



**Bristol City Council Equality Impact Assessment Form**

Name of proposal	Reductions to the Supporting People Budget
Directorate and Service Area	People – Adults – Strategic Commissioning
Name of Lead Officer	Terry Dafter

**Step 1: What is the proposal?**

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

<p><b>1.1 What is the proposal?</b></p> <p>The People Directorate of the City Council spends £7.2m on housing-related and preventative support to vulnerable people (formally called ‘Supporting People’).</p> <p>These services are not statutory; however some of them are very immediate to statutory eligible care needs (particularly accommodation-related ‘supported living’ schemes for services users with learning disabilities, which cost £3m pa). The withdrawal of these services would immediately lead to service users being referred for statutory care as the service users are at a level of complexity that would make them eligible for support.</p> <p>Reductions are conceivable in the remaining services, which predominantly comprise:</p> <ul style="list-style-type: none"> <li>• advice services</li> <li>• a range of short term floating support, to clients with mental health needs, older people, HIV, physical/sensory disability or generic needs</li> <li>• sheltered housing and alarms for older people</li> </ul> <p>Most services are provided by private, voluntary and community organisations, though some are provided in-house by council services.</p> <p>Contracts (where required) had extensions applied extending the services until 30th December 2017. Further extensions are in the process of being applied now to extend contracts until the end of March 2018.</p> <p>Agreed negotiated changes can be made within this period. Variations with notice can be made with 28 days notice. All contracts need 6 months notice for termination.</p> <p>(Please note: These proposals exclude the Home Improvement Agency, where</p>
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a framework contract is in place to September 2018, and a commissioning plan is already being developed to continue to procure jointly this with other Local Authorities following a Health and Wellbeing Board decision in 2016.

### Description of proposal:

The reductions to each service have been subject to public consultation and proposals prepared on the basis of the outcomes from that consultation. The original EqIA, written to support the consultation, has already been updated to reflect additional information received in the consultation feedback. This current EqIA is a further update to support the subsequent recommendations. These recommendations will be presented to Cabinet on 4th December 2017. This document forms part of the Cabinet Report, as Appendix E – Equality Impact Assessment of Recommendations.

The consultation offered 4 options for making the required savings. The consultation offered the option of responding to a survey (on line or on paper), to engage in a number of events and meetings or to contact the council directly. Full details of the consultation feedback can be found in Appendix B of the Cabinet Report.

As a result of this feedback the council is proposing using Option C as the method for achieving the savings. This will be done by making a funding reduction of 15% across all current Supporting People funded services with effect from 1 April 2018 and by taking a coproductive approach with service users, providers and key partners to shape the longer term provision of targeted preventative services for vulnerable adults with effect from 1 January 2019.

The required savings of £643k in 2017/18 will be delivered through savings from voids in sheltered accommodation. The further reduction of £1.16m in 2018/19 will be delivered by the full year effect of making 15% reduction across all Supporting People services from 1 April 2018; and by implementing new contracts from 1st January 2019, this will deliver the balance of the savings target and contain expenditure within funding available.

The application of the specified criteria was intended to guide further targeted reductions. It is intended to build on what people told us about these criteria in the consultation, to shape the longer-term solutions to ensure we spend the available budget in a way that will target the most vulnerable people to keep

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them away from statutory services across the system in social care, housing and the health services.

By working in coproduction with service users, providers and key partners across the health and care system and voluntary sector to shape the new contracts, the longer term provision of targeted preventative services for vulnerable adults will maximise independent living, reduce the need for higher levels of care and support and deliver further reductions within available funding.

With the help of their expertise, and in partnership with public health, housing services and health through the clinical commissioning group, a new delivery model will be designed that will maximise independent living in line with the council's strategic theme for Empowerment and Caring, and the Three Tier model approach underpinning the Better Lives adult social care programme. Also, the valuable insight gained through the consultation process on how to reach the vulnerable people who use these services will be used to effectively engage with service users.

Further details can be seen in the body of the full report going to Cabinet on 4<sup>th</sup> December 2017.

### Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

#### 2.1 What data or evidence is there which tells us who is, or could be affected?

Bristol City Council completes a Joint Strategic Needs Assessment for the whole city on an annual basis. The Joint Strategic Needs Assessment is an on-going process to identify the current and future health and wellbeing needs of the local Bristol population. The Joint Strategic Needs Assessment uses a range of sources to compile its statistics, including the Office of National Statistics and local data such as information obtained from Public Health colleagues within the city.

Bristol is a rapidly growing city. Bristol ranks as one of the healthiest of the Core Cities; however the overall citywide picture can hide the difference in

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experiences for different areas and population groups within the city. There are areas of Bristol that are very affluent and areas that rank amongst the most deprived in the country. Where you live in Bristol can be seen as one of the biggest factors affecting your health and wellbeing. The services within this proposal will affect service users across the city.

Further information is provided in Appendix A of the Cabinet Report to provide the context of demand across the populations currently in contact with services provided by the current Supporting People funding. These include:

- general demographics on the population of Bristol
- Black and minority ethnic groups (BME)
- Older people
- Learning disabilities and autism
- Long term health problems of disability
- Mental health
- Unemployment, low income, debt and benefits
- Prevalence of HIV
- Housing and homelessness
- Alcohol

However the council has limited individual data about the protected characteristics of all users of these services and is reliant on feedback from providers if particular groups are represented in greater proportions in their services than in the general population. Further information on demand and supply of appropriate targeted preventative services to support these people, will be developed as part of the coproduction process.

### **Advice Services ( Welfare Rights and Money Advice Service - WRAMAS)**

There are currently 134 service users.

Service users in this group have a high representation of people with mental health issues. Further analysis of data is needed to establish whether any other groups with protected characteristics are over represented. However it is highly likely that there is a high representation of poorer citizens in this group due to the nature of the service.

### **Supported Living ( Learning Disabilities / Mental Health )**

There are currently 340 service users.

Service users in this group will have either Learning Disabilities or Mental Health issues – or both. There is no indication at this stage that any other

group with a protected characteristic is over or under represented.

**Long Term Floating Support ( Learning Disabilities / Mental Health )**

There are currently 72 service users.

Service users in this group will either have Learning Disabilities or Mental Health issues – or both. There is no indication at this stage that any other group with a protected characteristic is over or under represented.

**Short Term Mental Health Floating Support**

There are currently 260 service users.

Service users in this group will have Mental Health issues. There is no indication at this stage that any other group with a protected characteristic is over or under represented.

**Physical and Sensory Impairment Supported Housing**

There are currently 8 service users.

Service users in this group will have physical or mental disability. The ratio of men to women is on average 1:2. Users are normally of working age. There is no indication at this stage that any other group with a protected characteristic is over or under represented.

**Sheltered Housing / Alarm only Services**

There are currently 1593 service users.

Service users in this group will have Mental Health issues. There is no indication at this stage that any other group with a protected characteristic is over or under represented.

**Older People floating support**

There are currently 156 service users.

Service users in this group will all be older people and many are likely to have physical and mental impairments. There is no indication at this stage that any other group with a protected characteristic is over or under represented.

One of the services within the proposal is specifically for BME service users, therefore service users within this service will be disproportionately affected. Despite being a small service, it is important to recognise the impact this proposal may have on BME service users and any mitigation to take this into account.

**Floating Support Service for people with HIV**

There are currently 24 service users.

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Service users in this group are predominantly African nationalities, recent migrants to the UK, have HIV and are at risk of homelessness. Everyone living with HIV automatically meets the “Disability” definition within the Equality Act 2010. The majority of service users supported by this service are identified as having poor mental health. One third of service users supported by this service identify as gay or bi-sexual. A third of service users for this service are over 50 with the provider indicating that this proportion is predicted to rise. The Avert website states that “Transgender people are one of the groups most affected by the HIV epidemic and are 49 times more likely to be living with HIV than the general population. Globally, it is estimated that around 19% of transgender women are living with HIV”. Many service users, when interviewed by council staff in October 2013 and again in August 2017 as part of the consultation, gave a variety of reasons why they do not feel able to access mainstream services. Therefore there is a risk that if this specialist service ceased the service users would not successfully obtain support from other less specialised services.

### **Physical and Sensory Impairment Floating Support**

There are currently 55 service users.

Service users in this group will have a physical or sensory impairment. There is no indication at this stage that any other group with a protected characteristic is over or under represented.

### **Generic Floating Support Service**

There are currently 280 service users.

On average over 25% of this group have a mental illness and/or physical disability and approximately 20% have a learning disability. There is no indication at this stage that any other (17% recorded as BME with the Bristol average being 16%) group with a protected characteristic is over represented although it is noted that religion and sexual orientation is poorly recorded.

### **Community based mental health support**

There are an average of 451 service users

This is an open service which includes support for carers. Service users in this group have mental health issues but reports from the provider indicate that other protected characteristics are not disproportionately represented.

### **2.2 Who is missing? Are there any gaps in the data?**

It is recognised that the information on certain protected characteristics is sometimes limited. In the past information could be obtained from the

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University of St Andrews Centre for Housing Research. This information was based on what was supplied by service users via their providers and service users were not obliged to provide it but it still gave an indication of numbers. However this service is no longer available and at this stage the council has not found another source of data.

Further information on protected characteristics, will be developed as part of the coproduction process to inform longer term targeted, preventative services for vulnerable people.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

An extensive public consultation period and an open and transparent approach to fully and actively engage with service users, providers and the general public has taken place in order to inform the options for making budget reductions to Supporting People services.

Once the proposals have been agreed by Cabinet further work will be done to ensure that the new delivery model reflects the criteria as described in Option C in the consultation and are designed in a way that will ensure that citizens with protected characteristics are not disproportionately affected. The diverse range of stakeholders will be engaged in this coproduction work to ensure that the services reflect the findings of the consultation – including the feedback received on the EqlA.

### Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

#### **Service Users**

Almost all groups with protected characteristics may be affected in some way with a particular emphasis on older people, people with learning disabilities, people with mental health issues, people with physical and sensory impairment and people with a diagnosis of HIV. Most people accessing the floating support service need help accessing benefits and losing this support is likely to lead to an increased risk of homelessness among this group.

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It is recognised that for many service users more than one protected characteristic will apply and so the impact of changes could be increased as a result of this. It has also been identified that many service users with multiple protected characteristics have difficulty accessing mainstream services. We will be mindful of this in planning new services.

During the consultation it was highlighted :

- how important it is to understand the intersectional nature of many service users and how multiple protected characteristics for some of them might increase their vulnerability and increase the disadvantage that they have faced
- the particular issues experienced by citizens with sensory impairment. It was highlighted that mainstream services are extremely difficult to engage with for many sensory impaired service users (particularly older service users and those with learning difficulties) without the support of specialised staff who are fluent in British Sign language or Tactile Signing. This particular need will be taken into consideration in the development of the new delivery model and applying the criteria to the prioritise areas of funding to the most vulnerable
- how much discrimination is still experienced by LGBTQ citizens, or those with a diagnosis of HIV, particularly those from certain BME backgrounds
- the option being recommended to cabinet, to create a new service model, will provide the opportunity to shape new services with these particular difficulties for some citizens in mind

### **Staff**

The bulk of staff employed to deliver these services are predominantly employed by external agencies. Staffing figures and characteristics are not regularly reported through performance monitoring. However the Physical and Sensory Support Service is a council team and many of the members have a sensory impairment. A significant budget reduction in this service could potentially result in redundancies for these staff.

### **3.2 Can these impacts be mitigated or justified? If so, how?**

The option being recommended will provide a smaller reduction in funding, than some services may have anticipated. The council will work with service providers during the lead in time to implement the 15% reduction from 1 April 2018 in order to minimise the impact on service users.

By taking an approach of coproducing the new delivery model for these



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services, the impact on those with protected characteristics will be considered at all stages to ensure that the impact is not disproportionate. As part of the coproduction, there will be significant engagement with stakeholders who will be able to provide an informed view on whether the new services will deliver this.

Valuable insight gained through the consultation process on how to reach the vulnerable people who use these services will be used to effectively engage with service users.

3.3 Does the proposal create any benefits for people with protected characteristics?

The services will be targeted at vulnerable adults who are likely to be physically or mentally disabled or are older people. The support they receive will enable them to remain living independently in their own accommodation for longer and maximising independence outcomes will include improved health and wellbeing.

3.4 Can they be maximised? If so, how?

As above

### Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?

The factors in the equality impact assessment and in further feedback on it received during the consultation have all informed the final proposed recommendation which is being presented to Cabinet on 4<sup>th</sup> December for approval.

4.2 What actions have been identified going forward?

Actions to mitigate the impact will be looked for at each stage of the development of new proposals through engagement and coproduction with service users, providers and key partners.

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It should be noted that an equalities impact assessment addresses issues relating to protected characteristics but overlooks the issue of class or socio-economic groups. These reductions are likely to have more impact on lower social economic groups and this impact has been considered in the consultation.

Providers contracting with Bristol City Council are subject to an accreditation process to ensure that all providers have an up to date equalities policy which is reviewed on a minimum of every 3 years or more frequently were appropriate (i.e. changes to legislation). All current services have been required to meet the minimum standards of the Supporting People Quality Assessment Framework (QAF) as part of their contract.

The future model will be developed and commissioned to effectively and efficiently meet identified need and demand whilst providing value for money and maximum impact. By working in coproduction with the service users, providers and partners, this will enable a greater knowledge of the needs of these client groups, as well as assist with understanding the interdependencies and how future provision of these housing related support services will effectively contribute to maximising independent living and improving health and wellbeing.

4.3 How will the impact of your proposal and actions be measured moving forward?

The impact of the proposals will be measured throughout whilst any changes are being implemented. Any actions will be conducted in partnership with relevant internal departments, providers and relevant agencies to ensure that those service users of protected characteristics affected are provided with support from a relevant service. Not all service users will be mitigated from the impact of this proposal due to eligibility for services.

We will require equalities data as part of the contractual monitoring information from service providers who successfully tender for providing services in the future

The proposal to develop new model for targeted and preventative support will also ensure the embedding of a performance management framework that will clearly measure the impact of:

- enabling individuals and communities to do more for themselves and others

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- working with partners to increase independence and provide targeted care, support and protection to those who need it

Service providers will be measured on the outcomes that they achieve with the people – for example:

- feeling connected to community
- improved health and wellbeing
- living independently
- taking an active role in the community
- being in education and or employment
- being in control of finances/ promoting economic wellbeing

Service Director Sign-Off: Terry dafter	Equalities Officer Sign Off: Jean Chandler
Date: 7 <sup>th</sup> November 2017	Date: 7 <sup>th</sup> November 2017