

Equality Impact Assessment [version 2.12]



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| Title: Remodelling of the Direct Payments Support Provision | |
| <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state] | <input checked="" type="checkbox"/> New <input type="checkbox"/> Already exists / review <input type="checkbox"/> Changing |
| Directorate: People | Lead Officer name: Paul Housden |
| Service Area: Adult Social Care | Lead Officer role: Transformation and Commissioning Manager |

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](http://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 proposal is that the current model of support provision to Direct Payments recipients be reviewed and revised. The current services have proven to be overly complex, difficult to understand for both citizens and professionals tasked with their support, incomplete in terms of the desired levels of quality assurance and potentially not cost efficient. The revised model will make things simpler and easier to administer for citizens and the local authority and will be more responsive to need. The intention is to develop a new service specification, a new schedule of charges and new contracts that will be in line with the Single Framework approach being adopted across Adult Social Care. This initial EQIA is for the overall proposal to remodel the current service provision and the new service specification will require a separate EQIA once completed, to establish and understand the impact.

1.2 Who will the proposal have the potential to affect?

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| <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: This service will be available to any Direct Payment recipient who has indicated that they may need additional support to manage their Payment. As a result it will directly impact on those individuals as well as the existing providers of Direct Support provision. | | |

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.

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| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | [please select] |
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Current citizen choice around who supports them with their Direct Payment is limited to two providers. If there are issues with that support then there is currently limited scope for alternative provision. The new model should encourage a wider tranche of providers with expanded opportunities for delivering more culturally appropriate services that better meet the needs of our communities. The new model should also offer enhanced support for those citizens with complex or specialist needs that are not currently encompassed by existing provision. This should in turn improve choice and control and supports the ambitions that we hold within the personalisation agenda.

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](#)

| Data / Evidence Source [Include a reference where known] | Summary of what this tells us |
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| 2021 Census Profile for areas in England and Wales - Nomis (nomisweb.co.uk) | General population data for Bristol based on 2021 census |
| Care Act 2014 (legislation.gov.uk) | A local authority must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers. |
| POWER BI Data Direct Payments - Power BI | Direct Payments are accessed by a significant number of citizens from BME communities (39.66%) |
| POWER BI Data Direct Payments - Power BI | 73.4% of Direct Payments recipients are of working age (18-64 yrs) |
| POWER BI Data Direct Payments - Power BI | Significant numbers of Direct Payments recipients live in the most deprived areas of the City. Frome Vale (45), Lockleaze (43), Lawrence Hill (36), Hartcliffe & Witherwood (31). |
| POWER BI Data Direct Payments - Power BI | 63.3% of current Direct Payments Support is delivered by two providers |

| Data / Evidence Source [Include a reference where known] | Summary of what this tells us |
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| POWER BI Data – Physical Support Direct Payments - Power BI POWER BI Data – Learning Disability Support Direct Payments - Power BI | 193 (22%) service users use Direct Payments for Physical Support. 70 (8%) use Direct Payments for Learning Disability Support |
| POWER BI Data Direct Payments - Power BI Direct Payments - Power BI | 13.9% of current DP recipients use their payment to employ a Carer. There are also 130 (15% of all DP recipients) Carers receiving a Direct Payment |
| POWER BI Data Direct Payments - Power BI | The primary support reasons for those on a DP requiring support are Learning Disability Support (20%), Social Support (16%) and Physical support (51%). |
| <ul style="list-style-type: none"> • Commissioning Strategy • Corporate Strategy • One City Plan | Proposals align with corporate strategy, commissioning strategy and One City Plan. |
| Implementing direct payments in mental health (summary) (jrf.org.uk) | Impact/best Practice in implementing Direct Payments for service users with mental health issues |
| SCIE Guide 10: Direct payments: Answering frequently asked questions - summary | FAQ's re Direct Payments |
| <p>Additional comments:</p> <p>The nature of the current Direct Payment system means that we have limited data in terms of service user satisfaction/dissatisfaction other than knowing that our overall numbers of citizens taking on a DP is reducing. We are trying to understand why that might be.</p> <p>There will be a deeper dive once the new service model is designed and demonstrate impact that way .</p> | |

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

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

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| <p>Due to Direct Payments being a "service of choice" quite often taken by citizens because they believe that the Council don't have an appropriate service for them, there are some gaps in Data. For instance, when a citizen opts for a DP to finance their support from a personal assistant, we have limited intelligence on the way that DP is being managed as the contract is between the citizen and the PA. Equally, we don't have information collating the equalities info relating to those PA's at this time.</p> |
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There are gaps in overall diversity data at a local and national level for some characteristics e.g. gender reassignment – especially where this has not historically been included in statutory reporting e.g. for sexual orientation. As council we rarely monitor marriage and civil partnership. There is a corporate approach to diversity monitoring for service users and our workforce, however the quality of available evidence across various council service areas is variable. No robust data on gender identity exists. Gaps in data will exist as it becomes out of date or is limited through self-reporting.

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.

We will be engaging with our existing Direct Payment Support Providers regarding the proposed changes to the service model which will undoubtedly impact upon their organisations/workforce. We will also be engaging Healthwatch as they conduct a citizen engagement exercise around the implementation of the Single Framework and hope to have some specific questions relating to Direct Payments and the support provision offered, within that process. We will also be engaging with the Equalities Forum to put our plans to them for feedback. The Direct Payment lead is consulting with The Somali Forum to seek to create greater accessibility for the Somali Community. There is also work being undertaken with help from Birmingham City Council to produce a video that will help to explain the use and purpose of Direct Payments for citizens who find that format easier to understand.

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.

We will continue to engage with internal and external stakeholder during the course of the service remodelling. Work has already been undertaken with Change Services and a Direct Payment support Project Team that includes representatives from Care Management, Client and Carer Finance and Brokerage Teams. Governance is managed by oversight from our Personalisation Steering Group. We intend to begin engagement/consultation with our existing providers to manage expectations, seek feedback on plans and encourage them to view the changes as an opportunity to simplify and consolidate existing mechanisms. Work has already begun by the Direct Payment Lead on engaging with BME communities around their use of Direct Payments with a view to encouraging further take up and ensuring that information is made available in appropriate formats for them. This focus is because BME communities are significantly over-represented within the take up of the Direct Payments offer to citizens.

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.

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| GENERAL COMMENTS (highlight any potential issues that might impact all or many groups) | |
| The planned remodelling of Direct Payments Support should have a considerable positive impact across all citizens with protected characteristics. The goal is to have a service specification that people find easier to understand, and have contracts in place for those providers delivering the service that ensure clarity of purpose, and stronger accountability for that service delivery. The changes should result in greater citizen choice across a wider section of the population as well as realistic support options for those with highly complex/specialist care and support needs | |
| PROTECTED CHARACTERISTICS | |
| Age: Young People | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> |
| Potential impacts: | Working age people have higher rates of accessing Direct Payments so any changes could have an impact |
| Mitigations: | The proposed changes to the Service Model will ensure that DP's become easier to access, manage and understand for all age groups especially those who have a higher uptake of DP's, which includes young people. |
| Age: Older People | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Potential impacts: | |
| Mitigations: | See above |
| Disability | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> |
| Potential impacts: | Disabled people (and their carers) form a significant proportion of those taking up the Direct Payments offer and so any changes to the current system could mean disruption and impact. |
| Mitigations: | We will be working closely with organisations that represent the rights of Disabled people led groups to fully identify potential impacts and mitigate for them and ensure that there are positive impacts for these citizens (WECIL). The proposed changes to the Service Model will ensure that DP's become easier to access, manage and understand for everyone, including these groups. |
| Sex | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Potential impacts: | |
| Mitigations: | See above |
| Sexual orientation | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Potential impacts: | |
| Mitigations: | See above |
| Pregnancy / Maternity | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Potential impacts: | |
| Mitigations: | See above |
| Gender reassignment | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Potential impacts: | |
| Mitigations: | See above |
| Race | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Potential impacts: | As previously mentioned there will be a significant impact upon those communities that traditionally use Direct Payments to source care and support for their families, carers etc., (See Section 2.1 for data) and BME communities are over-represented in this service. |
| Mitigations: | See above. Direct Payments already used by a disproportionate number of service users from BME communities, therefore there is already targeted work going on to support this community through any changes and to listen to their needs. Work has already been initiated by the DP Lead within care management to address any barriers/issues being reported by BME communities who use DP's and DP support. We have also addressed the Direct Payments pathway within the "Make It Work" Programme, working with 12-15 smaller BME organisations and held workshops on the use of Direct Payments and Individual Service Funds. We expect that by remodelling the service, we will be able to |

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| | make Direct Payments Support more accessible to these communities by making them clearer, easier to administer and understand going forward. |
| Religion or Belief | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Potential impacts: | |
| Mitigations: | See above |
| Marriage & civil partnership | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Potential impacts: | |
| Mitigations: | See above |
| OTHER RELEVANT CHARACTERISTICS | |
| Socio-Economic (deprivation) | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Potential impacts: | Section 2.1 data indicates the numbers of people accessing Direct Payments from wards where there are high levels of deprivation (these also correlate to wards with high representation from BME communities) which means there is the potential for any changes to cause disruption and have an impact. |
| Mitigations: | See above: Direct Payments already used by a disproportionate number of service users from deprived areas, therefore expect DP Support Provision to correspond to that. We expect that by remodelling the service, we will be able to make Direct Payments Support more accessible to these communities by making them clearer, easier to administer and understand going forward. |
| Carers | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> |
| Potential impacts: | Section 2.1 data indicates the numbers of people accessing Direct Payments who use them to employ carers or who are Carers themselves. This means that any changes could cause disruption or impact. |
| Mitigations: | We expect that by remodelling the service, we will be able to make Direct Payments Support more accessible to these communities by making them clearer, easier to administer and understand going forward. |
| 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: | |
| 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 proposed remodelling of Direct Payment Support Services will ultimately result in the provision of a better service for all citizens. Having a simpler more responsive service will improve the support options for a number of people across the City, offering them enhanced choice where it did not exist before. This is especially relevant to those from BME communities and those with support needs such as Disabled people (Learning Disabilities), Mental Health and Physical support needs.

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.

how the proposal is proportionate, necessary, and appropriate despite this.

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| Summary of significant negative impacts and how they can be mitigated or justified: |
| remodelling of the Direct Payment Support Services is mitigated fully by the intention to have a more effective, easier to use process that offers more clarity and accountability for citizens, practitioners and providers alike. Working in co-operation with existing providers there will be no service interruption as a result of the changes as we hopefully make a smooth transition from the old provision to the new model. |
| Summary of positive impacts / opportunities to promote the Public Sector Equality Duty: |
| Having a new model of support provision should assist with market development for the PA/Micro provider market as a result of more people being happy to take on a Direct Payment and take support for managing them |

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 |
|--|---------------------|----------------|
| Engagement with BME communities (through BSWN) to better understand reasons for taking on/opting out of Direct Payments | Paul Housden | By August 2023 |
| Engagement with existing providers to assess issues/barriers to implementing new model | Paul Housden | By August 2023 |
| Once the new service specification has been designed, a separate EQIA will be completed and submitted to establish and understand the impact | Paul Housden | TBC |

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.

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| We will conduct robust service performance monitoring meetings with partners to ensure that we/citizens are receiving the level of service outlined in the specification and Key Performance Indicators. Regular feedback and governance will be sought from the Personalisation Steering Group to ensure we are complying with our predetermined Strategies and procedures. Once the new model is implemented we will conduct regular provider forums to obtain feedback on progress and deal with any issues arising. Regular monitoring through tools such as Power BI will assist in ensuring we are achieving our stated goals. |
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Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the [Equality and Inclusion Team](#) before requesting sign off from your Director¹.

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| Equality and Inclusion Team Review: <i>Reviewed by Equality and Inclusion Team</i> | Director Sign-Off: Richard Hills |
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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.

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| Date: 28.04.2023 | Date: 01/05/2023 |