Equality Impact Assessment / Equality Analysis
(Updated July 22)

Title of service or policy	Adult Social Work (statutory function) and Adults with a Learning Disability Service
Name of directorate and service	Adult Social Care
Name and role of officers completing the EIA	Ann Smith, Assistant Director Operations
Date of assessment	September 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.	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 e.g.
	
	    ● How the service/policy is delivered and by whom
	    ● If responsibility for its implementation is shared with other departments or organisations
	    ● Intended outcomes
		<u>How the service is delivered:</u>
		
		There is a requirement to develop and deliver a new Target Operating Model (TOM) for Adult Social Care (ASC) due to the transfer of Adult Social Work Statutory Functions (Health and Care Act) and Adult Learning Disability Service back to the Council - decision taken by cabinet to in-source services on 10th November 2022. The services are current delivered by HCRG Care Group.
		
		The in-sourcing of the two services is being led by B&NES Council ASC Directorate as part of the wider Community Services Transformation Programme – Programme One: ASC Redesign between B&NES Council and B&NE, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)
		
		The services will be transferred back to the Council as of 1st April 2024 and the contractual relationship with HCRG Care Group will cease.
		
		Future TOM Objectives
		    • Single point of access for social care support.
		    • Safeguarding owned at a team level – Making safeguarding personal.
		    • Community Resources as an integral part of our offer.
		    • Integrated transitions offer.
		    • Case management approach regardless of setting.
		    • Reduce reliance on restrictive settings.
		    • Specialist input alongside case management.
		    • Ownership at a locality level align with Neighbourhood Teams.
		    • Workforce/OD and progression framework

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 existing one? • Is it a national requirement?). • How much room for review is there?	The current service specification for PD01 Adult Social Work and SD43 Adults with Learning Disabilities and their Families (within HCRG Care Group contract) will be reviewed as part of Programme One: Adult Social Care Redesign within the wider Community Services Transformation Programme. The review of the service specification and development of the new Target Operating Model (TOM) is not a national requirement as it is the result of the decision taken by B&NES 10th November 2022 to insource the services. Other legislative changes in line with ASC Reforms will have an impact on these services and the Council is working towards implementation of requirements of the legislative changes as part of ongoing ASC transformation strategy over the next three years and forms part of the 2023/2024 service plan for ASC.
1.3	Do the aims of this policy link to or conflict with any other policies of the Council?	Programme One: ASC Redesign is not in conflict with other Council policies and the project team leading the safe transfer of services for 1st April 2024 are working in conjunction with the Corporate Strategy, the Place Plan and other related strategies for the BSW integrated health and social care system. Demand for Adult Social Care is impacted by many wider determinants of health, including economy, housing, education and therefore it is required to align with existing and developing policies and strategies of the Council and BSW ICB Linkages to existing and developing strategies within BSW ICB as determined by strategic priority setting and the Inequalities Strategy. B&NES Council are working closely with the Bath, Swindon and Wiltshire Integrated Care Board (BSW ICB) to support integration of the Complex Health Team into the wider Learning Disabilities provision. This will support an improved customer journey and deliver integrated support.

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, sex, 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 equalities training have staff received to enable them to understand the needs of our diverse community?	The workforce delivering the service have received a specific programme of training in the following areas: • Council induction and NHSE protected characteristics. • HCRG Care Group equality and diversity training (at induction and every 3 years after) 207 colleagues are up to date with their training at the end of July which is 90% This training is completed by eLearning. • 'Oliver McGowan learning disabilities & autism training' mandatory for all colleagues 163 colleagues had completed this at the end of July which is 70.9% This consists of an eLearning component and a face-to-face component after the eLearning is completed. • Equalities eLearning • All colleagues have an individual electronic record of their training requirements and associated compliance which is monitored by their line manager who has access to training data for their team. Training

		compliance is monitored at management supervision and annual appraisal. • Professional registration requirements
2.2	What is the equalities profile of service users?	Profile data taken from LAS – 2021/22 clients receiving funded social care **Tota**l 2315 **Sex** Female 1295 – 56% Male 1020 – 44% **Disability** Learning Disability Support 23% Mental Health Support 15% Physical Support 45% Sensory Support 2% Social Support (includes Autism) 5% Support with Memory and Cognition 10% **Age** 18-24 6% 25-49 20% 50-64 15% 65-74 10% 75-84 18% 85-94 24% 95+ 7% **18-64** **41%**

		65+ **59%**
		Race
		White British 88% Other white 2% Mixed background 1% Other non-white 3% Not known 6%
		Data is not sufficiently recorded for: Sexual Orientation Marriage and Civil Partnership Religion/Belief **No data available for:** • Socio/economic disadvantaged • Rural Communities • Armed Forces Communities
2.4	Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	Strategic Evidence Base: difference in health outcomes for those living in particular areas an ageing population with multiple co-morbidities mental health and emotional wellbeing having impact on younger women and girls (eating disorders and self-harming)

		- Customer satisfaction surveys are completed throughout the Learning Disability (LD) Provider services (SD43) these vary to meet the needs of the service users. - Shared Lives – information is obtained as part of the Shared Lives Carers' review process and feedback received 6 monthly by the scheme. - Day Services – verbal feedback received as part of IPP process. - Supported Living Service – annual easy read survey sent to service users, professionals and family members of service users. - Complex Health Needs Service – annual easy read survey sent to service users. - Single point of access for social care support - Safeguarding owned at a team level – Making safeguarding personal. - Community Resources as an integrated part of our offer - Integrated transitions offer - Case management approach regardless of setting - Reduce reliance on restrictive settings - Specialist input alongside case management - Ownership at a locality level align with Neighbourhood Teams - Workforce/OD and progression framework In addition to this, compliments and complaints are recorded and shared with the teams for continuous improvements and developments. It has been HCRG Care Groups' experience that obtaining feedback when providing our delegated functions from the Care Act can be difficult as an intervention, for example, through safeguarding may lead to a restriction for the service user. Also, the 'micro commissioning' role which the service undertakes leads to comments received on the commissioned service rather than the social work team. The Autism team is trialling a bespoke survey running for 6 weeks with questions designed around the social work intervention. In addition to this all teams review complaints and compliments received by the teams.

2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	The communication and engagement strategy for Programme One: ASC Redesign sets out: • Situational analysis to identify the context and challenges for communications and engagement. • Identification of the stakeholder groups and how and when each will be engaged with and who will be responsible for each. • How we will provide timely, clear and consistent communications on an ongoing basis, proactively seeking engagement opportunities where appropriate. • Core principles to ensure inclusivity, transparency, fairness and consistency. • Ongoing monitoring and evaluation of the plan during implementation. • Ensuring staff and stakeholders understand what is happening, when, and what it means for them. Making sure they feel supported and know where to get advice and information. • How we will use insight from staff to inform the communications. • Support for the formal TUPE consultation.
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?	Our communication and engagement plan will be updated following the B&NES cabinet decision on the future operating model for the services. Any consultation and engagement needed will be detailed in this plan and equalities considerations will be a key element of this. At points of engagement / consultation we will set out to reach as many stakeholders as possible, using accessible forms of communication to reach them. We will clearly communicate how people can get involved, what they can influence, how their feedback will be used and what has been done as a result.

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
3.1	**Issues relating to all groups** and protected characteristics	As standard practice, HCRG Care Group assess any new service provision with an Equality Impact Assessment (EIA) to ensure that the new proposed service does not impact adversely on any groups with protected characteristics. This ensures that the new service has equal access to all. HCRG Care Group's organisational values of Care, Think, Do ensure that everyone's individual needs are considered and that we strive for a culture of equality and diversity.	Strategy may need to move resources/investment from groups with better health outcomes to those with worse Need political backing and support/understanding from the community
3.2	**Sex** – identify the impact/potential impact of the policy on women and men.	The Adult Social Care (ASC) teams ensure where specific requests for the gender of the worker to be aligned that of the service user or carer is respected and accommodated within reason e.g., in safeguarding investigations, matching to residents when making residential placements, ensuring the provision of advocacy services.	

		Within our provider services, when providing personal care to individuals, the preference of whether this is provided by a male or female worker is obtained and recorded in people's care plan to follow.	
3.3	**Pregnancy and maternity**	ASC Teams will support people under the Care Act with meeting their eligible needs around parenting. Joint packages of care have been commissioned between the Learning Disability team and Children's for specialist agencies to support adults with a learning disability at home.	
3.4	**Gender reassignment** – identify the impact/potential impact of the policy on transgender people	The Autism Case Management Service has worked with a number of service users going through gender re-assignment. The service has linked individual with community support groups.	Group at risk of depression and suicide, may have issues accessing care from Primary Care who may not have right training/understanding of key issues Trans men, who still have a cervix, may have difficulties accessing cervical screening Health services may be uncertain how to treat transgender with dignity and respect
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)	Focus on resident areas with higher health inequality, represent higher levels of disability within the population People with a learning disability are more likely to have worse health than those without a learning disability. Poor quality healthcare causes avoidable deaths https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities	Primary need or disability for clients is not collected on Liquid Logic. Instead, the 'Reason for Support' is captured (in line with the Care Act 2014) In 2018/19, 88% of the cohort profiled did not have a disability recorded – this rose to 100% in 2019/20

		- Physically disabled people may find it harder to access services (digital may help?), also may have mental health needs. - Those with mental health support needs, may need more support to access the health care that they need. Adult's mental health has impact on their children People with mental illness are more likely to have higher rates of: - poverty - homelessness - incarceration - social isolation - unemployment https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness Current ASC practice is to have specialist teams for learning disabilities, autism and hearing and vision. Workers ensure people's Care Act eligible needs are met through assessment and care planning. ASC work in a strengths-based way. The current learning disability model is integrated with health and sees social care and health colleagues co located and managed. This supports good joint working arrangements. ASC teams refer to We Work For Everyone and other sub commissioned contracts to support people to find and maintain employment. B&NES	

		also have a good success record with Project Search which operates in the area. Project Search offers supported internships to those 16-25 with an Educational Health Care Plan as a route into employment. In addition to this, the HCRG Care Group's Employment Inclusion Service is a team of job coaches who support those with a learning disability or Care Act eligible needs with employment funded through Access to Work or individual's Personal Budgets. The Learning Disability Service contribute to a programme that looks at premature deaths of people with a learning disability service. The service offers easy read and accessible information as per accessible standards. The Specialist Social Work Teams have worked alongside Mental Health services to ensure a holistic approach to a person's care and support needs is taken.	
3.6	**Age** – identify the impact/potential impact of the policy on different age groups	Aging population, loneliness and wider experience of ill health/diagnosis As part of Care Act assessments ASC will ensure people's community presence is developed and link people with appropriate services such as Day Services, Village Agent, Community Groups.	There are more older clients known to ASC in B&NES than younger clients, peaking at the 86-95-year-old age group. This suggests that most new clients to ASC enter the system aged 75+ In contrast, of the cohort profiled, the average age was 45 in 2019/20 and the highest proportion of clients were aged 26-35 This project is therefore more likely to impact people in their 20s, 30s and 40s, men in their 40, people who identify as a man and people who identify as a woman.

		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
3.7	**Race** – identify the impact/potential impact on across different ethnic groups	HCRG Care Group are part of the Workforce Race Equality Standard (WRES). This was implemented to ensure that colleagues of BAME backgrounds have equal access to career opportunities and receive fair treatment in the workplace. In turn, this should help ensure that the workforce is proportionality represented by the community we work with.	The majority of individuals known to ASC in BANES identify as White British, and this reflective of the general population in B&NES. Broadly, the ethnic diversity of those known to ASC in B&NES is in line with national trends Of the cohort profiled, the majority of the clients are White British. The other most represented Ethnic Minorites group was Any Other Mixed, White and Asian, and White and Black Caribbean in 2019/20, but only 1 person in each group The most ethnically diverse age group is the 18-25-year-old age group in 2019/20 Therefore, this project is more likely to impact White British people as they make up the majority of clients and therefore, we will monitor all ethnicity information to ensure no group is adversely impacted
3.8	**Sexual orientation –** identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people	As part of Care Act assessment ASC will ensure the person develops and maintains family or other personal relationships.	Information on sexual orientation is collected but 76% of clients profiled had no information recorded on their records, it is therefore not possible to use this information to carry out any analysis and 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.	This is considered by ASC as part of Care Act assessments ensuring people's cultural needs are met. An example is commissioning support for a person on a Sunday to access Church in their local community.	Information on faith is collected but 84% of clients profiled had no information recorded on their records It is therefore not possible to use this information to carry out any analysis and this as 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).**	Housing affordability, food insecurity, fuel poverty and child poverty continue to be increasing issues over the next few years These all impact on an individuals' wellbeing and health outcomes, the engagement plan will make sure we hear from and understand the needs of socio-economically disadvantaged residents Signposting to B&NES Community Wellbeing Hub for example, access to food and nutrition advice and Citizen's Advice for support on welfare benefits and accessing vouchers for food and utilities support	No information on socio-economic disadvantage is available via our standard reporting **Riviam data from the Community Wellbeing Hub CWH referrals Dec 22 & Jan 23**

Riviam data table:

AGE UK (Discharge support and admissions avoidance)	4
Clean Slate	3
Curo	1
Employment and Skills	4
Enhanced triage	61
Family support	1
Family Support Scheme - Ukraine	0
Food	40
General wellbeing (inc. weight management)	0
Help from a community volunteer	0
Homes for Ukraine Refugees	13
Housing	6
Logistics and transport	0
Mental wellbeing	32
Money matters and work	48

3.12	**Rural communities*** identify the impact / potential impact on people living in rural communities	Engagement activities planned to ensure people living in rural communities are heard from Key issues: Access/digital literacy, transport issues, fuel poverty	
3.13	**Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law (Armed Forces Act 2021) to pay due regard to both current and former members of the Armed Services when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).	National data suggests more likely to have mental health needs, drugs/alcohol abuse issues, the Council is committed 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 Act 2021 requires Local Government to pay 'due regard' to the principle that it is desirable to remove disadvantages, when accessing public services, for service people from membership, or former membership, of the armed forces.

4. Bath and North East Somerset Council & NHS B&NES, Swindon and Wiltshire
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
EIA review	Include key EIA review points in all associated project plans – mobilisation and post transfer	EIA review in year one (post transfer) followed by a follow-up EIA review during 25/26.	Assistant Director of Operations, Assistant Director of Strategy, Governance and Transformation and ASC Quality Assurance lead.	Q1 2024 Q1 2025
Gaps in training	Identification of what the available training is and highlighting and filling training gaps	Review as part of ASC service plan. Mid-year review 23/24 Will inform part of the post transfer project plan.	HR and OD lead in conjunction with Assistant Director of Operations	Q3 2023 Q1 2024
Limited equalities profile of some teams delivering some services/policy information available.	Improve ongoing data around staff teams and equalities data as part of routine monitoring and quality assurance	Pre-transfer activity linking directly with the internal BI team and as included in the LAS (Liquid Logic)	Quality Assurance Lead and Assistant Director of Operations	Q1 2024

		development plan. Monitored through the monthly performance and Quality group.		
Limited-service user demographic data available, for example: **2.2 What is the equalities profile of service users?** **3.2 Sex** – identify the impact/potential impact of the policy on women and men. **3.3 Pregnancy and maternity** **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) **3.8 Sexual orientation –** identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people **3.12 Rural communities*** identify the impact / potential impact on people living in rural communities **3.13 Armed Forces Community**	Low numbers of data recorded on how we capture our equalities evidence. Improve service user monitoring data (including ethnicity, gender, disability, religion/belief, sexual orientation, and age)	Pre-transfer activity linking directly with the internal BI team and as included in the LAS (Liquid Logic) development plan. Monitored through the monthly performance and Quality group	Quality Assurance Lead and Assistant Director of Operations	Q1
Service specification review	Review the service specification for the point of transfer	Review of service specifications (PD01 and SD43) will become a Q2 project milestone.	Assistant Director of Operations and Assistant Direct of Commissioning.	Q4 2023

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 review the document, offer further advice/guidance and publish it on the Council's and/or NHS B&NES', Swindon and Wiltshire website. Keep a copy for your own records.

Signed off by: **Ann Smith, Assistant Director of Operations**   (Divisional Director or nominated senior officer)
Date: 30/10/23