Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Equality Impact Assessment / Equality Analysis

Title of service or policy	'Making it Real' in Bath and North East Somerset
Name of directorate and service	People and Communities, Adult Social Care Commissioning
Name and role of officers completing the EIA	Wendy Sharman, Transformation and Strategic Planning Manager
Date of assessment	January 2015

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 primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Council's and NHS Bath and North East Somerset's websites.

1.	**Identify the aims of the policy or service and how it is implemented.**	
	Key questions	**Answers / Notes**
1.1	Briefly describe purpose of the service/policy including • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes	This Equality Impact Assessment (EIA) has been written to support the paper being presented to the Health and Wellbeing Board entitled 'Making it Real in Bath and North East Somerset' (MIR). The MIR paper proposes that B&NES develop a Making it Real Implementation Group and action plan. This action plan will set out how the council will work towards the goals of 'Making it Real', the Think Local Act Personal progress markers towards the transformation of social care. The Making it Real action plan will be delivered by B&NES in partnership with the people who use our services and their carers, Bath & North East Somerset Clinical Commissioning Group (CCG), Sirona Care and Health, the voluntary and community sector (VCS) and other providers. The implementation will be overseen by the Making it Real Implementation Group. The intended outcome of Making it Real is for the services that are commissioned by B&NES and the CCG to be delivered in a truly personalised way. The aim of Making it Real is for people to have more choice and control so they can live full and independent lives.
1.2	Provide brief details of the scope of the policy or service being reviewed, for example: • Is it a new service/policy or review of an	The proposal to develop a Making it Real action plan is a new proposal that builds on existing policy guidance. The directive to sign up to Making it Real and the associated action planning came from Norman Lamb MP, Care and Support Minister in 2014 to encourage participation in the process by Local Authorities and partner organisations. This request has been repeated from central government several times. The Making it Real approach is also best practice, is the national direction of travel, it is consistent

	existing one? • Is it a national requirement?). • How much room for review is there?	with and supportive of requirements under the Care Act 2014 and is intended to greatly benefit our communities, with associated financial benefits for the authority. The proposal is to develop a Making it Real action plan and Implementation Group which would guide the implementation of Making it Real within Bath and North East Somerset.
1.3	Do the aims of this policy link to or conflict with any other policies of the Council?	This proposal is consistent with current council policies, including the Joint Health and Wellbeing Strategy, the procurement strategy 'Think Local' and the Public Services Board vision for Bath and North East Somerset. The proposal is also consistent with the NHS England objective for the NHS to become better at involving people, empowering them to manage and make decisions about their own care and treatment.

2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	**Data, research and information that you can refer to**
2.1	What is the equalities profile of the team delivering the	The team that will deliver this programme is as yet not formed. The proposal is to develop a Making it Real Implementation Group that would have representation from both 'professionals' and people

<table>
<tr><td></td><td>service/policy?</td><td>who use services. The Implementation Group will need to take into account its equalities profile and ensure that its work streams reflect the equalities profile of the area.</td></tr>
<tr><td>2.2</td><td>What equalities training have staff received?</td><td>All employees of Bath & North East Somerset Council are required to undertake Equalities training as part of their induction and mandatory training. Equalities training must be updated every 3 years. Equalities training requirements are a core part of our contracting and procurement processes, with all providers asked to confirm their compliance with the Equality Act (2010). Equalities training will form part of the support provided to the service user and carer representatives on the Implementation Group.</td></tr>
<tr><td>2.3</td><td>What is the equalities profile of service users?</td><td>According to the current Joint Health and Wellbeing Strategy:
People aged 75 years and over made up approximately 57% of the adult social care clients in Bath and North East Somerset in 2012-13
People with physical disabilities made up approximately 58% of the adult social care clients in B&NES in 2012-13
The gender profile from our service user and carer data is:
Carers 1st Apr to 30th Sep: Female 294 (69%), Male 132 (31%), Total 426.
Service users as on 30th Sep: Female 1442 (61%), Male 932 (39%), Total 2374.
Compare this to the general population statistics from the 2011 census which shows that 51.1% (89,944) of the population of B&NES are female and 48.9% (86,072) are male.

Other data relating to our service user profile is as follows:
<table>
<tr><th colspan="6">RAP TABLE P4 - 18 to 64 - BNES & AWP - Ethnicity & Services for the period, 1st April 2014 to 31st March 2015, to 30th Sep 2014</th></tr>
<tr><th></th><th></th><th>Total Number Clients</th><th>1. Community</th><th>2. Residential</th><th>3. Nursing</th></tr>
<tr><td>01. White</td><td>01. White British</td><td>882</td><td>746</td><td>122</td><td>19</td></tr>
<tr><td></td><td>02. White Irish</td><td>1</td><td>1</td><td></td><td></td></tr>
<tr><td></td><td>05. White - Other</td><td>14</td><td>13</td><td>1</td><td></td></tr>
<tr><td>02. Mixed</td><td>06. Mixed White and Black Caribbean</td><td>5</td><td>4</td><td>2</td><td></td></tr>
<tr><td></td><td>07. Mixed White and Black African</td><td>2</td><td>1</td><td>1</td><td></td></tr>
<tr><td></td><td>08. Mixed White and Asian</td><td>4</td><td>3</td><td>1</td><td></td></tr>
</table>
</td></tr>
</table>

	09. Mixed - Other	2	1	1	
03. Asian or Asian British	12. Asian Bangladeshi	1	1		
	13. Asian Other	1	1		
04. Black or Black British	14. Black Caribbean	13	11	2	
	15. Black African	3	2	1	
	16. Black - Other	6	5	1	
05. Chinese or other ethnic group	17. Chinese	4	2	2	
	18. Other ethnic group	5	4	1	
06. Not stated	19. Refused	2	2		
	20. Not yet obtained	60	55	6	1

RAP TABLE P4 - 65 and over - BNES & AWP - Ethnicity & Services for the period 1st April 2014 to 31st March 2015, to 30th Sep 2014

		Total Number Clients	1. Community	2. Residential	3. Nursing
01. White	01. White British	1660	1001	299	442
	02. White Irish	12	7	3	3
	05. White - Other	22	12	4	7
02. Mixed	06. Mixed White and Black Caribbean	1	1		
	09. Mixed - Other	5	4	1	
03. Asian or Asian British	10. Asian Indian	8	7	1	
	13. Asian Other	3	2		1
04. Black or Black British	14. Black Caribbean	10	5	2	3
	16. Black - Other	1			1
05. Chinese or other ethnic	17. Chinese	2	2		

group					
	18. Other ethnic group	2	1	1	
06. Not stated	19. Refused	5	2	2	1
	20. Not yet obtained	84	45	23	19

The ethnicity breakdown of all personal budget holders is as follows:

Rap Ethnicity Subgroup	Not Using SDS Process	SDS Process	Total
01. White British	2	1205	1207
02. White Irish	0	6	6
03. Traveller of Irish Heritage	0	0	0
04. Gypsy/Roma	0	0	0
05. White - Other	0	21	21
06. Mixed White and Black Caribbean	0	4	4
07. Mixed White and Black African	0	1	1
08. Mixed White and Asian	0	3	3
09. Mixed - Other	0	2	2
10. Asian Indian	0	7	7
11. Asian Pakistani	0	0	0
12. Asian Bangladeshi	0	1	1
13. Asian Other	0	3	3
14. Black Caribbean	0	14	14
15. Black African	0	1	1
16. Black - Other	0	5	5
17. Chinese	0	2	2
18. Other ethnic group	1	4	5
19. Refused	0	0	0
20. Not yet obtained	0	51	51
00. Total	3	1330	1333

An analysis of the comparison between the above statistics and those of the general population is shown below:

Ethnicity subgroup	65+	18-64	PB Holders	Census population stats

		01. White British	91.5%	87.8%	90.5%	90.1%
		02. White Irish	0.7%	0.1%	0.5%	0.7%
		03. Traveller of Irish Heritage			0.0%	0.0%
		04. Gypsy/Roma			0.0%	0.0%
		05. White - Other	1.2%	1.4%	1.6%	3.8%
		06. Mixed White and Black Caribbean	0.1%	0.5%	0.3%	0.5%
		07. Mixed White and Black African		0.2%	0.1%	0.2%
		08. Mixed White and Asian		0.4%	0.2%	0.5%
		09. Mixed - Other	0.3%	0.2%	0.2%	0.4%
		10. Asian Indian	0.4%		0.5%	0.6%
		11. Asian Pakistani			0.0%	0.1%
		12. Asian Bangladeshi		0.1%	0.1%	0.1%
		13. Asian Other	0.2%	0.1%	0.2%	0.7%
		14. Black Caribbean	0.6%	1.3%	1.1%	0.4%
		15. Black African		0.3%	0.1%	0.3%
		16. Black - Other	0.1%	0.6%	0.4%	0.1%
		17. Chinese	0.1%	0.4%	0.2%	1.1%
		Other ethnic group: Arab				0.2%
		18. Other ethnic group	0.1%	0.5%	0.4%	0.2%
		19. Refused	0.3%	0.2%	0.0%	0.0%
		20. Not yet obtained	4.6%	6.0%	3.8%	0.0%
		This final table shows interesting differences between the general population (last column) and our service user populations. For example, the second largest population group after White British is White-Other, reflecting recent populations from Eastern Europe. However, this increase is not reflected proportionally in our service user statistics (i.e. the general population is 3.8% but this group makes up only 1.6% of personal budget holders). Also, people identifying as Black Caribbean make up 0.4% of the general population, however 1.3% of service users aged 18-64 and 1.1% of personal budget holders identify as this ethnic group.				
2.4	What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys,	From the Personal Social Services Adult Social Care Survey, England - 2013-14, in general, residents of Bath & North East Somerset report greater levels of satisfaction with their care and support when compared to the England average. However in response to a question asking about quality of life, respondents in B&NES gave more negative responses, particularly from people with				

	consultation findings). Are there any gaps?	a learning disability (2.7% of people with a learning disability answered that 'my life is really terrible' compared to the England average of 0.6% for this group). When asked to think about how safe they felt, 2.3% of respondents answered that they 'don't feel safe at all' compared to the England average of 1.8%. Questions relating to the care and support needs of individuals indicated that respondents in B&NES have a higher need for support with finances and paperwork than the England average and have a higher reported incidence of moderate anxiety or depression. Perhaps most worryingly, 27.3% of respondents indicated that they never leave their home, compared to the England average of 23.7%. More respondents indicated that they receive support from someone living in another household, but a higher than average number of respondents indicated that they did not buy additional or top up care (70.2% B&NES compared to 64.5% England average). From the same survey, nationally people who identify as Buddhist, Muslim, Jewish or Sikh are more likely to report they are dissatisfied with the care and support they receive (however the numbers of individuals identifying as Buddhist is very low and may not be statistically significant). Similarly, Buddhist, Muslim and Jewish individuals report that their quality of life is bad, very bad or so bad it could not be worse. People identifying as Hindu and Muslim report having little or no control over their daily lives, with the Buddhist group reporting the greatest control. In general Muslim, Hindu and Buddhist groups report the lowest scores in this survey, however, when considering whether care and support services help in feeling safe, these groups report feeling safer than others. The Personal Social Services Survey of Adult Carers in England - 2012-13 gave some interesting data as generally carers in B&NES report significantly lower usage of support services (either for themselves or the people they support) than the England average (36.5% of respondents indicated that they had not received any support in the last 12 months compared to the England average of 15.5%). Carers in B&NES reported caring for more 35-44 year olds and 75-84 year olds than the England

		average, with more carers indicating they cared for people with a mental health problem and alcohol or drug dependency than the England average. Carers also report lower usage of services such as short breaks, respite and personal assistants than the England average. Respondents did use information and advice services more than the reported usage in England as a whole, and also received support from carers groups or someone to talk to in confidence more than the England average. Carers reported they were able to spend their time doing the things they value or enjoy more than the England average (25.2% in B&NES compared to 21.8% England average) but nearly 60% of respondents said they had some control over their daily lives but not enough. Finally, a high proportion of carers indicated that there had been no discussions that they had been aware of in the last 12 months about the support or services delivered to the person they care for, 31.6% compared to 24.1% England average. Additionally, 5.6% of carers indicated they never felt involved or consulted, compared to the England average of 5.0%.
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	No engagement has been undertaken as part of the development of this EIA. This is because the purpose of this programme and the EIA accompanying it is to seek endorsement for developing a Making it Real Implementation Group which will in turn develop a Making it Real action plan. The Implementation Group and plan should embed the personalisation and co-production approach across adult social care and health. Co-production moves away from individual engagement and involvement events, towards an on-going productive conversation with people who use services, their carers and professionals. Equalities issues should be addressed as part of this on-going conversation.
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	As mentioned above, equalities considerations will be central to the Making it Real Implementation Group and subsequent development of the action plan. We will actively seek to ensure that all equalities groups are supported to be involved in the development, delivery and evaluation of the Making it Real action plan. Co-production and seeking views from across the spectrum of service user and carer experience and backgrounds is central to Making it Real. The pre-Implementation Group will develop as part of its initial actions an EIA to ensure equalities needs are taken into consideration.

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 helps 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**
3.1	**Gender** – identify the impact/potential impact of the policy on women and men.	Making it Real is an approach which puts the service user at the centre of the support they receive. The purpose of this is to enable all service users to direct their own support, tailored to their needs.	In general, men tend to be under-represented in our service user and carer statistics (and our staff groups) compared to the general population (see above), a fact which may mean that the needs and experiences of this group may get overlooked. Support for male service users and carers will be considered within the EIA produced and updated by the Implementation Group.
3.2	**Pregnancy and maternity**	One of the Markers for Change in Making it Real states that 'I have help to make informed choices if I need and want it'. This could easily apply to individuals with care and support needs who are pregnant or considering starting a family. The Making it Real approach ensures that individuals are enabled to direct their own support and understand their options in all aspects of their lives.	Support to enable positive discussions with people who have a disability or illness who may be pregnant, considering a family, or in need of advice, may not always take place. Making it Real should enable those conversations to happen in a supportive and constructive way.
3.3	**Transgender –** – identify the impact/potential impact of the policy on transgender people	One of the Markers for Change states 'I have considerate support delivered by competent people'. This particular Marker ensures that	Transgender people report a variety of impacts on their ability to enjoy a full life, including assumptions made about support workers and

		the individual is in control of the people who are supporting and advising them, and that they are in control of the support they receive, a particularly sensitive issue for this community.	accommodation. By adopting a 'Making it Real' approach, each individual will be able to develop support that is tailored to their needs and wishes with staff who have received appropriate training and support themselves.
3.4	**Disability** - identify the impact/potential impact of the policy on disabled people (ensure consideration both physical and mental impairments)	Adopting a Making it Real approach should have a highly positive impact for people with disability, whether physical or mental.	A potential impact of a Making it Real approach which will need to be closely monitored may be an increased exposure to risk, such as risk of financial abuse. However, this can be managed and monitored carefully and positive risk taking explained, encouraged and supported.
3.5	**Age** – identify the impact/potential impact of the policy on different age groups	Making it Real encourages an individual's needs and wishes to be taken into account when planning for their support. This will be regardless of an individual's age and will support the outcomes that matter to that individual.	The Making it Real action plan and Implementation Group will be concerned with adults only, but links will be made with children and young people's services to ensure continuity for those children and young people transitioning to adult services.
3.6	**Race** – identify the impact/potential impact on different black and minority ethnic groups	There are significant differences in the experiences of different ethnic groups within Bath and North East Somerset, as can be seen from the tables above. Adopting a Making it Real approach should enable individuals and communities to take more control over their health and wellbeing, and tailor the support they need.	The ethnic population of Bath and North East Somerset is changing as can be seen in the tables above. It will be important that these changes are reflected in the services that commissioned and that the EIA the Implementation Group develops and maintains takes this into account.
3.6	**Sexual orientation -** identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people	A person's sexual orientation should not affect the care and support they receive. By adopting a Making it Real approach, service users and carers can take control of the workforce that supports them, and properly train and manage them. This should ensure the support they receive both meets their needs but is also delivered in a non-judgemental way.	Issues around sexual orientation and identity will be picked up in the EIA the Implementation Group develops and maintains.

3.7	**Marriage and civil partnership** – does the policy/strategy treat married and civil partnered people equally?	The approach of Making it Real should not discriminate between people who are married or in a civil partnership.	No potential unintended consequences identified at this stage, however this will be kept under review during the development of the Implementation Group EIA.
3.8	**Religion/belief** – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	The Making it Real approach should have a positive effect on people of religious / faith groups and also those of no faith. This is because support and services are developed with the individual at the centre and in control. This should ensure that a person is supported to continue to participate in activities of faith that are important to them. Supporting statements from the Making it Real Markers for Change are: • I have access to a range of support that helps me to live the life I want and remain a contributing member of my community. • I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities. • I feel valued for the contribution that I can make to my community.	Data from the Personal Social Services Adult Social Care Survey have been detailed in 2.4 above in relation to religion and belief. While these responses are national and may not reflect the picture in Bath and North East Somerset, there is potential for the Making it Real approach to improve some of these outcomes. This will be kept under review during the development of the Implementation Group EIA.
3.9	**Socio-economically disadvantaged** – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood and employment status.	Making it Real should have a positive impact on individuals who are disadvantaged due to the factors listed here. This is because the premise of Making it Real is to look beyond simply care and support and to consider the needs and aspirations of the person within their community and family life. By focussing on the person as a whole, the impact of some socio-economic factors, while not being wholly mitigated, may be lessened.	Information regarding the needs and issues faced by people who are identified as being disadvantaged by the factors listed here should be considered as part of the main EIA developed and maintained by the Implementation Group.
3.10	**Rural communities** – identify the impact / potential impact on	Making it Real has a strong focus on the individual feeling a positive part of their	Making it Real will encourage individuals to consider their wider support networks and

	people living in rural communities	community. This will be of particular importance to people with care and support needs who live in rural areas, as generally there are fewer 'traditional' services in these areas.	communities when thinking about their needs. This may lead to non-traditional methods of support being identified, for example from community members or groups, which are not specifically commissioned for social care purposes.

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. 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
Need for further development of this EIA by pre-Implementation Group. To be reviewed regularly to ensure equalities issues are considered throughout the development of the Making it Real action plan and associated policy statements.	Pre-Implementation Group to develop a draft EIA.	Development of draft EIA	Transformation and Strategic Planning Manager, and pre-Implementation Group	End Feb 2015
Implementation Group EIA needs to be reviewed prior to formal constitution of the Implementation Group.	Draft EIA to be reviewed and finalised before Implementation Group constituted.	Final EIA published.	Transformation and Strategic Planning Manager, and pre-Implementation Group	End May 2015

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: (Divisional Director or nominated senior officer)

Date: