Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Alternatives 1 - 4 Single Commissioning Voice
Equality Analysis

Before completing this equality analysis it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

NHS Birmingham CrossCity Clinical Commissioning Group
NHS Birmingham South Central Clinical Commissioning Group
NHS Solihull Clinical Commissioning Group

NHS Birmingham CrossCity Clinical Commissioning Group
NHS Birmingham South Central Clinical Commissioning Group
NHS Solihull Clinical Commissioning Group

1. Background

EA Title	Alternatives 1 – 4 Single Commissioning Voice Equality Analysis		
EA Author	Balvinder Everitt – Senior Manager Equality and Diversity	**Team**	Quality
Date Started	6 June 2017	**Date Completed**	24 August 2017
EA Version	V.04	**Reviewed by E&D**	David King – Manager for Equality and Human Rights

What are the intended outcomes of this work? Include outline of objectives and function aims

In June 2016, the BSol CCGs determined that an alignment of commissioning functions, and strategy, was required to support the delivery of the Birmingham and Solihull Sustainability and Transformation Plan (STP).

A number of alternatives were considered by the CCGs' Chairs and Accountable Officers. The original alternatives considered were:

1. Historic arrangements- return to three CCGs
2. Federation - three CCGs, but establish shared management team, governance and decision making;
3. A single CCG for Birmingham and a single CCG for Solihull, with single management team, joint processes and committees; and
4. Full functional organisational merger – one single BSol commissioning approach and management team.

This is a retrospective Equality Analysis and focuses on the potential equality impacts on the combined alternatives 1 and 2 (due to their similarity and minimal material differences) and alternative 3. A separate detailed EA has been completed on alternative 4 as the preferred alternative.

As part of pre-consultation engagement, the CCG Chairs and Accountable Officers supported a preferred alternative for a single merged CCG (alternative 4) and a paper was received by the CCG Governing Bodies confirming the direction of travel in June and July 2016. A separate detailed EA has been completed on alternative 4 as the preferred alternative.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

Combined Alternatives 1 and 2

The impacts of the proposal will be considered for staff, patients, GP members, providers (large providers and third sector), and partner organisations across Birmingham and Solihull.

The demographic profile of each CCG's (Birmingham CrossCity CCG, Birmingham South Central CCG, and Solihull) population will be utilised along with staff profile information, in the assessment of impacts for each protected characteristic, disadvantaged and vulnerable groups as well as socio-economic factors.

Alternative 3
The impacts of the proposal will be considered for staff, patients, GP members, providers (large providers and third sector), and partner organisation across Birmingham.

The demographic profile of Birmingham CrossCity CCG and Birmingham South Central CCG will be utilised along with staff profile information, in the assessment of impacts for each protected characteristic, disadvantaged and vulnerable groups as well as socio economic factors.

Alternative 4
See Single Commissioning Organisation Equality Analysis.

2. Research

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Research/Publications	Working Groups	Clinical Experts
Demographic Information Census 2011	BSOL Transition Group	
JSNAs, CCG Annual Equality Reports		
PHE: Migrant Health in the West Midlands 2017		
BSOL Single Commissioning Organisation Outline Consultation document		
Organisational Staff Profile Information (BCC, BSC, Sol)		
NHS Employers Equity in Implementing Organisational Change Guidance		

3. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative)

3. Impact and Evidence:

within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

Demographic Age Profile Information for Birmingham and Solihull

- Birmingham has a relatively young population compared to other cities in England, with a larger proportion of children and young people, and a smaller proportion of people in older age groups. However, Birmingham's population is far from stable and the rate of growth for various age groups varies widely. 46% of the Birmingham population is under 30. 13% is over 65 years. There is also a sizeable 20-24 years population due to the large student population.
- The Solihull population is relatively stable with the older population; with the greatest increase in the 65+ population. 19% of the population are over 65 years, compared to 13% in Birmingham. The number of children and young people (aged 15 and below) in Solihull is, at 19%, in-line with the England average, although it is notable the borough has a relatively low proportion of pre-school age children; those aged 0-4 years represent 29% of all children in Solihull compared to 34% nationally.

Staff Age Profile Information for the 3 CCGs

Age Profile of staff across the CCGs						
CCG		Age Bands				
	Under 20	20 -29	30-44	45-59	60-64	Over 65+
BCC CCG 31 Jan 2017 data (168 staff)	0%	9%	39.5%	48%	2.5%	0%
South Central CCG 31 March 2017 data (82 staff)	1%	6%	29%	57%	6%	0%
Solihull CCG 31 March 2017 (69 staff)	1%	2%	29.5%	58.5%	9%	0%

Impacts:

Combined Alternatives 1 to 2

- There would be no or minimal impacts of these alternatives on age, as they relate to staff and to patients. Place based commissioning would need to ensure an effective response to the age profiles and variations within and across Birmingham and Solihull. There may be the potential loss of some possible benefits that would arise from a merger (as indicated in Alternative 3 and Alternative 4).

Alternative 3

- There would be no impacts on age for Solihull patients or staff as the status quo would be retained
- BSC CCG is the lead commissioner for children's services, and already works very closely with BCC CCG when making commissioning decisions. There are no known adverse impacts on age for Birmingham patients or staff employed by BCC CCG and BSC CCG. Any commissioning decisions would need to take account of the age variations within the diverse localities across Birmingham.

3. Impact and Evidence:

- Any resulting workforce activities are assessed for their impact on age.

Alternative 4

- See Single Commissioning Organisation Equality Analysis.

Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

Demographic Disability Profile Information for Birmingham and Solihull

- According to census data across Birmingham as a whole 9.1% of the population either have a disability that limits their day to day activities a lot, compared to 8.2% for Solihull and 8.3% for England. When you look at activities limited a little, the figure for Birmingham is the same as England at 9.3%, though the figures for Solihull are higher at 9.7%.
- There are high rates for people with LD or autism receiving specialist inpatient care (across the STP – 65 per million population)
- Across the STP the proportion of people with a learning disability on the GP register receiving an annual health check is the lowest across all STP's (28.6%). NHSE has set a target of 75% by 2020.

Staff Disability Profile Information for the 3 CCGs

- BCC CCG cannot publish staff disability information due to the small numbers involved. 28% of staff has a 'disability unknown'.
- No BSC CCG staff have declared a disability. 32% have chosen not to declare whether they have a disability.
- Solihull CCG 26% have chosen not to declare their whether or not they are disabled and 10% data is unknown.

Impacts:

Combined Alternatives 1 and 2

- There would be no or minimal impacts of these alternatives on disability, as they relate to staff and to patients. Place based commissioning would need to ensure an effective response to the disability profiles and variations within and across Birmingham and Solihull. There may be the potential loss of some possible benefits that would arise from a merger (as indicated in Alternative 3 and Alternative 4).

Alternative 3

- There would be no impacts on disability for Solihull patients or staff as the status quo would be retained.
- Disability workstreams such as Transforming Care would need to be aligned if

3. Impact and Evidence:

this alternative was preferred.

- Some disabled patients and disability groups may fear that their voices will not be heard by a larger commissioning organisation and as a result their needs will not be met. In order to mitigate this, the relationships and trust built across BCC CCG and BSC CCG with their respective disabled communities will need to be maintained and built upon by the new BSOL organisation.
- The single commissioning approach would need to ensure it is able to respond to the disability issues across the City.
- Workforce activities resulting from any resulting management of change would require further equality analysis and reasonable adjustments put in place for disabled staff.

Alternative 4

- See Single Commissioning Organisation Equality Analysis.

Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

Demographic Gender Reassignment Profile Information for Birmingham and Solihull

- There is a lack of good quality statistical data regarding trans people in the UK. Current estimates indicate that some 650,000 people are "likely to be gender incongruent to some degree"
- There is research evidence which indicates that trans people experience fear and discrimination when accessing health services.

Staff Gender Reassignment Profile Information for the 3 CCGs

- All three CCG's do not collect gender identity equality information on staff, as it is not currently available to record on ESR.

Impacts:

Combined Alternatives 1 and 2

- There would be no or minimal impacts of these alternatives on gender identity, as they relate to staff and to patients. Place based commissioning would need to ensure an effective response to gender identity within and across Birmingham and Solihull. There may be the potential loss of some possible benefits that would arise from a merger (as indicated in Alternative 3 and Alternative 4).

Alternative 3

- There would be no impacts on gender identity for Solihull patients or staff as the

3. Impact and Evidence:

status quo would be retained

- There are no known adverse impacts for gender identity for staff or patients of BCC CCG and BSC CCG. Any commissioning decisions and management of change decision affecting staff would need to ensure equality, inclusion, and fairness for this protected group, and resulting workforce activities are assessed for their impact on gender identity.
- The CCGs will work to ensure that this group is given the opportunity to raise any concerns and that where possible reasonable adjustments / mitigations are put in place to support them."

Alternative 4

- See Single Commissioning Organisation Equality Analysis.

Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

There are no known impacts of any of the alternatives 1-4 on marriage and civil partnership.

Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

Staff Pregnancy and Maternity Profile Information for the 3 CCGs

- BCC CCG monitors the number of women returning from periods of maternity leave
- BSC CCG and Solihull CCG do not currently collect this data due to the small size of the organisations

Impacts:

Combined Alternatives 1 and 2

- There would be no or minimal impacts of these alternatives on pregnancy and maternity, as they relate to staff. Place based commissioning would need to ensure an effective response to maternity services within and across Birmingham and Solihull. There may be the potential loss of some possible benefits that would arise from a merger (as indicated in Alternative 3 and Alternative 4).

Alternative 3

3. Impact and Evidence:

- There would be no impacts on pregnancy and maternity for Solihull staff as the status quo would be retained
- There are no known adverse impacts for pregnancy and maternity for staff of BCC CCG and BSC CCG. Any decisions impacting staff would need to ensure any men or women on a period of maternity leave or shared parental leave are included as part of any management of change processes, and resulting workforce activities are assessed for their impact on pregnancy and maternity.
- The CCGs will work to ensure that this group is given the opportunity to raise any concerns and that where possible reasonable adjustments / mitigations are put in place to support them."
- Place based commissioning would need to ensure an effective response to maternity services within and across Birmingham

Alternative 4

- See Single Commissioning Organisation Equality Analysis.

Race: Describe race related impact and evidence**.** This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

Demographic Ethnic Profile Information for the 3 CCGs

- Ethnicity and the associated cultural and religious differences is a big factor in Birmingham, the most ethnically diverse city in the United Kingdom. 58% of Birmingham's population is White British, but the White British share varies widely with age. 42% are from a Black and Minority Ethnic background (BAME). BAME groups are very unevenly distributed within Birmingham. The heart of the city has the majority of the 'non-white' ethnic groups. Over half of the 'non-white' population (51%) live in these areas with only 18% in south Birmingham. Birmingham is a growing city linked in part to migration (9.9% increase since 2004)

- Solihull is less ethnically diverse than Birmingham with over 89% of the population being white. There are 70 known Gypsy Travellers residing within Solihull according to the 2011 census.

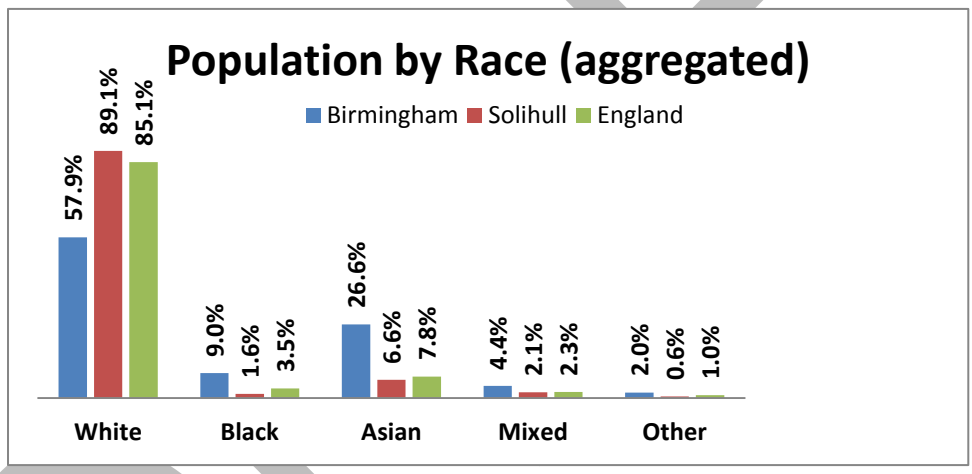
- Solihull's BAME population has more than doubled since the 2001 Census and now represents nearly 11% of the total population. Generally the greatest proportion of BAME residents live in the Urban West of the borough and in the 3 North regeneration wards. Nationally, the Afiya Trust suggests that "many minority ethnic communities have poor access to health and social care services for a variety of reasons including language barriers, lack of awareness/information, social isolation, lack of culturally sensitive services and negative attitudes about communities". (Afiya Trust 2010)

- The Birmingham South Central catchment area covers a population of 286 000

3. Impact and Evidence:

and is characterised by two distinct geographical corridors with different population characteristics. The population within the northern area of the catchment includes Sparkbrook, Springfield, Edgbaston, and Ladywood and is ethnically diverse, with high levels of deprivation and unemployment. It also has a younger population of 28% under the age of 18 years compared to Birmingham average of 25%. The southern area of BSC predominately covers the wards of Bournville, Northfield, Kings Norton, Weoley, and Brandwood. The percentage of ethnic minority residents for these wards is below the city average. The unemployment rates are also below the city average, but there are pockets of high Worklessness rates

- The following chart shows the populations of Birmingham, Solihull and England by aggregated race data; Solihull has the largest White population with 89.1% whilst Birmingham has a significantly larger Black and Asian population than both Solihull and England.



- Some ethnic minority communities may feel their voices will not be heard by a larger commissioning organisation, resulting in less localised commissioning. In order to mitigate this, the relationships and trust built across each CCG with their respective communities will need to be maintained and built upon by the new BSOL organisation.

Migrant Population Information in Birmingham

- The Birmingham population grew by 12% since 2001 with 65+ growth at 13%.
- 22% of Birmingham's population are born overseas (non UK born).
- PHE Migrant Health in WM Report 2017 states that in 2011 Migrants to Birmingham were from the following parts of the world:
  - *55% Middle East and Asia*
  - *15% Africa*
  - *15% EU*
  - *10% Americas and Caribbean*

3. Impact and Evidence:

- *4% rest of Europe*
- *1% Australasia*

- 10% of the 0-15 years population in Birmingham were migrants largely from EU followed by the Middle East and Asia.

Migrant Population Information in Solihull

- In Solihull the overall population has grown by 5% with the 65+ growth at 21%. 7% of the Solihull population are born overseas (non UK born). Of these, two thirds have been resident in the UK for ten years or more making migration a less significant feature of Solihull's demography.
- PHE Migrant Health in WM Report 2017 states that in 2011 Migrants to Solihull were from the following parts of the world:
  - *35% Middle East and Asia*
  - *15% Africa*
  - *15% EU*
  - *18% Ireland*
  - *2% Rest of Europe*
  - *8% Americas and Caribbean*
  - *2% Australasia*
- 3% of the 0-15 years population in Solihull were migrants largely from Europe followed by the Middle East and Asia.

Language information

- The top five languages after English spoken in Birmingham are Urdu, Panjabi, Bengali, Pakistani, Polish.
- Around 3% of the Solihull population do not have English as their main language.

Staff Ethnic Profile Information for the 3 CCGs

- In 2017, BCC CCG has a BAME staff profile of 31%, which has remained fairly stable over the last three years.
- In March 2017, BSC CCG has a BAME staff profile of 26%
- In March 2017 Solihull CCG had a BAME staff profile of 12%.
- Research and evidence produced by NHS Employers maintains that organisational change brings a difficult period for many NHS staff, and some staff from minority or disadvantaged groups may feel even more vulnerable at this time.

Impacts:

Combined Alternatives 1 and 2

- There would be no or minimal impacts of these alternatives on race, as they relate to staff and patients. Place based commissioning would need to ensure an effective response to the ethnicity profiles and variations within and across

3. Impact and Evidence:

Birmingham and Solihull. There may be the potential loss of some possible benefits that would arise from a merger (as indicated in Alternative 3 and Alternative 4).

Alternative 3

- There would be no impacts on race for Solihull staff as the status quo would be retained
- There are no known adverse impacts for race for staff of BCC CCG and BSC CCG. Any decisions impacting staff would need to ensure all ethnic groups included as part of any management of change processes, and resulting workforce activities are assessed for their impact on race.
- The CCGs will work to ensure that this group is given the opportunity to raise any concerns and that where possible reasonable adjustments / mitigations are put in place to support them."
- There would need to be an effective and seamless response to the NHS Workforce Race Equality Standard for the two CCGs.
- Commissioning decisions would need to be place based and responsive to the ethnic diversity and variation across the City. BCC CCG and BSC CCG would need to ensure that it continues to build and maintain the relationships and trust with its third sector and ethnic minority communities and patient groups ensuring they are fully engaged throughout any change process.

Alternative 4

- See Single Commissioning Organisation Equality Analysis.

Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

Demographic Religion or Belief Profile Information for the 3 CCGs

- Christianity is the largest religion in Birmingham however at 46.1% this is lower than that of England as a whole which is 59.4%. Birmingham has more Muslims (21.8%), Sikhs (3%) and Hindus (2.1%) than England (5%, 0.8% and 1.5% respectively).
- The majority of Solihull residents describe themselves as Christian (65.6%), with no religion the 2nd largest group (21.4%). There are significantly more Muslims (+3,610, 221%), Sikhs (+1,938, 124%) and Hindus (+1,834, 99%) than in 2001. The majority of Solihull Muslims and Hindus live in the Urban West of the Borough and therefore are local to the Solihull site. Sikh communities are more dispersed across the Borough.

3. Impact and Evidence:

Staff Religion or Belief Profile Information for the 3 CCGs

- BCC CCG collects religion and belief information on its staff but this data is too small to publish. 39% of staff ascribe to a religion. 36% do not wish to disclose their religion or belief information.
- BSC CCG has 23% Christian and 70% not specified their religion
- Solihull CCG 20% staff identified as Christian, 58% chosen not to declare their religion or belief

Impacts:

Combined Alternatives 1 and 2

- There would be no or minimal impacts of these alternatives on religion or belief, as they relate to staff and patients. Place based commissioning would need to ensure an effective response to the religious profiles and variations within and across Birmingham and Solihull. There may be the potential loss of some possible benefits that would arise from a merger (as indicated in Alternative 3 and Alternative 4).

Alternative 3

- There would be no impacts on religion or belief for Solihull staff as the status quo would be retained
- There are no known adverse impacts for religion or belief for staff of BCC CCG and BSC CCG. Any decisions impacting staff would need to ensure all groups are included as part of any management of change processes, and resulting workforce activities are assessed for their impact on race.
- Commissioning decisions would need to be sensitive and respectful of the diversity of religion and belief across the City.
- The CCGs will work to ensure that this group is given the opportunity to raise any concerns and that where possible reasonable adjustments / mitigations are put in place to support them."

Alternative 4

- See Single Commissioning Organisation Equality Analysis.

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:

Demographic Gender Profile Profile Information for the 3 CCGs

- Birmingham has a slightly higher number of women 545,239 (50.8%) than men 527,806 (49.2%) this reflects the picture for England as a whole. Life expectancy for men is 77.6 years compared to a national average of 79.4

3. Impact and Evidence:

years, for women it is 82.2 years compared to a national average of 83.1 years. Birmingham has a gap in life expectancy between the most deprived and least deprived areas of 7.4 years for men and 4.9 years for women.

- In Solihull it is slightly different, where again women are in the majority but by a higher figure than for that of Birmingham and England (51.4%). Life expectancy in Solihull is higher than the national average; however the gap ranges by up to nearly 10 years between the best and worst wards. Life expectancy is 80.3 years for men and 84.8 years for women.

Staff Gender Profile Information for the 3 CCGs

- BCC CCG has a staff profile of 71% female and 29% male
- BSC CCG has a staff profile of 63% female and 37% male
- Solihull CCG has a staff profile of 74% female and 26% male.

Impacts:

Combined Alternatives 1 and 2

- There would be no or minimal impacts of these alternatives on gender, as they relate to staff and patients. Place based commissioning would need to ensure an effective response to the life expectancy variations across and within Birmingham and Solihull, when commissioning decisions are made for men and women. There may be the potential loss of some possible benefits that would arise from a merger (as indicated in Alternative 3 and Alternative 4).

Alternative 3

- There would be no impacts on gender for Solihull staff as the status quo would be retained
- There are no known adverse impacts for gender for staff of BCC CCG and BSC CCG. Any decisions impacting staff would need to ensure men and women are included as part of any management of change processes, and resulting workforce activities are assessed for their impact on gender.
- Commissioning decisions would need to ensure an effective response to the life expectancy variations across the City of Birmingham when commissioning decisions are made for men and women.

Alternative 4

- See Single Commissioning Organisation Equality Analysis.

Sexual orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

3. Impact and Evidence:

Demographic Sexual Orientation Profile Information for the 3 CCGs

- According to ONS, in 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB). More males (2.0%) than females (1.5%) identified themselves as LGB in 2015. Of the population aged 16 to 24, there were 3.3% identifying themselves as LGB, the largest percentage within any age group in 2015.

- In the last five years alone, 24 per cent of patient-facing staff have heard colleagues make negative remarks about lesbian, gay and bisexual people, and one in five have heard negative comments made about trans people. Lesbian, gay and bisexual staff echoed this, with a quarter revealing they had personally experienced bullying from colleagues over the last five years. One in ten health and social care staff across Britain have witnessed colleagues express the dangerous belief that someone can be 'cured' of being lesbian, gay or bisexual. (Stonewall Unhealthy Attitudes Report)

Staff Gender Profile Information for the 3 CCGs

- All three CCGs collect sexual orientation information on staff. This data is too small to be published.

Impacts:

Combined Alternatives 1 and 2

- There would be no or minimal impacts of these alternatives on sexual orientation, as they relate to staff and patients. Place based commissioning would need to ensure an effective response to sexual orientation across and within Birmingham and Solihull, when commissioning decisions are made for Lesbian, Gay, Bi-sexual (LGB) people and communities. There may be the potential loss of some possible benefits that would arise from a merger (as indicated in Alternative 3 and Alternative 4).

Alternative 3

- There would be no impacts on sexual orientation for Solihull staff as the status quo would be retained
- There are no known adverse impacts for sexual orientation for staff of BCC CCG and BSC CCG. Any decisions impacting staff would need to ensure LGB staff are included as part of any management of change processes, and resulting workforce activities are assessed for their impact on sexual orientation.

3. Impact and Evidence:

- The CCGs will work to ensure that this group is given the opportunity to raise any concerns and that where possible reasonable adjustments / mitigations are put in place to support them."
- Place based commissioning would need to ensure an effective response to sexual orientation across and within Birmingham when commissioning decisions are made for Lesbian, Gay, Bi-sexual (LGB) people and communities.

Alternative 4

- See Single Commissioning Organisation Equality Analysis.

Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

Demographic Carers Profile Information for the 3 CCGs

- The 2011 Census indicated that 107,380 people in Birmingham provide unpaid care (10% of usual resident population). Of those who provided unpaid care over 26% provided 50 or more hours a week.
- There are nearly 21,000 carers in Solihull equating to 10.5% of the total population, higher than the national average of 9.9%. This correlates with the larger 65+years population in Solihull
- Unpaid Carers - data shows that a higher proportion of the CCG's population are undertaking care for family / relatives than the England average, this can be linked to the diverse communities identified within the population and must be considered when Commissioning decisions are made.

Staff Carers Profile Information

- Carers information is not collected for staff by any of the three CCG's
- It is noted that as with other vulnerable groups, those with caring responsibilities may feel more vulnerable during a period of organisational change. The CCGs will work to ensure that this group is given the opportunity to raise any concerns and that where possible reasonable adjustments / mitigations are put in place to support them.

Impacts:

Combined Alternatives 1 and 2

- There would be no or minimal impacts of these alternatives on carers, as they relate to staff and patients. Place based commissioning would need to ensure

3. Impact and Evidence:

an effective response to carers across and within Birmingham and Solihull, when commissioning decisions are made. There may be the potential loss of some possible benefits that would arise from a merger (as indicated in Alternative 3 and Alternative 4).

Alternative 3

- There would be no impacts on carers for Solihull staff as the status quo would be retained
- Any decisions impacting BCC CCG and BSC CCG staff would need to ensure staff who are also carers are included as part of any management of change processes, and resulting workforce activities are assessed for their impact on carers.
- The CCGs will work to ensure that this group is given the opportunity to raise any concerns and that where possible reasonable adjustments / mitigations are put in place to support them."
- Place based commissioning would need to ensure an effective response to carers across Birmingham, when commissioning decisions are made, and relationships and trust built with carer groups and organisations maintained during any change.

Alternative 4

- See Single Commissioning Organisation Equality Analysis.

Other disadvantaged groups: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

Demographic Information

- **HOMELESSNESS**: Birmingham accounts for almost half of all homelessness acceptances in the West Midlands and 9 per cent of the national total. In comparison with neighbouring authorities and core cities, rates of homelessness are disproportionately high. The main reasons for homelessness amongst priority homeless households are parents, relatives or friends no longer willing to accommodate (31 per cent of acceptances). Domestic violence is the single highest reason for households making homeless applications. Understanding the issues around homelessness is important in terms of access to healthcare, GP registration issues and discharge from hospital.

- **ASYLUM SEEKERS AND REFUGEES:** The 2011 Census shows that the majority (77.8%) of Birmingham residents were born in the UK. The highest

3. Impact and Evidence:

concentration of new migrants were found in Ladywood (26.7%), Nechells (23%) and Soho (19.9%), longer established migrants were more likely to live in Lozells and East Handsworth, Sparkbrook and Handsworth Wood wards, and Washwood Heath.

- More established migrants were twice as likely to live in Sutton Coldfield, compared with new migrants. In Birmingham, Pakistan, India and Republic of Ireland were the most frequently recorded countries of birth outside of the UK in 2011. Birmingham has also been part of the Syrian re-settlement programme.
- There is evidence that many migrants are relatively healthy upon arrival with the native population but good health can deteriorate in the receiving country. A range of factors that impact the health of migrants include depression, isolation, dispersal into society, and poverty. These factors are important in terms of planning health services. Other factors for consideration include communicable diseases such as TB, cultural factors including female genital mutilation, and pregnancy with migrant women presenting much later for their first screening checks.
- In 2015 Birmingham had the highest number of migrant GP registrations in the West Midlands. However there is a discrepancy between GP registration data and flag 4 data (the numbers of migrants in the region registering for NI numbers) indicating that a significant proportion of migrants are not registered with a GP. Other migrant health issues in Birmingham also include; maternal and child health, lifestyle issues including tobacco use, alcohol consumption and substance use; sexual health and sexual violence, modern day slavery and human trafficking.
- Some migrants may also be impacted by the Government Health Care Charging Regulations 2017.

- **DEPRIVATION:** The wards of Sparkbrook, Springfield, Nechells and Ladywood have a high Black and Minority Ethnic (BAME) population compared to the Birmingham average of 30% (80%, 66%, 57% and 40% respectively). For these wards there is a high percentage of the population that live in the most deprived quintile (defined through IMD) in the country (e.g. 78% of Nechells and 72% of Ladywood). These areas are also associated with high unemployment, worklessness, and crime compared with Birmingham and England. Local intelligence suggests that there are also pockets of high deprivation in the Edgbaston and Springfield wards.

- In Solihull at a Local Authority level the population weighted Index of Multiple Deprivation rank shows that as a Borough Solihull is ranked 216th out of 326 LAs in England (66th percentile). Solihull is therefore among the least deprived 35% Local Authorities in the country on this measure. However, Solihull is a relatively polarised borough. This is reflected in the fact that compared with

3. Impact and Evidence:

other Local Authorities in England a relatively high proportion of Local Super Output Areas(LSOA) are in the most deprived 10% in the country (ranked 77th out of 326, 24th percentile).

- Among the individual domains Solihull has the highest number of LSOAs in the bottom 20% nationally in the crime domain (36), followed by employment (26), income and education, training & skills (both 24). The borough has at least 10 LSOAs in the most deprived 5% of neighbourhoods in England in each of the crime, employment and income domains. All of the LSOAs in the bottom 10% nationally for overall deprivation in 2015 are in the North Solihull regeneration area (Chelmsley Wood, Kingshurst & Fordbridge, Smith's Wood wards and north Bickenhill), the most deprived being The Birds South (Smith's Wood), Chelmsley Wood Town Centre and Bennett's Well which are all in the bottom 3% nationally. In total 20 out of the 29 LSOAs in the wider North Solihull area are in the most deprived 20% in the country. Green Hill (Shirley East ward) and Hobs Moat North (Lyndon) are the only LSOAs outside of the regeneration area in the bottom 20% nationally, with Olton South, Ulverley East (Lyndon) and Solihull Lodge (Shirley West) also in the most deprived 30% in the country.

Other Staff Profile Information

Fixed term employees

Care should also be taken to make sure that staff on temporary or fixed- term contracts are treated equitably, as required by the Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002. The Regulations transpose the EC Directive on Fixed Term Work into UK legislation. The Regulations prevent fixed term employees being treated less favourably than similar permanent employees, and limit the use of successive fixed term contracts. In general, employees on fixed-term contracts have the right not to be treated less favourably than comparable permanent employees. There can be many types of temporary or fixed-term contracts and many reasons for the existence of such a contract, so the entitlement of such a contract holder will be dependent on individual circumstances, e.g. length of service. Therefore legal advice should be sought as appropriate.

Commissioning Support Unit (CSU) Staff

Whilst CSU staff are not directly employed by any CCG, the usage of CSU staff and support functions vary across the CCG's. Birmingham South Central and Solihull CCGs make extensive use of embedded CSU staff (as part of their operating model) across many teams and functions. Care should be taken to ensure CSU staff and management are engaged in any decisions that may impact upon them. The impacts on CSU staff will need to be fully considered as part of any management of change processes as these take place. Legal advice should be sought as appropriate.

4. Health Inequalities	Yes/No	Evidence

Could health inequalities be created or persist by the proposals?	Alternative 1-2: No Alternative 3: No Alternative 4: *See Single Commissioning Organisation Equality Analysis.*	
Is there any impact for groups or communities living in particular geographical areas?	Alternative 1-2: No Alternative 3: No Alternative 4: *See Single Commissioning Organisation Equality Analysis.*	
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	Alternative 1-2:No Alternative 3: No Alternative 4: *See Single Commissioning Organisation Equality Analysis.*	

How will you ensure the proposals reduce health inequalities?

Deprivation and health inequalities data has been considered in the above section 'Other Disadvantaged groups'.

Alternatives 1 and 2

Alternatives 1 and 2 will result in either no impacts or closer working across the three CCG's, however this will be limited as it is not a full merger. This will work towards ensuring commissioning decisions are made equitably across the geographies in how patients access health services and what health services they access according to needs. All three CCGs are working towards reducing health inequalities under the requirements of the Health and Social Care Act.

Alternative 3

It is envisaged that a single commissioning voice in Birmingham will help to better align health services and health outcomes and reduce variation to accessing health services for Birmingham patients, avoiding a 'one size fits all' approach thereby reducing health inequalities.

Alternative 4

See Single Commissioning Organisation Equality Analysis

5. FREDA Principles/ Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	Patients will be afforded the same access to services
Respect – right to have private and family life	How will the person's right to respect for private and family life, confidentiality and	All services will continue to be delivered ensuring

5. FREDA Principles/ Human Rights	Question	Response
respected	consent be upheld?	respect for private and family life
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	All three CCGs are statutorily committed to meeting their equality obligations.
	How will this affect a person's right to freedom of thought, conscience and religion?	No impact
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	All services will continue to be delivered ensuring dignity for patients is upheld.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Patients will continue to have the opportunity to be involved in discussions and decisions about their own healthcare.
Right to **Life**	Will or could it affect someone's right to life? How?	No impact
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	No impact

6. Social Value	
Consider how you might use the opportunity to improve health and reduce health inequalities and so achieve wider public benefits, through action on the social determinants of health.	
Marmot Policy Objective	**What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?**
Enable all people to have control over their lives and maximise their capabilities	N/A
Create fair employment and good work for all	N/A
Create and develop health and sustainable places and communities	N/A
Strengthen the role and impact of ill-health prevention	N/A

7. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	**Protected Characteristic/ Group/ Community**	**Date**

7. Engagement, Involvement and Consultation

Pre-consultation engagement stakeholders (listed in CSK Consultation Report)	Written Submissions from 12 Organisations (including CCGs, trusts, Patient Participation Groups, Hospices, Healthwatch Birmingham, Healthwatch Solihull,) (Full list in CSK Consultation Report)	On-line Survey – 400 Responses
Public Meetings (full details in CSK Consultation Report)		

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us …. So we will …..):

As part of pre-consultation engagement, the CCG Chairs and Accountable Officers supported a preferred alternative for a single merged CCG (alternative 4) and a paper was received by the CCG Governing Bodies confirming the direction of travel in June and July 2016.
A separate detailed EA has been completed on alternative 4 as the preferred alternative. This details proposals to undertake a robust consultation and engagement exercise with staff, patients and stakeholders.

A rigorous pre-consultation and consultation was completed by external independent organisation CSK Strategies Ltd. The consultation was launched on 10 July 2017 and concluded on 18 August 2017. The consultation process included four public meetings and an online survey and written submissions.

There were 12 written submissions from organisations including third sector and health sector organisations, and 3 written submissions from individual including an MP. There were 400 responses to the online survey and 45 people attending the public meetings.

The breakdown of participants by protected characteristic was as follows:
Gender: Almost 49% were female, 31% male, 3% prefer not to say, 17% did not answer
Ethnicity: 63% White, 10% Asian/Asian British, 3% Black British, 6% prefer not to say and 16% did not answer
Religion or Belief: 41% Christianity, 20% atheist, agnostic, or no religion, 17% did not answer
Sexual Orientation: 4% Lesbian, Gay, or Bi-sexual

Summary of the Consultation Results:

Alternatives 1 and 2 received least support overall. 26% of all survey respondents supported this option. The main reasons for not supporting this option was that it would not produce the needed efficiency savings.

Alternative 3 received some support, and this was most significantly from participants representing Solihull. 38% of all survey respondents supported this option. The main reasons for not supporting this option was that it would not produce the needed

7. Engagement, Involvement and Consultation

efficiency savings.

Alternative 4 was the most supported option with 67% of survey respondents supporting this option.

Key equality and inclusion issues raised:

- The need to recognise that there are differences between places and 'communities of interest' (e.g. ethnic or faith communities) which might be lost in a large CCG, increasing the risk of a 'one size fits all' approach being adopted by default because of financial pressures. Ways have to be found to ensure that the different voices of these different communities of place and interest are heard and acted upon. The issue of place was reflected strongest in relation to Solihull. There was a recognition of the need to consider and reflect the West Birmingham population and health economy and commitment to an identification of a west Birmingham community and partnership

- There is a need to continue and deepen meaningful ways of engaging local communities and of tackling health inequalities by levelling up not down in tackling health inequalities

- Considerable attention should be paid to local grassroots engagement and relationships.

8. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

Alternatives 1 and 2

- As the status quo would be maintained there would be no or minimal impacts on protected and vulnerable groups, as they relate to staff and patients. Place based commissioning would need to be fostered to ensure an effective response to protected and vulnerable groups across and within Birmingham and Solihull, when commissioning decisions are made.
- Alternatives 1 and 2 will result in either no impacts or closer working across the three CCG's in reducing health inequalities. However this will be limited as it is not a full merger. Greater joined-up and collaborative working will help ensure commissioning decisions are made equitably across the geographies in how patients access health services and what health services they access according to needs. All three CCGs are working towards reducing health inequalities under

the requirements of the Health and Social Care Act.

Alternative 3

- It is envisaged that a single commissioning voice in Birmingham will help to better align health services and health outcomes and reduce any variation to accessing health services for Birmingham patients, thereby reducing health inequalities.
- There would be no impacts on protected and vulnerable groups within Solihull staff as the status quo would be retained.
- There are no known adverse impacts for protected and vulnerable staff groups within BCC CCG and BSC CCG. Any decisions impacting staff would need to ensure staff groups (including CSU staff) are included as part of any management of change processes, and resulting workforce activities are assessed for their impact on protected and vulnerable groups.
- Place based commissioning would need to ensure an effective response to diversity across and within Birmingham avoiding a 'one size fits all' approach when commissioning decisions are made.

Alternative 4

See Single Commissioning Organisation Equality Analysis

9. Mitigations and Changes :

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

There are no mitigations or changes required at this stage for Alternatives 1 and 2 and Alternative 3. If these options are agreed as the chosen options, further work will be required to develop actions around supporting equality and inclusion.

A range of recommendations have been set out with regard to Alternative 4 - See Single Commissioning Organisation Equality Analysis.

10. Contract Monitoring and Key Performance Indicators

Detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract (refer to NHS Standard Contract SC12 and 13):

There are no monitoring requirements for Alternatives 1 – 4

Monitoring requirements are set out for Alternative 4 - See Single Commissioning Organisation Equality Analysis

11. Procurement

Detail the key equality, health inequalities, human rights, and social value criteria that will be included as part of the procurement activity (to evaluate the providers ability to deliver the service in line with these areas):
N/A

12. Publication

How will you share the findings of the Equality Analysis?

This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages.

The results of the EA will be published on the three CCG's webpages.

13. Sign Off

The Equality Analysis will need to go through a process of **quality assurance** by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager **and** signed-off by a delegated committee

	Name	Date
Quality Assured By:	Michelle Dunne – Senior Manager Quality and Assurance *M K Dunne* David King – Equality and Human Rights Manager	08/06/2017
Which Committee will be considering the findings and signing off the EA?	Health Commissioning Board	14 June 2017
Minute number (to be inserted following presentation to committee)		