

Report title: Community Supported Accommodation Framework Agreement

Wards affected: All

Strategic Director: Alison Comley, Health & Social Care

Report Author: Helen Pitches, Commissioning Manager

RECOMMENDATION for the Mayor's approval:

That the Mayor approves the adoption of a framework agreement as a method to purchase floating support for people with learning difficulties and mental health issues to live more independently.

The final decision of agreeing which providers are successful in being part of the framework agreement, following an appropriate procurement exercise, is delegated to the Strategic Director for People.

Key background / detail:

a. Purpose of report:

To seek approval to expand the use of Community Supported Accommodation (CSA) for service users who have eligible needs. This service helps people to move from Nursing, residential care, supported living or the family home, and live in their own accommodation where appropriate floating support is provided to enable them to live as independently as possible.

To seek approval to set up a framework agreement to provide a choice of CSA providers for people with learning difficulties and people with mental health issues who need support to live more independently.

b. Key details:

- 1** Community Support Accommodation (CSA) is a key aspect for implementing the Council's objectives to reduce the number of people with learning difficulties or mental health issues who are currently in residential care or high support services and move them into independent living with sustained tenancies. The CSA is also a preventative pathway for those who are in hospital who would benefit from a medium to low housing support service in the community.
- 2** In August 2010 the CSA business case was signed off as a pilot project by the Affordable Solutions Housing Board. Its success has highlighted the need to expand and move this model into the mainstream i.e. using the CSA as a move on housing pathway for people with mental health issues or learning difficulties who no longer need a high cost support service. The approach can also be used to prevent people from going into high cost supported living or residential placements.
- 3** The pilot has been a joint venture between Health and Social Care and Neighbourhoods. During the pilot phase of the project the CSA lead co-

ordinator has fostered strong relationships with both internal and external partners. The links with Social Work, mental health workers, housing providers and support providers are essential for the continued support of service users and overall success of the scheme.

- 4 The CSA pilot has been a successful one. Of the 35 people who have joined the scheme only four people have left the scheme; three have moved out of their accommodation and one person has become completely independent of social care services. The proposal now is to extend the use of the CSA to enable additional people to access accommodation and the support that they need to live in it.

5 Other options considered:-

Issue a tender for block contracts – The Board felt that the use of block contracts did not fit with the strategic direction of Health and Social Care in terms of personalisation.

Spot purchasing process – Spot purchasing would result in a large number of providers and could limit the number of landlords who would be willing to let their accommodation as part of the scheme. This would impact on the choices available to potential service users and limit the number of landlords willing to be part of the scheme. Spot purchasing is not compliant with EU procurement legislation or Bristol's Procurement regulations as the spend is over the OJEU threshold.

Do nothing – do nothing was considered. If the CSA were to cease to operate, the proposed savings would not be realised and people would continue to live in nursing and residential care. Service users would have reduced choice and their opportunity to develop independence would decrease. The council would not be complying with EU procurement regulations

6 Consultation :-

A three month formal consultation has been held running from 19th June to 19th September. The consultation showed that there is support for the scheme and this proposed expansion

7 Resource and legal implications:

Finance:-

As at June 30th 2013 the cumulative CSA services costs were £354,834 in total from Health and Social Care – Care Management budgets (Learning difficulties and mental health teams). Finance is available within care management budgets to purchase support for people who are eligible for care and support.

If the service users had remained where they were in nursing/residential care or supported living the cumulative costs to those budgets would have been £923,313. This is a saving of £568,479. At the start of the project it had been

predicted that the service would have saved £567,917 by this point. The pilot project has exceeded those predicted savings by £53,551.

Based on the savings that have been made to date it is predicted that there will be an annual budget saving of approximately £181,000 per year based on the assumption 20 service users join the scheme in any given year.

Legal

Procedures will also need to comply with the Council's own procurement rules, which include a requirement for a formal tendering exercise. There may also be TUPE issues in connection with any change in service provider.

There are no land/property or human resource implications

**BRISTOL CITY COUNCIL
CABINET
31 OCTOBER 2013**

REPORT TITLE: Community Supported Accommodation Framework Agreement

Ward(s) affected by this report: All

Strategic Director: Alison Comley – Strategic Director Health and Social Care
Report author: Helen Pitches – Commissioning Manager Health and Social Care

Contact telephone no. & e-mail address: 0117 903 6189
Helen.pitches@bristol.gov.uk

Purpose of the report:

This report outlines the proposal to expand the use of Community Supported Accommodation (CSA) for service users who have eligible needs. That is those who are entitled to a statutory service from BCC. This service helps people to move from Nursing, residential care, supported living or the family home, and live in their own accommodation where appropriate floating support is provided to enable them to live as independently as possible.

It is also proposed to set up a framework agreement to provide a choice of CSA providers for people with learning difficulties and people with mental health issues who need support to live more independently.

This is a key decision because the potential value of this framework agreement over a 5 year period is over £500 000. This is from the existing care management budget allocated for supporting service users.

RECOMMENDATION for the Mayor's approval:

1. The adoption of a framework agreement as a method to purchase floating support for people with learning difficulties and mental health issues to live more independently.
2. The final decision of agreeing which providers are successful in being part of the framework agreement, following an appropriate procurement exercise, to be delegated to the Strategic Director for People.

The proposal:

- 1 Community Support Accommodation (CSA) is a key aspect for implementing the Council's objective to ensure that people are supported to remain independent for as long as possible - by reducing the number of people with learning difficulties or mental health problems who are currently in residential care or high cost support services and move them into independent living with sustained tenancies. CSA is also a preventative pathway for those who are in hospital who would benefit from a medium to low housing support service in the community.
- 2 In August 2010 the CSA business case was signed off as a pilot project by the Affordable Solutions Housing Board. Its success has highlighted the need to expand and move this model into a more mainstream approach i.e. using the CSA as a move on housing pathway for people with mental health issues or learning difficulties who no longer need a high cost support service. The approach can also be used to prevent people from going into high cost supported living or residential placements.
- 3 Many people with learning difficulties were placed in residential and nursing care following the closure of long stay hospitals and therefore have not had the opportunity to experience living independently. The use of Nursing and residential care was the preferred model at that time and many people with learning difficulties and people with mental health issues continue to live in this type of accommodation. Residential care, for some people, is an out of date model for meeting their needs and costs significantly more than alternative community based services. People with support needs require a range of options which will allow them to develop independence.
- 4 The CSA pilot has been running since January 2011. CSA has successfully been used as a long-term affordable housing option for people with mental health issues or learning difficulties, by moving them on to 1 bedroom properties via Home Choice Bristol whilst receiving a block contract of floating support from one provider. The CSA pilot has currently housed 35 people (as at July 2013). The CSA has significantly increased independence and control for service users whilst making substantial financial savings to the council. In the first financial year the scheme saved over £80,000 and is forecast to save over £380,000 by the end of the pilot phase of the project.
- 5 Floating support works on the basis that tenants have support to help them to develop more life skills in order to become more independent. When they no longer need support, or their support needs reduce, the service withdraws, and the service user is able to remain living in their property. This type of service offers a range of support aimed at enabling people to maintain their tenancy. Floating support can include practical assistance with housing related tasks such as budgeting, menu planning, shopping etc. Service users are also supported to undertake meaningful activities and opportunities during the day, such as employment, education and other outcome focussed objectives. There is also a role for support workers to promote mental well-being and to specifically enhance recovery for those who have mental health problems or promote independence in those with a learning difficulty All service users are nominated by social care practitioners, and will continue to be reviewed by HSC whilst they remain in need.

- 6** People who are currently living in residential homes are assessed as being 'adequately housed' as they are not homeless and have a place to live that offers them support to live there. Until now they have not been eligible to be housed through the Homechoice register. The CSA pilot has been an example of effective partnership working between Neighbourhoods and H&SC through the use of the Homechoice scheme. This partnership involving the employment of a CSA lead co-ordinator who has been 'embedded' in neighbourhoods has meant the people within the scheme have had access to move on to affordable housing options and has resulted in cost reductions to the council. The quickest move on option to a social landlord property is via the CSA where they are currently awarded a direct let in band 1.
- 7** Likewise; those who are living in the family home have historically been awarded low priority on the HomeChoice register. This group of people also lack affordable housing options and long-term secure tenancies. In the event that the family carers are no longer able to support service users, this group then enter services again, at a high cost to the council. If access to the CSA is more widely available for people who would benefit from the approach then high costs would be prevented (as outlined in the potential 'cost avoidance' forecasts).
- 8** The pilot has been a joint venture between HSC and Neighbourhoods. During the pilot phase of the project the CSA lead co-ordinator has fostered strong relationships with both internal and external partners. The links with Social Work, mental health workers, housing providers and support providers are essential for the continued support of service users and overall success of the scheme.
- 9** The CSA pilot has been a successful one. Of the 35 people who have joined the scheme only four have left the scheme. Three people have moved out of their accommodation and one person remains in the accommodation but no longer has any paid support from the CSA provider. The proposal now is to extend the use of the CSA to enable additional people to access accommodation and the support that they need to live in it.
- 10** The proposal is to tender for providers to join a framework agreement for the CSA. Providers will be invited to tender to get on to the framework and will then be eligible to provide support services for people who access accommodation via the CSA. As part of their submission to be on the framework they will be required to provide accessible information for service users to enable them to make a choice as to which service provider they would like to use. When service users access the service they will be given this information for all the providers on the framework in this accessible format. The service user will be supported and enabled to make a choice as to which service provider that they would like to work with that best suits their needs.
- 11** Eligibility for the CSA is based on person centred assessment. Through the use of a framework agreement the scheme can expand in response to the numbers of people who wish to access the support. In the main, people will be referred from nursing and residential homes or supported living; moving to independent accommodation with support we will see a reduction in spend of care

management budgets on higher cost care (see finance section).

12 In summary – the CSA pilot has been a success in supporting people to live where they want, with the support that they need to live there and has delivered financial savings. By procuring a framework agreement Bristol City Council should increase the choice of service providers available to service users and enable more service users to access the scheme through a fair and transparent tendering process that is compliant with EU regulations.

13. Consultation and scrutiny input:

The proposal to expand the use of the CSA has been consulted on as part of the three month public consultation for the Joint Health and Social Care and Clinical Commissioning Group Accommodation Strategy for People with Mental Health issues and those with learning difficulties and autism.

13.1 Internal consultation:

Attendance at a number of care management meetings and other networks and partnership boards.

Project Board meetings

13.2. External consultation:

Three month public consultation on Bristol City Council website Consultation Finder, including an online survey.

Open consultation events

Service user specific events

Carer specific events

As part of the consultation stakeholders were asked for their views as to whether the scheme should be expanded and if they agreed with the intention that more people could be supported to live independently rather than in residential care or supported living if appropriate. Recorded responses:-

Strongly agree	38%
Agree	31%
Neither agree nor disagree	26%
Disagree	2.5%
Strongly disagree	2.5%

14. Other options considered:

14.1 Issue a tender for block contracts – the use of a block contract was considered by the Board. A block contract was used for the pilot phase of the project. The Board felt that the use of block contracts did not fit with the strategic direction of Health and Social Care in terms of personalisation; the Board wanted to find a solution that offered choice and control for service users who might choose to purchase this service.

14.2 Spot purchasing process – spot purchasing support on an ad hoc process was considered. The CSA pilot project has made use of protocols between the support provider and the landlord to enable successful working arrangements. Landlords have confidence that the support is in place and have been more inclined to accommodate people that they might previously have refused to house.

Spot purchasing would result in a large number of providers and could limit the number of landlords who would be willing to let their accommodation as part of the scheme. This would impact on the choices available to potential service users and potentially limit the number of landlords willing to be part of the scheme. Spot purchasing may not be compliant with EU procurement legislation or Bristol's own Procurement regulations.

14.3 Do nothing – do nothing was considered. We could not continue to block purchase from the current single provider as this would be contrary to EU regulations; the value of the contract requires a competitive tendering procurement to be carried out. If the CSA were to cease to operate, the proposed savings would not be realised and people would continue to live in nursing and residential care.

Service users would have reduced choice and their opportunity to develop independence would decrease

15. Risk management / assessment:

The risks associated with the implementation of the Community Supported Accommodation framework <i>decision</i> :							
No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls)		RISK CONTROL MEASURES Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	CURRENT RISK (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
1	The option of moving may cost more initially while changes are adopted	High	Medium	<i>Fully cost the options showing the long term costings to show the reduction over time</i>	High	Low	Simon Wright
2	Existing social housing properties may not be suitable or come available	Medium	Medium	<i>Effective assessment of SU's and properties.</i>	Medium	Low	Sally Hesford/Sue Long
3	Challenge and / or resistance from relatives / carers to progressing moves from residential/nursing care	High	High	<i>Ensure that advocacy support is available and that potential nominees have the opportunity to meet people who successfully manage their tenancies with support.</i>	High	Medium	Simon Wright
4	Delays in social work staff submitting nominations due to competing work demands / insufficient resources	High	High	<i>Additional staff resource allocated to support practitioners and undertake visits to potential users. Ongoing high profile focus for Case Discussion Forums to identify and progress potential nominees.</i>	Medium	Medium	Simon Wright
5	Landlords unwilling to engage with the service and offer tenancies	High	High	<i>Share details of service specification and make clear the levels of support to be commissioned. Protocol developed and agreed between landlords and service providers</i>	Medium	Low	Paul Sylvester/Sally Hesford
6	People leaving rehab / hospital	High	Medium	<i>Good communication between HSC</i>	Medium	Low	Simon Wright

	settings may need to move quicker than the processes in the CSA. Risk of nominating and withdrawing from the scheme.			<i>and the Rehousing Team</i>	um		
7	Lack of nominations as a result of lack of knowledge of scheme or concern with regard to positive risk taking	High	High	<i>Use of Staff performance management and development targets. Communication through team meeting briefings. New case discussion panel to support and advise on decisions.</i>	Medi um	Mediu m.	Simon Wright

The risks associated with not implementing the Community Supported Accommodation framework decision:

No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK		RISK CONTROL MEASURES Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	CURRENT RISK		RISK OWNER
		(Before controls)			(After controls)		
		Impact	Probability		Impact	Probability	
1	The current contract was due to end on 31 st March 2013. It has been waived twice already due to process delays. The contract would come to an end and service users would need to purchase support from a different provider	High	High	<i>Cabinet decision is timetabled for October – if it is a negative decision then contingency support plans will need to be put in place for all current CSA service users</i>	High	Low	Mike Hennessy
2	If we continued block purchasing the current contract we would be in breach of EU regulations – risk of challenge from other providers	High	High	<i>Continued dialogue and communication with provider market</i>	High	Low	Mike Hennessy/Simon Wright
3	The CSA ceases to operate and no financial savings are made	High	High	<i>Cabinet decision is timetabled for October – if it is a negative decision then contingency support plans will need to be put in place for all current CSA service users Saving would have to be made from elsewhere.</i>	High	High	Mike Hennessy
4	Service users have to change service provider – disruption of care causing distress and anxiety or potential for breakdown in tenancies.	High	High	<i>Cabinet decision is timetabled for October – if it is a negative decision then contingency support plans will need to be put in place for all current CSA service users Service users could have a Direct Payment and purchase the service</i>	Med	Low	Mike Hennessy/Simon Wright

16. Public sector equality duties:

16.1 Promote equality of opportunity – An EQiA has been completed with reference to all equalities groups - see appendix 2

16.2 Eliminate unlawful discrimination – Currently people from a BME background are over represented within the MH H&SC service user population. The community support

accommodation service will ensure that it is able to meet and reflect cultural support needs through a person centred approach.

Currently people from a BME background are slightly less represented (particularly from Asian backgrounds) in LD H&SC service users. The community support accommodation service will ensure that it is able to meet and reflect cultural support needs through a person centred approach.

The service is ageless – people will be assessed on the basis of their eligible care and support needs from a person centred perspective.

16.3 Promote good relations between people from different equalities

Communities: – open consultation meetings have been held in different areas of the city and in accessible venues. There have been targeted meetings with specific groups e.g. accessible consultation for people with learning difficulties.

The service will be actively promoted by care managers and service managers to people with disabilities. The service will engage with social and private landlords and will actively challenge the stigma associated with mental illness and disability.

17. Eco impact assessment

There will be no significant environmental impacts from this proposal.

Mitigation measures are therefore not required.

The net effects of the proposals are that the environmental impacts will be insignificant.

Advice given by Claire Craner Buckley
Date 16/7/2013

18. Resource and legal implications:

18.1 Finance

18.1.1 Financial (revenue) implications:

The CSA pilot has been in operation for the last 2.5 years; in that time 35 service users have been housed in their own accommodation with floating support to maximise their independence, with only 4 people leaving the scheme during that time.

As at June 30th 2013 the cumulative CSA services costs were £354,834 in total from Health and Social Care – Care Management budgets (Learning difficulties and mental health teams).

If the service users had remained where they were in nursing/residential care or supported living the cumulative costs of this has been estimated at £923,313. This represents a saving in the region of £568,479 over the 2.5 year period.

Based on the savings that have been made to date it is predicted that there will be an annual budget saving of approximately £181,000 per year based on the assumption that 20 additional service users join the scheme in any given year. These savings have been proposed by Health and Social Care as part of the three year budget process currently on-

going.

On this basis, finance is available within care management budgets (Learning difficulties and mental health teams) to purchase the support for people who are eligible for care and support through this scheme.

18.1.2 Financial (capital) implications:

There are no capital implications

Advice given by Robin Poole/Finance Business Partner HSC
Date 12/9/2013

19. Legal implications:

19.1 Procurement

The services under the proposed framework will be classed as a Part B services for the purposes of the Public Contracts Regulations 2006 and will not be subject to the full European procurement regime. The tendering exercise must however still comply with the general obligations regarding fairness and transparency. Procedures will also need to comply with the Council's own procurement rules, which include a requirement for a formal tendering exercise. There may also be TUPE issues in connection with any change in service provider.

19.2 Public Sector Equality Duty

It should be noted that the Council must comply with its duties under section 149 of the Equality Act 2010, including ensuring due regard is paid to the public sector equality duty and its requirements at all times during the decision-making process.

Advice given by Kate Fryer/Solicitor
Date 3/09/2013

19.3 Land / property implications:

There are no land property implications

Advice given by Chris Woods/Principal project officer
Date 24/7/2013

19.4 Human resources implications:

As there are currently no directly employed staff at the present time then there would be no detrimental impact on BCC staff.

We will continue to review the situation.

Advice given by Lorna Laing
Date 18/9/2013

Appendices:

Appendix 1 – Eco – impact assessment
Appendix 2 – Equality Impact assessment

Access to information (background papers):

‘Providing the housing that people want, and the support they need to live in it’

Draft strategy for people with mental health needs, learning difficulties and autism that are placed in accommodation funded by Bristol City Council Health and Social Care services and Bristol Clinical Commissioning Group

Appendix 1

Eco Impact Checklist

Title of report: Community Supported Accommodation				
Report author: Helen Pitches				
Anticipated date of key decision				
Summary of proposals: To establish a framework agreement to purchase support for people with learning difficulties and mental health issues to live more independently.				
Will the proposal impact on...	Yes/ No	+ive or -ive	If yes...	
			Briefly describe impact	Briefly describe Mitigation measures
Emission of Climate Changing Gases?	No			
Bristol's vulnerability to the effects of climate change?	No			
Consumption of non-renewable resources?	No			
Production, recycling or disposal of waste	No			
The appearance of the city?	No			
Pollution to land, water, or air?	No			
Wildlife and habitats?	No			
Consulted with: BCC Environment Team				
Summary of impacts and Mitigation - to go into the main Cabinet/ Council Report				
There will be no significant environmental impacts from this proposal.				
Mitigation measures are therefore not required.				
The net effects of the proposals are that the environmental impacts will be insignificant.				
Checklist completed by:				
Name:		Claire Craner-Buckley		
Dept.:		Corporate Services. Bristol Futures.		
Extension:		9224459		
Date:		16/7/13		

Verified by Environment and Sustainability Unit	
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Bristol City Council Equality Impact Assessment Form
DRAFT 1

HSC 4 Accommodation Strategy

Directorate and Service: Health and Social Care - Strategic Commissioning

Lead officer: Catherine Wevill (Strategic Commissioning Manager)

Additional people completing the form (including job title): Helen Pitches (Commissioning Manager)

Start date for EqIA: November 2012

Estimated completion date: December 2012

V1.w

<p>Step 1 – Use the following checklist to consider whether the proposal requires an EqIA</p>
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1. What is the purpose of the proposal?

The proposal is to analyse the accommodation and accommodation support needs of people with learning difficulties, mental health issues and acquired brain injury for adults in Bristol and to develop an accommodation strategy. The strategy will identify current gaps in provision and look at ways to fill those gaps.

The strategy will propose the commissioning intentions in relation to accommodation and accommodation related support and have a plan to show how they will be realised.

The strategy will draw together the following areas of work currently in progress within H&SC.

- SP commissioning strategy for Mental Health and Learning Difficulties
- LDST (Learning Difficulties Support Team) Review
- Affordable Housing Solutions – Community supported accommodation
- Returning people from out of area
- Shared lives
- Respite Care – review of providers
- CSS accreditation/contract review
- Review of in house care home provision

	High	Medium	Low
2. Could this be relevant to our public sector equality duty to: Promote equality of opportunity Eliminate discrimination Promote good relations between different equalities communities?		Medium Medium Medium	

If you have answered 'low relevance' to question 2, please describe your reasons:

N/A

3. Could the proposal have a positive effect on equalities communities?

Yes. The strategy will aim to:-

- maximise choice and control for service users of H&SC commissioned services
- improve the quality of service users lives: the aim of an accommodation strategy is to improve the quality of service users lives in Bristol by promoting independence, well-being and self-management
- the project will engage with stakeholders and identify our commissioning intentions: through this process we would aim to highlight existing best practices including reference to equalities issues and ensure where possible these are available to people in Bristol
- the strategy will ensure that the councils commitment under the Equalities Act 2010 is adhered to within all commissioned activity and will have due regard to this through all commissioning and procurement processes

4. Could the proposal have a negative effect on equalities communities?

No

Please describe your initial thoughts as to the proposal’s negative impact:

Step 2	Describe the Proposal
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2.1	<p>Briefly describe the proposal and its aims? What are the main activities, whose needs is it designed to meet, etc.</p> <p>See Step 1</p>
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2.2	<p>If there is more than one service* affected, please list these:</p> <p>Accommodation and accommodation support services for people with mental health issues, learning difficulties and acquired brain injury.</p> <p>Specifically:</p> <p>Learning difficulties support team</p> <ul style="list-style-type: none"> • Shared lives project • Supporting People floating support services • Community Support Accommodation
2.3	<p>Which staff or teams will carry out this proposal?</p> <p>Transformation team, Supporting People team, Shared Lives team, CSA team, Commissioning and infrastructure and SCPS.</p>

Step 3	<p>Current position: What information and data by equalities community do you have on service uptake, service satisfaction, service outcomes, or your workforce (if relevant)?</p>
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3.1

Summarise how equalities communities are currently benefiting from your service* here (& add an electronic link to the information if possible).

People with Learning difficulties accessing care management services (N.B. these are people receiving all services in not just accommodation or accommodation based services):-

Gender: Female: 340 people = 40.9%
Male: 491 people = 59.1

Ethnicity: BME background: 85 people = 10.3%

Disability: Phy\Frail\Sensory: 28 people = 3.4%
Mental Health: 9 people = 1.1%
Learn Disability: 778 people = 93.6%
Substance Misuse: 1 people = 0.1%
Other Vulnerable: 15 people = 1.8%

Sexuality: Heterosexual: 243 people = 38.6%
Lesbian/Gay/Bisexual: 3 people = 0.5%
Don't Know / Not Sure: 240 people = 38.2%
Would rather not state: 134 people = 21.3%
Object to Question : 9 people = 1.4%

Religion: None: 193 people = 29.5%
Christian: 405 people = 61.9%
Buddhist: 3 people = 0.5%
Hindu: 3 people = 0.5%
Jewish: 2 people = 0.3%
Muslim: 26 people = 4.0%
Sikh: 4 people = 0.6%
Other: 18 people = 8%

People with Mental health issues accessing care management services (N.B –as above):-

Gender: Female: 757 people = 49.4%
Male: 774 people = 50.6%

Ethnicity: BME background: 270 people = 17.9%

Disability: Phy\Frail\Sensory: 135 people = 8.8%
Mental Health: 1,366 people = 89.2%
Learn Disability: 6 people = 0.4%
Substance Misuse: 13 people = 0.8%
Other vulnerable: 11 people = 0.7%

Sexuality: Heterosexual: 186 people = 73.8%
Lesbian/Gay/Bisexual: 0 people = 0.0%

3.2	<p>Then compare to the relevant benchmark (e.g. the % of people from each community who use your services* with the % of people within the relevant equalities community who live in your local area or in the city of Bristol).</p> <p>Gender: Population of Bristol is 49.6% male and 50.4% female in the 18+ plus age group</p> <p>Ethnicity: 11.1% of the Bristol population are from a BME background. Of the LD service users in Bristol we would expect 13.1% from a BME background. Of the MH service users we would expect 11.6% to be from a BME background.</p> <p>Disability: 54% of over 60 population in Bristol are disabled.</p> <p>Sexuality: Stonewall indicate that 6% of the population are estimated to be lesbian, gay or transsexual.</p> <p>Religion: 62% of the Bristol population are Christian, 2% are Muslim and approximately 0.5% Hindu and Sikh, 0.2% are Jewish</p>
3.3	<p>Evaluate what the data in 3.1 & 3.2 tells you about how the current position affects people from equalities communities (see Guidance for further information and examples).</p> <p>The issues raised by the current position are: see section 5 re possible impact on equalities communities.</p>

Step 4	Ensure adequate consultation is carried out on the proposal and that all relevant information is considered and included in the EqIA
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4.1	<p>Describe any consultations that have taken place on the proposal.</p> <p>We have not yet held a consultation. A formal three month consultation will take place for both the draft strategy and the draft EqIA.</p>
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4.2	Please include when and how the outcome of the consultation was fed back to the people whom you consulted. N/A
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Step 5	Giving due regard to the impact of your proposal on equalities communities
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Possible Impact on Equalities Communities, whether or not you will address the impact	Actions to be included in the proposal
Age	The strategy will look at `ageless` services for people with MH and LD. Issues of monitoring and quality will be addressed within the strategy.
Disability	Issues of monitoring and quality will be addressed within the strategy.

Possible Impact on Equalities Communities, whether or not you will address the impact	Actions to be included in the proposal
Ethnicity	<p>Currently people from a BME background are over represented within the MH service user population. We will need to seek further data to ensure that this group are being accommodated appropriately and that their cultural needs are met as appropriate within settings.</p> <p>Currently people from a BME background are slightly less represented (particularly from Asian backgrounds) in LD service users. We will need to ensure that consideration is given to this and consultation with relevant groups takes place to identify why this might be the case and identify actions for the strategy.</p> <p>Issues of monitoring and quality will be addressed within the strategy.</p>
Gender	<p>The strategy will need to ensure that sufficient gender specific accommodation is available for vulnerable women if appropriate.</p> <p>Issues of monitoring and quality will be addressed within the strategy.</p>
Pregnancy & maternity	No issues identified
Religion and belief	<p>Issues of monitoring and quality will be addressed within the strategy.</p>

Possible Impact on Equalities Communities, whether or not you will address the impact	Actions to be included in the proposal
Sexual orientation	This has only recently begun to be monitored by H&SC. A significant number of service users in both LD and MH `prefer not to state` their sexuality. There are workforce development issues within care management and service provision to ensure that people who are LGBT feel comfortable to be out and have their accommodation and support needs met. Issues of monitoring and quality will be addressed within the strategy.
Transgender	There were no stated service users of transgender. It is unclear from the data whether this is monitored at present. Issues of monitoring will be addressed within the strategy.
Any other relevant specific groups/ Other general actions	

5.2	Next Steps
<p>New actions:</p> <p>The information that has been gathered for this EqIA will be used to inform the direction of the strategy. Reference will be made to specific groups with protected characteristics and the actions required to meet their accommodation and accommodation support needs where appropriate, as identified by this EqIA and engagement with stakeholders.</p>	

Step 6	Meeting the aims of the public sector equality duty
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6.1	Describe how, in completing steps 1-5, you have given due regard to the three aims of the public sector equality duty (a-c above).
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Step 7	Monitoring arrangements
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<p>7.1 Please include how you will ensure you measure its actual impact on equalities communities?</p>
<p>We will continue to gather data on the equality characteristics of staff, carers and service users.</p>

Step 8	Publish your EqlA
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<p>8.1</p>	<p>Ensure the EqlA is signed off by a Service Director and the directorate equalities officer.</p> <p>Signed Signed Jan Youngs</p> <p>Service Director Equalities officer</p> <p>Date Date 4th December2012</p>
<p>8.2</p>	<p>Can this EqlA can be published on the web. Yes/No</p> <p>If no, please explain why the proposal is confidential and cannot be published</p>

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