

Equality Impact Assessment [version 2.12]



Title: 2425 ASC – 2 Reducing Demand: Hospital Reviews	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input type="checkbox"/> Service	<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Other [please state] <i>Savings Proposal</i>	<input type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Adults and Communities	Lead Officer name: Mette Le Jakobsen
Service Area: Adult Social Care	Lead Officer role: Director: Adult Social Care

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.

Budget context

Every year, Bristol City Council must agree an annual budget which balances the money we spend with the money we are expecting to receive. Councils across the country are continuing to face financial challenges, reflecting the economic context, including the significant inflationary environment, combined with continuing demand pressures and limitations on government funding. Based on our current forecasts, we face a funding gap over the next five years (to 2028/29) of £32.2 million. This is in addition to the £17.7 million of savings and efficiencies proposals for 2024-2028 outlined in the 2023/24 budget and assumed delivery of 2023/24 savings in the current year.

The Council has defined statutory responsibilities, but deliver against a far broader agenda, providing universal services benefiting the whole community, and targeted services aimed at individuals, communities with particular needs, and businesses – administered by our workforce, city partners, stakeholder organisations and commissioned services.

To address these challenges, we must look again across all of our services to find where we can do things differently to reduce costs, be more efficient in how we do things and, in some cases, stop doing some things entirely.

This proposal

Bristol City Council (BCC) commissioned a consultancy, PeopleToo in 2023 to conduct a diagnostic exercise. The purpose of the exercise was to assess whether individuals who are going on to bedded pathways following hospital admission continue to receive the appropriate support beyond discharge. Support beyond discharge could include reablement, rehab support at home, or a temporary placement in a bedded pathway. Bedded pathways are an integral part of the BNSSG 'Discharge to Assess' model of hospital discharge – [Discharge to Assess - BNSSG Healthier Together](#) – and individuals discharged to them are assessed by adult social care under the Care Act (2014) to determine their eligibility for onward care and support. If they receive such support, this is reviewed to ensure it remains appropriate to their needs, along with their independence being supported and promoted.

Following this review, BCC identified a series of opportunities that include:

- Having influence over the discharge pathway decision. Given the timescales, the plan is to conduct more frequent reviews of those coming out of hospital to ensure care is suitable
- Developing a matrix criteria for prioritising reviews Training will be coordinated with onboarding to ensure reviews identify eligible funding sources
- Performance tracking will be developed to monitor and track the impact of these reviews to review and adapt approach if required

This proposal comprises increasing the number of reviews carried out at six weeks following discharge from hospital. This will allow timely closure of care packages that are no longer needed and ensure care and support remains appropriate to need. Given the nature of the proposal, there is likely to be a higher proportion of older people affected. This is because people over 75 years of age are disproportionately represented in hospital admission figures. For example, in England in 2017 there were 16.6 million hospital admissions for people of any age. Of these, 3.5 million (22.2%) were amongst people aged 75 years and older, despite this age group only representing 8.2% of the population ([Older people's hospital admissions in the last year of life - GOV.UK \(www.gov.uk\)](#)). When carrying out reviews we will ensure that adult care staff consider needs on a case-by-case basis and ensure we promote wellbeing.

The performance targets for this programme are related to improved outcomes following hospital reviews, reducing packages. Additional staffing capacity will be sourced using a recruitment business partner to source up to 10 full-time social workers to carry out targeted reviews for people who have recently been discharged from hospital, alongside existing practitioners within the Citywide Reviewing Team. Staffing resource has been identified and we plan to begin onboarding new staff due, with a start date of January 2024.

Additional Locum staff will be funded through transformation budget and work closely alongside existing review teams using Social Work staff and managers. Additional managerial capacity has been identified to support this

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

1.3 Will the proposal have an equality impact?

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

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

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	[please select]
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Those who received packages of care following a hospital admission, as defined by People Too workstreams, will be more likely to receive a reassessment of their care and support needs. This will better enable BCC to ensure it is compliant with Care and Support statutory guidance, that people's needs are being met and we are delivering best value.

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
Census 2021	The Census details the demographic profile of Bristol.
The population of Bristol Bristol Key Facts 2022	Updated annually. The report brings together statistics on the current estimated population of Bristol, recent trends in population, future projections and looks at the key characteristics of the people living in Bristol. Population Profiles for Equalities Groups bring together detailed analysis looking at equalities groups and how they differ in relation to age, health, employment, education and housing, and maps the distribution of equalities groups across the city.
Ward profile data (bristol.gov.uk)	The Ward Profiles provide a range of data-sets, including population, life expectancy, health and education disparities etc. for each of Bristol's electoral wards.
Bristol Quality of Life Survey 2021-22	The Quality of Life (QoL) survey is an annual randomised sample survey of the Bristol population, mailed to 33,000 households (with online & paper options), and some additional targeting to boost numbers from low responding groups. In brief, the most recent QoL survey indicated that inequality and deprivation continue to affect people's experience in almost every element measured by the survey.

The [Quality of Life 2021/22 data dashboard](#) highlights those indicators, wards and equality and demographic groups which are better or worse than the Bristol average.

For example there are significant disparities based on people's characteristics and circumstances in the extent to which they find it difficult to manage financially:

Quality of Life Indicator	% who find it difficult to manage financially
16 to 24 years	12.5
50 years and older	6.7
65 years and older	3.2
Female	8.6
Male	8.5
Disabled	21.6
Asian /Asian British	9.9
Black/Black British	19.8
Mixed/Multiple Ethnicity	16.3
White British	7.8
White Minority Ethnic	8.4
Lesbian Gay or Bisexual	12.7
No Religion or Faith	8.0
Christian Religion	8.3
Other Religions	18.2
Carer	10.7
Full Time Carer	14.0
Part Time Carer	9.7
Single Parent	28.6
Two Parent	9.6
Parent (all)	12.0
No Qualifications	10.0
Non-Degree Qualified	12.9
Degree Qualified	6.7
Rented (Council)	20.3

	<table border="1"> <tr> <td>Rented (HA)</td> <td>20.6</td> </tr> <tr> <td>Rented (Private)</td> <td>14.6</td> </tr> <tr> <td>Owner Occupier</td> <td>4.6</td> </tr> <tr> <td>Most Deprived 10%</td> <td>18.8</td> </tr> <tr> <td>Bristol Average</td> <td>8.7</td> </tr> </table>	Rented (HA)	20.6	Rented (Private)	14.6	Owner Occupier	4.6	Most Deprived 10%	18.8	Bristol Average	8.7																											
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<p><u>Joint Strategic Needs Assessment (JSNA)</u></p>	<p>The Joint Strategic Needs Assessment reports on the health and wellbeing needs of the people of Bristol. It brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and projected future needs. The JSNA is used to provide a comprehensive picture of the health and wellbeing needs of Bristol (now and in the future); to inform decisions about how we design, commission and deliver services, and also about how the urban environment is planned and managed; to improve and protect health and wellbeing outcomes across the city while reducing health inequalities; and to provide partner organisations with information on the changing health and wellbeing needs of Bristol, at a local level, to support better service delivery.</p>																																					
<p><u>HR Analytics: Power BI reports (sharepoint.com)</u> [internal link only]</p> <p><u>Equality and Inclusion annual progress report 2021-22 (bristol.gov.uk)</u></p> <p>Appendix – Workforce Diversity Data – summary analysis</p> <p><u>Additional sources of useful workforce evidence include the Employee Staff Survey Report and Stress Risk Assessment Form completed by individuals and teams [internal links only]</u></p>	<p>The Workforce Diversity Report shows Bristol City Council Workforce Diversity statistics for Headcount, Sickness, Starters and Leavers data. The report is updated once a month with data as at the end of the previous month. It excludes data for locally managed schools/nurseries, councillors, casual, seasonal and external agency employees. The report is based on the sensitive information that staff add to Employee Self Service on iTrent (ESS).</p> <p>Summary of Bristol City Council workforce diversity</p> <table border="1"> <thead> <tr> <th></th> <th>BCC headcount % (31 Oct 2022)</th> <th>Bristol Working Age Population (16-64)</th> </tr> </thead> <tbody> <tr> <td>Age 16-29</td> <td>12.2%</td> <td>39.0%</td> </tr> <tr> <td>Age 30-39</td> <td>22.0%</td> <td>24.0%</td> </tr> <tr> <td>Age 40-49</td> <td>24.4%</td> <td>16.0%</td> </tr> <tr> <td>Age 50-64</td> <td>41.4%</td> <td>21.0%</td> </tr> <tr> <td>Age 65+</td> <td>3.4%</td> <td>-</td> </tr> <tr> <td>Disabled</td> <td>9.0%</td> <td>12%</td> </tr> <tr> <td>Asian / Asian British</td> <td>2.9%</td> <td>5.8%</td> </tr> <tr> <td>Black / Black British</td> <td>5.1%</td> <td>5.3%</td> </tr> <tr> <td>Mixed ethnicity</td> <td>3.6%</td> <td>2.9%</td> </tr> <tr> <td>Other ethnic groups</td> <td>0.4%</td> <td>1.0%</td> </tr> <tr> <td>White</td> <td>79.8%</td> <td>85.0%</td> </tr> </tbody> </table>			BCC headcount % (31 Oct 2022)	Bristol Working Age Population (16-64)	Age 16-29	12.2%	39.0%	Age 30-39	22.0%	24.0%	Age 40-49	24.4%	16.0%	Age 50-64	41.4%	21.0%	Age 65+	3.4%	-	Disabled	9.0%	12%	Asian / Asian British	2.9%	5.8%	Black / Black British	5.1%	5.3%	Mixed ethnicity	3.6%	2.9%	Other ethnic groups	0.4%	1.0%	White	79.8%	85.0%
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Female	60.1%	49.0%
Male	39.3%	51.0%
Use another gender term	0.2%	-
Christian	25.9%	43.5%
Other religion/belief	6.6%	7.3%
No religion/belief	41.9%	41.5%
Lesbian, Gay or Bisexual	5.9%	9.1%
Trans	0.1%	-

[Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk)

[Business demography, UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

84% of all people in Bristol are economically active which is higher than nationally (78.6%) and in the South West (80.7%). Of economically active people in Bristol 6.9% are self-employed, compared to 9.5% nationally. Of those who are economically inactive in Bristol, 33% are Students, 29% are 'long-term sick' and 16% are looking after family/home, as well as 9.2% who are retired. The percentage of 'workless households' in Bristol is 12.1%, compared to 13.6% nationally, and the proportion of working age people who are benefit claimants is 11.2%. Bristol has a higher proportion of people working in 'professional occupations' (36.2) than for the South West (24.4%) and nationally (25.8%).

In 2020 (most recent data) the South West continued to have the highest five-year 'survival rate' in the UK of businesses that survived into 2020 (this has been the case since 2012). The largest proportion of these surviving businesses, 22%, was in the professional, scientific and technical industry.

[Bristol One City: Cost of Living Crisis – Bristol's One City approach to supporting citizens and communities \(Oct 2022\)](#)

The rising cost of living is not impacting on everyone equally. People who are already experiencing inequity and poverty will be disproportionately impacted:

- **People on the lowest incomes** - will have less available income but also pay more for the same services. For example, people unable to pay their bills by Direct Debit and those borrowing money are subject to higher costs and interest rates. This is what anti-poverty campaign group Fair by Design has referred to as a Poverty Premium
- **Households with pre-payment energy meters** - households with pre-payment meters often pay above-average costs for their fuel. They will face a significant rise in their monthly bills in autumn and winter with increased energy usage as they do not benefit from the "smoothing" effect of Direct Debits, which spread usage costs evenly across the year
- **Parents and young families** – parents of young children are more likely to seek credit and alternative support as they are less able, on average, to afford an unexpected expense. Single parents will be

	<p>disproportionately affected; and one in four single parents find it difficult to manage financially (28.6%).</p> <ul style="list-style-type: none"> • Disabled people – just under half of all people in poverty in the UK are Disabled people or someone living with a Disabled person. Disabled people have higher living costs, and tend to pay more for their heating, travel, food/diet, prescription payments, and specialist equipment. It is estimated that UK households that include Disabled children pay on average £600 more for their energy bills than an average household • Black and Minoritised people – A higher proportion of Black and minoritised ethnic groups reported finding it difficult to manage financially (14.9%) in 2021. In 2020 the Social Metrics Commission found that almost half of people living in a family in the UK where the head of the household is Black are in poverty. Age UK report that poverty among older Black and minoritised ethnic groups is twice as high as for white pensioners • People in rented accommodation – it is estimated that 69% of low-income private renters in England will be forced to go without food and heating at least one day per week to meet rising housing and living cost. Almost three in ten homes in Bristol are privately rented • Underserved populations - It is likely that populations that are not typically well represented in data and research are likely to also face increased risk from rising cost of living. For example, refugees and asylum seekers, people experiencing homelessness, and Gypsy/Roma/Traveller groups.
<p><u>An evaluation of the Bristol Race Equality Covid-19 Steering Group</u></p> <p><u>Designing a new social reality - Research on the impact of covid-19 on Bristol's VCSE sector and what the future should be – Black South West Network 2020</u></p> <p><u>Delivering an inclusive economy post COVID-19</u></p>	<p>Report focusing on how co-production using a One City approach has been used to respond to the disproportionate impact of the Covid-19 pandemic on our marginalized ethnic communities.</p> <p>Local research has highlighted how long-term underinvestment and lack of equity in funding and procurement has eroded the local Voluntary and community sector.</p> <p>Our local partners have conducted research into the ongoing impact of COVID-19 for women and have provided recommendations on what service providers can do to reduce impact further impact.</p>
<p><u>Power BI reporting of individual's receiving a package of care following a hospital admission</u></p> <p>https://app.powerbi.com/groups/me/apps/0aa7863d-fb76-4b26-803a-eaac323e9a33/reports/cb91883a-59de-4ef3-8a2f-5ffa50d7d54e/ReportSectiond2b621c497cb53106386?ctid=6378a7a5-0f21-4482-ae0-897eb7de331f&experience=power-bi (internal link BCC only)</p>	<p>Given the way in which data is provided it is not possible to break down demographic breakdowns of this specific cohort without significant delay. We can however draw on wider demographic info of all individuals receiving packages of care who have recently been in hospital which should give</p>

a general indicator as to whether this intervention will more likely impact on individuals with protected characteristics.

Demographic data indicates that 44% of individuals receiving care at home are aged between 18 and 64 and 56% are over 65. This is compared against all individuals receiving any type of care and support 49.2% were aged under 65 and 50.8% over 65. This indicates that those receiving a package of care were more likely to be older.

More detailed age breakdown also supports narrative that people with home care or DP are older compared to everyone receiving care and support. 48.2% of those receiving a package of care are aged over 70 compared to 43% of everyone receiving care and support

Data appears to indicate that those impacted by this practice will be more likely to be female with 63% of individuals receiving a package of care and 37% male. This is compared to 54% female and 46% male for all individuals receiving care and support

In terms of ethnicity individual's receiving a package of care tend to be more diverse with 23.5% identifying as black, Asian or minoritised ethnic group compared to 18.25% of all individuals receiving all sorts of care. (NB 9% are reporting as don't know in both groups). 75.8% of total no. of people receiving care and support are white, whereas the figure for individuals just receiving a package of care is lower at 67%.

Whilst data on religion is incomplete (due to it being a non-mandatory field on the social care database), information available also supports the view that those receiving a package of care are more likely to come from a minority group as 20% identified as Muslim compared to 13% in the wider group. There did not appear to be any significant different between the two groups of individuals identifying as Christian (any denomination) 10% for both groups or no religion 4.4% for home care & DP and 4.3% for total group

Additional comments:

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Age | <input checked="" type="checkbox"/> Disability | <input type="checkbox"/> Gender Reassignment |
| <input checked="" type="checkbox"/> Marriage and Civil Partnership | <input type="checkbox"/> Pregnancy/Maternity | <input type="checkbox"/> Race |
| <input type="checkbox"/> Religion or Belief | <input type="checkbox"/> Sex | <input 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.

Due to the limitations of our available reporting on Power BI we are not able to give clear breakdown of exact characteristics of the individuals identified as having been in hospital recently and are now receiving a package of care. Existing data and insight team do not have the capacity to develop this report within available timeframe, but service-user data will be monitored throughout the process to address any impacts on protected characteristics.

Although our corporate approach is to collect diversity monitoring for all relevant characteristics, there are gaps in the available local diversity data for some characteristics, especially where this has not always historically been included in census and statutory reporting e.g. for sexual orientation. We also know there are some under-reporting gaps in our workforce diversity information - where personal and confidential information is voluntarily requested from staff. We also know there are some under-reporting gaps in our workforce diversity information - where personal and confidential information is voluntarily requested from staff. Our Power BI report currently only reports on sex, ethnicity, age and religion and does not report on gender reassignment or sexual orientation. We are updating our guidance and training offer for ASC to ensure greater compliance around asking for this information from our citizens.

In terms of future demand more information is required about makeup of adults who might approach adult care in the future requiring complex homecare, or those whose needs will increase and change to require that level of care. By working more closely with BNSSG ICB, and wider system partners this can help us to better predict future demand for this group.

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 launched a public consultation on our budget proposals between 9th November and 21st December. This consultation set out all the savings proposals we had identified to produce a balanced budget in the context of reduced available funding and increasing financial pressures.

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.

All responses to the Budget Consultation will be analysed and included in the Council's Budget report that will be published on the Bristol City Council website in early 2024. We will take Budget consultation responses into account when developing this and other final proposals to put to the Cabinet and a meeting of the Full Council for approval. The final decision will be taken by Full Council at its budget setting meeting in February / March 2024.

Following the setting of the overall budget envelope there will be extensive engagement, consultation and co-design with affected communities on particular proposals which will inform future decision making prior to implementation. Our approach to public engagement and consultation will proactively target under-represented respondents to increase the participation of people from equality groups and their local representative organisations. This will help to ensure that our services and actions are informed by the views and needs of all our citizens.

We have discussed our proposals with existing operational teams who will be leading on these targeted reviews to ensure their practice expertise is taken on board when considering how to prioritise and approach these reviews.

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)

Even when we plan to consult in more detail on specific service delivery proposals at a later time, we must ensure that any budget setting decisions that are likely to affect future services are informed by sufficient consultation and proper analysis. This is so that decision makers can have due regard to any likely disproportionate or negative impact on the basis of their protected and other relevant characteristics at the time the budget is approved – not afterwards¹.

Decision makers will have the ability to make changes to the individual spending plans following further consultation as appropriate and detailed evaluation of the impact of specific proposals. Within the proposed budget envelope there will be financial mitigation put aside for any non-delivery or amendments to proposals which may occur due to future consideration of equalities issues or other factors.

As well as identifying whether budget changes will have a disproportionate impact on particular groups (e.g., because they are over-represented in a particular cohort), we need to pay particular attention to the risk of indirect discrimination: when an apparently neutral decision puts members of a given group at a particular disadvantage compared with other people because of their different needs and circumstances.

We are also aware of existing structural inequalities and particular considerations, issues, and disparities for people in Bristol based on their characteristics, which we will take into account.

With all individuals who will receive annual care and support review as part of this project our social work staff will take an individualized, personalized, strength-based approach to carrying out these reviews, to ensure their voice and wishes are heard, and their identified outcomes met. We will also

work closely with the provider and commissioners to ensure that care and support provided represents best value. for money.

As part of this review, we will work with each individual to consider their individual needs and circumstances including related to their protected characteristics. We will ensure that people are supported fairly and that their needs and preferences are considered. We will seek to fully involve individual in the assessment and support plan process.

PROTECTED CHARACTERISTICS

Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Young people are often under-represented in engagement and consultation in Bristol and are less satisfied than average with the way the council runs things. • Children and young people in Bristol are considerably more ethnically diverse than the overall population of Bristol. • Children and young people from the most deprived areas of Bristol have the poorest outcomes in health and education in terms of health, education and future employment etc. • Young people in Bristol are more likely to: <ul style="list-style-type: none"> ○ have poor emotional health and wellbeing ○ find inaccessible public transport prevents them from leaving their home when they want to ○ 6.8% of 16-17 year olds (2020/21) were “not in education, employment or training” (NEET), worse than the national average (5.5%) <p>Young adults are most likely to have lost work or seen their income drop because of COVID-19 and the cost of living crisis</p>
Mitigations:	<p>See 'General Comments' above.</p> <p>We will be taking a strengths-based approach that will ensure that young people have a voice and are provided with different opportunities that maximise their well-being and independence. We will continue to apply the wellbeing principle as enshrined in 'The Care Act' when considering how we meet the needs of service users.</p> <p>Any decisions around meeting needs of younger Disabled people will need to ensure we consider their wellbeing and clearly evidence how any provision of care and support services promotes their wellbeing and doesn't impact on their Human Rights. Any decisions will be made on an individual, case by case basis.</p>
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Older people in Bristol are: <ul style="list-style-type: none"> ○ less likely to be comfortable using digital services ○ more reliant on public and community transport ○ more likely to be an unpaid carer ○ more likely to help out or volunteer in their community ○ less likely to have formal qualifications • Bristol Ageing Better estimated at least 11,000 older people are experiencing isolation in the city. • We must factor aging and the needs of older people into long term budgeting and service design
Mitigations:	<p>See 'General Comments' above</p> <p>Through taking a strengths-based approach to the way we work with people; we need to ensure that older people are in control of their care and support and are enabled to access alternative support options with any support they need. If we are using digital technology as an alternative way of providing support, we must ensure that this is appropriate and that they are enabled to use it safely and effectively and that it supports their independence. When carrying out reviews with older people in receipt of packages of care following a recent hospital admission, we will ensure that adult care staff consider needs on a case-by-case basis and ensure we promote wellbeing.</p>
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Potential impacts:	<ul style="list-style-type: none"> • 17% of Bristol’s population are disabled. There are more disabled women than men living in Bristol. • In 2021, the disability pay gap was 13.8% with disabled employees earning a median of £12.10 per hour and non-disabled employees a median of £14.03 per hour. • Disabled people are less likely to be employed in a managerial or professional occupation • the national disability employment rate was 52.7% in Q2 2021, compared to 81.0% for non-disabled people. • Disabled workers move out of work at nearly twice the rate (8.8%) of non-disabled workers (4.9%). Workless disabled people move into work at nearly one-third of the rate (11.0%) of workless non-disabled people (26.9%) • Disability increases with age: 4.1% of all children, for the working age population it increases to 12.3% and for people aged 65 and over it increases to 55.9%. • Disabled people on average have lower qualification levels than the population as a whole. • A higher proportion of disabled people rent from a social provider (local authority or housing association) • Disabled people have lower car ownership levels • Disabled people experience higher rates of hate crime and domestic abuse compared to the general population • Disabled people should be empowered to make independent living choices and have a say in access to service provision. • Budget setting needs to provide sufficient resource and flexibility to meet our legal duty to make anticipatory and responsive reasonable adjustments for disabled people including: <ul style="list-style-type: none"> ○ changing the way things are done e.g. opening / working times; ○ changes to overcome barriers created by the physical features of premises. ○ providing auxiliary aids e.g. extra equipment or a different or additional service. ○ is ‘anticipatory’ so we must think in advance and ongoing about what disabled people might reasonably need. • Disabled people must not be charged for their reasonable adjustments, accessible formats or other adaptations. It is a legal requirement under the Equalities Act to ensure information is accessible to disabled employees and service users.
Mitigations:	<p>See 'General Comments' above</p> <p>We will ensure that people are supported fairly and that their needs and preferences are considered. We will seek to fully involve individual in the assessment and support plan process, if the individual requires, or is entitled to an advocate then we will ensure this is arranged. Where appropriate we will seek specialist input from a clinician or other allied health professional to support with the annual review.</p>
Sex	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	

Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Race	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Ethnic minorities in Bristol experience greater disadvantage than in England and Wales as a whole in education and employment and this is particularly so for Black African people. • In the last census (2011) 16% of the population belonged to a Black, Asian or minority ethnic group and this is likely to be higher now. • The top three countries of birth outside UK for Bristol residents are Poland, Somalia and India. • Although the race or ethnicity pay gap has narrowed in recent years there are still wide pay differences between particular ethnic groups and most minority ethnic groups earn less on average than White British people. • Bangladeshi, Pakistani, and Black ethnic groups are more likely to live in deprived neighbourhoods; and the same groups and Chinese ethnicities are about twice as likely to live on a low income and experience child poverty compared to White groups • Black, Asian and minoritised ethnic households are less likely to own their home and more likely to living in overcrowded housing and intergenerational households. Bangladeshi and Pakistani groups are more likely to live in multi-family households. • Black people in the UK are less likely to hold a driving licence and more likely to rely on public transport. • Black, Asian and minority ethnic groups in Bristol are more likely to find inaccessible public transport prevents them from leaving their home when they want to • Black African young people are disadvantaged in education compared to their White peers⁸. A disproportionately high percentage of Bristol school pupils from Black, Asian and minority ethnic backgrounds are excluded from school and In Bristol pupils with the lowest 'Attainment 8' scores are from Black ethnic background (highest from Chinese ethnic background.) • Organisations may lack cultural competence because minoritised ethnic staff are under- represented. • People from Black African, Other, and Black Caribbean groups have persistently high levels of unemployment and almost all ethnic minority groups in Bristol experience employment inequality when compared to White British people. • Black Asian and other minoritised ethnic groups are more likely to be self-employed than the Bristol average and over-represented in low-income self-employment including taxis, takeaway restaurants • People from minoritised ethnic backgrounds are underrepresented in political and civic leadership. • People who do not speak English as a main language may require information in plain English and community language translations or videos etc.
Mitigations:	<p>See 'General Comments' above</p> <p>We will ensure that we work alongside people in a person-centred and strengths-based way and consider how their ethnicity may impact on the care and support they need or prefer. We will ensure that we work with Voluntary and Community Sector partners and care providers who focus on supporting people from Black, Asian and minoritised ethnic communities to ensure that we understand the needs of the communities they work with and are able to provide this. Where possible these reviews will be done</p>

	jointly with appropriate clinician from health to ensure the health components of individuals aftercare needs are still being met.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Bristol has 41 areas in the most deprived 10% in England, including 3 in the most deprived 1%. The greatest levels of deprivation are in Hartcliffe & Withywood, Filwood and Lawrence Hill. • In Bristol 15% of residents - 70,800 people - live in the 10% most deprived areas in England, including 19,000 children and 7,800 older people. • There are an estimated 29,045 households living in fuel poverty in Bristol, 14.4% of all households (BEIS, 2022) • 4.6% of households have experienced moderate to severe food insecurity, rising to 11.2% in the most deprived areas of the city (QoL 2021-22) • 34.6% of people in Bristol are dissatisfied with the way the Council runs things, but this is 47.5% for people living in the most deprived areas of the city (QoL 2021-22). • The inequalities gap in life expectancy between the most and least deprived areas in Bristol is 9.9 years for men and 6.7 years for women.
Mitigations:	See 'General Comments' above These factors will need to be considered at every review with each individual on case-by-case basis. As part of the reviews social workers will need to work with the individual, provider and their support network to ensure their income is maximised around welfare benefits, opportunities to access employment is promoted and access to good quality housing, primary health care, educational opportunities, meaningful occupation and health promotion options.
Carers	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> • Being a carer can be a huge barrier to accessing services and maintaining employment • We need to consider the timing/availability of services, events etc. to allow flexibility for carers. • As with Disability and Pregnancy and Maternity – policies which aim to restrict driving or parking can have a disproportionate impact on people who are reliant on having their own transport. • Studies show around 65% of adults have provided unpaid care for a loved one. • Women have a 50% likelihood of being an unpaid carer by the age of 46 (by age 57 for men) • Young carers are often hidden and may not recognise themselves as carers
Mitigations:	See 'General Comments' above When carrying out annual care and support review, practitioners will ensure that where a carer is identified they are offered a carer's assessment, to ensure they are willing and able to continue in their caring role. They will also ensure that relevant carers support to enable them to sustain their role is explored and offered.

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 specific benefit is that this work will increase the number and percentage of current individual's receiving care and support following a recent hospital admission who have received an annual review of their care and support needs. This will ensure these individuals care and support needs are being met enable us to promote independence and persons wellbeing. It will also enable Bristol City Council to ensure we are delivering best value for these individuals.

The scale of the potential gap in our core funding means that there is very limited opportunity to bring genuine additional benefit to equalities groups in the circumstances. However, we have considered as far as possible the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010; advance equality of opportunity between people from different groups; and foster good relations between people from different groups.

Our budget savings proposals are aligned to our Corporate Strategy and although we have limited resources our future focus will be on achieving those priorities we have identified including tackling poverty and intergenerational inequality.

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:

People who draw on care and support services are more likely to be disproportionately impacted on the basis of disability and age, as well as other protected characteristics which may be over-represented in the cohort. It is therefore essential that we assess people individually, in a strengths-based way to ensure that people do not experience any negative impact of any reduction in support. We will address this through ensuring that we work alongside people when we undertake reviews with a strengths-based approach which considers the impact of any protected characteristics on their lives. All decisions regarding funding will be made on a person-centred basis, informed by a proper understanding of the specific needs of an individual and ensuring that individuals' Human Rights Act are not breached.

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

By carrying out these additional reviews of individuals who have recently been admitted to hospital, this will enable us to assure we are meeting these individuals care and support needs, promoting wellbeing and demonstrating best value for local authority resources.

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
All relevant EqlAs will be published on the Council's website https://www.bristol.gov.uk/council-spending-performance/council-budgets and continue to be updated as appropriate.		

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.

Our Equality and Inclusion Annual Progress Reports show what we have done to achieve the aims of our Equality and Inclusion policy and strategy, and the progress we have made including reporting on all relevant KPIs and workforce diversity [Equalities policy - bristol.gov.uk](https://www.bristol.gov.uk/equalities-policy)

Primary KPI:


The performance targets for this programme are related to improved outcomes following hospital reviews, reducing packages.

We will monitor equalities data in relation to people who receive reviews following hospital admission, to ensure there is not any adverse impact on any particular group. This will include reviewing volume, outcome of reviews and impact on service users and wider workforce.

We will monitor the outcome of all the additional reviews to see what changes have been made to individual support plans, their personal budget and health provision.

Step 5: Review

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

Equality and Inclusion Team Review: <i>Reviewed by the Equality and Inclusion Team</i>	Director Sign-Off: 
Date: 11/01/2023	Date: 11/1/24

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.