



Oldham
Council

Report to CABINET

Fees for Adult Social Care Services for 2018/19

Portfolio Holder: Cllr Chauhan
Cabinet Member for Health and Social Care

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Reason for Decision

To enable uplifts in the contract prices paid for various adult social care services from April 2018.

Executive Summary

On 28th February 2018 Budget Council agreed to additional revenue funding of £2.5 million in 2018/19 to enable an increase in fees across adult social care services to support providers with increases in the National Living Wage and other cost pressures, and to support the council in its statutory duty under the Care Act 2014 of developing a market that delivers a wide range of sustainable high-quality care and support services.

The proposed utilisation of this additional funding was developed in partnership with NHS Oldham CCG and detailed in a delegated report on 28th February 2018. It was noted that the proposals would be subject to formal consultation with the market.

Following this consultation, a benchmarking exercise across Greater Manchester localities, consideration of the investment of the improved Better Care Fund in the social care market, and an understanding of the current profile of the local care market, it is recommended that an uplift in the contract prices for various adult social care services is applied from 1st April 2018.

Recommendation

To approve increases in the fees payable for various adult social care services from 1st April 2018, as detailed in paragraph 4.1.

Fees for Adult Social Care Services for 2018/19

1 Background

- 1.1 On 28th February 2018 Budget Council agreed to additional revenue funding of £2.5 million in 2018/19 to enable an increase in fees across adult social care services to support providers with increases in the National Living Wage and other cost pressures, and to support the council in its statutory duty under the Care Act 2014 of developing a market that delivers a wide range of sustainable high-quality care and support services.
- 1.2 The proposed utilisation of this additional funding was developed in partnership with NHS Oldham CCG and detailed in a delegated report on 28th February 2018. It was noted that the proposals would be subject to formal consultation with the market.
- 1.3 Two consultation documents were issued to providers, one for residential care and one for non-residential care, which included care at home, supported living, extra care housing and personal assistants. These are attached as appendix 1a and 1b.
- 1.4 The consultation period commenced on 5th March 2018 and closed on 28th March 2018.
- 1.5 Fee levels consulted on were as follows:

Non-residential services

	Care at Home	Extra Care Housing	Supported living non-complex	Supported living complex*	Sleep in's	PA's
Current rates	£14.58/hr	£13.66/hr	£13.66/hr	£15.04/hr	£70/night	£10/hr £60/night sleep-in's
Proposed 18/19 rates	£15.22/hr	£14.26/hr	£14.26/hr	£15.70/hr	£80/night	£10/hr £62.64/night sleep-in's

The proposals included the requirement to pay staff on average £8.35 an hour, an increase of 4.4% on the current requirement to pay staff on average £8.00 an hour.

Residential services

	Standard Rate	Good Premium	Excellent Premium	Dementia Premium	Mental Disorder Premium	Out of area and high cost
Current rates	£415.00/week	£45.00	£65.00	£45.00	£84.00	Varied
Proposed 18/19 rates	£450.00/week	£45.00	£65.00	£45.00	£84.00	Up to 8.4%

2 Current Position

2.1 The Social Care Workforce

- 2.1.1 In relation to fees payable for care services, it is worth considering the profile of the social care workforce in Oldham, being employed to provide these services.
- 2.1.2 Skills for Care, the leading source nationally of adult social care workforce intelligence has published a summary of the adult social care workforce in Oldham, as at March 2018, using the National Minimum Data Set for Social Care (NMDS-SC).
- 2.1.3 In 2016/17 the adult social care sector in England had an estimated **20,300** organisations, **40,400** care providing locations and **1.58 million** jobs. In Oldham there were an estimated 6,500 jobs in adult social care split between local authorities (3%), independent sector providers (76%) and jobs for direct payment recipients (20%). As at February 2018 Oldham contained 73 CQC regulated services; of these, 44 were residential and 29 were non-residential services.
- 2.1.4 Skills for Care estimates that the turnover rate in Oldham was 18.7%, this was lower than the regional average of 26.1% and lower than the England average at 27.8%. Not all turnover results in workers leaving the sector. Of new starters in this area around half (47%) were recruited from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.
- 2.1.5 Adult social care has an experienced 'core' of workers. Workers in Oldham had on average 8.4 years of experience in the sector and 72% of the workforce had been working in the sector for at least three years.
- 2.1.6 Skills for Care estimates that in Oldham, 5.1% of roles in adult social care were vacant, this equates to around 325 vacancies at any one time. This vacancy rate was similar to the region average, at 5.9% and similar to England at 6.6%.
- 2.1.7 The estimated number of adult social care jobs in the Oldham area was 6,500 including 425 managerial roles, 250 regulated professionals, 5,200 direct care (including 3,300 care workers), and 650 other-non-care providing roles.
- 2.1.8 The average number of sickness days taken in the last year in Oldham was 5.7 (5.7 in the North West and 5.2 across England). With an estimated workforce of 5,200 this would mean employers in Oldham lost approximately 37,000 days to sickness in 2017.
- 2.1.9 Less than a fifth (17%) of the workforce in Oldham were on zero-hours contracts, compared to 21% in the North West and 24% in England.
- 2.1.10 The majority (84%) of the workforce in Oldham were female and the average age was 43 years old. Those aged 24 and under made up 9% of the workforce and those aged over 55 represented 24%. Given this age profile approximately 1,600 people will be reaching retirement age in the next 10 years.
- 2.1.11 Nationality varied by region, in England 83% of the workforce were British, while in the North West this was 93%. An estimated 94% of the workforce in Oldham had a British nationality, 1% were from within the EU and 5% from outside the EU, therefore there was a greater reliance on non-EU workers than EU workers.

2.1.12 **Average pay rate of selected job roles by area as at February 2018**

	England	Region	Oldham
Social Worker	£33,300	£32,400	£31,400
Registered nurse	£27,900	£28,400	£27,400
Hourly pay			
National living wage	£7.50	£7.50	£7.50
Senior care worker	£8.66	£8.58	£8.35
Care worker	£7.85	£7.92	£7.83
Support and outreach	£9.11	£8.77	£8.46

2.1.13 Skills for Care estimates show that 54% of the workforce in Oldham hold a *relevant* adult social care qualification (54% in the North West and 50% in England). Of those workers without a relevant adult social care qualification recorded, 75% had five or more years of experience in their current role, 92% had completed an induction

2.2 Fees in other Greater Manchester localities

2.2.1 The delegated report of 28th February 2018 set out the fees for similar services across Greater Manchester for 2017/18 and where known, those for 2018/19. This information has now been updated and is reflected below:

Local Authority	2018/19 rates					
	Residential	Nursing	Care at home	PA's	Supported Living	Sleep in's
Bolton	£480 plus £10 Quality Premium	As res	£15.16/£15.43 (MH) plus £0.50/0.30 Quality premium respectively	£10.34	Subject to tender not yet confirmed	£80.04 for 8 hours.
Bury	£476.09 (3.49% increase)	£476.09 +FNC	£15.07 (3.23% increase)	-	£15.11 (3.68% increase)	£9.08 (4.06% increase) Equivalent of £81.72 p/night
Manchester	-	-	£15.20	-	-	-
Oldham	Standard rate: £450 p/week Good premium: £45 Excellent premium: £65 Dementia premium £45 Mental Disorder premium; £84 Out of area and high cost: varied		£15.22 p/night (4.4% increase)	£10 p/hour £65 p/night sleep in	£14.26 p/hour (non-complex) £15.70 p/hour (complex) (4.4% increase)	£80 p/night (14% increase)
Rochdale	£465.80	As Res plus	£14.65	Not	£13.71	£70/night

		FNC		prescribed		
Salford	-	-	£14.40	-	-	-
Stockport	£470 standard £505 high dependency	£518 standard £546 EMI	£14.78	-	-	-
Tameside	-	-	-	-	-	-
Trafford	£448.13	£496.20 plus FNC	£14.63	£8	£13.11	£60 p/night
Wigan	3.4-8%	3.4-8%	2.2-3%	£10	£13.96 (3% increase)	£8.52 (2.4-3% increase) £76.68 equivalent p/night

2.3 The improved Better Care Fund (iBCF)

- 2.3.1 Feedback received from providers during the consultation period referred to in paragraph 1.3 above, and as detailed in section 5 below, included reference to an increase in the adult social care budget of 17.5% or £8.596m excluding the adult social care council tax precept of £1.694m. It is therefore relevant to include some detail about the improved Better Care Fund (iBCF) and how this has been invested.
- 2.3.2 The iBCF was first announced in the 2015 Spending Review, and is paid as a direct grant to local government, with a condition that it is pooled into the local BCF plan. The iBCF grant allocations were increased in the 2017 Spring Budget.
- 2.3.3 According to the grant determination, the funding can be spent on three purposes:
- Meeting adult social care needs
 - Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
 - Ensuring that the local social care provider market is supported
- 2.3.4 The Health and Wellbeing Board approved the planned usage of monies passed to the councils as part of the 2017 Spring Budget arrangements on 19 September 2017.
- 2.3.5 In relation to the purpose of ensuring that the local social care provider market is supported, the council has a legal responsibility under the Care Act 2014 to ensure that there is a suitably robust market in place from which the needs of people who have eligible needs can be met. There must be choice and the availability of high quality out of hospital provision for which examples include:
- Domiciliary care
 - Residential care
 - Residential care with nursing
 - supported housing
 - Personal assistants
 - Wellbeing services
 - Advocacy services
- 2.3.6 On 3rd July 2017, the then Director of Adult Social Care and the Head of Commissioning and Quality met with providers and presented proposals for the investment of iBCF funding. At this meeting, providers described the impact on their businesses of some of the operational challenges they were facing with the local authority, including delays in payments and challenges with maintaining standards with limited staff availability.

2.3.5 It is worth noting that the iBCF applies for a three year period, and investment proposals were made incorporating a smoothing effect over that period. Investment in the local social care market includes the following:

- The implementation of a complex care premium (as detailed in appendix 1 and 2b)
- Seasonal incentives to ensure continuity of provision particularly over extended bank holiday periods
- The introduction of formally commissioned night care in extra care housing
- Reablement support to care homes to support people to return home from short term care
- The commissioning of transitional beds to support hospital discharge
- Home from hospital home care services
- Securing more reliable and consistent home care in Saddleworth
- Increasing residential and community reablement capacity and therapeutic support
- Investment in third sector preventative provision

2.3.6 These proposals, along with proposals to invest in the adult social care staffing infrastructure were presented to providers on 3rd July 2017 and were well received, with the infrastructure investment considered key to supporting providers to manage their cash flow and improve the quality of their provision.

2.4 Other support to the social care market

2.4.1 At a local level, a monthly provider forum is held for both residential and nursing homes as well as the care at home providers. The forum has a dedicated session on safeguarding and quality assurance for all providers. As well as offering the opportunity for peer support, the forum is also a way in which providers can connect with commissioners and senior managers across the organisation to raise concerns and share good practice. The forum also invites guest speakers from time to time for example CQC, university partnerships to discuss relevant topics offering updates and training on specific areas.

2.4.2 Regular training sessions and quality workshops are held with our providers so they are aware of our expectations but also a more collaborative approach is taken whereby providers are encouraged to feed into our work programme around health and social care so they feel empowered to take ownership and drive change from a provider led point of view.

2.4.3 We have listened to our local providers and have regard to national and regional concerns with regards to recruitment and retention of staff within the care sector. We are working with providers on what an 'Oldham Model' would look like in terms of attracting new employees to the sector and retaining them. It is well documented that a poorly led provider with a high turnover of staffing contributes to the demise in the quality of services offered.

2.4.4 At a regional level, across Greater Manchester, as a collaborative; local authorities have come together under the Transforming Adults umbrella to work together to drive up quality standards within the care sector. The provider quality improvement programme (PQUIP) has been designed whereby each locality can sign up to a common set of quality principles to imbed into their quality improvement programme. This work is supported by a Greater Manchester care home improvement steering group.

2.5 The Oldham Care Market

2.5.1 Unlike a number of other Greater Manchester localities, Oldham's approach to the care at home market has meant that whilst supply in some geographical areas has been challenging (addressed through the iBCF investment detailed in paragraph 2.3.5), in the main, the market has been able to respond to demand resulting in the timely arrangement

of care packages and hospital discharge. Provider failure has been able to be responded to swiftly and with as little disruption as possible to ongoing care arrangements.

2.5.2 At any one time in the care home sector, there are around 100 vacancies, representing 6% of the overall bed base. Top ups (where the fee the care home wishes to charge exceeds the fee the local authority has contracted to pay) are charged in sixteen (38%) care homes.

2.5.3 The supported living contract was tendered in 2016 and since that time, the market has remained relatively stable.

3 Options/Alternatives

3.1 Following consideration by officers, one option was consulted on in relation to residential provision, and one option for non-residential provision. These options are as detailed in paragraph 1.5.

4 Preferred Option

4.1 The preferred option is to implement the proposals consulted on, as follows:

Non-residential services

	Care at Home	Extra Care Housing	Supported living non-complex	Supported living complex*	Sleep in's	PA's
Current rates	£14.58/hr	£13.66/hr	£13.66/hr	£15.04/hr	£70/night	£10/hr £60/night sleep-in's
Proposed 18/19 rates – 4.4% uplift	£15.22/hr	£14.26/hr	£14.26/hr	£15.70/hr	£80/night	£10/hr £62.64/night sleep-in's

Residential Services

	Standard Rate	Good Premium	Excellent Premium	Dementia Premium	Mental Disorder Premium	Out of area and high cost
Current rates	£415.00/week	£45.00	£65.00	£45.00	£84.00	Varied
Proposed 18/19 rates	£450.00/week	£45.00	£65.00	£45.00	£84.00	Up to 8.4%

5 Consultation

5.1 Two consultation documents were issued to the social care providers on 5th March 2018, with responses requested by 28th March 2018. The consultation documents are at appendices 2a and 2b.

5.2 The non-residential services consultation document was issued to twenty-one care at home providers (which included the two providers who are also commissioned to provide extra care housing services), seven supported living providers and forty-two care home providers. Personal assistants and brokerage arrangements are not currently subject to strategic commissioning arrangements.

5.3 Care at home and extra-care housing

5.3.1 Four responses were received (19% response rate), and all were in agreement with the proposed fees for 2018/19 and the requirement to pay staff on average no less than £8.35 an hour.

5.4 Supported Living

5.4.1 Four responses were received (57% response rate). One provider was in agreement with the proposals. All other respondents felt that the proposals did not reflect cost increases other than the National Living Wage, such as pension auto-enrolment contributions, and other inflationary factors. There were concerns about the potential sleep-in liability and views expressed that £80 per night was not sufficient to ensure National Living Wage compliance.

5.4.2 In response to the feedback received on the proposals not reflecting cost increases other than National Living Wage. The proposed rates are an overall uplift of 4.4%. Whilst this is in response to national Living wage rates, we also consider the overall rates that are paid for supported living services are favourable for providers, particularly when comparing these to Greater Manchester authorities. This has been taken into consideration when reviewing feedback received.

5.4.3 We appreciate providers are concerned about their liability on receiving enough funding to ensure they are compliant when paying staff the National Living Wage. In order to reach the £80 per night rate we have applied the Unison Guidance on sleep-ins and National Minimum Wage¹. This guidance states that *if any worker is paid on average – less than the National Minimum Wage over their usual pay period², they will be entitled to a pay rise*. Taking this into account, supported living services staff pay rates and average hours of working have been reviewed and an average amount was applied. In addition, a standard sleep in shift is 9 hours which works out at £8.88 per hour for one sleep in shift. This does enable providers to pay staff at National Living Wage for staff members that are over the age of 25 (£7.83 p/hour from April 2018) leaving a margin of 13.4%.

5.4.4 In reaching a decision on the proposed rates for sleep ins we have considered the rates Greater Manchester authorities are paying for supported living service. Please refer to the table at 2.2.1 for details. In comparison with the rates of authorities paying for sleep ins we are in the middle:

- Bolton: £80.04 p/night
- Bury: £81.72 p/night
- Oldham: £80 p/night
- Rochdale: £70 p/night
- Trafford: £60 p/night
- Wigan: £76.68 p/night

5.4.5 When advising the providers of the approved rates we are considering presenting the Greater Manchester rates in order for the Oldham position to be recognised in terms of

¹ <https://www.unison.org.uk/news/article/2014/08/sleeping-in-and-the-minimum-wage/> *Sleep-ins and the national minimum wage: guidance for negotiators and organisers*

² The pay reference period is the time over which the worker is usually paid – usually weekly or monthly

providing fair rates of pay. The modelling work from Unison will also be provided to ensure that all providers are working from the same basis.

5.5 Care homes

5.5.1 Nine responses received representing ten homes and the Oldham Care Homes Association (24% response rate). One respondent was in agreement with the proposals. All other responses commented on the 17.5% increase in the adult social care budget (iBCF), and questioned why this was not reflected more in the offer, and further felt that the proposals didn't reflect:

- Cost of care
- The combined effect of inflation and National Living Wage increases
- The need to improve quality
- The cost and volume of equipment required
- The need for a higher rate for people with dementia
- Pension contribution increases
- CQC fee increases
- Increases in dependency levels
- The increase in salaries announced by the NHS and the impact this was likely to have on recruitment in the social care sector
- the lack of appetite of new investors in the market and what that ultimately might mean in terms of shortage of supply

5.5.2 There was also concern about the potential of linking a quality payment to CQC ratings, given the number of outstanding rated homes nationally, the frequency (or otherwise) of inspections, and the view of the objectivity of the inspection process.

5.5.3 Whilst the concerns raised by the care homes are mostly valid, a significant increase in fees of 8.4% has been requested. This will more than cover the cost of inflation. We also need to be mindful and responsible with our fee setting proposals and the additional funding Adult Social Care has received is only secure up until 2020. The proposed increase in fee levels will be sustainable for the council as well as providers.

5.5.4 Further work is being undertaken with regards to the other premiums offered and this will form a separate piece of work. We are exploring the options around 'complex care premium' and this would cover such areas as dementia, which the providers have highlighted as a concern through the consultation process.

5.5.5 With regard to the cost of care, a detailed piece of work was undertaken in 2016 to better understand provider costs, and the impact of council fees, vacancy factors and self-funded residents was taken into account. It is proposed that during 2018, this work is refreshed to further inform the approach from 2019/20 onwards.

6 **Financial Implications**

6.1 The report seeks approval for a range of increases to residential and non-residential care within Adult Social Care; this includes but is not limited to the cost to the providers of implementing the increase in the national minimum wage from £7.50 to £7.83 (for people aged over 25). The cost of implementing the revised fee structure, based on activity in the current financial year is estimated to be £2.543m and is summarised in the table below;

Type of care provision	£000's
Homecare	392
Extra Care Housing	71
Supported Living	241
Residential and Nursing	1,839
Total	2,543

6.2 The Council has made provision within the approved 2018/19 budget and the Medium Term Financial Strategy to address the continued cost of implementing the National Living wage and other cost pressures being experienced in the market. For 2018/19 the sum of £2.500m is available. The £0.043k shortfall will be met from within existing Adult Social Care resources which have been realigned to ensure the proposed fees are fully affordable.

6.3 To fund the increase in cost base the Council has taken the opportunity to apply the 2% Adult Social Care Council Tax precept which will raise an estimated £1.694m in 2018/19, clearly demonstrating that the Council has directly applied the amount raised to support Adult Social Care. (Danny Jackson)

7 Legal Services Comments

7.1 An outline summary of the legal positions affecting the setting of care home rates is set out below.

7.2 When setting a fee the authority should address the effect of its decision in terms of the quality of the service provided and the sustainability of the providers.

7.3 The courts have provided some guidance with regard to the appropriate considerations of a Local Authority when setting fees in relation to the actual costs of providing care. A Local Authority has a statutory duty to provide residential accommodation to categories of adults in its area in need of care and attention which is not otherwise available to them. The duty can be discharged by contracting with a private care home provider. Local authorities are responsible for achieving a responsive, diverse and sustainable market of service providers that can provide high quality, personalised care and support that best meets the needs of people. Local authorities must have regard to the sustainability of the market as a whole including, for example, taking care not to set fee levels below an amount which is not sustainable for providers in the long-term.

7.4 Local authorities have to act under the general guidance of the secretary of state who has issued formal statutory guidance in Local Authority Circular LAC (2004) 20 which stated at para.2.5.4 that “ councils should have due regard was to the actual costs of providing care and other local factors. Councils should also have due regard to Best Value requirements under the Local Government Act 1999”. It was held by the Court of Appeal that the circular did not prescribe any particular methodology which local authorities had to adopt in order to have due regard to the actual cost of providing care. An arithmetical calculation was one way of carrying out the exercise but it was not the only way. Provided some inquiry was made by the decision maker, it was for the decision maker to decide how much attention to pay to it. In one case the fact that the Local Authority had considered the rates and compared them to others in the region and had sought information from one of the providers and carefully considered its accounts, which was sufficient for the decision of the Authority for it to be robust. In paragraph 3.3 of the statutory guidance” a council should be able to demonstrate that this cost is sufficient to allow it to meet assessed care needs and to provide residents with the level of care services that they could reasonable expect to receive if the possibility of resident and third party contributions did not exist.” Non statutory guidance “Building Capacity and Partnership in Care” points out that local authorities must not use their dominant position to drive down fees. “Fee setting must take into account he legitimate current and future costs faced by providers as well as the factors that affect those costs, and the potential for improved performance and more cost effective ways of working.”

7.5 Consultation is necessary on this type of decision. As stated above, the statutory guidance states that “local authorities are to have due regard to the actual costs of providing care and other local factors” and to take account of the legitimate current and future costs.”

The report provides a summary of the consultation which it has undertaken with care home providers with details of the consultation document in the appendices to the report.

- 7.6 The duty to have a balanced budget must be complied with but when making financial decisions the authority must ensure that it takes account of all relevant circumstances and is able to carry out its statutory functions. The council is able to take into account its limited financial resources but must draw a reasonable balance between such limitations and its other duties, including an obligation to make decisions with an awareness of responsibilities under the Equality Act 2010. The public sector equality duties under the Equality Act 2010 extends to cover various protected characteristics, including age and disability, and therefore the act is relevant here in that there is a potential effect on such people. Under the Act, public authorities have legal duties to have due regard in the exercise of their functions to the need to eliminate discrimination; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 7.7 The law requires that this duty to pay 'due regard' be demonstrated in the decision making process. Assessing the potential equality impact of proposed changes to policies, procedures and practices is one of the key ways in which public authorities can show 'due regard'.
- 7.8 Case law sets out some very clear guidance on what organisations need to do in order to have 'due regard'. In particular, decision-makers need to:
- be aware of their responsibilities under the duty
 - make sure they have adequate evidence (including from consultation, if appropriate) to enable them to understand the potential effects of their decisions on different people covered by the duty
 - consciously and actively consider the relevant matters, in such a way that it influences decision-making
 - do this before and at the time a decision is taken, not after the event
 - be aware that the duty cannot be delegated to third parties who are carrying out functions on their behalf
- 7.9 Case law also suggests that it is good practice to document how decisions were reached. Equality Impact Assessments are not a prescribed requirement but they provide a structured framework which enables the Council to ensure that it considers the equality impact of decisions, and to demonstrate to others that it has done so. There is an Equality Impact Assessment appended to the report. (Elizabeth Cunningham-Doyle)

8. **Co-operative Agenda**

- 8.1 The proposals set out in this report align to the following co-operative outcomes:

An Inclusive Economy where people and enterprise thrive
#ourbit: Attracting investment and encouraging business and enterprise to thrive

Thriving Communities where everyone is empowered to do their bit
#ourbit: Working proactively with residents and partners in promoting healthy, independent lifestyles and providing the right level of care at the right time

Co-operative Services with people and social value at their heart
#ourbit: Putting social value and transformational outcomes at the heart of all our services

Creating the right opportunities for a healthier borough, ensuring the right support and advice about health and wellbeing is available when needed.

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- 9 **Human Resources Comments**
- 9.1 Not applicable.
- 10 **Risk Assessments**
- 10.1 [Reports should be forwarded where appropriate to the Head of Corporate Governance for comments. Matters should be discussed in advance of the report with the Head of Corporate Governance who will advise on the risk profile to the Council.]
- 11 **IT Implications**
- 11.1 None.
- 12 **Property Implications**
- 12.1 None.
- 13 **Procurement Implications**
- 13.1 Strategic Sourcing recognizes that there is market fragility within the social care sector. The Council needs to mitigate risks in respect of its fee setting and ensuring that this is sustainable to the market. This also needs to take into account the increase in the National Living Wage and inflationary increases on Providers on costs. It is acknowledged that there is a financial impact on the Council but this needs to be mitigated against the risks of partial and/or whole market failure. Strategic Sourcing therefore supports the recommendations in this report. Neil Clough, Sourcing & Contracts Consultant. 14th May 2018
- 14 **Environmental and Health & Safety Implications**
- 14.1 The proposals contained within this report are intended to support providers to continue to meet their legal, contractual and regulatory obligations with regards to health, safety and the environment.
- 15 **Equality, community cohesion and crime implications**
- 15.1 An Equality Impact Assessment is attached as appendix 2.
- 16 **Equality Impact Assessment Completed?**
- 16.1 Yes
- 17 **Key Decision**
- 17.1 Yes
- 18 **Key Decision Reference**
- 18.1 SCS-01-18
- 19 **Background Papers**
- 19.1 All relevant background papers are listed as appendices in section 20.
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20 **Appendices**

20.1 Appendix 1 – DMT briefing – Feb 18 final 220218

 Appendix 2a – Non-residential fee proposals 2018 final

 Appendix 2b – Residential fee proposals 2018 final

 Appendix 3 – Equality Impact Assessment 2018
