

Equality Impact Assessment [version 2.9]



Title: Pathway to a single Adult Social Care framework: Extension of existing contracts for care and support in Extra Care Housing schemes, HMP Bristol, Night-time domiciliary care and Advocacy services	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input checked="" type="checkbox"/> Other [please state] Cabinet decision	<input type="checkbox"/> New <input checked="" type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Adults and Communities	Lead Officer name: Sarah Evens
Service Area: Adult Social Care	Lead Officer role: Senior Project 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.

1. To provide cabinet with early information regarding the development of a single adult social care purchasing framework, pending a future request for full authorisation and permission to tender in summer 2023.
2. To seek approval to extend the current contracts for Extra Care Housing care and support, Advocacy Services, Night-time domiciliary care and Care and Support within HMP Bristol to allow for their inclusion in the procurement of a single adult social care purchasing framework

Care and Support within Extra Care Housing

Extra Care Housing schemes are developments that comprise self-contained homes with design features and onsite care and support services to enable self-care and independent living for older citizens. Extra Care Housing provides an important alternative to residential or nursing care, and reduces the risk of loneliness, social isolation, falls and unplanned hospital discharge.

Bristol City Council currently spends approximately £6.7M per annum on care and support in 13 ECH schemes across the city for people over 55 years of age. The proposal is to extend the 13 current Extra Care Housing care and support service contracts until 31 March 2024, to enable alignment and inclusion within the procurement of a Single Adult Social Care Framework.

Advocacy services

Bristol City Council Adult Social Care currently commissions 4 Advocacy service contracts, of which 3 contracts expire on 31 December 2023. This report seeks approval to extend these contracts for 3 months until 31 March 2024, to enable alignment and inclusion within the procurement of a Single Adult Social Care Framework.

Care and Support within HMP Bristol

Bristol City Council Adult Social Care has a three-way contract with HMP Bristol and a provider to deliver care and support within HMP Bristol. This contract was established in February 2020 is due to expire on 30.11.23

To align with the timescales for the procurement of a new single Adult Social Care Framework as outlined above, contract will need to be extended for 4 months until 31.03.24.

Night-time domiciliary care

Bristol City Council Adult Social Care currently commissions three care and support contracts for people who require support between the hours of 9pm and 8am. There are 3 zonal contracts that cover the City: South, Central and North. The contracts were established in 2017 and are due to expire on 31 July 2023. To align with the timescales for the procurement of a new single Adult Social Care Framework the contracts will need to be extended for 8 months until 31.03.24.

1.2 Who will the proposal have the potential to affect?

<input 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.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	[please select]
---	-----------------------------	-----------------

By delaying the recommissioning and extending current contractual terms there may be an equality impact. The recommissioning and modernisation of service contracts could present an opportunity to improve accessibility and delivery, and to change quality of life, health, standard of living, and care and support outcomes for people.

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
<p>Extra Care Housing Needs Analysis. Sources: <i>Extra Care Housing Listing Bristol City Council 'LAS' Management Report</i>.</p>	<ul style="list-style-type: none"> • Most people who live in Extra Care Housing are over the age of 85. The ages of current residents in Extra Care Housing, who receive care and support range from 44 to 101 years old, with larger numbers in the older age bands. 34.7% are aged over 85 years and almost half (49.6%) are aged over 80. • Most residents in Extra Care Housing are female (two thirds). • The most recorded ethnicity among residents is White British (74.38%). There is evidence that people from Black, Asian, and Minority Ethnic communities are underrepresented in ECH, such as those from Black African ethnicity. • In total, 39.42% of service users are recorded as Christian, or one of the Christian denominations, which reflects the Bristol community. • There is a lack of recorded data on disability. Out of a total of 769 service users across all ECH schemes, 6.9% are recorded as having a disability. Given the nature of vulnerability that comes with age and nomination into an ECH scheme, it is likely this figure is an underrepresentation. • There are a significant number of people living in ECH that are carers or have a carer. According to LAS data, 35.7% of people living in ECH are recorded as being a carer or having a caring role. • There is a lack of recorded data on marital status. Of the 85 service users living in ECH with a recorded relationship status, almost one third are married (32.94%), almost one third widowed (30.59%) and just over a quarter (25.88%) a recorded as single. • There is a lack of recorded data on gender reassignment. • Analysis of residents in Extra Care Housing who receive care and support from the onsite care and support provider, shows that half of service users (51.2%) have their primary support need listed as 'Physical Support - Personal Care Support'. The second most common primary support need is 'Physical Support - Access and Mobility Only' (17%). 9.5% of service users have 'Mental Health Support' as their Primary Support reason, 8.1% 'Support with Memory and Cognition', 4.4 % 'Sensory Support,' 3.5% 'Social Support (Support for Social Isolation/ Other),' and 0.6% 'Substance Misuse Support'.
<p>Bristol Joint Strategic Needs Assessment Health and Wellbeing Profile 2020/21</p> <p>LSE: Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040</p>	<ul style="list-style-type: none"> • Dementia - The number of people with dementia aged over 65 is projected to rise by 28.4% in Bristol in the next 10 years. This higher rise is largely due to the projected increase in people in the older age range (85+) (LSE Projections). The number of people from Black, Asian, and Minority Ethnic communities with dementia is expected to increase significantly faster than the national average (Bristol JSNA). • Disability - Half of people over 65 in Bristol are currently living with a limiting long-term illness (LLTI) or disability. It is forecast that the number of over 65s with an LLTI whose day-to-day

	<p>activities are significantly limited will reach 21,596 by 2035, a rise of almost 30 per cent (Bristol JSNA 2018 estimate).</p> <ul style="list-style-type: none"> • Sexual orientation - The Bristol City Council 2019 Older People's Needs analysis states that based on 2017 population estimates, there could be at least 1950 LGBT people over 65yrs in Bristol. This could rise to 3196 people by 2041, given projected population increases.
<p>Outcomes from Focus group meetings with service users and local community members from 8 of Bristol's ECH Projects in 2019.</p>	<ul style="list-style-type: none"> • Generally, service users were positive about their ECH provision, with some very positive comments such as schemes 'feeling like home' and praise for the quality of the support they received. Regarding future service models, all were interested in bringing younger people, particularly keyworkers, into the schemes to inject some 'vitality'. There was a clear sentiment across most schemes that 'balance' was required, both in terms of age and complexity of need.
<p>LGBT Advisory group meeting re ECH</p>	<p>Key messages from an LGBT+ Advisory Group meeting were collected on 27.02.20 and are summarised here. This meeting did not specifically focus on Extra Care Housing, but it is relevant to social care:</p> <ul style="list-style-type: none"> • It is important that care staff are required to undertake appropriate LGBT training and that this training is embedded in practice. • Care providers must ensure employees are not prejudice to LGBT people • Older LGBT people fear that some services are prejudice and that they may be treated differently due to their sexual orientation or gender assignment. • That all care and support provided to older LGBT people should be respectful of people's sexual orientation • The gender of a person providing support with personal care may be more important to some LGBT people <p>As a result of this feedback the council will look to ensure that providers provide, and document what training is offered to staff around LGBT awareness training, including training relevant to care delivery.</p>
<p>Outcomes of Public Consultation on the Recommissioning of Care and Support Contracts in Extra Care Housing</p>	<ul style="list-style-type: none"> • 177 people responded to the Public Consultation between 7 June and 18 July 2021. • A summary of the demographics of respondents is as follows: <ul style="list-style-type: none"> ○ 63.6% were female ○ 39.7% were disabled ○ 78.95% of White British Ethnicity (like the Bristol population), 4.6% Asian / Asian British, 2.6% Black /African / Caribbean / Black British ○ 83.4% were Heterosexual / Straight, 3.38% were bisexual and 0.7% Gay Man. ○ most respondents were over the age of 65 • Workshops were also held with Bristol and Avon Chinese Women's Group (10 attendees) and Bristol Older People's Forum (18 attendees) in July 2021. • The results of the consultation show agreement overall with the Key Areas of Focus for the Commissioning Plan, and agreement

	<p>overall with the Main Types of Care and Support Activities we propose to commission. ‘Strong agreement’ is the most favoured option in all cases. This includes agreement on strengthening the support provided for people with dementia in ECH, strengthening the support for people with mental health issues and complex needs, and strengthening support to carers living in ECH. There was also agreement on support for making sure ECH care and support provision is inclusive and representative of the community it serves.</p> <ul style="list-style-type: none"> • Consultation comments relating to the impacts on the protected / relevant characteristics, including from the workshops, included: <ul style="list-style-type: none"> ○ The need for more activities for people from same background to reduce loneliness ○ The need for more support for carers. ○ The need to look at ways to encourage more Chinese people to apply for Extra Care Housing ○ The need for more culturally sensitive entertainment at services ○ More focus on people with Learning disabilities over 55 ○ An increasing number of aging Black African people, mainly from the Somali Community, who are not in contact with the Council ○ Services need to take a dementia point of view when planning care ○ The need to assist service users to religious groups and services <p>This feedback and other relevant comments will be used to help revise the new service specification for the recommissioned services. The service specification can be a mechanism to ensure the proposal creates benefits for people based on their protected or other relevant characteristics by specifying the kind of services the Council wishes providers to provide.</p>
<p>Advocacy Equality Information from Contract Monitoring Information, accessed 19 January 2023</p>	<p>Recording of demographic across the advocacy contract is inconsistent and incomplete. From the data collected:</p> <ul style="list-style-type: none"> • People who access the service range from under 15yrs to over 75yrs, although only 11% of service users were over 60yrs. Over half are between 40 and 60 years of age. • 49% reported as female, 47% male, Transgender 1% and 3% preferred not to say • The recording of sexual orientation varied between providers therefore the information is not a true reflection as some contracts did not give citizens the same options to identify. Of the information provided, 5% identified as bisexual, 35% as heterosexual, 15% as LGBT, 1% lesbian, 1% pansexual, 1% asexual and 43% preferred not to say • Religion was not recorded by all contracts, but of those that did, no religion (28%) and prefer not to say (43%) were the largest responses • There is a variation in reported disability, however from what information was collected, 47% identified mental health, 20% older people (with needs including but not limited to dementia) 12% learning disability and 8% people with acquired brain injury. • The way in which ethnicity was recorded by the providers, varied considerable and therefore these percentages are not

wholly accurate, however 76% reported as White ethnicity, 9% Black/Black British, 9% Other, 3% Asian/Asian British, 2% mixed, 0% Chinese or Other Ethnic Groups. This data seems to suggest that Chinese, Asian and Black British people may be underrepresented in advocacy services.

HMP Bristol Equality Information – source LAS Data in Current Client List BI Report, filtered for the HMP address. Connecting Care also used to establish any further characteristics. Accessed 19 January 2023

- Everyone who currently draws on the service is over 50yrs of age and most are aged between 50 and 70yrs, averaging younger than the usual cohort for domiciliary care in the wider community
- Half of those who draw on the service have a neurological disability, the others physical or other vulnerability.
- All service users are male, much higher than the normal 37.8% male split in commissioned home care services in the community.
- 1 service user was recorded as Black British, 2 service users were recorded as White British and the 3 other service users were recorded as unknown. Further investigation into LAS documents, such as assessments also did not disclose those ethnicities.

Night-time domiciliary care service user protected characteristics analysis
Source: LAS Data in Current Client List BI Report, filtered at Service Level to include only “1NTC Night-time Care South”, “2NTC Night-time Care Central”, and “3NTC Night-time Care North”.
Date accessed: 19th January 2023

Total number of service users: 64

Age

Age	No. SUs	%
18-29	1	2%
50-59	6	9%
60-69	9	14%
70-79	14	22%
80-89	18	28%
90+	16	25%

The highest proportion of individuals accessing the Night-time care contract are aged between 80-89 (28%), followed by those aged 90 or above (25%) and those aged 70-79 (22%), indicating this service mainly caters to older adults. Only one service user under 50 years old accesses the service. This breakdown of age is consistent with the wider population of individuals who access commissioned home care in Bristol.

Disability
Primary client group and primary support reason have been analysed as indicators of the disability protected characteristic.

Primary client group	No. SUs	%
Dementia	6	9%
Neurological Disability	3	5%
Other Vulnerability	1	2%
Physical Disability	21	33%
Physically Frail/Temporary Ill	30	47%
Unknown	2	3%
Visual Impairment	1	2%

The highest proportion of service users are recorded as being physically frail/temporarily ill (47%) and having a physical disability (33%).

Primary Support reason	No. Sus	%
Learning Disability Support	1	2%
Mental Health Support	1	2%
Physical Support - Access and Mobility Only	18	28%
Physical Support - Personal Care Support	38	59%

Support with Memory and Cognition	6	9%
-----------------------------------	---	----

The highest proportion of service users have a support need related to physical support with personal care (59%) and physical support for access and mobility only (28%). This proportion breakdown for nighttime care is broadly similar to the overall population of people accessing commissioned home care (59% physical personal care support and with a lesser proportion for physical support access and mobility only (18%)).

S.117

Is subject to s117	No. SUs	%
No	62	97%
Yes	2	3%

Only 3% of service users are subject to s.117.

Sex

There is a higher proportion of female service users accessing the night care service: 52 (81%) Female vs 12 (19%) Male service users. This split is more pronounced than the overall home care service user population which has 62.2% female to 37.8% male split. According to the 2021 Bristol Census, there are approximately 4,900 less men than women aged 65 and above living in the city, with a proportion split of 46% men, 54% women. With this information in mind, it appears a disproportionately small number of male service users are accessing the service.

Race

Ethnicity	No. SUs	%
Any Other Asian Background	1	2%
Any Other Black Background	1	2%
Asian / Asian British	1	2%
Black / African / Caribbean / Black British	2	3%
Caribbean	3	5%
Chinese	1	2%
Mixed / Multiple	2	3%
Undeclared / Not Known	4	6%
White	1	2%
White British	47	73%
White Irish	1	2%

This highest proportion of individuals have identified as White British (73%).

This is followed by 6% undeclared/not known and 5% Caribbean.

The 2021 Census has provided updated statistics on the ethnic groups in Bristol. White ethnic groups make up 81.1% of the population of Bristol.

Religion or belief

Religion or Belief	No. SUs	%
Christian	3	5%
Church of England	4	6%
Evangelical Christian	1	2%
none	2	3%
other religion	1	2%
prefer not to say	1	2%
Sikh	1	2%
No data	51	80%

	<p>The monitoring data on religion or belief has not been recorded consistently. The religion or belief of 80% of the service users is not recorded. Of the data that has been captured, we can see that 13% of service users have identified under a denomination of the Christian faith. 3% have no religion and 2% have identified as Sikh or 'other religion' respectively.</p> <p>Sexual orientation</p> <table border="1"> <thead> <tr> <th>Sexual orientation</th> <th>No. SUs</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>not recorded</td> <td>23</td> <td>36%</td> </tr> <tr> <td>heterosexual</td> <td>28</td> <td>44%</td> </tr> <tr> <td>not known</td> <td>10</td> <td>16%</td> </tr> <tr> <td>not disclosed</td> <td>3</td> <td>5%</td> </tr> </tbody> </table> <p>The monitoring data on sexual orientation has not been recorded consistently. A large proportion has not been recorded (36%). The highest proportion of service users have identified as heterosexual. None of the service users have identified as gay, lesbian, bisexual, or transgender.</p> <p>Gender reassignment No data</p> <p>Marriage or Civil Partnership status No data</p> <p>Pregnancy and Maternity No data</p>	Sexual orientation	No. SUs	%	not recorded	23	36%	heterosexual	28	44%	not known	10	16%	not disclosed	3	5%
Sexual orientation	No. SUs	%														
not recorded	23	36%														
heterosexual	28	44%														
not known	10	16%														
not disclosed	3	5%														
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 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.

<p>There is a significant lack of data on sexual orientation, disability, marital status, gender reassignment and religion for service users on the Extra Care Housing Listing, Bristol City Council 'LAS' Management Report.</p> <p>Internal reporting of protected characteristic at the care management assessment stage needs to be strengthened and to ensure these are being considered in the care assessment and referral stage. This will be a recommendation.</p> <p>Advocacy Recording of demographic across the advocacy contract is inconsistent and incomplete.</p> <p>Care and support within HMP Bristol No data recorded on religion or belief, sexual orientation, gender reassignment nor marriage or civil partnership status.</p> <p>Night-time domiciliary care</p>
--

Lack of or inconsistent data surrounding religion or belief, sexual orientation, gender reassignment, marriage or civil partnership status, pregnancy, and maternity.

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.

Care and Support in Extra Care Housing

40.2% of the respondents who responded to the Public Consultation currently live in Extra Care Housing, while 6.3% care for someone who lives in Extra Care Housing. The main findings are detailed above.

Relevant engagement exercises, not specifically focused on this recommissioning project, but exploring similar themes, were held with communities and groups living in Extra Care Housing in the last couple of years:

- Meetings with service users and local community members from 8 of Bristol's ECH Projects: ABC Centre, Anchor House, Blaise Weston Court, Colliers Gardens, Hillside Court, Somerville, Southlands and Waverly Gardens.
- 22 x online survey respondents from carers and family members of Homecare/ECH, and several people considering Homecare/ECH in the future.

The results of these findings will influence the proposed Commissioning Plan for ECH is part of the single framework procurement exercise.

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.

Engagement with stakeholders and service users, including targeted work with under-represented groups, will continue as the recommissioning exercises and in setting up the single framework for Adult Social Care.

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)	
<p>Most service users living in Extra Care Housing and who receive commissioned services are older people with care and support needs, including those with disabilities. A significant number of service users are also carers.</p> <p>Many people who draw on advocacy services will be doing so because they have substantial difficulty being involved in making decisions about their care and support for example, they may have difficulty understanding information, remembering information, using the information they receive or being able to tell people their view, wishes and feelings.</p> <p>Those people drawing on domiciliary care services either in HMP Bristol or for overnight care will have Care Act eligible needs which arise from a physical or mental impairment or illness which have a significant impact on their wellbeing. Therefore they are likely to have a disability and/or be an older person.</p>	
PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>It is important that care and support services successfully meet the needs of older adults with complex health and social care needs, and that services offer skilled interventions that promote people's independence and safety in older age, as set out in a future revised service specification. For example, we know from research that there will be more older people with Dementia, and age comes with increased risk of social isolation. Where services fail to meet these needs, this would result in a disproportionate impact on older people.</p> <p>A potential outcome of recommissioning is a change of provider, affecting continuity of care, which could be especially problematic for people with cognitive impairment, which is far more prevalent in older age. The extension of the current arrangements will mitigate this issue for a further year.</p>
Mitigations:	<p>The contracts will continue to be performance managed by the BCC Contracts and Quality Team to ensure maximum performance during the contract extension periods.</p> <p>Any future tender activity which results in transition period to enable new providers to establish themselves in the setting and build positive relationships with those who draw on services, to mitigate the negative impacts of changing provider.</p> <p>In engaging with those who live with ECH schemes, we have taken steps to offer a range of engagement methods, including printable, paper questionnaires and offering phone conversations and completing questionnaires over the phone.</p>
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There is evidence of a significant level of people with a disability living in Extra Care Housing and receiving advocacy services, domiciliary care at night or within HMP Bristol. It is important that services continue to successfully meet the care and support needs of people with disabilities, during the contract extension period. Where services

	fail to meet these needs, this would result in a disproportionate impact on disabled people.
Mitigations:	<p>The contracts will continue to be performance managed by the BCC Contracts and Quality Team to ensure maximum performance during the contract extension periods.</p> <p>Any future tender activity will look to ensure that services are designed to meet the needs of Disabled People and that appropriate providers are commissioned to deliver these outcomes.</p> <p>As part of the consultation activity for ECH recommissioning, we have engaged directly with the Disability Equality Forum (DEF), providing large print, easy read paper copies of the consultation questionnaire for the DEF to send directly to their members.</p>
Sex	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	Those receiving care and support within HMP Bristol are all male, therefore any impact on the service will disproportionately affect males.
Mitigations:	The contracts will continue to be performance managed by the BCC Contracts and Quality Team to ensure maximum performance during the contract extension periods.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There is a lack of recorded data on the sexual orientation of service users in all services included within the proposal. National research suggests older LGBT+ people fear that some social care services are prejudice and that they may be treated differently due to their sexual orientation.
Mitigations:	<p>The contracts will continue to be performance managed by the BCC Contracts and Quality Team to ensure maximum performance during the contract extension periods.</p> <p>The service specifications look ensure that services are non-discriminatory and look to meet needs in personalised and person-centred way, as well as the provision of relevant staff training.</p> <p>Internal reporting of protected characteristics at the care management assessment stage needs to be strengthened and to ensure sexual orientation is being considered where applicable in the care assessment and referral stage.</p>
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There is a lack of recorded data on the gender reassignment status of people receiving adult social care services. National research suggests Older LGBT people fear that some services are prejudice and that they may be treated differently due to gender reassignment.
Mitigations:	<p>The contracts will continue to be performance managed by the BCC Contracts and Quality Team to ensure maximum performance during the contract extension periods</p> <p>The service specifications look to ensure that services are non-discriminatory and look to meet needs in personalised and person-centred way, as well as the provision of relevant staff training.</p> <p>Internal reporting of protected characteristics at the care management assessment stage needs to be strengthened and to ensure gender reassignment is being considered where applicable in the care assessment and referral stage.</p>
Race	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Potential impacts:	There is evidence that Extra Care Housing currently has an underrepresentation of people from Black, Asian and Minoritised Ethnic communities, including people from 'Black, African, Caribbean or Black British' and 'Indian' ethnicities, meaning there are not as many people from these communities in Extra Care Housing as expected, and that services could be meeting people's needs better. This also appears to be potentially the case in advocacy services, however this data is unreliable. By delaying the recommissioning process, this could delay any commissioning model changes which could address the underrepresentation, therefore the contract extensions could have an adverse impact on those with this protected characteristic.
Mitigations:	More engagement regarding Extra Care Housing with individuals from Black, Asian and minoritised ethnic communities is needed and the extension period allows for more time for this to take place. The recommissioning process should consider the use of specialist provision to address unmet need and look at ways to better ensure services meet the needs of the local populations. There is evidence that the benefits of Extra Care Housing, and the service in general, could be better promoted in local communities and that more engagement is needed to ensure these services meet the need of local communities. The service specification will look to ensure that services are non-discriminatory and look to meet needs in personalised and person-centred way, as well as the provision of relevant staff training.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Data shows that Christianity is the most frequently recorded religion among Extra Care Housing tenants, although almost half of all tenants have nothing recorded. This makes it difficult to assess if there is an underrepresentation, which should be addressed. The 2011 census showed 5.1 of the Bristol population are Muslim (although only 3% of Muslims in Bristol at that time were aged over 65), yet there is no representation of the Muslim faith within 'LAS' Extra Care Housing data. Religion is inconsistently reported in all other services
Mitigations:	Internal reporting of protected characteristic at the care management assessment stage needs to be strengthened and to ensure religion is being considered where applicable in the care assessment and referral stage.
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 type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Carers	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	35.7% of people living in Extra Care Housing are recorded as being a carer or having a caring role. It is important that care and support services in Extra Care Housing successfully meet the support needs of carers, within the scope of the future service specification. Where services fail to meet these needs, this would result in a disproportionate impact on carers, meaning that carers could be at risk of feeling overwhelmed and not be supported to maintain independent living in Extra Care Housing.
Mitigations:	A key focus of the Commissioning Plan for revised services is to strengthen the support for carers. This can be achieved by ensuring carers are identified and supported as soon as possible and ensuring that cares are supported in their caring role. The revised service specification must ensure this continues to receive focus.

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 extension proposals ensure continuity of provision for people who are currently drawing on the services. There are currently no performance concerns for the contracts being extended. The provision of good quality, and inclusive care and support services and activities, that meet people's identified needs, will contribute to equality of opportunity in supporting people to live independently, particularly for older people and disabled people. The provision of good quality advocacy services ensures that all people can have their voice heard on issues that are important to them.

The elimination of unlawful discrimination will be promoted through the assessment of service providers adherence to the Equality Act through performance monitoring and quality assurance assessment of service delivery, and in the process to assess which providers will deliver services.

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:

- There is evidence that Extra Care Housing currently has an underrepresentation of people from Black, Asian and Minority Ethnic communities, including people from 'Black, African, Caribbean or Black British' and 'Indian' ethnicities, meaning there are not as many people from these communities in Extra Care Housing as expected, and that services could be meeting people's needs better. The recommissioning process must consider the use of specialist provision to address unmet need and look at ways to better ensure services meet the needs of the local populations.
- We know from research that there will be more older people with Dementia, and age comes with increased risk of social isolation. Where services fail to meet these needs, this would result in a disproportionate impact on older people. The service specification for the recommissioned care and support services in Extra care housing will look to ensure that services are designed to meet the needs of older people, and that appropriate providers are commissioned to deliver these outcomes. Older people will be involved in the recommissioning consultation, including existing service users and potential future service users.

- It is important that care and support services in Extra Care Housing successfully meet the care and support needs of people with disabilities, within the scope of the future service specification. Where services fail to meet these needs, this would result in a disproportionate impact on disabled people. The service specification for the recommissioned care and support services in Extra Care Housing will look to ensure that services are designed to meet the needs of disabled people and that appropriate providers are commissioned to deliver these outcomes.
- This EqlA has highlighted that there is inconsistent reporting of equality characteristics in advocacy services. Although this proposal is to extend the current contract, a contract variation is recommended to strengthen the equalities recording during the extension period to allow for a more thorough equality impact assessment to be undertaken.

Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:

- The provision of good quality, and inclusive care and support services and activities, that meet people’s identified needs, will contribute to equality of opportunity in supporting people to live independently, particularly for older people and disabled people. The extension of the current contracts will ensure continuity of service whilst re-procurement plans are finalised, and contract specifications strengthened.
- For the contract extension period, the contracts will be varied to ensure improved contract monitoring in Advocacy services.

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
Continue engaging with local communities, and particularly the BAME population and LGBT+ communities, to ensure services is inclusive by ensuring we are in contact with groups like Black carers.	Catherine Martin & Jon Wright	March 2024
Vary the existing advocacy service contracts to improve equalities reporting	Catherine Martin	June 2024
During the contract extension period, review equalities standards and Key Performance Indicator targets in revised specifications	Catherine Martin & Jon Wright	March 2024

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.

Services will be monitored through the Bristol City Council Quality Assurance Framework assessment process. Services will also be monitored through the assessment of agreed Key Performance Indicators throughout the contract period and through service user feedback of their experience of services. The next EqlA of advocacy services will have more data to analysis as part of the assessment.

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqlA. EqlAs 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: <i>Reviewed by Equality and Inclusion Team</i>	Director Sign-Off: Hugh Evans Executive Director, Adults
Date: 26/01/2023	Date: 28/01/2023

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.