Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)

Name of proposal	Reprocurement of Advocacy and HealthWatch services
Directorate and Service Area	Adults, Children and Education, Strategic Commissioning Team.
Name of Lead Officer	Russell Henderson

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.

1.1 What is the proposal?
We want to consult on a commissioning plan for reprocurement of statutory and non-statutory advocacy services, and HealthWatch. The aims of this commissioning plan are to better understand our provision of advocacy at a system level; align contracts and improve reporting on outcomes, understand the value of the present provision and to explore potential for collaborative quality management. We feel there are opportunities to increase public awareness of advocacy services. There is a national campaign by HealthWatch England to reduce the rate of under reporting of dissatisfaction with health or care services. Improving public awareness of complaints advocacy and resources for self-advocacy are key to meeting this.

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?
A mixture of quantitative and qualitative evidence has been collected and

reviewed for a full needs analysis which included:

- Statistical evidence has been gathered through a thorough desktop review of available reports and data sets including Provider monitoring, Liquidlogic Adults' Social Care System (LAS), ONS, JSNA, POPPI and other sources.
- Online questionnaires generated by BCC and commissioned services.
- Interviews have carried out with staff, local experts and key partners in the CCG.
- Stakeholder workshops with internal experts and current providers.

The needs analysis illustrates the demand forecast for the service. The Commissioning Plan identifies no gaps in statutory advocacy provision but anticipates an increased demand for all advocacy services over the next five years.

Age: The IMCA (Independent Mental Capacity Advocacy) service typically sees a referral age of 80+, followed by 66-79yrs which would correlate with the main primary need of service users being Dementia. The IMHA (Independent Mental Health Advocacy) service & Inpatient Advocacy has a lower age demographic of 33-45 being the most prevalent age group. Individuals receiving Care Act advocacy are typically in the 65+age group followed by 55-64yrs, which is a similar range to the Care Management Advocacy service.

Religion: The most common religion recorded was Christian, followed by Muslim

Disability: All services reported that nearly all individuals accessing services had a disability, where this was not the case this was often because the person receiving support was a Carer.

Gender: IMHA & IMCA services received slightly more referrals for females that for males. There was a 50/50 split for Care Act advocacy. The CMAP service received significantly more referrals for women than for men.

Transgender: There were few referrals for individuals who were Transgender, typically 1 or 2 per service over a 12 month period. There were a significant number of no response/data not recorded.

Sexual orientation: Most individuals stated that they were Heterosexual; however there were a significant amount of no responses/data not recorded.

LGBT were under-represented as a group in comparison with the Bristol demographic.
2.2 Who is missing? Are there any gaps in the data?
We expect that along with under reporting of complaints, there will be many people who are unaware of our range of advocacy provision, and resources for self-advocacy. We know that data captured by commissioned services in scope do not capture ethnicity, sexual orientation, transgender and age recording in a consistent way due to poor monitoring. Therefore the data for individuals with these protected characteristics is poor. There is an under-representation of individuals in prison accessing these services, which will require further engagement with this population and experts
2.3 How have we involved, or will we involve, communities and groups that could be affected?
We have engaged with VCS/SME industry experts, VOSCUR our local VCS support provider through 2 workshops, developed a service user participation process and will be conducting a full public consultation process that is compliant with our VCSE compact.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigourous. 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?
We have not identified any potentially adverse impacts at this stage. However because of the nature of the service disabled people including those with Mental Health, Physical Disability and Learning Disability are particularly affected by the proposal, and some protected characteristics are over-represented within individual services. We will need to ensure that the needs of all equalities groups are met within a new service and that there is no indirect discrimination as a result of potential streamlining of provision. The Commissioning Plan does not indicate any reduction in investment, and forecasts an increased demand for advocacy. It seeks to make better use of existing resources through improved contract management. We are interested

in developing common reporting systems, and looking at potential for an advocacy forum led by providers that is focused on system improvement and system throughput. We also want to promote everyone's access to resources for self-advocacy. Impacts on current service users could occur through longer term casework transition in the event of a change of provider. We have worked with existing providers to understand the expertise of the local offer.
3.2 Can these impacts be mitigated or justified? If so, how?
We are confident that any existing and new providers will mitigate disruption wherever possible. This may include casework handover meetings to be led by the client wherever possible and minimising any delays in mobilisation of new services. As part of our consultation on the proposals in this commissioning plan we will seek to further understand the needs of service users with protected characteristics.
3.3 Does the proposal create any benefits for people with protected characteristics?
We want to promote greater awareness of access to services and resources for all groups. We recognise the BME Advocacy service as a valuable role and propose to learn as much as we can about the role of culturally specific advocacy and how to ensure all our services provide effectively for the diversity of our population. There is evident value of User Led Organisations (ULOs), both in additional social value and in giving service users, a voice.
3.4 Can they be maximised? If so, how?
We want to increase our understanding of how to promote culturally sensitive advocacy throughout our service provision. We aim to maximise the value of ULO's through the consultation phase we will explore how commissioning services from ULO's can further inform and shape services. We will continue to work interdependently with the development of the Information Advice and Guidance platform to ensure that advocacy services are clearly signposted. Post-award we will co-produce mechanisms to share information and good practice, such as a provider-led forum and sharing relevant reporting information.

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?
In a climate of a reduction of non-statutory services it is important to evidence and articulate the value of BME and ULO organisations to inform a specification that will give the council good value for money. The EqIA helps demonstrate that this provision is highly valued. It prompted us to question whether a wider emphasis on culturally sensitive advocacy could be developed and how to achieve the maximum benefit from ULO's
4.2 What actions have been identified going forward?
We will respond to any ideas or actions identified through consultation. We will continue with look at ways that a provider led forum could challenge each service to demonstrate what it is doing to improve its equalities led performance.
4.3 How will the impact of your proposal and actions be measured moving forward?
Through replies to consultation; development of service specifications; revised contract management and common reporting requirements. We will develop an active provider forum or advocacy "hub" that makes best use of its monitoring information to identify system improvement targets. We will update the equalities impact assessment in the event of any shift in this approach, and when a summary of replies to consultation is available.

Service Director Sign-Off:	Equalities Officer Sign Off:
S.J Mitchell	Duncan Fleming
Date: 21/8/2018	Date: 9/8/2018