

# Equality Impact Assessment / Equality Analysis

(Updated December 2022)

<b>Title of service or policy</b>	Hygge Park and Sulis Down Support Provider Procurement
<b>Name of directorate and service</b>	Specialist Commissioning, Adult Social Care
<b>Name and role of officers completing the EIA</b>	Victoria Critchley-Roper, Commissioning Project Manager
<b>Date of assessment</b>	9/5/2023

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"> <li>● How the service/policy is delivered and by whom</li> <li>● If responsibility for its implementation is shared with other departments or organisations</li> <li>● Intended outcomes</li> </ul>	<p>There have been no new specialist accommodation-based supported living developments for seven years in B&amp;NES, resulting in an over-reliance on registered care homes and nursing care, or provision out of area. Two new schemes at Hygge Park (Keynsham) and Sulis Down (Bath) are due to complete in November 2023 and January 2024, respectively, and will provide 10 homes for individuals with a learning disability and/or autism and Care Act eligible support needs within the area.</p> <p>Intended outcomes:</p> <ul style="list-style-type: none"> <li>● More residents with learning disabilities and/or autism will have the right support provided locally</li> <li>● More residents with learning disabilities and/or autism will be able to have own homes and live close to their families and communities</li> <li>● Improve provider presence in B&amp;NES, increasing market resilience and supply</li> </ul>
<p>1.2 Provide brief details of the scope of the policy or service being reviewed, for example:</p>	<p>The provision of Supported Living schemes is not new to B&amp;NES, but provision has not kept pace with demand, and these are two new</p>

<ul style="list-style-type: none"> <li>● Is it a new service/policy or review of an existing one?</li> <li>● Is it a national requirement?).</li> <li>● How much room for review is there?</li> </ul>	<p>schemes offering more capacity. The flats are currently being built and are set to be available from November 2023 (Hygge Park) and January 2024 (Sulis Down).</p> <p>This is in line with Building the Right Support policy (NHS England, 2015), People with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives and to be treated with dignity and respect. They should expect, as people without a learning disability or autism expect, to live in their own homes, to develop and maintain positive relationships and to get the support they need to be healthy, safe and an active part of society.</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 schemes directly support the intention of the Council to improve people’s lives by enabling more of the people we support to stay in the local authority area, and by ensuring the right support is provided and 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&amp;NES.</p> <p>It also supports the wider determinants of health in line with Strategic Objective 1 in the Bath &amp; North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) Integrated Care Strategy by providing good quality housing and helping residents to develop independent living skills. It also supports 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</p>

	Strategy also holds as a key theme a focus on supporting people with learning disabilities and/or autism.
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## 2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
<p><b>2.1</b> 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&amp;NES Council and has delegated responsibility to deliver Care Act (2014) statutory duties and significant Adult Social Care services.</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><b>2.2</b> 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&amp;NES in 2022-23 in Adult Social Care.</p> <p><b>Age</b></p> <ul style="list-style-type: none"> <li>○ The average age of service users is 66.4</li> <li>○ 42.5% of all people known to Adult Social Care were aged 18-65 (941 people).</li> <li>○ 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).</li> <li>○ 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.</li> </ul> <ul style="list-style-type: none"> <li>● Of those with ‘Learning Disability Support’ as their primary support reason and aged 18-65: <ul style="list-style-type: none"> <li>○ The average age of this specific cohort is 42.2</li> <li>○ The highest proportion were aged 26-35 (28.7%). The smallest proportions were aged 46-55 and 56-65, both at 16.7%.</li> </ul> </li> </ul> <p><b>Age &amp; Gender</b></p>

- 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 ‘Learning Disability Support’ as their primary support reason:
    - The majority of people were males (59.6% male and 40.4% female).
    - The average age for females was 43 and 41.7 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 of a BAME background.
- 7.14% of individuals known to B&NES Adult Social Care identified as Black, Asian or Minority Ethnic Group (BAME).
- Excluding ‘other’ categories, ‘Black Caribbean’ was the most represented BAME 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 BAME 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 groups least represented - however it should be noted that the number of BAME people in B&NES is low incidence). According to the 2021 census (excluding ‘other’

categories) the largest ethnic group of general residents with a BAME background in B&NES was Chinese (1.1%).

- Ethnicity is mostly not recorded, not stated, or not known for those whose support is nursing.
- For those with a primary support reason of learning disability:
  - 91% of this cohort profiled were White British – in 2019/20 this figure was 80%.
  - 0.6% had their ethnicity recorded as Not Known – in 2019/20 this figure was 8%.
  - The most represented BAME group was Black Caribbean, and White and Black Caribbean (both 1.15%), and Any Other Mixed (0.8%). In total there were 44 individuals reporting BAME backgrounds (8.5%).

#### **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% of BAME people 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.

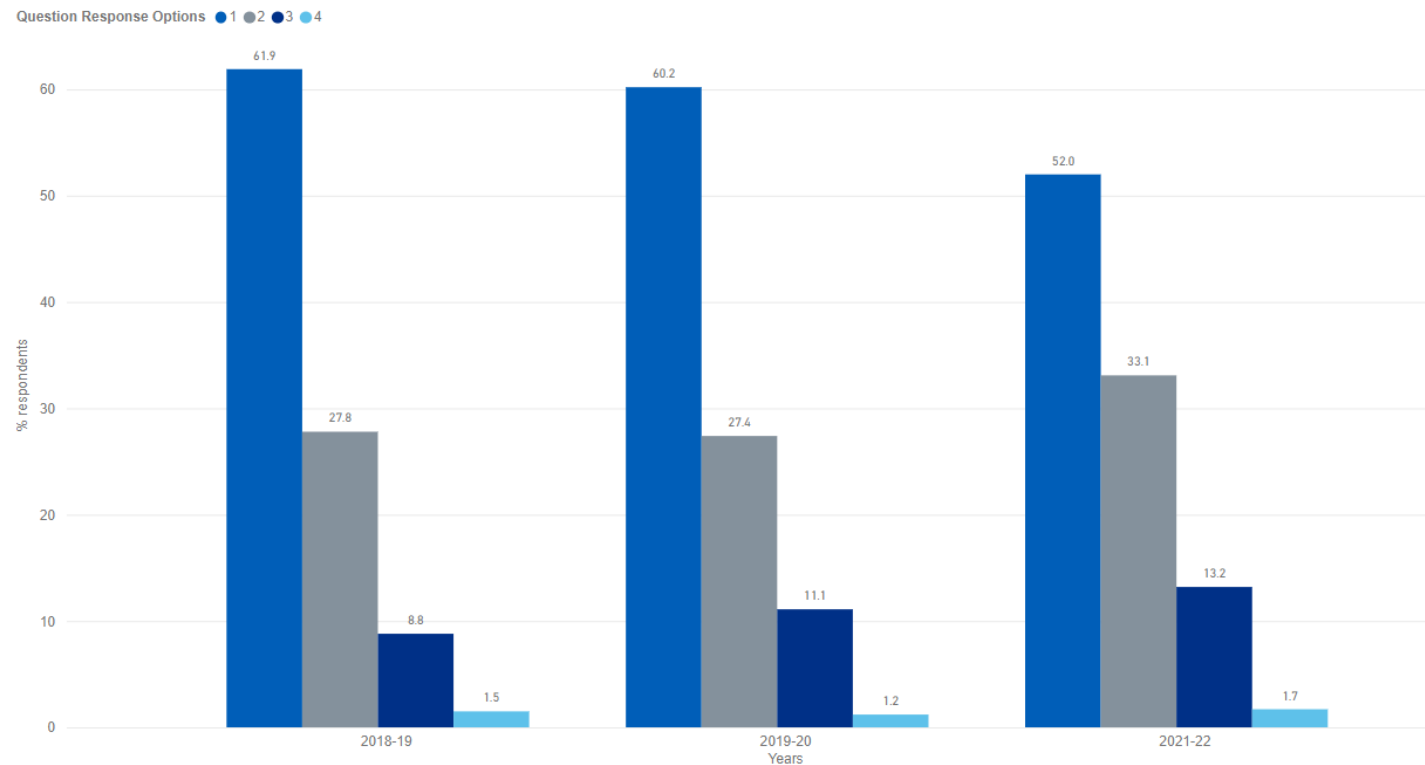
#### **Ethnicity & Age**

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

	<p><b>Types of Support Commissioned</b></p> <ul style="list-style-type: none"> <li>○ The most commissioned type of support for people known to Adult Social Care in B&amp;NES is homecare (24.7%). For those aged 18-65, it is Supported Living (32.5%).</li> <li>○ For those aged 66+, 81.8% of the support commissioned is nursing, homecare and residential support.</li> <li>○ 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.</li> <li>○ More males access supported living than females (10% more). The average age for people accessing this support is 43 years old.</li> </ul> <p><b>Religion</b></p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>○ 52% of all open ASC cases did not have a religion recorded.</li> <li>○ 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.</li> </ul> </li> </ul> <p><b>Sexuality</b></p> <ul style="list-style-type: none"> <li>○ 41.2% of all open ASC cases did not have a sexual orientation recorded.</li> <li>○ 28.4% of people identified as heterosexual, and 29.8% preferred not to say.</li> </ul>
<p><b>2.3</b> Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?</p>	<p>B&amp;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).</p>

The Adult Social Care Survey also asked service users how well their home was designed to meet their needs. There was a reduction in satisfaction here too, as evidenced in the graph below. As we are unable to drill down into the data to understand what the service users' living arrangements were and why they felt their homes didn't meet their needs, it is difficult to draw conclusions on how to improve this measure. However, this scheme does offer an opportunity for eligible residents to consider a new supported home which may be better suited to support their needs.

**Graph showing responses to “How well do you think your home is designed to meet your needs?” for B&NES service users**



Left to right the bars show the responses: 1 My home meets my needs very well; 2 My home meets most of my needs; 3 My home meets some of my needs; 4 My home is totally inappropriate for my needs.



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.

Specific to Specialist Commissioning in terms of complaints against learning disability services commissioned by us, and complaints directly against the specialist commissioning team, very few complaints are recorded:

	Commissioned Specialist Services			Specialist Commissioning		
	2020 – 2021	2021 – 2022	2022 – 2023	2020 – 2021	2021 – 2022	2022 – 2023
Total	1	0	0	1	0	1

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). The complaint made against a service was made by a female of other white ethnic background, aged 55-64. The two against the specialist commissioning team were made by 1 male and 1 female, 1 under 25 and 1 44-54, and both identified as white British.

**2.4** What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?

Engagement is underway by Housing to understand what people with learning disabilities and/or Autism who access services enjoy and value from where they live, and what good support feels like for them.

The first session took place in May 2023 at Carrswood Day Service and captured the thoughts of 14 individuals (10 women, 4 men; 6 of whom were under 35 years old, 4 were 50-60, 3 were over 60 and 1 over 80). They lived in Supported Living or Extra Care or were living at home with parents/family. They reported valuing:

- Close to the shops and restaurants

	<ul style="list-style-type: none"> <li>• Close to the park</li> <li>• Close to Day Service</li> <li>• Has space for mobility scooter</li> <li>• Nice to have communal areas with activities/shared meals etc- can be lonely otherwise</li> <li>• Nice to have own space and garden to grow things</li> <li>• Everyone said wi-fi was important as they all use tablets/laptops</li> </ul> <p>There was a discussion about loneliness – 1 person had moved from shared to single person accommodation due to being disturbed by noise, but they now feel very lonely. The group all valued living in a community, with other people/friends. Whilst staff can help, they do not replace friends.</p> <p>This chimes with the development of the supported living facilities at Hygge Park and Sulis Down which should deliver many of the aspects people are reporting as important to them about where they live.</p>
<p><b>2.5</b> 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>It is important to note that people with learning disabilities tend to be younger – 43.5% of those with an active service with B&amp;NES are aged 18-35. This is interesting given that peoples in Supported Living settings (the most common service type for this cohort) had an average age of 43. We will be undertaking further engagement with this project to identify potential residents, but it is also 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:

<ul style="list-style-type: none"> <li>• Meets any particular needs of equalities groups or could help promote equality in some way.</li> <li>• Could have a negative or adverse impact for any of the equalities groups</li> </ul>		
	<p><b>Examples of what the service has done to promote equality</b></p>	<p><b>Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this</b></p>
<p><b>3.1 Issues relating to all groups</b> and protected characteristics</p>	<p>Eligible needs related to protected characteristics are considered as part of the care and support plan for people looking to move into a supported living scheme.</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><b>3.2 Sex</b> – 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 learning disabilities cohort, there are more males than females (59.6% male and 40.4% 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.
<b>3.3 Pregnancy and maternity</b>		<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. Also, as one-bedroom flats, these are unlikely to be suitable as long-term homes for a parent/s with a child/children. Other types of housing with support is available that would be better suited to this need.</p>
<b>3.4 Gender reassignment</b> – 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.
<b>3.5 Disability</b> – identify the impact/potential impact of the policy on disabled people (ensure consideration	This project will impact positively on people with learning disabilities and/or autism as the aim of the project is to	Primary need or disability is not collected on the adult social care case management system. Instead, the

<p>both physical, sensory and mental impairments and mental health)</p>	<p>commission a core support service for two new supported living schemes designed to meet the needs of this cohort.</p>	<p>‘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 was learning disability support.</p>
<p><b>3.6 Age</b> – identify the impact/potential impact of the policy on different age groups</p>	<p>Of the cohort profiled, the average age was 42.2 and the highest proportion of people were aged 26-35.</p> <p>This project is therefore more likely to impact people in their 20s, 30s and 40s giving them opportunity to develop independent living skills in purpose build homes with right care and support.</p>	
<p><b>3.7 Race</b> – identify the impact/potential impact on across different ethnic groups</p>		<p>Most individuals known to ASC in BANES identify as White British, and this is reflective of the general population in B&amp;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>

<p><b>3.8 Sexual orientation</b> – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people</p>		<p>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.</p>
<p><b>3.9 Marriage and civil partnership</b> – does the policy/strategy treat married and civil partnered people equally?</p>		<p>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.</p>
<p><b>3.10 Religion/belief</b> – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.</p>		<p>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.</p>
<p><b>3.11 Socio-economically disadvantaged*</b> – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances <b>(this is not a legal requirement, but is a local priority).</b></p>	<p>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</p>	

	those who are socio-economically disadvantaged.	
<b>3.12 Rural communities*</b> identify the impact / potential impact on people living in rural communities	These new homes will be allocated based on people's housing and support needs, including people currently living in rural communities, so there is a potential positive impact on vulnerable people where they would like to be supported in a more urban environment with potentially easier transport links.	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.
<b>3.13 Armed Forces Community **</b> 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"> <li>• pregnancy and maternity</li> <li>• transgender</li> <li>• disability</li> <li>• sexual orientation</li> <li>• marriage and civil partnership</li> <li>• socio-economic disadvantage</li> <li>• rural communities</li> <li>• Armed Forces community</li> </ul>	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		Victoria Critchley-Roper    Ann Smith	July 2023    September 2023
Engagement and co-production with people with lived experience, their families and carers	Consider all feedback received through engagement to co-design new provision and ensure a fair and consistent approach is maintained.		Victoria Critchley-Roper	Throughout the duration of this project in 2023-24
Monitoring protected characteristics in allocation of places	Record and consider gender and ethnicity of people alongside care and support needs when allocating people to the schemes		Graeme Hickey / Jenny Williams-Macdonald	Before people move into schemes (Jan 2024 onwards)

## 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](mailto: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, Assistant Director – Integrated Commissioning

**Date:** 14<sup>th</sup> June 2023