APPENDIX 1

Consultation outcome

Helping to make an impact

Equality Assessment (EA) Form and Guidance Information

Birmingham City Council

INITIAL SCREENING – STAGE 1 (See Guidance information)

As a public authority we need to ensure that our strategies, policies, functions and services, current and proposed have given due regard to equality and diversity.

Please complete the following questions to determine whether a Full Equality Assessment is required.

Name of policy, strategy or function: "Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity" and Directorate budget savings 2014/15	**Ref:**

Responsible Officer: Charles Ashton-Gray	**Role:** Chairperson of Equality Assessment Task Group
Directorate: People	**Assessment Date:** 20/02/14

Is this a: Policy ☐ Strategy ☒ Function ☐ Service ☐

Is this: New or Proposed ☐ Already exists and is being reviewed ☒ Is Changing ☐

1. What are the main aims, objectives of the policy, strategy, function or service and the intended outcomes and who is likely to benefit from it

Aims: Birmingham City Council is facing a big challenge, having to cut the budget we can control by half over seven years. In the past we have often made changes to improve our services and get better value for money. But we now face cuts in government funding on a scale that has never been seen before.

Our mission is captured in three ambitions:

Fairness – to protect the most vulnerable in our city, open up opportunities to the most excluded and narrow the gap in life chances between our citizens
Prosperity – to help make Birmingham the Enterprise Capital of Britain and create a Green City and a Smart City that provides growth and jobs for all
Democracy – to deliver on our vision for devolution and localisation and to rebuild engagement in local democracy by putting local people and communities at the heart of everything we do.

Objectives: "Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity" is intended to give clarity of what and how adult social services will be delivered in Birmingham. Furthermore, since the publication of the Green Papers in 2013, the Service Review Board has recently been reconvened to establish if further savings / budget reductions could be made. This has included revisiting the assumptions on younger adult care remodelling, seeking to put a financial and service delivery quantum on the older adult integration work, seeking to establish if there are any short-term cash releasing prevention and early intervention measures and to seek to quantify the possible savings that could be made from public health and supporting people. It is appreciated that the latter two items have been considered under the inclusive communities review. However as indicated these areas were considered as part of the original adults and communities review and have been included here because of the overall impact of savings on vulnerable adults and children in Birmingham.

Outcomes: The Council must set its revenue budget and Council Tax in accordance with the requirements of the Local Government Finance Act 1992, while at the same time complying with s47 of the NHS & Community Care Act 1990:

> *(1)….., where it appears to a local authority that any person for whom they **may** provide or arrange for the provision of community care services **may** be in need of any such services, the authority—*
>
> *(a)**shall carry out an assessment** of his needs for those services; and*
>
> *(b)having regard to the results of that assessment, shall then decide whether his needs call for the provision by them of any such services.*

In addition, the Council must, in the exercise of its duties have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

Benefits: We will be able to provide Adult Social Care services to the vulnerable citizens of Birmingham and maintain an effective safety net.

2. Explain how the main aims of the policy, strategy, function or service will demonstrate due regard to the aims of the General Duty?

1. Eliminate discrimination, harassment and victimisation? ☐
2. Advance equality of opportunity? ☒
3. Foster good relations? ☐
4. Promote positive attitudes towards disabled people? ☒
5. Encourage participation of disabled people? ☒
6. Consider more favourable treatment of disabled people? ☐

Whilst at the same time, reducing overall spend, the Directorate:

- **will pursue a "whole life" approach to disability and mental health.** We are considering developing services for children with disabilities which span their lifetime. We cannot accept that dependence is an outcome for so many young people. This will look at incentives to providers to promote earlier planning and independence. The plan will include identifying employment opportunities and creative thinking about removing barriers to individuals living in their own home.

- **work with the NHS to create a single plan for older people in the city.** We want to improve the care management of frail elderly people, across health and care. This will mean better planning for very frail people already in care homes, so that increasing needs at the end of life can be met in the care home, not by transfer to hospital. The Plan will pave the way for better multi agency working for people outside hospital. It will give older people and their families the confidence that they will be cared for appropriately, in their own home. It will also look at providing a more coordinated response to a whole range of events from falls, to strokes, to intermediate care and end of life.

- **Offer more choice and use resources better: a radical new approach to specialist care services.** We are considering ceasing council owned residential provision for short breaks for people with disabilities and their carers and replacing it with individual budgets. This offers potentially greater choice and a more effective use of the resources we currently spend. Carer support continues to be funded to the same level. We are considering establishing a social enterprise to enable specialist care services to trade outside the council. There are potential gains from this operating model and could save the council around £2.5m in three years.

- **Work more closely with local communities.** We need to concentrate on building capacity and planning at District and Neighbourhood level, to promote interdependence amongst people, families and communities. We have to encourage and support that interdependence in all we do. This will involve communities in Districts and neighbourhoods taking some responsibility for people with care needs where they live, by providing practical support to their health and well-being and challenging service delivery practice in health and social care - this an approach being explored through the Community Navigators pilot, but undertaken at greater scale elsewhere - options need to be explored further.

3. What does your current data tell you about who your policy, strategy, function or service may affect:

Service users	Yes ☒	No ☐
Employees	Yes ☒	No ☐
Wider community	Yes ☒	No ☐

Please provide an explanation for your 'Yes' or 'No' answer

The breadth of the proposals mean that all service users, carers, staff and providers will be impacted to a greater or lesser extent by the proposals considered.

The proposals include specific staffing reductions as well as a large scale outsourcing.

"<u>Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity"</u>

The Adults Social Care, Green Paper dialogue of 2013 outlined a framework which identified that the key to changing demand in care was to accept that the answers lie outside the care system and that we all have to play our part.

In order to achieve the proposed savings, the Directorate defined an operating framework: "Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity" which also provided the basis for major policy proposals as well as commissioning requirements, including:

- The promotion of Direct Payments will be supported by strengthened advice and guidance and payroll support;
- The promotion of Shared Lives will be supported by a recruitment campaign; and
- The move to an 'asset'-based assessment reflects key aspects of the Care Bill.

During the consultation we heard from a number of people who outlined how they thought this proposal might affect them:

- "Disabled people have rights too. The right to choose. The right for what they need to help live a normal life as near as possible regardless of cost;"
- "It's important that disabled people get the best quality of life that they can have. Many cannot speak up for themselves so it puts a huge burden on family carers to fight for their rights;"
- "If someone has been living in a residential setting for several years, then due consideration should be given in terms of not unsettling that person by changing this arrangement. This could cause psychological damage to the individual;" and
- "I have support needs and I want to be assessed fairly with the view of helping me and not just about saving money;"
- "I think the council needs a more strategic approach to the coming years. You state that 'the solutions many people have to care needs can be found within their own families, communities and within themselves' (p9). That's going to get more and more true over the coming years. Think about where we might be in five years time. A key part of your role needs to be to equip those 'families, communities and the people themselves' to do this."

At one level “Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity” is merely an expression of our statutory duties with a signal that we intend to promote the use of Direct Payments and Shared Lives as a means of ensuring that we help to identify effective care solutions while at the same time achieving value for money.

Currently:

- only 20% of individuals who could take a direct payment (7,700), do so; and
- you cannot use a Direct Payment for City Council internal services (such as internal day care), or any form of long term residential care

Over 60% of the individuals who could use a direct payment, are over the age of 65 years (4,800). Of those, however, only 10% (500) are using a direct payment; whereas almost 30% of the individuals who are under the age of 65 years and could use a direct payment, are doing so. Over 40% of individuals with a Physical Disability are using a Direct Payment.

Of the Direct Payments already in use (1,300), 70% of them are supporting individuals who have needs which have been assessed as ‘critical’.

Of the individuals in each District who could use a direct payment, over 20% of them are doing so in Edgbaston (143), Ladywood (153) and Perry Barr (148), whereas less than 15% of them are doing so in Northfield (100) and Yardley (108).

Risks: That the new assessment framework will be unpopular and not clearly understood. The breadth of the proposal will have an adverse effect, which for some will be short-lived as they endure the uncertainties of re-assessment, but then settle into a new model of care which could offer them greater independence.

For others, the uncertainty of re-assessment will be followed by a model of care, which while meeting their assessed unmet eligible needs will not be in a way of their preferred choosing and could be one which places greater burdens upon family carers.

For others the combat of resisting the Council’s proposal will have an adverse impact upon the mental and physical wellbeing not only of the cared for, but also of the family carers, who see the Council as attempting to strip away the certainties of established care relationships and of the accepted inadequate outcomes for their loved one.

Proposed mitigations: There are elements of the proposal which we are still working on and need to be concluded and these will be implemented over the coming months. This will be accompanied by a plan for communicating clearly what changes may be occurring and ensuring that any additional consultations are carried out effectively before decisions are made.

1. Radically change service delivery of Specialist Care Services

Specialist Care Services (SCS) is part of the People Directorate. SCS run a number of services such as residential care, day centres, home care and services that help people regain their independence. The service employs 1,755 staff [1,684 full time equivalents] and accounts for

20% of the Directorate's spend. There are 6 proposals in this section; five relate to making the services the best they can be and the sixth is about radically changing these services so that they are run outside of the Council.

Proposal 2: Reducing staffing levels in residential care units. Saving in 14/15 - £1.000m

As part of the Directorate's on-going work with the private sector, it has become clear that different staffing structures could be introduced into the four Care Centres which could lead to a staffing reduction of 43 fte consisting of a combination of 2@ Grade 4 and 41 @ Grade 2/Grade 3 Care staff. This would bring us in line with market staffing levels.

We also propose to redesign the Learning Disability respite care by consulting on the potential closure of Allenscroft and rationalising staffing levels in the other respite units: Brook House and the Laurels, while also making staffing reductions at Brook House. This proposal challenges internal provision, with a view to reshaping or decommissioning any service that does not demonstrate better outcomes or unit costs than an external service would. An exercise in May 2013 provided information about the staffing in the private sector and this change proposes moving towards these levels. The closure of Allenscroft would affect 11 members of staff, while reductions at Brook House will affect a further 6 staff members. The proposals will impact all levels of staff including the management team.

Risk: Managed staff reductions and loss of bedded respite provision
Proposed mitigations: This would entail the re-assessment of service users who have used the unit and offer them the opportunity to look other options including direct payments. Where the proposals involve changes to staff this will be managed through the City Councils policies and processes and mitigating actions will be taken.

Proposal 3: Promoting our internal older adults day centres. Saving in 14/15 - £0.263m

There are currently over 70 vacancies in the Directorate's own older adult day centres. The Adult Social Care Service Review identified the opportunity to improve the utilisation of internal day care facilities at the Council's 4 Care Centres and existing day centres. Increasing the take up of these spaces would reduce expenditure on private sector day care.

Risk: Increasing the take up of these opportunities would strengthen internal provision and reduce expenditure on private sector day care. There could be some financial impact on current providers, but this is unavoidable given the budgetary pressures facing the City Council.
Proposed mitigations: Following Cabinet's decision, implementation plans will be created, as necessary and an updated equality assessment will be completed identifying appropriate mitigations, as necessary.

Proposal 4: Promoting our internal learning disability day centres. Saving in 14/15 - £1.248m

There are currently over 50 vacancies in the Directorate's own learning disability day centres. The Adult Social Care Service Review identified the opportunity to improve the utilisation of Council-run day care facilities for people with learning disabilities.

Investment is taking place to improve these facilities and increasing the take up of these spaces would reduce expenditure on private sector day care.

Risk: Increasing the take up of these opportunities would strengthen internal provision and reduce expenditure on private sector day care. There could be some financial impact on current providers, but this is unavoidable given the budgetary pressures facing the City Council.
Proposed mitigations: Following Cabinet's decision, implementation plans will be created, as necessary and an updated equality assessment will be completed identifying appropriate mitigations, as necessary.

Proposal 5: Expanding the Shared Lives service. Saving in 14/15 - £1.163m

Shared Lives offers long-term, community based accommodation. An individual or family is paid an amount to include an older or disabled person in their family and community life. This proposal aims to further develop the programme for Birmingham residents by significantly increasing the number of Shared Lives Placements on offer. To achieve this saving an additional 179 Shared Lives placements would be created by 2016/17, achieving a net saving over a traditional care home placement.

Risk: New service users would be encouraged to consider this service, while at review existing clients would be identified for a potential move from their existing private care home or indeed their own home where they would be receiving home care.
Proposed mitigations: Expanding the Shared Lives Service should enable people who are coming into service to have a greater choice of care environments and enable them to maintain, or establish a community life.

Proposal 6: Expanding the Enablement Service. Saving in 14/15 - £0.257m

Enablement is short term intensive intervention which improves a citizen's ability to care for themselves. Over three years, 4,000 (over 600 in Erdington, over 500 in Yardley and over 400 in Hodge Hill, Hall Green, Selly Oak and Northfield), older adults, living at home who already receive domiciliary care will receive an enablement service, with a view to increasing their independence and may lead to a reduction in their care package.

Risk: This should have a positive impact upon the individuals concerned. It will also lead to recruitment opportunities for additional enablement staff.

Proposal 7: Enabling Specialist Care services to operate outside the Council. Saving in 14/15 - £0.000

Specialist Care Services (SCS) is the internal provider of a wide range of services across all disability groups' i.e. older people, learning disabilities, physical disabilities and mental health, as well as Adult Education and other support services such as transport, funerals and protection of property and interpreting services. The service has an FTE of 1,684 over a headcount of 1,755 and accounts for 20% of the Directorate spend with an annual net budget of circa £52m.

This will affect approximately 1,800 staff, 80% of whom are female. Over 60% of the workforce are GR1 or GR2. Approximately 50% of the overall workforce is white, however at GR1, only 44% of the employees are white. Over 70% of the workforce is aged between 40 and 59 years of age.

The proposal is to move to a co-operative arrangement for the provision of these care services which would not be wholly owned by the City Council but where there are a number of stakeholders including employees and potentially users and carers. There is a potential to achieve the trading surplus either by reducing costs or increasing income.

Risk: Staff - possible TUPE of a predominantly female workforce with a predominantly later age profile.
Proposed mitigations: Working with HR to mitigate possible issues – a report will go to Cabinet in April 2014, which may indicate a lower risk profile.

2. Consistency between children's services and adult services

These proposals are designed to ensure a "whole life" approach and a more seamless transition from one service to the next. We are considering developing services for children with disabilities which span their lifetime. We cannot accept that dependence is an outcome for so many young people.

Proposal 8: Reductions in the cost of care packages for younger adults. Saving in 14/15 £3.792m

Recognising that the performance of the Learning Disabilities Service in the use of residential care, direct payments and shared lives is poor, the proposal is to look at what best practice is, nationally and in other core cities and to model what that would look like in Birmingham. To achieve 'best in class' performance and make the modelled savings, individuals receiving residential care and home care will be re-assessed and encouraged to take either a shared lives placement, or a Direct Payment at a lower unit cost. Although our modelling has looked specifically at younger adults (aged 18-64 years) with a learning disability, the savings sought will be from all younger adult care groups. To put these changes of approach into a policy context we have developed a social care offer for Birmingham: "A Fair Deal in Times of Austerity" which was outlined earlier in this document.

- Out of the almost 1,200 younger adults living in residential accommodation, 10% live outside of the City. Over 100, live in either Selly Oak, Hall Green, Perry Barr and Erdington.
- Out of the 1,100 younger adults receiving domiciliary care, over 100 live in either Erdington, Ladywood, Hall Green, Northfield and Yardley.

Risk: During the consultation we received a letter from the Citizen-Led Quality Board for Assessment & Support Planning. It said: "Significant reservations have previously been expressed at Board meetings about the assessment process which has always had, in our view, a far greater emphasis on keeping cost to an absolute minimum rather than meeting needs. There is little in the Consultation Document to suggest this process will be substantially improved."

There is a risk that the new assessment framework will be unpopular and not clearly understood. The breadth of the proposal will have an adverse effect, which for some will be short-lived as they endure the uncertainties of re-assessment, but then settle into a new model of care which could offer them greater independence.

For others, the uncertainty of re-assessment will be followed by a model of care, which while meeting their assessed unmet eligible needs will not be in a way of their preferred choosing and could be one which places greater burdens upon family carers.

For others the combat of resisting the Council's proposal will have an adverse impact upon the mental and physical wellbeing not only of the cared for, but also of the family carers, who see the Council as attempting to strip away the certainties of established care relationships and of the accepted inadequate outcomes for their loved one.

There is also the risk of some financial impact on current providers, but this is unavoidable given the budgetary pressures facing the City Council.

Proposed mitigations: The Council will maintain its statutory responsibilities to meet assessed unmet eligible needs. The Council is also seeking to expand the number of Shared Lives placements and the take up of Direct Payments.

Proposal 9: Developing a joint approach to transitions. Saving in 14/15 - £1.000m

"Transitions" is the term used for the process of transferring the care of a young adult from the Council's Children, Young People & Families Directorate to the Adults & Communities Directorate. The proposal is to establish a joint approach to transitions with Children, Young People & Families so that children's social care and adult social care work together in a more integrated way, ensuring transition is effective. This also includes taking action earlier to prevent unnecessarily costly care packages at a later date.

Risk: In establishing a joint approach to the transition of young people's care to Adult Social Care, we will work in a far more integrated way to ensure earlier action to address unnecessarily costly care packages much sooner.
Proposed mitigations: The Council will maintain its statutory responsibilities to meet assessed unmet eligible needs. The Council is also seeking to expand the number of Shared Lives placements and the take up of Direct Payments.

3. Integrating and aligning our services with the NHS.

The Older Adult Integration Programme is an ambitious programme of work which seeks to align NHS and social care services, and systems to avoid any fragmented and disjointed care arrangements. This will lead to greater efficiency, appropriate services being accessed in a timely manner and better outcomes for service users.

Proposal 10: Older Adults Integration Programme. Saving in 14/15 £5.630m

The proposal is to improve the care management of frail elderly people, across health and social care. This will include better planning for very frail people already in care homes, so that increasing needs can be met in the care home, not by transfer to hospital. For people in their own home, the plan will pave the way for better multi-agency working. It will give older people and their families the confidence that they will be cared for appropriately, in their own home. It will also look at providing a more coordinated response to a whole range of events from falls, to strokes, to intermediate care and end of life.

The savings will be achieved through efficiencies across the care economy.

The programme is made up of a number of strands:

1) **IMPACT multidisciplinary teams**
The Integrated Primary and Community Care Teams (IMPACT) is an alliance of existing professionals who use a case meeting approach to get the best outcomes for a defined group of patients. They will take referrals from GP practices, the Community Trust Multidisciplinary Teams, Social Care Teams, and Mental Health Teams, named individuals from Secondary Care and Medical and Psychiatric Consultants. A recent pilot has identified positive benefits to citizens including the avoidance of unplanned hospital admissions.

2) **Seven day working**
Providing the same level of health and social care services 7 days a week for older adults across Birmingham. It will include hospitals, GP's, Mental Health, Community Health and Social Care.

3) **Developing a combined access point**
Single point of access capable of making referrals to most appropriate services, including Community Health, Social Care, Geriatrician and Mental Health.

4) **A&E front door team**
Seven day a week multidisciplinary teams will be in all Birmingham A&E departments for Older Adults. The team will comprise of a; GP, geriatrician, mental health professional, community health and social care professionals.

5) **Enhanced community support /intermediate care**
Provision of step up and step down support to service users in the community to reduce the length of hospital stays and residential care admissions.

6) **Discharge for assessment**
Assessment of citizens with complex needs in the community and at home to reduce hospital length of stays and residential care admissions.

Risk: This should have positive outcomes for the older people of Birmingham. Changes to working patterns could have an impact upon staff.
Proposed mitigations: Staffing implications will be managed through the Council's Human Resources policies. A subsequent report to Cabinet in March 2014, may indicate a lower risk profile.

4. Public Health

The Public Health function was transferred to the council in April 2013. Its role is to help people to stay healthy and protect them from threats to their health. It includes preparing for health emergencies and outbreaks, reducing smoking and other harmful drug use and improving diet and activity levels. The service spends £78.6m: approximately £25m is spent on substance misuse services and £20m on sexual health services. The majority of this funding is tied into NHS contracts which can only be stopped after a notice period. Public Health's target groups were identified as;

- Those under five years, in order to instil and reward positive behaviours
- Those over 70 years, keeping active and independent
- Those contacting the homelessness service
- Those with mental health issues and learning disabilities
- Those identified or considered at high risk of drug and alcohol misuse

Proposal 11: Public Health commissioning. Saving in 14/15 - £0.000

This proposal relates to the falling out of non-recurring contract costs and liabilities that were brought forward from the NHS upon transfer. It also includes costs associated with the current round of re-commissioning. There will be no direct impact on citizens who use services or partners.

Proposal 12: Public Health - de-commissioning teenage pregnancy and sexual dysfunction services. Saving in 14/15 - £0.000

This proposal relates to the de-commissioning of some sexual health services relating to teenage pregnancy and sexual dysfunction. Support to a small number of schools regarding teenage pregnancy will be ceased. This is because the teenage pregnancy rate has dropped across the city to the national average, the new sexual health system will be asked to work in areas with very high rates which may change over time. We will also stop support to the Connexions Service which looked to deter pregnancy amongst young people Not in Employment, Education or Training (NEET). Support for those with sexual dysfunction due to psycho-social problems will also be ceased. This is because this is not the responsibility of the local authority.

Risk: The teenage pregnancy rate has dropped across the city to the national average and the new sexual health system will be asked to work in areas of very high rates, which may change over time.
Proposed mitigations: It is proposed to provide a more targeted approach to supporting young people at risk particularly Looked After Children through the re-commissioning process.

Proposal 13: Public Health - decommissioning school nursing. Saving in 14/15 - £0.000

This proposal is about bringing greater efficiency in how we contract with school nursing. We believe that these are management savings and should not affect service delivery to Birmingham schools. The current provider to Birmingham schools may reduce services to accommodate budget changes. This will require a re-commissioning process.

Risk: The current provider to Birmingham schools may reduce service to accommodate budget changes.
Proposed mitigations: This will require a re-commissioning process within time.

Proposal 14: Public Health - decommissioning place based services. Saving in 14/15 - £0.000

This proposal is that we will discontinue support for two community projects, namely Castle Vale and Saltley/Alum Rock. Whilst this will affect those communities, support is not provided for other communities from the Public Health allocation. We would phase these savings as we are aware of the impact of previous cuts on these organisations.

Risk: These changes will impact upon these locations. However, they are not providing face-to-face public health services and so the immediate affect to users will be small. However, there may be some instability in the organisations, which may affect other areas.
Proposed mitigations: The Council would phase these savings, as we are aware of the impact of previous savings on these organisations.

Proposal 15: Public Health – decommissioning pregnancy outreach. Saving in 14/15 - £0.000

This proposal is to stop funding initiatives around pregnancy support. These services have been running as a pilot for some time and are awaiting evaluation. These services could be supported through the Health Visitor expansion, a responsibility of NHS England. Pregnancy outreach is not a traditional responsibility of the local authority. The cessation of these services will affect the most disadvantaged communities.

Risk: The cessation of these services will affect the most disadvantaged communities.
Proposed mitigations: Those communities will see the benefit of increased Health Visitors.

Proposal 16: Public Health – Streamlining contracts with BVSC. Saving in 14/15 - £0.000

This proposal seeks to streamline the contracts with Birmingham Voluntary Sector Council (BVSC). There will be no direct impact for service users but we accept that it may impact upon the overall delivery by BVSC. We would not wish to do this before 2015 as it may impact on our re-commissioning of services which requires building of capacity in the voluntary sector.

Risk: There will be no direct impact for service users but we accept that it may impact upon the overall delivery by BVSC.

Proposed mitigations: The City Council work closely with BVSC to explore options

Proposal 17: Public Health - re-commissioning of substance misuse & sexual health. Saving in 14/15 - £0.000

This proposal relates to the re-commissioning of Substance Misuse and Sexual Health services. We believe that this process will release £6m. The re-commissioning will focus on disadvantaged communities and groups and should not negatively affect users of the services.

This proposal has been partially implemented through recent reports to Cabinet. Further consultation may be required.

Proposal 18: Public Health – decommissioning obesity services. Saving in 14/15 - £0.000

This proposal is to reduce some of the specialist adult 'face to face' obesity interventions. Specialist obesity services are part of the NICE approved pathway for adults with severe obesity and should be the responsibility of NHS England. . We will work with NHS England to mitigate risks in this pathway. It affects small numbers of people who have a severe problem.

Risk: It affects small numbers of people who have a severe problem.
Proposed mitigations: We will work with NHS England to mitigate risks in this pathway.

5. Supporting People (SP)

Supporting People is a national programme which began in 2003 and brought together a number of separate programmes that funded housing related support services for a range of vulnerable client groups. In Birmingham, SP-funded services deliver housing related support to approximately 45,000 vulnerable people. This includes a range of services that assist people to secure and maintain suitable accommodation. The services are recognised as contributing to supporting the most vulnerable in the community and in many instances prevent more costly interventions being required.

Proposal 19: Supporting People - integrated commissioning - Substance Misuse. Saving in 14/15 £0.500m

The People Directorate has identified opportunities to release resources through closer working between Supporting People, Public Health, and services commissioned from the third sector via grant funding through Adult Social Care. This proposal relates specifically to the re-commissioning of Substance Misuse contracts. Future support for people with substance misuse will be delivered through an integrated pathway with public health treatment and recovery services. There will no longer be a stand-alone service for substance misuse housing support. However, housing support for related issues, such as homelessness, will be available whilst service users are receiving or following treatment for substance misuse.

Risks: Under public health proposals, the re-commissioning will focus on disadvantaged communities and groups and should not negatively affect users of the service. A potential adverse impact may exist for the staff of the current suppliers.

Proposed mitigations: Following the conclusion of the Directorate consultation, an updated EA will be completed identifying appropriate mitigations, as necessary

Proposal 20: Supporting People - non-core services. Saving in 14/15 - £0.450m

The proposal is to stop funding non-core services within Supporting People. The funding concerned relates to a housing support service, which forms part of the lettings suite activity to support new tenants of council housing. It is a short term intensive housing management activity to ensure tenancy sustainment. This work should therefore be regarded as mainstream activity and funded as such by the landlord.

Proposal 21: Supporting People - older people. Saving in 14/15 - £2.800m

This proposal is to cease funding housing support services for Older People in sheltered/extra care schemes. In total 7,453 citizens access this service, 46% of them are from black and minority ethnic (BME) communities, 50% have a disability and 32% have problems with mobility. The first phase of savings for 2014/15 involves the immediate removal of Supporting People (SP) funding for internal services provided to sheltered and extra care schemes. From late 2014/15 onwards we anticipate that all SP funding for externally commissioned services (sheltered and extra care schemes) will be removed. The services are delivered by 23 organisations largely third sector with citywide coverage.

Risk: In addition to the impact upon 7,453 older people, the services are delivered by 23 organisations largely third sector with citywide coverage. There will be an impact upon the employees of these organisations and there are concerns over the financial viability for some of these organisations to continue.
Proposed mitigations: Actions to mitigate the impact would include exploring alternative funding opportunities and different ways of delivering services. This would include, for example, exploring restructuring rent and service charges, working with NHS commissioners to seek access to alternative funding streams and exploring opportunities to work collaboratively with other providers. Any proposals for changing the current service would of course be subject to dialogue and consultation with residents and elected members.

6. Homelessness Services

The service aims to prevent homelessness and repeat homelessness by tackling the root causes such as family breakdown, debt advice, rent arrears and other social issues. The city has the highest level of statutory homelessness in the country, and accepted a statutory duty to re-house 4,000 households last year. The cost of the service to the Council is £11.207m each year.

Proposal 22: Income collection. Saving in 14/15 - £0.100m

This proposal relates to the need to improve income collection following a stay in temporary accommodation. This could be either from the individuals concerned or from Housing Benefit.

Proposal 23: Homeless Services staffing levels. **Saving in 14/15 - £0.000m**

The service is currently undertaking a review of policies and procedures in relation to housing advice and assessing housing needs. Following this a further review of staffing levels will be possible and it is anticipated that some savings will be achievable from 2015/16 onwards.

Risks: These changes should have no direct impact on service users. There will be implications for staff.
Proposed mitigations: Staffing implications will be managed through the Council's HR policies.

4. Are there any aspects of the policy, strategy, function or service, including how it is delivered, or accessed, that could contribute to inequality? (including direct or indirect discrimination to service users or employees)

Yes ☐ No ☒

Please provide an explanation for your 'Yes' or 'No' answer

Nothing in these proposals sets out to create discriminatory activity. However, there are always aspects of delivery which could inadvertently lead to direct or indirect inequality.

However, the Council takes its duty of Due Regard seriously and will through:

- regular monitoring of service take up;
- feedback from citizens who use services, carers, professionals and other stakeholders;
- comparison of performance on key national indicators; and
- review of policies and procedures,

seek to ensure that any indications of direct or indirect inequality are highlighted and addressed in a timely manner.

To support this process, Equality Assessments will be carried out to ever greater levels of detail as proposals are consulted upon, reviewed, or implemented to ensure that we understand how individual and aggregate changes impact upon each of the nine protected characteristics.

5. Will the policy, strategy, function or service, have an adverse (negative) impact upon the lives of people, including employees and service users?

Yes ☒ No ☐

Please provide an explanation for your 'Yes' or 'No' answer

In continuing to deliver our statutory responsibilities the answer at one level is 'no'.

- Always meeting assessed unmet eligible needs
- Increasing or decreasing, as necessary, individual budgets to ensure unmet eligible needs can be provided for, and
- Meeting needs as detailed in support plans until they are changed either by re-assessment or review.

However, the breadth of the impact upon younger adults, especially those in residential care, or receiving homecare or day care may well have an adverse effect.

Age band & client group		Residential		Nursing	Adult Placement	Total
		Local Authority	Independent sector			
18-64	Physical Disability		94	75		169
	Mental Health		179	50		229
	Learning Disability	1	699	25	51	776
	Substance Misuse		5	1		6
	Total 18 - 64	**1**	**977**	**151**	**51**	**1,180**

Age band & client group		Home care	Day care	Direct payment	Other	Total
18-64	Physical Disability	516	113	422	768	1,819
	Mental Health	114	10	53	1,431	1,608
	Learning Disability	453	408	337	341	1,539
	Substance Misuse	4	0	0	22	26
	Other vulnerable adult	19	2	7	26	54
	Total 18 - 64	**1,106**	**533**	**819**	**2,588**	**5,046**

For some the impact will be short-lived as they endure the uncertainties of re-assessment, but then settle into a new model of care which could offer them greater independence.

For others, the uncertainty of re-assessment will be followed by a care location which, while meeting their assessed unmet eligible needs, may not be in a way of their preferred choosing and could be one which places greater burdens upon family carers.

For others the combat of resisting the Council's proposal will have an adverse impact upon the mental and physical wellbeing not only of the cared for, but also of the family carers, who see the Council as attempting to strip away the certainties of established care relationships and of the accepted inadequate outcomes for their loved one.

The potential impact upon older adults is different inasmuch that the proposals for Enablement and Integration should lead to improvements in independence in potentially less dramatic ways.

Age band & client group		Residential		Nursing	Adult Placement	Total
		Local Authority	Independent sector			
65 and over	Physical Disability	49	769	676		1,494
	Mental Health	36	458	308		802
	Learning Disability	3	142	22	6	173
	Substance Misuse		10	4		14
	Other	12	168	123		303
	Total 65+	**101**	**1,547**	**1,133**	**6**	**2,786**

Age band & client group		Home care	Day care	Direct payment	Other	Total
65 and over	Physical Disability	3,502	153	341	1,661	5,657
	Mental Health	439	64	51	243	797
	Learning Disability	69	7	7	52	135
	Substance Misuse	6	0	0	3	9
	Other vulnerable adult	240	18	27	98	383
	Total 65+	**4,256**	**242**	**426**	**2,057**	**6,981**

The plans for integration with the NHS seek to strengthen independence by looking after individuals in the community, with the proposal around Enablement will mean that the majority of 4,200 individuals receiving home care will have an additional care input from the specialist team which will look at ways of regaining lost independence.

6. Is an Equality Assessment required?

If your answer to question 2 has identified potential adverse impact and you have answered '**yes'** to any of the following questions 3, 4, or 5, then you should carry out a Full Equality Assessment.

Does the Policy, Strategy, Function or Service require a Full Equality Assessment? **Yes**☒ **No**☐

If a Full Equality Assessment is required, before proceeding you should discuss the scope of the assessment with service managers in your service area as well as the Directorate Contact Officer.

If a Full Equality Assessment is **Not** required, please sign the declaration and complete the Summary statement below, then forward a copy of the Initial Screening to your Directorate Contact Officer

If a Full Equality Assessment **Is** required, you will need to sign the declaration and complete the Summary statement below, detailing why the Policy, Strategy, Function or Service is moving to a Full Equality Assessment. Then continue with your Assessment

DECLARATION

A Full Equality Assessment not required, the Initial Screening has demonstrated that the Policy, Strategy, Function or Service is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

Chairperson:

Summary statement:

Sign-off Date:

Quality check: The screening document has been checked using the agreed audit arrangements in the Directorate:		
Name: (Officer/Group carrying out the Quality Check) Directorate: Contact number:	Date undertaken:	Screening review statement:

Equality Assessment Task Group Members

	Name	Role on Task Group (e.g. service user, manager or service specialist)	Contact Number
1.	Chairperson		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9			
10.			

FULL EQUALITY ASSESSMENT– STAGE 2

Step 1– Scoping the Equality Assessment

Building on the material included at the Initial Screening stage, you should begin the Equality Assessment by determining its scope. The Equality Assessment should consider the impact or likely impact of the policy, strategy, function or service in relation to all areas of our remit. The Equality Assessment should be proportionate to the significance and coverage of the policy, strategy, function or service.

1. What data, research and other evidence or information is available which will be relevant to this Equality Assessment? Please tick all that apply

Service Targets	☒	**Performance Targets**	☒	**Service Take-up**	☒
User Satisfaction	☒	**Press Coverage**	☐	**Census Data**	☒
Workforce Monitoring	☒	**Community Intelligence**	☐	**Previous Equality Impact Assessment**	☒
Complaints & Comments	☒	**Information from Trade Unions**	☐	**Staff Survey**	☐
Other (please specify)	☐				

Please provide details on how you have used the available evidence/information you have selected as part of your Assessment?

We know that:

- as a City we have a high proportion of younger adults being admitted into residential and residential with nursing care homes and therefore we also have a low percentage of adults with learning disabilities living independent lives - we are the poorest performer in our comparator group;
- our performance for individuals receiving Mental Health Services is also poor;
- only 20% of individuals who could take a direct payment, do so;
- the vast majority of caring in the UK is provided by family, friends and relatives. The 2011 Census indicates that there are almost 107,000 carers, providing unpaid care to residents in Birmingham which is estimated to have an equivalent value of £2.1bn per year. The majority of citizens are caring at low levels of up to 19 hours per week. However, almost 29,000 individuals provided unpaid care for over 50 hours a week. 40% of the City's carers are male;
- the "Measures from the Adult Social Care Outcomes Framework (ASCOF): Comparator Report 2013," indicates that there are serious issues to address in our support to carers – the percentage of carers satisfied with services was lower than both national and comparator performance;
- the total population aged 65 or over in Birmingham, is estimated as 138,800 in 2012 (based on the 2012 ONS Population estimates). Looking at social care and NHS records for 80% of those people who had at least one social care or NHS service in 2012/13, indicates that a small percentage of citizens consume the majority of the resources. The highest costing 10% of people aged 65 or over consumed approximately 2/3rds of the total cost of the analysed services (£456.46m). Those 2% of individuals, who consumed the highest value of services, accounted for over 25% of the total cost. This group equates to an average of 7 people per GP Practice (based on 315 practices in Birmingham). We have also found that:

- There is widespread acknowledgement by managers and frontline staff that the older adult pathway is not optimised and there is significant scope for improvement;
- GPs are crucial in providing information to and shaping older adults' expectations and views;
- Knowledge of local services is inconsistent for all respondents but GPs in particular have some significant 'blind spots' in their understanding of the older adults' pathway in Birmingham; and
- This poor knowledge combined with low levels of trust and fragile relationships risk the disruption of pathways, the creation of delays and an increasing likelihood of inappropriate admissions;

- in 2012/13, Birmingham spent proportionately more on residential care for individuals with a Learning Disability than both the national and comparator norms. If we are to be serious about a community life, then we must address this issue and shift provision and spend.

2. Have you identified any gaps in relation to the above question? Yes ☐ No ☒
If 'Yes' please detail including what additional research or data is required to fill these gaps? Have you considered commissioning new data or research?

If 'No' proceed to Step 2.

Step 2 – Involvement and Consultation

Please use the table below to outline any previous involvement or consultation with the **appropriate** target groups of people who are most likely to be affected or interested with this policy, strategy, function or service. (See Appendix 2 - for details on each target group)

Target groups	3. Describe what you did, with a brief summary of the responses gained and links to relevant documents, as well as any actions
Age	Nothing specific undertaken – proposals affect all ages.
Disability	As part of the Council Budget consultation, a specific session was held on 8th January 2014. • "They are essential services to provide, what are they and what will be left? Where should all the cuts come from and where is it best that the community thinks the savings should come from? We need to shape these services;" • "The Council needs to think about who in the community will support and speak up for people, the community will disburse, we need to develop the communities;" • "If the Council says that help should come from the public can we send the book of the law to people. Will the public have training to help a person with learning disabilities?" • Are we going to return to the 40's of large institutions? • "Not everyone will meet the substantial/critical criteria, it is the people with mild/moderate learning disabilities that need support. The Big Society is good when it works;" • "Birmingham has always been bad at collecting taxes, there is nothing to say that anything is being done to improve collection;" • "Carers are being cut, how are we going to stop mild/moderate cases becoming critical in the future?" • "In the proposals there is the appropriateness of reducing Supporting People, these are non-statutory services, there is a worry that a person's needs will escalate to critical. Is there a short term vision from the Council that in the long term will increase the needs of people on the Council?"

Gender reassignment	Included within Sexual Health and Drug and Alcohol consultations
Marriage and Civil partnership	Nothing specific undertaken.
Pregnancy and maternity	Nothing specific undertaken.
Race	Nothing specific undertaken.
Religion and belief	Nothing specific undertaken.
Sex	Nothing specific undertaken.
Sexual orientation	Included within Sexual Health and Drug and Alcohol consultations

4. Who are the main stakeholders and what are their requirements?

Adult Social Care services are directly provided to citizens who meet the Council's eligibility criteria and their carers. Figures above indicate that

Other principal stakeholders include:

- Staff;
- Statutory partners, including the Clinical Commissioning Groups;
- Providers of Adult Social Care, Supporting People and Public Health services; and
- Third sector.

Staff

Staff are affected in a number of ways as indicated by the current s188 notice. In addition to the proposals to reduce staffing levels in residential units and to outsource Specialist Care Services referred to above, there are aspects of "Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity", particularly 'Universal Assessment' which potentially require amended staffing structures and grades. These proposals will in turn be the subject of more detailed Equality Assessments.

The requirements of the proposals and clear explanations of the potential impacts upon them will need to be clearly communicated in accordance with agreed joint consultative mechanisms.

The proposals include a reduction in headcount.

Statutory partners, including the Clinical Commissioning Groups

A number of the Public Health proposals have a potential impact for NHS England.

Each of the Clinical Commissioning Groups and the NHS provider services will form an interdependency upon the introduction of "Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity" and specifically the proposal for reductions in the cost of care packages for younger adults, which will require multi-disciplinary assessments.

In particular, the proposal for 'Integrating and aligning our services with the NHS' has a clear interdependency with local NHS, including future governance of s256 funding/Better Care Funding.

Providers of Adult Social Care, Supporting People and Public Health services

The proposals contained within "Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity" are a signal that the City Council wishes to change the 'market shape' of the current provider market, moving away from traditional residential and domiciliary care into Shared Lives Direct Payments and adapted/supported living environments.

At a smaller level, the proposal to use the Directorate's internal day care resources could have an impact upon private sector providers.

There is also a specific potential impact upon Supporting People providers.

Third sector

The sector is still seen as being able to add significant benefit to the Council, specifically in preventative services.

5. Amongst the identified groups in the previous question, what does your information tell you about the potential take-up of resulting services?

Ethnicity

	Clients	Staff	Birmingham (adults only)	Birmingham (65 and over)
Asian or Asian British	12.2%	16.9%	23.7%	10.8%
Black or Black British	10.7%	23.0%	8.3%	5.9%
Other	1.1%	2.0%	1.7%	0.7%
Mixed	1.0%	1.9%	2.8%	0.6%
White	73.5%	48.4%	63.4%	82.0%
Unknown	1.5%	7.9%	0.0%	0%

The ethnicity breakdown has been included for all adults and older adults as the proportion of the population within the different ethnicities varies substantially when looking at older adults, who account for 64% of service users.

There has been a steady increase in Asian and Black clients over the last three reports from 10.1% and 9.9% in 2011 to 12.2% and 10.7% respectively in 2013. There is an overrepresentation of Black clients receiving services when compared to both the over 18 and over 65 population. There has been a corresponding decrease in the proportion of White clients from 76.8% in 2011.

It is also important to look in detail at individual key services such as Enablement:

Ethnic Groups - 65 plus only

	Falls	Telecare	Enablement	Home Care	All services	Birmingham
Asian	15.5%	9.4%	6.5%	8.7%	6.8%	8.8%
Black	10.3%	10.0%	7.3%	8.1%	7.6%	5.1%
Mixed	0.0%	0.1%	0.0%	0.1%	0.1%	0.7%
Other	1.0%	1.4%	1.2%	1.5%	1.4%	0.4%
Unknown	8.7%	0.0%	2.8%	3.4%	3.7%	0.0%
White	64.4%	79.0%	82.2%	78.2%	80.3%	85.0%

Although the proportion of Asian clients receiving Enablement is somewhat below the Birmingham population average, this is in line with the overall services. However, further investigation may be required around the reduced take up compared to Home Care.

	% Enabled
Asian	39.2%
Black	26.0%
Mixed	0.0%
Other	0.0%
Unknown	37.3%
White	40.5%

The overall proportion of all clients fully enabled in this period (April 2011 to August 2012) was 39%.

39% of Asian clients and 41% of White clients were fully enabled, but only 26% of Black clients required no further services. This is a change from the previous report where fewer Asian clients were fully enabled (32%).

It is important to note that the proportions of Black clients receiving Enablement are greater than the Birmingham population and proportional to those receiving any type of service. However Black clients are significantly less likely to be fully enabled, instead going on to receive further services.

The highest proportions of full enablement are in Sutton and Edgbaston, 67% and 56% compared to the overall average of 39%, while the lowest proportions are in Hall Green, Hodge Hill, Ladywood and particularly in Erdington with only 24% of clients fully enabled.

One of the key points raised for this is around comparative wealth and deprivation of the areas. Edgbaston and Sutton are comprised of some of the least deprived wards in the city, whereas Erdington, Hodge Hill and Ladywood contain some of the most deprived. Wealth and deprivation could affect the proportion of clients fully enabled in two ways:

- Firstly, clients in deprived areas tend to be less healthy and to become ill younger, demonstrated by the increased proportions of services in these areas and the lower rates of full enablement for those aged 85 plus. There is therefore a greater chance that clients 65 plus approaching the authority would have higher levels of need and therefore be more likely to require services after enablement.
- Secondly, the measure of full enablement is those requiring no further services within 7

days of discharge from enablement – but this could also include self funders. It may be that in 'average' enablement areas there is a combination of clients both fully enabled and self funded. In wealthier areas more clients could choose to self fund, while in poorer areas fewer would be able to.

Step 3 – Assessing Impact and Strengthening the Policy

6. What will be done to improve access to, and take-up of, or understanding of the policy, strategy, function or service?

NB: These are the measures you will take to mitigate against adverse impact.

Our blue print for the future begins with "Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity". We are acutely aware that it is unpopular and frightens people.

At one level the plan is merely an expression of our statutory duties with a signal that we intend to promote the use of Direct Payments and Shared Lives as a means of ensuring that we help to identify effective care solutions while at the same time achieving value for money. There are elements of the proposal which we are still working on and need to be concluded and these would be implemented over the coming months. This would be accompanied by a plan for communicating clearly what changes may be occurring and ensuring that any additional consultations are carried out effectively before decisions are made.

Step 4 – Procurement and Partnerships

7. Is this project due to be carried out wholly or partly by contractors?

Yes ☒ **No** ☐

If 'yes', have you done any work to include equality considerations into the contract already? Specifically you should set out how you will make sure that any partner you work with complies with equality legislation (employment practice/service provision)

Prior to the policy emerging around the Better Care Fund (BCF), Birmingham had of course already established an older adults integration programme group. This was primarily driven by the local authority because of its financial challenges; however, its strategic intentions are fully aligned with the principles and intentions of the BCF. Early data analysis across health and social care (excluding primary care) identified that approximately £600m per annum is currently jointly and specifically spent on the over 65 population. This forms the basis of potential BCF value for Birmingham and, managed in a single pool, would be the largest established nationally.

Health and Wellbeing Boards signed off the first draft of the BCF by 14th February and will be required to sign the final submission by April 4th 2014. Commissioners are already investigating options around new types of contracts with NHS and potentially social care providers, particularly the concept of what is called "prime provider" arrangements and outcomes based contracting over a 5 year period. All of our major acute hospital trusts are in the process of considering and developing a response to this huge challenge. The proposal thus far includes dividing the Birmingham health and social care economy into four sub economies, in effect, based around hospital patient flows, i.e. City and Sandwell, University Hospitals, Heartlands and Solihull, and Good Hope Hospital.

Step 5 – Making a Decision

8. Summarise your findings and give an overview of whether the policy, strategy, function or service will meet the authority's responsibilities in relation to equality and support the council's strategic outcomes?

The Directorate-level proposals referred to above, sit within the context of a whole City Council consultation and budget setting exercise.

The City Council fully appreciates that given the nature of our work, and the scale of the cuts, some negative socio-economic impact is also almost inevitable. The question for us as a City Council is how we can minimise and mitigate that impact. This means we must: (a) put more emphasis on prevention, which is cheaper than cure; (b) reframe the way we do our work so that we join things up from a customer perspective, and reduce duplication; (c) work with others who can do things more effectively and cost effectively than we can ourselves. In our 2014/15 proposals there is clear evidence of these three themes continuing to guide our approach.

The following commitments were made to ensure that an equitable and fair approach is being applied to the wider community:

- Ensuring the right criteria and assessments are applied to support older adults
- Seeking to protect funding that is providing services to vulnerable children
- Working in partnership with the private sector and third sector to continue and increasing our commissioning arrangements in terms of need, outcomes, social value and value for money
- Seeking to reduce the Council's support services budgets by proportionately more to protect frontline services
- Working in partnership with other partners such as the NHS to deliver shared services
- Continuing to consult with citizens, the business community, the voluntary and community sector and equality groups both on the generalities of the proposed cuts as well as on the specific issues, which may emanate from making those savings.

As funding is reduced year after year it becomes more and more difficult to find savings through efficiencies or "back office" cuts and we are now at the point where difficult decisions about "frontline services" can no longer be avoided. However, despite the dramatic cuts in funding, we have been able to propose additional resources for our hard-pressed children's social care services.

The City Council takes account of the potential impacts of its policies and decisions on equalities, social cohesion and social inclusion, through a risk analysis process referred to as Equality Assessment (EA). This ensures that the potential implications of such proposals on those with the 'protected characteristics' covered under the Equality Act 2010 are considered. These protected characteristics include age, disability, gender (including reassignment), pregnancy and maternity, race, religion and belief, and sexual orientation.

The proposed spending cuts for 2014/15 detailed in the White Paper 'Planning Birmingham's Future and Budget Consultation 2014-15' had been drawn up taking account of the findings of the Service Reviews (captured in a series of published Green Papers) and the feedback from the public dialogue on these Green Papers.

The Social Cohesion & Equalities Division convened a meeting in November 2013 with the Equality Champions of Directorates to review the high-level impact on the proposed savings.

Throughout this process consideration was given by Cabinet Members and Officers to the process of the public consultation. Cabinet Members and Chief Officers examined the equalities impacts of the proposed cuts that had been consulted upon, alongside the consultation feedback. This included a high level assessment of potential adverse impacts on communities, and possible mitigations. Consideration was also given throughout the process to the outcomes of the City Council's corporate public consultation; consultation by Directorates at this time was still ongoing.

The proposed cuts determined in accordance with the steps above were considered by Cabinet Members and Senior Council Officers in the context of their policy priorities and legal duties. This has shaped the final proposals in this document with some cuts remaining unchanged, some modified and some no longer being pursued.

Initial EA screenings have been carried out, where appropriate, on 2014-15 budget proposals. These have helped the Council to identify emerging impacts and have led to more detailed assessments where initial screenings have indicated potential disparate impacts on groups defined by reference to protected characteristics, or other equality concerns. The initial EA screenings look at how individual proposals might relate to one another and consider how a series of proposed changes to services could impact cumulatively on particular groups of people.

EAs are living documents that change and are updated as the equality implications of a decision and any alternative options or proposals are considered. This section aims to provide an overview of what our analysis is currently telling us and to highlight emerging themes that may have a wider impact on groups defined by reference to protected characteristics. It also considers how we can use this data to inform the Council's further work to promote fairness and reduce socio-economic inequalities.

The EAs have helped Councillors to debate issues, review decisions and look at the viability of alternatives and mitigating measures in order to ensure that the Council meets its PSED and other legal duties.

EAs have been developed alongside the budget proposals. They have been drafted by senior management in the appropriate service area of the Council with support from the Council's specialist equality advisors. EAs have informed the proposals put to Executive Management Team, and have been used to help decision making throughout.

EAs will continue to be reviewed as we consult with staff, service users and others on our detailed proposals. The feedback received through consultation will be incorporated into the documents, in particular, the assessment of potential impacts, to guide detailed decision making.

The consultation and equalities assessment work to date has identified a range of mitigations that the Council could put in place in order to progress the proposed cuts on which it is consulting. However it is not possible at this stage to fully assess the impact on those with protected characteristics and further assessment will be carried out as part of the full impact assessments, where required.

With the approach taken by the Council to consultation and equalities assessments, described above, and the mitigations and budget changes made and incorporated into the 2014/15 budget following such consultation and equality assessment, it is considered that the Council Budget set on 4th March 2014 and the cash envelope for the People Directorate to be reasonable and

appropriate.

Step 6 – Monitoring, Evaluating and Reviewing

Before finalising your action plan you must identify how you will go about monitoring the policy/function or the proposals, following the assessment, and include any changes or proposals you are making.

9. What structures are in place to monitor and review the impact and effectiveness of the new policy, strategy, function or service?

The Directorate has well established performance monitoring and governance structures.

Through a series of performance panels, activity and performance against targets is scrutinised each month. This 'assurance' is then passed through the senior management staff to the Directorate Management Team.

In addition, a number of boards, eg Reshaping Care, have been established, reporting to a monthly Delivery & Oversight Board, chaired by a member of the Directorate Management Team.

If approved by Cabinet, detailed implementation plans will be finalised with individual named officers being given responsibility for performance achievement.

To oversee quality and the citizen's perspective, the Directorate will continue to use its two Citizen-Led Quality Boards: Assessment & Support Planning and Commissioning.

Step 7 – Action Plan

Any actions identified as an outcome of going through the Steps 1 – 6, should be mapped against the headings within the Action Plan.
NB: summarise/evidence actions taken to mitigate against adverse impact.

10. Taking into consideration the responses outlined in the Initial Screening Stage and Steps 1-6 of the Full Assessment, complete the action plan below.

	Ref (if appropriate)	Actions	Target date	Responsible post holder and directorate	Monitoring post holder and directorate (if appropriate)
Involvement and Consultation	1.3 & 2	People Directorate to undertake specific additional consultation, as necessary	30th September 2014	Service Director Business Change and Service Director Health & Wellbeing	Strategic Performance & Engagement Manager
Data Collection	1.3	Annual service user survey to be undertaken	31st December 2015	Service Director Health & Wellbeing	Strategic Performance & Engagement Manager
Assessing Impact	2.5	*Review sample of citizens who have been enabled and who have not been enabled to gain a deeper understanding of service effectiveness vis-à-vis environmental issues such as deprivation.*	31st December 2014	Director of Public Health	Strategic Performance & Engagement Manager

Procurement and Partnership	4.7	Implementation of Better Care Fund in Birmingham	On-going	Service Director Health & Wellbeing	Strategic Performance & Engagement Manager
Monitoring, Evaluation and Reviewing	6.9	To oversee quality and the citizen's perspective, the Directorate will continue to use its two Citizen-Led Quality Boards: Assessment & Support Planning and Commissioning.	On-going	Chairperson of Delivery & Oversight Board	Strategic Performance & Engagement Manager

Step 8 – Sign-Off

The final stage of the Equality Assessment process is to formally sign off the document as being a complete, rigorous and robust assessment

The policy, strategy or function has been fully assessed in relation to its potential effects on equality and all relevant concerns have been addressed.

Chairperson of Equality Assessment Task Group			
Name:	Job Title:	Directorate	Sign-off Date:
Concluding statement:			

Quality Check and Review by the Directorate Contact Officer:		
Name:	Directorate Team:	Review Date:
Summary of strengths and area(s) for improvement:		

Service Director or Senior Officer (sign-off)		
Name:	Job Title:	Date: