

Equality Impact Assessment / Equality Analysis

(Updated December 2022)

Title of service or policy	Community Support Service for Adults with functional mental health needs and/or Autism Procurement
Name of directorate and service	Specialist Commissioning, Adult Social Care
Name and role of officers completing the EIA	Michelle Darby, Strategic Commissioning Officer
Date of assessment	06/07/2023

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The main aim is to identify any discriminatory or negative consequences for a particular group or sector of the community, and also to identify areas where equality can be better promoted. Equality impact Assessments (EIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis. **Not all sections will be relevant – so leave blank any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final version will be published on the Council’s website.

1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
<p>1.1 Briefly describe purpose of the service/policy e.g.</p> <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● If responsibility for its implementation is shared with other departments or organisations ● Intended outcomes 	<p>The proposal is to procure a service to support working age adults (18-64) with anxiety, depression and/or autism. The service will provide short to medium term support working to a recovery model and strengths based approach with time-limited interventions of 1:1 support, group activity and assistive technology to help people better manage their mental health, build confidence and live independently.</p> <p>The intended outcomes are;</p> <ul style="list-style-type: none"> ● individuals with mental health needs are better able to manage their lives, are more resilient, and more engaged with their communities. ● individuals are supported to retain or return to employment/education/training ● an increased proportion of people with common mental health disorders who make a significant improvement or achieve recovery ● autistic people receive mental health support that is appropriate for their needs as an autistic person. ● improved service user choice and experience of services

<p>1.2 Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> ● Is it a new service/policy or review of an existing one? ● Is it a national requirement?). ● How much room for review is there? 	<p>The service is a redesign of the existing Mental Health Community Support Service.</p> <p>The Council has statutory responsibilities under the Care Act 2014 which include the promotion of individual wellbeing and the promotion of diversity and quality in the provision of services.</p> <p>The individuals who will be impacted by this project are adults aged 18-64 who have a diagnosis of anxiety, depression and/or autism who have Care Act eligible care and support needs; and their carers and families.</p>
<p>1.3 Do the aims of this policy link to or conflict with any other policies of the Council?</p>	<p>There are no known conflicts with any other Council policies.</p> <p>The aims of the service is to directly support the intention of the Council to improve people's lives by ensuring that residents are able to access the right mental health support and that this is targeted to the individual's needs and ambitions.</p> <p>The recommended procurement directly supports the Adult Social Care Strategic Priorities for 2023/24 to improve workforce and market sustainability by providing a reasonable contract value and term, enabling growth and potentially introducing new providers into B&NES.</p> <p>It also supports the wider determinants of health in line with Strategic Objective 1 in the Bath & North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) Integrated Care Strategy by providing early intervention and help to ensure individuals are able to promote independent living and reduce reliance on acute mental health and care services.</p> <p>It also supports the ambition in Objective 3 to deliver mental health services against the key principle of parity of esteem which aims to</p>

	<p>give as great a focus to mental wellbeing, mental health, and learning disabilities and autism as to physical health.</p> <p>It also aligns to the BSW ICB priorities to 'strengthen compassionate and healthy communities', and 'create health promoting places', as referenced in the Health and Wellbeing Strategy. The implementation plan aligned to the Health and Wellbeing Strategy also holds as a key theme a focus on supporting people with learning disabilities and/or autism.</p>
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2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
<p>2.1 What equalities training have staff received to enable them to understand the needs of our diverse community?</p>	<p>HCRG Care Group is contracted by B&NES Council and has delegated responsibility to deliver Care Act (2014) statutory duties and significant Adult Social Care services. B&NES mental health social work teams are directly managed by the Council, with staff working in an integrated way with The Avon and Wiltshire Mental Health Partnership (AWP) teams.</p> <p>Contractual arrangements require that services be delivered in line with the Equality Act 2010 and this is managed by the commissioning manager.</p>
<p>2.2 What is the equalities profile of service users?</p>	<p>The data below relates to equalities data for all active packages of care funded by B&NES in 2022-23 in Adult Social Care.</p> <p>Age</p> <ul style="list-style-type: none"> ○ The average age of service users is 66.4 ○ 42.5% of all people known to Adult Social Care were aged 18-65 (941 people). ○ 23.1% of people known to Adult Social Care were aged 86-95 (the largest proportion). 4.5% were 96+ and 6.9% were 18-25 (the smallest proportions). ○ Of those aged 18-65, just over a quarter (25.6%) were aged 56-65 and those aged 18-25 make up the smallest proportion (16.2%) of that age group.

- Of those with ‘Social support – support for social isolation’ as their primary support reason and aged 18-65:
 - The average age of this specific cohort is 34.9
 - The highest proportion were aged 18-25 (41.9%). The smallest proportions were aged 76-85 and 86-95, at 0% and 0.4% respectively.

Age & Gender

- The average age for females was 72.2 years old and the average age for males was 59.0 years old.
 - Of all people known to Adult Social Care in B&NES, 44.3% identified as male and 55.7% as female. In the 2021 census, 48.8% of B&NES residents identified as male and 51.2% identified as female.
 - The largest proportion who identify as male were aged 76-85 (18.3%). The largest proportion who identify as female were 86-95 (30%).
 - For those aged 18 – 65, 59.1% identified as male and 40.9% as female. 49.1% of those who identified as female were aged between 46-65, (compared to 41.5% of males).
- Of those with ‘Social support – support for social isolation’ as their primary support reason:
 - The majority of people were males (72.4% male and 27.6% female).
 - The average age for females was 40.4 and 32.8 for males.

Ethnicity

- 85.7% of individuals known to B&NES Adult Social Care are White British: of these 43.1% were aged 18-65, 56.9% were over 65. In the 2021 census, 85.6% of B&NES residents identified as White British.
- The 2013 ASCOF EqIA stated that 90% of those in receipt of ASC support were White British and 5.7% were from an ethnic minority group.
- 7.14% of individuals known to B&NES Adult Social Care identified as a Minority Ethnic Group.

- Excluding 'other' categories, 'Black Caribbean' was the most represented group of people known to Adult Social Care (1%).
 - The Government's 2020 report on the 'Use of NHS mental health, learning disability and autism services' also found that Black Caribbean people were the most represented ethnic minority group. The same report also found that Chinese people were least likely to access a service. In B&NES, Pakistanis (0.05%), Arabs, Bangladeshis and Indians (0.9% each) were the ethnic minority groups least represented - however it should be noted that the number of people in B&NES from an ethnic minority is low incidence). According to the 2021 census (excluding 'other' categories) the largest ethnic minority group of general residents with an ethnic minority background in B&NES was Chinese (1.1%).
 - Ethnicity is mostly not recorded, not stated, or not known for those whose support is nursing.
- Of those with 'Social support – support for social isolation' as their primary support reason:
 - 92% of this cohort profiled were White British.
 - 1.1% had their ethnicity recorded as Not Known.
 - The most represented ethnic minority group was White and Black Caribbean. In total there were 6 individuals reporting (7%).

Ethnicity & Gender

- 85.7% of individuals open to ASC were White British. Of those who identified as White British, 55.8% were female and 44.2% were male.
- 53.2% from an ethnic minority identified as Female, 47.4% as Male.
- 10.2% more females than males identified as 'any other White background' and 5.7% as 'White Irish'.
- 6.9% more males than females identified as Black Caribbean and 4.6% as White and Black Caribbean and Any Other Mixed Background each.

Ethnicity & Age

- 4.74% of individuals known to B&NES Adult Social Care identified as ethnic minority group.
- The most ethnically diverse age group is the 26–45-year-olds (11 different ethnic minority groups are represented). The least ethnically diverse age group is the 96+ year olds.
- The 76-85 age group had the greatest proportion of people from an ethnic minority compared to the other age groups (0.8%).
- Black Caribbean people are most represented in the 56-65 age group range.

Types of Support Commissioned

- The most commissioned type of support for people known to Adult Social Care in B&NES is homecare (24.7%). For those aged 18-65, it is Supported Living (32.5%).
- For those aged 66+, 81.8% of the support commissioned is nursing, homecare and residential support.
- More females access homecare and nursing support than males. The average age for these groups is higher than for the other types of services and the people who identify as females are older than those who identify as male.
- More males access supported living than females (10% more). The average age for people accessing this support is 43 years old.

Religion

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- 52% of all open ASC cases did not have a religion recorded.
- 25% identified as a denomination of Christian including: Baptist, Methodist, Pentecostal, Church of England, Jehovah's Witness, Protestant, Roman Catholic, Seventh Day Adventist or 'other' Christian.

Sexuality

- 41.2% of all open ASC cases did not have a sexual orientation recorded.
- 28.4% of people identified as heterosexual, and 29.8% preferred not to say.

Prevalence

Information obtained through the Projecting Adult Needs and Service Information (PANSI) indicates the total population of people living in B&NES aged 18-64 is predicted to rise by just under 8% by 2040. The number of people living with the disorders below have been predicted to rise similarly to the general population, with increases of between 7% and 8%.

	2020	2025	2030	2035	2040
Total population aged 18-64, projected to 2040	121,700	124,500	128,100	130,500	131,400
Common mental disorder	22,932	23,426	24,079	24,444	24,599
Working Age with Depression	10,953	11,205	11,529	11,745	11,826
Autism	1,226	1,265	1,311	1,342	1,359

These projections do not take into account any change in demand seen as a result of COVID-19 or other global/national/local factors that may impact in the future.

2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?

B&NES service user feedback published in the 2021-22 Adult Social Care Survey showed 57.7% of service users were Extremely or Very Satisfied with the care and support they received, compared to a national average of 63.9%. This is a decrease from 2019/20 at both local and national level (from 69.8% locally and 64.2% nationally). The percentage of service users who were Very or Extremely Dissatisfied was 2.5% locally, compared to a national average of 2.6% - in 2019/20 these were lower (1.7% locally and 2.1% nationally).

Locally, the number of recorded Adult Social Care complaints increased in the last published report (2020-21) when compared to previous years, but not significantly. Many of these were resolved informally by the service team or setting.

	<p>Specific to Specialist Commissioning in terms of complaints against mental health services commissioned by us, and complaints directly against the specialist commissioning team, very few complaints are recorded:</p> <table border="1" data-bbox="719 293 2063 480"> <thead> <tr> <th data-bbox="719 293 1167 363"></th> <th data-bbox="1167 293 1615 363">Commissioned Specialist Services</th> <th data-bbox="1615 293 2063 363">Specialist Commissioning</th> </tr> </thead> <tbody> <tr> <td data-bbox="719 363 1167 400">2020-21</td> <td data-bbox="1167 363 1615 400">0</td> <td data-bbox="1615 363 2063 400">1</td> </tr> <tr> <td data-bbox="719 400 1167 437">2021-22</td> <td data-bbox="1167 400 1615 437">0</td> <td data-bbox="1615 400 2063 437">0</td> </tr> <tr> <td data-bbox="719 437 1167 474">2022-23</td> <td data-bbox="1167 437 1615 474">1</td> <td data-bbox="1615 437 2063 474">1</td> </tr> </tbody> </table> <p>Given the numbers are low it is hard to draw meaning from the data available on the protected characteristics of service users making a complaint (or regarding whose service was made on their behalf).</p>		Commissioned Specialist Services	Specialist Commissioning	2020-21	0	1	2021-22	0	0	2022-23	1	1
	Commissioned Specialist Services	Specialist Commissioning											
2020-21	0	1											
2021-22	0	0											
2022-23	1	1											
<p>2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<p>Healthwatch issued a report in October 2022 looking at the experiences of people with mental ill health in accessing health and social care services across Bath and North East Somerset, Swindon and Wiltshire (BSW) region. The project was carried out during March 2022, and included an online survey, paper questionnaire and direct engagement sessions in BaNES and Swindon. The feedback expressed concerns and complaints about the gaps in service, the lack of support and mental health provision for those with autism.</p>												
<p>2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?</p>	<p>People with autism who are receiving support for social isolation tend to be younger – 76% of those with an active service with B&NES are aged 18-35. It important to understand the demographic for any future commissioning activity to ensure we are reaching out to residents using the right forums.</p>												

3. Assessment of impact: ‘Equality analysis’

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups

	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
<p>3.1 Issues relating to all groups and protected characteristics</p>	<p>Eligible needs related to protected characteristics are considered as part of the care and support plan for people eligible for the service.</p> <p>The aim of this procurement is to ensure Council and BSW ICB resources are being spent fairly, deliver quality outcomes, and provide value for money.</p> <p>We are developing equalities data reporting and will be using this to help identify where an equality group may experience barriers to accessing services.</p>	
<p>3.2 Sex – identify the impact/potential impact of the policy on women and men.</p>		<p>Overall, there are more females than males accessing ASC support. However, when looking specifically at the autism cohort, there are more males than females (72.4% male and 27.6% female).</p> <p>This project is therefore likely to impact men more than women. To ensure</p>

		women are not adversely impacted, we will ensure that we monitor project through the equality impact assessment and record and consider gender in the allocation of people to the schemes.
3.3 Pregnancy and maternity		<p>No information on pregnancy and maternity is available via our standard reporting. The EIA has highlighted this as an area for improvement as we cannot easily identify whether our work will impact this group.</p> <p>This procurement is unlikely to impact negatively on this group as the average age for females currently using these specialist services was 43 in 22/23.</p>
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people		Currently people are asked whether they identify as female or male. There are no other options and no option to decline to provide this information. The EIA has highlighted this as an area for improvement as we cannot easily identify whether our work will impact this group.
3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration both physical, sensory and mental impairments and mental health)	This project will impact positively on people who experience mental ill health and who may also identify as neurodivergent. The aim of the project is to commission a support service to meet the needs of this cohort.	<p>Primary need or disability is not collected on the adult social care case management system. Instead, the 'Reason for Support' is captured in line with the Care Act 2014.</p> <p>As would be expected, the reason for support recorded for the cohort profiled</p>

		was social support-social isolation or mental ill health.
3.6 Age – identify the impact/potential impact of the policy on different age groups	<p>Of the cohort profiled, the greatest proportion of people were aged 18-35.</p> <p>This project is therefore more likely to impact people in their 20s and 30s giving them opportunity to manage their mental health and develop independent living skills with appropriate support.</p>	
3.7 Race – identify the impact/potential impact on across different ethnic groups		<p>Most individuals known to ASC in BANES identify as White British, and this is reflective of the general population in B&NES. Broadly, the ethnic diversity of those known to ASC in BANES is in line with national trends.</p> <p>Of the cohort profiled, most of the clients are White British.</p> <p>Therefore, this project is more likely to impact White British people as they make up most service users. We will monitor all ethnicity information to ensure no group is adversely impacted.</p>
3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people		Information on sexual orientation is collected but 71% of people profiled had either no information recorded on their records or preferred not to say. It is

		therefore not possible to use this information to carry out any meaningful analysis. This as an area for improvement as we cannot easily identify whether our work will impact this group.
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?		No information on marriage/civil partnership is available via our standard reporting. This as an area for improvement as we cannot easily identify whether our work will impact this group.
3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.		Information on religion is collected but 64.2% of people profiled had no information recorded on their records. It is therefore not possible to use this information to carry out any meaningful analysis. This is an area for improvement as we cannot easily identify whether our work will impact this group.
3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances (this is not a legal requirement, but is a local priority).	No information on socio-economic disadvantage is available via our standard reporting. However, individuals with Care Act eligible needs are less likely to be in employment and more likely to be in receipt of benefits such as Personal Independent Payments. Therefore, this project is likely to support those who are socio-economically disadvantaged.	
3.12 Rural communities* identify the impact / potential impact on people living in rural communities		No information on rural communities is available via our standard reporting. This as an area for improvement as we cannot easily identify whether our work will

		impact this group. We will work to develop our reporting to improve our ability to assess on this basis.
3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).		No information on whether an individual has connection with the Armed Forces is available via our standard reporting. This as an area for improvement as we cannot easily identify whether our work will impact this group.

*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay ‘due regard’ to make sure the Armed Forces Community are not disadvantaged when accessing public services.

4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Improved recording of equalities data with specific reference to: <ul style="list-style-type: none"> • pregnancy and maternity • transgender • disability • sexual orientation • marriage and civil partnership • socio-economic disadvantage • rural communities • Armed Forces community 	<ol style="list-style-type: none"> 1) To raise as an issue for social work teams to improve recording where the system allows 2) To investigate whether it is possible to capture all equalities data through the ASC case management system. 3) Following investigation, develop improvement plan 		Michelle Darby	September 2023
Engagement and co-production with people with lived experience, their families and carers	Mapping of potential ways to achieve engagement/co-production to be undertaken by Commissioning and provider.		Michelle Darby	Mapping by January 2024 Throughout the duration of contract
Monitoring protected characteristics in service users.	Continue to look for, and mitigate, any negative impact through regular update of this EIA.		Michelle Darby	Annual review through contract.

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by: Natalia Lachkou

Date: 01/08/2023