

# Equality Impact Assessment [version 2.11]



Title: <b>Single ASC Commissioning Framework Project</b>	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input checked="" type="checkbox"/> Function <input type="checkbox"/> Service <input checked="" type="checkbox"/> Other [please state] <b>Cabinet</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Adults and Communities	Lead Officer name: Nikki Cottrell
Service Area: Adult Social Care	Lead Officer role: 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.

#### Background and Context

Bristol Adult Social Care (ASC) currently spends c.£195m with third party providers for care and support services. Currently this is purchased via a variety of large frameworks (e.g., residential and nursing framework, home care framework, Community Support Services Framework) and contracts (e.g. Extra Care Housing, Carers Support).

The current four historic ASC purchasing frameworks and standalone contracts are restrictive, time-consuming to administer and inconsistent in structure, terms and conditions and approach to financial rates and uplifts. As these frameworks come to an end there is an opportunity for the service to introduce a new, more flexible purchasing mechanism that will enable more innovative and integrated commissioning and will provide a platform for consistent pricing of services and improve financial control.

In February 2023 a Project Mandate was approved for ASC to develop a Full Business Case to procure and implement a Single Commissioning Framework for the purchasing and provision of the majority of Adult Social Care Services. An accompanying EQIA was completed with the mandate which was signed off by the Equalities Team at the end of January 2023.

There has not been a huge amount of change since the EQIA that accompanied the mandate. This is an updated version of that document to include more up to date equalities data and more detail now known about the planned new framework structure and design.

#### An ASC Single Commissioning Framework

The planned new framework will be a tool to enable the achievement of ASC transformation and savings targets to control unit price, reduce the amount of off-framework higher cost placements and packages and bring Bristol spend back in line with other comparable authorities.

**Key objectives for the new Framework include:**

- is financially and procurement compliant
- is easier for providers and other key stakeholders to engage with
- results in a reduction of off-contract spend by engaging with a larger volume of providers
- reduces internal staff time spent on administrating frameworks by 50%, freeing up time for transformation activity, quality assurance, market shaping and development
- reduces the number of contract enquiries from other stakeholders, e.g. social work practitioners
- allows Bristol, North Somerset and South Gloucestershire BNSSG partners (i.e. the Integrated Care Board/ICB) to purchase care and support in the same way we do, enabling joint commissioning and integration opportunities.

**The desired outcome is a purchasing model which is:**

- A simpler, consolidated contractual arrangement
- Enables flexible and innovative commissioning
- Enables flexible financial management across the ‘care ladder’

**And allows commissioners to shape the market to:**

- Ensure that **supply is sufficient** to meet the needs and outcomes of Bristol citizens
- Establish a **sustainable** market using Fair Cost of Care principles
- Encourage **collaboration**, partnership, joint commissioning and **co-production**
- Keep it **Local** and builds the **capacity of VCSE, SME and Black-Led** providers to deliver outcomes

**Anticipated benefits of the new Framework include:**

- More staff time available for value adding transformation, innovative commissioning, and quality assurance activity
- Improved procurement compliance
- Clearer relationships with providers and stakeholders
- A mechanism for integrated commissioning

During the Full Business Case development project stage, details of the planned design and structure of the proposed Single Framework have been developed along with a plan for how the service will procure and implement this framework (subject to approvals).

For more detail about the purpose, key drivers, and objectives of this proposal, along with the intended delivery approach and timeline, please refer to the Appendix A Further information.

It is important to note that this specific EQIA is to form part of mandatory appendices for Single Commissioning Framework Key Decision Paper. It is not intended to be the overarching EQIA for the framework itself. This will be sent to the Equalities and Inclusion team separately (though it will not largely differ from this one), along with the draft Individual Lot EQIA’s.

**1.2 Who will the proposal have the potential to affect?**

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

**1.3 Will the proposal have an equality impact?**

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

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

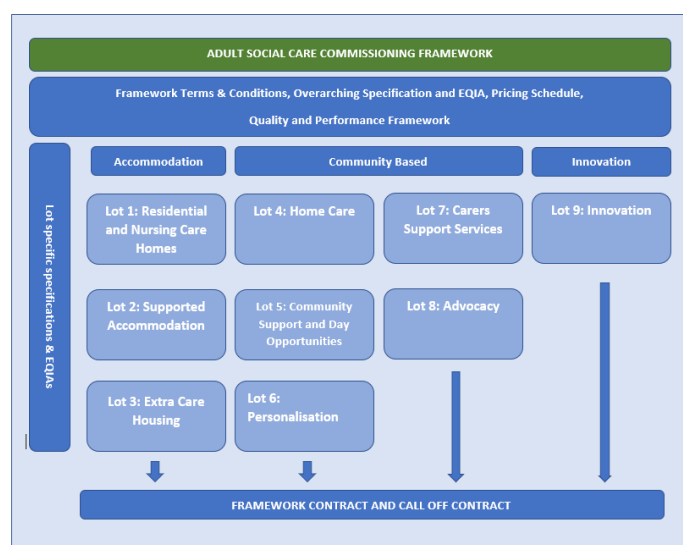
If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

**Yes**                       **No**                      [please select]

The proposed new Framework will have eight core accommodation and community services lots, with a ninth 'Innovation' lot, which can be used to allow for creative and innovative commissioning and 'test and learn' pilots. All providers that are successful on joining one or more of the eight core lots will automatically get onto the Innovation Lot. Providers will be able to apply to as many lots as they wish to and there will be no limit to the number of providers on each lot.

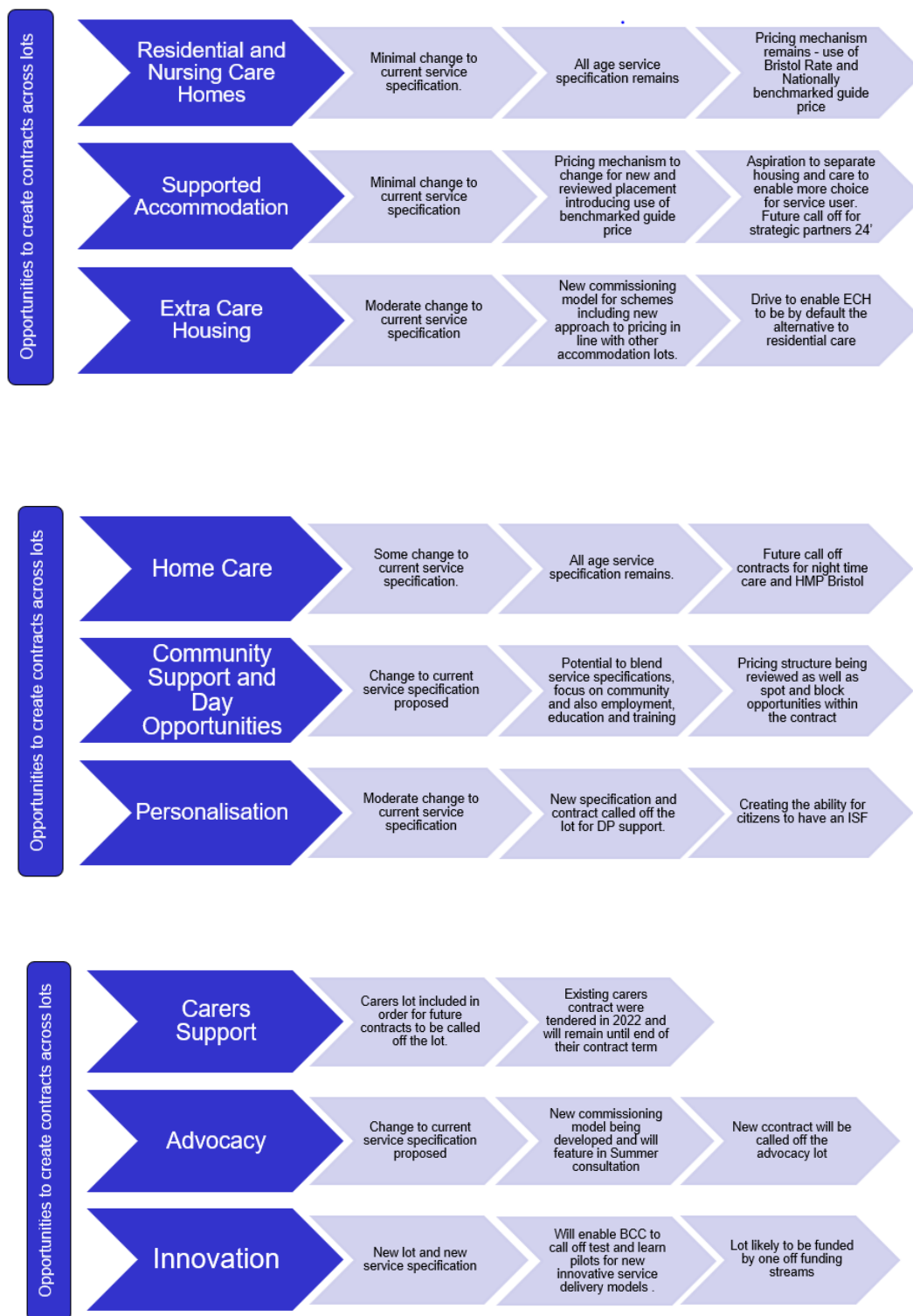
To reduce the complexity and inconsistency that exists with the current frameworks, the new framework will have one overarching set of Terms and Conditions and associated Framework Schedules, Equality Impact Assessment (EqIA) and Pricing Schedule. There will also be an overarching service specification, which will include appended schedules detailing individual Lot service information or expectations such as specific referral pathways into the service and service specific KPI's (Key Performance Indicators).

The ambition over time is to have the majority of ASC's purchasing activity from providers operating in the city under one framework. Early indications are that the majority of existing providers have already expressed an interest through the PIN notice that went out in May this year. Where existing providers either choose not to join, or are unsuccessful in joining the new framework, they will not be automatically eligible to receive new work, or any other benefits associated with the new framework.



Some commissioning and service design models will be updated as part of implementation of the new framework, although others will remain the same or very similar to the current models and will be updated within the life of the new framework by variation. Where commissioning models, service design and specifications are going to undergo more significant change, individual equality impact assessments will be completed and submitted for feedback and sign off from the Equalities and Inclusion team.

Please see below for the core Lots overview and more information about the planned changes, if any, by lot:



ASC will be using this opportunity to strengthen, streamline and standardise equality reporting and requirements via the terms and conditions for all services included within the single framework.

Importantly, the project aims to simplify and standardise the application process to join the new framework, reduce duplication and increase accessibility for diverse providers, such as Black-Led organisations, VCSE organisations and SMEs. An increase in the number of diverse providers that BCC work with should have a positive equalities impact for those who draw on services.

## 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 \(bristol.gov.uk\)](https://www.bristol.gov.uk/equality-diversity)

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 \(sharepoint.com\)](https://www.bristol.gov.uk/data-statistics-intelligence). 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																			
Adult Social Care Power BI Tier 3 services (those that are currently purchased via current frameworks) Data from LAS Accessed 18/07/23	<table border="1"> <thead> <tr> <th data-bbox="493 1066 679 1133">Age Band</th> <th data-bbox="679 1066 1166 1133">%GT Number of Current Service Users</th> </tr> </thead> <tbody> <tr> <td data-bbox="493 1133 679 1171">18-29</td> <td data-bbox="679 1133 1166 1171">8.80%</td> </tr> <tr> <td data-bbox="493 1171 679 1209">30-39</td> <td data-bbox="679 1171 1166 1209">9.45%</td> </tr> <tr> <td data-bbox="493 1209 679 1247">40-49</td> <td data-bbox="679 1209 1166 1247">9.45%</td> </tr> <tr> <td data-bbox="493 1247 679 1285">50-59</td> <td data-bbox="679 1247 1166 1285">13.11%</td> </tr> <tr> <td data-bbox="493 1285 679 1323">60-69</td> <td data-bbox="679 1285 1166 1323">15.20%</td> </tr> <tr> <td data-bbox="493 1323 679 1361">70-79</td> <td data-bbox="679 1323 1166 1361">15.67%</td> </tr> <tr> <td data-bbox="493 1361 679 1400">80-89</td> <td data-bbox="679 1361 1166 1400">18.95%</td> </tr> <tr> <td data-bbox="493 1400 679 1451">90+</td> <td data-bbox="679 1400 1166 1451">9.38%</td> </tr> </tbody> </table>		Age Band	%GT Number of Current Service Users	18-29	8.80%	30-39	9.45%	40-49	9.45%	50-59	13.11%	60-69	15.20%	70-79	15.67%	80-89	18.95%	90+	9.38%
	Age Band	%GT Number of Current Service Users																		
	18-29	8.80%																		
	30-39	9.45%																		
	40-49	9.45%																		
	50-59	13.11%																		
	60-69	15.20%																		
	70-79	15.67%																		
	80-89	18.95%																		
	90+	9.38%																		
	<table border="1"> <thead> <tr> <th data-bbox="493 1491 1023 1599">Ethnicity Group</th> <th data-bbox="1023 1491 1275 1599">Number of Current Service Users</th> </tr> </thead> <tbody> <tr> <td data-bbox="493 1599 1023 1637">White</td> <td data-bbox="1023 1599 1275 1637">3982</td> </tr> <tr> <td data-bbox="493 1637 1023 1675">Unknown</td> <td data-bbox="1023 1637 1275 1675">655</td> </tr> <tr> <td data-bbox="493 1675 1023 1713">Black / African / Caribbean / Black British</td> <td data-bbox="1023 1675 1275 1713">507</td> </tr> <tr> <td data-bbox="493 1713 1023 1751">Asian / Asian British</td> <td data-bbox="1023 1713 1275 1751">209</td> </tr> <tr> <td data-bbox="493 1751 1023 1789">Mixed / Multiple</td> <td data-bbox="1023 1751 1275 1789">128</td> </tr> <tr> <td data-bbox="493 1789 1023 1827">Other Ethnic Group</td> <td data-bbox="1023 1789 1275 1827">63</td> </tr> <tr> <td data-bbox="493 1827 1023 1865">Turkish</td> <td data-bbox="1023 1827 1275 1865">1</td> </tr> <tr> <td data-bbox="493 1865 1023 1917">Portuguese</td> <td data-bbox="1023 1865 1275 1917">1</td> </tr> </tbody> </table>		Ethnicity Group	Number of Current Service Users	White	3982	Unknown	655	Black / African / Caribbean / Black British	507	Asian / Asian British	209	Mixed / Multiple	128	Other Ethnic Group	63	Turkish	1	Portuguese	1
	Ethnicity Group	Number of Current Service Users																		
	White	3982																		
Unknown	655																			
Black / African / Caribbean / Black British	507																			
Asian / Asian British	209																			
Mixed / Multiple	128																			
Other Ethnic Group	63																			
Turkish	1																			
Portuguese	1																			
<p data-bbox="493 1957 855 1989"><i>PSR = Primary Support Reason</i></p> <table border="1"> <thead> <tr> <th data-bbox="493 1989 1155 2096">PSR (groups)</th> <th data-bbox="1155 1989 1407 2096">Number of Current Service Users</th> </tr> </thead> <tbody> <tr> <td data-bbox="493 2096 1155 2121">Physical</td> <td data-bbox="1155 2096 1407 2121">2611</td> </tr> </tbody> </table>		PSR (groups)	Number of Current Service Users	Physical	2611															
PSR (groups)	Number of Current Service Users																			
Physical	2611																			

Data / Evidence Source [Include a reference where known]	Summary of what this tells us																																															
	<table border="1"> <tr><td>Learning Disability Support</td><td>1166</td></tr> <tr><td>Mental Health Support</td><td>992</td></tr> <tr><td>Support with Memory and Cognition</td><td>438</td></tr> <tr><td>Social Support - Support to Carer</td><td>146</td></tr> <tr><td>Sensory Support</td><td>118</td></tr> <tr><td>Social Support - Support for Social Isolation / Other</td><td>57</td></tr> <tr><td>Social Support - Substance Misuse Support</td><td>20</td></tr> <tr><td>Social Support - Asylum Seeker Support</td><td>1</td></tr> </table>	Learning Disability Support	1166	Mental Health Support	992	Support with Memory and Cognition	438	Social Support - Support to Carer	146	Sensory Support	118	Social Support - Support for Social Isolation / Other	57	Social Support - Substance Misuse Support	20	Social Support - Asylum Seeker Support	1																															
Learning Disability Support	1166																																															
Mental Health Support	992																																															
Support with Memory and Cognition	438																																															
Social Support - Support to Carer	146																																															
Sensory Support	118																																															
Social Support - Support for Social Isolation / Other	57																																															
Social Support - Substance Misuse Support	20																																															
Social Support - Asylum Seeker Support	1																																															
	<table border="1"> <tr><td>Total Service Users</td><td>5,546</td></tr> <tr><td>Total Female</td><td>3,004</td></tr> <tr><td>Total Male</td><td>2,542</td></tr> <tr><td></td><td></td></tr> </table>	Total Service Users	5,546	Total Female	3,004	Total Male	2,542																																									
Total Service Users	5,546																																															
Total Female	3,004																																															
Total Male	2,542																																															
	<table border="1"> <thead> <tr> <th data-bbox="491 734 839 808">Religion</th> <th data-bbox="839 734 1193 808">Sum of Number of Current Service Users</th> </tr> </thead> <tbody> <tr><td>Christian</td><td>223</td></tr> <tr><td>Church of England</td><td>217</td></tr> <tr><td>None</td><td>209</td></tr> <tr><td>Muslim</td><td>69</td></tr> <tr><td>(Roman) Catholic</td><td>62</td></tr> <tr><td>Prefer Not To Say</td><td>37</td></tr> <tr><td>Other religion</td><td>13</td></tr> <tr><td>Methodist</td><td>12</td></tr> <tr><td>Baptist</td><td>9</td></tr> <tr><td>Sikh</td><td>8</td></tr> <tr><td>Jehovah's Witness</td><td>7</td></tr> <tr><td>Other</td><td>6</td></tr> <tr><td>Pentecostal</td><td>4</td></tr> <tr><td>Buddhist</td><td>4</td></tr> <tr><td>Hindu</td><td>3</td></tr> <tr><td>Jewish</td><td>2</td></tr> <tr><td>Seventh Day Adventist</td><td>2</td></tr> <tr><td>Non-Conformist</td><td>2</td></tr> <tr><td>Presbyterian</td><td>1</td></tr> <tr><td>Evangelical Christian</td><td>1</td></tr> <tr><td>Muslim - Shia</td><td>1</td></tr> <tr><td>Mormon</td><td>1</td></tr> </tbody> </table>		Religion	Sum of Number of Current Service Users	Christian	223	Church of England	217	None	209	Muslim	69	(Roman) Catholic	62	Prefer Not To Say	37	Other religion	13	Methodist	12	Baptist	9	Sikh	8	Jehovah's Witness	7	Other	6	Pentecostal	4	Buddhist	4	Hindu	3	Jewish	2	Seventh Day Adventist	2	Non-Conformist	2	Presbyterian	1	Evangelical Christian	1	Muslim - Shia	1	Mormon	1
Religion	Sum of Number of Current Service Users																																															
Christian	223																																															
Church of England	217																																															
None	209																																															
Muslim	69																																															
(Roman) Catholic	62																																															
Prefer Not To Say	37																																															
Other religion	13																																															
Methodist	12																																															
Baptist	9																																															
Sikh	8																																															
Jehovah's Witness	7																																															
Other	6																																															
Pentecostal	4																																															
Buddhist	4																																															
Hindu	3																																															
Jewish	2																																															
Seventh Day Adventist	2																																															
Non-Conformist	2																																															
Presbyterian	1																																															
Evangelical Christian	1																																															
Muslim - Shia	1																																															
Mormon	1																																															
<b>Additional comments:</b>																																																

## 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.

*Gaps in data surrounding:*

- Sexual orientation
- Pregnancy and maternity
- Gender reassignment
- Marriage and civil partnerships

This is on whole due to inconsistent recording of these equalities' characteristics by Social Care Practitioners on LAS.

## **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 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.

It has been confirmed that there is no legal basis to consult for the procurement of the Framework itself, however over the past few months (April – July 2023) ASC has already delivered a high level of engagement with a range of stakeholders to influence and inform the development of the Single Framework.

Commissioners have held specific meetings with providers across the sector to discuss our commissioning intentions and how services can be improved for the future. These discussions have fed directly into the development of service specifications and future commissioning models. ASC commissioners will continue to engage and work with providers up until the Framework tender is live.

Engagement has also taken place with people that draw on care and support and people with lived experience. ASC commissioners have worked collaboratively with Healthwatch Bristol to coproduce questions for focus groups. The aim of these focus groups was to understand people's experiences of ASC. The focus groups also asked people their views on what makes a good service. This report will be used to shape the framework service specifications and enable further discussion on how we will continue to engage with peoples with lived experience during the life of the framework contract.

Commissioning have been engaged with the Provider Market for the last 12 months via the Care and Support West led Provider Forum, the intention has been to ensure providers are aware of intentions and the potential call offs that may address gaps and issues within the current market. There was also a BCC led event in the Summer of 2021, with the support of consultant partners, to look at models of locality support for learning disability.

More recently commissioning has engaged with providers in lot specific cohorts to talk more specifically around the likely impacts and requirements of the new framework in relation to the specifications and pricing. Procurement is also looking to run sessions with a focus on supporting providers to tender. This is in line with our aspiration to streamline current processes and not disadvantage the SMB and VCSE sectors from engaging on a local level.

## 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.

Further targeted informal engagement will be taking place during the summer 2023 to seek the views of providers and people that draw on care and support on specific lots.

There is likely to be a requirement for formal public consultation for between 2 and 5 of the individual Lots prior to tendering new block contracts for those Lots. This is due to the level of anticipated change in commissioning models and service specifications. The service is current awaiting further legal advice on which Lots there is legal basis for consultation and associated engagement is in the process of being planned as at the date of this EQIA.

ASC will engage ongoing with the Equality and Inclusion Team for help in targeting particular groups.

## Step 3: Who might the proposal impact?

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

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

Consider sub-categories 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)

Some commissioning and service design models will be updated for the new framework, although others will remain similar as they are now and will be updated within the life of the new framework by variation. Where commissioning models, service design and specifications are significantly updated, these will be subjected to individual equality impact assessments and consultation.

As part of the framework design a new overarching specification, and individual Lots specifications, are being created. There is therefore an opportunity to strengthen, streamline and standardise equality reporting and requirements via the terms and conditions for all services included within the single framework.

Importantly, the project aims to simplify and standardise the application process to join the framework and reduce duplication and increase accessibility for diverse providers, such as Black-Led organisations, VCSE organisations and SMEs. An increase in the number of diverse providers that BCC work with should have a positive equalities impact for those who draw on services.

Plans are also in place to mitigate against disruption to the delivery of care and support for people. This includes:

- Thorough provider engagement with the care sector to inform and involve them in the development of the service specifications and tendering process
- Simplified tender process to increase successful pass rate whilst maintaining all appropriate quality assurances
- Building into our future terms and conditions, the ability to continue to contract with existing care and support providers – minimising the need for unnecessary changes to people care and support.



<b>PROTECTED CHARACTERISTICS</b>	
<b>Age: Young People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Slighter more older people than young people call on social care services overall. However, those younger people who draw on services will in most cases continue to draw on social care services in their older age.
Mitigations:	There is an opportunity to strengthen, streamline and standardise equality reporting and requirements via the terms and conditions for all services included within the single framework.
<b>Age: Older People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Slighter more older people than young people call on social care services overall. However, those younger people who draw on services will in most cases continue to draw on social care services in their older age.
Mitigations:	There is an opportunity to strengthen, streamline and standardise equality reporting and requirements via the terms and conditions for all services included within the single framework.
<b>Disability</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	The majority of those who draw on social care services have a disability of some form.
Mitigations:	There is an opportunity to strengthen, streamline and standardise equality reporting and requirements via the terms and conditions for all services included within the single framework.
<b>Sex</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	More women than men access social care services overall.
Mitigations:	There is an opportunity to strengthen, streamline and standardise equality reporting and requirements via the terms and conditions for all services included within the single framework.
<b>Sexual orientation</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	There is currently a lack of data overall, due to under reporting
Mitigations:	Consider through the project how reporting can be improved.
<b>Pregnancy / Maternity</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	There is currently a lack of data overall, due to under reporting
Mitigations:	Consider through the project how reporting can be improved.
<b>Gender reassignment</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	There is currently a lack of data overall, due to under reporting
Mitigations:	Consider through the project how reporting can be improved.
<b>Race</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Religion or Belief</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Marriage &amp; civil partnership</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	There is currently a lack of data overall, due to under reporting
Mitigations:	Consider through the project how reporting can be improved.
<b>OTHER RELEVANT CHARACTERISTICS</b>	
<b>Socio-Economic (deprivation)</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Analysis shows a correlation between people with multiple health needs and life limiting conditions, areas of deprivation in the City and people who draw upon care and support.
Mitigations:	There is an opportunity through the new contract, to work with our care providers within specific Bristol localities and draw greater focus on areas of deprivation and the specific needs and health of population.
<b>Carers</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>

Potential impacts:	Census 2021 states that there are 34,000 people providing unpaid care. This is lower than the England & Wales average.
Mitigations:	The new contract has a specific carers lot that has been created in order to enable the council maintain and potentially expand help and support to unpaid carers
<b>Other groups</b> [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

As part of the framework design a new overarching specification, and individual Lots specifications, are being created. There is therefore an opportunity to strengthen, streamline and standardise equality reporting and requirements via the terms and conditions for all services included within the single framework.

Importantly, the project aims to simplify and standardise the application process to join the framework and reduce duplication and increase accessibility for diverse providers, such as Black-Led organisations, VCSE organisations and SMEs. An increase in the number of diverse providers that BCC work with should have a positive equalities impact for those who draw on 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:

This proposal is procure and implement a Single ASC Commissioning Framework. Whilst no significant negative impacts are anticipated in consolidating frameworks, there are risks if the new framework disrupts supply of social care. As any disruption is likely to have a negative impact on those most vulnerable in our society, the project and the service must ensure these risks are mitigated and managed.

This could happen if, for example:

- Certain existing providers choose not to bid to join the new Framework
- Certain existing providers choose not to bid to join the Framework but are not successful
- There is an unforeseen delay in establishing the new Framework

It is deemed to be relatively unlikely that procurement of the new Framework will result in any disruption in the supply of social care however there are actions that have taken place, and mitigations in place, to help lower this risk including the following:

- There has been a high level of engagement with the provider market in the past 4-6 months to make sure they are aware of the plans to bring in the new Framework, have been able to ask early questions and are aware of the timeline.
- An additional market engagement day for the tender is planned (on top of a pre-tender event) so that the ASC service and supporting teams are able to give targeted support to those providers that are intending to bid for the framework – this should help increase number and quality of bids.
- The main framework tender will be open for 6 weeks rather than one month, to enable more time for providers to bid.
- Clients in existing services and placement will not be affected purely by the procurement of the Framework. Once the Frameworks end, any existing contracts will continue to run as (an implied contract under a compliant breach) until they are recommissioned from the Framework.
- Via the Single Commissioning Framework cabinet report, the service is asking for permission to extend/continue to buy from a certain number of contracts past the current contract end date, in order to give the service more time to plan the recommissioning of that service.
- There will still be an option to buy services “off Framework” if absolutely necessary.

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

As part of the framework design a new overarching specification, and individual Lots specifications, are being created. There is therefore an opportunity to strengthen, streamline and standardise equality reporting and requirements via the terms and conditions for all services included within the single framework.

Importantly, the project aims to simplify and standardise the application process to join the framework and reduce duplication and increase accessibility for diverse providers, such as Black-Led organisations, VCSE organisations and SMEs. An increase in the number of diverse providers that BCC work with should have a positive equalities impact for those who draw on 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
Complete an overarching EQIA and individual Lots EQIA's for the Framework and obtain Equalities and Inclusion team input and sign off	Richard Hills	End August 2023 (before Tender commences in September)
Involve Equalities and Inclusion team to help target particular groups in any engagement and consultation activity connected with the Procurement and Implementation of the new Framework	Catherine Martin and Jon Wright	Ongoing
Add task to project plan to consider how Equalities impact of the New Framework can be tracked and measured.	Nikki Cottrell	End August 2023

## 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.

To be considered within the project.

## 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<sup>1</sup>.

<b>Equality and Inclusion Team Review: Reviewed by Equality and Inclusion Team</b>	<b>Director Sign-Off:</b> Hugh Evans, Executive Director Adults and Communities
Date: 31/07/2023	Date: 01/08/23

---

<sup>1</sup> 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.