationally. The Council will work more closely with our partners and increase joint purchasing across health, social care and housing with support.

The draft commissioning strategy outlines our proposed approach to the purchasing and management of adult social care (as well as home support for children and young people with a disability) and provides a framework agreement for services that will support us to achieve our key aims as outlined in the vision.

### **2.2 Why are the changes being proposed?**

Since summer 2016 the Council has been reviewing current practice in relation to current care and support services. This has included early engagement with the independent provider market as well as a range of internal and external partners, to review both the original business case for the introduction of a framework approach and best practice.

The review identified the following intended benefits from the original business case for the current framework agreement for adult social care and the associated impact of the current contracts and systems:

- Ensure an open and transparent care market so that businesses can grow and new ones start up locally;
- Assure quality through the 'quality rating' process used to shortlist providers and the contract management process;
- Achievement of cashable savings;
- Making back office savings and process efficiencies;
- Reduce the Council's exposure to risk;
- Commission by outcomes and support the personalisation agenda; and
- Assist commissioners to meet duties under the Care Act 2014.

These findings, along with a range of national and local drivers for change, have highlighted the need for the Council to redesign the future approach to purchasing of adult social care services to ensure they are fit for purpose.

Whilst the current framework agreement has allowed the Council to move away from more traditional delivery approaches and provide some structure to the market to allow it to develop, it has not met all of the Council's reasons for change and the needs of the social care provider market.

Further development is therefore required to ensure adult social care services remain fit for purpose as part of the wider health and social care system.

### **3. Proposals to be considered**

The draft commissioning strategy outlines a range of proposals which formed the basis of the consultation as detailed below:

#### **3.1.1 Contractual arrangements**

The Council proposes to operate a framework agreement for the social care market sectors which would mean there is no commitment from the Council to buy any specific volumes of care or on the providers no commitment to sell any specific volumes of care to the Council.

The Council has considered a number of alternative approaches, many of which have been disregarded as they would pose a significant risk to the Council by disrupting the care market and/or would not address the consequences of current arrangements and inefficiencies in systems and processes.

#### **3.1.2 Entry criteria**

To drive up quality the Council proposes not to allow a care provider who is currently rated by the Care Quality Commission as inadequate to enter the new framework contract. Beyond this, a more detailed set of entry criteria will maximise the quality of providers that can enter the framework and reduce potential risks to all parties.

#### **3.1.3 Quality of care**

All providers that meet the entry criteria will be given a quality rating which will be measured and published, with each service being given an overall quality rating of either gold, silver, bronze or inadequate. The quality rating aims to capture a range of views (including those from service users) of the quality of services.

Services will receive a minimum annual inspection from the Care Quality Commission or the Council or the NHS. The most recent full inspection outcome will be used to determine the provider's overall quality rating.

#### **3.1.4 Allocation of care packages**

Providers will be asked to confirm they have a vacancy and capacity to meet each citizen's needs via an online electronic system. The provider's quality rating will then be used to allocate providers to deliver each care package. All packages will be allocated to the provider with the highest quality rating. However, citizen choice may be used and will be considered in line with statutory requirements.

#### **3.1.5 Fixed fees**

It is proposed that the Council will operate a fixed fee approach, providing greater transparency of pricing and allowing all parties to plan more effectively. There will be separate fixed fees for each different category of care which have been developed from a baseline understanding of the costs of providing adult social care in Birmingham.

These fixed fees will be complemented by increases and decreases in price based on the quality rating of the provider and they will apply to new packages of care allocated after 1<sup>st</sup> April 2018 only.

### **3.1.6 Annual increase of fixed fees**

The Council recognises underlying price pressures within the care sector, particularly those in relation to employee costs, which make up the largest proportion of the cost of delivering care. The Council is committed to ensuring the care sector remains viable, not only as it delivers care to some of our most vulnerable citizens, but also as a major employer across the region. Therefore, the Council proposes to increase the fixed fees on an annual basis to ensure that its fee structure continues to keep pace with the National Living Wage and inflationary pressures.

### **3.1.7 Birmingham Care Wage and the National Living Wage**

The Council approved implementation of the Birmingham Care Wage in February 2016 to ensure all care staff are paid a fair wage for the work they do. From 1<sup>st</sup> April 2017, the National Living Wage will rise to £7.50, which matches the current Birmingham Care Wage. A further announcement of the National Living Wage rate from 1 April 2018 is expected in the Autumn Statement.

### **3.1.8 Top ups**

When a person needing care – or their family – have specifically requested accommodation that is more expensive or are getting a genuine upgrade in the services they are receiving, a Third Party Contribution (also known as top ups) is likely to be required. This will apply to all services proposed for inclusion in the new contract.

### **3.1.9 Geographical home support model**

The Council proposes to establish a closed framework for home support across five geographical areas. We are seeking to support the principles of the Birmingham Business Charter for Social Responsibility by ensuring that a geographically based model will provide local employment opportunities, support locally based businesses and support greater understanding and linkages with community based services.

A key component is the fair distribution of care hours (expected average 18,000 hours/area at start of contract) in each area taking into account current and future demand. The model will take into account road routes, accessibility and natural barriers so all carers can reasonably travel between calls.

The proposal will classify the size of home support provider based on current weekly hours funded by the Council with limits on size of provider and number in an area. The Council believes this approach will ensure there are sufficient care hours in each geographical area to support and encourage growth with acceptable competition that will not result in destabilising the home support market.

### **3.1.10 Transition arrangements**

The Council is keen to stabilise the care being received by citizens and that it is a collective responsibility. The proposal will mean that terms of the new framework agreement will apply to

new packages of care commissioned after 1<sup>st</sup> April 2018, including the proposed relevant fixed fee. All existing placements will remain under the current contractual arrangements. All providers successful in joining the new framework will receive a quality rating under the new system.

Where a provider has existing packages of care but is unsuccessful in joining the framework the following will apply:

- **Home support** – citizens will be advised of the outcome of the procurement exercise and quality rating. They will be offered a choice to remain with the existing provider by taking up a Direct Payment or for the Council to find them a new provider.
- **Supported living** – The same as above.
- **Residential** – the provider will not receive any new placements from the Council and given a fixed period to make required improvements. For those unable to make improvement the Council will speak to citizens and families around moving to a new home.

### **3.1.11 Support**

The Council is committed to ensuring that the care market is supported to make the necessary changes described in the draft commissioning strategy. All providers on the new framework agreement will be entitled to a package of support from the Council and its partners to incentivise improved quality.



## **4. Methodology**

### **4.1 Consultation**

There are around 13,500 service users and 1,000 care providers in the adult social care environment and the consultation methodology made every effort to reach all of them.

Between 5<sup>th</sup> April and 4<sup>th</sup> July 2017, the Council held a public consultation on some proposals to change the way we buy and provide adult social care services and views on how independent care providers are managed. This also included home support services for children and young people with a disability.

#### **4.1.1 Questionnaire**

An online version of the questionnaire was available publicly on the Birmingham Be Heard website and a range of options made available for people to respond including by email, post and telephone. The questions can be seen in Appendix A.

In addition, service users, their families / carers, providers and staff were encouraged to complete a questionnaire at a range of consultation events and focus groups.

#### **4.1.2 Other methods**

In addition to the questionnaires 30 consultation events were held across the city and attended by 214 providers and 38 service users. The purpose was to complement and supplement the BeHeard analysis providing an environment where people could ask any questions and have informed discussions.

The questionnaire was presented at each event giving participants the opportunity to comment. A group discussion then followed enabling more in-depth comments to be recorded and any questions to be raised and answered.

People were also given the opportunity to respond by email, letter or telephone.

### **4.2 Analysis of responses**

All questionnaire responses were recorded on the Council's BeHeard consultation database. The completed extract was down loaded into Excel format and responses were coded to enable detailed analysis. The coding used can be seen in Appendix B.

Quantitative analysis was undertaken using Excel providing a number of how many people supported or did not support each option. In addition there was analysis of demographics and equal opportunities. The qualitative responses were analysed in two different ways:

- All comments were considered overall and any emerging themes/common issues were highlighted accordingly. The comments for each question were then considered and again common themes/issues highlighted.
- The comments were also then coded using a range of themes (Appendix B). This approach enabled each question to be evaluated individually and the number of comments under

each theme to be counted. Therefore it could be established how many comments supported each option or how many were against each proposal.

For the 30 events across the city the main themes were identified and all comments considered and coded using a range of themes.

## 5. Findings from the questions we asked

### 5.1 Response rate

Across all the methods of consultation there were 497 responses representing a response rate of 3.4%. But, it should be noted that from the provider event there was a 43% response rate from care providers. Table one shows the number of responses by method.

Table one - Response

Method	Number	%
BeHeard	238	47.9%
Provider event	214	43.1%
Citizen event	38	7.6%
Email	5	1.0%
Letter	2	0.4%
Telephone	1	0.2%
<b>Total</b>	<b>498</b>	<b>100%</b>

### 5.2 BeHeard quantitative (closed question) and qualitative (open question) analysis

#### 5.2.1 Who responded?

Overall there were 238 responses recorded on the BeHeard database. Over 50% were current service users, with care providers and family members being the next two largest groups. Table two shows the numbers.

Table two – Who responded?

Who	Total No'	%
Service user	132	55%
Previous service user	2	1%
Family member	34	14%
Carer	18	8%
Member public	2	1%
Care provider	35	15%
Partner organisation	3	1%
Other	5	2%
Not answered	7	3%
<b>Total</b>	<b>238</b>	<b>100%</b>

#### 5.2.2 Demographics

The demographics of respondents, where recorded, show the following:

- The largest age groups to respond were 45 to 54 and 55 to 64 representing 50% of respondents and 22% were aged 65 or more years.

- Over 50% of respondents (126) stated they had some form of disability of which the most recorded was learning or understanding.
- Over 10% of respondents also stated they had some form of disability relating to; mental health, memory, mobility and social or behavioural.
- Over 50% of respondents were female and 40% male.
- Christian was the main religion selected (47%), whilst 23% stated they had no religion.
- In terms of sexuality 15% of respondents did not want to say and 64% were heterosexual.
- Compared to the city ethnic profile a higher number of respondents were White, 71%, and a lower number Asian as shown in Table three.

**Table three – Ethnicity**

<b>Ethnicity</b>	<b>Consultation</b>	<b>Census</b>
Asian	5%	22.5%
Black	8%	7.2%
Mixed	2%	4.5%
Not known	14%	7.9%
White	71%	57.9%
<b>Total</b>	<b>100%</b>	<b>100.0%</b>

Further details can be seen in Appendix C.

### 5.2.3 Questions

There were 16 questions which asked people if they supported or opposed a range of proposals detailed in the consultation document. Due to the number of responses and the range of who responded a summary analysis will be presented below focusing on service users, family members and care providers. Table four below shows the support or opposition for each of the questions.

**Table four – Support/opposition**

<b>Question</b>	<b>Strongly support</b>	<b>Support</b>	<b>Neutral</b>	<b>Oppose</b>	<b>Strongly oppose</b>	<b>No response</b>	<b>Total</b>
1	22%	36%	26%	7%	5%	3%	100%
2	39%	39%	15%	3%	2%	1%	100%
3	37%	38%	18%	5%	0%	2%	100%
4	23%	31%	32%	8%	4%	4%	100%
6	13%	26%	34%	15%	10%	3%	100%
7	8%	23%	40%	10%	13%	6%	100%
8	16%	33%	32%	7%	0%	4%	92%
9	16%	40%	28%	8%	4%	4%	100%
10	18%	29%	27%	14%	8%	4%	100%
11	43%	33%	15%	3%	3%	2%	100%
12	12%	32%	42%	7%	3%	5%	100%
13	11%	21%	42%	14%	8%	4%	100%
14	7%	20%	50%	11%	5%	5%	100%
15	11%	28%	45%	8%	4%	5%	100%
16	7%	30%	39%	10%	8%	5%	100%

*Note question 5 was a yes and no response*

In addition to gauging the level of support or opposition for each option, respondents were asked to let us know the reasons for their response and to consider, if the option was implemented how it might affect them.

When the comments are considered overall the following represent the main themes and issues recorded:

- **Quality was seen as the most important factor across all the proposals.**
- **The Council are currently providing a good service without a framework and additional obstacles.**
- **Quality checks and monitoring are important for future services and to ensure quality.**
- **Service users will be able to make informed decisions.**
- **Transparency and clear ratings are crucial.**
- **Customer feedback is key for quality and effective services.**
- **Important to only use good quality rated providers.**
- **Some service users felt that their needs were currently met and were happy with their current provider.**
- **Other service users felt the framework would ensure they would get the best possible care.**
- **One size does not fit all as service user needs are all different and often complex.**
- **It was felt that the fixed fees and costs proposed were too low and concern about the impact this could have on market provision.**
- **Although there was general support for the framework this was on the condition that more consideration and development was given, in particular working with others in partnership.**
- **There were concerns around the proposals meeting legislation and its outcomes such as the Care Act 2014.**
- **There were also many concerns raised in respect of equalities which were raised for the majority of proposals.**

It should be noted that the most comments were recorded for question 2.

**Question 1 – Do you support the proposal for the Council to operate a framework agreement for home support (for adults and children) supported living (all ages) and residential homes with and without nursing (for adults) from 1<sup>st</sup> April 2018?**

Over 53% of respondents supported this option with 22% (53 respondents) strongly in favour. More respondents were neutral (25%) compared to those who opposed this proposal (12%). Of the main groups to respond more carers were strongly in support of the proposal whilst overall more service users supported it.

#### ***Why support or oppose?***

There were 62 comments recorded relating to this proposal. Nearly a third of comments (30%) said that it was important to have guidelines and measures to ensure quality and transparency and there were several comments stating that guidelines were important for both service users and carers and that the framework would be beneficial for everyone. The most comments in respect of guidelines and standards referred to the fact that this would raise standards. But, many of these comments and others stated that further work and development was required including consultation and some

respondents felt that they should have been involved at an earlier stage. Some respondents wanted to ensure that equalities issues in respect of age, vulnerability and disability in particular hearing were taken into account in the strategy.

**Question 2 – Do you support the Council’s proposal to assess the quality of all care providers, which includes a quality rating system based on annual inspection; provider self-assessment; and the integration of customer feedback?**

The majority of respondents were supportive of this proposal based around the quality of providers and of these half expressed strong support. Only 5% of respondents were opposed to this option with nearly all being care providers. Out of the main groups to respond 97% of family members and over 80% of carers were in support of quality assessment of providers with service users representing 75%.

***Why support or oppose?***

There were 127 comments received in respect of this proposal and the majority (77%) related to the fact that the monitoring and rating of providers would:

- Ensure that care is good;
- Improve quality as good quality is the most important factor;
- Help providers to achieve their goals
- Enable service users to make real choices; and
- Enable everyone to know how good and effective a service is.

Out of these comments relating to monitoring and rating quality just below 20% of respondents felt that this would raise standards. Other comments related to the fact that transparency is important too, to drive up quality, enable informed decisions to be made and show clear and accurate ratings. But several comments mentioned that the CQC already carry out this type of assessment and it would be duplication. It was also pointed out that consistency was important and using existing assessments should be considered. In addition it was recognised that customer feedback is key to improve services both now and in the future.

***How would it affect you?***

There were 72 comments relating to the impact of this proposal and 32% stated that it would increase standards and improve the quality of services, whilst 15% felt there would be more choice. In addition some service users felt they would be able to make more informed choices and feel more confident in doing so. Other comments included that there would be no impact, it was important to include service users feedback and 10% were from service users who felt they would be better protected, have an improved life and feel safe.

**Question 3 – Do you support the Council’s proposal to move towards only using good quality providers (rated as Gold, Silver or Bronze) and to set clear quality standards for care and support?**

As for the proposed quality assessment the majority of respondents were in support of using only good quality providers and setting clear standards for care and support. There were only 12 respondents (5%) who were opposed to this idea and were mainly care providers. Out of the main groups who responded family members represented the most support and 59% felt strongly about this proposal.

### ***Why support or oppose?***

There were 113 comments made by respondents in respect of proposed banding and quality standards. The majority of comments (76%) were in respect of guidelines and monitoring, transparency, the need for quality standards and measures and to only use providers who meet them. In addition 20% stated that customer feedback was important. It was felt it would encourage providers to improve and meet service user needs and that standards are important when choosing a care package. Transparency was seen as important for many reasons such as enabling comparisons and providing the ability to see what a good service should look like. Respondents commented that services would be improved both now and in the future, but that for consistency there would need to be training and education around how to apply these measures. The banding (Gold, Silver and Bronze) was seen as a good idea by 13% of respondents who mentioned guidelines and monitoring that everyone could understand and that providers should be monitored to ensure safe, compassionate and effective services. But, some commented that Gold would be difficult to achieve and could be seen as a disincentive for providers.

### ***How would it affect you?***

There were 55 comments regarding the impact of this proposal which included concerns around supply and demand if providers 'pulled out' of the market or only Gold ones were chosen, that fees were too low or that there would be no impact. However, the majority of comments reflected on the fact that services would improve and be of better quality and that there would be more choice.

### **Question 4 – Do you support the Council's proposed method for allocating care packages to providers?**

Over 50% of respondents were in support of the proposed method, whilst 32% were neutral. There was some opposition to this proposal the majority being from care providers (29%) and carers (28%). The majority of support came from family members (65%) and service users (59%). A third of respondents were neutral about this proposal.

### ***Why support or oppose?***

There were 99 comments received in respect of this proposal. The majority of the comments were focused on four main areas:

- Respondents agreeing that guidelines and measures were important (28%);
- Respondents expressing their support for this option (22%);
- Respondents being unsure about this proposal (22%); and
- Service users happy that their needs would be met (14%).

In addition respondents were supportive of having a method to allocate packages, but raised concern around compliance with the Care Act 2014. Some respondents felt that more clarity and work on this proposal is required.

### ***How would it affect you?***

Over a third of the 45 comments felt that this proposal would increase standards and provide better quality care, and 11% were from service users who felt that their lives would improve and they would be better protected. Other comments included there would be more choice, no impact and 7% were unsure or did not know what the impact would be.

#### **Question five – Do you agree that the Council should stop using ‘inadequate’ care providers?**

The majority of respondents (79%) agreed that the Council should stop using ‘inadequate’ care providers. Of those who did not the majority were service users. Table five shows the responses.

**Table five – Question 5**

<b>Who</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>No response</b>	<b>Total</b>
Service user	74%	11%	14%	0%	<b>100%</b>
Previous service user	100%	0%	0%	0%	<b>100%</b>
Family member	100%	0%	0%	0%	<b>100%</b>
Carer	78%	6%	11%	6%	<b>100%</b>
Member public	50%	0%	50%	0%	<b>100%</b>
Care provider	86%	6%	9%	0%	<b>100%</b>
Partner organisation	67%	0%	33%	0%	<b>100%</b>
Other	60%	20%	0%	20%	<b>100%</b>
Not answered	71%	0%	14%	14%	<b>100%</b>
<b>Total</b>	<b>79%</b>	<b>8%</b>	<b>11%</b>	<b>1%</b>	<b>100%</b>

#### **Question 6 – Do you support the Council’s proposal to agree fixed fees for care packages with the care market, including a single fixed fee for ‘accommodation’ related costs?**

In respect of fixed costs, less than 40% of respondents expressed their support. A third of respondents were neutral and 25% opposed to this option. Out of the main groups who responded the most support came from service users and family members, with nearly half of care providers responding opposed to this proposal and being the group most dissatisfied.

#### ***Why support or oppose?***

There were 109 comments made in relation to fixed fees. Over a third of comments related to price, fees and costings with several stating that the fees were too low. Just below a third related to support and the fact that one size does not fit all. Some comments felt more details were needed and more work carried out to further develop this proposal (14%). Other comments were focused on the inflexibility of the proposal from three perspectives:

- There was concern around costs of residential and accommodation type services and how they had been considered;
- Many respondents pointed out that people have different needs, some more complex than others, and therefore costs would vary dependent on the type of support needed. Several service users were concerned that their needs would not be met and that decisions would be made on price rather than quality; and
- Several respondents pointed out that to get quality services you need to pay the correct amount and that the prices proposed were too low. But, many also pointed



out that the needs of service users were not the same and for some more costly services would be required to meet the complexity and range of needs.

***How would it affect you?***

This proposal was focused on fees so unsurprisingly the most comments (14%) were fee related in respect that it would depend on what people would have to pay and concern about financial pressure and having to pay for everything. There was also concern that the fees were too low (12% of comments) and with Gold difficult to achieve there was no incentive for providers. Other comments included services would improve, there would be better choice and there would be no impact.

**Question 7 – Do you support the Council’s fixed fees that are outlined in the ‘pricing Proposals’ document?**

Just over 30% of respondents were in support of the proposed fixed fees but only 8% felt strongly about this which included 12% of family members. There was some opposition to this proposal with 13% of respondents strongly opposed. The main group of respondents (40%) were neutral about this proposal. Out of the main groups who responded the most support was from family members and the most opposition from care providers of whom 60% were opposed to this proposal.

***Why support or oppose?***

There were 81 comments in relation to fixed fees and the Pricing Proposal. Almost a third of comments related to fees of which half expressed concern that the fees were too low. Several comments reflected that the price set was too low and did not reflect the funding situation, in particular the additional funding provided by the Government for adult social care. Many respondents wanted more detail, in particular regarding the rate of fixed fees and 27% of comments were related to this. In addition several service users stated they were unsure or did not know. There was concern about the inflexibility of the proposal and that service user needs are all different and that the welfare and wellbeing of service users would be affected. But many respondents felt that the proposal was fair and that it was a fair price for a job well done.

***How would it affect you?***

There were 26 comments recorded and the main impact identified (15%) was that fees were too low. In addition 12% felt that choice would be improved but also that services would be worse with concern that people would not get the right support.

**Question 8 – Do you support the Council’s proposal to link the fee paid to care providers with the quality of care provision as outlined in the Quality framework and Pricing Proposals documents?**

Almost half of respondents supported this proposal and 7% were opposed. A third of respondents stated they were neutral about the proposed link between fees and quality of care. Out of the three main groups who responded the most support came from family members (70%) and the most opposition from care providers of which 29% expressed strong opposition.

***Why support or oppose?***

The most comments, 40%, related to price and fees which were split between concern that the fees were too low, the impact this could have on market provision and that price needed to be linked to quality. Just below 20% of comments were supportive of there being guidelines and measures. Some comments were supportive of this proposal and felt that it was a good idea to reward providers for good performance and that it would improve the quality of services. Several responses were concerned about the lack of flexibility and meeting service user requirements where there were more complex needs.

#### ***How would it affect you?***

There were only 16 comments in relation to the impact of this proposal and most (19%) were concerned that people may lose care, have to find new carers or not be able to access the care they needed. Comments also included that standards would be improved, concerns about unfair assessments or the ability to improve, that more information was needed and that services would be worse.

#### **Question 9 – Do you support the Council’s proposal to review fees paid for care packages each year and the proposed method for reviewing these as outlined in the Pricing Proposals document?**

Over 50% of respondents supported the proposal to review fees each year, with only 12% opposed. Just under a third of respondents stated they felt neutral about this option. Of the three main groups who responded the most support came from family members. Although 51% of care providers supported this proposal a quarter were opposed, with 14% feeling strongly about the proposed review and method.

#### ***Why support or oppose?***

There were 89 comments received from respondents in relation to an annual review of fees. The majority were supportive of this proposal (35%) but some wanted fees to remain the same as it would cause stress and uncertainty to both providers and service users. It was felt that a year was too frequent and several said it would depend on the method used and that it should be linked to inflation. But they were supportive of the fact that it would monitor fees and ensure the correct fees were being paid. As mentioned previously for other proposals respondents felt that more detail was required, and that the proposal needed further development and work (23%).

#### ***How would it affect you?***

26 comments considered how this proposal would affect individuals and providers and the majority (27%) were concerns around what people would have to pay, if they would have to pay for everything and financial pressure. In addition some service users commented that it would improve their lives while others stated that there would be no impact.

#### **Question 10 – Do you support the Council’s proposed approach to citizens being able to choose their care provider and how these choices may require a financial contribution from families (also known as top ups or Third Party Contributions)?**

Just below 50% of respondents were supportive of this option, with 22% opposed. Out of the main groups to respond the most support was from care providers and the most opposition from care providers (29%). A third of carers were strongly opposed to this option.

### ***Why support or oppose?***

There were 96 comments in relation to this proposal which had two main elements; choice (a third of comments) and additional financial contributions (39%). By far the majority of comments were concerns around the financial top up and that choice would be limited by wealth. It was felt unfair to put pressure on families who have pressures of their own and several respondents commented that they had no family so what would they do? There were some supportive comments in relation to this proposal though many respondents felt that service users would need assistance to make informed choices, especially when their needs were not straight forward, but it was seen as important that the choice was there.

### ***How would it affect you?***

Out of the 41 comments received 24% were concerns that it would depend how much people would be expected to pay and financial pressures if they had to pay for everything. Nearly a quarter of comments felt that there would be better choice but 10% reflected that service users would become anxious, stressed or unsettled.

### **Question 11 – Do you support the Council’s aspiration for all care providers to be required to pay all their staff at least £8.45/hour?**

Nearly 80% of respondents were in favour of staff being paid at least £8.45 an hour, with only 6% disagreeing and 15% stating they were neutral. Of the main groups who responded the most support came from family members with the least from care providers, 94% compared to 48%. The most opposition therefore came from care providers with 14% being strongly opposed.

### ***Why support or oppose?***

There were 97 comments made in respect of the proposal to pay staff a wage of £8.45/hour. The majority of comments focused on cost (70%), with over half coming from service users who stated that carers worked hard and deserved their pay to reflect this. There was some concern that the amount proposed was too low and below the national living wage, 23% of comments relating to cost. Many comments reflected it would improve recruitment of staff and quality of care and that all staff should be paid a decent wage and there were several comments supporting this proposal. But, there were also a range of comments relating to funding (14%) which included concerns as to how this would be funded. There were a lot of miscellaneous comments recorded which included I don’t pay council tax or does not concern me.

### **Question 11 continued – If you support this proposal, would you be prepared to pay for this from the Council’s budget as part of the Council Tax and/or Business Rates you pay?**

Overall 36% of respondents who were in support of the proposed pay for staff agreed with the above funding proposals, whilst 17% were against and 29% unsure. Table six shows the responses.

**Table six – Question 11**

Who	Yes	No	Don't know	No response	Total
Service user	32%	14%	36%	19%	100%
Previous service user	100%	0%	0%	0%	100%
Family member	47%	21%	18%	15%	100%
Carer	33%	33%	33%	0%	100%
Member public	0%	0%	50%	50%	100%
Care provider	40%	23%	20%	17%	100%
Partner organisation	67%	0%	0%	33%	100%
Other	40%	0%	20%	40%	100%
Not answered	29%	29%	14%	29%	100%
<b>Total</b>	<b>36%</b>	<b>17%</b>	<b>29%</b>	<b>18%</b>	<b>100%</b>

**Question 12 – Do you support the Council’s proposal to move to a model for allocating home support packages across five geographical areas of Birmingham and the way this is proposed to be implemented?**

Just under half of respondents were supportive of this option, whilst 10% were opposed. Over a third of respondents (42%) recorded a neutral response. Out of the main groups to respond the most support came from family members and service users and around 10% of each group were in opposition to this proposal. Nearly half of the care providers (49%) recorded a neutral response.

***Why support or oppose?***

There were 86 comments related to the proposal of a geographical model. A third of comments were supportive of the proposed geographical areas with carers having to travel less, but in some instances respondents felt they may have to travel more. There were many comments expressing support for this proposal, 23%. As for question eleven there were a lot of miscellaneous comments recorded which included having the same carers and people being happy with the support they currently receive, that it was good to support people staying independent in their own home and concern that they may not be located in one of the five proposed areas.

***How would it affect you?***

Of the 31 comments received the main impact identified (16%) was by service users who felt it would improve their lives and that they would feel safe. Other comments included there would be no impact or that people were unsure and that more work was required for this particular proposal.

**Question 13 – Do you support the Council’s proposal to reduce the number of home support providers and the way this is proposed to be implemented?**

Around a third of respondents were supportive of the proposal to reduce the number of home support providers and 22% were opposed. The largest grouping of respondents was those who recorded a neutral response (42%). Out of the main groups to respond the most support came from service users and the most opposition was recorded by family members (30%). Care providers were

the most neutral group of responders at 51%. Smaller providers were concerned about the effect of this proposal on them.

***Why support or oppose?***

There were 78 comments on the proposed reduction of home support providers. Just over a third of comments were related to providers of which several stated that only good providers should be used and that instead of reducing the numbers more were needed. The majority of comments were miscellaneous with there being some confusion around what was being asked, for example several comments related to the closure of care homes and that people were worried they would be moved away from family. The majority of other comments related to the fact that it was good to have support to remain independent in your own home. Several respondents felt that choice would be reduced for both the service user and provider as some of those providing good quality care may be unable to join the framework.

***How would it affect you?***

Of the 24 comments made 17% related to the fact that people would be better protected. Other comments included that standards would improve and that there would be more choice.

**Question 14 – Do you support the Council’s proposal to apply the geographic home support model only to new care packages allocated after 1<sup>st</sup> April 2018?**

Only 27% of respondents supported the proposed new model only being applied to new care packages and 16% were in opposition. Half of respondents felt neutral about this option with service users being the highest group at 58%. Across the main groups who responded the most support was from care providers and the most opposition from family members. Nearly 40% of carers were opposed to the model only applying to new packages and 28% felt strongly about this proposal.

***Why support or oppose?***

Many comments were supportive of this proposal (27%) whilst 21% reflected that this should to apply to all care packages and a range of miscellaneous comments related to home support.

***How would it affect you?***

Some comments stated that there would be no impact or that they were unsure or did not know. Other comments included people would be better protected and concerns around fees and financial pressure.

**Question 15 – Do you support the Council’s proposals to allow citizens in receipt of home support services from providers that are unsuccessful in joining the new framework agreement, to continue their service via a Direct Payment or being supported to find a new contracted care provider should they choose to?**

Just over a third of respondents supported this proposal and 13% opposed. Almost 50% of all respondents felt neutral about this proposal and service users were the group recording the most neutral responses (55%). The most support came from family members whilst the most opposition was recorded by family members.

#### ***Why support or oppose?***

There were 71 comments made in respect of this proposal with the most (37%) focused on the fact that it allows citizens to have a choice and that they should be able to opt to remain with their current provider. But there was concern that this would mean some people receiving a substandard service and others encouraged by a provider to stay with them. Some respondents expressed concern about the ability to fund this proposal and having limited choices, but 23% of comments were in support of this proposal.

#### ***How would it affect you?***

Of the 30 comments made 20% stated that services would be improved and be of a better quality. Other comments included 13% stating there would be no impact, concern that people would become anxious, stressed or unsettled and that people were happy as they are and did not like change.

#### **Question 16 – Do you support the Council’s proposal to apply the new fixed rates only to care packages allocated after 1<sup>st</sup> April 2018?**

Over a third of respondents were in support of this proposal whilst 18% were opposed. Again a high number of respondents recorded a neutral response to this proposal (39%). Of the main groups to respond service users registered the most support and care providers the most opposition.

#### ***Why support or oppose?***

There were 74 comments in relation to fixed fees only applying to new care packages. The most comments (31%) felt that fixed fees should apply to all packages including existing, whilst others felt it should only apply to new as it would destabilize the market and require significant resources. There were a range of miscellaneous comments and nine in support and six in opposition to this proposal.

#### ***How would it affect you?***

There were only 24 comments received of which 17% expressed concern that providers would ‘pull out’ of the market and that there would be a shortage. Other comments included that there would be more choice, people would be better protected but that services would be poorer and people may not get the right support.

#### ***Alternative approach***

Respondents who opposed this proposal were asked to suggest alternative approaches and 19 of the 44 respondents in opposition made the following suggestions:

1. To actually move towards personalisation of provision in line with government policy and as regularly publicised as underpinning policy by BCC rather than promoting strategies which are strategically opposite to this.
2. I agree with assessing quality, and those providers doing well should be rewarded by more referrals. Pricing should not be fixed as investment into training and quality improvement if different with all providers and that's how the cost of support is measured.
3. As above; phase in the new charging regime to existing service users.
4. Apply same rules across the board surely.
5. Stop wasting money on people that don't need care
6. Maintain the option of deferred decision making by the client and carer
7. Come to the home, assess the needs and see what other alternative is if we wasn't here.
8. Give details of proposal.
9. You clearly require more money from Central Government. It should not be taken out on the most vulnerable.
10. In the main I support the councils proposal, however I do feel that the fixed prices need to be slightly higher than those stated and that the application criteria for the framework needs to be a little more flexible in its approach. It seems unfair that providers like us who have worked with BCC for a number of years, with no major concerns, may not be able to apply because our office is on the wrong side of the road.
11. not enough options outlined to be able to comment
12. We would suggest that the fixed fee apply from April 2018 to new packages, all old packages should be reviewed and repriced within 6 months of the inception of the contract and that there be a special banding set up for clients with more specific needs.
13. All packages should go onto the new agreed framework price. For current packages there should be a review and an agreed price that should be paid for each citizen based on the new framework. This then could be phased in over a year period. this would give an organisation time to adjust to either an increase or decrease of the fee currently being paid prior to April 2018
14. The Council should set a realistic hourly rate of payment for care and support, based on credible figures and provide a funding rise for 2017. It can then review this figure in April 2018 and set sensible rates based on an increase reflective of economic situation at that time. I have no faith that BCC will do this, but it is the fair and sensible course of action to take.
15. To continue with the existing approach and negotiate annual fee uplifts for existing providers based upon an annual cost of care review.
16. I think it should be based on new packages from 1st April 2018 with the view to all Care Home packages having transferred to the new rates by an agreed later date. Home care could be managed via turnover of packages.
17. Pay for every citizen in care the same fee rate. Why should a new starter be any different? This is just the Council wishing to avoid paying for care. This approach does not support the rhetoric that is offered in the introduction in any way shape or form.
18. Update all fees not just new fees. You say the Council can't afford it but can the Council afford to lose good services - that is what will happen.
19. As I have said above, scrap all these ideas and start again to approach the whole market in a positive way which enables business growth for providers but also provides high quality services to the people of Birmingham at a reasonable cost (i.e. based on available evidence and fact and not a desire to reduce costs in a time of cash strapped budgets).

#### **Additional comments**

There were 53 respondents who chose to make any additional comments of which a quarter reflected that more information was required. In addition 22% reflected that the system/process was good as it is whilst 19% reflected that it was important to have guidelines and measures.

Key themes appearing in the additional comments included:

- Choice was important to citizens;
- Any new system should be; fair, consistent, clear about what is expected and be the best it can;
- The questionnaire was poorly structured combining good and bad proposals and was difficult to understand;
- More information and consultation was needed; and
- There was concern about the mental health and hearing disability sectors, in particular choice.

Further data can be seen in Appendix C.

### **5.3 Events and other methods analysis**

In addition to the questionnaire responses recorded on BeHeard there were 30 consultation events held across the city with providers (214) and service users (38). The purpose was to complement and supplement the BeHeard analysis providing an environment where people could ask any questions and have informed discussions.

The questionnaire was presented at each event giving participants the opportunity to comment. A group discussion then followed enabling more in-depth comments to be recorded and any questions to be raised and answered.

The workshop discussions identified eight main themes:

- Fees and costs;
- Need for care;
- All packages/service users;
- Communication and information;
- Direct payments;
- Banding;
- Quality standards; and
- Care market.

The most comments were recorded in respect of fees and costs and there was concern that the costs and fees used were too low and not realistic. There was concern that one price does not fit all as costs will differ depending on the need of the service users (in particular will be more expensive for complex needs), costs vary across the city, costs will differ from small and large care homes and costs could depend upon the quality of the accommodation and building. In relation to the care market there was concern that small providers would be out priced and that complex cases would not be taken on.

There were lots of comments concerning complex needs and how they would be met – one size does not fit all. It was pointed out that costs will differ for example for elderly care compared to younger



adults with a learning disability. People also said that there were different levels and type of care for which costs would vary in particular where specialist staff or equipment were required.

It was generally felt that more detail and information was required and hence further consultation. For example some people were keen to see the breakdown of cost calculations and others to help further develop the framework. In addition people felt that communication between BCC and providers needed to be improved.

Many comments reflected that CQC already carry out a clear audit of quality standards and that the BCC proposal is different which could lead to confusion and additional work for providers. There was concern that the Gold standard was unachievable and that there would be no incentive for providers. Although it was accepted that poor providers should be held to account many felt they should not be penalised financially.

Further details can be seen in Appendix D.

In addition to the events a range of comments were made via email, letter and telephone and included:

- Hourly rates and fees set are too low;
- There is a difference in economies of scale for smaller and larger homes;
- Fixed fees present a risk that flexibility of services may be compromised and some people requiring care may not be able to access it;
- Conflict with how fees and rates have been calculated and some are out of date
- Fees have already been squeezed and quality compromised;
- Two-way communication needs to be improved between BCC and providers and be open and transparent;
- One size does not fit all – costs differ across the city, as above for size of home and for different needs for example for dementia;
- To avoid conflict could use CQC rating as payment assessment method and performance and standards should be left to CQC;
- Evidence based outcomes are not mentioned;
- Reducing funds to poor services will only make things worse;
- For complex needs homes will have to charge top ups;
- Concern that the proposed banding does not respect legal protections such as the Human Right Act;
- Geographical areas not necessarily consistent with demographic spread of those requiring care and may be difficult to change;
- Learning disability should remain separate as a speciality;
- Should be about personal need not where a person lives – person centred not accommodation; and
- Further information, in particular about younger adults and learning disabilities, and more consultation is required.
- The method used for calculating the home support fee leaves the proposed fee at risk of being insufficient to deliver the Council's statutory responsibilities, and that it ignores UKHCA fee proposals and real cost data gathered through previous open book processes.
- The method used for calculating the supported living fee does not take into account some additional costs and risks being insufficient and that it ignores real cost data gathered through previous open book processes.

- The proposal to pay at the mid-point of a band for younger adult residential care creates disincentive for providers to support people with more complex needs within each band.
- The method for calculating the younger adult residential fee ignores real cost data gathered through previous open book processes and as the care rate is based upon the home support rate this risks being insufficient.
- Concerns about care fees and quality are linked and that if fees are reduced this will lead to a reduction in quality.
- The proposals are inflexible and don't allow the Council to operate outside of the scheme by contracting with providers outside of the framework.

## **Appendix A – Summary of questions**

### **Question 1**

Do you support the proposal for the Council to operate a framework agreement for home support (for adults and children), supported living (all ages) and residential homes with and without nursing (for adults) from 1<sup>st</sup> April 2018?

Please tell us why you support or oppose the proposal to operate a framework agreement from 1<sup>st</sup> April 2018.

### **Question 2**

Do you support the Council's proposal to assess the quality of all care providers, which includes a quality rating system based on an annual inspection, provider self-assessment and the integration of customer feedback?

### **Question 3**

Do you support the Council's proposal to move towards only using good quality providers (rated as gold, silver or bronze) and to set clear quality standards for care and support?

### **Question 4**

Do you support the Council's proposed method for allocating care packages to providers?

**Note for questions 2 to 4 respondents were also asked why they supported or opposed each proposal and if implemented the impact it would have.**

### **Question 5**

Do you agree that the Council should stop using 'inadequate' care providers?

### **Question 6**

Do you support the council's proposal to agree fixed fees for care packages with the care market, including a single fixed fee for 'accommodation' related costs?

### **Question 7**

Do you support the Council's fixed fees that are outlined in the 'Pricing Proposals' document?

### **Question 8**

Do you support the Council's proposal to link the fee paid to care providers with the quality of care provision as outlined in the Quality Framework and Pricing Proposals documents?

**Question 9**

Do you support the Council's proposal to review fees paid for care packages each year and the proposed method for reviewing these as outlined in the Pricing Proposals document?

**Question 10**

Do you support the Council's proposed approach to citizens being able to choose their care provider and how these choices may require a financial contribution from families (also known as top ups or third Party Contributions)?

**Note for questions 6 to 10 respondents were also asked why they supported or opposed each proposal and if implemented the impact it would have.**

**Question 11**

Do you support the Council's aspiration for all care providers to pay all their staff at least £8.45/hour?

If you support this proposal would you be prepared to pay for this from the Council's budget as part of the Council Tax and/or Business Rates you pay?

**Question 12**

Do you support the Council's proposal to move to a model for allocating home support packages across five geographical areas of Birmingham and the way this is proposed to be implemented?

**Question 13**

Do you support the Council's proposal to reduce the number of home support providers and the way this is proposed to be implemented?

**Question 14**

Do you support the Council's proposal to apply the geographic home support model only to new care packages allocated after 1<sup>st</sup> April 2018?

**Question 15**

Do you support the Council's proposals to allow citizens in receipt of home support services from providers that are unsuccessful in joining the new framework agreement, to continue their service via a Direct Payment or being supported to find a new contracted care provider should they choose to?

**Question 16**

Do you support the Council's proposal to apply the new fixed fees only to care packages allocated after 1<sup>st</sup> April 2018?

If you oppose this proposal, what alternative approach do you suggest the Council adopts?

**Note for questions 12 to 16 respondents were also asked why they supported or opposed each proposal and if implemented the impact it would have.**

**Additional questions**

Please detail below any other comments or suggestions that will help the Council to further shape our proposed approach.

There was also a range of questions about you, for example age and ethnicity.

## Appendix B - Analysis Coding

### Questionnaire qualitative coding – Why support or oppose?

Comment	Code	Generic code
Agree/support	A	A
Proposal confusing/documents difficult to understand	B	B
Avoids responsibility to provide what is needed	C	M
Historic poor services when using block contracts	D	M
Cannot standardise price as will affect quality	E	C
Provides greater choice	F	D3
No commitment to buy volumes of care	G	M
Guidelines needed for service users and carers	H	E
Services already effective without frameworks and additional obstacles	I	F
Ensures care tailored to service user	J	E
Lots of additional resources required e.g. paperwork/don't have manpower	K	M
Need day centres, concern isolated at home	L	M
Miscellaneous	M	M
Service user needs will not be met	N	M
More consultation needed	O	B
Introduces too many providers	P	G1
Concerns around equalities	Q	I
Will raise standards/quality	R	E
Transparency good – raise quality, provide clear ratings, enable comparisons and enable informed choices	S	E2
Customer feedback key/important	T	E3
Should be independent organisation assessing	U	E4
CQC already do this, what if BCC rating differs? Need to be consistent/should use CQC ratings.	V	E5
Need real checks and proper monitoring to improve quality/choices	W	E
Should be price lead as should already be delivering good services and know poor/good providers.	X	C
How will measure work? Need training/education for consistency.	Y	B
Concern about current service users. (They need to have choice)	Z	D
Banding (Gold, Silver and Bronze) good idea	AA	E1
Concern over allocation of care packages	BB	M
BCC should be assessor/delivering service	CC	E6
Support will be provided/needs will be met	DD	J1
Would not allow choice	EE	D1
Like it as it is/happy with provider	FF	F
Price/costings too low/unsustainable	GG	C1
Allows clear costs/keep prices even	HH	C

Lack of flexibility – providers not able to meet specialist need/service user needs are different. One size does not fit all.	II	J2
Reduces variation/provides consistency	JJ	E2
Should be based on quality not price/quality most important	KK	K
Won't get support needed if do not have enough money	LL	H1
Depends if adequate to provide services i.e. costs/price	MM	C
<b>Comment</b>	<b>Code</b>	<b>Generic code</b>
Fee should be linked to service user need	NN	C5
Will improve quality linking fee to performance/good to reward	OO	C5
Needs to be reviewed alongside inflation	PP	C
Depends how it will be done/methodology	QQ	B
Fees should remain the same/uncertainty	RR	C
Review should not reduce provision	SS	M
Disagree/oppose	TT	M
Higher expectation = higher cost so fair to pay more	UU	C
Some service users will need help/don't always have knowledge	VV	J3
Would improve recruitment and quality of staff/deserve decent wage	XX	C6
Issue with funding – who, can't afford/Families penalised	YY	H1
Fairer split/good concentrating by area/supports local community	ZZ	L
Reduces choice	AAA	D1
Carer may have to travel longer distances	BBB	L1
Boundaries need reviewing	CCC	B
Carers will arrive on time/less travel	DDD	L1
May not be in area/concern placed away from family	EEE	M
Good to support staying in own home	FFF	M
Should only use good providers	GGG	G2
Need more providers, already not enough	HHH	G3
Reduces competition	III	M
Should apply to all packages	JJJ	C2
Should be able to choose to retain current provider	KKK	D2
Concern over move to Direct Payment and continue with poor quality	LLL	M
Need fair consistent system clear about what is expected	MMM	E2
Partnership working/co-production important	NNN	B1
Small providers need to be considered	OOO	G4
Framework would be helpful to everyone	PPP	A
Framework and proposals need more work/Need more details	QQQ	B
Difficult to achieve Gold/No incentive	RRR	E7
Geographical areas better/Will reduce costs	SSS	L
Concern around residential accommodation and fixed costs	TTT	C4
Unsure/don't know	UUU	B
Price should be linked to quality as well as rating	VVV	C5
Issues around timescale	WWW	B
Would pay via Council Tax	XXX	C
Would not pay via Business Rates	YYY	C
Concerns around funding	ZZZ	H2
Agree only apply new packages/Stabilization	AAAA	C3

## Generic coding

Theme	Code
<b>Agree/support</b>	A
<b>Difficult to understand/more detail needed/further consultation needed/training and education needed:</b>	B
1 - Partnership working/co-production	B1
<b>Price and fees:</b>	C
1 – Price/costs/rates too low	C1
2 – Apply all packages	C2
3 – Apply only new packages	C3
4 – Residential/accommodation costs	C4
5 – Linked to quality/need/performance	C5
6 – Staff deserve decent wage	C6
<b>Choice:</b>	D
1 – Reduced choice	D1
2 – Should be able to choose current provider	D2
3 – Greater choice	D3
<b>Guidelines/measures/outcomes/monitoring:</b>	E
1 – Banding good idea	E1
2 – Will raise standards/improve quality	E2
3 – Customer feedback important	E3
4 – Should be independent assessor	E4
5 – Should be consistent and use CQC ratings	E5
6 – BCC should assess	E6
7 – Difficult to achieve Gold	E7
<b>Good as it is</b>	F
<b>Providers:</b>	G
1 – Introduces too many providers	G1
2 – Should only use good providers	G2
3 – Need more providers	G3
4 – Need to consider smaller providers	G4
<b>Funding:</b>	H
1 – Won't get support if don't have enough money/Impact on family	H1
2 – How will it be funded?	H2
<b>Concern equalities</b>	I
<b>Support:</b>	J
1 – Needs will be met	J1
2 – One size does not fit all	J2
3 – Some service users will need help and support	J3
<b>Quality – most important</b>	K
<b>Geographical areas better:</b>	L
1 – Travel time	L1



**Questionnaire qualitative coding – Impact**

Comment	Code
Better quality/increased standards	A
Better choice/can make informed choices/more confidence	B
More confident service users views included/feedback important	C
Anxiety/stress/unsettled	D
Providers held to account:	E
• Providers may pull out/shortage	E1
• If only Gold chosen demand issue	E2
• Worried unfair assessment	E3
• Opportunities to rectify	E4
• Concern abilities to improve	E5
None	F
Fees too low/Gold difficult to achieve so no incentive to improve	G
Able to live independently	H
Better protected/improved life/feel safe	I
Don't know/unsure	J
Equalities	K
May lose care/have to find new care/may not be able to access care	L
Miscellaneous	M
Happy as am/don't like changes	N
Poorer services/not getting right support	O
Need more information/don't understand/unclear	P
Depends on what will have to pay/paying for everything/financial pressure	Q
Less choice	R
Supports local community/local understanding of things	S
More work needed/review needed	T
Apply to all as current service users will lose out	U
Agree – only apply to new packages	V

## Appendix C – Data

### C1. Quantitative data

#### *Demographics and equality*

Table 1 shows the age of respondents.

**Table one – Age respondents**

Age	No'	%
18-29	12	8%
30-44	28	19%
45-54	39	26%
55-64	32	21%
65-74	18	12%
75+	9	6%
Not known	11	7%
<b>Total</b>	<b>149</b>	<b>100%</b>

Tables two and three show whether a respondent has a disability and what type of disability.

**Table two – Disability**

Disability	No'	%
Yes	84	56%
No	44	30%
Not known	21	14%
<b>Total</b>	<b>149</b>	<b>100%</b>

**Table three – Type of disability**

Type disability	No'	%
Dexterity	15	7%
Mental health	27	13%
Stamina/breathing/fatigue	15	7%
Chronic pain	1	0%
Hearing (deafness/partial)	14	6%
Mobility	25	12%
Memory	25	12%
Other	3	1%
Vision	14	6%
Learning/understanding	48	22%
Socially/behaviourally	29	13%
<b>Total</b>	<b>216</b>	<b>100%</b>

Table four shows the gender of respondents.

**Table four – Gender**

Gender	No'	%
Female	80	54%
Male	56	38%
Not known	13	9%
<b>Total</b>	<b>149</b>	<b>100%</b>

Table five shows the religion recorded by respondents.

**Table five – Religion**

Religion	No'	%
Christian	68	46%
Buddist	3	2%
No religion	37	25%
Muslim	4	3%
Jehovah	1	1%
Sikh	1	1%
Hindu	6	4%
Mormon	1	1%
Other	2	1%
Not known	26	17%
<b>Total</b>	<b>149</b>	<b>100%</b>

Table six shows the sexual orientation of respondents.

**Table six – sexual orientation**

Sex' orient'	No'	%
Hetrosexual	96	64%
Bisexual	5	3%
Gay/Lesbian	2	1%
No response	24	16%
Don't know	22	15%
<b>Total</b>	<b>149</b>	<b>100%</b>

## C2 – Qualitative data – Why support or oppose?

Please note for the purpose of analysis miscellaneous comments were excluded.

**Table seven – Question one**

Code	No'	%
Agree	8	17%
More information etc	12	26%
Price and fees	2	4%
Choice	2	4%
Guidelines and measures	14	30%
Good as it is	3	6%
Providers	1	2%
Equalities	4	9%
Quality	1	2%
<b>Total</b>	<b>47</b>	
Miscellaneous	15	

**Table eight – Question two**

Code	No'	%
Agree	15	13%
More information etc	4	3%
Price and fees	1	1%
Choice	1	1%
Guidelines and measures	92	77%
Good as it is	2	2%
Providers	1	1%
Quality	4	3%
<b>Total</b>	<b>120</b>	
Miscellaneous	7	

**Table nine – Question three**

Code	No'	%
Agree	8	8%
More information etc	8	8%
Price and fees	3	3%
Choice	1	1%
Guidelines and measures	80	76%
Good as it is	1	1%
Providers	1	1%
Equalities	2	2%
Quality	1	1%
<b>Total</b>	<b>105</b>	
Miscellaneous	8	

**Table ten – Question four**

Code	No'	%
Agree	17	22%
More information etc	17	22%
Price and fees	1	1%
Choice	3	4%
Guidelines and measures	22	28%
Good as it is	3	4%
Providers	1	1%
Equalities	3	4%
Support	11	14%
Quality	1	1%
<b>Total</b>	<b>79</b>	
Miscellaneous	20	

**Table eleven – Question six**

Code	No'	%
Agree	7	8%
More information etc	13	14%
Price and fees	32	34%
Choice	1	1%
Guidelines and measures	7	8%
Funding	4	4%
Equalities	1	1%
Support	27	29%
Quality	1	1%
<b>Total</b>	<b>93</b>	
Miscellaneous	16	

**Table 12 – Question seven**

Code	No'	%
Agree	6	8%
More information etc	19	27%
Price and fees	22	31%
Guidelines and measures	4	6%
Equalities	1	1%
Support	18	25%
Quality	1	1%
<b>Total</b>	<b>71</b>	
Miscellaneous	10	

**Table 13 – Question eight**

Code	No'	%
Agree	6	13%
More information etc	5	10%
Price and fees	20	42%
Guidelines and measures	8	17%
Equalities	1	2%
Support	8	17%
<b>Total</b>	<b>48</b>	
Miscellaneous	9	

**Table 14 – Question nine**

Code	No'	%
Agree	25	35%
More information etc	16	23%
Price and fees	16	23%
Guidelines and measures	8	11%
Equalities	1	1%
Support	5	7%
<b>Total</b>	<b>71</b>	
Miscellaneous	18	

**Table 15 – Question ten**

Code	No'	%
Agree	7	9%
More information etc	5	7%
Price and fees	3	4%
Choice	23	30%
Good as it is	1	1%
Funding	30	39%
Equalities	2	3%
Support	5	7%
<b>Total</b>	<b>76</b>	
Miscellaneous	20	

**Table 16 – Question 11**

Code	No'	%
Agree	11	15%
More information etc	1	1%
Price and fees	52	70%
Funding	10	14%
<b>Total</b>	<b>74</b>	
Miscellaneous	23	

**Table 17 – Question 12**

Code	No'	%
Agree	13	23%
More information etc	15	26%
Price and fees	1	2%
Choice	2	4%
Guidelines and measures	2	4%
Providers	2	4%
Equalities	1	2%
Support	2	4%
Geographical areas	19	33%
<b>Total</b>	<b>57</b>	
Miscellaneous	29	

**Table 18 – Question 13**

Code	No'	%
Agree	7	16%
More information etc	8	18%
Choice	4	9%
Guidelines and measures	6	14%
Providers	16	36%
Equalities	2	5%
Geographical areas	1	1%
<b>Total</b>	<b>44</b>	
Miscellaneous	34	

**Table 19 – Question 14**

Code	No'	%
Agree	13	27%
More information etc	15	31%
Price and fees	10	21%
Guidelines and measures	1	2%
Good as is	2	4%
Providers	1	2%
Funding	1	2%
Support	1	2%
Geographical areas	4	8%
<b>Total</b>	<b>48</b>	
Miscellaneous	18	

**Table 20 – Question 15**



Code	No'	%
Agree	13	23%
More information etc	10	18%
Choice	21	37%
Guidelines and measures	2	4%
Good as is	3	5%
Providers	1	2%
Equalities	1	2%
Geographical areas	4	7%
<b>Total</b>	<b>55</b>	
Miscellaneous	16	

**Table 21 – Question 16**

Code	No'	%
Agree	16	30%
More information etc	11	20%
Price and fees	17	31%
Choice	2	4%
Good as is	2	4%
Funding	2	4%
Support	4	7%
<b>Total</b>	<b>54</b>	
Miscellaneous	20	

**Table 22 – Question 17**

Code	No'	%
More information etc	9	25%
Price and fees	3	8%
Guidelines and measures	7	19%
Raise standards	3	8%
Good as is	8	22%
Providers	4	11%
Equalities	2	6%
<b>Total</b>	<b>36</b>	
Miscellaneous	18	

## Appendix D – Event themes

### Fees and costs

- Concern accommodation costs not high enough and may differ depending on size and quality.
- Concern hotel costs too low and more detail required as to how it is calculated.
- Costs are too low for supported living and home support.
- Sleep in is not mentioned
- It would be useful to have details of the breakdown of costs and a clear understanding of current costs.
- One price doesn't fit all – costs differ in relation to:
  - Needs e.g. dementia or learning disability.
  - Location in city.
  - Size of care home.
  - Quality of accommodation and building.
- Concern around specialist services as there used to be specialist rates.
- Price predictions are too low and not realistic as others pay more and are too low to be competitive.
- Fixed fee needs to be flexible to meet wide range of service user needs.
- Fixed fee needs to reflect other costs such as repairs and travel costs.
- Fees need to be reviewed as currently represent unrealistic costs.
- Not enough allowance for training costs and will be an issue with recruitment.
- Fee should be higher to improve and reflect quality.

### Need for care

- Concern around complex needs and how they will be met.
- Different levels and types of care are needed and hence specialist staff, equipment and additional support all at higher cost.
- One price doesn't fit all.
- Proposals may prevent more complex cases being taken on.

### All packages/service users

- Any proposed changes should apply to all packages and service users not just new.
- The proposed £8.45 per hour should apply to all packages.
- New and old packages should be costed the same.

### Communication and information

- Two-way communication needs to be improved between BCC and providers.
- Need more consultation and events.
- Need to develop ideas further.
- Customer feedback is important.
- Need more information.

### **Direct payments**

- People are not given enough details to be able to make an informed choice.
- How will BCC monitor and ensure safeguarding for service users using a provider via direct payments?
- Direct payments leave vulnerable people vulnerable to unscrupulous providers.
- A direct payment workshop would be useful.

### **Banding**

- Concern Gold not achievable and therefore there is no incentive.
- Providers should not be financially penalised.
- Timescale too short for Bronze providers to improve.

### **Quality standards**

- CQC already do checks on customer feedback.
- There is a difference in the rates between BCC and CQC.
- CQC already carry out a clear audit with everything up to date.
- Any assessment should be independent.
- The framework and proposals will improve both standards and quality.
- Concern Provider Assurance Statement may take too long.

### **Care market**

- Concern small providers may be driven out of the market.
- Concern small providers will be out priced.
- Need to consider different providers for example size and specialism.

## Appendix E – Summary of consultation promotion activity

Stakeholder	Activity	Date
Providers	Consultation Launch	05/04/2017
Citizens	BeHeard Go Live	05/04/2017
Providers	Email re Consultation	06/04/2017
Providers	Letter to Providers without email	07/04/2017
Providers	Letter to Providers without email	10/04/2017
Providers	Start of Process <b>Overview</b>	20/04/2017
Providers	Start of Process <b>Overview</b>	24/04/2017
Carers	Carers Hub Newsletter	27/04/2017
Citizens	Letter to Citizens	28/04/2017
Birmingham Policy Community	Weekly Email	01/05/2017
Citizens	Start of Process <b>Overview</b>	02/05/2017
Citizens	Start of Process <b>Overview</b>	03/05/2017
Providers	Workshop 11 - <b>Price</b>	04/05/2017
Providers	Workshop 12 - <b>Price</b>	04/05/2017
Providers	Email reminder to largest care providers	05/05/2017
Partner Agencies	Health Newsletter	05/05/2017
Citizens	Workshop 1 - <b>Bed Based</b>	06/05/2017
Providers	Reminder email to care providers	09/05/2017
Providers	Send out of posters to care providers	12/05/2017
Citizens	Workshop 2 – <b>Supported Living</b>	13/05/2017
Citizens	Start of Process <b>Overview</b>	15/05/2017
Providers	Reminder email to care providers	15/05/2017
Providers	Workshop 13 – <b>Quality</b>	16/05/2017
Providers	Workshop 14 – <b>Quality</b>	16/05/2017
Citizens	Workshop 3 - <b>Bed Based</b>	17/05/2017
Partner Agencies	Reminder email to care providers	17/05/2017
Citizens	Event - Start of Process <b>Overview</b>	18/05/2017
Providers	Reminder email to care providers	18/05/2017
Citizens	Forward Carers eNewsleter	18/05/2017
Citizens	Workshop 4 – <b>Home Support</b>	20/05/2017
Providers	Workshop 15 – <b>Home Support Geographical Model</b>	22/05/2017
Providers	Workshop 16 – <b>Home Support Geographical Model</b>	22/05/2017
Partner Agencies	Breakfast Meeting with Partners	24/05/2017
Providers	Consultation Questionnaire Drop-off to care providers	24/05/2017
Providers	Provider Registered Managers Network	25/05/2017
Citizens	Workshop 5 – <b>Nursing Care</b>	27/05/2017
Partner Agencies	Meeting with Health Watch	05/06/2017
Providers	Workshop 17 - <b>Price</b>	07/06/2017
Carers	Carers Information Day	12/06/2017

<b>Stakeholder</b>	<b>Activity</b>	<b>Date</b>
Citizens	Workshop 7 – <b>Nursing Care</b>	12/06/2017
Citizens	Workshop 6 – <b>Home Support</b>	13/06/2017
Citizens	Workshop 8 - <b>Bed Based</b>	13/06/2017
Providers	Workshop 18 – <b>Quality</b>	14/06/2017
Citizens	Workshop 9 – <b>Supported Living</b>	15/06/2017
Partner Agencies	Birmingham Safeguarding Board Meeting	20/06/2017
Providers	Event - Housing Provider Briefing	20/06/2017
Providers	Workshop 19 – <b>Home Support Geographical Model</b>	22/06/2017
Providers	Event - End of Process <b>Overview</b>	27/06/2017
Citizens	Event - <b>Overview</b> End Of Process	27/06/2017
Providers	Event - West Midlands Care Association	03/07/2017

## Appendix F – Summary of feedback in relation to Court Order

The response raises a number of concerns about the proposals. Detailed below is a summary of those concerns and how the Council has taken these into account in the development of its final proposals.

Overall the respondent is concerned about the detail of the proposals, in particular the adequacy of the pricing proposals and the potential inflexibility.

### Pricing proposals

#### Home Support fees

Respondent concern	Council response
No reason given for not adopting the UKHCA £16.70 per hour rate.	<p>The Council has not used the UKHCA hourly rate because it does not believe that this is reflective of local costs and the local market position.</p> <p>The proposed fees are based upon an average of actual fees paid as set out in the Pricing Proposal consultation document.</p> <p>The proposed fees have been increased to take account of current average rates and to reflect feedback from the provider market about costs.</p>
The Council's proposed rate is based upon an average fee using the current competitive process. The process did not have a 'floor' to guard against underbidding and does not exclude providers who had to bid at a lower rate because of their lower quality rating. By contrast the KPMG open book figures were based on actual costs and the Council did not explain why it had decided to reject KPMG's conclusions about actual costs in favour of rates paid.	<p>The current process does contain a 'floor' to guard against underbidding.</p> <p>All Home Support services with which the Council contracts are regulated by CQC. The Council does not contract with any provider that is not CQC registered and that the regulator has judged is delivering insufficient quality care to be a registered provider.</p> <p>The KPMG open figure is a reflection of the costs of some of providers. The proposed fees are based on an average of actual fees paid. This better reflects the local position.</p> <p>The proposed fees have been increased to take account of current average rates and to reflect feedback from the provider market about costs.</p>
There is no evidence in the consultation paper that the Council has taken the necessary steps to assure itself that the Current Average will be sufficient to fund delivery in accordance with the new quality criteria and, we have been unable to ascertain the extent of the risk that the Current	During consultation the Council set out proposals around quality and price. Having taken into account the responses of providers, the Council is satisfied that providers will be able to deliver the stated quality within the price proposed.

Average will be insufficient because of the failure to provide the relevant information.	The proposed fees have been increased to take account of current average rates and to reflect feedback from the provider market about costs.
<p>The UKHCA 's report 'The Homecare Deficit' published on 25 October 2015 found that Birmingham's average hourly rate for home care <i>"fell at the lower end of the sample group"</i>.</p> <p>The consultation paper justifies the position in relation to other local authorities in the West Midlands saying that one of the reasons for the difference is that rural counties such as Herefordshire will have to fund higher levels of travel costs than within urban areas. But no explanation is given for the proposal to continue to use this lower rate compared with the core cities and there is no evidence that this issue has been investigated.</p>	<p>Birmingham has benchmarked its proposal against other core cities and the rate is comparable to rates paid by other core cities in England.</p> <p>The Council's proposal is reflective of local costs and the local market position.</p> <p>The proposed fees have been increased to take account of current average rates and to reflect feedback from the provider market about costs.</p>
<p>We note that the hourly rate is based on paying all care staff the National Living Wage. Some service users will need highly skilled staff to deal with, for example, challenging behaviour or other complex needs. In addition, this approach provides for no career progression in care work. The statutory guidance says:</p> <p><i>"When commissioning services, local authorities should assure themselves and have evidence that service providers deliver services through staff remunerated so as to retain an effective workforce."</i> [4.30 and also see 4.32]</p> <p>It is very difficult to see how the proposal can comply with this guidance given that it make no provision for paying care staff anything but the minimum wage.</p>	<p>The proposed fee is based upon paying all care staff the Birmingham Care Wage (equivalent to the current National Living Wage) including those under 25 which form a large percentage of the 35,000 workers employed across the industry in Birmingham.</p> <p>The fee, in addition to the hourly carer wage cost, takes into account additional costs and overheads including management and training costs which enable career enhancement and progression.</p> <p>The proposed fees have been increased to take account of current average rates and to reflect feedback from the provider market about costs.</p>

### Supported Living

Respondent concern	Council response
<p>The KPMG investigation found that supported living services on average had very low travel costs, even lower than those found in delivering home support services.</p> <p>The evidence (from KPMG) therefore suggests that that the Council's anticipated reduction in actual costs of providing supported living will not materialise because travel costs are already low.</p>	<p>The proposed fees have been increased to take account of feedback received during the consultation indicating similarities between home support and supported living costs. As a result the Council proposes a single fee for home support and supported living.</p>
<p>Even if the Council is right that travel costs might be reduced in the future by developing models such as cluster flats, this is something for the</p>	<p>Core and cluster accommodation is immediately available and so the Council proposals are sufficient to meet the current actual costs of</p>

future. Those facilities are not immediately available and so actual costs will be higher now. And the Council must pay at least the actual costs of current care not the hoped-for reduced future cost.	care.
The fact that the KPMG analysis found that the average hourly rate for supported living was higher than the average for home care support - £14.43 per hour as opposed to £13.57. (This was the case even though travel time was lower than the figure for home care support.) This would suggest that there are costs associated with the provision of supported living care that are not found in the provision of home care support (and indeed this was the conclusion reached by KPMG). This is unsurprising. For example, supported living will often involve more complex care packages and is therefore likely to require a higher ratio of senior to junior staff (see below) and higher management costs.	<p>The KPMG analysis is based upon some provider costs. The proposed fees are based upon an average of all actual fees paid and are more reflective of local market conditions.</p> <p>The proposed fees have been increased to take account of feedback received during the consultation indicating similarities between home support and supported living costs. As a result the Council proposes a single fee for home support and supported living.</p>

### Residential Care for Younger Adults

Respondent concern	Council response
<p>It is of concern that the proposal is to pay a care cost based on the mid-point of the band of hours rather than the actual care hours required by the individual.</p> <p>There appears to be no good reason why the actual number of care hours (and the resulting calculation) is not used.</p>	<p>The Council has taken into account feedback such as this and has identified that it needs to carry out further work and engagement in the area of Younger Adults residential care (with and without nursing) before it is able to implement new pricing proposals.</p> <p>The Council is therefore proposing to set a minimum residential (without nursing) fee of £500/week for under 65 providers and a residential (with nursing) fee of £575/week for under 65 providers for existing care packages.</p> <p>For new care packages, the Council is proposing to operate an interim 'open book' process which asks providers to submit a breakdown of their costs.</p>
The proposal creates an incentive for a provider not to take a resident who requires a number of care hours above the mid-point in the band ( and in particular at the higher end in each band) because they will be at risk of being paid less than it costs to provide care to that individual.	As above.
Given there will be a financial incentive built into	As above.



the scheme to accept service users who fall into the lower end of each band, the consequence for those falling into the upper end is that there is likely to be a reduction in (or perhaps no) choice available to them despite the statutory right to choose.	
<p>The accommodation fee proposed by the Council bears no relation to the hotel costs identified by KPMG.</p> <p>KPMG provided a breakdown of the items that it had categorised as hotel costs and these included many items of expenditure which an individual would not incur if they lived at home, such as contributions to care home manager salaries. Whilst these may not be services provided by a domiciliary care provider, neither are they the usual costs of someone living at home. They are just the extra care costs of someone who is cared for in residential care. However, If these non-domiciliary care costs are not to be met through the accommodation fee (which it is intended should cover the usual costs of someone living at home) then they must be met out of the care element of the fee paid. Under the proposed scheme, this is calculated by multiplying the midpoint of the band into which the individual falls by the hourly rate for supported living. The consultation paper explains that the supported living rate is the rate for home care support with reduced travel time. But the care costs we are concerned with here are the costs of care not provided by a domiciliary care provider and so will not be included in this rate. This means that the proposed rates for residential care for younger adults will inevitably be insufficient because they do not include any element designed to cover the kind of care costs not found when care and support is provided to an individual in their own home.</p>	As above.
The Council tested the figure it came up with against a figure proposed by the government in connection with its proposals for funding care support. This figure was £231 per week in 2014. It was not intended to be a measure of the actual cost of these items for any individual or in any particular location.	As above.
The home care rate on which the rates to be paid are based include a very low ratio of senior care worker to care assistants. KPMG's report	As above.

<p>found that the ratio was 1:21. Clearly this would not be sufficient in a residential care setting. In short the home care hourly rate incorporates only sufficient to pay for a relatively low number of senior staff who will need to be paid at a higher rate.</p>	
<p>A consideration of the quality standards for care home providers and those for home care reveals a number of additional criteria for the former which will inevitably generate additional costs which will need to be reflected in a higher hourly rate either because they evidence additional requirements or requirements which will require more highly skilled/experienced staff. For example: the quality criteria for residential care require:</p> <ul style="list-style-type: none"> <li>• Care plans are to contain a service users' end of life wishes</li> <li>• The care home has an activities coordinator</li> <li>• Where medicines are administered covertly there is evidence of an assessment of capacity and best interests decision-making</li> <li>• A log is maintained to evidence applications made for authorisation under the deprivation of Liberty safeguards.</li> <li>• Effective arrangements are in place to maintain appropriate standards of cleanliness and hygiene</li> <li>• The premises are safe</li> <li>• There is evidence that the provider has a range of regular, organised meetings where service users relatives and staff can provide feedback and this is listened to, acted on appropriately and people are kept informed of the outcome.</li> </ul>	<p>The Council is satisfied that the quality standards it proposes to introduce will not generate additional costs for providers and have not received feedback during the consultation that contradicts this view.</p> <p>All of the quality criteria listed by the respondent are basic core standards associated with the delivery of care and are aligned with current expectations of both the Council and the Regulator.</p> <p>The Council intends to implement this element of the contract for Younger Adults residential care (with and without nursing).</p>
<p>Some of the costs associated with the provision of care (i.e. non accommodation costs) are fixed costs which are unrelated to the number of residents. As those costs will have to be met from a proportion of the amount paid for each care hour delivered, this means that smaller care providers are at even greater risk of being paid an insufficient amount to meet their fixed costs e.g. managerial salaries. The findings of the KPMG report are consistent with this They found that care homes with fewer than 11 beds had significantly higher hotel and care costs per resident. It is of serious concern that there is an</p>	<p>The Council has taken into account feedback such as this and has identified that it needs to carry out further work and engagement in the area of Younger Adults residential care (with and without nursing) before it is able to implement new pricing proposals.</p> <p>The Council is therefore proposing to set a minimum residential (without nursing) fee of £500/week for under 65 providers and a residential (with nursing) fee of £575/week for under 65 providers for existing care packages.</p>

incentive built into the proposed scheme to move to larger, more institutional, care home provision.	For new care packages, the Council is proposing to operate an interim 'open book' process which asks providers to submit a breakdown of their costs.
<p>We understand from Birmingham Care Consortium that currently 50% of current bed-based care placements are in care homes rated as inadequate or requiring improvement and only 50% are rated as good. The KPMG found in their Open Book 2 report that there was a relationship between level of fees paid and quality for residential care placements for Younger Adults. However, the Council is proposing to reduce the current level of fees. The Open Book 3 report found that the <i>average</i> fee for younger adults with learning disabilities is £1506 per week. The <i>highest</i> rate payable for Band 6 in the proposed new scheme is £1464.87. This suggests there is a serious risk of care providers being unable to sustain or improve quality at the new rates.</p>	<p>The Council has taken into account feedback such as this and has identified that it needs to carry out further work and engagement in the area of Younger Adults residential care (with and without nursing) before it is able to implement new pricing proposals.</p> <p>The Council is therefore proposing to set a minimum residential (without nursing) fee of £500/week for under 65 providers and a residential (with nursing) fee of £575/week for under 65 providers for existing care packages.</p> <p>For new care packages, the Council is proposing to operate an interim 'open book' process which asks providers to submit a breakdown of their costs.</p>

### **Flexibility**

<b>Respondent concern</b>	<b>Council response</b>
The consultation paper says very little about flexibility to operate outside of the core scheme.	In situations where the Council is unable to identify an appropriate provider from within its contracted provider list it will make the necessary arrangements in order to discharge its statutory duties.
How will the Council discharge its statutory duties if it cannot identify a provider from its Framework that is able to meet the need of the service user?	As above.
The transitional arrangements for residential care deal with a situation where an existing care provider is unsuccessful in joining the Framework because of a quality failing when assessed against the new criteria. The proposed transitional procedures say that if improvement is not made in a fixed period of time period the Council "will commence dialogue with citizens and families around moving to a new home". The implication is that the individual will not be able to continue to live in that care home even though it will cost the Council no more (because it has pledged to continue payments under the existing contract).	As above.

There is no acknowledgement that there will be various rights in play including (1) the duty to meet assessed needs which may be such that they cannot be met elsewhere (2) an individual's article 8 rights (the right to respect for one's home) (3) the duty to promote the individual's well-being and the statutory assumption that the individual is best placed to judge their own well-being.

In relation to the latter, the individual may well be willing to take any risks that posed by the deficiencies in quality identified (which may not in any event be relevant to their care). In relation to home care the Council's transitional arrangements are such they will permit the use of direct payments to allow the individual to continue to receive care from an existing care provider) but, of course, direct payments are not currently available for the purpose of purchasing residential care in Birmingham. There needs to be flexibility to allow individual cases to be properly considered in accordance with the statutory well-being principle.