# EIA Form – About your EIA

# About your EIA

|  |  |
| --- | --- |
| Reference Number: | EIA000845 |
| Subject of EIA: | Review of Care Centres |
| Description: | This equality impact assessment is part of the Council’s ongoing consideration of equalities impacts of its proposals in relation to the future of the Council’s internally operated Care Centres. The 10-week public consultation was held between the 14th of October 2024 and the 20th of December 2024. A range of possible future options were consulted on; the preferred option being for the Council to stop operating these Care Centres and to support each long-term resident to find a new home in a suitable independent care home. Birmingham City Council currently provides long-term residential care for 54 older adults from three Care Centres. These Care Centres are also used to provide other services including Intermediate Care, when people stay on a short-term basis until support can be put in place to meet their long-term care needs. There are 96 discharge to assess beds in total. The Care Act 2014 places a duty on the Council to meet the assessed eligible care and support needs of individuals and their carers (assessed against the National Eligibility Framework). The Council is enabled to meet needs in a range of ways, including providing services itself through to providing funding to allow citizens to self-direct their care and support. It must however ensure sufficiency of provision – of both capacity and capability – to meet anticipated needs for all eligible people in their area. A review of the Council’s internally operated Care Centres concluded that the services provided by the Care Centres are valued by citizens who live there and by those who may need short-term care whilst they recover from a stay in hospital. However, it also identified that the cost to the Council of running these services is expensive when compared to other residential care homes run by independent care providers and that they don’t currently provide value for money to the Council or to people of Birmingham. The Council is facing a significant financial challenge. In February 2024, Cabinet agreed to a savings proposal of £6.4m, this will now be split over the three financial years - £ 0.346m in 2024/25, £3.921m in 2025/26 and £2.133m in 2026/27. A 10-week public consultation was launched on the 14.10.24 to gather views on the options identified relating to the future of this service. The approach to the consultation was inclusive and included a Be Heard online consultation open to anyone to share their views, targeted sessions with residents and with family members at each of the three Care Centres as well as separate online sessions with other Care Centre users, partners and with the public. An Advocacy Service, the Council’s Public Participation Team and Care Centre staff attended sessions with residents to ensure one to one support was provided, and all consultation documents used were produced in an Easy Read format. Hard copies of the documentation were made available at the Care Centres. This further EIA focuses on the preferred option following the consultation and reflects consultation feedback. The preferred option remains for the Council to stop operating the Care Centres and to support long-term residents find a new home. There is sufficient capacity and choice in the wider market to provide a home to the current permanent residents and those who will need similar care in the future. The current market is made up of 280 independent care homes providing over 6500 care home beds, with 72% of independent Birmingham care homes rated as ‘Good’ by the Care Quality Commission. There are currently around 180 of these care homes that specifically provide residential or nursing care to older adults, similar to those operated from the Council’s Care Centres. Citizen contributions to costs of care are based on their ability to pay not the cost of the care provided. There may then be a financial impact on residents that currently pay the full cost of their care (current rate of £990.39 as part of the Council’s fees and charges). However, since the cost of residential care in the external market as detailed in the 24/25 framework pricing structure, is lower, if they were reprovisioned their payment for care would be reduced.  Residents, however, will have choice and control over their care provider and may choose a more expensive home which may be above the Council rate.Short-term care provision is unlikely to be adversely affected by the preferred option.  |
| In support of: | ["Amended service"] |
| Reviewing Frequency: | Quarterly |
| First review date: | 16.1.25 |

# Directorate, Division & Service Area

# Directorate, Division & Service Area

|  |  |
| --- | --- |
| Directorates: | ["Adults Social Care"] |
| Division: | Operations |
| Service Area: | Care Centres |

# Budget Savings

# Budget Savings Information

|  |  |
| --- | --- |
| Related to budget savings? | Yes |
| Budget proposal ref. no: | ASC 126 |

# Officers

# Officers Information

|  |  |
| --- | --- |
| Responsible Officer Email: tracey.murray@birmingham.gov.uk |  |
| Accountable Officer Email: shazia.a.hanif@birmingham.gov.uk |  |

# Data Sources

# Data Sources Information

|  |  |
| --- | --- |
| Data sources: | The Council’s care records system – Eclipse - and other locally held data. |
| Data sources Details: | Eclipse. Some of the metrics, such as data relating to gender reassignment, has not been obtained as citizens have been in the system for a number of years and many have not been in receipt of an annual review for some time. |

# Initial Assessment

# Initial Assessment

|  |  |
| --- | --- |
| Impact Age: | Yes |
| Impact Disability: | Yes |
| Impact Sex: | Yes |
| Impact Gender Reassignment: | No information is held on this characteristic so we are unable to say whether it will be impacted or not.  |
| Impact Marriage and Civil Partnerships: | No information is held on this characteristic so we are unable to say whether it will be impacted or not.  |
| Impact Pregnancy and Maternity: | No  |
| Impact Race: | Yes |
| Impact Religion or Beliefs: | Yes |
| Impact Sexual Orientation: | No information on this characteristic is held for 72.7% of residents so it is difficult to say whether it will be impacted. Birmingham's LGBT population is estimated to be approx. 45,000 adults so there could be a small impact. |
| Impact Care Experience: | No |

# Initial Assessment Summary

# Initial Assessment Summary

|  |  |
| --- | --- |
| Initial Assessment Summary: | The preferred option will impact on the long-term residents of the Care Centres. The majority of long-term residents are over 70 years of age with health conditions so there is the potential for the age and disability protected characteristics to be significantly impacted. A full assessment is needed to explore the potential impact in more detail. |
| Is a full EIA Required? | Yes |

# Protected Characteristic – Age

# Age Impact

|  |  |
| --- | --- |
| Impact Age: | Yes |
| Age Group Impacted: | Eclipse information shows that just over 90% of current long-term residents are aged 70 and over.

|  |  |
| --- | --- |
| **Age group** | **Long term residents** |
| 100+ years | 1.75% |
| 90–99 years | 22.81% |
| 80-89 years | 45.61% |
| 70-79 years | 21.05% |
| 60-69 years | 5.26% |
| 50-59 years | 3.51% |

 |
| Age Impact Details: |

|  |
| --- |
| The preferred option will necessitate all long-term residents moving to alternative Care Centres operated by private care providers. This change in provision may be unsettling to residents given their age and has the potential to cause stress and adverse effects on their health and wellbeing. A Health Impact assessment has been completed with a particular focus on the consideration of the health and wellbeing of both residents, their family members and/or carers. There is extensive academic research in relation to the relocation of citizens when care homes close and how this can be detrimental to residents’ health and well-being and can be associated with increased mortality. A study by the University of Birmingham into Birmingham City Council’s closure of a number of Care Homes in the late 2000s found however that outcomes for some of the older people who took part often stayed the same, and sometimes even improved, up to a year after the closures. Consultation feedback shows this potential impact is of concern to residents and family members. Comments included ‘These are elderly and vulnerable people. To consider moving them would have a severe detrimental impact on both their mental and physical wellbeing’, ‘The residents will be scared and stressed when leaving’, ‘This is detrimental to residents' health, could result in deaths or suicides’.Concerns were also expressed about the quality of private care provision ‘I have visited private homes that are on the BCC list, and I can say that what I saw was at best upsetting and at worse, frightening. There is no comparison to the facilities and care they currently receive’, and whether a move to private provision would result in an increase in costs.Some feedback reflected on the adverse impact that losing their relationships with other residents and with care staff in their existing homes might have. ‘..the citizens will be negatively impacted and their health and wellbeing would suffer if they were to be disrupted at this time of their lives, as they have formed friendships and trust the staff with daily routine in a family surrounding and friendly atmosphere’, ‘We are talking about some of the most vulnerable people in the community who see AMH as their home with staff and residents regarded as friends / neighbours and family’.The preferred option will also impact on family members and carers who will need to support residents during the transition to a new home. There were a few comments that reflected on this, ‘These changes will also burden the staff and families who have to help residents navigate the changes and deal with the impact that this will have on themselves as well (including mental health)’. |

 |
| Age Impact Mitigation: | There are many blueprints on how citizens can be supported to transition well to alternative Care Homes which will help mitigate the potential impact on and risks to residents. The Council is committed to supporting the transition for residents, families and staff and will apply the principles of good practice in its approach, working in tandem with the Care Quality Commission. The study referred to earlier by the University of Birmingham entitled ‘Achieving Closure, Good practice in supporting older adults during residential care closures’, included a study of the outcomes of older people’s services in Birmingham, commissioned by the Council and highlights the significant experience and good practice applied by Birmingham Council within this context. The Council will ensure that our duty under the Care Act 2014 will continue to be met. Care needs for each person will be robustly assessed and addressed in their individual care plan which will focus on their needs and interests. Advocacy support will be provided to those residents who require it during these assessments. We will take a care management approach when considering any alternative provision to ensure it is suited to individual care needs including those age-related issues.The Council will also continue to fulfil its obligations under the Care and Support and Aftercare (Choice of Accommodation) Regulations 2014 providing residents with a choice over their future accommodation. Social workers will ensure that residents and their families and carers have access to information, advice and guidance throughout any moves, to support them to make informed choices and decisions about their future care needs and any new care home. If residents have formed close friendship groups and all parties wish to maintain these, the Council will do all it can to support moves within the usual legal processes and availability of beds. Additional appropriate one to one, wrap around support from trained staff familiar to those residents will be provided throughout the process including access to appropriate health interventions, as and when required. A social worker will be assigned to each individual and advice and support will be taken from specialist organisations e.g. Age UK.We will keep residents and family members informed at all stages of the transition. |

# Protected Characteristic – Disability

# Disability Impact

|  |  |
| --- | --- |
| Impact Disability: | Yes |
| Disability Impact Details: | Eclipse records the primary support reason rather than disability. Data shows that long-term residents have a range of care needs.

|  |  |
| --- | --- |
| **Care needs** | **Long term residents** |
| Long Term Access and mobility only | 5.26% |
| Long Term Mental Health Support | 10.53% |
| Long Term Personal care support | 57.89% |
| Long Term Support with Memory and Cognition | 21.05% |
| Not Recorded | 5.26% |

The preferred option will necessitate all long-term residents moving to alternative Care Centres operated by private care providers. Research tells us that moving older adults, particularly those living with dementia may cause trauma, which can range from mild to severe, including mood, behaviour and physiological symptoms. Whilst studies have been contradictory, some research suggests that older people who relocate may have increased morbidity and mortality, particularly those with dementia. As well as those detailed under the age characteristic, consultation feedback shows particular concern for those residents with Alzheimer's and dementia ‘Extremely challenging for resident with Alzheimer’s as they thrive in familiarity and so unsettling them with changes could have a big negative impact (e.g. distress and ‘escaping’ because they forget that they have moved)’, ‘They are concerned that the vulnerable citizens in the Care Centres would lose valuable relationships they have built over many years, especially those who experience moderate dementia and this would be detrimental to their health and wellbeing and lead to further health and cognitive deterioration’. |
| Disability Impact Mitigation: | The approaches for mitigation for impacts on disabled people affected will be similar to those elderly people affected. The Council will ensure that our duty under the Care Act 2014 will continue to be met. Care needs for each person will be robustly assessed and addressed in their individual care plan which will focus on their needs and interests. Advocacy support will be provided to those residents who require it during these assessments. We will take a care management approach when considering any alternative provision to ensure it is suited to individual care needs including those age-related issues.The Council will also continue to fulfil its obligations under the Care and Support and Aftercare (Choice of Accommodation) Regulations 2014 providing residents with a choice over their future accommodation. Social workers will ensure that residents and their families and carers have access to information, advice and guidance throughout any moves, to support them to make informed choices and decisions about their future care needs and any new care home. We will take account of national best practice when preparing residents for and during their move to their new home. Support will be given to existing residents throughout any changes in care home, to mitigate the risk in relation to the impact of a move on their health and wellbeing. Appropriate one to one, wrap around support from trained staff familiar to those residents will be provided throughout the process including access to appropriate health interventions, as and when required. A social worker will be assigned to each individual, and arrangements will also be made with the Alzheimer’s Society to provide bespoke support on a referral basis when required. We will keep residents and family members informed at all stages of the transition. |

# Protected Characteristic – Sex

# Sex Impact

|  |  |
| --- | --- |
| Impact Sex: | Yes |
| Sex Groups Impacted: | Eclipse data shows that there is a significantly higher number of female residents than male. This is not unexpected given the overall demographics of Birmingham.

|  |  |
| --- | --- |
| **Gender** | **Long term residents** |
| Female | 66.67% |
| Male | 33.33% |

 |
| Sex Impact Details: | The preferred option will necessitate all long-term residents moving to alternative Care Centres operated by private care providers. This change in provision may be unsettling to residents and has the potential to cause stress and adverse effects on residents’ health and wellbeing.While it is not known whether there would be any impact specific to female residents, the mitigation measures described in relation to other protected characteristics, would also apply here. We will continue to monitor throughout the transition on whether any particular issues arise that need to be mitigated. No issues specifically linked to sex have been raised in the consultation. |
| Sex Impact Mitigation: | The Council will ensure that our duty under the Care Act 2014 will continue to be met. Care needs for each person will be assessed and addressed in their individual care plan which will focus on their needs and interests. Advocacy support will be provided to those residents who require it during these assessments.The Council will also continue to fulfil its obligations under the Care and Support and Aftercare (Choice of Accommodation) Regulations 2014 providing residents with a choice over their future accommodation. The resident and if appropriate family members will be fully involved in decision making, allowing any preferences related to their sex to be considered. Existing residents currently have private ensuite rooms at the care centre, if this is a preference for alternative provision then residents and/or family members can advise on this during the decision-making process. |

# Protected Characteristic – Gender Reassignment

# Gender Reassignment Impact

|  |  |
| --- | --- |
| Impact Gender Reassignment: | No information is held on gender reassignment amongst residents, so we are unable to say whether this characteristic is impacted or not.  |
| Gender Reassignment Impact Details: | No information is held on gender reassignment amongst residents, however in the 2021 Census 7,826 people in Birmingham identified that their gender identity was different from their sex registered at birth (0.85% of the total population), so there could potentially be a small impact. The preferred option will necessitate all long-term residents moving to alternative Care Centres operated by private care providers. This change in provision may be unsettling to residents and has the potential to cause stress and adverse effects on residents’ health and wellbeing.Public Health’s trans community health profile shows 33% of trans people self-report as having a disability, 36% have accessed mental health services in the last 12 months and 70% experienced depression or anxiety in the last 12 months. Given these issues, this change in provision may be unsettling to any trans resident and has the potential to cause stress and adverse effects on residents’ health and wellbeing.No issues specific to this protected characteristic were raised in the consultation feedback. |
| Gender Reassignment Impact Mitigation: | The number of residents affected is expected to be either nil or exceedingly small in this characteristic. If a resident is identified in this characteristic, then a bespoke approach to that person’s care needs will be taken when considering the new care home. |

# Protected Characteristic – Marriage and Civil Partnership

# Marriage and Civil Partnership Impact

|  |  |
| --- | --- |
| Impact Marriage and Civil Partnership: | No information is held on numbers of residents who are married or are in civil partnerships, so we are unable to say whether this characteristic is impacted or not. There are no married couples where both are residing at any of the care centres currently (January 2025). |
| Marriage and Civil Partnership Groups Impacted: | According to 2021 Census information, 40% of Birmingham’s population is either married or in a registered civil partnership so there is likely to be some impact. |
| Marriage and Civil Partnership Impact Details: | The preferred option will necessitate all long-term residents moving to alternative Care Centres operated by private care providers. The new Care Centre may not be in the same location and so, if residents are married or in a civil partnership, this could impact on their partners’ ability to visit them. If visits are limited as a result, then the well-being of the resident could be further impacted.Issues were raised in the consultation about possible impact on visits to loved ones, it’s not known whether these comments were from partners or relatives more generally. Comments included ‘Concerns regarding transport as does not drive’, ‘Moving care homes could have negative impacts on how frequently family/carers are able to visit, particularly if the distance increases and is harder to get to’, ‘Sometimes family need to visit urgently (e.g. to help with a crisis). Being nearby helps to manage this effectively. If moved to a care home further away, this will be harder to do and have a negative impact on everybody concerned’. |
| Marriage and Civil Partnership Impact Mitigation: | It is not anticipated that there will be a significant impact on this characteristic. The Council will continue to fulfil its obligations under the Care and Support and Aftercare (Choice of Accommodation) Regulations 2014 providing residents with a choice over their accommodation. The resident and their spouse/partner will be fully involved in decision making and their preferences and needs will be considered. Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9A, all residential care homes (including the Care Centres) must ensure they have policies and practice that ensures that people staying in a care home can receive visits from people they want to see. The Care Quality Commission regulate and enforce these requirements and any issues with this element of service provision is likely to be clear in any CQC inspection reports. This will help to inform resident’s and their spouse/partner’s decision on their new care home. We will keep residents and family members informed at all stages of the transition and geographical location will be a key consideration in the assessment process to mitigate concerns.  |

# Protected Characteristic – Pregnancy and Maternity

# Pregnancy and Maternity Impact

|  |  |
| --- | --- |
| Impact Pregnancy and Maternity: | Not applicable. |
| Pregnancy and Maternity Impact Details: | None.  |
| Pregnancy and Maternity Impact Mitigation: | Not applicable. |

# Protected Characteristic – Ethnicity and Race

# Ethnicity and Race Impact

|  |  |
| --- | --- |
| Impact Ethnicity and Race: | Yes |
| Ethnicity and Race Groups Impacted: | Eclipse data shows majority of long-term residents are white. Amongst minority ethnic groups the largest numbers are from the Black/Black British/Caribbean or African group. |
| Ethnicity and Race Impact Details: |

|  |  |
| --- | --- |
| **Ethnicity** | **Long term residents** |
| White | 82.46% |
| Black/Black British/ Caribbean or African  | 8.77% |
| Asian/Asian British | 1.75% |
| Mixed or Multiple Ethnic Groups | 1.75% |
| Not Recorded | 5.26% |

The preferred option will necessitate all long-term residents moving to alternative Care Centres operated by private care providers. No issues specific to this protected characteristic were raised in the consultation feedback. |
| Ethnicity and Race Impact Mitigation: | The Council will ensure that our duty under the Care Act 2014 will continue to be met. Care needs for each person will be assessed and addressed in their individual care plan which will focus on their needs and interests. Advocacy support will be provided to those residents who require it during these assessments.We will be inclusive in our approach, taking care to avoid stereotyped assumptions and marginalising residents on the basis of their ethnicity or race, and ensure that any alternative provision considered is suited to their actual care needs.The Council will also continue to fulfil its obligations under the Care and Support and Aftercare (Choice of Accommodation) Regulations 2014 providing residents with a choice over their accommodation. The resident and if appropriate family members will be fully involved in decision making.  |

# Protected Characteristic – Religion

# Religion Impact

|  |  |
| --- | --- |
| Impact Religion: | Yes |
| Religion Groups Impacted: | Eclipse data shows that the religion of a large number of long-term residents is not recorded. Where it is recorded the main religion amongst residents is Christian. |
| Religion Impact Details: |

|  |  |
| --- | --- |
| **Religion or beliefs** | **Long term residents** |
| Christian | 47.37% |
| No Religion | 10.53% |
| Other Religion | 10.53% |
| Sikh | 1.75% |
| Not Recorded | 29.82% |

Arrangements to accommodate residents’ and visitors’ religious beliefs are made at the existing Care Centres. There is a multi-faith room at each centre and visits from faith leaders to residents or groups of residents are facilitated through, for example, use of activity/meeting rooms for communal worship. The preferred option will necessitate all long-term residents moving to alternative Care Centres operated by private care providers, some of which may not be able to accommodate residents religious beliefs so easily.No issues specific to this protected characteristic were raised in the consultation feedback. |
| Religion Impact Mitigation: | The Council will ensure that our duty under the Care Act 2014 will continue to be met in each option considered. Care needs for each person will be assessed and addressed in their individual care plan which will focus on their needs and interests. Advocacy support will be provided to those residents who require it during these assessments. We will be inclusive in our approach, taking care to ensure residents needs relating to their religion are taken into account.The Council will also continue to fulfil its obligations under the Care and Support and Aftercare (Choice of Accommodation) Regulations 2014 providing residents with a choice over their accommodation. The resident and if appropriate family members will be fully involved in decision making so that requirements relating to the resident's religion can be considered.Recent research shows that there are circa 700 admittable care home beds in Birmingham currently vacant, easily enough to meet the needs of the current Care Centre residents and future residential care needs, and that 70% of private care providers are rated as Good. There is a wide range of care homes within Birmingham including those that cater to a variety of religions. |

# Protected Characteristic – Sexual Orientation

# Sexual Orientation Impact

|  |  |
| --- | --- |
| Impact Sexual Orientation: | No information on this category is held for c72% of long-term residents so it is difficult to say whether this protected characteristic will be impacted. Birmingham's LGBT population is estimated to be approx. 45,000 adults so there could be a small impact. |
| Sexual Orientation Groups Impacted: |

|  |  |
| --- | --- |
| **Sexual orientation** | **Long term residents** |
| Heterosexual/ Straight | 26.32% |
| Prefer not to say | 8.77% |
| Other | 1.75% |
| Not Recorded | 63.16% |

 |
| Sexual Orientation Impact Details: | The preferred option will necessitate all long-term residents moving to alternative Care Centres operated by private care providers.There is strong epidemiological evidence that members of the lesbian, gay, bisexual and trans (LGBT) community face significantly worse physical and mental health than their heterosexual and cis-gender counterparts. Health inequalities throughout their lives include an increased risk of developing depression and anxiety. Any change in the provision of care is likely to be unsettling to any LGBT resident and could adversely impact their mental health.No issues specific to this protected characteristic were raised in the consultation feedback.  |
| Sexual Orientation Impact Mitigation: | The Council will ensure that our duty under the Care Act 2014 will continue to be met in each option considered. Care needs for each person will be assessed and addressed in their individual care plan which will focus on their needs and interests. Advocacy support will be provided to those residents who require it during these assessments. Any alternative provision considered must be suited to their care needs including any linked to sexual orientation.The Council will also continue to fulfil its obligations under the Care and Support and Aftercare (Choice of Accommodation) Regulations 2014 providing residents with a choice over their accommodation. The resident and if appropriate family members will be fully involved in decision making. Recent research shows that there are circa 700 admittable care home beds in Birmingham currently vacant, easily enough to meet the needs of the current Care Centre residents and future residential care needs, and that 70% of private care providers are rated as Good. There is a wide range of care homes within Birmingham, with some badging themselves as LGBT friendly.We will take account of national best practice when preparing residents for and during their move to their new home. Appropriate one to one, wrap around support will be given to residents throughout the process, including support from social workers to ensure their transition to their new home is well-managed. |

# Protected Characteristic – Care Experience

# Care Experience Impact

|  |  |
| --- | --- |
| Impact Care Experience: | No - see age range of long-term residents. |
| Care Experience Impact Details: |  |
| Care Experience Impact Mitigation: |  |

# Other

# Other Risks or Impacts

|  |  |
| --- | --- |
| Any other risks or impacts: |  See full assessment details |

# Full Assessment Summary

# Full Assessment Summary

|  |  |
| --- | --- |
| Full Assessment Summary: | See full assessment details. We will continue to review the impact on residents and amend the EIA as required. |

# Monitoring

# Monitoring Details

|  |  |
| --- | --- |
| Monitoring Details: |  |
| Monitoring Officer Email: |  |