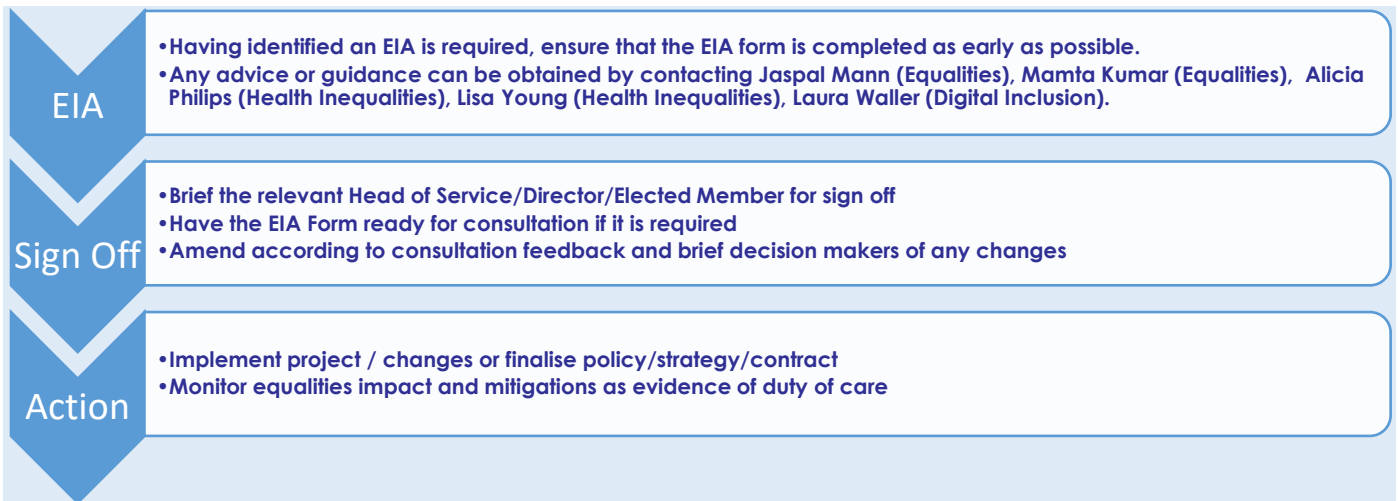




<b>Title of EIA</b>		<b>Market Sustainability Plan</b>
<b>EIA Author</b>	Name	<b>Chloe Elliott</b>
	Position	<b>Carers and Engagement Lead</b>
	Date of completion	<b>09/02/2023</b>
<b>Head of Service</b>	Name	<b>Jon Reading</b>
	Position	<b>Head of Service – Commissioning and Quality</b>
<b>Cabinet Member</b>	Name	<b>Cllr Mal Mutton</b>
	Portfolio	<b>Adult Services</b>



**PLEASE REFER TO [EIA GUIDANCE](#) FOR ADVICE ON COMPLETING THIS FORM**

## SECTION 1 – Context & Background

1.1 Please tick one of the following options:

This EIA is being carried out on:

- New policy / strategy
- New service
- Review of policy / strategy
- Review of service
- Commissioning
- Other project (*please give details*)



### 1.2 In summary, what is the background to this EIA?

As part of the [People at the Heart of Care: adult social care reform white paper](#), local authorities are required to complete a [Cost of Care](#) (COC) exercise to arrive at a shared understanding with providers of the local cost of providing care. In addition, authorities are required to publish a Market Sustainability Plan detailing how they plan on working towards the 'fair' cost of care (where this is not already being paid) over the next 3 years and support market sustainability.

In undertaking the exercise, local authorities must identify the lower quartile, median and upper quartile costs in the local area for the following care categories:

- 65+ care homes
  - standard residential care
  - residential care for enhanced needs
  - standard nursing care
  - nursing care for enhanced needs
- 18+ domiciliary care (home support – excluding short term or reablement provision).

The Department of Health (DHSC) consider the median cost of care across the market to be the 'Fair Cost' and has indicated they will provide additional funding over the next few years to **move towards** this fair cost where local authorities are paying below this rate.

Whilst the exercise is not a mandatory requirement for providers, all providers who are registered to deliver the above care in Coventry have been invited to participate, regardless of whether they contract with the City Council. Participating providers are required to submit their costs via the nationally commissioned tools for the exercise; [IESE](#) supply the tool for care homes and [CHIP](#) the toolkit for domiciliary care.

Coventry City Council were allocated an initial fund of £1.047million to assist in moving towards the payment of the established "fair" cost for year one, which has been distributed to the above providers with contracted rates below the median cost. As per requirements from Central Government and CoC grant conditions, the following documents were submitted to the Department of Health and Social Care on the 14 October 2022:

- cost of care exercises for 65+ care homes and 18+ domiciliary care (published in line with DHSC requirements)
- a provisional Market Sustainability Plan
- a spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the fund's purpose

All decisions and funding allocations in respect of the exercise will be made following approval in line with CCC governance procedures.



The final Market Sustainability Plan (MSP) is now required to finalise compliance with grant conditions and summarise support to the market following execution of the exercise. Whilst focused predominately on the above specific markets, the MSP will outline planned support for the Coventry care market in its entirety in recognition of the need for robust support to all areas of the market and appreciating market interdependencies where meaningful support cannot be given in isolation. This will include how the Council will be engaging with services and supporting commissioned providers on both a financial and non-financial basis.

### 1.3 Who are the main stakeholders involved? Who will be affected?

- Coventry City Council
- Integrated Care Board (ICB)
- Providers of adult social care in Coventry (full list available from Commissioning)
- Individuals in receipt of adult social care services
- LGA (Local Government Association)
- ADASS (Directors of Adult Social Services)
- DHSC (Department of Health and Social Care)
- Neighbouring local authorities e.g. Solihull, Warwickshire

### 1.4 Who will be responsible for implementing the findings of this EIA?

Chloe Elliott – Carers and Engagement Lead

## SECTION 2 – Consideration of Impact

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

- Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
- Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
- Foster good relations between persons who share a relevant protected characteristic and those who do not



### 2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

As described above, the original scope of the COC exercise and Market Sustainability Plan only covered care homes catering for people aged 65 and over and home support (domiciliary care) care providers providing long term support for those aged 18 years and over. However for 2023/24, we will be applying the principles of the exercise across the whole market as outlined in our final MSP, meaning all commissioned providers will benefit from the support and financial offer facilitated via this programme of work.

Data taken from the Capacity Tracker (a national database that adult social care providers are legally required to update) indicates the following number of people were in receipt of a services as of 08/02/2023 (regardless of funding source) and therefore potentially affected by this exercise:

- 3926 people are in receipt of community support in the city e.g. home support, supported living; of these 3048 people receive a home support service specifically.
- 1778 people in total live in a residential care home or nursing provision in the city; 1587 people living in a 65+ care / nursing home specifically.

The above data therefore captures all individuals recorded as in receipt of registered support in Coventry. The exercise itself will not impact service users directly but any implementation of increased fee rates and provider support (e.g. staff recruitment and retention support) may indirectly serve to improve service user experience through improved financial sustainability of care provision helping to support the continuity of care received, overall quality and outcomes delivered.

#### **General Data: Coventry City Population and Workforce**

##### **Age**

The number of older people within the City is increasing, with this group expected to accelerate and outpace other groups. Coventry City Council [population and demographics](#) data indicates there are 55,846 people aged 65+ in Coventry, around 16% of Coventry's population and a 9% increase since 2011. By 2029, the city should expect to have an additional 8900 people aged over 65 and an additional 2000 aged over 85.

The population of adults aged 18-65, alongside the general population of Coventry, also continues to increase; Census 2021 data notes an increase of 8.7% for the 15-64 age range.

Coventry also has an aging care workforce. Data from Skills for Care\* indicates the average age of a worker in adult social care is 43 years; 66% are aged between 25-54, 24% above 55 and only 11% are under 25.

##### **Diversity**



33% of Coventry's population are BME, with the city expected to become even more diverse; half of Coventry pupils (52%) are from BME backgrounds. In respect of Coventry's\* social care workforce, 26% of individuals are from a BME background. Only 15% of the workforce are male.

\*Information is in respect of Coventry and Warwickshire ICS data via [Skills for Care](#), February 2023

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

- Positive impact (P),
- Negative impact (N)
- Both positive and negative impacts (PN)
- No impact (NI)
- Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 – **not below***

Protected Characteristic	Impact type P, N, PN, NI	Nature of impact and any mitigations required
Age 0-18	NI	The exercise does not cover this age group
Age 19-64	P	<p>This group could be positively impacted.</p> <p>Moving towards a more sustainable care market and having a robust support offer from the local authority will benefit providers of adult social care in the city. Through the MSP, we hope to encourage investment and innovation, improve staff retention and best practice, and in turn facilitate a wider range of flexible services better able to meet the varied needs of individuals in receipt of care. With increased recruitment and retention, we expect to improve both the quality and the continuity of care received.</p> <p>In addition to service users benefiting from the MSP we envisage provider staff captured within this age range will benefit from:</p> <ul style="list-style-type: none"> <li>• Assurance of payment of the NLW (or above, where possible)</li> <li>• Increased financial stability of their employer</li> <li>• Access to training and support facilitated by the local authority</li> </ul>



		<ul style="list-style-type: none"> <li>Access to employment in the care sector through a variety of recruitment campaigns and programmes</li> </ul> <p>In line with Herzbergs Two Factor theory, we recognise provider staff require both motivational and hygiene factors to achieve job satisfaction and deliver quality care. As such, our MSP ensures both hygiene factors (for example, enabling payment of a competitive wage, job security) and motivational factors (professional training and development, creativity and innovation) are key components of our offer to the market.</p>
Age 65+	P	<p>This group could be positively impacted.</p> <p>69% of individuals in receipt of social care support in Coventry are over 65. This demographic will, therefore, be the user group most commonly affected by anticipated improvements to the stability and quality of the social care market in the city and experience improved care outcomes.</p>
Disability	P	<p>This group could be positively impacted.</p> <p>The Market Sustainability Plan should positively benefit individuals with a disability supported by adult social care providers. The MSP specifically outlines plans to support providers with both financial and practical support, for example, training and information sharing on best practice. For some individuals with a disability, e.g. a learning disability, the potential impact of this on staff retention and continuity of care and support may be significant; it can be particularly distressing for individuals when their support offer or individual staff members change. We, therefore, hope to keep continuity of this care by retaining staff who have supported individuals for prolonged periods of time and learnt an individual's communication methods and preferences, and therefore increase the health and wellbeing of people in receipt of support.</p> <p>The Census 2021 survey indicates 1 in 5 of the working age population are classed as disabled and a national disability employment rate of 52.7% (compared to 81% for non-disabled people). In Coventry, 8.4% of residents identified as being disabled and were limited a lot; 10% identified as disabled and limited a little. Where appropriate, recruitment support outlined in the MSP may be able to support individuals with a disability into employment in the care sector. It is noted by CQC the positive impact and perspective</p>



		that individuals with lived experience as ‘Experts by Experience’ themselves can have through being involved in care work.
Gender reassignment	<b>NI</b>	
Marriage and Civil Partnership	<b>NI</b>	
Pregnancy and maternity	<b>NI</b>	
Race (Including: colour, nationality, citizenship ethnic or national origins)	<b>P</b>	<p>This policy is expected to impact this group positively.</p> <p>There is some evidence that some ethnic groups may be more likely than others to have care needs. For example, disability-free life expectancy is lowest for Pakistani and Bangladeshi groups (<a href="#">source Gov.uk</a>) and health-related quality of life score for older adults are lower amongst many ethnic minority groups relative to the White British group, according to the 2017 GP patient survey (<a href="#">source Gov.uk</a>). By supporting those with care needs to access appropriate and affordable care, this policy may have particular benefits for some ethnic groups and thereby encourage equality of opportunity for those who share a protected characteristic and those who do not.</p> <p>People from BAME communities form 31.4% of the social care workforce (source WM ADASS). The Council will work to ensure that at least a proportion of any fee rate increases are passed on to the workforce thus having a positive impact on wages.</p>
Religion and belief	<b>P</b>	<p>This group could be impacted positively.</p> <p>We know that some people with different religions or beliefs may have different social care needs. For example, some people may face language or cultural barriers to accessing services, while other people may have special dietary requirements or needs to mark religious days. Likewise, people of different backgrounds or faiths may not believe a career in care is open to them or be aware of the career paths available.</p> <p>Through our recruitment support offer we hope to attract a range of individuals of different cultural backgrounds and beliefs into the care workforce. In turn, we envisage (alongside facilitating jobs) this will</p>



		bring different perspectives into the care workforce and assist in providers delivering support in line with an individual’s religious preferences and beliefs by carers with shared faiths and experience.
Sex		<p>This policy does not treat people differently based on their sex or gender. However, there are various factors which may mean that women are more likely to benefit from the support this policy offers, and that this policy will thereby promote equality of opportunity between these 2 groups.</p> <p>Women are more likely than men to be disabled. In the <a href="#">2019 to 2020 Family Resources Survey</a>, 24% of females reported having a disability compared to 19% of males. Across all age groups except those below aged 15, a higher proportion of females than males reported that they were disabled.</p> <p><a href="#">Office for National Statistics</a> (ONS) indicate that women’s lifetime earnings are substantially lower than men’s: in 2018 women received, on average, equal to 59% of men’s lifetime earnings. This means that they are likely to have less certainty over how they will meet the costs of their future care needs and will be particularly likely to benefit from this policy.</p>
Sexual orientation	<b>NI</b>	The new policy is aimed at specific types of care and age ranges and is provided irrespective of sexual orientation.

## HEALTH INEQUALITIES

<b>2.3</b>	<p>Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.</p> <p>Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity</p> <p>A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities</p>
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<p><b>Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.</b></p> <p><b>If you need assistance in completing this section please contact: Alicia Philips or Lisa Young in Public Health for more information. More details and worked examples can be found at <a href="https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx">https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</a></b></p>	
Question	Issues to consider
<p>2.3a What HIs exist in relation to your work / plan / strategy</p>	<ul style="list-style-type: none"> <li>● Explore existing data sources on the distribution of health across different population groups (<i>examples of where to find data to be included in support materials</i>)</li> <li>● Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation</li> </ul>
	<p>Response:</p> <p>Service users and residents in care provision who are council funded will have met eligibility criteria under The Care Act 2014, specifically that their needs relate to a physical or mental impairment effecting a number of aspects of their daily life. Services are designed to support individuals in meeting their health and wellbeing outcomes – including health inequalities - and meet individual support needs in a tailored way. Such care is delivered equitably, fairly and in a proportionate way, recognising the individual need of the person. The ethos of the COC and MSP works to ensure providers are paid in a manner which ensures the longevity and sustainability of the market, therefore ensuring providers can maintain service delivery. In turn, the improvement to market sustainability will assist in ensuring providers can deliver the best care possible and meet health and care outcomes.</p> <p>Inequalities may also be faced by provider staff, or potential staff, in accessing care roles; language barriers, accessibility issues and cost of transport to interviews or work ,for example, may prevent individuals accessing careers in the care sector.</p>
<p>2.3b How might your work affect HI (positively or negatively).</p> <p>How might your work address the needs of</p>	<p><b>Consider and answer below:</b></p> <ul style="list-style-type: none"> <li>● Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income</li> <li>● Consider what the unintended consequences of your work might be</li> </ul>



<p>different groups that share protected characteristics</p>	
	<p>Response:</p> <p>a. Potential outcomes including impact based on socio-economic status or geographical deprivation</p>
	<p>b. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.</p> <p>The DHSC advised scope of the policy itself specifically focuses on providers of care within 65+ residential settings and (long term) home support providers supporting individuals age 18+; provider staff and service users are therefore the parties who will be affected by the implementation and outcome of the CoC exercise. Coventry have however decided to expand the remit of the MSP to cover and benefit all areas of the adult social care market and will look to influence HIs in a positive manner through this plan.</p> <p><b>Service Users:</b> The health of individuals in receipt of the services may benefit in a positive way through improved continuity of care, resulting in better outcomes.</p> <p><b>Provider staff:</b> There may be positive impact on the health of provider staff. The Council has and will continue to work with providers to ensure best use of funding within the financial envelope available. Any effect of this on provider staff will likely be positive in relation to:</p> <ul style="list-style-type: none"> <li>➤ Increased job security</li> <li>➤ Fair recruitment practices (supported by CCC)</li> <li>➤ Payment of the NLW or above</li> <li>➤ Good working conditions</li> </ul> <p>We will work with the home support market to understand the benefits of access to green travel / electric vehicles and investigate options to facilitate this, in turn reducing both fuel costs and the carbon footprint of this method of care delivery.</p>



The Council will also be supporting on recruitment events to assist in diversifying the workforce; Skills for Care data states only 15% of the workforce are male and 26% of the general workforce are BAME. Such statistics are not reflective of the city’s demographics and by assisting in recruitment in this area we hope providers will be in a stronger position to meet the cultural needs of the service users they support. Examples of events which have taken place so far have included job fayres specifically supporting refugee and migrant workers into adult social care employment and held in Churches or community halls. Future events are planned to be held in a range of wards / areas across the city to eliminate barriers in respect of transport, enable ease of access by different communities and create links between local people and local businesses; likewise, events aimed specifically to support unpaid carers and individuals with a disability are also planned. Wherever possible, we will look to facilitate interpreters at events to reduce potential communication barriers in accessing and understanding role requirements.

2.4 Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above?

Funding will be distributed to all commissioned providers as quickly as possible in the new financial year (April 2023). Specific support sessions and recruitment events will also be facilitated by the Council on an ongoing basis; the impact of these will be monitoring to ensure these are fit for purpose and meeting the aims of the MSP and EIA.

**DIGITAL INCLUSION**

**2.5** The Covid-19 pandemic accelerated the uptake of digital services nationally, whereby people who are digitally enabled have better financial opportunities, can access new information and are better connected to others (Lloyds Consumer Digital Index, 2021). However, for those who are digitally excluded, the digital divide has grown during the last two years, and without intervention people will be left behind with poorer outcomes across employment, health and wellbeing, education and service access. Some people are more likely to be excluded including: older people, people from lower income households, unemployed people, people living in social housing, disabled people, school leavers before 16 with fewer educational qualifications, those living in rural areas, homeless people, or people who’s first language is not English ([NHS Digital.](#))

Some of the barriers to digital inclusion can include lack of:

- **Access** to a device and/or data
- **Digital skills**



	<ul style="list-style-type: none"> <li>• <b>Motivation</b> to get online</li> <li>• <b>Trust</b> of online safety</li> </ul> <p>Digital exclusion is not a fixed entity and may look different to different people at different times.</p> <p>Example 1. Person A, has access to a smartphone and monthly data and can access social media apps, however lacks the digital skills and confidence, and appropriate device to create a CV, apply for jobs and attend remote interviews, and/or access educational and skills resources.</p> <p>Example 2. Person B, is digitally confident and has their own laptop, however due a lower household income and other financial priorities, they cannot afford their monthly broadband subscription and can no longer get online to access the services they need to.</p> <p>Example 3. Person C has very little digital experience and has heard negative stories on the news regarding online scams. Despite having the financial resource, they see no benefit of being online and look for alternatives whenever possible. A new council service requires mandatory online registration, therefore they do not access it.</p> <p>It is important that we all consider how we can reduce digital inequalities across our services, and this may look very different depending on the nature of our work.</p> <p><b>Please answer the questions below to help identify if the area of work will have any impact on digital inequalities, positive or negative.</b></p> <p><b>If you need assistance in completing this section please contact: Laura Waller (<i>Digital Services &amp; Inclusion Lead, CCC</i>). More details and worked examples can be found at <a href="https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx">https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</a></b></p>	
Question	Issues to consider	
<p>2.5 What digital inequalities exist in relation to your work / plan / strategy?</p>	<ul style="list-style-type: none"> <li>• Does your work assume service users have digital access and skills?</li> <li>• Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access?</li> <li>• Consider what the unintended consequences of your work might be.</li> </ul>	
	<p>Response:</p> <p>Our Market Sustainability Plan includes reference to the following areas which may require mitigations to reduce the potential for digital inequalities:</p> <ul style="list-style-type: none"> <li>- <b>Digital switchover:</b> individuals in receipt of the support of assistive technology may experience a possible disturbance</li> </ul>	



	<p>when switched over from analogue to digital. This is a national programme and control over this by the Council is minimal.</p> <ul style="list-style-type: none"> <li>- <b>Knowledge of digital technologies and systems to support a move towards a more digitalised care offer:</b> We are aware staff may not necessarily have the skills to support a move to a more digital based care offer and its associated systems.</li> <li>- <b>Advertisement of recruitment fairs:</b> Digital advertisement of our recruitment initiatives e.g. advertising job fayres / recruitment days, job descriptions and advertisements, are publicised online.</li> </ul>
<p>2.5b How will you mitigate against digital inequalities?</p>	<ul style="list-style-type: none"> <li>● If any digital inequalities are identified how can you reduce these? For e.g. if a new service requires online registration you may work with partner organisations to improve digital skills and ensure equitable processes are available if someone is unable to access online.</li> </ul>
	<p>Response:</p> <ul style="list-style-type: none"> <li>- <b>Digital switchover:</b> We will work with providers and relevant stakeholders to ensure, as much as possible, both individuals and providers effected by the switch are informed and able to remain safe should an issue arise.</li> <li>- <b>Digital technologies / digital support offer:</b> Support and ‘digital champion’ training will be offered to providers via the Coventry Connects digital training scheme to ensure staff are appropriately skilled in an effective, sensitive manner.</li> <li>- <b>Advertisement of recruitment fayres:</b> To supplement digital advertisement, posters / paper advertisement and conversations will be utilised to ensure as many people are aware of up coming events. Paper information will also be available during events, including the ability to complete paper job applications (online application options also available) at job fayres the day.</li> </ul>

2.6 How will you monitor and evaluate the effect of this work?



The Council will be required to produce an updated winter Market Sustainability Plan where we will reflect on the impact of our April MSP and outline plans for future support, especially across the winter 2023/24 period where pressures and risk to the market and individuals are most prevalent due to heightened demand.

Intelligence drawn from provider feedback e.g. through provider forums and specific engagement sessions, and market sustainability data e.g. contract monitoring and review of provider quality ratings and entrances and exits to/from the market will also be used to understand the impact of our MSP and support offer.

2.7 Will there be any potential impacts on Council staff from protected groups?

Internally Provided Care Services will be captured under this framework. Whilst impact will likely be minimal any impact would be positive.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [Nicole.Powell@coventry.gov.uk](mailto:Nicole.Powell@coventry.gov.uk)

**Headcount:**

**Sex:**

Female	88.9%
Male	11.11%

**Age:**

16-24	5.56%
25-34	5.56%
35-44	11.11%
45-54	27.78%
55-64	38.89%
65+	11.11%

**Disability:**

Disabled	
Not Disabled	88.89%
Prefer not to state	5.56%
Unknown	5.56%

**Ethnicity:**

**Religion:**

Any other	
Buddhist	
Christian	50%
Hindu	5.56%
Jewish	
Muslim	5.56%
No religion	22.22%



White	72.22%
Black, Asian, Minority Ethnic	27.78%
Prefer not to state	
Unknown	

Sikh	16.67%
Prefer not to state	
Unknown	

**Sexual Orientation:**

Heterosexual	94.44%
LGBT+	
Prefer not to state	5.56%
Unknown	

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

- No impact has been identified for one or more protected groups
- Positive impact has been identified for one or more protected groups
- Negative impact has been identified for one or more protected groups
- Both positive and negative impact has been identified for one or more protected groups

4.0 Approval

<b>Signed: Head of Service:</b> 	<b>Date: 03.03.2023</b>
<b>Name of Director: Pete Fahy</b>	<b>Date sent to Director: 03.03.23</b>
<b>Name of Lead Elected Member: Cllr Mal Mutton</b>	<b>Date sent to Councillor: 03.03.23</b>



Email completed EIA to [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)