Equality Impact Assessment [version 2.12]

Title: **Bristol, North Somerset and North Gloucestershire (BNSSSG) Integrated Care System Strategy**	
☐ Policy ☒ Strategy ☐ Function ☐ Service ☐ Other [please state]	☒ New ☐ Already exists / review ☐ Changing
Directorate: Adults and Communities	Lead Officer name: Christina Gray
Service Area: Public Health	Lead Officer role: Director, Communities and Public Health

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.

The Bristol, North Somerset and North Gloucestershire (BNSSG) Integrated Care Partnership (ICP) is required to produce a system-wide strategy, which addresses the aims and priorities for improving health, reducing inequality and delivering optimal health and care for the population of Bristol, North Somerset and South Gloucestershire. This is hosted on the website of the BNSSG Integrated Care Board (ICB): ICS-Strategy-300623.pdf (bnssghealthiertogether.org.uk)

1.2 Who will the proposal have the potential to affect?

☒ Bristol City Council workforce	☒ Service users	☒ The wider community
☒ Commissioned services	☒ City partners / Stakeholder organisations	
Additional comments: This is a population-wide strategy		

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]

It is intended that this strategy will have a positive impact on equalities.

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: How we measure equality and diversity (bristol.gov.uk)

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

Data / Evidence Source [Include a reference where known]	**Summary of what this tells us**
The Bristol Joint Strategic Needs Assessment (JSNA)	This ongoing piece of work draws on many sources, including the Census and School Census, and is directly referenced in the ICD Strategy. The JSNA shows that profile of health and need across the population of Bristol is unevenly distributed, with geographical communities and communities of interest experiencing differential outcomes in terms of access to services, morbidity and mortality. Insights from the JSNA relating to inequalities in health include: • **The median age in** Bristol is 32.4, well below the national median of 40.3. **Healthy life expectancy** for men and women in Bristol is 59.8, and 61.5 respectively, below the national average (63.1 and 63.9). • 6% of people in Bristol identified as **Lesbian, Gay, Bisexual or other sexual orientation** in 2021, twice the England & Wales average (3.2%). A 2016 Bristol Healthwatch survey noted heightened mental health concerns in this group. 61% of participants sought help for anxiety, 32% self-harmed, 20% felt unhappy/depressed, and 59% had considered/attempted suicide. 68% felt discriminated against for their gender identity or sexual orientation.

	• 0.83% of those 16+ in Bristol **identified with a gender different than that on their birth certificate** in 2021 - the 7th highest nationally. 0.2% identified as non-binary, 0.12% as transwomen, 0.11% as transmen, 0.10% wrote in a different gender identity and the rest did not specify. In 2017-18, Healthwatch Bristol reported that 20% of Trans & Non-Binary people in the South West felt unsafe, 71% had considered suicide, 71% sought help for anxiety or depression, and 60% felt discriminated against because of their gender identity. Crucially, 30% felt discriminated against in the health care system. • 10.7% of adults in Bristol **self-identify as Disabled.** 17.2% of all Bristol residents could be considered Disabled under the Equalities Act. There were around 9,075 adults with a learning disability (LD) in Bristol in 2020, and around 2,850 pupils were recorded as having an LD in the 2022 School Census. 60,220 have some hearing loss, and around 5,370 people 65+ have visual impairments. • 28.4% of Bristol's population were from **ethnic minority groups** in the 2021 Census. The largest of these were Somali (1.9%), Pakistani, (1.9%) and Indian (1.8%). • In 2019-20, Bristol **women** experienced 360 hospital admissions for Pelvic Inflammatory Disease. The rate of 319 per 100,000 is far above England's (254.7). In 2019, Bristol women's chlamydia detection rate was 2,248.3 per 100,000, but men's was 1,176.7. Women experience more long-term impacts from chlamydia. In 2020/21 there were significantly more hospital admissions due to falls in older people in Bristol than in England. 65% of falls-related admissions are for women. • **Men's** life expectancy in Bristol (78.5) is below the England average and the Bristol women's average (82.7). Early deaths from cancer in men are higher in Bristol (149.8 in 100,000) than the national rate (137.6) or the Bristol women's rate (130). Cardiovascular diseases are the 2nd most common cause of early death in Bristol, with 235 in 2020, 69% of which were in men. Rates were worse in the inner city. • 15% of Bristol's population lived in the most **deprived** areas in England in 2019, with 21% of children and 17% of older people in deprived households. Deprivation is highly variable by ward and is highest the wards of

	Hartcliffe & Withywood, Lawrence Hill, and Hengrove & Whitchurch Park.
BNSSG "Our Future Health" Report	Our Future Health is a high level, strategic needs assessment for the BNSSG ICS area, drawing from local JSNA products and existing intelligence and with and explicit focus on inequality, inclusion, and intersectionality at all levels. It provides a snapshot of key health issues, opportunities, and interventions across all life stages to enhance wellbeing and reduce illness in Bristol, North Somerset, and South Gloucestershire. The assessment adopts a life course approach, addressing inequalities and intersectionality, while promoting prevention and a focus on designing future services with this in mind. Throughout the report, all protected characteristics are considered. This report is also directly referenced in the ICS Strategy.
Additional comments:	

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

☒ Age	☒ Disability	☒ Gender Reassignment
☒ Marriage and Civil Partnership	☒ Pregnancy/Maternity	☒ Race
☒ Religion or Belief	☒ Sex	☒ 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.

This strategy is a partnership strategy covering BNSSG. Bristol City Council was involved along with other members of the Integrated Care Partnership with its creation, but is not solely responsible for its delivery. All partners, particularly health and care partners, are required and expected to undertake equality monitoring. However, this is patchy in parts, and is subject to improvement. Therefore, we do not always have a complete picture of access impact and outcomes.

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.

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 a change process 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 ICB have assured us through various forums that communities of interest, equalities groups and communities of place have been widely involved, along with the VCSE, health and social care and the wider public, in the development of this strategy.

The ICB collected information and views through a 12-week survey and over 50 community engagement events. The ICB worked with "local hospitals, community health, primary care, mental health, local council, charities, community groups, the voluntary sector, and businesses" to ensure a wide variety of people were able to provide input, and the findings of the survey includes responses from people from "different age groups, health needs, abilities, and people from a variety of backgrounds." Further information, including a full report, a summary, an easy read version and translations in eight different languages along with a video in British Sign Language, can be found here: haveyoursay - BNSSG Healthier Together.

People with lived expertise attend the ICP Board, which is ultimately responsible for the strategy, as well as the editorial group for the strategy. We have been assured by the Integrated Care Board that this process was made accessible.

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.

The ICB is required to ensure that the voices of equalities groups and communities, and people with lived expertise, are fully engaged in the ongoing development and delivery of the strategy, and it has committed to do so. The strategy delivery will be undertaken through the ICB's Health and Care Improvement Groups (HCIGs).

Equality Impact Assessments will be conducted by the ICB as the HCIGs determine the specific actions to take based on the direction set out in the strategy. The ICB has committed to reviewing and refreshing the strategy in 2024. Those who visit the ICB's website can request the strategy in alternative formats.

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 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)	
The ICS Strategy focuses on five "key opportunities". First and foremost amongst these is "tackling systemic inequalities". The strategy is intersectional, recognising that inequalities in health and care compound to deliver worse outcomes for people with multiple protected characteristics. The strategy makes high level commitments to address these inequalities. The intention of the strategy is to address and reverse adverse impacts on equality groups. As such, it is not expected that BCC's adoption of the strategy would have any negative impact on specific protected or other relevant group. Rather, the risk is that the strategy fails to identify and address the inequalities as well as intended.	
PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities negatively impacting young people in the health and care system are not adequately addressed.
Mitigations:	Among the commitments of the strategy is "[to] Undertake a 'most impactful conditions' analysis for children and young people which identifies opportunities for prevention and improving outcomes." Access to support, education, health, housing etc. is specifically addressed in the strategy, with particular reference to differential access in areas facing socio-economic deprivation. There is also particular focus on the first 1,001 days of life.
Age: Older People	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities negatively impacting older people in the health and care system are not adequately addressed.
Mitigations:	The strategy makes explicit mention of the opportunities to help people to "age well and die well", chief among which is tackling systemic inequalities. There is a focus on prevention and population health, targeting lifelong conditions and long-term painful conditions, and recognition that prevention opportunities exist at all ages. Support for older people later in life is among the strategy's key commitments.
Disability	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities negatively impacting Disabled people in the health and care system are not adequately addressed.
Mitigations:	The strategy recognises that organisations have exhibited biases and taken decisions based on these that have negatively impacted Disabled people, and commits to correcting this. The strategy proposes undertaking research to investigate lower uptake

	of interventions in vulnerable groups, including those with learning difficulties. The strategy makes repeated reference to ensuring health and care is accessible. Ensuring the strategy is accessible is also important. the ICB website makes explicit mention that once launched, alternative formats are available.
Sex	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities in the health and care system based in sex or gender identity are not adequately addressed.
Mitigations:	The strategy makes explicit reference to "meet[ing] the challenge of new national guidance for improving poor health outcomes", giving the Women's Health Strategy for England as an example. The strategy recognises the need to end the disparity in health outcomes, including as a result of gender, particularly regarding life limiting conditions such as cardiovascular disease.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities in the health and care system that negatively impacting Lesbian, Gay or Bisexual people, or those with other sexual orientations (LGB+), are not adequately addressed.
Mitigations:	The strategy recognises that organisations have exhibited biases and taken decisions based on these that have negatively impacted LGB+ people, and commits to correcting this.
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities based on pregnancy or maternity in the health and care system are not adequately addressed.
Mitigations:	"[W]ork[ing] together to provide support for families with children during the first 1001 days of life" is among the key commitments of the strategy, with a particular focus on "households who are unfairly at risk of the poorest outcomes"
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities in the health and care system based in gender reassignment or identity are not adequately addressed
Mitigations:	Gender reassignment is not directly referred to in the Strategy
Race	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities in the health and care system based in race and/or ethnicity are not adequately addressed
Mitigations:	The strategy recognises that some ethnicities bear a disproportionate burden of ill-health. The strategy recognises that organisations have exhibited biases and taken decisions based on these that have negatively impacted people based on their ethnicity, and commits to correcting this. While discussing the key opportunity around "strategic prioritisation of key conditions", the strategy notes "certain ethnic groups experience poor health at a younger age and have higher levels of living with complex illnesses" Ensuring the strategy is accessible is also important. the ICB website makes explicit mention that once launched, alternative formats are available.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities in the health and care system based in religion or belief are not adequately addressed
Mitigations:	Religion or belief is not directly referred to in the strategy.
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities in the health and care system based in marriage or civil partnership are not adequately addressed
Mitigations:	Marriage or civil partnership is not directly referred to in the strategy.
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities in the health and care system based in socio-economic deprivation are not adequately addressed

Mitigations:	The strategy makes frequent reference to deprivation, noting its impact on healthy life expectancy, early death, chronic obstructive pulmonary disease and cardiovascular disease, as well as wider determinants of health such as school readiness. The strategy's commitments include tackling issues that disproportionately affect those experiencing socio-economic deprivation, such as supporting people to be a healthy weight, reducing harm from tobacco and tackling cardiovascular disease.
Carers	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	Inequalities in the health and care system negatively affecting carers are not adequately addressed
Mitigations:	The strategy commits, in collaboration with the VCSE to "Increasing support for carers to enable more people in BNSSG to provide or continue providing informal care." The strategy recognises dealing with the impact of chronic stress on carers as a prevention opportunity, and commits to working with carers in the strategic prioritisation of key conditions.
Other groups [Please add additional rows below to detail the impact for any other relevant groups as appropriate e.g. asylum seekers and refugees; care experienced; homelessness; armed forces personnel and veterans]	
Potential impacts:	Inequalities in the health and care system negatively affecting these groups are not adequately addressed
Mitigations:	The strategy does not directly refer to these groups.

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 intention of the strategy is to address and reverse adverse impacts on equality groups, which result in inequality. The strategy has a strong focus on prevention and early intervention. There are particular inequalities experienced by Black, Asian and Minoritised Groups, disabled people and individuals living in poverty and or areas of deprivation which the strategy and subsequent plans will seek to address.

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:
Addressing inequality of access and outcome has been a key focus of the strategy
Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:
Ensuring that the ICP Board is inclusive, promoting and ensuring the voice and influence of the Race Equality and Health Forum, the Development of Women's Health Hubs, and the recognition that men experience a considerable health gap. The strategy recognises the importance of early years and of the needs of children and young people. The strategy recognises and addresses the demographic changes and the need to focus on healthy aging and the needs of older people.

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
The ICB will develop EQIAs focused on implementation	ICB Director of Strategy and Partnerships	2023-24
The strategy will be operationalised through the Health and Care Improvement Groups of the ICB over the coming year (2023-3)	ICB Director of Strategy and Partnerships	2023-24
The strategy will be refreshed during 2024-5.	ICB Director of Strategy and Partnerships	2024-5

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.

This will be led by the ICB Director of Strategy and Partnerships through the BNSSG Strategic Network and the HCIGs. Responsibility sits with the Integrated Care Partnership, of which Bristol City Council is a member.

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 Director[1].

Equality and Inclusion Team Review: ***Reviewed by Equality and Inclusion Team***	**Director Sign-Off:** C A Gray
Date: 14/8/2023	Date: **26 July 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.