

Bristol City Council Equality Impact Assessment Form



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

The Public Sector Equality Duty (PSED) continues to apply to decision making in an emergency context - there is no legislative override. PSED is a tool to enable good policy making, helping to ensure impacts on vulnerable groups are factored into decision making. This is vital at this time.

Name of proposal	COVID 19 – Cross Directorate Application for Contract Awards, Extensions and Variations Necessary due to the Impact of COVID 19 on Commissioning and Procurement Activity.
Directorate and Service Area	People and Growth and Regeneration
Name of Lead Officer	Wanda Knight

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?

The application to Cabinet is to get permission to amend contracts where the commissioning and procurement activity has been affected by the COVID 19 situation. The ask is for 4 direct awards, 3 evocations of extensions, 1 grant allocation and variation and 1 extension of a Framework. This will ensure continuity of service for service users whilst the commissioning/procurement activity returns to normal. The time this may take is unknown at present.

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?

Citywide data

Bristol [Joint Strategic Needs Assessment \(JSNA\)](#) and citywide data available from [Open Data Bristol](#) shows that Bristol is a thriving and diverse city, but its success is not shared by everyone, and inequality is growing. Bristol has 41 areas in the most deprived 10% in England, including 3 in the most deprived 1%. The greatest levels of deprivation are in Hartcliffe & Withywood, Filwood and Lawrence Hill. In Bristol 15% of residents - 70,400 people - live in the 10% most deprived areas in England, including 18,900 children and 7,900 older people.

Bristol has a relatively young age profile with more children aged 0-15 than people aged 65 and over. The median age of people living in Bristol is 32.5 years old, compared to 40 years

in England and Wales.

The population of Bristol has become increasingly diverse and some local communities have changed significantly. There are now at least 45 religions, at least 180 countries of birth and at least 91 main languages spoken.

The proportion of the Bristol population who are not 'White British' in census records increased from 12% (2001) to 22% (2011).

Age 70+ people in Bristol City Council

The government is asking people aged over 70 to take extra precautions to avoid getting ill. There are an estimated 43,200 people aged 70 and over living in Bristol (Mid-2018), making up 9.3% of the total population. This **proportion** varies across the city from as high as 19% of residents in Westbury-on-Trym and Henleaze ward to just 3% of residents in Central ward.

Wards with the highest proportions of people aged 70 and over include:

19% Westbury-on-Trym and Henleaze
16% Stockwood
16% Hengrove and Whitchurch Park
15% Stoke Bishop

Wards in Bristol vary significantly in size. The highest **numbers** of people aged 70 and over include the following with more than 2,000 people aged 70 and over:

3,716 Westbury-on-Trym and Henleaze
2,714 Hengrove and Whitchurch Park
2,395 Avonmouth and Lawrence Weston

Another useful geography for mapping the number of people aged 70 and over is by Lower Layer Super Output Area (LSOA). There are 12 LSOAs where more than a fifth of residents are aged 70 and over, these include:

- 5 LSOAs in Westbury-on-Trym & Henleaze
- 3 LSOAs in Stoke Bishop
- 2 LSOAs in Hengrove & Whitchurch Park
- 1 LSOA in Stockwood
- 1 LSOA in Bishopsworth.

Health inequality in Bristol

Life expectancy for women is 82.8 years and for men 78.7 years, both are significantly worse than the national average. In the past five years life expectancy for women has not increased and has risen by less than 0.5 years for men. The inequalities gap in life expectancy between the most and least deprived areas in Bristol is 9.6 years for men and

7.1 years for women.

Ward Name	% with illness or health condition which limits day-to-day activities
Hartcliffe & Withywood	42.5%
Southmead	40.9%
Stockwood	39.0%
Avonmouth & Lawrence Weston	35.2%
Horfield	33.3%
Frome Vale	30.6%
Filwood	30.5%
Henbury & Brentry	30.1%
Hillfields	29.8%
Bedminster	29.1%
Knowle	28.7%
Lockleaze	28.6%
Hengrove & Whitchurch Park	26.5%
Central	26.3%
Lawrence Hill	24.9%
Stoke Bishop	24.8%
St George Troopers Hill	24.8%
St George West	24.8%
Brislington West	24.7%
Bishopsworth	22.9%
Easton	22.9%
Clifton	22.4%
Brislington East	22.4%
St George Central	21.4%
Ashley	20.8%
Windmill Hill	20.1%
Eastville	20.0%
Southville	19.7%
Bishopston & Ashley Down	19.6%
Westbury-on-Trym & Henleaze	19.6%
Hotwells & Harbourside	18.4%
Cotham	16.2%
Redland	15.6%
Clifton Down	11.6%
Bristol Average	25.7%

Data from Bristol Quality of Life Survey 2019-20

Asthma

Avonmouth; Easton; Filwood; Hartcliffe and Withywood; Horfield; Lawrence Hill; Southmead; and St George Central Wards have the highest overall proportion of emergency

admissions for asthma in Bristol.

Bedminster; Central; Easton; Hotwells and Harbourside; Lawrence Hill; and Southville Wards have the highest proportion of emergency admissions of children aged 0-18 for asthma in Bristol.

The Coronavirus Act 2020 ¹

The new Coronavirus Act 2020 contains provisions:-

- increasing the available health and social care workforce
- easing the burden on frontline staff – by reducing the number of administrative tasks they have to perform, enabling local authorities to priorities care for people with the most pressing needs, allowing key workers to perform more tasks remotely and with less paperwork, and taking the power to suspend individual port operations
- containing and slowing the virus – by reducing unnecessary social contacts, for example through powers over events and gatherings, and strengthening the quarantine powers of police and immigration officers
- managing the deceased with respect and dignity – by enabling the death management system to deal with increased demand for its services
- supporting people – by allowing them to claim Statutory Sick Pay from day one, and by supporting the food industry to maintain supplies

Coronavirus / COVID-19 response

UK Government has published a summary of impacts from the Coronavirus Act 2020 here <https://www.gov.uk/government/publications/coronavirus-bill-summary-of-impacts/coronavirus-bill-summary-of-impacts>

The Equality and Human Rights Commission (EHRC) published its letter to the Prime Minister on 20th March saying:

“COVID-19 does not discriminate, but it does impact people differently. The priority remains those who are directly most seriously affected, more likely to be older people and those with underlying health conditions, and the people who care for them – whether that is their loved ones or our dedicated health and social care professionals. The restrictions being extended by today’s emergency coronavirus legislation are designed to protect those in vulnerable situations and safeguard our future. They have significant implications for all

¹ Link to Bill and Explanatory Notes:-

<https://services.parliament.uk/Bills/2019-21/coronavirus/documents.html>

Link to Government’s assessment of the impacts here (considerable detail):-

<https://www.gov.uk/government/publications/coronavirus-bill-summary-of-impacts/coronavirus-bill-summary-of-impacts>

LGA summary

<https://www.local.gov.uk/sites/default/files/documents/20032020-%20Coronavirus%20Bill%20-%20LGA%20briefing.pdf>

of us, but as they come into effect it will be important to consider carefully the specific impacts they may have on groups who are already disadvantaged in other ways. We must ensure they are not left further behind”.

Local authority care and support

For the duration of the ‘emergency period’, the Act makes provisions to ease councils’ responsibilities under the 2014 Care Act. Importantly, these enable councils to not comply with the following duties:

- Assessment of an adult’s needs for care and support;
- Assessment of a carer’s needs for support;
- Determination of whether a person’s needs meet the national eligibility criteria;
- Assessment of financial resources (the ‘means test’);
- Preparation of a care and support plan or support plan.

There is only a duty to provide care and support services if failures to do so would lead to a breach of the Human Rights Act

Registration of deaths and still births, and powers in relation to bodies

The provisions in the Act are designed to simplify the administrative processes related to registering deaths and cremations, as well as reducing the cases that need to be notified or referred to a coroner during the pandemic. Amongst the measures the Act simplifies the certification process, enables deaths to be registered without family members having to attend the registrar’s office and allows funeral directors to register the death as well. Medical referees will only need to have a certificate from a single medical practitioner to authorise a cremation. (Appendix 2)

The Local Authority must still have regard to the wishes of the deceased person (if known) or otherwise in a way that appears consistent with the person’s religion or beliefs (if known) when carrying out functions under Public Health (Control of Disease) Act 1984.

Mental Health

The Act will enable existing mental health legislation powers to detain and treat patients who need urgent treatment for a mental health disorder and are a risk to themselves or others, to be implemented using just one doctor’s opinion. It also allows for a temporary extension or removal of time limits in mental health legislation to allow for greater flexibility where services are less able to respond. These temporary changes would be brought in only in the instance that staff numbers were severely adversely affected.

Powers relating to potentially infectious persons

The Act provides public health officers, constables and (in some circumstances) immigration officers with the means to enforce sensible public health restrictions, including returning people to places that they have been required to stay. Where necessary and proportionate, constables and immigration officers will be able to direct individuals to attend, remove them to, or keep them at suitable locations for screening and assessment.

Residential Possession claims – protection from eviction

The Act extends the required pre-action notice periods for certain notices, served from the day after the Act is passed until 30 September 2020, to 3 months: This includes

- Notice seeking possession (secure and assured tenancies);
- Notice seeking possession (secure tenancies – absolute grounds - anti-social behaviour);
- Notice of proceedings for possession (introductory tenancies);

The proposals as they presently stand do not of themselves prevent evictions during the next few months because those cases already begun may proceed to enforcement and Notices served pre-the Act coming into force can be used to start possession proceedings.

Business tenancies: protection from forfeiture

A right of re-entry or forfeiture, under a relevant business tenancy, for non-payment of rent may not be enforced, by action or otherwise, from the date the Act is passed to 30 June 2020

Changes to Council Services

A summary of changes and closures to council services will be updated on our webpage: <https://www.bristol.gov.uk/crime-emergencies/coronavirus-covid-19-what-you-need-to-know>

As a baseline requirement the ‘reasonable adjustments’ duty under the Equality Act 2010 has three requirements that organisations must consider for their workplace and services that apply in situations where a disabled person would otherwise be placed at a substantial disadvantage compared with people who are not disabled. There are:

- changing the way things are done e.g. opening times;
- changes to overcome barriers created by the physical features of premises.
- providing auxiliary aids e.g. extra equipment or a different or additional service.

People with neurological differences including Dyspraxia, Dyslexia, ADHD, Dyscalculia, Autism, or Tourette Syndrome etc. may require adjustments such as making sure that communication is clear, concise and unambiguous; setting out time-scales to give sufficient advance notice; or managing any known issues around anxiety or sensory sensitivities around meetings.

We have a dedicated intranet (The Source) page for up-to-date information and have set up an email address for staff queries related to our response to Coronavirus.

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

We know that there are gaps in our diversity data for some protected characteristics citywide, especially where this has not historically been included in census and statutory reporting e.g. for sexual orientation.

We also know there are some gaps in our organisational diversity information - especially where personal and confidential information is voluntarily requested from staff.

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

- We are working with local partners including VOSCUR to update a COVID-19 volunteer and key worker register.
- We are utilising and seeking advice from local equality groups and stakeholders championing the needs of people from different protected groups.

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?

These contract amendments are largely part of an urgent response to the COVID 19 situation that is helping us to protect service users. One negative aspect is that recommissioning necessarily involves the consideration of equalities issues within each project with a view to designing future services that are improved for those with protected characteristics. The four direct awards are in effect stalling that process for a year and the services will stay as is. Unfortunately it is impossible to tender contracts in the current situation from both the BCC and provider’s point of view.

More generally we are aware of the following issues for protected characteristic groups relating to coronavirus/COVID-19 which we will seek where possible to address / mitigate through this proposal²:

Protected Characteristic	Potential impact and mitigation
Age	<ul style="list-style-type: none"> • <u>Older people</u> Redeployment of other care professionals to respond to coronavirus will help save lives, but also risks leaving already vulnerable older people exposed. • Only 47.8% of people in Bristol aged 65+ say they

² For Equality and Human Rights Commission response see: <https://www.equalityhumanrights.com/en/our-work/news/human-rights-and-equality-considerations-responding-coronavirus-pandemic>

	<p>are comfortable using digital services, compared to 81.8% overall³. We need to ensure that wherever possible telephone numbers are provided as an alternative to digital services as face-to-face services are not available, as well as making use of any available community volunteer support as appropriate. We also need to ensure as appropriate possible that communications channels include multiple platforms including radio, TV, press, post/letters and print media.</p>
Disability	<ul style="list-style-type: none"> • Under new emergency legislation, various duties of the Care Act 2014 including the duty to meet the eligible needs of Disabled people (Section 18) and their carers (Section 20) are suspended and Local Authorities instead have to provide care they consider necessary to avoid breach of the European Convention of Human Rights (ECHR). There is a risk that the needs of disabled people may not be met due to increased demands and a reduced workforce. • As many face-to-face services have been cancelled in response to the coronavirus crisis we must do everything we can to ensure we are making reasonable adjustments (see 2.1 above) and wherever possible we must ensure that there are alternative arrangements in place to meet the needs of disabled people who may not be able to access online and telephone services (including for accessing information⁴). For example our <u>Translation and Interpreting Service</u> can provide telephone or video interpreting (for BSL only) as an alternative to face to face interpreting⁵ • Include options for SMS contact to helplines. • Ensure communications are in plain English and that Easy Read versions are available (or on request

³ Bristol Equality of Life Survey 2019-20

⁴ Public Health England campaign resources in BSL:

<https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5080> ; BSL users can talk to NHS111 using the InterpreterNOW app (registration is required). They can also connect via a PC or laptop.

⁵ This may change without notice in line with NHS and government guidance.

	<p>if appropriate⁶).</p> <ul style="list-style-type: none"> • Alternative arrangement for people with sight loss to provide signatures and documents as evidence for applications. • There is a guide to making new documents accessible on The Source⁷. • People with a specific health condition (including learning disabilities or autism) may need to travel beyond their local area or exercise more than once a day to maintain their health. This has now been recognized in updated government guidance⁸, however we need to ensure that this is considered in BCC decision making and temporary changes to services.
[Socio-economic]	<ul style="list-style-type: none"> • As the coronavirus outbreak and response will have an especially negative impact on the most deprived people in Bristol we must ensure that we are doing everything we can as a local authority to mitigate this e.g. by pausing debt collection activities; coordinating food-bank activities etc.
[Homelessness]	<ul style="list-style-type: none"> • Increased risk of infection in hostels • Inability to self-isolate for rough sleepers • Reduced income from lower city footfall • BCC will have a dedicated task-group to respond to emerging issues
[Refugees and Asylum Seekers]	<ul style="list-style-type: none"> • Difficulties accessing healthcare • Poor quality housing • As 'Race' need to provide translation and interpretation services • BCC have a dedicated task-group to respond to emerging issues

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

The impact of COVID 19 is being mitigated by the actions of the commissioning teams. The work they are doing is very broad and varied. Examples include –

⁶ UK Government advice is available in accessible formats/languages, for example:
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

<https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5080> Hand washing guidance in Easy Read, Larger Print and BSL

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>

⁷ Internal link for BCC workforce only

⁸ <https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do#can-i-exercise-more-than-once-a-day-if-i-need-to-due-to-a-significant-health-condition>

<ul style="list-style-type: none"> Commissioners securing accommodation for homeless people in hotels. They are being supported by workers utilising skype and telephone. Their groceries are being delivered and their prescriptions where relevant so they can self-isolate. Commissioners working with providers to ensure staffing levels are maintained in care homes. Commissioners working with providers to ensure PPE levels are maintained in care homes. Commissioners advising of government policy regarding visiting dying relatives.
3.3 Does the proposal create any benefits for people with protected characteristics?
These contracts are in the BCC Directorates of Adult Social Care and Growth and Regeneration (Homelessness). The services that the contracts deliver all concern delivering services to vulnerable groups. These groups include those who are elderly and disabled who are in need of equipment, in extra care housing or receiving home or night time care. The remaining group is people who are street homeless or in temporary accommodation including single people, couples and families with children. These clients will benefit from the continuation of the services undisturbed by commissioning activity.
3.4 Can they be maximised? If so, how?
N/A

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 impact assessment highlights the issues faced by the service users. Going forward the Commissioners will work with providers of these services that have been extended to ensure they are meeting the needs of at equalities groups as identified in the EqIA
4.2 What actions have been identified going forward?
Recommissioning of services after necessary contract awards, extensions and variations.
4.3 How will the impact of your proposal and actions be measured moving forward?
Through ongoing contract monitoring.

Service Director Sign-Off:	Equalities and Inclusion Team Sign Off:
	<i>Reviewed by Equality and Inclusion Team</i>
Date:	Date: 28/4/2020