

Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
Title of service or policy	Recommissioning of Care Home Framework
Name of directorate and service	Adult Social Care- Strategic Commissioning Hub
Name and role of officers completing the EQIA	Karen Green, Commissioning and Project Manager, Age Well
Date of assessment	Started 24/9/25

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
<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 current Care Home Framework Contract requires recommissioning and has an end date of November 2026. Recommissioning the care home framework is a contractual requirement, alongside strategic objectives of improving outcomes for older adults and ensuring value for money. The care home framework contract is a structured agreement between the commissioning authority B&NES Council and B&NES approved care home providers. It sets out the terms under which care home services will be purchased over a defined period.</p> <p>Purpose of the Framework To pre-approve a list of care home providers who meet quality, financial, and regulatory standards. To streamline the procurement process for placements, ensuring consistency and compliance. To enable flexibility in choosing providers while maintaining control over costs and quality.</p>
<p>1.2 Provide brief details of the scope of the policy or service being reviewed, for example:</p>	<p>The council needs to recommission the current Care Home Framework because it has run for 5 years with a 2 year extension.</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>Local authorities in the UK do not have a legal obligation to use a framework contract for care home services—but many choose to do so because it offers significant operational and strategic benefits.</p> <p>Under the Care Act 2014, local authorities have a statutory duty to meet the eligible care needs of adults in their area. However, the Act does not prescribe how authorities must procure care home services—whether through spot purchasing, block contracts, or framework agreements.</p> <p>The rationale for the recommissioning is:</p> <ul style="list-style-type: none"> • Changing Needs of the Population Demographic shifts: The ageing population may have different care needs than when the framework was first commissioned. Complexity of care: Increasing numbers of residents with dementia, frailty, or multiple long-term conditions may require updated service specifications. • Quality and Standards Improving outcomes: Recommissioning allows you to embed updated quality standards, person-centred care models, and outcome-based commissioning. CQC ratings and performance: If current providers are underperforming, a new framework can raise the bar. • Market Shaping and Sustainability Encouraging innovation: A refreshed framework can attract new providers with innovative approaches to care. Financial sustainability: It allows for renegotiation of pricing structures to ensure affordability and fair pay for care staff. • Strategic Alignment Integration with health services: Aligning care home services with local NHS priorities (e.g., reducing hospital admissions, improving discharge pathways). Policy alignment: Reflecting national and local strategies such as the Ageing Well programme and will align with other Council and B&NES, Swindon and Wiltshire Integrated Care Board (BSW ICB) strategies, including: <ul style="list-style-type: none"> • B&NES Joint Health and Wellbeing Strategy • B&NES Adult Social Care Strategy • B&NES Carers Strategy • BSW Mental Health Strategy • BSW Dementia Delivery Plan
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	<ul style="list-style-type: none"> • B&NES Digital Strategy (in development) • B&NES Frailty Strategy (in development) • B&NES Dementia Strategy (in development) <p>• Contractual and Legal Considerations Expiry of current contracts: If the existing framework is nearing its end, recommissioning ensures continuity. Compliance and governance: Updating terms to reflect current legal, safeguarding, and data protection standards.</p> <p>• Co-production and Engagement Involving residents and families: Recommissioning provides an opportunity to co-design services with those who use them. Provider engagement: It can help reset relationships and expectations with care home providers.</p>
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	<p>The Care Home Framework for B&NES will be informed by national frameworks, such as</p> <ul style="list-style-type: none"> • Care Act 2014 • Better Care Fund (BCF) • Social Care Reform Agenda (2025) • Nice Guidelines for Adult Social Care. • Procurement Act 2023 & Light Touch Regime. <p>And will align with other Council and BSW ICB strategies, including:</p> <ul style="list-style-type: none"> • B&NES Joint Health and Wellbeing Strategy • B&NES Adult Social Care Strategy • B&NES Ageing Well Market Position Statement 2024–2027 • BSW Mental Health Strategy • BSW Dementia Delivery Plan • B&NES Digital Strategy (in development) • B&NES Frailty Strategy (in development) • B&NES Dementia Strategy (in development)

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
<p>2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?</p>	<p>B&NES Equality, Diversity and Inclusion training</p>
<p>2.2 What is the equality profile of service users?</p>	<p>The Care Home Framework in B&NES is for everyone who requires 24 hour care in a care home situation and their families and carers. The population and demography section of the B&NES Strategic Evidence Base SEB population and demography identifies the equalities profile of the B&NES population. Of particular notes are the following in relation to population groups that may be supported by this framework:</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. 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%). <p>National Forecasts identify https://www.caremanagementmatters.co.uk/feature/darting-through-the-decades-future-demand-for-older-peoples-care-homes/ By 2035, the UK is expected to face a shortfall of 58,000 care home beds. By 2050, an additional 350,000 older people may require a care bed, nearly doubling current demand</p> <p>The Age UK Improving Later Life. Services for Older People- What Works report examines the rapid growth of older populations in rural areas. The availability of, and access to, key local services and amenities all affect older people's ability to remain active participants in rural community life. Lack of access to transport can be a particular barrier to older people's social inclusion in many rural areas.</p> <p>The Mayhew Review highlights that with the current Care Home developments https://ilcuk.org.uk/mayhew-review/ despite growth, delivery remains far below need—only</p>

	<p>around 8,000 new seniors housing units are expected to be completed in 2025, far short of the 50,000 units/year recommended by the Mayhew Review.</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>Care homes are responsible for conducting their own customer satisfaction surveys. During contract review meetings, Commercial and Quality Officers evaluate the survey outcomes as part of the quality monitoring process.</p> <p>Individuals funded by B&NES receive regular reviews. If concerns arise, these can be raised through the individual's allocated social worker. The social worker will escalate the issue to the provider either as a formal complaint or as a safeguarding concern, which will then be addressed in accordance with established procedures.</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>This is a recommission of the Care Home Framework contract, through the original commission commissioners ran engagement events with care home providers. The recommission has been discussed with providers at the Care Home Forum and in individual provider contract meetings.</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>Commissioners will work together with professionals from Commercial and Quality Team, Adult Social Care, Community Mental Health Teams, Finance Team, and Safeguarding, and BSW ICB commissioners.</p> <p>In addition, the following engagement is planned:</p> <ul style="list-style-type: none"> - Engagement events with providers in area and those within 3 miles of the B&NES boarder. - Engagement with current care home residents and families. <p>There will be a 6-week consultation once the commissioning framework is in draft form with workforce, service users, members of the community</p> <ul style="list-style-type: none"> - Options will be given to people about how they can engage with the consultation (e.g. online, face to face, over the telephone, through a support worker) - We will engage providers of services in supporting individuals to access the consultation <p>We will use existing groups and networks (e.g. Village Agents, Bath Ethnic Minority Senior Citizens Association (BEMSCA), Older People's Voice forum and Ageing Well network) to maximise reach to different groups</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 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
3.1 Issues relating to all groups and protected characteristics	The plan for recommissioning of the framework includes co-production with individuals with lived experience and carers. We are aiming to speak to and engage as many people as possible, from a variety of backgrounds and groups. This includes offering different ways in which individuals can contribute, to make engagement as accessible as possible.	
3.2 Sex – identify the impact/potential impact of the policy on women and men.	Equality statements around sex and gender in care home framework contracts are designed to ensure that services are delivered fairly, respectfully, and without discrimination. These statements are typically embedded in both the contractual obligations of providers and the policy frameworks that guide care delivery. <ul style="list-style-type: none">• Legal Foundations	No negative or differential impact currently identified.

	<p>Framework contracts must comply with:</p> <p>Equality Act 2010</p> <p>Human Rights Act 1998</p> <p>Care Act 2014</p> <ul style="list-style-type: none"> Equality Statements in Practice <p>Care homes often include equality statements in their policies</p> <ul style="list-style-type: none"> Staff and Employment <p>Fair and inclusive hiring practices</p> <p>Regular equality and diversity training</p> <p>Mechanisms for reporting and addressing sex-based discrimination or harassment.</p> <ul style="list-style-type: none"> Personalised care plans: <p>Must reflect gender preferences, including same-sex carers if requested.</p> <ul style="list-style-type: none"> Privacy and dignity: <p>Sex and gender-specific needs (e.g., bathing, dressing) are respected.</p>	
3.3 Pregnancy and maternity	Ensure the commissioning framework addresses any issues around pregnancy and maternity raised by older people, or their carers	No negative or differential impact currently identified.
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	Ensure the commissioning framework addresses gender reassignment.	<p>Older transgender and non-binary people may face challenges residing in care homes. Consideration needs to be given to the services and support that individuals receive.</p> <p>Care Home provide inclusive environments: Support for transgender and non-binary residents, including</p> <ul style="list-style-type: none"> use of preferred names and pronouns.

		<ul style="list-style-type: none"> • Gain residents informed consent before providing treatment and involve them in decision-making • support access to appropriate care and offer continuity of care. • Training for staff
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>Ensure engagement with disabled people during the framework development. Consider the unique difficulties experienced by younger people with learning disabilities who receive a dementia diagnosis. There is a 1 in 3 chance that a person with Downs Syndrome in their 50s will have dementia.</p> <p>The Care home framework will be an overarching agreement that sets standards and expectations for care providers. Their impact includes:</p> <ul style="list-style-type: none"> • Consistency in care quality: Only providers meeting specific criteria can join the framework. • Access to services. • Monitoring and accountability: Providers are subject to contractual monitoring, which can help safeguard the rights of disabled residents. 	<p>No negative or differential impact currently identified.</p>
3.6 Age – identify the impact/potential impact of the policy on different age groups	<p>Ensure engagement with older people, carers and people will explore the impact of care home framework contracts on</p>	<p>Some care homes accommodate both 18 – 64 and 65+ age groups. While this can</p>

	<p>different age groups—particularly older adults (65+) and younger disabled adults (18–64)—varies significantly due to differences in needs, expectations, and service models.</p> <p>Care providers are expected to ensure that equality, diversity, and inclusion principles are embedded in all aspects of care delivery. This includes:</p> <p>Respecting Individual Needs: Providing person-centred care that acknowledges and values the unique preferences, cultural backgrounds, and life experiences of residents across different age groups. Fair Access to Services: Ensuring that all residents, regardless of age, have equal access to activities, resources, and opportunities for social engagement and wellbeing. Non-Discriminatory Practices: Maintaining an environment free from age-related bias or discrimination, where dignity and respect are upheld at all times.</p>	<p>promote intergenerational interaction, it also raises concerns:</p> <ul style="list-style-type: none"> • All staff are required to complete mandatory training in accordance with organizational and regulatory standards. In addition, staff must undertake supplementary training relevant to their Care Quality Commission (CQC) regulatory categories. This includes, but is not limited to, specialist areas such as dementia care, supporting individuals with sight loss, and the Oliver McGowan Mandatory Training on Learning Disability and Autism. • Continuous Monitoring: Regularly reviewing policies, practices, and resident feedback to identify and address any barriers to equality.
3.7 Race – identify the impact/potential impact on across different ethnic groups	<p>Ensure engagement with BEMSCA during the Care Home Framework contract development.</p> <p>Translation and interpretation services will be provided where a need is identified or upon request, to ensure that language is not a barrier to accessing engagement opportunities.</p>	<p>Current Impact on Ethnic Minority Older Adults have found concerns with</p> <ul style="list-style-type: none"> • Access and Equity Barriers to access include language, cultural misunderstandings, and lack of culturally appropriate services. • Lower uptake of services: Some ethnic minority groups are less

		<p>likely to use formal care homes due to mistrust, stigma, or preference for family-based care</p> <ul style="list-style-type: none"> • Discrimination in care settings: Older adults from Black and Asian backgrounds report feeling dismissed or not taken seriously by health professionals. • Offer meals that respect cultural and religious dietary requirements. • Provide spaces for prayer or cultural practices. • Access to interpreters or bilingual staff. • Translate key documents and signage into commonly spoken languages. • Mandatory equality, diversity, and inclusion training. • Cultural competence training to understand and respect different traditions and beliefs
<p>3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people</p>	<p>Care homes operating under this framework should ensure all residents are treated with dignity and respect. Care providers must ensure that policies, practices, and staff behaviours are free from bias or discrimination based on sexual orientation or any other characteristic.</p> <p>Services and support should be sensitive to an individual's sexual orientation.</p>	<p>No negative or differential impact currently identified.</p>

	<p>The Care Quality Commission (CQC) guidance encourages care homes to support residents' rights to intimacy and sexual expression, regardless of gender or sexual orientation. This includes creating safe spaces for LGBT+ residents.</p> <p>Same-sex couples must be afforded the same rights and opportunities as opposite-sex couples.</p> <p>Providers must deliver regular training to staff on equality, diversity, and inclusion, with specific emphasis on LGBTQ+ awareness and sensitivity.</p>	
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	<p>Ensure Care Home Framework addresses any issues around marriage and civil partnership.</p> <p>Several care home providers offer double rooms.</p>	No negative or differential impact currently identified.
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>Ensure Care Home Framework addresses the impact of religion and belief these factors shape how individuals experience care, feel respected, and maintain their identity.</p> <p>Framework contract providers have</p> <ul style="list-style-type: none"> • Person-Centred Care Planning documenting religious and spiritual needs. • This includes dietary requirements, gender-specific care 	No negative or differential impact currently identified.

	<p>preferences, and observance of religious festivals.</p> <ul style="list-style-type: none"> • Culturally Appropriate Care Standards • Inclusive Environments, including multi-faith spaces, access to chaplains or faith leaders, and celebration of diverse traditions. <p>The Care Quality Commission (CQC) expects services to be responsive to religious and cultural needs.</p>	
<p>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).</p>	<p>Ensure engagement with individuals with lived experience who are living in deprived areas, as part of the Care Home Framework Contract development.</p>	<p>B&NES includes areas of deprivation, which may impact experiences of health and social care. In particular, life expectancy in Twerton and Southdown wards is lower than England. Individuals living in areas of deprivation may also find it harder to access services and may experience intersectionality, where various social identities intersect to create overlapping and unique experiences of discrimination and privilege.</p>
<p>3.12 Rural communities* identify the impact / potential impact on people living in rural communities</p>	<p>Ensure engagement with village agents to reach individuals living in rural areas as part of the development of the framework</p>	<p>People living in rural communities often find it harder to access support. Loneliness is linked to the onset of dementia and is associated with depression. It increases as people become less able to undertake routine activities.</p>

		<p>Rural neighbourhoods may have fewer high-quality care homes or limited transport access.</p> <p>There is rapid growth of older populations in rural areas. The availability of, and access to, key local services and amenities all affect older people's ability to remain active participants in rural community life. Lack of access to transport can be a particular barrier to older people's social inclusion in many rural areas.</p>
<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>Ensure the Care Home Framework addresses any issues around armed forces communities raised by individuals with lived experience, or their carers.</p>	<p>No negative or differential impact currently identified. Emerging evidence suggests a potential link between post-traumatic stress disorder (PTSD) and an increased risk of developing dementia. Alzheimer's Society-funded research has also analysed the literature related to the link between PTSD and dementia They found that people with PTSD have up to twice the risk of developing dementia. Additional funding will be explored from charities supported by armed forces communities.</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</p>	<p>Ensure framework addresses any issues around being care experienced raised by people living in the care homes or their carers.</p>	<p>No negative or differential impact currently identified.</p>

<p>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 lived experience should be reviewed during the contract management process and evidence that the care home is embedding the voices, insights, and feedback of people who use or have used care services—especially older adults, disabled people, and their families—into the monitoring, evaluation, and improvement of care home services. This is by</p> <ul style="list-style-type: none"> • Resident and Family Feedback • Mystery Shopper or Peer Review Model • Governance and Oversight • Escalation Pathways 	
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*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
Risk of not ensuring feedback and lessons learnt are not identified and actioned	Engage with providers offering multiple, accessible ways for people to contribute.	Engage with providers at the Care Home Forum Distribution of survey to gain providers views and feedback on current Care Home Framework. Invitation to Provider Engagement events.	Karen Green	February 2026
Risk of under representation of residents' views if engagement is not broad and accessible.	Engage with individuals with lived experience and their carers and families. Offer multiple, accessible ways for people to contribute.	Engage with individuals with lived experience and their carers and families during coffee mornings and residents' meetings.	Karen Green	February 2026
Risk that in the next 5 years B&NES will not have enough care home beds for the population of B&NES	Extend the Care Home Framework to 3 miles outside of the B&NES Council boundary	Hold and invite providers to Provider Engagement events	Karen Green	February 2026

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: Natalia Lachkou, Assistant Director of Commissioning
(Divisional Director or nominated senior officer)

Date: 30th January 2026