

Equality Impact Assessment [version 2.12]



Title: 2425 ASC – 3 Residential Reviews Contract Management	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input type="checkbox"/> Service <input checked="" type="checkbox"/> Other [please state] <i>Savings Proposal</i>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Adults and Communities	Lead Officer name: Richard Hills
Service Area: Adult Social Care	Lead Officer role: Deputy Director - Commissioning

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 \(EqIA\) \(sharepoint.com\)](https://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, the 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 and based on our current forecasts, we face a funding gap over the next five years (to 2028/29) of up to £81.2 million dependent on the severity of factors such as inflation, funding changes, and unavoidable service pressures. 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.

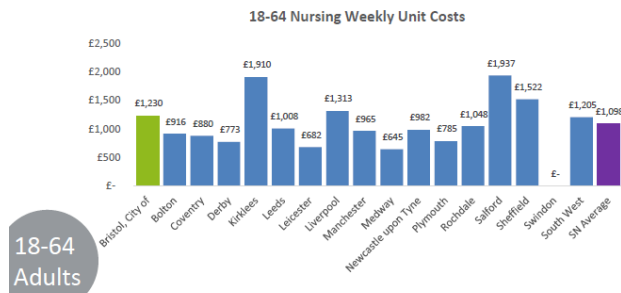
ASC Delivery Partner Diagnostic and Delivery

During June-August 2023, People too were commissioned as the Adult Social Care Delivery Partner to carry out a review of Bristol City Council's Adult Social Care to measure current performance and develop proposals to reduce the budget overspend. The diagnostic found that there was an opportunity

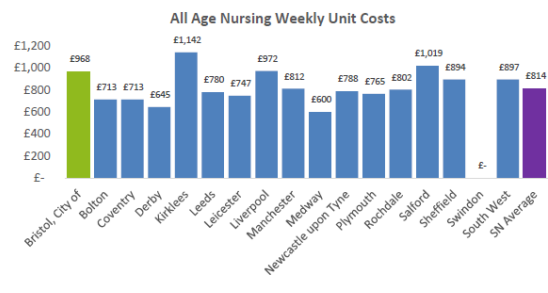
to carry out targeted reviews of residential placements packages that sit above the Bristol City council Rates and contract manage these. There may be a requirement to review individuals in this process.

Nursing Care unit costs for all ages in Bristol are 19% higher than the Chartered Institute of Public Finance and Accountancy (CIPFA) group average and Residential Care unit costs for all ages in Bristol are 57% higher than the CIPFA group average.

Unit Costs Benchmarking: Nursing Care

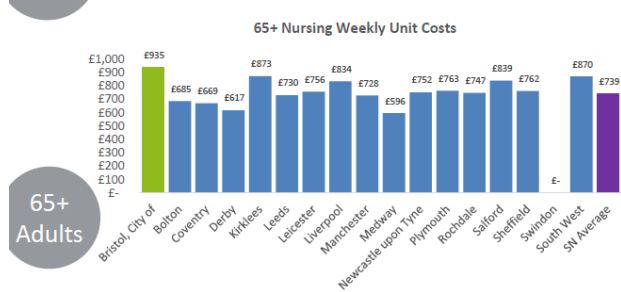


18-64 Adults



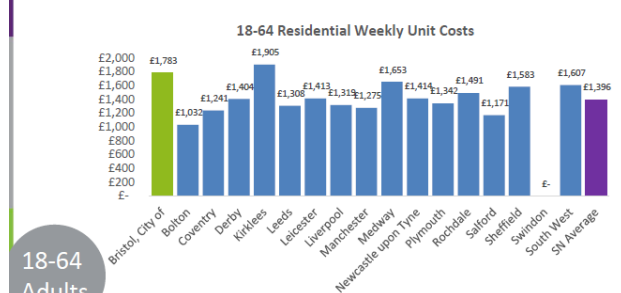
All Ages

- Nursing Care Unit costs for all ages in Bristol are 19% higher than the CIPFA group average
- Reducing these unit costs will require us to develop understanding of local context including demand, placement decisions, market, workforce, and housing issues.

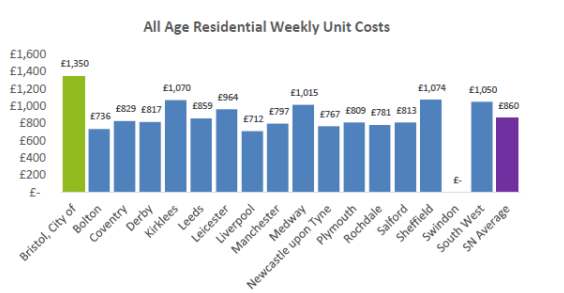


65+ Adults

Unit Costs Benchmarking: Residential Care

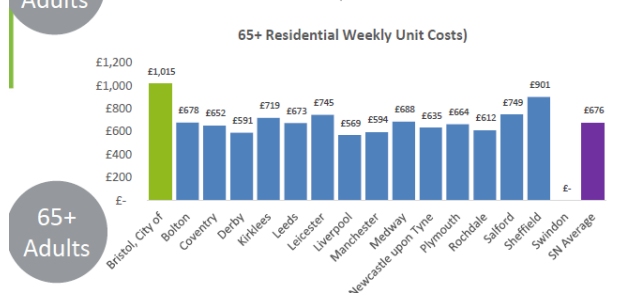


18-64 Adults



All Ages

- Residential Care Unit costs for all ages in Bristol are 57% higher than the CIPFA group average
- Reducing these unit costs will require us to develop understanding of local context including demand, placement decisions, market, workforce, and housing issues.



65+ Adults

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
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<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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The targeted reviews will allow for an increase in the review capacity which will ensure that the individual's needs are still being met and that the care and support services represent best value to Bristol City Council. The reviews may affect the delivery of services received by individuals as they could potentially change the delivery of care and support for individuals residing in the Residential and Nursing homes as well as the individuals who use those services in the future.

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 \(bristol.gov.uk\)](http://bristol.gov.uk)

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics and intelligence \(sharepoint.com\)](#). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](#) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
<u>The population of Bristol</u>	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.

<p><u>Bristol Key Facts 2022</u></p>	<p>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.</p>
<p><u>Ward profile data</u> (bristol.gov.uk)</p>	<p>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.</p>
<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>Bristol One City: Cost of Living Crisis – Bristol’s One City approach to supporting citizens and communities</u> (Oct 2022)</p>	<p>The rising cost of living is not impacting on everyone equally. People who are already experiencing inequity and poverty will be disproportionately impacted:</p> <ul style="list-style-type: none"> • 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 disproportionately affected; and one in four single parents find it difficult to manage financially (28.6%). • 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 may 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.

[An evaluation of the Bristol Race Equality Covid-19 Steering Group](#)

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.

[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](#)

Local research has highlighted how long-term underinvestment and lack of equity in funding and procurement has eroded the local Voluntary and community sector.

[Delivering an inclusive economy post COVID-19](#)

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.

Power BI data on individuals using Residential services. Tier 3 activity and cost

There are currently **1,417** individuals who receive a commissioned residential (780) and nursing (637) placement. Nursing placements have reduced 4.9% since 12 months ago where 670 individuals were within a commissioned nursing placement. Residential placements have reduced 2.7% from 802 service users 12 months ago.

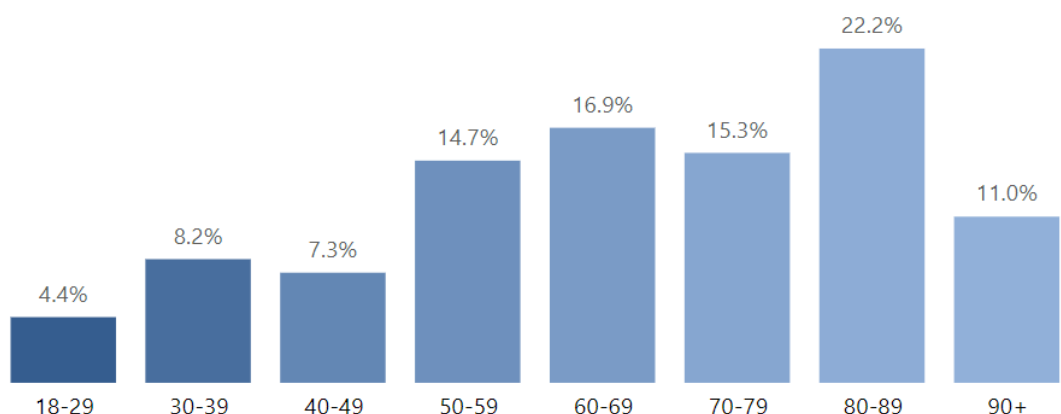
([internal link-Power BI](#)).

Age

29% of individuals within current residential and nursing placements are under 65 and 71% are above 65 years of age.

Nursing

Percentage of Service Users by Age Band (darker is higher average weekly cost)



Data collected 25th October 2023

Residential

Gender

45% of individuals across Residential and Nursing services are male and 55% female. The below graphs show the split between residential (48.5% Male and 51.5% female) and Nursing (41.4% male and 58.6% female).

Residential

Service Users by Gender

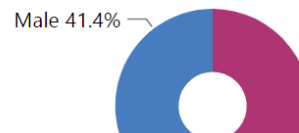
Gender... ● Female ● Male



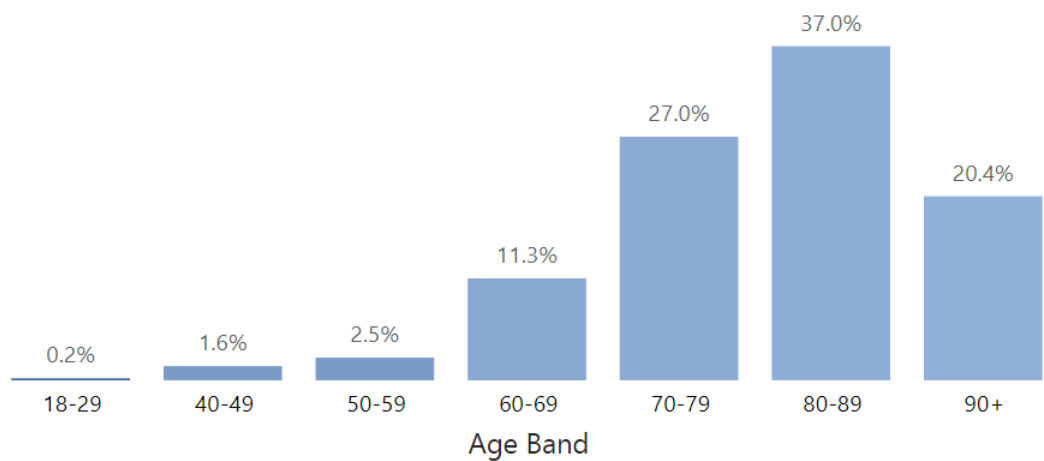
Nursing

Service Users by Gender

Gender... ● Female ● Male



Percentage of Service Users by Age Band (darker is higher average weekly cost)

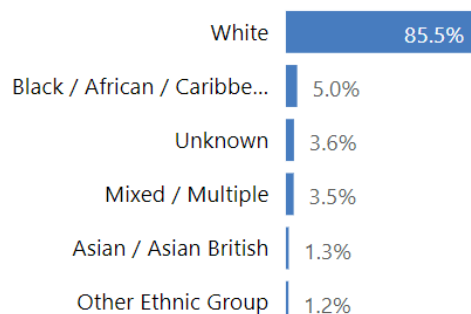


Ethnicity Group

85% of individuals are recorded as being from a White ethnic background with 11% recorded as being from black or minoritized ethnic groups. 4% is unknown. The below tables show the percentage of service users by ethnicity group broken down by residential or nursing services. There is not much disparity in ethnic groups in either type of service.

Residential

Percentage of Current Service Users by Ethnicity Group

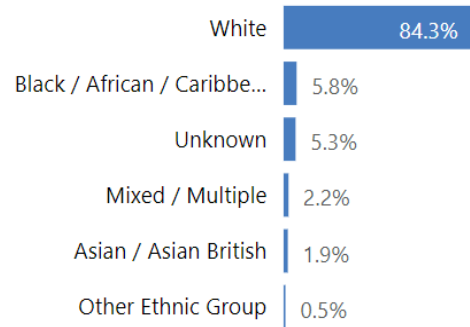


Nursing

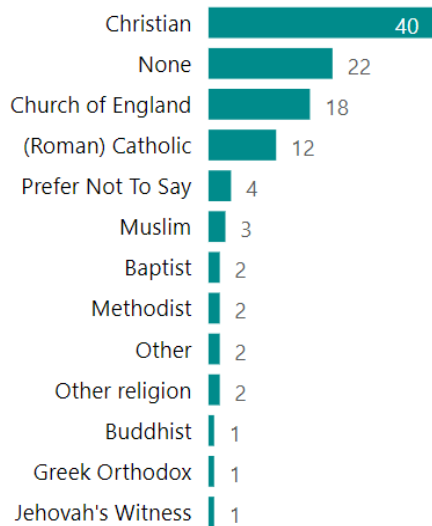
Religion

In Nursing services the highest number of service users report their religion as Church of England (52) with the number of Christian service users reported as 49 and 31 service users reporting no religion. In Residential services 40 of 780 service users reported their religion as Christian, 22 service users reported no religion and Church of England reported by 18 individuals. The below diagram shows the number of current service users across Residential and Nursing services by religion.

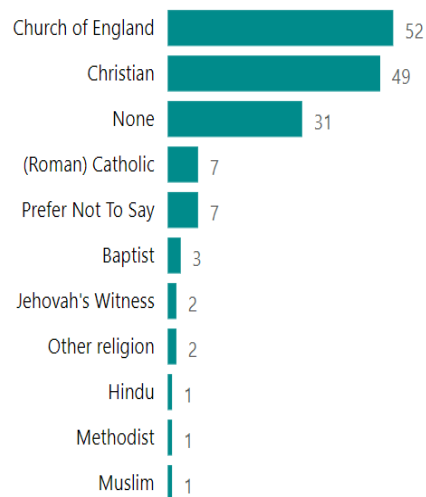
Percentage of Current Service Users by Ethnicity Group



Residential Services



Nursing Services

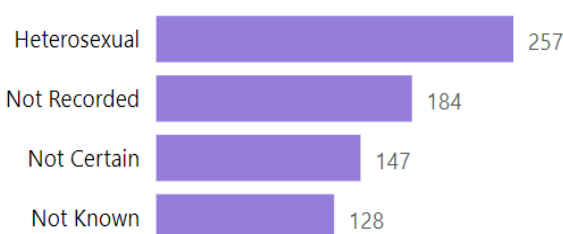


Sexual Orientation

Our data is lacking in respect to the sexual orientation of our service users in residential and nursing homes (1,417 service users). Whilst “heterosexual” is by far the most common sexual orientation for this cohort across residential and nursing (547 service users) the groups that follow in descending order are “not recorded” 401 service users, “not known” at 218 service users, “not certain” at 173 service users and “not disclosed” at 71 service users. Our data shows that 2 service users are recorded as “bisexual” and 3 service users are recorded as “gay man” and 1 service user is recorded as “lesbian”. The below tables show the Number of Service Users by Sexual Orientation broken down by Residential and Nursing.

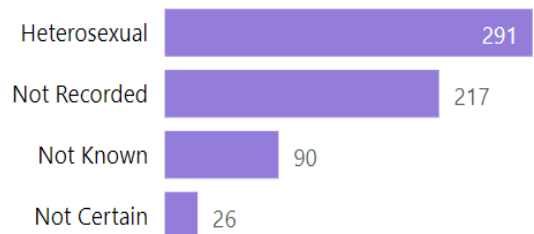
Residential

Number of Service Users by Sexual Orientation (where recorded)



Nursing

Number of Service Users by Sexual Orientation (where recorded)

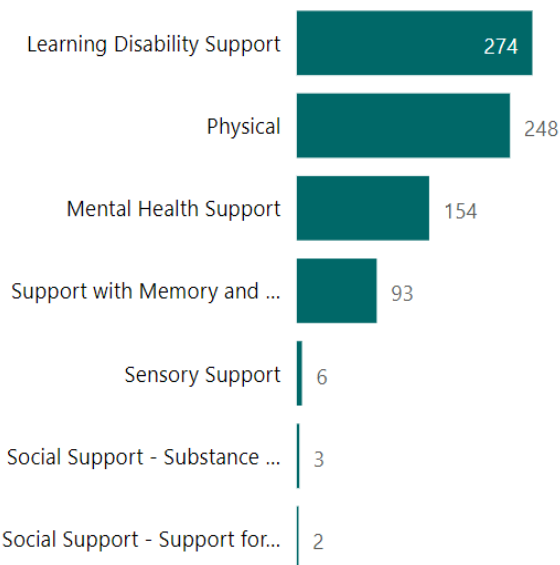


Primary Support Reason (PSR)

In Residential placements the top PSR is Learning Disability and Support, followed by Physical, followed by Mental Health Support. In Nursing placements, the top PSR is Physical, followed by Support with Memory and Cognition, followed by Mental Health Support. The below diagrams show the number of individuals by Primary support reason and client category for both residential and nursing services.

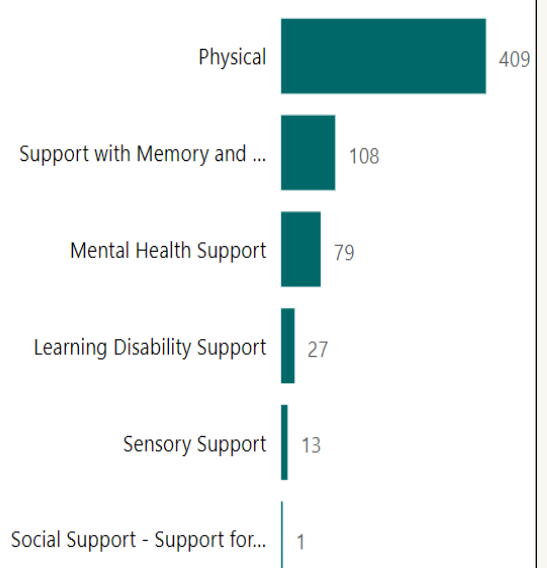
Residential

Number of Service Users Primary Support Reason (PSR)



Nursing

Number of Service Users Primary Support Reason (PSR)



Client Category

In Nursing services 37.8% of service users are in the 'Adults with Long Term Conditions' category, 54.6% of current service users are in the 'Older Persons' category, 7.38% are in the Unknown category, 2.74% of individuals are in the Carer category 0.16% are in the 'blank' category and 0.04% are in the 'Asylum' category.

67.2% of adults in residential services are in the 'Adults with Long Term Conditions' category, 29.1% of current service users are in the 'Older Persons' category and 3.72% are in the Unknown category.

Admissions into Residential and Nursing Services

In Residential placements admissions were highest for individuals of primary support reason and client group dementia (33.16% 64 individuals), physically frail/ temporarily ill (27.98% 54 individuals) and physical Disability (10.88% 21 individuals).

In Nursing placements admissions were highest for individuals of primary support reason and client group physically frail/ temporarily ill (36.61%, 108 individuals), dementia (24.41%, 72 individuals) and physical Disability (14.24%, 42 individuals).

**Brokerage
Supply and
Demand Report
Reporting
period
01/09/2023 -
31/09/2023**

16 individuals on the waiting list for residential or nursing Care Home placement. This has reduced from the 31 individuals waiting during the reporting period 01/08/2023 - 31/08/2023.

Waiting list by service requested:

Service Requested	No.
Nursing	7
Residential	2
Nursing Dementia	4
Residential Dementia	3
Total	16

5 individuals waiting over 30 days for placement.

Last 28 days:

	Total	P2/P3
Sourced	41	9
Referrals	32	11
Outstanding	17	3
With Offers	4	

Adults with Long Term Conditions (AWLTC) - specialist care homes

34 individuals on the waiting list for residential or nursing Care Home placement. This has increased from the 30 individuals waiting during the reporting period 01/08/2023 - 31/08/2023.

Current Location	No.
Acute Hospital	0
Care Home	16
Emergency acc/homeless	0
Home	1
Hosp Callington	2
Hospital	7
Other	4
Prison	0
Psychiatric Hospital	2
Supported Living	2
Total	34

Monthly Stats:

Monthly Stats	No.
Referrals	10
Sourced	7
Outstanding	34
Previous	30

Waiting List:

Time waiting	
over 3 months	10
over 6 months	3

Longest Waits:

1 individual waiting to be placed since November 2022.

2 individuals waiting to be placed since March 2023.

1 individual waiting to be placed since May 2023

2021 Census

Ethnicity:

In 1991 the Black, Asian and Minority Ethnic population accounted for 5.1% of the total population, this increased to 18.9% in 2021. In Bristol the largest minority ethnic groups in 2021 were Somali 9,167 (1.9%), Pakistani 9,103 (1.9%) and Indian 8,371 (1.8%).

Population:

Between 2011 and 2021 the population of Bristol increased by 10.3%, England and Wales saw a population increase of 6.3%. Bristol was the fastest growing of all the Core Cities in England and Wales over the last decade. There was an increase of 5.6% of children aged under 15, an increase of 11.8% of people aged 15 to 64 years and an increase of 8% in people aged 65 years and over. The median age of people living in Bristol is 32.4 years old in comparison to the England and Wales median of 40.3 years. Overall 49.6% of the overall population living in Bristol in 2021 were men and 50.4% of the population were female.

Religion:

In the 2021 census more than 45 religions were represented in Bristol with 51% of people stating they have no religion. This is the third highest proportion of people with no religion of all local authorities in England with Brighton, Hove and Norwich having a higher proportion of individuals with no religion. In England and Wales 37.2% of people have no religion. A third of people (32.2%) living in Bristol stated they were Christian. This is a lower proportion of the population than in England and Wales as a whole, where 46.2% are Christian. Muslims are the third largest religion in Bristol including 31,776 people, 6.7% of the population and similar to the England and Wales average of 6.5%. 2.8% (3,546 people) identify with other religions.

Main Language:

In Bristol 89.9% of usual residents aged three years and over had English as a main language (E&W 91.1%) down from 91.5% in 2011 (E&W 92.3% in 2011). Polish remained the most common main language in Bristol and nationally accounting for 1.5% of usual residents (E&W 1.1%). The other most common languages in Bristol include: Spanish 3,858, Somali 3,152, Romanian 3,063, Arabic 2,330 and Italian 2,180. All other languages have less than 2,000 people. Bristol Sign Language was the main language of 181 (0.04%) of people in Bristol (E&W 0.04%), an increase from 153 people in 2011.

Sexual Orientation:

23,649 people in Bristol identified with an LGB+ orientation, 6.1% of the population aged 16 and over (E&W average 3.2%). The local authority with the largest LGB+ population aged 16 year and over was Brighton and Hove (10.7%). Bristol was ranked

	<p>15th based on the overall size of the LGB+ population. Bristol was ranked 5th nationally after Manchester, Leeds, Birmingham and Brighton and Hove.</p> <p>Gender Identity: 3,220 people in Bristol indicated that their gender identity was different from their sex registered at birth, 0.83% of the population aged 16 and over. (E&W average of 0.54%). Based on the overall size of the Trans population Bristol was ranked 7th of the 10 local authorities with the largest proportion of the population (aged 16+) whose gender identity was different from their sex at birth.</p> <p>Health: In 2021 there was over 81,000 people living in Bristol with long-term physical or mental health conditions or illnesses whose day-to-day activities were limited. 17.2% of the total population had long-term physical or mental health conditions or illnesses which limited their day-to-day activities. (E&W 17.5%). This included:</p> <ul style="list-style-type: none"> - 6.1% of all children aged under 16 - 16.0% of the working age population - 38.5% of older people aged 65 and over <p>33,272 (7%) of the population had a long term physical or mental health condition but their day-to-day activities were not limited. In Bristol a third of all households (25.5%) included at least one person with long-term physical or mental health conditions or illnesses whose day-to-day activities are limited. (E&W 25.6%).</p>
<p>Additional comments:</p>	

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 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.

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. Therefore there is a significant lack of data on Race, Sexual Orientation, Disability (inc. diagnosis), Marital Status, Gender Reassignment, Religion and Pregnancy/ Maternity for our service users who access Residential and Nursing services at this point in time. This data is recorded via Bristol City Council 'LAS' systems and is input at various points throughout the care management process.

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.

Budget proposals public consultation was held between **Friday 11 November and Friday 23 December 2023**. 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.

During the consultation, an Easy Read version and a British Sign Language version of the consultation were available. <https://www.ask.bristol.gov.uk/budget-2024-25>

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 later, 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 based on 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 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 consider.

The review of Residential and Nursing services may impact those service users already within these services, such as older people and Disabled people with a Learning Disability if they have an individual review within the contract management process. Any changes may have an impact on future service users who may be referred and could impact individuals in areas where we are trying to build or increase market supply where there are currently gaps.

PROTECTED CHARACTERISTICS

Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>Evidence shows the number of younger people accessing Residential and Nursing services has risen, it is important that care and support services meet the needs of this cohort of people.</p> <p>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.</p> <p>Children and young people in Bristol are considerably more ethnically diverse than the overall population of Bristol.</p>
Mitigations:	Analysis and engagement will look to understand and meet the needs of younger people within any future market development process and the new Adult social care single framework. Future designing of services will look to ensure that services meet the needs of young people.
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>The majority of Residential and Nursing service users are aged 65+. Commissioned services must meet the needs of older adults with complex health and social care needs. Services must offer skilled interventions that promote people's independence and safety in older age.</p> <p>Bristol Ageing Better estimated at least 11,000 older people are experiencing isolation in the city.</p> <p>We must factor aging and the needs of older people into long term budgeting and service design</p>
Mitigations:	Any recommissioning and service specs will look to ensure that services available are designed to meet the needs of older people that offer value for money, and that

	appropriate providers are commissioned to deliver these outcomes. Older people will be involved in the recommissioning consultation, including existing service users and future potential service users.
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>There is evidence of a significant level of Disabled people within Residential and Nursing services. It is important that Nursing and Residential care settings successfully meet the care and support needs of Disabled people.</p> <p>17% of Bristol's population are Disabled. There are more Disabled women than men living in Bristol.</p> <p>A higher proportion of disabled people rent from a social provider (local authority or housing association)</p> <p>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%.</p> <p>Disabled people should be empowered to make independent living choices and have a say in access to service provision.</p> <p>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:</p> <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. <p>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.</p>
Mitigations:	Any recommissioning and service specs will look to ensure that services are designed to meet the needs of Disabled people and that appropriate providers are commissioned to deliver these outcomes. Future commissioning consultations will aim to get feedback from Disabled people, including existing service users.
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 type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	

Mitigations:	
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 type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Carers	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
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 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.

The reviews will aid Adult Social Care at BCC to help improve service user outcomes, sufficiency of supply, quality, and cost effectiveness of Residential and Nursing 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:
The review of Nursing and Residential services could affect the accessibility and delivery of services for people currently in the services and those looking to access Residential and Nursing services in the future. To ensure the individuals receiving care remain protected through the process, the People Too team will be working alongside the BCC commissioning and MAT teams.
Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:
Reviews will be carried out in a sensitive manner and may result in improved contract renegotiations going forwards and provide an opportunity to review additional high-cost cases across Residential and Nursing services. Lessons learned and analysis from this work will feed into work ongoing such as development and implementation of the ASC Single Framework to support more equal service delivery going forwards and contribute to equality of opportunity in supporting people to live independently.

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.		
To review the project scope and associated impacts throughout the reviews.	People Too/Commissioning	Midway in the project

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 Revised service costs and new contracts will be agreed, and specific services will be delivered at lower cost. Individuals in these placements will continue to undergo annual reviews by BCC adult social care teams and any unforeseen impact will be addressed and fed back following those reviews.
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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.

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.

Equality and Inclusion Team Review: <i>Reviewed by the Equality and Inclusion Team</i>	Director Sign-Off: <i>Richard Hills</i>
Date: 09/01/2023	Date: 11/01/2024