

Bristol City Council Equality Impact Assessment Form

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



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| Name of proposal | Adult Social Care Community Support Services Commissioning (CSS) |
| Directorate and Service Area | People Directorate |
| Name of Lead Officer | Lucia Dorrington, Service Manager, Joint Commissioning (Adults) |

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 commissioning of CSS is about ensuring that BCC commissions effective, good quality social care support for adults with physical impairments, learning disabilities, mental ill health and older people.

BCC has not reviewed or re-commissioned Community Support Services since 2008 so the time is right to commission these services in a more strategic way working with the provider market to deliver good quality, value for money services.

Community Support Services form a key element in the three tier care pathway model that BCC is developing in the context of the Care Act. This is the need for quality services based in the community for adults in need of social care to prevent or delay the need for people to move into residential/nursing or domiciliary care.

Deliver £1-2m reduction in spend as a result of this commissioning exercise. The current levels of spend are unsustainable as BCC has less budget and yet demand for these important support services is predicted to rise.

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.

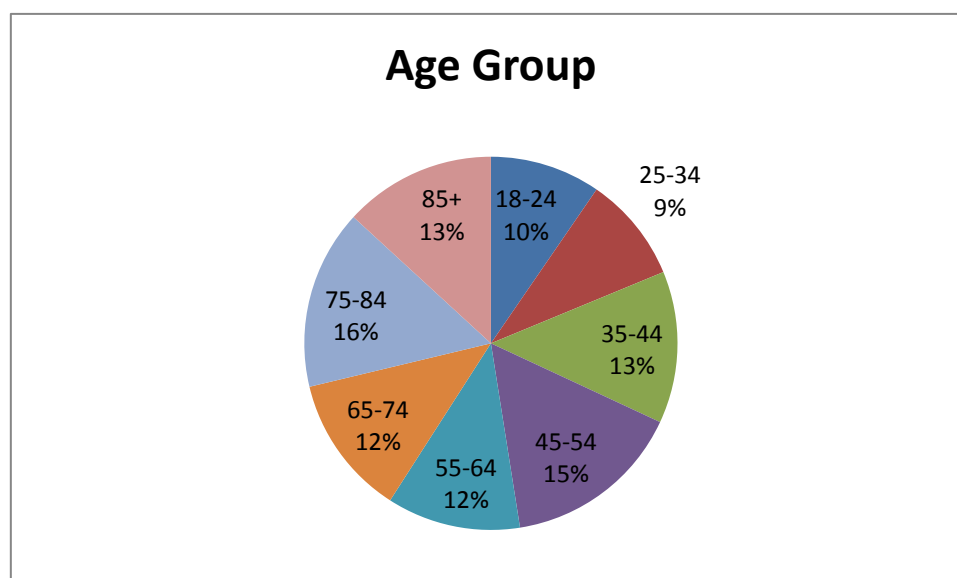
2.1 What data or evidence is there which tells us who is, or could be affected?

Community Support Services are categorised as follows:

- Accommodation Based Services
- Day Opportunities (excluding Bristol Community Links for the purpose of this commissioning exercise)
- Community Outreach
- Carers sitting services

BCC (Bristol City Council) data suggests that there are 1245 citizens receiving these services. Some people receive more than one service concurrently. The split is 48% citizens with learning difficulties; 29% with mental ill-health, 18% with physical disabilities and 5% other. The split of ages is 950 service users between 18-64 years and 300 service users over 65 years of age.

Accommodation Based Services there are estimated to be 430 citizens receiving these services 35% are female and 65% are male. The largest proportions are 45% of clients with mental ill health 43% of clients with learning disabilities.

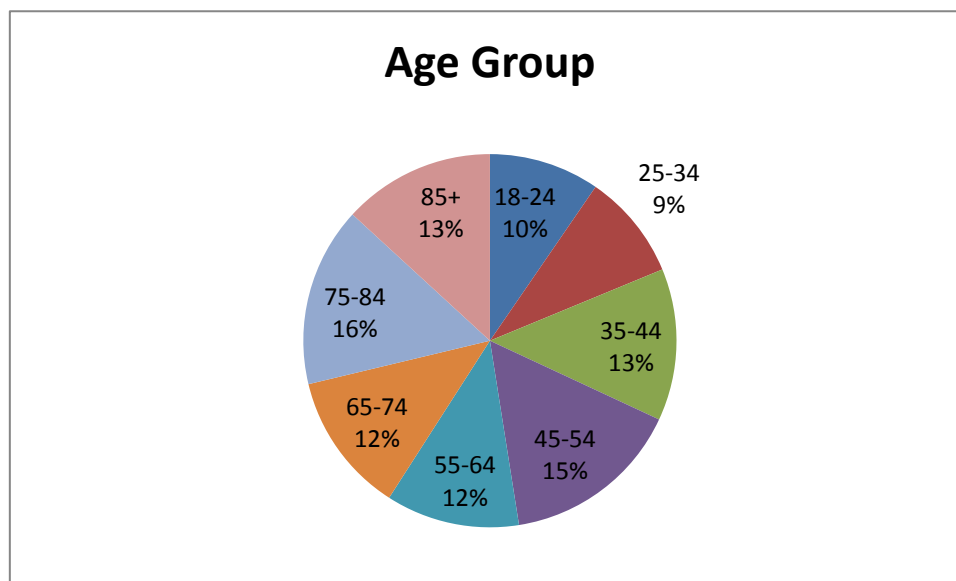


81 % of this group are reported as White British, with the remaining 19% including a range of ethnicities; African 3% , White and Black Caribbean 2% Bangladesh 1% . There is no record of any person of Pakistani or Irish origin using the service. 1.6% of the Bristol population are Pakistani origin and 0.9% are of Irish origin so there is an under

representation of citizens from these groups using these services.

51% of this group are reported as 'Don't know/Not sure' in relation to their sexual orientation, with 13% reported as 'rather not say'. 36% are reported as heterosexual. There is a lack of confidence about identifying as being LGBT.

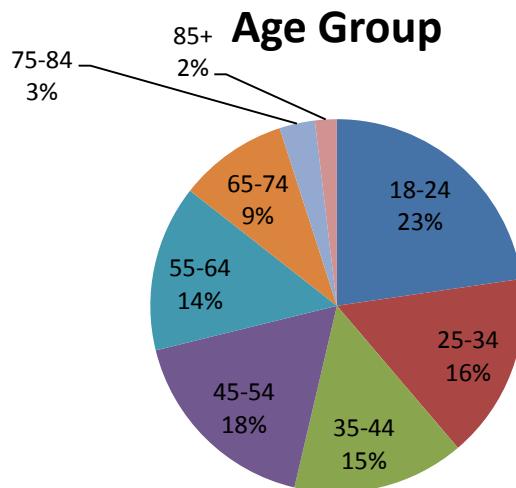
Day Opportunities there are approximately 501 citizens in these services. 49% are female and 51% are male. The largest proportions are 43% of clients with learning disabilities, 38 % with physical disabilities and 16% with mental ill health.



68 % of this group are reported as being White British with 22% from other ethnic minority backgrounds including Indian 7%, Pakistani 9% Caribbean 4% African 2%. This is similar to the profile of the city.

41% of this group are reported as 'Don't know/Not sure' in relation to their sexual orientation, with 12% reported as 'rather not say'. 47% are reported as heterosexual. There is a lack of confidence about identifying as being LGBT.

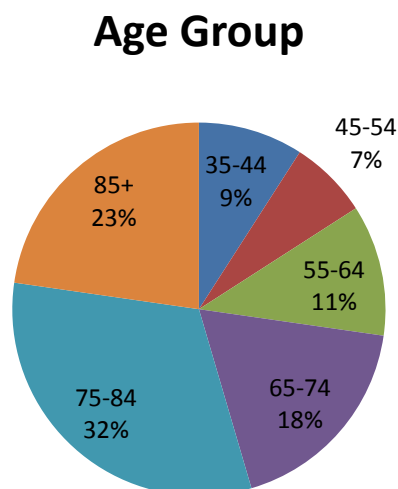
Community Outreach there are an estimated 423 citizens in these services. 38% are female and 62% are male. The largest proportion are 66% of clients with learning disabilities and 16% with physical disabilities and 14% are clients with mental ill health.



80 % of this group are reported as White British, with 9 % composed of a range of ethnicities; Pakistani, African, and Dual White and Black Caribbean each 2% respectively . This is an under representation of BME service users compared with the 16% BME people in the city (16%) and 6% of people who are of White non-British origin.

45% of this group are reported as 'Don't know/Not sure 'in relation to their sexual orientation, with 17% reported as 'rather not say, 1% objected to the question. 37% are reported as heterosexual. There is a lack of confidence about identifying as being LGBT/

Carers Sitting Services - there are an estimated 44 citizens in these services 55% are female and 45% are male.



43% of this group are reported as White British, 23% Pakistani, 7% Indian, 9% Caribbean, 5% Bangladeshi 9 %. This service includes a specific service for BME carers which accounts for the higher % of BME carers supported within this budget

37% of this group are reported as 'Don't know/Not sure 'in relation to their sexual orientation, 2% objected to the question. 61% are reported as heterosexual. There is a lack of confidence about identifying as being LGBT.

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

There could be a gap in terms of data on or receipt of services by other ethnic groups such as Eastern European citizens.

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

A series of early engagement events with service users were held in July 2015 prior to formal consultation on a draft Commissioning Strategy which happened between October 15th and January 7th 2016.

The formal consultation process was responded to by approximately 8-10% of the service user base and about 30% of the current provider base, as well as by members of the public and partner groups. All known current service users were written to by the Lead Commissioner informing them of a review of these services and inviting them to take part on face to face consultation events and to engage in an on-line survey. The Commissioning Team also went out to meet service users at various provider venues and events in order to do some outreach consultation.

The feedback from the formal consultation is now being used to draft the Final CSS Commissioning Strategy.

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? Include mitigation actions

Age: There may be some adverse impact on the basis of age in terms of older age citizens who receive day services or carers sitting services. These services are being re-commissioned and continuity of existing providers cannot be guaranteed. However, the commissioning exercise is about providers demonstrating that they deliver quality, value for money services to an agreed

specification(s). This allows them entry onto a framework from which they will then bid for packages of support – existing and new. So older people in our support services may be affected by these changes, but there is no disproportionate impact on them in terms of their age, as all services are being re-commissioned for all age groups.

Older people aged between 65 and 84 years make up 73% of service users for carers specific services, and change in services may be difficult for them. In addition disabled clients may have family carers who are older. We anticipate anxieties about change will be significant and these are not specific to service users of a specific age.

Sex: There should be no adverse impact on one sex over another in this commissioning exercise. A higher proportion of men receive CSS than women. This is the opposite for adult social care services overall where about 60% of users are women. Services are designated by assessed eligible need, therefore there is no adverse impact between women and men but it is interesting to note why there are more referrals for men than women for community support services.

Sexuality: There should be no adverse impact on service users with varying sexualities. It is note that there is an overall lack of confidence among service users around identifying to BCC as being Lesbian, gay or bisexual. New services need to include LGB awareness raising with all service providers to ensure new services make positive statements about being welcoming for people who are LGB and creating safe environments for people to be open about their sexual orientation.

Disability: There should be a beneficial impact of this re-commissioning exercise for people with disabilities. Many CSS service users have a learning disability of physical disability and the aim of this exercise is to improve services for them. For example, supported accommodation is mainly used by people with learning difficulties or mental health issues, while people with physical impairments are mainly represented in day services. Many of the service users have complex needs and have a range of impairments which include more than one category of impairment.

Gender reassignment: There should be no adverse impact on service users with gender reassignment. BCC data does not identify any service users who are transitioning or who identify as being transgender. Sexual orientation

awareness training should include issues around gender, gender diversity and information about the law and gender reassignment.

Marriage & Civil Partnership: Services are designated on assessed eligible social care need, therefore people attend services based on their individual need and the referral process would not include partners attending services together.

Race: There is no expected adverse impact on BME communities as a result of this commissioning exercise. There is good representation of BME communities in carer's services, day services and accommodation based services. There is some under-representation of BME communities in community outreach services that needs to be better understood. The re-commissioning exercise will require all providers, whether catering for a BME market/ community/ individual or not to demonstrate quality, value for money services. There is a chance that some of the current services are not re-commissioned in the future if this cannot be evidenced.

Pregnancy & Maternity: We are not aware of any CSS service which provides targeted services for people who are pregnant or who may have young children. There will be citizens who are pregnant and/or on maternity leave who use CSS services. As with all other CSS services, there is a change of some adverse impact if existing CSS providers by whom these people are supported are not re-commissioned in the future.

Religion & Belief: There are current providers whose organisational mission and values are religion based. The re-commissioning exercise will require all providers, whether catering for a religion/ faith market or not, to demonstrate quality, value for money services. There is therefore a chance that some of the current services are not re-commissioned in the future. Specifications should include specific reference to the importance of service users being supported to attend places of worship and supporting the religious belief of residents. Activities which may require some out of hours working for support staff.

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

This proposal is likely to enhance outcomes and services for people with protected characteristics. By definition, many CSS service users have protected characteristics and this process aims to continually improve the quality and value for money of these services and make them more outcomes focussed for individuals. Providers wishing to deliver services on behalf of BCC will need to

go through a formal tender process which will include ensuring that the Equality Act 2010 is embedded into their service delivery. Whilst accreditation of providers is an on-going, some providers may not have had their policies scrutinised for a number of years. There also opportunities to develop provider understanding of sexual orientation, gender reassignment and religion and belief as well as other protected characteristics.

3.4 Can they be maximised? If so, how?

Yes. We are aligning this strategically with the Care Act Implementation. Currently there is one service specification for the whole of the Community Support Services. Services within the community support services title are varied. Service specific, outcomes focussed service specifications need to be drafted now based on formal consultation feedback, this EQIA etc and opportunities will be maximised for citizens with protected characteristics who have eligible social care needs.

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?

It is enhanced our understanding of the type of service users with protected characteristics; their needs and potential beneficial and adverse impacts of the re-commissioning of community support services for the service users.

This EqIA will inform the draft now of the Final Commissioning Strategy and service specification(s).

4.2 What actions have been identified going forward?

We will work with providers through the CSS Provider Forum and Co-Production Group to ensure that service users are aware of what is happening and when it is happening. In this way, we will aim to minimise adverse impacts on service users within the scope of this project.

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

The CSS service specification of what we want to buy and why will be drafted between Feb and April 2016. This delivery of this specification by providers who are successful in the tender process will be performance managed through a new, outcomes focussed performance management framework that will include equalities related information and analysis to continually feedback to BCC as commissioners of these services.

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| Service Director Sign-Off: | Equalities Officer Sign Off: Anne James – Equality and Community Cohesion Team Leader |
| Date: | Date: February 1 st 2016 |