

**Equality Impact Assessment / Equality Analysis**

<b>Title of service or policy</b>	Your Care Your Way – Community Services Review
<b>Name of directorate and service</b>	B&NES Council, People and Communities Directorate and BaNES CCG Commissioning
<b>Name and role of officers completing the Impact Assessments</b>	Mike MacCallam – Senior Commissioning Manager Sue Blackman – Programme Manager, Your Care Your Way
<b>Date of assessment</b>	10 <sup>th</sup> September 2015

**Equality Impact Assessment**

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

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

1.	<b>Identify the aims of the policy or service and how it is implemented</b>	
	<b>Key questions</b>	<b>Answers / Notes</b>
1.1	<p>Briefly describe purpose of the service/policy including</p> <ul style="list-style-type: none"> <li>● How the service/policy is delivered and by whom</li> <li>● If responsibility for its implementation is shared with other departments or organisations</li> <li>● Intended outcomes</li> </ul>	<p>Community services are those health and care services that are delivered in a person's home or in a nearby local care setting. There are 400 different community health and care services currently operating in Bath and North East Somerset, provided by over 60 different organisations.</p> <p>This review of community services will afford an opportunity for the public, providers and commissioners to consider which services out of the whole range of those available in the community could be described as being 'core' services, i.e. those that we would want everyone to be able to access when they need support.</p> <p>The commissioned service(s) will deliver a sustainable and preventative, planned and urgent health and care system in the local community that has a clear focus on health and care improvement, gives equal priority to mental and physical health and reduces inequalities for children, young people and adults.</p> <p>The overriding objective for services will be to deliver safe and robust community services that are accessible to the local population of Bath and North East Somerset.</p>
1.2	<p>Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> <li>● Is it a new service/policy or review of an existing one?</li> <li>● Is it a national requirement?).</li> <li>● How much room for review is there?</li> </ul>	<p>your care, your way is a bold and ambitious review of community health and care services for children, young people and adults being carried out jointly by Bath &amp; North East Somerset Council and NHS Bath and North East Somerset Clinical Commissioning Group (BaNES CCG).</p> <p>Recent policy changes and guidance – including the NHS 5 Year Forward View, the Better Care Fund and the Care Act 2014 - has given permission to commissioners in both health and social care to explore ways of doing things differently. Both nationally and locally there is renewed interest in finding new ways to genuinely integrate services to deliver better models</p>

		of care and support in the community.
<b>1.3</b>	Do the aims of this policy link to or conflict with any other policies of the CCG or Council?	<p>Community health and care services play a vital role in meeting the statutory responsibilities of the Council and CCG.</p> <p>For the Council, these included those in the Care Act (2014); Mental Capacity Act (2005); Mental Health Act/Deprivation of Liberty Safeguards (2007); Children Acts (1989 and 2004) and SEND (Special Educational Needs and Disabilities) reform. Public Health responsibilities include a duty to promote the health &amp; wellbeing of the inhabitants of its area and to reduce inequalities amongst its population.</p> <p>Your Care, Your Way also supports the delivery of local strategic priorities, including those set out in the Health &amp; Wellbeing Strategy, Better Care Plan, Council vision and priorities, and CCG 5-Year Strategy.</p>

## 2. Consideration of available data, research and information

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

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

	<b>Key questions</b>	<b>Data, research and information that you can refer to</b>
<b>2.1</b>	What is the equalities profile of the team delivering the service/policy?	This is not information we currently request from all services but <b>Commissioners will request a breakdown through the new commission once the service has started and review on an annual basis.</b>
<b>2.2</b>	What equalities training have staff received?	Details on compliance with mandatory training is requested through the organisation not service specific. <b>Commissioners will request a breakdown through the new commission once the service has started and review on an annual basis</b>
<b>2.3</b>	What is the equalities profile of service users?	The service has not yet been commissioned, but the services will be delivered and designed to meet the health and wellbeing needs of all children and adults resident within B&NES.  Key information about the local population is as below:  Census 2011 showed resident population to be 179,900 whilst the registered population is almost 20,000 higher.

- Working age population is approximately 50% of B&NES
- 20% of population is over 65, this proportion is increasing with time.
- Population structure is similar to England but much larger % of 20-24 yr olds.
- The Office of National Statistics (ONS) projects that the population of B&NES will increase to 198,800, by 2026. This increase is expected to be mainly in the older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026.

Gender;

- The gender profile remains largely consistent compared to previous years, with a 49%/51% male/female split.

Age;

- The age profile is also largely consistent with the UK as a whole, except for the 20-24 age range which is higher than average and represents the significant student population in the area.
- The population increase – as above - is expected to be mainly in the older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026

Ethnicity;

- Bath and North East Somerset is less ethnically diverse than the UK as a whole but more so than the South West.
- 88% of residents are likely to define their ethnicity as White British.
- 'White other' (3.66%) is the most significant non-white British ethnicity by volume which is likely to include EU Accession state residents
- followed by "Asian Indian" (1.97%),
- "Other ethnic background" (0.96%) and
- "Black African" (0.9%)
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		<p>Disability</p> <ul style="list-style-type: none"> <li>• Consistent with the regional trend, from 2002-2008, the percentage increase in DLA claimants in Bath and North East Somerset (34%) was considerably higher than the national average (23.4%).</li> <li>• 15.8% of the Bath and North East Somerset population of 183,000 have a long-term illness, health problem or disability which limited their daily activities and the work they did. (2001 Census)</li> <li>• An estimated 7% of population (8603) aged 18-64 has a moderate physical disability and 2% (2507) have a serious physical disability. An approximate increase of 6% in the number of people with physical disabilities is expected by 2030.</li> <li>• Estimates of sensory impairment suggest 12% of the adult population have moderate or severe hearing loss (in line with the South West and England)</li> <li>• Estimates suggest that approximately 2.6% of the adult population have a visual impairment.</li> </ul> <p>Sexual Orientation</p> <ul style="list-style-type: none"> <li>• the maximum estimate of lesbian gay and bisexual people living in Bath and North East Somerset is 6% (ranging from 2% - 6%)</li> </ul>
2.4	<p>What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?</p>	<p>The completeness of equalities data held across all the currently commissioned services varies. <b>The commissioning process is designed to embed the requirement to monitor performance of equalities across all the service contract.</b></p>
2.5	<p>What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<p>The project was launched at Bath Assembly Rooms on 29 January 2015 to an audience of over 200 providers and service users. Since then, a wide ranging programme of engagement work has taken place to understand people's experiences of community services and to collect their ideas for how these services could be improved in the future.</p>

		<p>The CCG and the Council identified a range of stakeholders that could be affected by or have an opinion on the review of community services. This process began by breaking down the local population into specific categories in order to tailor our engagement methods in the most effective way and to ensure that seldom heard groups were not excluded from participating in the review and sharing their valuable experiences.</p> <p>Having identified these key demographic groups we then mapped out the key organisations and professionals that are involved in the provision of community services and could help us reach these groups. We also encouraged stakeholder to contact us to provider any further details of organisations that should be involved in the review.</p> <p>Full details of the stakeholder categories and key organisations are provided in the <a href="#">YCYW Phase One engagement report</a>.</p>
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?	<p>The planned Phase 2 consultation will run from 10<sup>th</sup> September to 30<sup>th</sup> October 2015.</p> <p>A key objective of our communication strategy during this phase is to ensure that all identified stakeholder groups (particularly seldom heard groups) are given the opportunity to contribute to the consultation and their views are fairly and proportionally represented in the final analysis of the data.</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 helps promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups

		<b>Examples of what the service has done to promote equality</b>	<b>Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this</b>
<b>3.1</b>	<b>Gender</b> – identify the impact/potential impact of the policy on women and men.	This service is not yet commissioned and the resulting delivery model will be developed during Phase 3 of this review. Data collated during Phase 2 consultation in relation to Gender will be utilised to inform final service specifications.	A full impact assessment will be completed during Phase 3 of the review.
<b>3.2</b>	<b>Pregnancy and maternity</b>	This service is not yet commissioned and the resulting delivery model will be developed during Phase 3 of this review. Data collated during Phase 2 consultation in relation to pregnancy and maternity will be utilised to inform final service specifications.	A full impact assessment will be completed during Phase 3 of the review.
<b>3.3</b>	<b>Transgender</b> – – identify the impact/potential impact of the policy on transgender people	This service is not yet commissioned and the resulting delivery model will be developed during Phase 3 of this review. Data collated during Phase 2 consultation in relation to transgender people will	A full impact assessment will be completed during Phase 3 of the review.

		be utilised to inform final service specifications.	
<b>3.4</b>	<b>Disability</b> - identify the impact/potential impact of the policy on disabled people (ensure consideration both physical and mental impairments)	This service is not yet commissioned and the resulting delivery model will be developed during Phase 3 of this review. Data collated during Phase 2 consultation in relation to disabled people will be utilised to inform final service specifications.	A full impact assessment will be completed during Phase 3 of the review.
<b>3.5</b>	<b>Age</b> – identify the impact/potential impact of the policy on different age groups	This service is not yet commissioned and the resulting delivery model will be developed during Phase 3 of this review. Data collated during Phase 2 consultation in relation to different age groups will be utilised to inform final service specifications.	A full impact assessment will be completed during Phase 3 of the review.
<b>3.6</b>	<b>Race</b> – identify the impact/potential impact on different black and minority ethnic groups	This service is not yet commissioned and the resulting delivery model will be developed during Phase 3 of this review. Data collated during Phase 2 consultation in relation to different black and minority ethnic groups will be utilised to inform final service specifications.	A full impact assessment will be completed during Phase 3 of the review.
<b>3.6</b>	<b>Sexual orientation</b> - identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people	This service is not yet commissioned and the resulting delivery model will be developed during Phase 3 of this review. Data collated during Phase 2 consultation	A full impact assessment will be completed during Phase 3 of the review.

		in relation to lesbians, gay, bisexual & heterosexual people will be utilised to inform final service specifications.	
<b>3.7</b>	<b>Marriage and civil partnership</b> – does the policy/strategy treat married and civil partnered people equally?	This service is not yet commissioned and the resulting delivery model will be developed during Phase 3 of this review. Data collated during Phase 2 consultation in relation to married and civil partnered people will be utilised to inform final service specifications.	A full impact assessment will be completed during Phase 3 of the review.
<b>3.8</b>	<b>Religion/belief</b> – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	This service is not yet commissioned and the resulting delivery model will be developed during Phase 3 of this review. Data collated during Phase 2 consultation in relation to different religious/faith groups will be utilised to inform final service specifications.	A full impact assessment will be completed during Phase 3 of the review.
<b>3.9</b>	<b>Socio-economically disadvantaged</b> – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances	This service is not yet commissioned and the resulting delivery model will be developed during Phase 3 of this review. Data collated during Phase 2 consultation in relation to socio-economically disadvantage people will be utilised to inform final service specifications.	A full impact assessment will be completed during Phase 3 of the review.
<b>3.10</b>	<b>Rural communities</b> – identify the impact / potential impact on people living in rural communities	This service is not yet commissioned and the resulting delivery model will be developed	A full impact assessment will be completed during Phase 3 of the review.

		during Phase 3 of this review. Data collated during Phase 2 consultation in relation to people living in rural communities will be utilised to inform final service specifications.	
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**Sign off and publishing**

**Signed off by:** Jane Shayler, Director, Adult Care and Health Commissioning

**Date:** 10<sup>th</sup> September 2015