

# Equality Analysis

## Birmingham City Council Analysis Report

<b>EA Name</b>	Social Care Framework Agreement - Commissioning Strategy And Permission To Consult
<b>Directorate</b>	People
<b>Service Area</b>	People - Policy And Commissioning
<b>Type</b>	New/Proposed Policy
<b>EA Summary</b>	To outline the commissioning strategy for a range of social care services (the "Social Care Framework Agreement") and to seek permission to begin consultation upon the strategy, to be operational from 1st April 2018.
<b>Reference Number</b>	EA001443
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### Introduction

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

#### **Initial Assessment**

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

#### **Relevant Protected Characteristics**

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

- Impact
- Consultation
- Additional Work

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

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

## 1 Activity Type

The activity has been identified as a New/Proposed Policy.

## 2 Initial Assessment

### 2.1 Purpose and Link to Strategic Themes

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

The City Council currently has framework arrangements in place for older adult Residential Care & Residential with Nursing Care and children's and younger & older adult Home Support. These arrangements come to an end on 30th September 2017. A new framework gives an opportunity to improve arrangements that will deliver better outcomes to citizens.

**For each strategy, please decide whether it is going to be significantly aided by the Function.**

Children: A Safe And Secure City In Which To Learn And Grow	No
Health: Helping People Become More Physically Active And Well	Yes

#### **Comment:**

The Care Quality Commission is responsible for registering and inspecting providers adult Residential Care & Residential with Nursing Care and adult Home Support. Their inspection regime is a broadly risk based one and there can be significant periods of time between inspections.

In Birmingham only 50% of adults living in rated Residential Care and Residential with Nursing Care are being cared for by providers with a 'good' rating but 72% of adults using rated Home Support agencies are receiving care from providers with a 'good' rating.

The new approach to commissioning adult social care will provide a framework for the future commissioning of services that will support us the city council to achieve key aims of improving outcomes, improving quality of care services and improving the resilience and sustainability of the wider health and social care system.

Housing : To Meet The Needs Of All Current And Future Citizens	No
Jobs And Skills: For An Enterprising, Innovative And Green City	Yes

#### **Comment:**

Skills for Care have estimated that there are over 24,000 adult social care jobs in Birmingham, a significant number of them will be associated with the delivery of City Council care contracts.

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

### 2.2 Individuals affected by the policy

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

As at 31st March 2016, there were 15,600 adults (18+ years) receiving adult social care support from the City Council. Over the financial year 15/16, the City Council spent £274m (net) on adult social care.

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

- . The 65-84 age group will increase by 5.4% over the next five years, to 132,084
- . people.

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

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

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

Skills for Care have estimated that there are over 24,000 adult social care jobs in Birmingham, a significant number of them will be associated with the delivery of City Council care contracts.

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

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

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

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

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

This will mean that by 2021 in Birmingham we will have a health and social care system where there is;

- . An increase in care and support being focused on improving outcomes and increasing independence.
- . Independent providers working within their local communities to promote health and wellbeing and reduce the need for commissioned services.
- . A systematic approach to promoting what choices are available to people locally, the quality of the service they choose and that it is value for money.
- . Quality processes and procedures that promote active involvement of service users.
- . A systematic, transparent and proportionate approach to assessing and managing quality across the health and social care system.
- . An increase in the number of independent providers that achieve the highest standards of care.
- . Market intelligence that is shared regionally to raise quality standards.
- . A sustainable price for care based on quality of services.
- . Open, respectful and honest relationships with providers and proactive provider engagement.
- . Investment in systems, processes and relationships that integrate with our health partners,

those within the wider STP footprint and other commissioners within the region.

### **2.3 Relevance Test**

<b>Protected Characteristics</b>	<b>Relevant</b>	<b>Full Assessment Required</b>
Age	Relevant	Yes
Disability	Relevant	Yes
Gender	Relevant	Yes
Gender Reassignment	Not Relevant	No
Marriage Civil Partnership	Not Relevant	No
Pregnancy And Maternity	Not Relevant	No
Race	Relevant	Yes
Religion or Belief	Relevant	Yes
Sexual Orientation	Not Relevant	No

### **2.4 Analysis on Initial Assessment**

Our vision for Birmingham is to have a vibrant, diverse and sustainable local health and social care market, which supports the achievement of better outcomes, increased independence and choice and control for adults. We recognise that if people are to live better lives and achieve better outcomes then we need to help people, their families and the community to have greater choice and control about the care that they receive, to promote independence and to ensure that all adults have access to the support that they require to live safely and independently.

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

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

Having worked with providers throughout August 2016 and having consulted a group of citizens as to the 'direction of travel', the intention is that proposals would be brought to Cabinet on 21 March 2017.

The new approach includes;

- . A proposed definition of quality care standards in Birmingham- ranking providers.
- . A proposed minimum standard of care to enable entry on to the framework.
- . Fixed prices for care services with financial incentives for excellent care.
- . Robust methods of monitoring including citizen feedback.
- . Support to providers to enable them to provide good quality care and work with each other and other partners to achieve excellence.

If Cabinet gave approval, the requirement would then be to enter into a period of consultation with the public, providers and partners (89 days 27th March - 26th June 2017) followed by a subsequent report to Cabinet in September 2017(date to be confirmed). If approval was given, an OJEU notice would be issued before the end of September 2017. If approval was given, contract award would take place in February 2018, with the new frameworks taking effect from 1st April 2018

### **3 Full Assessment**

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

#### **3.1 Age - Assessment Questions**

##### **3.1.1 Age - Relevance**

Age	Relevant
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##### **3.1.2 Age - Impact**

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

There have previously been different contracting arrangements for citizens of different ages - 18-64 year and 65+. The proposal is for the framework arrangements to cover citizens of all ages.

Of the 13,095 citizens receiving adult social care from Birmingham City Council on 31st March 2016, 35% were aged between 18 and 64 years, while 65% were 65 years or older.

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

The proposal is for the framework arrangements to cover citizens of all ages.

You may have evidence from more than one source. If so, does it present a consistent view?	Not applicable
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### 3.1.3 Age - Consultation

Have you obtained the views of Individuals of different ages on the impact of the Policy?	No
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**Comment:**

The proposals will go to cabinet on 21st March 2017 requesting permission to consult with citizens. If permission is given, consultation is scheduled for 89 days from 27th March 2017.

If not, why not?	There are plans to consult relevant individuals
Have you obtained the views of relevant stakeholders on the impact of the Policy on Individuals of different ages?	No
If not, why not?	There are plans to consult relevant stakeholders
Is a further action plan required?	No

### 3.1.4 Age - Additional Work

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

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

The proposal is for the framework arrangements to cover citizens of all ages.

### 3.2 Disability - Assessment Questions

#### 3.2.1 Disability - Relevance

Disability	Relevant
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#### 3.2.2 Disability - Impact

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

The proposed framework aims to more effectively meet the needs of frail and disabled people.

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

Consultation proposals

You may have evidence from more than one source. If so, does it present a consistent view?	Not applicable
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### 3.2.3 Disability - Consultation

Have you obtained the views of Individuals with a disability on the impact of the Policy?	No
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**Comment:**

The proposals will go to cabinet on 21st March 2017 requesting permission to consult with citizens. If permission is given, consultation is scheduled for 89 days from 27th March 2017

If not, why not?	There are plans to consult relevant individuals
Have you obtained the views of relevant stakeholders on the impact of the Policy on Individuals with a disability?	No
If not, why not?	There are plans to consult relevant stakeholders
Is a further action plan required?	No

### 3.2.4 Disability - Additional Work

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

### 3.3 Religion or Belief - Assessment Questions

#### 3.3.1 Religion or Belief - Relevance

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

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

Of the 13,095 citizens receiving adult social care from Birmingham City Council on 31st March 2016, 40% were Protestant, 14% Roman Catholic, 2.4% Sikh, 9% Muslim, 1.4% Hindu, 2.3% Christian orthodox, 0.25 Buddhist, 0.1% Eastern orthodox, 0.6% Jehovah witness, 0.2% Jewish, 0.1 Rastafarian, 0.4% Seven Day Adventist and 28% are unknown/refused to say.

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

Carefirst 6, care recording system.

You may have evidence from more than one source. If so, does it present a consistent view?	Not applicable
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#### 3.3.3 Religion or Belief - Consultation

Have you obtained the views of Individuals of different religions or beliefs on the impact of the Policy?	No
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##### **Comment:**

The proposals will go to cabinet on 21st March 2017 requesting permission to consult with citizens. If permission is given, consultation is scheduled for 89 days from 27th March 2017

If not, why not?	There are plans to consult relevant individuals
Have you obtained the views of relevant stakeholders on the impact of the Policy on Individuals of different religions or beliefs?	No
If not, why not?	There are plans to consult relevant stakeholders
Is a further action plan required?	No

#### 3.3.4 Religion or Belief - Additional Work

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

### 3.4 Gender - Assessment Questions

#### 3.4.1 Gender - Relevance

Gender	Relevant
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#### 3.4.2 Gender - Impact

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

Of the 13,095 citizens receiving adult social care from Birmingham City Council on 31st March 2016, 59% were female and 41% were male.

In the age range 18-64 years, 45% were female and 55% male, but in the age range 65+, 67% were female and 33% were male.

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

Care records on Carefirst 6 social care recording system

You may have evidence from more than one source. If so, does it present a consistent view?	Not applicable
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#### 3.4.3 Gender - Consultation

Have you obtained the views of Men and women on the impact of the Policy?	No
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##### **Comment:**

The proposals will go to cabinet on 21st March 2017 requesting permission to consult with citizens. If permission is given, consultation is scheduled for 89 days from 27th March 2017

If not, why not?	There are plans to consult relevant individuals
Have you obtained the views of relevant stakeholders on the impact of the Policy on Men and women?	No
If not, why not?	There are plans to consult relevant stakeholders
Is a further action plan required?	No

#### 3.4.4 Gender - Additional Work

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

### 3.5 Race - Assessment Questions

#### 3.5.1 Race - Relevance

Race	Relevant
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#### 3.5.2 Race - Impact

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

67% of the 13,095 citizens receiving adult social care as at 31st March 2017 were white UK/other. Of the 65+ cohort, 71% were white UK/other. The largest groups were Black African Caribbean (10%) and Pakistani (7%).

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

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

Care records

You may have evidence from more than one source. If so, does it present a consistent view?	Not applicable
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#### 3.5.3 Race - Consultation

Have you obtained the views of Individuals from different ethnic backgrounds on the impact of the Policy?	No
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##### **Comment:**

The proposals will go to cabinet on 21st March 2017 requesting permission to consult with citizens. If permission is given, consultation is scheduled for 89 days from 27th March 2017

If not, why not?	There are plans to consult relevant individuals
Have you obtained the views of relevant stakeholders on the impact of the Policy on Individuals from different ethnic backgrounds?	No
If not, why not?	There are plans to consult relevant stakeholders
Is a further action plan required?	No

#### 3.5.4 Race - Additional Work

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

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

If Cabinet gives approval, the requirement would then be to enter into a period of consultation with the public, providers and partners (89 days 27th March - 26th June 2017) followed by a subsequent report to Cabinet in September 2017(date to be confirmed). If approval was given, an OJEU notice would be issued before the end of September 2017. If approval was given, contract award would take place in February 2018, with the new frameworks taking effect from 1st April 2018.

The EIA would be reviewed following consultation to ensure any issues or concerns raised have been properly considered and actions plans formulated as necessary.

### **4 Review Date**

31/07/17

### **5 Action Plan**