

# Equality Impact Assessment [version 2.12]



Title: <b>2425 ASC – 9 S117 Reviews</b>	
<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 checked="" type="checkbox"/> New <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, 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 are looking across all of our services with a focus on:

- maximising our transformation programmes – where we are looking to improve services whilst achieving the best value for money
- income opportunities – where we are looking to improve our external income and most effectively apply that income
- targeted reviews – where we are looking at services that are comparatively high in cost compared to other councils to see 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: Section 117 Reviews**

Bristol City Council (BCC) commissioned a strategic partner, Peopletoo to carry out a diagnostic report to identify areas of practice we can do differently to reduce costs and be more efficient. Peopletoo identified 9 key activities which have been developed as key workstreams which includes the need to increase the number of annual care and support reviews for individuals who receive s117 aftercare.

S117 of the Mental Health Act 1983 establishes a duty on Local Authorities and Integrated Care Boards (ICB) to provide aftercare to individuals who have been detained under section 3, 37, 45a, 48, of the Mental Health Act (it also includes individual's subject to Community Treatment Orders). Aftercare includes the provision of social care which is non chargeable, and the duty remains in place for as long as the individual requires the aftercare to reduce the risk of deterioration of their mental disorder and subsequent readmission to hospital. An individual can be discharged from S117 if, following a review, there is an agreement from both a representative of the health and local authorities.

BCC has a current arrangement with Bristol North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) who contribute 30% towards the cost of each individuals care and support package (although in some exceptional cases we can negotiate a higher contribution from the ICB). As a result of this arrangement in 22/23 we received £12m contribution towards this cost .

Peopletoo identified that, when benchmarked against equivalent authorities, Bristol City Council are providing care and support to a larger number of individuals - this includes people who are entitled to Section 117 aftercare. Currently in Bristol we provide social care to 680 people under s117 costing just under £34 million per year (this is gross cost of care and includes the 30% contribution from the ICB).

One of Peopletoo's recommendations we are seeking to implement is to increase our reviewing capacity to allow a greater number of care and support reviews of people receiving care and support. These additional reviews will enable us to ensure that the individuals are still entitled to aftercare, that their needs are being met and that any care and support provided is cost effective and represents best value for money.

### **What is the project?**

This project seeks to reduce the number of clients with Section 117 in place who are overdue a review, and to improve independence, and good outcomes following a high-quality strengths-based review.

### **Why was this identified?**

The diagnostic exercise established a high number of people in Section 117, a third of whom had not had a review in over a year and is therefore overdue. Due to the variation in needs over time for people with Section 117 these individuals could be experiencing insufficient support and therefore a strengths-based review is required to ensure care is appropriate and improve outcomes.

### **What does it seek to achieve?**

Due to the workforce shortages in Bristol City Council's Adult Social Care (ASC) Teams, this cannot be quickly implemented with existing capacity. This project therefore focuses on a prioritised approach to reviewing people in receipt of Section 117 funding who are overdue a review and bringing in additional short-term capacity to carry out these reviews. As a result, people will be receiving more appropriate services and their independence will be supported and promoted.

Additional staffing capacity will be sourced using a recruitment business partner to source up to 10 full-time social workers to carry out this targeted review work. Staffing resource has been identified and we plan to begin onboarding new staff due, with a start date of December 2023.

The expectation is that each social worker will carry out approximately 5 reviews a week and focus on individuals who are most overdue a review of s117 care and support. Where possible social workers will review individuals within accommodation-based support as it will allow us to maximise the volume of reviews carried out by reducing travel time and increasing effectiveness.

This additional staffing capacity will initially sit within our Market Analysis Team which has commissioning and contract expertise to ensure that arrangements with supported living and residential care providers who support people with mental health needs are cost effective. Bristol North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) have also committed to making additional clinical staff available to support with joint reviews. We are also working with BNSSH and AWP MH Trust to revise our existing S117 protocol and memorandum of understanding.

This EqIA outlines the potential impact this proposal will have on those effected.

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

## 1.3 Will the proposal have an equality impact?

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

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

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

<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	[please select]
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This proposed change will allow increased review capacity so will ensure greater compliance with requirements to regularly review care and support plans for people receiving after care under s117 of the Mental Health Act.

Additional staffing capacity will enable us to carry out these reviews to ensure that the individual's needs are still being met, that they still meet the criteria for S117 aftercare, and that the care and support services represent best value to Bristol City Council and BNSSG ICB.

## 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](#)

<b>Data / Evidence Source</b> [Include a reference where known]	<b>Summary of what this tells us</b>
<p>Power BI - data of current individuals receiving s117 aftercare services [Internal links only]</p> <p><a href="#">Tier 3 Activity &amp; Cost - Power BI</a>  <a href="#">Tier 3 Activity &amp; Cost - Power BI</a></p> <p><a href="#">Tier 3 Activity &amp; Cost - Power BI</a> demographic data of individuals currently with s117 aftercare entitlement who are receiving care and support services</p> <p><a href="#">Tier 3 Activity &amp; Cost - Power BI</a></p>	<p>The total number of people receiving care and support as part of s117 aftercare as of 6<sup>th</sup> November 2023 stands at 682. This is an increase of 5.1% in the past 12 months and has risen at a larger rate than those receiving care and support who are not entitled to S117 (2.9% growth).</p> <p>The average weekly cost of care for people on s117 is £957.00. This is significantly higher than the average weekly cost of care for people receiving support under the Care Act (2014) which is £690.00. When compared against individual's receiving support under the Care Act, people in receipt of s117 funding are much more likely to living in residential (20% vs 14%) or supported accommodation (37% vs 10%) and significantly less likely to receive support in their own home ( 7.5% vs 53%).</p> <p>Demographic data indicates that 75.5% of these individuals are aged between 18 and 64 . This compares to just 46% of individuals receiving care and support who are not entitled to s117 (e.g., under the Care Act).</p> <p>More detailed age breakdown also supports narrative that those receiving care and support under s117 are generally younger than those under Care Act. 16.4% of those receiving s117 are aged 30 to 39 compared to 8.7%, 19.9% of s117 are aged 40 to 49 vs 8.1% and 21.8% s117 are aged 50- 59 compared to 11.8%.</p> <p>In terms of ethnicity there are similar percentages of individuals receiving care under s117 or under the care act who identify as white (75.2% vs 74.5%) but there is a larger proportion of the s117 cohort who identify as Black , African, Caribbean , black British when compared to those who aren't entitled to s117 (13.6% vs 8.8%) . 60% of this s117 cohort are male compared to 44% of those receiving care under the Care Act which shows greater likelihood of this cohort being male.</p> <p>This indicator supports the wider evidence base that black African Caribbean males detained under section of the Mental Health Act (and subsequently entitled to s117 aftercare) are overrepresented in this cohort.</p>
<p>Peopletoo diagnostic work</p>	<p>People too diagnostic report indicated that there is a significant shortfall of funding from Health including Continuing Health Care (CHC), Joint Funding, S117, and Better Care Funding (based on NHS Income benchmarks). Increasing reviews of people on s117</p>

	<p>might identify cases where increased health contribution might be warranted.</p> <p>Diagnostic report also noted that our volume of reviews remains low and need to increase annual volume of referrals.</p> <ul style="list-style-type: none"> <li>• Care and support is provided to 689 clients under S117.</li> <li>• 346 of these clients are overdue a review.</li> <li>• 31% are overdue by 24 months+.</li> </ul>
<p><a href="http://bristol.gov.uk">About the Joint Strategic Needs Assessment (JSNA) (bristol.gov.uk)</a></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.</p> <p>The JSNA can help 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><a href="http://bristol.gov.uk">Health and wellbeing strategy (bristol.gov.uk)</a></p>	<p>The Health and Wellbeing strategy sets out our local health and wellbeing priorities and is based on evidence from our <a href="#">Joint Strategic Health Assessment</a>, ambitions in the <a href="#">One City Plan</a>, and feedback from community engagement. Detailed actions relating to each priority are developed or overseen by the Health and Wellbeing Board at monthly meetings.</p>
<p>Power BI reports on service user and overdue S117 reviews. <a href="#">Tier 3 Activity &amp; Cost - Power BI [Internal link only]</a></p>	<p>This tells us that 345 people receiving care and support under s117 of the Mental Health Act are overdue a review. This means that around 50.4% of individuals are overdue an annual review which is slightly higher figure than those receiving care not under s117 (46.7%).</p> <p>Of this;</p> <ul style="list-style-type: none"> <li>• 145 people are overdue a review by 0 to 11 months</li> <li>• 93 are overdue a review by 12 to 23 months.</li> <li>• 52 are overdue a review by 24 to 35 months.</li> <li>• 55 are overdue a review by over 36 months.</li> </ul> <p>We will use this data to help prioritise our response and allocation of cases to those who have been waiting the longest for the reviews. This means that those receiving care and support under s117 are less likely to have annual reviews and so potentially more</p>

disadvantaged than those not under S117. This workstream will take steps to address this inequity. Power BI data also shows that those receiving care and support are more likely to receive care and support outside of either Bristol or wider BNSSG 10% vs 4% for Care Act.

Bristol One City: Cost of Living Crisis – Bristol’s One City approach to supporting citizens and communities (Oct 2022)

Cost of Living Risk Index (arcgis.com)

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
- **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 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
- **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.
- **Cost of Living Risk Index (October 2022)** identified Lawrence Hill, Hartcliffe & Withywood, Filwood, Lockleaze, Ashley,

	<p>Southmead, Easton, Avonmouth &amp; Lawrence Weston, Hillfields and Eastville as neighbourhoods in Bristol more at risk of the impact of the cost-of-living crisis.</p>
<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 Southwest 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>Nomis - Official Labour Market Statistics (nomisweb.co.uk)</u></p> <p><u>Business demography, UK - Office for National Statistics (ons.gov.uk)</u></p>	<p>84% of all people in Bristol are economically active which is higher than nationally (78.6%) and in the Southwest (80.7%). Of those who are economically inactive in Bristol, 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 aged people who are benefit claimants is 11.2%.</p>
<p><u>Bristol Quality of Life Survey 2021-22</u></p>	<p>The Quality of Life (QoL) survey is an annual randomised sample survey of the Bristol population, mailed to 33,000 households (with online &amp; 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 <u>Quality of Life 2021/22 data dashboard</u> 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.</p> <p>This QoL dashboard also showed disparities in terms of individual's who reported as being in good health. Just 33.5% of Disabled people answered yes to this question, and just 59.8% of Trans people voted also yes. 73.6% of people in the most deprived wards responded yes to this question compared to 83.1% Bristol average.</p>
<p>Bristol 2021 Census Data profiles <a href="#">Microsoft Power BI</a></p>	<p>The Census details the demographic profile of Bristol. We have had initial data on the population of Bristol by age, ethnic group, national identity, language, and religion.</p>

<p><u>The population of Bristol</u></p> <p><u>Bristol Key Facts 2022</u></p>	<p>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>
<p><b>Additional comments:</b></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 checked="" type="checkbox"/> Gender Reassignment
<input checked="" type="checkbox"/> Marriage and Civil Partnership	<input checked="" type="checkbox"/> Pregnancy/Maternity	<input checked="" type="checkbox"/> Race
<input checked="" type="checkbox"/> Religion or Belief	<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> Sexual Orientation

## 2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g., pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

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.

There are some reporting gaps in our recording of service users' equalities data where this is not recorded or unknown (around 10%) for most categories. Our Power BI report currently only reports on sex, ethnicity, age and religion and does not report on gender reassignment or sexual orientation.

In terms of future demand more information is required about makeup of adults and young people with emerging mental health needs who may end up being detained under MHA Act and requiring social care support. The local Mental Health NHS Trust (AWP), BNSSG ICB and Primary Care will all hold various information on such individuals with such emerging or current MH needs, if we were able to access and analyse such data further it could be used to inform future demand of individuals who might require care and support from Bristol ASC as aftercare and plan our assessment and review capacity for the future.

Existing information held by AWP on people currently detained under MHA will also inform future demand on s117 social care cohort as a significant proportion of these individuals will require social care intervention. More work is required in order to hear the voice of the individual with lived expertise who draws on care and support under S117 and their experience of receiving aftercare and what a good review looks like.

## 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 9<sup>th</sup> December and 21<sup>st</sup> 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.

We have discussed our proposals for increasing S117 reviews with BNSSG ICB and will meet with them to discuss whether they can provide additional clinical staff to support with some of these additional reviews. We are also working with social care leads in AWP (MH NHS trust) as we recognise that existing s117 protocol across the NHS trust needs updating and this can help support this work.

## 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 2023. 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.

The outcomes of the additional S117 reviews will be shared with the BNSSG ICB and where necessary the local MH NHS trust (AWP although might differ if the individual is living outside of AWP footprint). We will use this additional reviewing capacity to help inform best practice for S117 reviews and help develop an up-to-date effective multi-agency protocol to support best practice for 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 afterwards<sup>1</sup>.

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 of s117 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.

#### PROTECTED CHARACTERISTICS

<b>Age: Young People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Children and young people in Bristol are considerably more ethnically diverse than the overall population of Bristol.</li> <li>• 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.</li> <li>• Young people in Bristol are more likely to:             <ul style="list-style-type: none"> <li>○ have poor emotional health and wellbeing</li> <li>○ find inaccessible public transport prevents them from leaving their home when they want to</li> <li>○ 6.8% of 16–17-year-olds (2020/21) were “not in education, employment or training” (NEET), worse than the national average (5.5%)</li> </ul> </li> <li>• Young adults are most likely to have lost work or seen their income drop because of COVID-19 and the cost-of-living crisis</li> </ul>
Mitigations:	<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>
<b>Age: Older People</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• Older people in Bristol are:             <ul style="list-style-type: none"> <li>○ less likely to be comfortable using digital services</li> <li>○ more reliant on public and community transport</li> <li>○ more likely to be an unpaid carer</li> <li>○ more likely to help out or volunteer in their community</li> <li>○ less likely to have formal qualifications</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Bristol Ageing Better estimated at least 11,000 older people are experiencing isolation in the city.</li> <li>• We must factor aging and the needs of older people into long term budgeting and service design</li> </ul>
Mitigations:	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 with subject to s117 we will ensure that adult care staff consider needs on a case-by-case basis and ensure we promote wellbeing.
<b>Disability</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• All of those receiving care and support under s117 will have an identified serious mental illness which would be considered a disability. All individuals within the scope of this increase of reviews project would be considered as having a disability.</li> </ul> <p><b>National and local disability data</b></p> <ul style="list-style-type: none"> <li>• 17% of Bristol's population are disabled. There are more disabled women than men living in Bristol.</li> <li>• 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.</li> <li>• Disabled people are less likely to be employed in a managerial or professional occupation</li> <li>• the national disability employment rate was 52.7% in Q2 2021, compared to 81.0% for non-disabled people.</li> <li>• 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%)</li> <li>• 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%.</li> <li>• Disabled people on average have lower qualification levels than the population as a whole.</li> <li>• A higher proportion of disabled people rent from a social provider (local authority or housing association)</li> <li>• Disabled people have lower car ownership levels</li> <li>• Disabled people experience higher rates of hate crime and domestic abuse compared to the general population</li> <li>• Disabled people should be empowered to make independent living choices and have a say in access to service provision.</li> </ul>
Mitigations:	<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 mental health clinician input to support with the annual review.</p> <p>Any changes to an individual's needs of personal budget will also need to be validated and agreed by a local authority representative and a representative of the ICB.</p>
<b>Sex</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• 60% of those in receipt of s117 funding are men meaning that men are over-represented in the cohort</li> </ul>

	<ul style="list-style-type: none"> <li>• Young women between the ages of 16 and 24 have higher risk of common mental health problems and higher rates of self-harm and post-traumatic stress disorder etc.</li> <li>• Bristol female preventable mortality rates are significantly higher than the England rates</li> <li>• Men and boy's health is in general poorer than that of women and girl's</li> <li>• Male life expectancy at birth in Bristol is around four years less than for females.</li> <li>• On average men in Bristol live 18 years in poor health, women live 22 years in poor health</li> <li>• A higher proportion of boys have physical impairments and more boys than girls have diagnosed mental health disorders and learning difficulties.</li> <li>• Men in Bristol are more likely than women to have unhealthy lifestyle behaviours including being overweight and obese, smoking, alcohol and substance misuse</li> <li>• There are differences between men and women in health practices and the way they use health services</li> <li>• Men are three times more likely than women to take their own lives.</li> <li>• Individuals in receipt of s117 support may not be provided with care and support from a carer of their preferred gender</li> </ul>
Mitigations:	As part of this review, we will work with each individual to consider their needs and circumstances, including related to their gender. This could include working with care homes and care providers to ensure preference around gender of provider of personal care is considered and respected.
<b>Sexual orientation</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• Lesbian, gay and bisexual people are statistically more vulnerable to verbal and physical abuse</li> <li>• 1 in 10 Black, Asian and Minority Ethnic LGBT staff have similarly been physically attacked because of their sexual orientation and /or gender identity, compared to 3% of White LGBT staff</li> <li>• Research shows LGBT people face widespread discrimination in healthcare settings and one in seven LGBT people avoid seeking healthcare for fear of discrimination from staff</li> <li>• The Stonewall <u>LGBT in Britain - Health Report</u> shows LGBT people are at greater risk of marginalisation during health crises, and those with multiple marginalised identities can struggle even more. In communications we should signpost and refer where possible to mutual aid and community support networks?</li> <li>• Research has shown that LGBT people are more likely to be living with long-term health conditions, are more likely to smoke, and have higher rates of drug and alcohol use.</li> <li>• Half of LGBT people experienced depression in the last year</li> <li>• 14% of LGBT people have avoided treatment for fear of discrimination because they are LGBT.</li> </ul>
Mitigations:	As part of this review, we will work with each individual to consider their individual needs and circumstances including related their sexual orientation. 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.
<b>Pregnancy / Maternity</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	

<b>Gender reassignment</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Race</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• Black men are over-represented in the mental health system and more likely to be detained under the 'Mental Health Act' and consequently entitled to S117 aftercare than white people.</li> <li>• 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<sup>2</sup>.</li> <li>• 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.</li> <li>• 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</li> <li>• Organisations may lack cultural competence because minoritised ethnic staff are under-represented.</li> <li>• People who do not speak English as a main language may require information in plain English and community language translations or videos</li> </ul>
Mitigations:	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 VCSE 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 jointly with appropriate clinician from health to ensure the health components of individuals aftercare needs are still being met.
<b>Religion or Belief</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>• There are at least 45 religions represented in Bristol. Approximately 1 in 20 people in Bristol are Muslim, and Islam is the second religion in Bristol after Christianity</li> <li>• Budget proposals should take into account differing needs because of people's religion and belief (for example different requirements around diet, life events, and holidays)</li> <li>• Having a designated multi-faith room can make environments such as workplaces and shopping centres is more accessible and friendly for people from faith groups where regular prayer is required.</li> <li>• There is a risk that as part of this review work this could result in reduction of support around meeting specific needs related to religion. For example, a care home environment might not enable an individual to attend religious ceremonies or services or support dietary requirements based on religion, e.g., halal or kosher food. This could also include closer proximity to those of the opposite sex in certain scenario such as personal care.</li> <li>• There is a risk care and support needs associated with religion may not be being met due to cost or lack of availability or appropriate knowledge</li> </ul>
Mitigations:	Each case will be considered on a case-by-case basis and a Social Worker will need to demonstrate that needs relating to religion will be considered as part of the review and work with providers to ensure that all identified needs are met. This might include ensuring that specific religious needs around accessing places of worship, appropriate dietary needs and proximity to those of opposite sex are considered and met as part of the reviewed support plan.
<b>Marriage &amp; civil partnership</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	

Mitigations:	
<b>OTHER RELEVANT CHARACTERISTICS</b>	
<b>Socio-Economic (deprivation)</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>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 &amp; Withywood, Filwood and Lawrence Hill.</li> <li>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.</li> <li>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.</li> <li>There is a risk that people living in the most deprived areas who draw on ASC under S117 care and support the most are not provided with enough support due to ongoing budget pressures.</li> </ul>
Mitigations:	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.
<b>Carers</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>Being a carer can be a huge barrier to accessing services and maintaining employment</li> <li>Studies show around 65% of adults have provided unpaid care for a loved one.</li> <li>Women have a 50% likelihood of being an unpaid carer by the age of 46 (by age 57 for men)</li> <li>Young carers are often hidden and may not recognise themselves as carers.</li> </ul>
Mitigations:	Most individuals receiving care and support under s117 live in some kind of accommodation-based support so this should minimise impact on carers. When carrying out annual care and support review, practitioners will ensure that where a carer is identified they are offered a carer's assessment, and relevant care and support to sustain carer's role is explored and offered.
<b>Other groups</b> [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 under s117 who a review will have to ensure their needs continue to be met, and enable changes to be made to care and support packages where required

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:

This EqIA has identified that people receiving s117 are less likely to have had an annual review and more likely to live outside of Bristol, North Somerset or South Gloucestershire. Providing additional reviewing capacity should enable us to address both these gaps. This work will enable best value of local authority and health resources by carrying out reviews using our Market Analysis Team approach.

### 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
Update and develop multi agency S117 protocol with reps from BCC adult care, BNSSG ICB and AWP MH Trust. Will also need to draw on people with lived expertise to work towards co-production.	Jamie Mahood	March 2024

### 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.

We will monitor equalities data in relation to people who receive S117 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 S117 reviews to see what changes have been made to individual support plans, their personal budget and health provision. We will also monitor to see if any changes to no of individuals discharged from s117 following review.

### Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the [Equality and Inclusion Team](#) before requesting sign off from your Director<sup>1</sup>.

<b>Equality and Inclusion Team Review:</b> The Equality and Inclusion Team	<b>Director Sign-Off:</b> 
Date: 08/12/2023	Date: 29/12/23

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<sup>1</sup> Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.