

**Equality Impact Assessment / Equality Analysis
(Version 4)**

Item name	Details
Title of service or policy	Adult Social Care, Care Quality Commission Improvement Plan
Name of directorate and service	Adult Social Care
Name and role of officers completing the EqlA	Suzanne Westhead, Director of Adult Social Services Ann Smith, Assistant Director for Operations Natalia Lachkou, Assistant Director for Commissioning Claire Thorogood, Assistant Director for Adult Regulated Services and Governance Nicola Pope, Adult Social Care Assurance Lead
Date of assessment	August 2025

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 people and different groups within our community. The main aim is to identify any adverse impacts (i.e. discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted). Equality impact Assessments (EqIAs) 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 (EqIA) or Equality Analysis. **Not all sections will be relevant – so mark N/A 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 following relevant service lead approval.

1.1 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. <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 Health and Care Act 2022 gave the Care Quality Commission (CQC) new powers to assess how Local Authorities meet their duties under Part 1 of the Care Act 2014.</p> <p>From April 2024 to September 2024 B&NES underwent it’s CQC Local Authority Assessment under a 2 stage inspection approach, with the onsite element of the assessment process taking place from 10th September to 12th September 2024.</p> <p>The CQC published their report for B&NES on 30th January 2025, assigning a rating of Requires Improvement.</p> <p>Due to the Requires Improvement rating B&NES has been assigned a Care and Health Improvement Advisor (CHIA) from Partners in Care and Health (Southwest Region) who partner with the Local Government Association and Association of Directors of Adult Social Services. Partners in Care and Health (PCH) are responsible for feeding back to</p>

the Department of Health and Social Care (DHSC) the progress Adult Social Care is making against the improvement plan and giving assurance.

The ASC CQC Improvement Plan was developed January- March 2025. The Improvement Plan is broken down into the 4 Assessment Themes defined by CQC:

- Theme 1: How the Local Authority Works with people
- Theme 2: Providing Support
- Theme 3: How the Local Authority ensures safety within the system
- Theme 4: Leadership

There are nine identified areas of improvement, being delivered by 15 projects. Each project has a senior responsible officer, and a lead- either a project manager or Head of Service, who is responsible for ensuring progress is made to deliver the Improvement Priorities.

Each project collaborates with different teams across the council, as required, to ensure the project progresses and any barriers are overcome.

Bath and North East Somerset (B&NES) Council is committed to being a learning organisation, continuously evolving to meet the needs of our local population. We have bold and innovative plans to transform the way we deliver Adult Social Care, ensuring high-quality, person-centred support for our local communities.

This Adult Social Care Improvement Plan outlines nine Improvement Priorities we will work to deliver throughout 2025-2026 to further enhance our services. It reflects our own assessment of priority areas for improvement, alongside the key findings and areas for improvement against quality statement scores from the 2025 CQC Local Authority

	<p>Assessment Report for B&NES. By aligning our efforts with national expectations and local needs, we are driving forward a shared vision for a more responsive, effective, and sustainable Adult Social Care service.</p> <p>This EQIA has been undertaken to provide assurance that oversight and management of the Improvement Plan and Board have no adverse effects on individuals with protected characteristics.</p> <p>This EQIA demonstrates we are paying due regard to our Public Sector Equalities Duty as we progress work within the Improvement Plan. This EQIA is a working document, and we aim for this to be updated if there are any changes to the management of the Improvement Plan and Board. Should there be any changes made to the management of the Improvement Plan, we aim to consider whether there is likely to be any impact on individuals with protected characteristics.</p>
<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>This is the first time we have been required to develop and implement Improvement Plan. This Improvement Plan is necessary to demonstrate to the Department of Health and Social Care that progress is being made on the areas of Improvement identified before the CQC Inspection took place and incorporates feedback from the CQC Assessment Report.</p> <p>As per the PCH and DHSC guidelines, ASC currently provides quarterly progress updates to the DHSC. There have been three submissions to date: 13th February 2025, 30th April 2025, with the latest submission being in July 2025. The next submission is due on 30th October 2025. The exact length of time that progress reports are required to be submitted to the DHSC is currently unknown.</p> <p>Local Authorities are awaiting further guidance on the CQC Assessment methodology for re inspection.</p>

	<p>The Improvement Plan applies to all adults aged 18 years and above who access care and support provided directly or commissioned by Adult Social Care, and/or are in receipt of direct payments, in any of the following categories:</p> <ul style="list-style-type: none"> • Older People's Services • Physical Disability and Sensory Services • Mental Health Services • Learning Disability Services <p>The Improvement Plan will also apply to some 17 years olds who are transitioning into Adult Social Care from Children's services.</p> <p>The Care Act 2014 defines the statutory duties placed on Local Authorities and can be found at: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance</p>
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	<p>The overall aim for the ASC Improvement Plan is to improve outcomes for people who draw on care and support, which aligns with the Local Authorities' core purpose of 'Improving People's Lives'.</p> <p>There are no known conflicts with other council policies at this time.</p>

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
2.1 What equality focussed training have staff received to enable them to understand the needs	<p>All B&NES officers are required to undertake mandatory Equality, Diversity and Inclusion Training.</p> <p>The project leads, many of whom are registered Social Workers have much experience in working within the Equalities Act, promoting anti-discriminatory and anti-oppressive practice, as per the Professional Capabilities Framework set out by the British Association of Social Workers.</p>

<p>of our diverse community?</p>	
<p>2.2 What is the equality profile of service users?</p>	<p>The B&NES Council Strategic Evidence Base provides the equality profile for the B&NES Population: https://www.bathnes.gov.uk/sites/default/files/SEB%20Population%20%26%20Demography%20Apr25.pdf</p> <p>Key highlights relevant to the ASC Improvement Plan:</p> <ul style="list-style-type: none"> • The population of B&NES is projected to increase by 8% from 2018 to 2028, from 192,106 to 207,919. • The 65+ population is projected to increase by 15% over the same period and within the 65+ group, the largest increase is projected to be in the 75-84 age range (33%), followed by the 85+ age group (20%). • In 2030, it is projected there will be 3,670 older people (65+) with dementia in B&NES which is an increase of 36% since 2019. • Since 2012, there has been a 15% increase in people aged 65 years and over in B&NES, lower than the national increase of 18%. We have also seen an increase of 10% in people aged 15-64 years • In the 2021 Census, 85.6% of people in B&NES identified their ethnic background within the White British category, compared with 90.1% in 2011. • The largest ethnic group (detailed) in B&NES other than White British (165,409) is 'White: Other White' (11,114), which excludes White British, Irish, Travellers and Roma. • In the 2021 Census, in Bath and North East Somerset, 96.9% of usual residents spoke English as a main language, compared to 91.1% in England and Wales and 95.4% in the South West. • In the 2021 Census, for the first time since 2001 'No religion' (47.9% 92,567) was the highest response in Bath and North East Somerset followed by 'Christian' (42.2% 81,553). • Self-reported disability in the over 50s has decreased from 33% in 2011 to 25% in 2021. • A larger increase in self-reported disability can be seen among the 16- 49 age group, from 7% in 2011 to 13% in 2021. Most of those self-report their day to day lives as limited a little. • In B&NES, 88.3% identified as straight or heterosexual, which aligns closely with the national figure of 89.4% for England & Wales. <p>Data Specific to individuals in B&NES receiving support from Adult Social Care:</p> <ul style="list-style-type: none"> • B&NES ASC Directorate currently provides long term support to 1885 individuals.

	<ul style="list-style-type: none"> • Of this total, 839 individuals are aged 18-64 and 1046 individuals are aged 65+ • Of those aged 18-64, approx. 142 individuals live in a nursing/ residential home, and approx. 712 people receive community support. (note approximate numbers because some individuals receive more than one service) • Of those aged 65+, approx. 501 individuals live in a nursing/ residential home, and approx. 712 people receive community support. (note approximate numbers because some individuals receive more than one service) • There are more females (1034) receiving long term care than there are males (851).
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?	To date, no customer satisfaction surveys have been conducted by Adult Social Care (ASC) specifically as part of the management of the ASC Improvement Plan or Improvement Board.
2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	<p>The governance arrangements for the ASC Improvement Plan are designed to foster comprehensive engagement beyond the immediate ASC environment, thereby establishing a robust framework for oversight and constructive challenge.</p> <p>The ASC Improvement Board, which convenes on a monthly basis to monitor progress against the improvement plan, is attended by representatives from a variety of departments within the Local Authority, including finance, legal, communications and marketing, public health, and Business Intelligence. This broad participation facilitates the dissemination of information on a wide scale, enables the incorporation of diverse perspectives from across the system, and promotes effective collaboration in addressing challenges, assessing and mitigating risks. Such a collaborative approach ensures a holistic delivery of new initiatives, minimises the potential for implementation issues, and proactively reduces the likelihood of negative outcomes associated with the improvement plan.</p> <p>The Corporate Equality Officer for B&NES will be attending the monthly Improvement Board from September 2025.</p>

<p>2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?</p>	<p>Each individual project underpinning the delivery of the improvement priorities is supported by a dedicated project, work, or action plan, which specifies appropriate or required consultation necessary for successful completion. Projects that will deliver the improvement priorities will define any consultation and engagement requirements. Some projects will necessitate internal engagement with council departments, while others will require engagement, feedback, and co-production with individuals who use services.</p> <p>Some of the projects in place to deliver the improvement priorities are still in their infancy, as a result it is not yet quantified which projects will require consultation. Where projects do require consultation, equality analysis will be incorporated into the project's scope.</p> <p>This is an overarching EQIA for the management of the Improvement Plan and Improvement Board. Each project that delivers a change to the current operating procedures will be subject to its own Equalities Impact Assessment, which will be completed before the changes are implemented.</p>
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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 equality 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
<p>3.1 Issues relating to all groups and protected characteristics</p>	<p>The nine Improvement Priorities listed in the ASC Improvement Plan aim to improve outcomes for individuals who access information, advice and guidance or care and support in B&NES.</p>	

	<p>Any changes to practice, policy or process will be carried out in line with the Care Act 2014 principles of:</p> <ul style="list-style-type: none"> • empowerment • prevention • proportionality • protection • partnership • accountability <p>Each project that delivers a change to the current operating procedures will be subject to its own Equalities Impact Assessment, which will be completed before the changes are implemented.</p>	
3.2 Sex – identify the impact/potential impact of the policy on women and men.	The staff involved in managing the Improvement Plan and attending the Improvement Board are a mixture of men and women.	
3.3 Pregnancy and maternity	The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone who is pregnant or on maternity leave.	Should anyone involved in the management or delivery of the Improvement Plan experience individual needs due to pregnancy or maternity, appropriate support will be provided by following HR guidance and sign posting to staff networks as appropriate.
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone who has gone through/ is going through gender reassignment.	Should anyone involved in the management or delivery of the Improvement Plan experience individual needs due to gender reassignment, appropriate support will be provided by following HR guidance and sign posting to staff networks as appropriate.

<p>3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)</p>	<p>Discussions necessary to the development of the Improvement Plan and Board have taken place both in person and virtually through MS Teams to enable attendance of staff. Management of the Improvement Plan and Board will continue in this way and attendance at the Board is monitored by the DASS.</p> <p>41 people out of the Adult Social Care Workforce have reported a disability.</p>	<p>The DASS and Assistant Directors are aware of the needs of the workforce delivering the Improvement Plan and Board and use this information to plan and action work accordingly.</p>
<p>3.6 Age – identify the impact/potential impact of the policy on different age groups</p>	<p>The management and delivery of the Improvement Plan and Board is done by a diversely aged workforce.</p>	
<p>3.7 Race – identify the impact/potential impact on across different ethnic groups</p>	<p>The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone due to race.</p> <p>Translation of the Improvement Plan is available on request or where a need is already known.</p>	<p>Should anyone involved in the management or delivery of the Improvement Plan experience individual needs arising because of the race, appropriate support will be provided by following HR guidance and sign posting to staff networks as appropriate.</p>
<p>3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people</p>	<p>The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone due to their sexual orientation.</p>	<p>Should anyone involved in the management or delivery of the Improvement Plan experience individual needs arising because of their sexual orientation, appropriate support will be provided by following HR guidance and</p>

		sign posting to staff networks as appropriate.
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone based on their marital or civil partnership status.	
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.	We will be mindful not to hold meetings on days of faith based celebrations or events that would adversely impact or cause discrimination.	Should there be any meetings or Improvement Boards that take place on faith based days, we aim to ensure these are not meetings where not having representation from the workforce with this protected characteristic would adversely affect the workforce or the management of the Improvement Plan and Board.
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 current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone due to them being socio-economically disadvantaged.	
3.12 Rural communities* identify the impact / potential impact on people living in rural communities	The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone because due to them being from a rural community.	

<p>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).</p>	<p>The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone because their experience of being part of an armed forces community.</p>	<p>Should anyone involved in the management or delivery of the Improvement Plan experience individual needs arising because of their experience of being from an armed forces community, appropriate support will be provided by following HR guidance and sign posting to staff networks as appropriate.</p>
<p>3.14 Care Experienced *** This working definition is currently under review and therefore subject to change:</p> <p>In B&NES, you are ‘care-experienced’ if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.</p>	<p>The current management arrangements for the delivery of the Improvement Plan and Improvement Board are not indicated to adversely affect anyone because due to them being care experienced.</p>	

*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.

***The Equality Act does not cover care experienced people. B&NES adopted this group as a protected characteristic in March 2024 alongside over 80 other Local Authorities. Although we have data for care leavers and children/young people who are currently in the care of B&NES we do not have wider data on disadvantage experienced through being in care.

4. Bath and North East Somerset Council 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
Each project that delivers a change to current practice or process will be required to complete an Equalities Impact Assessment	Senior Responsible Officer	The ASC Improvement Board will identify and agree which of the projects delivering the Improvement Priorities will need an EQIA and the progress of these will be monitored through the Improvement Board.	Suzanne Westhead, Ann Smith, Natalia Lachkou, Claire Thorogood, Nicola Pope	Before changes are delivered into BAU

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 Equality Team (equality@bathnes.gov.uk), who will publish it on the Council's website. Keep a copy for your own records.

Signed off by:

(Divisional Director or nominated senior officer)

Date: