

Equality Impact Assessment [version 2.9]



Title: Budget Proposal ASC10: Change how we fund care and support under S117	
<input checked="" type="checkbox"/> Budget Proposal	<input checked="" type="checkbox"/> Changing
Directorate: People	Lead Officer name: Katherine Williams
Service Area: Adult Social Care	Lead Officer role: Strategic Commissioning Manager

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the [Equality and Inclusion Team](#) early for advice and feedback.

1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use [plain English](#), avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

Budget context:

Bristol City Council is required by law to set a balanced budget however we face a potential gap in our core budget of around £23.1 million next year. With such a significant challenge the budget cannot be balanced without additional funding, making greater efficiencies (doing the same for less money) or by transforming the way we do things.

The Council has defined statutory responsibilities, but deliver against a far broader agenda, providing universal services benefiting the whole community, and targeted services aimed at individuals, communities with particular needs, and businesses – administered by our workforce, city partners, stakeholder organisations and commissioned services.

The COVID-19 pandemic has been far reaching, with a lasting impact on our people and our economy. Our finances are stretched to the limit, and the UK Government has stopped funding local COVID-19 responses. Up and down the country councils are facing this funding crisis with less money to keep services going. This is because more money is needed to: help citizens with the impact of the COVID-19 pandemic; support low-income households and local businesses in need of support post-COVID-19; support more people than ever with mental health and social care services; and meet the rising need and cost of home to school transport for children with special educational needs and disabilities (SEND) etc. At the same time, the pandemic saw us receive less income from business rates, commercial rentals, parking, sports facilities, and our museums, shops and cafes.

The [Medium Term Financial Plan](#) underpins the Council's financial planning process and outlines the approach we will take to meet the challenges presented by focusing primarily on delivering efficiencies, service re-design programmes which cut across directorate boundaries, and increasing external income and Invest to Save revenue.

This proposal relates to changing how we fund care and support for adults who are eligible for support provided under Section 117 (S117) of the Mental Health Act 1983. S117 aftercare is a legal duty that is placed on health and social services to provide after care services for individuals who have been in hospital under sections 3, 37, 45A, 47, or 48 of the Mental Health Act 1983. Support is provided with a view to preventing further hospital admissions and can include specialist housing, help to meet other people, help with work or education etc. Support should remain in place for as long as it is needed.

People who have been detained under the MH Act are clearly not a homogenous group, peoples circumstances, situations, support networks, recovery capacity, individual outcomes and goals vary significantly. We do know that people who are S117 eligible can be ‘over provided for’ which means that support can be more intensive than is actually needed, peoples needs fluctuate as their wellbeing varies but at times the level of support being provided remains static. This is often associated with managing the perceived risk that people may or may not present.

Additional funding has been secured from CCG S256 monies which allows us to take an invest to save approach, tightening our grip on S117 eligible citizens and commissioned support and bringing transparency, efficiencies and cost savings.

We are introducing a new, fixed term team for two years. We will be introducing new roles which internal staff may wish to apply for. The team will consist of a combination of roles in Adult Social Care (social care practitioners, brokers, commissioners and quality assurance support) to make service improvements. Roles will provide advice, guidance and coordination of S117 eligible citizens (approx 626 people in Bristol) which includes people with MH, LD and Autism support needs. This does not impact on existing BCC staff other than strengthening good practice across Adult Social Care, they will lead on establishing and embedding an improved way of supporting people with MH, LD and Autism support needs.

Key activities include:

- Informing quality, multi agency support and discharge planning. Ensuring the persons voice is central, a focus on recovery and prevention of individuals relapse and deterioration of mental health. Enabling a joint approach to care planning and risk enablement to address over prescribing of care.
- Strengthening connections with secondary MH provision at an individual level and maintaining oversight of overall S117 eligible citizens engagement.
- Accelerate cost of care pricing methodology for all Bristol S117 eligible placements to give a consistent approach to costing residential, nursing and supported living services that are purchased by both the CCG and the local authority. This team will lead negotiations with providers.
- Lead on bespoke commissioning where existing commissioned resources are not able to meet the requested needs of an individual.
- Following up on progress and potential reductions in care packages where time limited interventions have been put in place, proactively tracking reviews for people with potential for their care to step down once settled in a more person centred way.

1.2 Who will the proposal have the potential to affect?

<input checked="" type="checkbox"/> Bristol City Council workforce	<input checked="" type="checkbox"/> Service users	<input checked="" type="checkbox"/> The wider community
<input checked="" type="checkbox"/> Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	
Additional comments:		

1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If ‘No’ explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

Yes **No** [please select]

[leave this blank if 'Yes']

Step 2: What information do we have?

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

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: <https://www.bristol.gov.uk/people-communities/measuring-equalities-success>.

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics and intelligence \(sharepoint.com\)](#). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](#) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment Form](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
Census 2011 and Census 2021 2011 Census Key Statistics About Equalities Communities	The Census details the demographic profile of Bristol. The first results of the 2021 census will not be available until Spring 2022, so demographic data is still informed by 2011 census and other population related documents (listed below)
The population of Bristol	Updated annually. The report brings together statistics on the current estimated population of Bristol, recent trends in population, future projections and looks at the key characteristics of the people living in Bristol.
New wards: data profiles Ward Profiles - Power BI tool	The Ward Profiles provide a range of data-sets, including Population, Life Expectancy, health and education disparities etc. for each of Bristol's electoral wards.
Bristol Quality of Life survey 2020/21 final report Quality of Life 2020-21 — Open Data Bristol	The Quality of Life (QoL) survey is an annual randomised sample survey of the Bristol population, mailed to 33,000 households (with online & paper options), and some additional targeting to boost numbers from low responding groups. In brief, the 2020 QoL survey indicated that inequality and deprivation continue to affect people's experience in almost every element measured by the survey.

	<p>The Open Data 'Equalities View' tool shows at a glance the disparities for each Quality of Life indicator based on people's characteristics and circumstances including protected characteristics, caring responsibility, tenancy, education level, and deprivation.</p>
<p><u>Citizens' Assembly</u></p>	<p>The citizens' assembly is composed of 60 randomly selected participants. The group reflects as far as possible the diversity of the population in terms of age, sex, ethnicity, disability, employment status, and geographical location. Bristol Citizens' Assembly was part of a process created by the city of Bristol to gather public input to inform its COVID-19 recovery plan.</p>
<p><u>Joint Strategic Needs Assessment (JSNA)</u></p>	<p>The Joint Strategic Needs Assessment reports on the health and wellbeing needs of the people of Bristol. It brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and projected future needs. The JSNA is used to provide a comprehensive picture of the health and wellbeing needs of Bristol (now and in the future); inform decisions about how we design, commission and deliver services, and also about how the urban environment is planned and managed; improve and protect health and wellbeing outcomes across the city while reducing health inequalities; and provide partner organisations with information on the changing health and wellbeing needs of Bristol, at a local level, to support better service delivery.</p>
<p><u>Final report on progress to address COVID-19 health inequalities - GOV.UK (www.gov.uk) December 2021</u></p>	<p>Multiple sources of data and evidence have highlighted the disproportionate impact of COVID-19 on equalities communities, and the impact of measures taken to address this. This final report highlights the government response to the original recommendations and the long lasting 'take homes'. This highlights the importance of not treating ethnic minorities like a homogenous group and nurturing existing local partnerships and networks for public health programmes. It also gives recommendations around communications, developing and providing materials in multiple languages and working with community partnerships to improve understanding and co-create content for key audiences.</p>
<p><u>HR Analytics: Power BI reports (sharepoint.com)</u> [internal link only]</p> <p><u>Equality and Inclusion Annual Progress Report 2020-21 (pdf, 982KB) Appendix – Workforce Diversity Data – summary analysis</u></p>	<p>The Workforce Diversity Report shows Bristol City Council Workforce Diversity statistics for Headcount, Sickness, Starters and Leavers data. The report is updated once a month with data as at the end of the previous month. It excludes data for Locally Managed Schools/Nurseries, Councillors, Casual, Seasonal and External Agency employees. The report is based on the sensitive information that staff add to Employee Self Service on iTrent (ESS).</p>

	<p>We will be recruiting to these posts – some people may apply internally.</p> <p>Young people account for 9% of workers in existing adult social care</p> <p>Men account for 20% of workers in existing adult social care</p>
<p><u>Designing a new social reality - Research on the impact of covid-19 on Bristol’s VCSE sector and what the future should be – Black South West Network 2020</u></p>	<p>Local research has highlighted how long-term underinvestment and lack of equity in funding and procurement has eroded the local Voluntary and community sector – in particular for Black and minority ethnic led organisations. 30% of the organisations surveyed stated to operate on an annual budget below £5,000, and an additional 18% operated on below £25,000. 42% of the organisations sampled had no paid staff at all and fully relied on volunteers to deliver their activities and services.</p>
<p>Adult Social Care Data From Power BI</p> <p>Better lives @ home needs analysis – ASC data</p>	<p>ASC Data) shows 653 people who are S117 eligible accessing ASC provision, this is a 6.7% increase in the last year. 161 people are aged 65+ years.</p> <p>There are more men who are S117 eligible than women (402/251) but the proportion of women has increased by 10.1% whilst men increased by 4.7% when compared to the previous year.</p> <p>There are 62 people who are accessing support out of area which has increased from 52 in the previous year, whilst this may be to access specialist provision this growth does suggest a lack of appropriate local support.</p> <p>Information from the brokerage team regularly highlights the limited availability of specialist MH support in Bristol and the need for further market development.</p> <p>Only 45% of ASC service users with mental health needs are women, despite the fact that mental health disorders are three times more prevalent in women than men</p> <p>From analysis of the Mental Health cohort, there are more Black, Asian and minority ethnic people eligible for Section 117 aftercare and they are more likely to experience placement breakdown</p>
<p>National data shows that Black men are more likely to have experienced a psychotic disorder in the last year than White men. Black people are four times more likely to be detained under the Mental Health Act than White people (BAME and mental health Mental Health Foundation)</p>	

2.2 Do you currently monitor relevant activity by the following protected characteristics?

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input checked="" type="checkbox"/> Gender Reassignment
<input checked="" type="checkbox"/> Marriage and Civil Partnership	<input checked="" type="checkbox"/> Pregnancy/Maternity	<input checked="" type="checkbox"/> Race
<input checked="" type="checkbox"/> Religion or Belief	<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> Sexual Orientation

2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

Although our corporate approach is to collect diversity monitoring for all relevant characteristics, there are gaps in the available local diversity data for some characteristics, especially where this has not always historically been included in census and statutory reporting e.g. for sexual orientation. We also know there are some under-reporting gaps in our workforce diversity information - where personal and confidential information is voluntarily requested from staff.

There is a significant lack of data on sexual orientation, disability, marital status, gender reassignment and religion for service users on Bristol City Council 'LAS' Management Report. It is not possible to fill the gap in this data for this EqIA.

Internal reporting of protected characteristic at the care management assessment stage needs to be strengthened - to ensure these are being considered in the care assessment and referral stage. This will be a recommendation.

2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities. See <https://www.bristol.gov.uk/people-communities/equalities-groups>.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to [Managing change or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

We held a public Budget Consultation from Friday 5 November 2021 until Friday 17 December 2021. Alongside asking for views on different options for Council Tax next year, we shared some of the broad areas where we were looking at to reduce council spend to seek citizen's view. We made it clear in our communications that "We know we may need to consult with you about some of our more detailed saving proposals before we make any final decisions about them in future, and they may include difficult choices."

2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

All responses to the Budget Consultation will be analysed and included in a report that will be published on the Bristol City Council website in early 2022. We will take Budget consultation responses into account when developing our final proposals to put to the Cabinet and a meeting of the Full Council for approval. The final decision will be taken by Full Council at its budget setting meeting in February 2022.

This proposal was developed with the BNSSG Mental Health Programme Board which includes Lived Experience representation and the Adult Social Care provider forum. Further engagement is required via the equalities forum, the Independent Mental Health Network and Care provider forums as well as other relevant groups.

Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above, and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#)

3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories (different kinds of disability, ethnic background etc.) and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)

Even when we plan to consult in more detail on specific service delivery proposals at a later time, we must ensure that any budget setting decisions that are likely to affect future services are informed by sufficient consultation and proper analysis. This is so that decision makers can have due regard to any likely disproportionate or negative impact for citizens, service users or employees on the basis of their protected and other relevant characteristics at the time the budget is approved – not afterwards¹.

Decision makers will have the ability to make changes to the individual spending plans following further consultation as appropriate and detailed evaluation of the impact of specific proposals. Within the proposed budget envelope there will be financial mitigation put aside for any non-delivery or amendments to proposals which may occur due to future consideration of equalities issues or other factors.

As well as identifying whether budget changes will have a disproportionate impact on particular groups (e.g. because they are over-represented in a particular cohort of affected service users), we need to pay particular attention to the risk of indirect discrimination: when an apparently neutral decision puts members of a given group at a particular disadvantage compared with other people because of their different needs and circumstances.

Because the underlying reasons for the Council's budget deficit are very far reaching and likely to impact other public bodies and providers - we need to avoid making any assumptions that people's needs will still be met by other / external provision if we reduce or decommission our existing services.

As there is evidence showing that lack of equity in funding and procurement has eroded the local voluntary and community sector, we need to consider the extent to which any proposed reductions in budgets for commissioned services, or proposals to increase income (e.g. by reducing subsidies or charging more commercial rates for premises and services) may have a disproportionate impact on smaller organisations which are led by and/or support local equalities communities.

We are also aware of existing structural inequalities and particular considerations, issues and disparities for people in Bristol based on their characteristics, which we have taken into account in making this budget proposal (detailed below).

General impacts and mitigations

¹ [Bristol judgment clarifies Councils' Budget consultation duties — The Consultation Institute](#)

By equality group, disabled people are the highest proportion (34%) reporting below average mental wellbeing in 2019/20, followed by 22% of young people (aged 16-24). This compares to 10% of White Minority Ethnic (WME) people and 12% of older people aged 65+. There are no significant differences recorded by sex or religion.

The team will be utilising existing policies and refining these to ensure a clear mental health focus. Decision making will be fair and ensure we are putting the needs of our citizens at the heart. Some reviews may highlight that individuals are being over provided for. We will ensure that we continue to take a person centred approach and that the needs of the individual are met in accordance with the Care Act. Any changes will follow our robust decision making process.

Where reduced packages of care potentially disproportionately impact particular commissioned providers, this will be reviewed by the adult social care business continuity panel

We will be working with our commissioned providers to increase transparency and ensure value for money services using nationally recognised pricing methodology.

Some of the inequality shown in S117 data shows the inequality of the way in which people are perceived to be a risk to themselves or other people and therefore detained e.g. a young black male may be viewed as a higher risk than an older white female. Whilst this proposal will not specifically address this stigma we will be highlighting areas of good practice and learning for the wider system to better meet peoples needs in more culturally appropriate ways.

Supporting market development in areas to address current gaps and bring together providers with different areas of specialist knowledge to work with the whole person will be part of this work.

We will work with Lived Experience groups (such as the Independent Mental Health Network) to inform our work and the approach taken.

PROTECTED CHARACTERISTICS

Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> Young people who are affected by the mental health of someone they are cared for
Mitigations:	Improved localised support for people with mental health and support for whole family.
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> Older people in Bristol are: <ul style="list-style-type: none"> Less likely to be comfortable using digital services Bristol Ageing Better says at least 11,000 older people are experiencing isolation in the city. We must factor aging and the needs of older people into long term budgeting and service design
Mitigations:	Older people: as people age they should not have to move to have their care needs met so part of this work will be about market shaping to ensure existing older peoples and younger peoples services can adapt to effectively meet the needs of people with mental health needs as they age.
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> 17% of Bristol's population are disabled. There are more disabled women than men living in Bristol. The UK Disability pay gap is 20% (2020) There is a disproportionate impact of COVID-19 on disabled people <u>The lived experience of disabled people during the COVID-19 pandemic - GOV.UK (www.gov.uk)</u>

	<ul style="list-style-type: none"> • 22% of disabled people aged over 16 are economically active in Bristol compared with 70% of the general population, and are more likely to work part time. • Disability increases with age: 4.1% of all children, for the working age population it increases to 12.3% and for people aged 65 and over it increases to 55.9%. • Disabled people on average have lower qualification levels than the population as a whole. • A higher proportion of disabled people rent from a social provider (local authority or housing association) • Disabled people experience higher rates of hate crime and domestic abuse compared to the general population • Disabled people should be empowered to make independent living choices and have a say in access to service provision. • Budget setting needs to provide sufficient resource and flexibility to meet our legal duty to make anticipatory and responsive reasonable adjustments for disabled people including: <ul style="list-style-type: none"> ○ changing the way things are done e.g. opening / working 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. ○ is 'anticipatory' so we must think in advance and ongoing about what disabled people might reasonably need. • Disabled people must not be charged for their reasonable adjustments, accessible formats or other adaptations. It is a legal requirement under the Equalities Act to ensure information is accessible to disabled employees and service users. <p>Disabled people are the least satisfied with life (43%), significantly lower than the Bristol average (75%)</p>
Mitigations:	<p>Commissioned providers utilise access support services to increase disabled people into employment</p> <p>See general mitigations above</p>
Sex	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • More men eligible for S117 than women • Women still bear the majority of caring responsibilities for both children and older relatives. • Young women between the ages of 16 and 24 have higher risk of common mental health problems and higher rates of self-harm and post-traumatic stress disorder etc. • Nationally 27% of women experience domestic abuse in their lifetimes. The rate of recorded domestic abuse incidents in Bristol has shown a significant rise over the last two years and 74% of victims were female. • On average men in Bristol live 18 years in poor health, women live 22 years in poor health • A higher proportion of boys have physical impairments and more boys than girls have diagnosed mental health disorders and learning difficulties. • Men in Bristol are more likely than women to have unhealthy lifestyle behaviours including being overweight and obese, smoking, alcohol and substance misuse • There are differences between men and women in health practices and the way they use health services • Men are three times more likely than women to take their own lives.
Mitigations:	See general comments above

	<p>Recruiting staff – there is an under representation of men and young people within adult social care. We will be aware of this when recruiting</p> <p>Will ensure to hear the voices of men who are over represented through the lived experience groups</p>
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Lesbian, gay and bisexual people are statistically more vulnerable to verbal and physical abuse • 1 in 5 Lesbian, Gay, Bisexual and Trans (LGBT) staff have been the target of negative comments or conduct from work colleagues in the last year because they're LGBT. • More than a third of LGBT staff have hidden or disguised that they're LGBT at work in the last year because they were afraid of discrimination. • 1 in 10 Black, Asian and Minority Ethnic LGBT staff have similarly been physically attacked because of their sexual orientation and /or gender identity, compared to 3% of White LGBT staff • One in four lesbian and bisexual women have experienced domestic abuse in a relationship, one third of them were abused by a man. Almost half of all gay and bisexual men have experienced at least one incident of domestic abuse from either a family member or a partner since the age of 16. • Research shows LGBT people face widespread discrimination in healthcare settings and one in seven LGBT people avoid seeking healthcare for fear of discrimination from staff • The Stonewall LGBT in Britain - Health Report shows LGBT people are at greater risk of marginalisation during health crises, and those with multiple marginalised identities can struggle even more. In communications we should signpost and refer where possible to mutual aid and community support networks². • Research has shown that LGBT people are more likely to be living with long-term health conditions, are more likely to smoke, and have higher rates of drug and alcohol use. • Half of LGBT people experienced depression in the last year • 14% of LGBT people have avoided treatment for fear of discrimination because they are LGBT.
Mitigations:	See general comments above
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Further analysis needed to consider impact of pregnancy/maternity on MH
Mitigations:	See general comments above
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • 1 in 5 participants said they felt unsafe • 71% of participants had thought about suicide • 71% of participants had sought help for anxiety or depression
Mitigations:	See general comments above
Race	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Black, Asian and minority ethnic people are disproportionately impacted by COVID-19 • Ethnic minorities in Bristol experience greater disadvantage than in England and Wales as a whole in education and employment and this is particularly so for Black African people². • In the last census (2011) 16% of the population belonged to a Black, Asian or minority ethnic group and this is likely to be higher now. • Black people in the UK are less likely to hold a driving licence and more likely to rely on public transport.

² CoDE Briefing Bristol v2.pdf (runnymedetrust.org)

	<ul style="list-style-type: none"> • People who do not speak English as a main language may require information in plain English and community language translations or videos etc.
Mitigations:	See general comments above
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	No current data
Mitigations:	Will ensure that service design and commissioning takes into consideration the religious and beliefs
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	no significant impacts identified
Mitigations:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Local data shows 15% have “below average mental wellbeing”, rising to 20% in the most deprived areas.
Mitigations:	See general comments above
Carers	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Being a carer can be a huge barrier to accessing services and maintaining employment • We need to consider the timing/availability of services, events etc. to allow flexibility for carers. • As with Disability and Pregnancy and Maternity – policies which aim to restrict driving or parking can have a disproportionate impact on people who are reliant on having their own transport. • Studies show around 65% of adults have provided unpaid care for a loved one. • Women have a 50% likelihood of being an unpaid carer by the age of 46 (by age 57 for men) • Young carers are often hidden and may not recognise themselves as carers_ <p>Potential reductions in care packages could mean increased pressure on carers</p>
Mitigations:	We will consult with carers and consider their needs as part of support planning and service design
Other groups [Please add additional rows below to detail the impact for other relevant groups as appropriate e.g. Asylums and Refugees; Looked after Children / Care Leavers; Homelessness]	
Potential impacts:	
Mitigations:	

3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

The proposal aims to improve local provision and meeting the needs of individuals

Step 4: Impact

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

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

Summary of significant negative impacts and how they can be mitigated or justified:
Potential impacts on service providers which will be addressed through the adult social care business continuity panel. Potential reductions in support for individuals, however, their needs will be assessed to maximise independence and we will ensure their needs are met in accordance with the Care Act
Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:
Improve localised and specialist mental health support. We will improve our systems and processes to better meet the needs of our S117 citizens

4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
Strengthen equalities monitoring to support service design	Katherine Williams	April 2022

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

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

We will see less people going out of area for mental health support as we will have the provision within the city. We will have more confidence in knowing what we're paying for versus the outcomes that are being achieved with individuals Overall budget saving over the next two years

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the Equality and Inclusion Team before requesting sign off from your Director³.

Equality and Inclusion Team Review: Reviewed by equality officer	Director Sign-Off: Signed by Deputy Director – Commissioning (on behalf of the Director, Adult Social Care)
Date: 5/1/2022	Date: 05/01/2022

³ Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.