

Equality Impact Assessment / Equality Analysis

(Updated December 2022)

Item name	Details
Title of service or policy	Adult Services Community Resource Centres Consultation
Name of directorate and service	Adult Social Care – Provider Services
Name and role of officers completing the EIA	Ann Smith – Assistant Director Adult Social Care Operations
Date of assessment	06/10/2023

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 Lead member for Adult Social Care is asked to approved a consultation, with staff, residents and relatives on the following proposals.</p> <ul style="list-style-type: none"> ● To develop Cleeve Court residential home into a centre of excellence for dementia care including nursing care. ● To enhance our offer at Combe Lea residential home to enable younger people with more complex needs to remain closer to home. ● To close the remaining 11 places at Charlton House Nursing home and then develop the site to provide alternative care provision and/or housing options that would meet the needs of the local community now and into the future. ● To offer community groups/charitable organisations use of the day centre spaces at the community resource centres at a

	<p>reduced rental rate if the organisations offer services that are accessible to the care home residents and the community.</p> <ul style="list-style-type: none"> • Agree to officers bring forward a further report including recommendations following the consultation.
<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 council operates 9 distinct services under 5 separate Care Quality Commission (CQC) registrations. These include 3 CRCs, 5 Extra Care Schemes (EC) and a domiciliary care agency called United Care B&NES (UCB). The services operate on a fixed budget excluding any income from self-funders or out of area placements. This paper deals exclusively with the Community Resource Centres (CRCs) which are registered Residential and Nursing Homes.</p>
<p>1.3 Do the aims of this policy link to or conflict with any other policies of the Council?</p>	<p>No</p>

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>The online Equalities training is undertaken as part of the councils training offer for all staff. Several staff have also attended in-person Equalities training for Children's and Adult Services.</p>

<p>2.2 What is the equalities profile of service users?</p>	<p>There are 70 people currently living with the CRC care homes. 66 of the individuals are over the age of 65. 68 of the individuals identify as white British. 70 People have some level of physical disability. Further data is available but would be personal identify data</p>
<p>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?</p>	<p>CQC Inspection reports are available.</p> <p>https://www.cqc.org.uk/location/1-9633487397</p> <p>https://www.cqc.org.uk/location/1-9633487460</p> <p>https://www.cqc.org.uk/location/1-9633487324</p>
<p>2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<p>Engagement sessions have been held with all staff who are potentially impacted on the proposals to consult. Relatives of Charlton have received an individual letter on our proposals to consult. Relatives of Combe Lea and Cleeve Court have received a generic letter on the proposals to consult</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>Independent Mental Capacity Advocates will be provided for people who do not have the capacity to participate in the consultation and for whom there is no recognised decision maker. Relatives and families will be consulted on the specific impact on their loved one.</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

Key questions	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 Issues relating to all groups and protected characteristics	Eligible needs related to protected characteristics are considered as part of the care and support plan for people eligible for the service.	
3.2 Sex – identify the impact/potential impact of the policy on women and men.	The workforce predominately identities as female. The residents are 75% female and 25% male. Residents/families are asked on admission if they would prefer male or female carers and as far as possible, we will meet these requests.	Overall, there are more females than males accessing support we will ensure that we monitor the project through the equality impact assessment and record and consider sex in the allocation of people to the schemes.
3.3 Pregnancy and maternity	There are no redundancies anticipated. For any staff who are pregnant or on maternity leave would be offered a range of employment opportunities across 8 other services.	
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	This information is collected as personal identifiable information this information is held in individual care plans which are unique to each individuals preferences and wishes. We respect the chosen gender identity of residents and will use gender neutral language and pronouns where appropriate to do so Residents/families are asked on admission if they would	

	prefer male or female carers and as far as possible, we will meet these requests.	
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 specifically complex dementia The aim of the consultation is to provide a support service to meet the needs of this cohort.	Primary need or disability is collected on the adult social care case management system. As would be expected, the reason for support recorded for the cohort is physical disability, dementia or nursing needs. All the CRCs are fully adapted for wheel chair access with hearing loops and visual aids.
3.6 Age – identify the impact/potential impact of the policy on different age groups	Most people living in the CRC care homes are over the age of 65. The staff cohort who will be consulted have an age range between 18-67 the majority of the staff are over the age of 30.	
3.7 Race – identify the impact/potential impact on across different ethnic groups		Most individuals known to the service 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. Of the cohort profiled, most of the clients are White British. 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.

		We make links to local communities and services such as churches/mosques if so required.
3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people	<p>This information is collected as personal identifiable information this information is held in individual care plans which are unique to each individuals preferences and wishes.</p> <p>We do not anticipate any adverse impact on people based on their sexual orientation.</p> <p>Residents who are known to be in a same sex relationship/marriage or civil partnership will remain together.</p>	
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	<p>This information is collected as personal identifiable information this information is held in individual care plans which are unique to each individuals preferences and wishes.</p> <p>We do not anticipate any adverse impact on people based on this protected characteristic.</p> <p>Residents who are known to be married or in a civil partnership will remain together.</p>	No information on marriage/civil partnership is available via our standard reporting for the staff 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.	<p>Information on religion is collected religious needs are met on an individual basis within the homes.</p> <p>We do not anticipate any adverse impact on people based on their religion.</p> <p>Residents will be supported to access services relating to their faith.</p>	

	We recognise and celebrate residents religious based festivities or practice for residents and our staff.	
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).	The services offer several ways into employment that support people who may not have formal qualifications including, maths and English support, work placements, apprenticeships, care certificate training and nursing associates training.	
3.12 Rural communities* identify the impact / potential impact on people living in rural communities.	The CRCs have a fully flexible visiting policy which enables relatives and friends who are reliant on public transport to visit at times that suit them.	
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).	There are residents who are veterans are supported in line with the Councils commitments to the Armed Forces Covenant.	

*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

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: Mandy Bishop – Chief Operating Officer (Divisional Director or nominated senior officer)
Date: 12/10/23