

# Equality Impact Assessment [version 2.12]



Title: Adult Social care Committee – Discharge Grant 2024/25	
<input type="checkbox"/> Policy <input checked="" type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Adults and Communities	Lead Officer name: Paul Flood
Service Area: Hospital Discharge and Reablement	Lead Officer role: D2A Commissioning Transformation Manager

## Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](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.

A report is going to Adult Social Care Committee to seek authorisation and approval for the use of the Discharge Grant for 2024/25.

The Discharge Grant is the dedicated budget from the Department for Levelling Up, Housing and Communities allocated to Local Authorities to enable the support of timely discharge of Bristol residents/patients from hospital, and access to Reablement services that supports people to return home, and maximise levels of independence so residents won't need or will need less ongoing support, and remain in their own homes and communities.

This links into Bristol City Councils (BCC) and the wider Bristol, North Somerset and South Gloucestershire (BNSSG) Discharge to Assess (D2A) service and strategy response. Discharge to Assess is about working with NHS and wider partners to support people to leave hospital, when appropriate to do so, and continuing their recovery, support and assessment out of hospital, returning to their own homes and communities whenever possible.

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

<input checked="" type="checkbox"/> Bristol City Council workforce	<input checked="" type="checkbox"/> Service users	<input type="checkbox"/> The wider community
<input checked="" type="checkbox"/> Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	
Additional comments: The proposals going to committee include continuing existing commissioned services and commissioning new ones (commissioning meaning services bought by BCC from other organisations like voluntary and charitable sector organisations for a specific purpose). All proposal areas are targeting and supporting improved outcomes (what people say they want to achieve) for and with service users e.g. supporting timely hospital discharge, promoting independence, and supporting people to return to and remain in their own homes and communities. This has a demand, capacity and potential		

cost benefit for both BCC and wider stakeholders like North Bristol NHS Trust (NBT), University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), the Integrated Care Board (ICB) and Sirona Care and Health, by ensuring services deliver the required outcomes and are cost affective.

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

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

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

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

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

All commissioned services outlined in the Adult Social Care committee report have a direct or indirect impact on the quality of life and health of Bristol residents because they directly or indirectly enable or provide the type of support people receive and where.

## Step 2: What information do we have?

### 2.1 What data or evidence is there which tells us who is, or could be affected?

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: [How we measure equality and diversity \(bristol.gov.uk\)](https://www.bristol.gov.uk/how-we-measure-equality-and-diversity)

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

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics and intelligence \(sharepoint.com\)](#). 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
<p>Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements - GOV.UK (<a href="http://www.gov.uk">www.gov.uk</a>)</p> <p><a href="http://www.gov.uk/government/publications/discharge-fund-grant-determination-2024-to-2025/discharge-fund-grant-determination-2024-to-2025">www.gov.uk/government/publications/discharge-fund-grant-determination-2024-to-2025/discharge-fund-grant-determination-2024-to-2025</a></p>	<p>The attached links and resulting documents outline the purpose of the Better Care Fund (BCF) and the Discharge Grant which sits within the BCF:</p> <p><u>Purpose and Use of the Discharge Grant Fund:</u></p> <ul style="list-style-type: none"> <li>The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred</li> </ul>

	<p>by them, up to 31 March 2025.</p> <ul style="list-style-type: none"> <li>The Department for Levelling Up, Housing and Communities is providing this funding to support local authorities to build additional adult social care and community-based reablement capacity to reduce hospital discharge delays through delivering sustainable improvements to services for individuals.</li> </ul> <p>A recipient authority must:</p> <ul style="list-style-type: none"> <li>Plan how best to deploy this funding over the funding period of 1 April 2024 to 31 March 2025, taking account of likely variation in levels of demand over the course of the year, including winter pressures. Local authorities must work with local providers to determine how best to build the workforce capacity needed for additional services.</li> <li>Deploy the funding in ways that support the principles of ‘Discharge to Assess’, to enable timely discharge from hospital with appropriate short-term support, where needed, pending assessment of long-term care needs.</li> </ul> <p>A recipient authority must not:</p> <ul style="list-style-type: none"> <li>Use this funding to compensate for expenditure already incurred, activities for which the local authority has already earmarked or allocated expenditure, or to fund inflationary pressures.</li> <li>Use this funding for activities which do not support the primary purpose of this grant.</li> </ul>
<p><a href="https://www.bristol.gov.uk/jсна">Joint Strategic Needs Assessment (JSNA)</a> <a href="https://www.bristol.gov.uk">(bristol.gov.uk)</a></p>	<p>The development of the service proposals is based on demand led data. They are developed based on reactive need and available to all Bristol residents and communities. They are targeting and supporting all areas of Bristol.</p> <p>Given the nature of the demand, the majority of residents who may need support will be age 65 plus. As part of the development of e.g. the proposed Bridging service, the tender process will seek to ensure that Domiciliary agencies will be able to reflect and meet the needs of Bristol’s diverse community cultures.</p> <p>An overarching strategy that shapes our responses is the Joint Strategic Needs Assessment (JSNA). The JSNA is used to:</p>

	<ul style="list-style-type: none"> <li>• Provide a comprehensive picture of the health and wellbeing needs of Bristol residents (now and in the future)</li> <li>• Inform decisions about how we design, commission and deliver services, and also about how the urban environment is planned and managed</li> <li>• Improve and protect health and wellbeing outcomes across the city while reducing health inequalities</li> <li>• Provide partner organisations with information on the changing health and wellbeing needs of Bristol, at a local level, to support better service delivery</li> <li>• Be the evidence base for the Joint Health and Wellbeing Strategy, identifying important health and wellbeing issues for Bristol, and supporting the development of action plans for the priorities named in the strategy</li> </ul>
<b>Additional comments:</b>	

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

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Gender Reassignment
<input checked="" 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.

<ul style="list-style-type: none"> <li>• For the purpose of the ASC Committee Report and the proposals contained within in it there are no identified gaps in service data and evidence base re: shaping and developing services.</li> <li>• We are aware that there may be gaps in data as it becomes out of date or is limited through self-reporting. None were identified as part of this commissioning and report process.</li> <li>• We know there may be gaps in local diversity data, especially where this is has not historically been included in statutory reporting. Census data is currently collected every 10 years. Gaps in data will exist as it becomes out of date or is limited through self-reporting. However, none were specifically identified for the purpose of those proposed commissioned services.</li> </ul>
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## 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.

The Discharge Grant proposals have been consulted on and discussed with:

- Briefing report to and agreed by:
  - Divisional Management Team (DMT) (Adult Social Care Operational Services and Commissioning)
  - Executive Divisional Management (EDM)
- Bristol, North Somerset & South Gloucestershire (BNSSG) Discharge to Assess (D2A) Programme Board
- Bristol, North Somerset & South Gloucestershire (BNSSG) Better Care Fund (BCF) Coordination Group & D2A Service Delivery Unit
- Voluntary, Community and Social Enterprise (VCSE) sector:
  - Age UK Bristol re: Link worker proposals
  - Care and Support West re: Trusted Assessor proposals
- As per report requirements:
  - Finance Business partner
  - Legal services
  - IT
  - Human Resources (HR)
  - Procurement and contract management
  - Public Relations
- Bristol Health and Wellbeing Board (pending and due July 31<sup>st</sup> '24)

## 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.

The deployment of the proposed services will be monitored and managed through an internal portfolio management framework. Outputs; outcomes and benefits will be monitored monthly against anticipated return on investment (ROI).

Externally the proposals will be part of the BNSSG D2A Programme Board reporting and the BNSSG Better Care Fund Coordination group monitoring. Both are external stakeholder groups with cross section system representation.

Further, and where appropriate, proposals will be subject to a review schedule of three; six and twelve months. This will include qualitative engagement with service users.

## 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.

<b>GENERAL COMMENTS</b> (highlight any potential issues that might impact all or many groups)	
The proposals should have no adverse impact on people based on their protected or other relevant characteristics. The proposals should be seen as wholly positive. The goal is to ensure that Bristol residents receive the right support, at the right time, in the right place, from the right people, from and with services that ensure safe (risk managed) and effective discharge from hospital, returning to their own homes and communities; and supporting and promoting independence.	
<b>PROTECTED CHARACTERISTICS</b>	
<b>Age: Young People</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Age: Older People</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Disability</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Sex</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Sexual orientation</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<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 type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Religion or Belief</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Marriage &amp; civil partnership</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>OTHER RELEVANT CHARACTERISTICS</b>	
<b>Socio-Economic (deprivation)</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Carers</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	

<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 range of proposals covered in the report are open to and accessible by all Bristol Residents who need them. Where it is likely to have significant positive benefits re: protected or other relevant characteristics are Age and Socio-economic status. The greatest area of demand for hospital discharge and post discharge Reablement services will be and is the over 65 population. Further, we know that we have higher levels of demand for a range of services in South Bristol. To this end, the Bridging Service, one of the service proposals contained in the report, has capacity weighted towards South Bristol to meet this demand.

## 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.

<b>Summary of significant negative impacts and how they can be mitigated or justified:</b>
There have been no negative impacts identified by the Discharge Grant proposals.
<b>Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:</b>
The proposals in the Discharge Grant report are open and accessible to all Bristol residents and communities. We have identified that South Bristol has the greatest area of demand and need, and to this end we have targeted additional capacity in this area.

### 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
As part of the 3, 6, and 12 month reviews we will ensure that protected characteristics are monitored and break down service access not just by City region but also by protected characteristics.	Paul Flood, D2A Commissioning Transformation Manager	3, 6 and 12 months from the point of service implementation.

### 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 be monitoring both quantitative and qualitative impacts e.g. the number of people who use the proposed Bridging Service and Step-Up beds, and what promoting independence outcomes have been achieved. Promoting independent measures will look at level of assessed need prior to and post service, what that means for service users, and the impact on long term care requirements both for service users and the Council.

### Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIA's 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>  <i>Reviewed by Equality and Inclusion Team</i>	<b>Director Sign-Off:</b>  <i>Richard Hills</i>
Date: 9/5/2024	Date: 12/06/2024

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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.