

Equality Impact Assessment [version 2.9]



Title: MOU Bristol, North Somerset and South Gloucestershire Integrated Care System	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input checked="" type="checkbox"/> Function <input type="checkbox"/> Service <input checked="" type="checkbox"/> Other [please state]	<input checked="" type="checkbox"/> New <input type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Bristol City Council	Lead Officer name: Hugh Evans
Service Area: All	Lead Officer role: Executive Director - People

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.

This MOU describes the relationship between partner organisations who are members of the new Integrated Care System (ICS) for Bristol, North Somerset and South Gloucestershire.

Integrated Care Systems are partnerships which will work together to deliver health and care and reduce inequality for their populations. They will become legal entities from April 2022.

The Bristol, North Somerset and South Gloucestershire ICS system is known as Healthier Together.

Bristol City Council is one of the Healthier Together (ICS) partner organisations. Other partners include:

- North Somerset Council
- South Gloucestershire Council
- United Bristol and Weston Healthcare Trust
- North Bristol NHS Trust
- Sirona Health and Care
- Bristol, North Somerset and South Gloucestershire Health Watch
- South Western Ambulance Service
- One Care (representing GPs)

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: The Integrated Health System will have significant impacts		

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.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	[please select]
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It is the intention of the Integrated Care System that health inequality will be reduced.

Step 2: What information do we have?

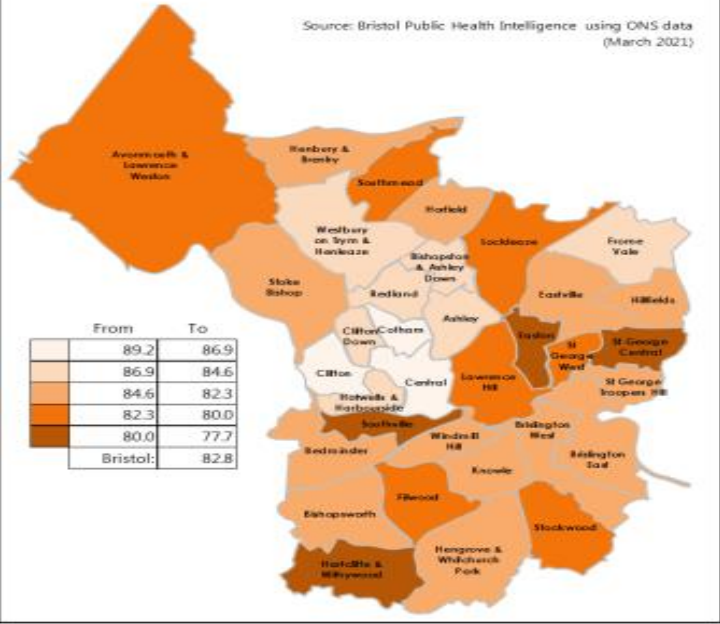
2.1 What data or evidence is there which tells us who is, or could be affected?

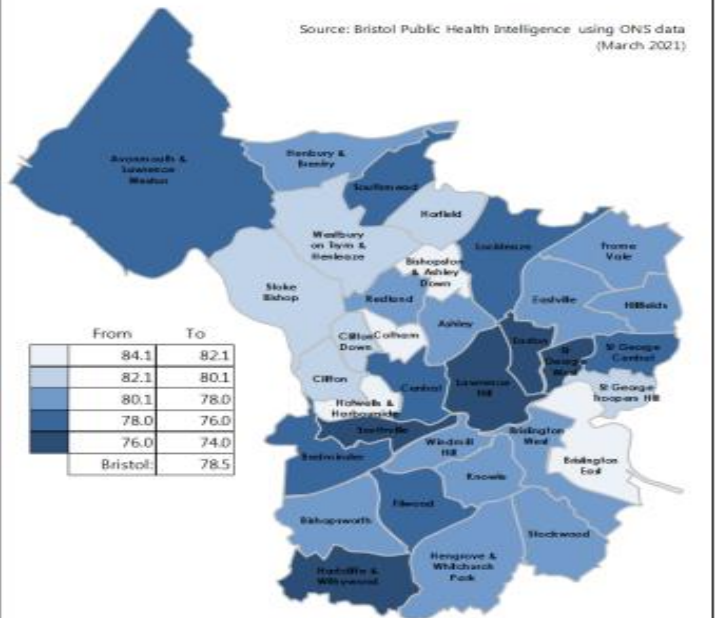
Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: <https://www.bristol.gov.uk/people-communities/measuring-equalities-success>.

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																					
Bristol JSNA	Describes the disparities in health outcome which are both geographic and within communities. Uses data from a wide range of sources including Office for National Statistics, Bristol City Council, NHS Digital, BNSSG Clinical Commissioning Group, Department of Health. Looks at health outcome differences (e.g. in life expectancy and disease incidence) in different groups such as gender and age.																					
Quality of life	Describes disparities in healthy behaviours, personal experiences and perceptions within Bristol geographical by ethnicity, sex, age, sexuality. Covers healthy behaviours such as smoking and exercise, perception and experience of crime and safety, impacts of covid.																					
Young People	Overall, there are more children living in Bristol than people aged 65 and over. Bristol's 85,700 children make up 18.4% of the total population, i.e. almost 1 in every five people living in Bristol is aged under 16.																					
Female life expectancy by Ward	<p style="text-align: center;">Female Life Expectancy at Birth, Bristol wards 2017-2019 (lighter areas indicate higher life expectancy)</p> <p style="text-align: right; font-size: small;">Source: Bristol Public Health Intelligence using ONS data (March 2021)</p>  <table border="1" data-bbox="767 1211 979 1361"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td></td> <td>89.2</td> <td>86.9</td> </tr> <tr> <td></td> <td>86.9</td> <td>84.6</td> </tr> <tr> <td></td> <td>84.6</td> <td>82.3</td> </tr> <tr> <td></td> <td>82.3</td> <td>80.0</td> </tr> <tr> <td></td> <td>80.0</td> <td>77.7</td> </tr> <tr> <td>Bristol:</td> <td colspan="2">82.8</td> </tr> </tbody> </table>		From	To		89.2	86.9		86.9	84.6		84.6	82.3		82.3	80.0		80.0	77.7	Bristol:	82.8	
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<p>Male Life Expectancy by ward</p>	<p>Male Life Expectancy at Birth, Bristol wards 2017-2019 (lighter areas indicate higher life expectancy)</p> <p>Source: Bristol Public Health Intelligence using ONS data (March 2021)</p>  <table border="1" data-bbox="766 492 973 638"> <thead> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>84.1</td> <td>82.1</td> </tr> <tr> <td>82.1</td> <td>80.1</td> </tr> <tr> <td>80.1</td> <td>78.0</td> </tr> <tr> <td>78.0</td> <td>76.0</td> </tr> <tr> <td>76.0</td> <td>74.0</td> </tr> <tr> <td>Bristol:</td> <td>78.5</td> </tr> </tbody> </table>	From	To	84.1	82.1	82.1	80.1	80.1	78.0	78.0	76.0	76.0	74.0	Bristol:	78.5
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<p>Percentage of respondents reporting below average mental wellbeing (Bristol Quality of Life Survey)</p>	<table border="1" data-bbox="742 795 1173 1142"> <tbody> <tr> <td>65 year and older</td> <td>16.6%</td> </tr> <tr> <td>16 to 24 years</td> <td>30.9%</td> </tr> <tr> <td>lesbian, gay or bisexual</td> <td>27.6%</td> </tr> <tr> <td>disabled</td> <td>44.4%</td> </tr> <tr> <td>Bristol average</td> <td>19.7%</td> </tr> </tbody> </table>	65 year and older	16.6%	16 to 24 years	30.9%	lesbian, gay or bisexual	27.6%	disabled	44.4%	Bristol average	19.7%				
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<p>Bristol Population LGB Source: ONS 2011 Census %</p>	<p>In 2020, 9.3% of respondents identified as LGB, in 2019 this figure was 9.2%, and in 2018 it was 8.1%, giving an approximate estimate of 9.1% LGB in Bristol.</p>														
<p>Bristol Population Trans Source: ONS 2011 Census %</p>	<p>The annual Bristol Quality of Life (QoL) survey includes the question “Do you think of yourself as a transgender person?” However, the number of respondents to the survey who say that they identify as transgender is too small for the sample size of the QoL survey to produce robust population estimates.</p>														
<p>Bristol Population by Ethnic Group Source: ONS 2011 Census %</p>	<p>Full ethnic group breakdown Broad ethnic groups White: White British (WB) 77.9% White Minority Ethnic (WME) 6.1% Black, Asian, Minority Ethnic (BAME) 16% Other: 0.9%</p>														
<p>ONS 2011 Census Marital Status %</p>	<p>47.0% Married 36.3% In a registered same-sex civil partnership 0.3% Separated (but still legally married or still legally in a same-sex civil partnership) 2.4% Divorced or formerly in a same-sex civil partnership which is now legally dissolved 8.2% Widowed or surviving partner from a same-</p>														

	sex civil partnership 5.8% All usual residents aged 16 and over 100%
ONS 2011 Census Religion %	Christian 46.8% Jewish 0.2% Muslim 5.1% Pagan 0.1% Hindu 0.6% Other 0.5% Buddhist 0.6% No religion 37.4% Sikh 0.5% Religion not stated 8.1%
Additional comments:	

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

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Gender Reassignment
<input type="checkbox"/> Marriage and Civil Partnership	<input checked="" type="checkbox"/> Pregnancy/Maternity	<input checked="" type="checkbox"/> Race
<input 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.

There is significant health data at local level around age, gender, geography and deprivation. This is supported by ongoing engagement, listening and coproduction with local communities. National health reports and evidence is used to inform local action. New data sets from the NHS called Population Health data sets, are beginning to provide more detail on health outcomes.
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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.

The development of the Integrated Care System is the latest stage of process which was previously called the Sustainability and Transformation System. Both systems are known as Healthier Together. These developing systems have had local involvement through locality partnerships, which have included a range of opportunities to engage.
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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.

Ongoing engagement will be extremely important. This will happen at locality level through neighbourhood Integrated Care Partnerships. Community partners are involved in these partnerships.

Bristol will need to ensure that the diverse needs of its communities are informed and engaged. This will be a key responsibly of the Bristol Health and Wellbeing Board.

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)	
Bristol accounts for almost 50% of the ICS population. Bristol has the most diverse population within the ICS area. Bristol has the highest level of health entrenched inequality, years of lives lost and healthy years of life lost.	
PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Bristol has a younger population profile than the rest of the ICS area. With a tendency for the system to focus on older age and adult social care there is a possibility that the health needs of Bristol's children and families may be overlooked.
Mitigations:	Bristol's Director of Education is chairing the Maternity and Child Health Transformation Group. Bristol's Director for Children's Services is now a full member of the HWBB. A new Bristol Children's Board has been established to ensure the voice of children and families is strong and influencing policy and programmes.
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	The impacts of the ICS should be positive for older people, with better and more integrated services, including community prevention – nearer to home
Mitigations:	Director for Adult Services is now a full member of the Health and Wellbeing Board. Director for Adult Services a full member of the Integrated Care Services Transformation Group and Chair of the Bristol Integrated Care Partnership joint working group. Older Peoples Organisations and Forums are active partners in the transformation process.
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	The impacts of the ICS should be positive for disabled people, with better and more integrated services, including community prevention – nearer to home There will be impacts on people accessing mental health services or living with mental health conditions through the reorganisation of mental health services. People with mental health conditions are known to have poorer health outcomes than the general population. There will be impacts for People with a Learning disability who are known to experience poorer health outcomes than the general population.
Mitigations:	A new Bristol Commission for Disability will hold the system to account. Disabled people and Disabled Peoples organisations will be active partners in the new system through locality boards and engagement processes.

	<p>There are a range of co-production forums to support the redesign of mental health services and informing the Mental Health Transformation Programme.</p> <p>There is a Learning Disability, and autism, Transformation Programme, and engagement with learning disability and autism individuals and communities needs to be at the heart of this work.</p> <p>The Bristol Health and Wellbeing Board will oversee progress on Disability and health equity.</p>
Sex	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There are known differential health impacts between men and women
Mitigations:	These differentials will be identified and monitored routinely through the Bristol JSNA and action advised via the Bristol Health and Wellbeing Board to the ICS
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There are known differentials in health impacts resulting from sexual orientation in the access of health and care services.
Mitigations:	Bristol will work with health and care partners and LGBTQ+ people to identify barriers to health and care.
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	The experience of pregnancy and maternity services are key essential services under the domain of the ICS. Bristol has the highest proportion of women within this age group and the highest levels of poverty and most diverse communities accessing maternity services.
Mitigations:	The Bristol Director of Education is the Chair of the Children and Maternity Transformation Group. A Consultant in Public Health with a specific remit for children and families supports this work.
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Gender Reassignment is a growing issue, particularly for young people
Mitigations:	<p>Closer working between the local authority, health partners and schools will support young people and their families.</p> <p>For adults, closer working between NHS England and the ICS will ensure effective, timely and sensitive pathways of care.</p>
Race	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Bristol has ethnic greater diversity than other areas of the ICS. Health Disparities arising from ethnicity and race are well known.
Mitigations:	Bristol has established a Race Equality Covid Group, this will become a Race Equality and Health Group. Bristol also has an established Race Commission and City Race Equality Leaders Group. These Groups and functions will be supported by the council and the Health and Wellbeing Board to hold the system to account through constructive challenge and advice.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Bristol has diversity of religion and belief. Health and Care Systems will need to be culturally competent in order to deliver equitable access to health and care.
Mitigations:	Bristol City Council and Bristol Health and Wellbeing Board will need to ensure that diversity of religion and belief are understood and addressed by the new ICS system.
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
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:	Bristol has large areas of socio economic deprivation with poor health outcomes . There is a risk that these are less visible and may get overlooked in a wider population (BNSSG) denominator
Mitigations:	The formation of smaller neighbourhood based Local Care Partnerships will enable a better analysis of socio -economic health need. Bristol City Council and the Bristol Health and Wellbeing Board will engage with the new Integrated Health Local Partnerships, monitor outcomes and advocate for necessary change. The Bristol Public Health team provides active leadership for the Population Health, Health Inequality and Prevention Workstream. The focus of this work is to identify the drivers and opportunities to reverse and reduce health inequality.
Carers	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Any change or transformation to Health and Care will impact disproportionately n those who care.
Mitigations:	The intention is that changes from the ICS are positive for Carers. Ongoing active engagement with Carers, support networks and families will be vital to ensure that these changes are positive. Healthwatch and a Carers advocacy organisation are members of the Health and wellbeing Board. Bristol has a Carers strategy, which is supported by the Director for Adult Services
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

It is the intention of the ICS that experience of health and care will improve. That it will be more local, more flexible and provide more diverse services which are person centred

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:
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Negative impacts would be unintended consequences of this national policy initiative. None would be justifiable.
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Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:
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Bristol City Council and Bristol Health and Wellbeing Board will be responsible for ensuring that that there are no negative impacts for Bristol communities and that if these are identified that the ICS takes action to address these.

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
Bristol City Council and Bristol Health and Wellbeing Board to establish systems to monitor impacts of the ICS on Bristol communities.	Hugh Evans Executive Director - People	By April 2022
If negative impacts are identified that Bristol City Council and Bristol Health and Wellbeing Board ensure that the ICS takes action to address these	Hugh Evans Executive Director - People	From 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.

An equality impact framework will be produced.

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 Director¹.

Equality and Inclusion Team Review: Reviewed by The Equality and Community Cohesion Team	Director Sign-Off:  Hugh Evans, Executive Director People
Date: 22/ 09/2021	Date: 22/09/2021

¹ 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.