

Health Impact Assessment

Adult Social Care

Care Centres

Date:6/12/24

1.What is your name?

2. What is your job title?

3.What is your email?

4.Who is the Senior Responsible Officer (SRO) for this saving?

Shazia Hanif

5.Which Directorate Budget does this saving relate to?

Adult Social Care

6.Saving Title

Review of Care Centres

7.Equality Impact Assessment Reference Number: EIA000845

8. The Council runs 3 Care Centres in Birmingham:

The Kenrick Centre	Mill Farm Road, Harborne, Birmingham B17 0QX
The Perry Tree Centre	Dovedale Road, Kingstanding, Birmingham B23 5BX
The Ann Marie Howes Centre	20 Platt Brook Way, Sheldon, Birmingham B26 2DU

The Care Centres are home to 59 residents. The annual cost to the Council of the Care Centres is approximately £14 million per year.

The Care Centres are regulated by the Care Quality Commission and currently have the following ratings:

Care Centre	CQC Rating	Date of Inspection
The Kenrick Centre	Requires Improvement	December 2019
The Perry Tree Centre	Overall Good	March 2022
The Ann Marie Howes Centre	Overall Good	March 2021

The Care Centres also play a wider role in supporting people with care and support needs. There are 96 Discharge to Assess beds delivered from the Care Centres, some by the Council and some by the NHS. These are beds where people can go when it is safe and appropriate for them to leave hospital. People stay in these short- term beds to continue their care and assessments, so that any support can be put in place to meet their long- term care needs.

There are 2 Day Centres operating from the Care Centres which are provided by independent organisations to the Council.

The Care Centres also provide an office base for the Early Intervention Community Team, which is a multidisciplinary team of professionals from across health, social care and the independent care market. This service supports people to go home from hospital and to increase their independence after a hospital stay. This is within the wider health and wellbeing offer to Birmingham residents and works closely with the Discharge to Assess bed services.

9. Which of the following best describes the service user population or population impacted by the service?

City Wide

10. Which of the following communities of identity are the focus of the service/provision?

Older Adults Communities

11. Which of the following communities of experience are the focus of the provision/service?

- Citizens who are older with specific health conditions
- Family Members
- Carers

12. Total Budget Value prior to saving: £14 million per year.

13. Saving Value

The total proposed saving over 2 financial years is £6million, seven hundred and forty-six thousand.

14. When will the saving come into effect

The saving proposal is £0.346 million for 2024/2025 and £6.4 million for 2025/26

15. Please explain the impact of the saving on the service/provision?

The preferred option, subject to consultation, would mean existing permanent residents at the 3 Care Centres would need to move to a new care home.

There is sufficient capacity and choice in the wider market to provide a home to the current residents and residents would be supported with those decisions. The current market is made up of 280 independent care homes providing over 6500 care home beds, which are of comparable quality, 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.

For the long-term residents, it is recognised that this is their home and any move maybe unsettling for residents and their families, particularly for those older and frail residents, and or those with dementia. 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. To mitigate such an impact, subject to consultation and final recommendations and decision, one

to one support will be provided to all residents, including from health colleagues and the Alzheimer's Society.

Subject to consultation and the final recommendations and decision, support would 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. This would include social worker support at the appropriate time to ensure any transition was well managed. Wrap around support from trained staff familiar to those residents would also be provided, including access to appropriate health interventions, as and when required.

Social workers would 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.

For potential future citizens who may require residential care or nursing care, they would be assessed by a social worker and the support needed would continue to be provided through the external market, which the Council commissions and which is CQC regulated. Subsequently, the impact of the recommended option on citizens who may require support in the future will be minimal.

The Council would lease the buildings, with the NHS being identified as a Special Lessee for all 3 sites (subject to any decision on the future use/tenure of the Kenrick Centre). This would ensure the buildings continue to provide an invaluable service to the wider health and social care system and to support move people home from hospital more quickly.

This option meets the Integrated Care Systems ambition to make better use of these services to support people being discharged from hospital. This ensures the buildings are put to ongoing public use and supports delivery of the Council and NHS duties under the Health and Care Act 2022 to deliver better integrated services.

16. Which of the following public sector services will the saving impact on directly or indirectly?

- Adult Social Care
- NHS

17. Positive Impacts of the Savings (can you describe how the saving may lead to positive impacts on other public sector services (including Council services) and which specific services will be impacted)

The proposal may have a positive impact on some residents who may have had a change in their care needs or where they have been unhappy at their current care home or where they wish to move closer to their family.

The proposal may create further opportunities to strengthen the assess to discharge part of the service with NHS colleagues driving improvements and strengthening clinical interventions and support.

18. Negative Impacts of the Savings (can you describe how the saving may lead to negative impacts on other public sector services (including Council services) and which specific services will be impacted)

The proposal may negatively impact the discharge to assess service with the withdrawal of adult social care from the Centres, creating potential delays and challenges in relation to effective communications across multidisciplinary teams.

19. What mitigations are being put in place to reduce any negative impact on public sector partners (including other Council services)?

The current proposal, subject to consultation, mitigates the negative impact by identifying the NHS as the preferred special licensee which would mean that the Discharge to Assess Service would continue to be a key ICS priority for the citizens of Birmingham. Effective communications between health and social care partners would further mitigate the risks together with joint planning in relation to the timing and approach to subsequent exit plans, subject to consultation and the decision by the Council's Cabinet. Further mitigation would be the continued alignment to integrated community care within local communities and neighbourhoods.

20. What steps are being put in place to maximise any positive impacts from the saving on public sector partners (including other Council services)

Collaborative working will be key, ensuring that our centres are continued to be used as multidimensional hubs where services linked to prevention and health are offered to citizens and carers. These measures will alleviate pressures from public sector partners including NHS waiting lists. The impact

of these services is interlinked and can have a negative or positive effect on the health of citizens.

21. Are there any other comments you wish to include on the impact of the saving on other public sector organisations, including other Council departments, and their ability to support citizens?

No

Impact on Wider Determinants of Health

The potential negative impact of the savings on the wider determinants of health may be in relation to the health and wellbeing of citizens and their families because of relocation to a different care home in Birmingham. This will be mitigated by the Council in its continuation to fulfil its obligations under the Care and Aftercare (choice of accommodation) Regulations 2014, providing residents with a choice over their accommodation. The resident, and where appropriate, family members will be fully involved in decision making. The Council will ensure that our duties under the Care Act 2024 will continue to be met and care needs for each person will be assessed and addressed in their individual care plan which will focus on their needs and interests. Any alternative provision considered will be subject to resident's individual care needs.

Wrap around support will be provided to residents, their carers and families, supported by trained staff with whom they are familiar, and wellbeing assessments will be considered for carers as and when required. 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.

22. Which of the following wider determinants of health will the saving impact on directly or indirectly?

As above.

23. Positive Impacts of the Savings (can you describe how the saving may lead to positive impacts on the wider determinants of health and how they will be impacted)

A new care home may benefit some residents: there may have been a change in care needs, they may be unhappy at their current care home, they may wish

to move to be nearer to family. For some the proposal may provide an opportunity to address these issues and in so doing mitigate the risk of an impact on their health and wellbeing.

24. Negative Impacts of the Savings (can you describe how the saving may lead to negative impacts on the wider determinants of health and how they will be impacted.

See response to Q21.

25. What mitigations are being put in place to reduce any negative impact on the wider determinants of health?

Stakeholders will work together to ensure services are far reaching, diverse and appropriate. Data monitoring of citizens and carers is key in understanding trends and themes. Regular reviewing of the HIA is imperative for ensuring that any potential negative impacts are monitored and dealt with accordingly.

26. What steps are being put in place to maximise any positive impacts from the saving on the wider determinants of health?

Stakeholders will work together to ensure services are far reaching, diverse and appropriate. Opportunities for access to health care for carers is an important initiative that ought to be utilised to maximise a positive impact on the health of caregivers. Offering screening programs, health checks, immunisation has the potential to not only assist in prevention but to advance the equity in health for citizens.

27. Are there any other comments you wish to include on the impact of the saving on the wider determinants of health and the impact on citizens lives?

No

Impact on Individual's from Specific Communities of Identity or Experience

The proposal impacts people in relation to the protected characteristic of age and in particular older adults. In relation to the residents of the Care Centres the occupancy rates held on Eclipse and as reflected in the Equality Impact Assessment September 2024 are reflected in the Table below:

Age Group	Long Term Residents	Short Term Residents	Total
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100+	1.67%	0%	0.53%
90-99 years	25%	18.9%	20.86%
80-89 years	46.67%	43.31%	44.39%
70-79 years	18.33%	20.47%	19.79%
60-69 years	5%	13.39%	10.7%
50-59 years	3.3%	2.36%	2.67%
41-49 years	0%	1.57%	1.87%

This shows that just over 85% of those currently using this service are aged 70 and over.

The proposal potentially impacts people in the protected characteristic of Disability in relation to the residents of the Care Centres. Eclipse records the primary support reason rather than disability. Data shows that residents have a range of care needs, these are more readily identified in long term residents, as reflected in the Table below:

Care Needs	Long Term Residents	Short Term Residents	Total
Personal care and support	51.67%	39.37%	43.32%
Support with memory and cognition	25.00%	3.94%	10.70%
Mental Health support	11.67%	2.36%	5.35%
Access and Mobility only	6.67%	0.79%	2.67%
Support for social isolation or other support	1.67%	0.00%	0.53%
Not recorded	3.33%	53.4%	37.43%

This shows that the highest percentage of residents as of September 2024 had a primary support need in relation to personal care.

The proposal potentially impacts residents in the Care Centres who are classified in the protected characteristic of Ethnicity and Race. Eclipse data shows that most residents are white as reflected in the Table below:

Ethnicity	Long Term Residents	Short Term Residents	Total
White	78.33%	81.89%	80.75%
Black/Black British/Caribbean or African	13.33%	5.51%	8.02%
Asian/Asian British	1.67%	1.57%	1.60%
Mixed or Multiple Ethnic Groups	1.67%	0.79%	1.07%
Refused	0.00%	0.79%	0.53%
Not recorded	5.00%	9.45%	8.02%

The options identified and subject to consultation and further exploration could result in care being delivered by an alternative provider in the same location or residents having to move to alternative locations.

28. Which of the following communities of identity do your comments relate to?

- Disabled communities
- Ethnic communities
- Older Adults

29. Which of the following communities of experience do your comments relate to?

- Carers
- People with specific Health conditions

30. Positive Impacts of the Savings (can you describe how the saving may lead to positive impacts on health and wellbeing in specific communities of identity or experience and how they will be impacted)

- Disabled communities/ Health Conditions/Adults

With many of our residents having a long-term disability and or health conditions, together with 60% of those who died from covid in the first year of

the pandemic were disabled, increased integration within local communities will lead to targeted and personalised services. ICS and place-based partnerships will offer streamlined and intensive opportunities in tackling health inequalities of disabled communities.

- Ethnic communities

Birmingham is a minority majority City. With 80.75% of our citizens accessing our services with white heritage, makes this not representative. Targeted health services and a diverse service offer with further integration at local level should enable more citizens to access care and support within their local communities.

People from ethnic minority groups particularly Bangladeshi and Pakistani are more likely to report long term illness and poor health in comparison to their white counterparts, it is imperative to work with local communities and carers to encourage the uptake of screening programs, health checks, immunisations.

31. Negative Impacts of the Savings (can you describe how the saving may lead to negative impacts on health and wellbeing in specific communities of identity or experience and how they will be impacted)

There is potential for a broader impact on health and wellbeing such as the emotional and social experiences of carers and residents. The change in Care Centres could cause barriers such as distance of travel for carers and families resulting in additional costs for families. Citizens may experience a sense of exclusion from what is deemed as familiar i.e. their local community and access to services. These changes could have an adverse effect on the mental and physical disabilities of citizens. This could exacerbate the care needs of citizens and inevitably impact carer's mental and physical health.

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' by the Care Quality Commission.

32. What mitigations are being put in place to reduce any negative impact on health and wellbeing in specific communities of identity or experience?

Any change in provision may be unsettling to residents given their age, and their carers and family members. Full consideration of how to support them

will be given during any transition, to minimise stress and the potential for adverse effects on their health and wellbeing.

To mitigate impact the appropriate support will be given to existing residents and families. Enhanced support will be provided during the consultation by a range of professionals.

The mitigation should help alleviate family concerns and the impact of any change on their loved one's wellbeing, including the quality of alternative provision; location of alternative provision; visiting arrangements and affordability.

The consultation will ask residents to tell us the impact each option will have on them and any support they may need. The Equality Impact Assessment and the Health Impact Assessment will be updated as the project progresses towards a formal decision by the Council to ensure that any individual impacts are mitigated where possible.

Stakeholders will work together to ensure services are far reaching, diverse and appropriate. Data monitoring of citizens and carers is key in understanding trends and themes. Regular reviewing of the HIA is imperative for ensuring that any potential negative impacts are monitored and dealt with accordingly. Increased co-production with citizens and carers will lead to targeted and personalised services ensuring needs are met accordingly and in a timely manner.

33. What steps are being put in place to maximise any positive impacts from the saving on health and wellbeing in specific communities of identity or experience?

Working with local leaders and community assets is key in maximising the positive impact on ethnic and older disabled communities. Regular reviewing and monitoring of our EIA by senior leaders is key in advancing equity and its indirect impact on health.

34. Is there any other comments you wish to include on the impact of the saving on health and wellbeing in specific communities of identity or experience?

No

35. Do you have any other comments you want to add about the health and wellbeing impacts of the savings on citizens in Birmingham?

No