Bath & North East Somerset Council

Improving People's Lives

Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
Title of service or policy	B&NES Dementia Strategy- DRAFT
Name of directorate and service	Adult Social Care- Strategic Commissioning Hub
Name and role of officers completing the EqIA	Ellie Weyman, Commissioning Manager, Age Well
Date of assessment	Started 25/9/25

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**
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	A Dementia Strategy is being developed in Bath and North East Somerset (B&NES) to improve outcomes for people living with dementia, their families, and carers. The development will be led by a multi-agency steering group and will be co-produced with people with lived experience and carers and informed through open engagement and consultation with health, social care, community and voluntary organisations and members of the community. The strategy will set out a shared vision, priorities, and actions for the next five years (2026–2031). Intended outcomes: • Improved quality of life and wellbeing for people with dementia and carers. • Increased awareness and earlier diagnosis. • More integrated, person-centred support and care. • Reduced inequalities and improved access to services. • A dementia-friendly B&NES where everyone can live, age, and die well.
1.2 Provide brief details of the scope of the policy or service being reviewed, for example:	This will be a new strategy. It is not a national requirement, but several other local authorities have dementia strategies in place. The rationale for its development is:

- Is it a new service/policy or review of an existing one? - Is it a national requirement?). - How much room for review is there?	- **Improves Quality of Care and Access to Information:** Provides a framework for high-quality, consistent, person-centred care, with a clearly articulated pathway and relevant information and advice for professionals as well as individuals and their families and carers. - **Ensures Coordination:** Brings together health, social care, and voluntary sectors for integrated support and collaborative opportunities. - **Addresses Health Inequalities:** Identifies and reduces disparities in access, treatment, and outcomes. - **Focuses on Prevention:** Addresses modifiable risk factors (e.g., high blood pressure, inactivity, poor diet). - **Fosters Dementia-Inclusive Communities:** Enables participation and quality of life for people with dementia. - **Guides Service Development:** Supports commissioners and providers in planning and monitoring services. - **Supports Carers:** Outlines commitments to support, information, and guidance for unpaid carers.
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	The Dementia Strategy for B&NES will be informed by national frameworks, such as the NHS Dementia Well pathway and the Alzheimer's Society recommendations for dementia strategies, and will align with other Council and B&NES, Swindon and Wiltshire Integrated Care Board (BSW ICB) strategies, including: - B&NES Joint Health and Wellbeing Strategy - B&NES Carers Strategy - BSW Mental Health Strategy - BSW Dementia Delivery Plan - B&NES Digital Strategy (in development) - B&NES Frailty Strategy (in development)

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 of our diverse community?	B&NES Equality, Diversity and Inclusion training
2.2 What is the equality profile of service users?	The strategy is for everyone living with dementia in B&NES 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 strategy: • In 2030, it is projected there will be 3,670 older people (65+) with dementia in B&NES, an increase of 36% since 2019, made up of 1,358 Males (37%) and 2,312 Females (63%) • In 2021, there were an estimated 2,715 people aged 65 and over in B&NES with dementia (diagnosed and undiagnosed). The estimated dementia diagnosis rate (65+) for B&NES was 58.6%. Thus, there is an estimated gap of 1,124 over 65s who may benefit from access to support for dementia. This diagnosis rate is significantly below the 66.7% target set by the NHS. • There is up to 4 time greater prevalence of dementia in Black and South Asian ethnic groups. • The prevalence of dementia is 4 times greater among people with a learning disability. Dementia is much more common in people with Down syndrome, and onset often begins earlier. • Early onset dementia is defined as symptoms of dementia diagnosed under the age of 65, presenting different issues for the person affected, their carer and their family. Prevalence of early onset dementia, as with late onset dementia, increases exponentially with age, roughly doubling every 5 years. • In 2030, it is projected there will be 28 Males aged 30-64 in B&NES with Early Onset Dementia and 20 Females. These numbers are similar to the estimated numbers in 2020. The Alzheimer's Society predict an expected seven-fold increase by 2060 of people with Dementia from ethnic minority groups compared to just over a two-fold increase in the

	numbers of people with dementia across the whole UK population in the same time period. Across BSW the rate per 100,000 of dementia diagnosed in the White population is three times greater than any other Ethnic group. 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.
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?	N/A
2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	The steering group for the development of the strategy includes membership from: B&NES Adult Social Care commissioning, Public Health, ICB, Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), Community Mental Health Teams, Care Home provider, Home Care provider, ReMind, Forget Me Not, Peggy Dodd Centre, Carers Centre and a carer with lived experience. This represents a good cross-section of stakeholders. The steering group will be consulted on the production of the EQIA. In addition the following engagement is planned to develop the strategy: - Workshops have already taken place with Ageing Well Network organisations - Focus groups with people with lived experience and their carers (individuals who would like to participate are being identified through the B&NES Older People's Voice network and ReMind Lived Experience Panel.)
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?	There will be a 6 week consultation once the strategy is in draft form- to go to workforce, service users, members of the community - Options will be given to people about how they can engage with the consultation (eg online, face to face, over the telephone, through a support worker) - We will engage providers of services in supporting individuals to access the consultation - We will use existing groups (e.g. village agents, Bath Ethnic Minority Senior Citizens Association (BEMSCA), Older People's Voice, Twerton and Whiteway Community Network) to maximise reach to different groups

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 Strategy development will do to address inequality**	**Examples of actual or potential negative or adverse impact**
3.1 Issues relating to all groups and protected characteristics	The plan for development of the strategy includes co-production with individuals with lived experience and carers. We are aiming to ensure that as part of the process, we are speaking to and engaging as many people as possible, from a variety of backgrounds and groups. This includes offering different ways in which individuals can contribute, to aim to make engagement as accessible as possible.	

3.2 Sex – identify the impact/potential impact of the policy on women and men.	Ensure engagement with both men and women with lived experience during the strategy development. A person-centred approach to both engagement with strategy development and dementia support would take into consideration the individual's needs and perspective.	Women are more likely to develop dementia because they live longer, they are also more likely to be carers although the proportion of carers who are men increases with age.
3.3 Pregnancy and maternity	Ensure Strategy addresses any issues around pregnancy and maternity raised by people with dementia, 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 Strategy addresses any issues around gender reassignment raised by people with dementia, or their carers	People with dementia and carers who are trans may face particular challenges in caring and meeting the needs of loved ones. Consideration needs to be given if they are in receipt of domiciliary or residential care. Services and support should be sensitive to trans people, both the person with dementia and their carer.
3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)	Ensure engagement with disabled people during the strategy development. Consider the unique challenges experienced by people with learning disabilities who receive an early onset dementia diagnosis.	Dementia is one of the major causes of disability amongst older people. Also a large proportion of people with dementia have other long term conditions. Sensory needs are also linked with dementia. There is a 1 in 3 chance that a person with Down Syndrome in their 50s will have dementia.
3.6 Age – identify the impact/potential impact of the policy on different age groups	Ensure engagement with older people, carers and people with dementia during the strategy development, through a variety of engagement methods,	Age is strongly associated with dementia. The number of people with dementia is expected to nearly double in the next twenty years. People under 65 have

	including the Older People's Voice Forum. The strategy will ensure engagement methods are accessible to all, including those who may be digitally excluded, by offering a range of options such as face-to-face, telephone, and paper-based engagement. We will value and actively seek the voices of both people with dementia and their carers, recognising the importance of both verbal and non-verbal communication. Safeguarding risks will be identified and responded to promptly, with clear pathways for escalation. Carers will be routinely signposted to support services, such as the Carers Centre, to ensure they are aware of and can access available resources. 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.	reported difficulties getting a diagnosis, and have different needs
3.7 Race – identify the impact/potential impact on across different ethnic groups	Ensure engagement with BEMSCA during the strategy development so that unique health needs for ethnic minority groups can be considered and met within the strategy.	Evidence is currently limited but people from all ethnic groups are affected by dementia. The number of people from minorities with dementia, and their proportion of the population as a whole, is set to rise sharply with the ageing of ethnic minority population (Dept Health). Expected increase in dementia in ethnic minority groups, but currently higher rates of diagnosis in white groups.

3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people	Ensure Strategy addresses any issues around sexual orientation raised by people with dementia, or their carers. The strategy will promote a proactive, person-centred approach, ensuring that professionals initiate conversations about needs, preferences, and support options, rather than placing the onus solely on the person with dementia or their carer.	People with dementia and carers who are lesbian, gay and bisexual may face particular challenges in caring and meeting the needs of loved ones and if they are in receipt of domiciliary or residential care.
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	Ensure Strategy addresses any issues around marriage and civil partnership raised by people with dementia, or their carers.	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.	Ensure Strategy addresses any issues around religion raised by people with dementia, or their carers. Person-centred conversations will take into account and support individuals' faith and spiritual needs.	No negative or differential impact currently identified.
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).**	Ensure engagement with individuals with lived experience who are living in deprived areas, as part of the strategy development	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.
3.12 Rural communities* identify the impact / potential impact on people living in rural communities	Ensure engagement with village agents to reach individuals living in rural areas as part of the development of the strategy	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. People who are lonely or isolated are more likely to be admitted to residential or nursing care. The social determinant of loneliness may affect the timely diagnosis of dementia and therefore the access to support. 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.
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,	Ensure Strategy addresses any issues around armed forces communities raised by people with dementia, or their carers.	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

particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).		link between PTSD and dementia. They found that people with PTSD have up to twice the risk of developing dementia.
3.14 Care Experienced *** This working definition is currently under review and therefore subject to change: 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.	Ensure Strategy addresses any issues around being care experienced raised by people with dementia, or their carers.	No negative or differential impact currently identified.

*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 under representation if engagement is not broad.	Co-produce the strategy with individuals with lived experience and carers from diverse backgrounds. Offer multiple, accessible ways for people to contribute.	Distribution of survey via services working with people with dementia and carers. Invitation to focus groups to co-produce strategy	Ellie Weyman and Melissa Hillier	March 2026
People with learning disabilities are more likely to experience early onset dementia. Young onset dementia brings unique challenges which need to be understood	Engage people with learning disabilities and young onset dementia in strategy development. Consider unique challenges for people with learning disabilities and young onset dementia.	Distribution of survey via services working with people with dementia and carers. Invitation to focus groups to co-produce strategy	Ellie Weyman and Melissa Hillier	March 2026
Number of people with dementia in ethnic minority groups are expected to rise	Engage with BEMSCA and other relevant groups to consider and meet unique health needs of ethnic minorities within the strategy.	Distribution of survey via services working with people with dementia and carers. Invitation to focus groups to co-produce strategy	Ellie Weyman and Melissa Hillier	March 2026
Consider the unique needs of people living in areas of deprivation and rural communities in B&NES.	Engage with village agents to reach rural residents. Address transport and isolation issues. Engage individuals with lived experience from deprived areas, via Ageing Well Network. Address intersectionality and barriers to accessing services.	Distribution of survey via services working with people with dementia and carers and via the Ageing Well Network. Invitation to focus groups to co-produce strategy	Ellie Weyman and Melissa Hillier	March 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
Date: 5th January 2026