


Cabinet	
Wednesday 14 October 2020 10.00 am	
Virtual meeting – Webex meeting	
DUE REGARD STATEMENT PACK	

Item	Item	Portfolio
5	<p>Traffic enforcement camera contract (Pages 1 - 10)</p> <p>To seek Cabinet’s approval for the procurement of two contracts in relation to traffic enforcement cameras and maintenance that are used for enforcing bus lanes, cycle lanes and moving traffic contraventions.</p>	Cabinet Member - Public Protection, Parking and Libraries
8	<p>Real Time Passenger Information System (Pages 11 - 22)</p> <p>To seek the authority from Cabinet to procure and award a Real Time Passenger Information (RTPI) contract, through standard procurement methods (an OJEU compliant competitive procedure), to allow provision of a full RTPI service.</p>	Cabinet Member - Environment and Planning
9	<p>Adoption and implementation of a countywide Housing with Care Strategy (Pages 23 - 48)</p> <p>To seek approval to adopt and implement a county wide Housing with Care Strategy for Gloucestershire.</p>	Cabinet Member - Adult Social Care Commissioning
10	<p>Extension of the adult drug and alcohol treatment service contract (Pages 49 - 74)</p> <p>To seek Cabinet approval to extend the contract for adult drug and alcohol treatment services for a further two years, as permitted in the contract.</p>	Cabinet Member - Public Health and Communities

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Due Regard Statement

Name of the 'policy':	Traffic Management Camera Contract
Person(s) responsible for completing this statement	<p>Alexis Newport – Parking Manager and</p> <p>Andy Burford – Parking Procurement and Contract Manager</p>
Briefly describe the activity being considered including aims and expected outcomes	<p>To promote environmentally sustainable travel the County Council has an obligation to provide and enforce bus lanes. Bus lanes reduce journey times for bus services, promoting public transport, reducing congestion and delivering environmental benefits such as carbon dioxide and nitrous oxide reductions as well as creating a better environment for our villages, towns and cities.</p> <p>Where enforceable restrictions exist local authorities have a statutory obligation to manage and enforce them. For any restrictions to be enforceable a Traffic Regulation Order (TRO) must be in place and/or the infrastructure must be compliant with the regulations.</p> <p>The TRO process is a formal legal process that requires full public consultation and legal drafting and sealing of the order. Appropriate signage and road markings must be installed to ensure that motorists are aware of the restriction.</p> <p>The council currently owns 14 fixed ANPR cameras that are used for enforcing bus lanes, although two are currently not being used pending relocation.</p> <p>This policy relates to the contracting arrangements in relation to traffic management</p>

	equipment, including maintenance, cloud storage, software and hardware provision.
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Service information

Who is responsible for delivering the service?	The GCC Parking Team, managed by Alexis Newport, currently manages parking services and will continue to do so, in line with relevant statutory legislation and guidance.
Service user data/Needs analysis information	
Age	The systems used do not hold equality data and so it is not possible to run any analysis reports to see contraventions where the recipient/registered keeper of a PCN has a protected characteristic.
Disability	The systems used do not hold equality data and so it is not possible to run any analysis reports to see contraventions where the recipient/registered keeper of a PCN has a protected characteristic. . .
Sex	The systems used do not hold equality data and so it is not possible to run any analysis reports to see contraventions where the recipient/registered keeper of a PCN has a protected characteristic.

Race (including Gypsy & Traveller)	The systems used do not hold equality data and so it is not possible to run any analysis reports to see contraventions where the recipient/registered keeper of a PCN has a protected characteristic.
Gender reassignment	The systems used do not hold equality data and so it is not possible to run any analysis reports to see contraventions where the recipient/registered keeper of a PCN has a protected characteristic.
Marriage & civil partnership	The systems used do not hold equality data and so it is not possible to run any analysis reports to see contraventions where the recipient/registered keeper of a PCN has a protected characteristic.
Pregnancy & maternity	The systems used do not hold equality data and so it is not possible to run any analysis reports to see contraventions where the recipient/registered keeper of a PCN has a protected characteristic.
Religion or Belief	The systems used do not hold equality data and so it is not possible to run any analysis reports to see contraventions where the recipient/registered keeper of a PCN has a protected characteristic.
Sexual Orientation	The systems used do not hold equality data and so it is not possible to run any analysis reports to see contraventions where the recipient/registered keeper of a PCN has a protected characteristic.

Other information

Workforce data

Total number of GCC staff affected	Not affected
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Consultation and engagement

Service users	<p>Ongoing review of complaints from the enforcement process is undertaken and all feedback is reviewed and changes made to process and policies, if required.</p> <p>Any new restriction introduced will invoke the Traffic Regulation Order (TRO) process that includes public consultation. Enforcement at a new location will have a clear communications strategy in place prior to going live with enforcement. There is likely to be a warning notice process prior to enforcement taking place at any new site.</p>
Workforce	<p>The parking team are responsible for overseeing traffic management enforcement activity and have been involved in developing the procurement strategy.</p>
Partners	<p>Discussions have take place with a number of other local authorities; however, no partnership opportunities were identified.</p> <p>The councils parking enforcement contract, currently NSL, are commissioned to undertaken the reviewing and issuing of PCNs if any contraventions are identified.</p>

	Extensive internal consultation has been completed with internal stakeholders such as Strategic Procurement, Strategic Finance and Legal Services.
External providers of services	Consultation has taken place with a number of providers, including soft market testing. This work has helped develop the procurement strategy and specification moving forward.

Equality analysis: Summary of what the evidence shows and how has it been used

Protected group	Challenge or opportunity considered and what we did
Age(A)	<p>The tender for purchasing and maintaining traffic management systems makes no reference to this protected characteristic.</p> <p>The council has PCN discretionary cancellation policy where officers can take into account mitigating circumstances on a case by case basis.</p>
Disability (D)	<p>The tender for purchasing and maintaining traffic management systems makes no reference to this protected characteristic.</p> <p>The council has PCN discretionary cancellation policy where officers can take into account mitigating circumstances on a case by case basis.</p>
Sex (S)	<p>The tender for purchasing and maintaining traffic management systems makes no reference to this protected characteristic.</p> <p>The council has PCN discretionary cancellation policy where officers can take into account mitigating circumstances on a case by case basis.</p>
Race (including Gypsy &	The tender for purchasing and maintaining traffic management systems makes no reference to this protected characteristic.

Traveller)(R)	<p>The council has PCN discretionary cancellation policy where officers can take into account mitigating circumstances on a case by case basis.</p>
Gender reassignment(GR)	<p>The tender for purchasing and maintaining traffic management systems makes no reference to this protected characteristic.</p> <p>The council has PCN discretionary cancellation policy where officers can take into account mitigating circumstances on a case by case basis.</p>
Marriage & civil partnership (MCP)	<p>The tender for purchasing and maintaining traffic management systems makes no reference to this protected characteristic.</p> <p>The council has PCN discretionary cancellation policy where officers can take into account mitigating circumstances on a case by case basis.</p>
Pregnancy & maternity (PM)	<p>The tender for purchasing and maintaining traffic management systems makes no reference to this protected characteristic.</p> <p>The council has PCN discretionary cancellation policy where officers can take into account mitigating circumstances on a case by case basis.</p>
Religion and/or Belief (RAOB)	<p>The tender for purchasing and maintaining traffic management systems makes no reference to this protected characteristic.</p> <p>The council has PCN discretionary cancellation policy where officers can take into account mitigating circumstances on a case by case basis.</p>
Sexual Orientation(SO)	<p>The tender for purchasing and maintaining traffic management systems makes no reference to this protected characteristic.</p> <p>The council has PCN discretionary cancellation policy where officers can take into account mitigating</p>

circumstances on a case by case basis.

Strengthening actions: Planning for further improvements

Action Plan

Action	Who is accountable	Time frame
Ongoing review of complaints arising as a result of using ANPR to enforce bus lanes	Parking Manager	Monthly team meetings
Pro active management of ANPR contracts	Parking Manager	On going
Review and implement any new best practice, legislation or government guidance in relation to ANPR enforcement	Parking Manager	On going
Review Due Regard Statement	Parking Manager	Annual Review – next review October 2021

Monitoring and Review

Please indicate what processes/actions will be put in place to keep this 'activity' under review. For example will progress be monitored/ reported to a board, scrutiny committee, project board etc

This due regard statement will be reviewed on a regular basis by the Parking Manager. Amendments will be made to this Due Regard statement and a new version produced should any material changes as a result of the ongoing review be identified.

Sign off and Scrutiny

By signing this statement off as complete you are confirming that 'you' have examined sufficient information across all the protected groups and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Name of relevant Director: Colin Chick:

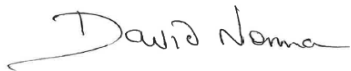
Signed by Director:



Date:

02.10.2020

I am in agreement that sufficient information and analysis has been used to inform the development of this 'activity' and that any proposed improvement actions are appropriate and I confirm that I as the decision maker have been able to show due regard to the needs set out in section 149 of the Equality Act 2010.

Name of relevant Portfolio Holder/Cabinet Member: Cllr Dave Norman/Cllr Nigel Moor	
Signed by Portfolio Holder/Cabinet Member: 	Date: 02.10.2020

Publication

If this statement accompanies cabinet paper it will be published as part of the cabinet report publication process. Statements accompanying cabinet reports are also published on our website. If this statement is not to be submitted with a cabinet paper please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.

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Due Regard Statement

Please use this statement to evidence how 'due regard to' the three aims of the public sector equality duty has been made (section 149 of the Equality Act 2010) during the development of the 'policy'.¹

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by the ACT;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic

Name of the 'policy':	Real Time Information System
Person(s) responsible for completing this statement	Tom Main – Transport Operations Manager and Philip Williams – Lead Commissioner, Economy, Environment and Infrastructure
Briefly describe the activity being considered including aims and expected outcomes	<p><u>Description of the RTPI system</u> System includes;</p> <ul style="list-style-type: none"> • Displays at bus stops/shelters around the county at certain locations to provide real time bus arrival information (hardware and software to be available), and associated in-office tasks/processes. • Continuation of the Traffic Light Priority System (already installed). • Options for a public webpage (URL) and/or app to assist in the communication of bus information across the county. <p><u>Activities to be considered</u></p> <ul style="list-style-type: none"> • A review of the current Real Time Passenger Information (RTPI) system. • Market research : other local authorities management of RTPI and research into current RTPI hardware and RTPI software suppliers. • Consider the possible impacts of a new RTPI contract, extending the period of RTPI use for up to 7 years. • Procuring new contract(s) for RTPI hardware and software supply for the county.

¹ For 'policy': any new and existing policy, strategy, services, functions, work programme, project, practice and activity. This includes decisions about budgets, procurement, commissioning or de-commissioning services, service design and implementation.

Documenting use of sufficient information

Please document below the data and information sources that you have used to understand the needs, participation and experiences of each protected group. Evidence must be gathered as the policy is developed and used to inform decisions.

Service user data

Service user data is an important source of evidence and should be collated as part of routine monitoring of in- house or external services. If service user data is not available record 'not known' and use the action plan to identify what improvement actions will be used to gather data going forward.

Service user diversity reports are available on our website and give an indication of service user participation across commissioning areas, for example adult residential services and youth services. It does not include participation data at individual service level.

Needs analysis

Gloucestershire population demographics data is available to understand the representation of different protected groups across the county and help with needs analysis. Data like this may also be also useful for benchmarking to identify under or over representation of a service by any of the protected groups. For example, a service is open to all residents and from monitoring you know that 2% of service users are disabled: However, demographic data indicate that 16.7% of Gloucestershire residents report having a disability or long term limiting illness. This finding can be used to explore if there are barriers to participation by residents with disabilities and how this can be addressed as part of the development of your 'policy'.

Data gaps

You may find that you have more information about some of the protected groups for example, gender, age, disability and less about others, for example, sexual orientation and religion and/or belief. If data is not available and you intend to start collating data about a protected characteristic please use the action plan to outline how this data will be collated. You can find equality monitoring guidance on our website including an equality monitoring template.

If you have no plans to start collating data about a protected characteristic please state the rational why.

Service information (if applicable) or Needs analysis (if applicable)

<p>Who is responsible for delivering the service?</p>	<p>The county council Integrated Transport Unit manages and funds a contract to facilitate the existence and maintenance of a RTPI system in the county. The current contract is with RTPI company Trapeze. A new contract may be procured to become active in early July 2021.</p>
<p>Service user data/Needs analysis information</p>	
<p>Age</p>	<p>In 2018 the resident population of Gloucestershire was estimated to be 633,558 people, of this: • 22.5% are aged 0-19 • 56.2% are aged 20-64 • 21.3% are aged 65 and over Gloucestershire has a lower proportion of 0-19 year olds and 20-64 year olds when compared to the national average (England). In contrast the proportion of people aged 65+ exceeds the national average. All districts except Gloucester have a higher proportion of people aged 65+ when compared to the national figures. Cheltenham has a higher proportion of people aged 65+ than the county figure. At 25.6% the Cotswold has the largest proportion of people aged 65 and over.</p> <p>The ITU 2015 consultation summary shows that of the 2712 that responded to the question about their age, 52.31% said they were aged over 65. Fewer in proportion belonged to other age groups. While this is a higher proportion than our Transport Focus Age Benchmark suggested would respond (30%) it reflects the fact we were consulting only about subsidised services which target smaller communities to combat rural isolation, since they carry fewer people to work and school than the commercial network.</p>
<p>Disability</p>	<p>Due regard should be given to those individuals with disabilities and the impact the review will have on them.</p> <p>According to the 2011 Census 16.7% of Gloucestershire residents reported having a long term limiting health problem, this was below the national average. Forest of Dean had the highest proportion of residents reporting a long term limiting health problem at 19.6% of the total population, and was the only district that exceeded the national average. Cheltenham had the lowest proportion of residents reporting a long term limiting health problem.</p> <p>0-15 Year Olds With a long term limiting health problem – 3.1% No long term limiting health problem – 96.9%</p> <p>16-19 Year Olds With a long term limiting health problem – 7.8% No long term limiting health problem – 92.2%</p> <p>50-64 Year Olds With a long term limiting health problem – 18.3% No long term limiting health problem – 81.7%</p> <p>65+ Year Olds With a long term limiting health problem – 49.0% No long term limiting health problem – 51.0%</p>

Sex	<p>Due regard should be given to the impact according to their sex.</p> <p>As age increases gender differences become more noticeable, with females outnumbering males by an increasing margin. 49.1% male and 50.9 female. There is potential that females may be more prone to the impact due to more females at during the day and are more likely to use transport networks.</p> <p>Of those who responded to the 2015 ITU consultation 52% were female and 48% male, which was close to population data, and a representative sample.</p>
Race (including Gypsy & Traveller)	<p>Due regard should be given to the impact according to the race of individuals and the impact that RTPI will have on them.</p> <p>With regards to ethnic origin, the 2011 Census found that 91.6% of Gloucestershire residents were White British, 2.1% were Asian/Asian British, 1.5% were from a Mixed/Multiple Ethnic group, 0.9% were Black/Black British, 0.6% were White Irish, 0.1% were of Gypsy or Irish Traveller origin, 3.1% were in an 'other White' category and 0.2% were in another ethnic group. Some 36% of the people who were not White British were born in the UK.</p> <p>The 2011 Census found that overall, 4.6% of the population in Gloucestershire was from Black and Minority Ethnic (BME) backgrounds; this figure increased to 8.4% when the Irish, Gypsy or Irish Traveller and 'other White' categories were included. The proportion of people from Black and Minority Ethnic backgrounds was considerably lower than the national figure of 14.6%.</p> <p>5.63% of those respondents to the 2015 ITU consultation who gave an answer were from non white-British backgrounds. This is slightly higher than expected. However it is unlikely that race is a significant factor in the provision or otherwise of passenger transport services, and this figure is sufficiently close to population figures to not give cause for concern.</p>
Gender reassignment	<p>In a study funded by the Home Office, the Gender Identity Research and Education Society estimate that between 300,000 and 500,000 adults in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population. By applying the same proportions to Gloucestershire's adult population, we can estimate that there may be somewhere between 3,100 and 5,200 adults in the county that are experiencing some degree of gender variance.</p> <p>No data on gender reassignment was collected as part of the 2015 ITU consultation as this is unlikely to be an issue affecting transport provision.</p>
Marriage & civil partnership	<p>The Marriage and Civil partnership group has not been considered for this due regard statement as there is unlikely to be any significant impacts on this group relative to the population as a whole.</p> <p>According to the 2012 population Monitor - Marital and civil partnership status.</p> <ul style="list-style-type: none"> 30.5% are single and have never married or registered a same-sex civil partnership 50.2% are married 0.3% are in a registered same-sex civil partnership 2.3% are separated but still legally married or still legally in a same sex civil partnership 9.5% are divorced or formerly in a same sex civil partnership which is now legal dissolved 7.2% are widowed or a surviving partner from a same sex civil partnership.

	No data on marriage and civil partnership was collected as part of the 2015 ITU consultation as this is unlikely to be an issue affecting transport provision.
Pregnancy & maternity	There were 6,449 live births in Gloucestershire in 2018. No data on pregnancy and maternity was collected as part of the 2015 ITU consultation as this is unlikely to be an issue affecting transport provision.
Religion or Belief	Gloucestershire 2012 Population Monitor reports that 63.5% of Gloucestershire residents are Christian This is followed by no religion which accounts for 26.7% of the total population No data on religion or belief was collected as part of the 2015 ITU consultation as this is unlikely to be an issue affecting transport provision.
Sexual Orientation	Estimates used by the Department of Trade and Industry in 2003, and quoted by Stonewall, suggest around 5-7% of the population aged 16+ lesbian, gay or bisexual. This would mean somewhere between 26,000 and 36,400 people in Gloucestershire are LGB. However, a more recent estimate from the ONS Annual Population Survey suggests that 2.3% of the population aged 16+ is LGB. If this figure is applied to Gloucestershire it would mean there were around 11,900 people who are LGB in the county. Results from the Annual Population Survey can also be broken down by age. There are some noticeable differences, with 4.4% of those aged 16-24 identifying themselves as LGB compared with only 0.7% of those aged 65 and over. No data on sexual orientation was collected as part of the 2015 ITU consultation as this is unlikely to be an issue affecting transport provision.

Other information

Workforce data

Please document details of GCC staff only if they will be affected by the proposed activity. This could include GCC staff transferring under TUPE to a new service provider, relocating, employment at risk. **GCC Workforce diversity reports** are available on our website.

If the proposed activity does not affect GCC staff, please state 'Not affected below'.

Total number of GCC staff affected	No direct affect anticipated on staff.
Age , Disability , Sex, Race (including Gypsy & Traveller), Gender reassignment, Marriage & civil partnership, Pregnancy & maternity, Religion or Belief, Sexual Orientation	No direct affect anticipated on staff.

Consultation and engagement

List all types of consultation that has taken place during the development of this activity. Include on-line consultations, events, meetings with stakeholders, community events, employee consultation exercises etc

Service users	An internal paper exercise and soft market engagement will ensure we have considered the service users and any potential discrimination.
Workforce	Not applicable –except in the sense that some workers are part of the wider bus-using population.
Partners	We work very closely with all bus operators to make sure support of the bus network. We work with bus operators and Traveline to ensure that information on services is available and is accurate. We actively manage all contracts with operators, suppliers, consultants, transport groups and charities to support transport across the county.
External providers of services	The market research for the tender will be thorough, learning current suppliers in the sector. This will allow an overview of active contracts, which we can compare to our future aims.

Equality analysis: Summary of what the evidence shows and how has it been used

This section will allow you to outline how the evidence has been used to show ‘due regard’ to the three aims of the general equality duty. It is important that this consideration is thorough and based on sufficient information. Consideration should be relevant and proportionate.

- Eliminate discrimination
- Advance equality of opportunity
- Promote good relations.

Protected group	Challenge or opportunity considered and what we did
Age(A)	<p>Delays/changes in bus services can disproportionately impact on older people who need clear, up to date information to allow them to access services as easily as possible, particularly those denied the right to drive. This may especially be the case in locations where there are less frequent services, i.e. in more rural locations. These may also include individuals who find accessing/using the internet more complex and who access the internet less regularly. This also may include individuals who do not use smart phones.</p> <p>Clearly the existence of an RTPI system provides some advantage (compared to that system not existing) when regarding this protected group. Access to RTPI screens, and if not installed in certain locations, access to up to date timetables and delays must be considered. In the future there may be a centralised DRT booking phone number which can direct people to commercial services when appropriate.</p> <p>Access to RTPI is defined by display locations, which are being rolled out as per the RTPI project. The project confirms locations and/or bus routes to have displays installed via determining where the RTPI will have the biggest beneficial impacts.</p> <p>Any failure by GCC and by the supplier to not yet have identified any areas to address in relation to this protected characteristic can be rectified by GCC working with supplier on any development as needed for the duration of the contract.</p>
Disability (D)	<p>Specifically, sub categories of this group that are considered are those with poor eyesight and wheelchair users.</p> <p>Disabled users need access local services, and RTPI can improve the journey and can decrease stress levels by</p>

	<p>providing correct information. RTPI screens are installed at bus shelters, where the shelter infrastructure allows safe and comfortable use by anyone disabled. Disabled persons may choose to use a DRT company/charity to book a journey, in which case RTPI is not applicable. Clearly the existence of an RTPI system provides some advantage (compared to that system not existing) when regarding this protected group.</p> <p>It is not expected that any RTPI instructions/guide on how to read the displays will be published, however if such a document is published/printed, it should consist of diagram-based instructions, not text. This is to accommodate all levels of literacy.</p> <p>Access to RTPI is defined by display locations, which are being rolled out as per the RTPI project. The project confirms locations and/or bus routes to have displays installed via determining where the RTPI will have the biggest impact.</p> <p>Any failure by GCC and by the supplier to not yet have identified any areas to address in relation to this protected characteristic can be rectified by GCC working with supplier on any development as needed for the duration off the contract.</p>
<p>Please note, for two protected groups above</p>	<p>All buses used by all operators are wheelchair accessible.</p> <p>The “GlosTalk” app is part of the current contract/RTPI provision from GCC’s current supplier (Trapeze) and when this contract ends, the app will no longer function. This app currently functions and has an audible option. Overall it is likely that GCC will not replicate GlosTalk as it would need to be developed from scratch by the new supplier (repeating the exact spend already invested to create it in the first place) as part of the new contract. It is also up for consideration whether the development of any GCC owned bus transport app is good value for money or not, considering the following;</p> <ul style="list-style-type: none">• GlosTalk has had a low number of users for some time and is not popular, nor has seen in any growth in numbers since changes of services, new city developments, etc.• Soft market engagement has shown suppliers are now being asked by clients (other local authorities) to produce URLs that provide RTPI information, and not develop apps. URLs tend to load quicker, tend to function quicker and do not require downloading onto devices.• GlosTalk, developed once and not updated since, does not function as well as other third party apps available free of charge (for both iOS and android systems). GlosTalk is seen as ‘tired’, is slow, and has received public comment that it is no longer fit for purpose.• Third party apps are continuously invested in, improved and made user friendly. It is not best practice for any council to ‘reinvent the wheel’ unless deemed good value for money for some reason(s).• App development and up-keep does require significant funding, that might be better used invested into the RTPI system it’s self.

Sex (S)	No special impact / not applicable No identified significant impact
Race (including Gypsy & Traveller)(R)	It is not expected that any RTPI instructions/guide on how to read the displays will be published, however if such a document is published/printed, it should consist of diagram-based instructions, not text. This is to accommodate all levels of literacy.
Gender reassignment(GR)	No identified significant impact
Marriage & civil partnership (MCP)	No identified significant impact
Pregnancy & maternity (PM)	No identified significant impact
Religion and/or Belief (RAOB)	No identified significant impact
Sexual Orientation(SO)	No identified significant impact

Point 2

Strengthening actions: Planning for further improvements

Please outline here what actions are required for further improvements to address challenges or opportunities, for example:

- Arrangements for continued/new engagement with stakeholders, staff, service users
- Plans to close data gaps across any of the protected characteristics through reviewed contract management arrangements
- Identify other plans already underway to address the challenges or opportunities identified in this statement
- Share findings with partner organisations.

If none, state 'none' below.

Action Plan

Action	Who is accountable	Time frame
Gloucestershire is a large rural county with a wide geographical range of bus services. RTPI screens have been installed since 2004 to cover	Thea Powell/Nick Bauer/Tom Main	August to October 2020

<p>12 bus routes. Since then, the pressure on placing RTPI screens where they are most needed has increased. Requirements for a screen have been influenced differently due to how people use technology now in 2020. Technology and digital use has changed a lot for the bus industry over 16 years.</p> <p>The first step is for the ITU to review the current RTPI situation, what hardware is installed, and what the hardware and software does/doesn't facilitate in terms of all possible RTPI technologies.</p>		
<p>Sub action : Review of current RTPI offer includes the GlosTalk app. Therefore review will include quantifying the use of the app and what other apps are already available to ensure app development associated with RTPI is relevant and sustainable.</p>	Thea Powell	July – September 2020
<p>To conduct market research: a list of questions will be discussed with other local authorities. A similar, though tailored, list of questions will be discussed with suppliers.</p> <p>Answers to market research will be compiled into an excel database to ensure ease of reference and ease of analysis of any trends. Quantitative answers can be analysed, and qualitative answers should be scored/categorised to be able to be analysed</p>	Thea Powell/Nick Bauer	August/September 2020
<p>To keep a “watching brief” on the market for the availability and appropriateness of potential audible options. When a possible option presents itself, ITU will review this.</p>	Thea Powell / Nick Bauer / Tom Main	Beginning July 2021, over lifetime of contract

Monitoring and Review

Please indicate what processes/actions will be put in place to keep this ‘activity’ under review. For example will progress be monitored/ reported to a board, scrutiny committee, project board etc

- Regular operational meetings, referring to key performance indicators and checking public comments for any relevant item considering protected characteristics.
- Contract will be actively managed via an assigned member of staff. Quality management of documentation and version control will ensure that expert knowledge is not reliant on one individual.
- Client management and customer support system will be of key importance to the successful bidder.

Sign off and Scrutiny

By signing this statement off as complete you are confirming that 'you' have examined sufficient information across all the protected groups and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Senior level sign off:



Date:

02.10.2020

I am in agreement that sufficient information and analysis has been used to inform the development of this 'activity' and that any proposed improvement actions are appropriate and I confirm that I as the decision maker have been able to show due regard to the needs set out in section 149 of the Equality Act 2010.

Name of relevant Portfolio Holder/Cabinet Member: Councillor Nigel Moor

Signed by Portfolio Holder/Cabinet Member:

Nigel Mow.

Date:

02.10.2020

Publication

If this statement accompanies cabinet paper it will be published as part of the cabinet report publication process. Statements accompanying cabinet reports are also published on our website. If this statement is not to be submitted with a cabinet paper please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.

Due Regard Statement

Please use this statement to evidence how 'due regard to' the three aims of the public sector equality duty has been made (section 149 of the Equality Act 2010) during the development of the 'policy'.¹

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by the ACT:
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic

Name of the 'policy':	Gloucestershire Housing with Care Strategy
Person(s) responsible for completing this statement	Sara Crofts – Senior Project Manager Housing with Care
Briefly describe the activity being considered including aims and expected outcomes	<p>Adopt and implement a Gloucestershire wide Housing with Care Strategy.</p> <p>The strategy outlines Gloucestershire County Council (GCC) requirements for housing with care for people age 18 and over.</p> <p>Housing with care provides security of tenure with flexible on-site care arranged according to assessed care need. For individuals funded through GCC this will be based on criteria set out in the Care Act (2014). The strategy defines housing with care as:</p> <ul style="list-style-type: none"> • Extra Care Housing

¹ For 'policy': any new and existing policy, strategy, services, functions, work programme, project, practice and activity. This includes decisions about budgets, procurement, commissioning or de-commissioning services, service design and implementation.

	<ul style="list-style-type: none">• Supported Living <p>The strategy aims to ensure that there is sufficient housing with care across Gloucestershire to meet the future need for Gloucestershire citizens.</p>
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Documenting use of sufficient information

Please document below the data and information sources that you have used to understand the needs, participation and experiences of each protected group. Evidence must be gathered as the policy is developed and used to inform decisions.

Service user data

Service user data is an important source of evidence and should be collated as part of routine monitoring of in- house or external services. If service user data is not available record 'not known' and use the action plan to identify what improvement actions will be used to gather data going forward.

[Service user diversity reports](#) are available on our website and give an indication of service user participation across commissioning areas, for example adult residential services and youth services. It does not include participation data at individual service level.

Needs analysis

[Gloucestershire population demographics](#) data is available to understand the representation of different protected groups across the county and help with needs analysis. Data like this may also be also useful for benchmarking to identify under or over representation of a service by any of the protected groups. For example, a service is open to all residents and from monitoring you know that 2% of service users are disabled: However, demographic data indicate that 16.7% of Gloucestershire residents report having a disability or long term limiting illness. This finding can be used to explore if there are barriers to participation by residents with disabilities and how this can be addressed as part of the development of your 'policy'.

Data gaps

You may find that you have more information about some of the protected groups for example, gender, age, disability and less about others, for example, sexual orientation and religion and/or belief. If data is not available and you intend to start collating data about a protected characteristic please use the action plan to outline how this data will be collated. You can find equality monitoring guidance on our [website](#) including an equality monitoring template.

If you have no plans to start collating data about a protected characteristic please state the rational why.

Service information (if applicable) or Needs analysis (if applicable)

Who is responsible for delivering the service?	<p>GCC currently provide commissioned care services to 113 people in extra care and 976 people with a disability or mental health need in supported living. The care services are provided by approved care providers from the County Councils dynamic purchasing framework.</p> <p>Housing with care is developed by developers and registered housing providers. The registered housing provider is responsible for maintaining the building and managing any tenancy related issues.</p> <p>GCC and Gloucestershire Clinical Commissioning Group (GCCG) will only support future developments of housing with care if they are aligned with the vision and the aims within the Housing with Care Strategy.</p>
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Service user data/Needs analysis information

For each protected characteristic population level data for Gloucestershire is presented to provide context. This data is available from Gloucestershire County Councils 2020 Population profile:

<https://inform.gloucestershire.gov.uk/media/2097102/equality-profile-2020-final.pdf>

GCC uses an electronic system, ERIC, to record data regarding adult social care services. The current commissioning of services for individuals who receive support from adult social care is split across two commissioning hubs, disabilities and older people. To reflect the current commissioning structure for adult social care data from ERIC for each protected characteristic is presented under the subheadings ‘Disabilities’ and ‘Older People’.

Age	<p>In 2018, the resident population of Gloucestershire was estimated to be 633,558 people of which:</p> <ul style="list-style-type: none"> • 22.5% were aged 0-19; • 56.2% were aged 20-64; • 21.3% were aged 65 and over. <p>Gloucestershire has a lower proportion of 0-19 year olds and 20-64 year olds and a higher proportion of people aged 65+ when compared to England.</p> <p><u>Disabilities</u></p> <p>The age breakdown in Gloucestershire for people with a disability that access services provided by Gloucestershire County Council are as follows:</p> <table border="1"> <thead> <tr> <th>Age Range</th> <th>Total number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>18-40</td> <td>891</td> <td>29</td> </tr> <tr> <td>41-64</td> <td>1250</td> <td>41</td> </tr> <tr> <td>65+</td> <td>910</td> <td>30</td> </tr> <tr> <td>Total</td> <td>3,051</td> <td>100</td> </tr> </tbody> </table> <p>Data from Eric taken on 27/07/2020 showed the age breakdown for the 976 individuals residing in supported living as:</p> <table border="1"> <thead> <tr> <th>Age range</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>18-64</td> <td>812</td> <td>83.2%</td> </tr> <tr> <td>65+</td> <td>164</td> <td>16.8%</td> </tr> <tr> <td></td> <td>976</td> <td>100</td> </tr> </tbody> </table> <p><u>Older People</u></p> <p>The level of care services delivered to people aged 65 and over is presented below:</p> <table border="1"> <thead> <tr> <th rowspan="2">Service type</th> <th colspan="2">Level of care package</th> <th rowspan="2">Total</th> </tr> <tr> <th>Less than 10</th> <th>%</th> <th>More than 10</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Age Range	Total number	%	18-40	891	29	41-64	1250	41	65+	910	30	Total	3,051	100	Age range	Number	Percentage	18-64	812	83.2%	65+	164	16.8%		976	100	Service type	Level of care package		Total	Less than 10	%	More than 10				
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	hours		hours	%	
Domiciliary Care	869	61.8%	536	38.2%	1,405
Sitting Service	26	72.2%	10	27.8%	36
Support Service-Adults	45	28.5%	113	71.5%	158
Total	940	58.6%	659	41.4%	1599

Data from Eric taken on 27/07/2020 showed the age breakdown for the 113 individuals residing in extra care housing as:

Age Band	Number	Percentage
18-64	28	24.8%
64+	85	75.2%
Total	113	100%

Disability

According to the 2011 Census 16.7% of Gloucestershire residents reported having a long-term limiting health problem or disability; 7.3% reported that their activities were limited 'a lot' and 9.5% reported their activities were limited 'a little'. The equivalent national figures for England were 17.6%, 8.3% and 9.3%. At a household level, 24.2% of households had at least one person with a long-term limiting health problem or disability; this was slightly lower than the figure for England of 25.7%

Disability

The breakdown by disability in Gloucestershire for people currently accessing care from Gloucestershire County Council is presented below:

Disability	Number	Percentage
Physical Support - PD	670	22%

Sensory Support - PD	<10	<1%
Support with Memory and Cognition -PD	26	0.85%
Health	694	23%
Learning Disability - LD	1428	46.5%
Complex Care - MH	14	0.5%
Mental Health	215	7%
Total	3,051	100%

Data from Eric taken on 27/07/2020 showed the primary support reason for individuals living in supported living as:

Primary support need	Percentage
Learning disability	72.6%
Mental Health	14.5%
Physical Disability	11.5%
Support with memory and cognition	1.2%
NULL	0.2%
Total	100%

Older People

Gloucestershire currently has 1,997 older people, 65 and over, using reablement services or receiving domiciliary care. 94% of the total delivery (1,877 people) is to people who have declared themselves to have an age-acquired Physical Disability.

1.85% of total delivery is to people with a learning disability and 1.6% to people with mental health needs.

Data from Eric taken on 27/07/2020 showed the primary support reason for individuals living in extra care as:

Primary Support reason	Percentage
------------------------	------------

	<table border="1"> <tr> <td>Physical Support</td> <td>81.4%</td> </tr> <tr> <td>Learning Disability</td> <td>9.7%</td> </tr> <tr> <td>Memory and Cognition</td> <td>3.5%</td> </tr> <tr> <td>Mental Health Support</td> <td>2.7%</td> </tr> <tr> <td>Sensory Support</td> <td>1.8%</td> </tr> <tr> <td>NULL</td> <td>0.9%</td> </tr> <tr> <td>Total</td> <td>100%</td> </tr> </table>	Physical Support	81.4%	Learning Disability	9.7%	Memory and Cognition	3.5%	Mental Health Support	2.7%	Sensory Support	1.8%	NULL	0.9%	Total	100%				
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Sex	<p>The overall population split by sex in Gloucestershire is slightly skewed towards females, with males making up 49.1% of the population and females accounting for 50.9%. This situation is also reflected at district, regional and national level.</p> <p>Analysis of health data for Gloucestershire shows that:</p> <ul style="list-style-type: none"> • men have a shorter life expectancy than women • men had a very slightly longer healthy life expectancy than women in 2016-18 • the difference in life expectancy between men and women is greater in the most deprived decile of Gloucestershire compared with the least deprived decile • men have higher mortality rates than women from causes considered preventable <p><u>Disabilities</u></p> <p>The breakdown by gender in Gloucestershire for individuals accessing Gloucestershire County Council Services is as follows:</p> <table border="1"> <thead> <tr> <th>Gender</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>1481</td> <td>48.5%</td> </tr> <tr> <td>Male</td> <td>1556</td> <td>51%</td> </tr> <tr> <td>Transgender</td> <td><10</td> <td><1%</td> </tr> <tr> <td>Known</td> <td>13</td> <td>0.45%</td> </tr> <tr> <td>Total</td> <td>3,051</td> <td>100%</td> </tr> </tbody> </table>	Gender	Number	Percentage	Female	1481	48.5%	Male	1556	51%	Transgender	<10	<1%	Known	13	0.45%	Total	3,051	100%
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Race (including Gypsy & Traveller)	<p>Gloucestershire is characterised by a comparatively small Black and Minority Ethnic population. The 2011 census showed Black and Minority Ethnic groups account for 4.6% of the population; this was much lower than the England figure of 14.6%. The 2011 Census found that 7.7% of Gloucestershire residents (46,100 people) were born outside the UK compared with a national figure of 13.4%; of this group, 40.8% were born in another European country and 22.3% were born in the Middle East or Asia. More recent estimates suggest that in 2018/19 11.2% of Gloucestershire residents were born in another country. With regards to ethnic origin, the 2011 Census found that 91.6% of Gloucestershire residents were White British, 2.1% were Asian/Asian British, 1.5% were from a Mixed/Multiple Ethnic group, 0.9% were Black/Black British, 0.6% were White Irish, 0.1% were of Gypsy or Irish Traveller origin, 3.1% were in an 'other White' category and</p>																		

0.2% were in another ethnic group. Some 36% of the people who were not White British were born in the UK. The 2011 Census found that overall, 4.6% of the population in Gloucestershire was from Black and Minority Ethnic (BME) backgrounds; this figure increased to 8.4% when the Irish, Gypsy or Irish Traveller and 'other White' categories were included. The proportion of people from Black and Minority Ethnic backgrounds was considerably lower than the national figure of 14.6%.

- The population of Gloucestershire is however, becoming increasingly diverse. The Black and Minority Ethnic population increased by 70% between 2001 and 2011. The number of people classed as "White Other" increased by 105.9% during the same period.
- Gloucestershire's 0-19 year old population is more diverse than other age groups, which may have implications for service delivery.
- There are differences in outcomes between ethnic groups in health/disability, housing, education and employment.

Disabilities

Data from Eric taken on 27/07/2020 showed the race for individuals living in supported living as:

Race	Percentage
White – British	86.3%
NULL	5.8%
White - Other European	1.7%
Black or Black British – Caribbean	1.4%
White -	1.4%
Other Ethnic Group – British	0.5%
Mixed Parentage – British	0.4%
Black or Black British – African	0.3%
Black or Black British - Black – African	0.3%
Black or Black British – British	0.3%
Other Ethnic Group - Other Cultural Background	0.3%
Asian or Asian British – India	0.2%
Other Ethnic Group - Other European	0.2%

	White - Not Stated	0.2%
	White - Other Cultural Background	0.2%
	Asian or Asian British - White and Asian	0.1%
	Black or Black British - Black – Caribbean	0.1%
	Chinese or Other Group – Chinese	0.1%
	Other Ethnic Group -	0.1%
	Other Ethnic Group - Other Ethnic Origin	0.1%
	White – Irish	0.1%
	Grand Total	100.0%
	<u>Older People</u>	
	Data from Eric taken on 27/07/2020 showed the race for individuals living in extra care recorded as:	
	Race	Percentage
	White – British	81.4%
	NULL	8.8%
	White -	4.4%
	White - Other European	2.7%
	Asian or Asian British – Chinese	0.9%
	Black or Black British – Caribbean	0.9%
	Other Ethnic Group – Caribbean	0.9%
	Grand Total	100.0
Gender reassignment	There are no official estimates of gender reassignment at either national or local level. In the next Census (2021) there will be a new question around gender, asking “is your gender the same as the sex you were registered at birth?” It is directed only at people aged 16 and over, and answers will be voluntary. A separate, individual form can also be requested and submitted by any household member, should	

	<p>confidentiality be a concern. It is hoped that more accurate data around gender will help equality monitoring in the future. Currently the best estimates on gender reassignment come from a study funded by the Home Office and produced by the Gender Identity Research and Education Society (GIRES). This study estimates that there are between 300,000 and 500,000 people aged 16 or over in the UK who are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population. By applying the same proportions to Gloucestershire's 16+ population, we can estimate that there may be somewhere between 3,100 and 5,200 adults in the county that are experiencing some degree of gender variance.</p> <p><u>Disability</u></p> <p>Of the individuals recorded under disability data on ERIC less than 1% were recorded as transgender.</p> <p><u>Older People</u></p> <p>There was no recorded data on gender reassignment in the recorded data on older people.</p>
Marriage & civil partnership	<p>Among residents of Gloucestershire:</p> <ul style="list-style-type: none"> • 30.5% are single and have never married or registered a same-sex civil partnership • 50.2% are married • 0.3% are in a registered same-sex civil partnership • 2.3% are separated but still legally married or still legally in a same sex civil partnership • 9.5% are divorced or formerly in a same sex civil partnership which is now legally dissolved • 7.2% are widowed or a surviving partner from a same sex civil partnership <p>Gloucestershire has a lower proportion of people who are single or separated when compared to the national figure. In contrast the proportion of people who are married, divorced or widowed exceeds the national figures.</p> <p><u>Disabilities</u></p>

Data from ERIC taken on 27/07/2020 showed the marital status for individuals living in supported living recorded as:

Marital Status	Percentage
Single	81.6%
NULL	14.3%
Married	1.6%
Divorced	1.2%
Widowed	0.6%
Separated	0.4%
Cohabiting	0.3%
Grand Total	100.0%

Older People

Data from Eric taken on 27/07/2020 showed the marital status for individuals living in extra care recorded as:

Marital Status	Percentage
Widowed	30.1%
Single	26.5%
Married	15.9%
Divorced	14.2%
NULL	10.6%
Separated	2.7%
Grand Total	100.0%

Pregnancy & maternity	<p>There were 6,449 live births in Gloucestershire in 2018. The highest proportion of deliveries were to women aged 30 to 34 continuing the trend of later motherhood. Births to mothers in age bands 25-29, 30-34 and 35-39 account for a slightly higher proportion of total births in Gloucestershire than they do nationally, whilst those to mothers aged under 25 account for a lower proportion. The largest proportion of deliveries in Gloucestershire was among the 30-34 year old age group, continuing the trend of later motherhood.</p> <p><u>Disabilities</u></p> <p>Data is incomplete</p> <p><u>Older People</u></p> <p>Considered not applicable to individuals 65 and over.</p>														
Religion or Belief	<p>According to the 2011 Census, 63.5% of residents in Gloucestershire were Christian, making it the most common religion. This was followed by no religion which accounts for 26.7% of the total population. Gloucestershire has a higher proportion of people who are Christian, have no religion or have not stated a religion than the national figures. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county.</p> <p><u>Disabilities</u></p> <p>Data from Eric taken on 27/07/2020 showed the religion for individuals living in supported living recorded as:</p> <table border="1" data-bbox="398 1082 1915 1364"> <thead> <tr> <th>Religion</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Not Known</td> <td>35.0%</td> </tr> <tr> <td>Church of England</td> <td>25.6%</td> </tr> <tr> <td>NULL</td> <td>23.3%</td> </tr> <tr> <td>Atheist/None</td> <td>7.2%</td> </tr> <tr> <td>Roman Catholic</td> <td>3.6%</td> </tr> <tr> <td>Christian</td> <td>2.4%</td> </tr> </tbody> </table>	Religion	Percentage	Not Known	35.0%	Church of England	25.6%	NULL	23.3%	Atheist/None	7.2%	Roman Catholic	3.6%	Christian	2.4%
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Baptist	0.8%
Other	0.7%
Methodist	0.3%
Agnostic	0.2%
Jewish	0.2%
Quaker	0.2%
Christian Scientist	0.1%
Free Churches	0.1%
Hindu	0.1%
Jehovah's Witness	0.1%
Muslim	0.1%
Pentecostal	0.1%
Grand Total	100.0%

Older People

Data from Eric taken on 27/07/2020 showed the religion for individuals living in extra care recorded as:

Religion	Percentage
Church of England	36.3%
Not Known	25.7%
NULL	14.2%
Atheist/None	8.8%
Roman Catholic	4.4%
Buddhist	1.8%
Other	1.8%
Pentecostal	1.8%
Agnostic	0.9%
Baptist	0.9%
Christian	0.9%

	Jehovah's Witness	0.9%
	Methodist	0.9%
	Protestant	0.9%
	Grand Total	100.0%
Sexual Orientation	<p>There is no definitive data on sexual orientation at a local or national level. Estimates used by the Department of Trade and Industry in 2003, and quoted by Stonewall, suggest around 5-7% of the population aged 16 and over are lesbian, gay or bisexual. If this figure were applied to Gloucestershire it would mean somewhere between 26,000 and 36,400 people in the county are LGB. A more recent estimate from the 2018 ONS Annual Population Survey (APS) suggests that 2.3% of the England population aged 16 and over is LGB: if this figure were applied to Gloucestershire it would mean that there are approximately 11,900 LGB people in the county.</p> <p><u>Disabilities</u></p> <p>The data held on ERIC is incomplete.</p> <p>Individual social care assessments of need will capture information for each individual.</p> <p><u>Older People</u></p> <p>None of the data provided information on the sexual orientation of individuals 65 and over using reablement or domiciliary care services.</p> <p>Individual social care assessments of need will capture information for each individual.</p>	

Other information

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All care services within any new developments of housing with care will be provided by care providers on the Gloucestershire Health and Social Care Framework 20-2024 and the DPS for Day Opportunities. The new Framework has been developed to have a positive impact on all groups of people with the protected characteristics. The due regard statement for the Health and Social Care Framework is available at:
<https://glostext.gloucestershire.gov.uk/documents/s53620/DRS%20Glos%20Health%20Social%20Care%20Framework%202020-4.pdf>.

Workforce data

Please document details of GCC staff only if they will be affected by the proposed activity. This could include GCC staff transferring under TUPE to a new service provider, relocating, employment at risk. **GCC [Workforce diversity reports](#)** are available on our website.

If the proposed activity does not affect GCC staff, please state 'Not affected below'.

Total number of GCC staff affected	Not affected.
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Consultation and engagement

List all types of consultation that has taken place during the development of this activity. Include on-line consultations, events, meetings with stakeholders, community events, employee consultation exercises etc

Service users	A programme of face to face engagement events was held around the county, visiting groups, clubs, meetings and activities and also utilising the NHS Bus, which was taken to popular events, such as market days, in each district.
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	<p>A housing with care survey was available online and in paper format. The total number of survey responses was 387. An easy read version was also created and circulated.</p> <p>Facebook and Twitter were used to publicise the survey and reminders sent out at regular intervals.</p> <p>Information about the strategy development and the survey were sent to service providers and community organisations around the county, including:</p> <ul style="list-style-type: none"> • The Library services • Jobcentre Plus • Community Wellbeing Service • Healthwatch • Gloscol • All Parish Councils • All carer groups Patient Participation Groups • Presentations to: <ul style="list-style-type: none"> • LD Partnership Board • LD Panel members • Community of Practice (Disabilities)
Workforce	<p>Presentation to:</p> <ul style="list-style-type: none"> • ISCM Team meetings (info cascaded to operational teams) <p>Staff engagement events:</p> <ul style="list-style-type: none"> • GCC staff lunch time drop-in • GCCG staff lunch time drop-in • GCC Prism network
Partners	<p>Presentations to/meetings with:</p> <ul style="list-style-type: none"> • Affordable Housing Group

	<ul style="list-style-type: none"> • District Councils Housing Departments • Barnwood Trust • 2gether trust • GRCC • Tewkesbury Voluntary & Community Sector
External providers of services	<ul style="list-style-type: none"> • Gloucestershire Older Persons Association • Gloucestershire Housing Association • LD/PD Provider Forum • Age UK • We Care & Repair

Equality analysis: Summary of what the evidence shows and how has it been used

This section will allow you to outline how the evidence has been used to show 'due regard' to the three aims of the general equality duty. It is important that this consideration is thorough and based on sufficient information. Consideration should be relevant and proportionate.

- Eliminate discrimination
- Advance equality of opportunity
- Promote good relations.

Protected group	Challenge or opportunity considered and what we did
Age(A)	<p>The data from ERIC demonstrates the flexibility within the current provision of housing with care to support people across the two commissioning hubs, ensuring that people are housed in the most suitable accommodation based on personal need and preference.</p> <p>The strategy has been developed to take into account the future housing needs of all adults, age 18 and over, that require housing which provides security of tenure with the provision of flexible onsite</p>

	<p>care to enable them to remain independent for longer in their own home. The strategy has adopted the social model of disability to ensure that future developments of housing with care are designed to remove barriers to inclusion at the planning stage and ensure that accessible, inclusive communities are developed that enable people to age well in their own home.</p> <p>All care services within any new developments of housing with care will be provided by care providers on the Gloucestershire Health and Social Care Framework 20-2024 and the DPS for Day Opportunities. The new Framework has been developed to have a positive impact on all groups of people with the protected characteristics. The due regard statement for the Health and Social Care Framework is available at: https://glostext.gloucestershire.gov.uk/documents/s53620/DRS%20Glos%20Health%20Social%20Care%20Framework%202020-4.pdf.</p>
Disability (D)	<p>This strategy has been developed to ensure that there is sufficient housing with care to support adults with a range of disabilities across their lifetime. The strategy has adopted the social model of disability to ensure that future developments of housing with care are designed to remove barriers to inclusion at the planning stage and ensure that accessible, inclusive communities are developed that enable people to age well in their own home.</p> <p>All care services within any new developments of housing with care will be provided by care providers on the Gloucestershire Health and Social Care Framework 20-2024 and the DPS for Day Opportunities. The new Framework has been developed to have a positive impact on all groups of people with the protected characteristics. The due regard statement for the Health and Social Care Framework is available at: https://glostext.gloucestershire.gov.uk/documents/s53620/DRS%20Glos%20Health%20Social%20Care%20Framework%202020-4.pdf.</p>
Sex (S)	<p>Reflecting the national trend in Gloucestershire there are:</p> <ul style="list-style-type: none"> • More females than males • A greater number of females with a caring responsibility <p>In addition, through our consultation it was highlighted that there is not enough choice of supported</p>

	<p>housing in Gloucestershire that enables people with a disability to live independently with the adequate level of care services.</p> <p>The strategy takes this into account by:</p> <ul style="list-style-type: none"> • Ensuring there is sufficient housing with care options for older people • Ensuring there is sufficient housing with care options that can provide accommodation that enables couples to live together and provide the required level of support to maximise the health and wellbeing of carers. • Ensuring sufficient housing with care options for working age adults with a disability that supports them to be independent. <p>All care services within any new developments of housing with care will be provided by care providers on the Gloucestershire Health and Social Care Framework 20-2024 and the DPS for Day Opportunities. The new Framework has been developed to have a positive impact on all groups of people with the protected characteristics. The due regard statement for the Health and Social Care Framework is available at: https://glostext.gloucestershire.gov.uk/documents/s53620/DRS%20Glos%20Health%20Social%20Care%20Framework%202020-4.pdf</p>
<p>Race (including Gypsy & Traveller)(R)</p>	<p>The strategy has adopted a place-based approach and new developments of housing with care will only be supported by GCC and GCCG if they are designed to reflect the needs of local people and provide an inclusive environment.</p> <p>Each of the six Districts in Gloucestershire has a specific section in their Local Plan that address the Housing needs of the Gypsy and Traveller communities.</p> <p>A part of the Care Home Strategy engagement project plan Evolving Communities undertook consultation with seldom heard groups. The resulting feedback and actions are available at: https://glostext.gloucestershire.gov.uk/mgConvert2PDF.aspx?ID=46332&ISATT=1#search=%22James%20Cawley%22. While the consultation was conducted with care home providers it is important that any transferrable knowledge is transferred to all settings providing care to ensure equality of access.</p> <p>All care services within any new developments of housing with care will be provided by care providers</p>

	<p>on the Gloucestershire Health and Social Care Framework 20-2024 and the DPS for Day Opportunities. The new Framework has been developed to have a positive impact on all groups of people with the protected characteristics. The due regard statement for the Health and Social Care Framework is available at: https://glostext.gloucestershire.gov.uk/documents/s53620/DRS%20Glos%20Health%20Social%20Care%20Framework%202020-4.pdf.</p>
<p>Gender reassignment (GR)</p>	<p>The strategy has adopted a place-based approach and new developments of housing with care will only be supported by GCC and GCCG if they are designed to reflect the needs of local people and provide an inclusive environment.</p> <p>All care services within any new developments of housing with care will be provided by care providers on the Gloucestershire Health and Social Care Framework 20-2024 and the DPS for Day Opportunities. The new Framework has been developed to have a positive impact on all groups of people with the protected characteristics. The due regard statement for the Health and Social Care Framework is available at: https://glostext.gloucestershire.gov.uk/documents/s53620/DRS%20Glos%20Health%20Social%20Care%20Framework%202020-4.pdf.</p>
<p>Marriage & civil partnership (MCP)</p>	<p>The strategy has adopted a place-based approach and new developments of housing with care will only be supported by GCC and GCCG if they are designed to reflect the needs of local people and provide an inclusive environment.</p> <p>While the majority of people currently living in housing with care in Gloucestershire are single data available from ERIC indicates that the current provision enables couples to stay together. The strategy takes this into account and will ensuring there is sufficient housing with care options that can provide accommodation that enables couples to live together and provide the required level of care to enable them to maximise independence and maintain health and wellbeing.</p> <p>All care services within any new developments of housing with care will be provided by care providers on the Gloucestershire Health and Social Care Framework 20-2024 and the DPS for Day Opportunities. The new Framework has been developed to have a positive impact on all groups of</p>

	<p>people with the protected characteristics. The due regard statement for the Health and Social Care Framework is available at: https://glostext.gloucestershire.gov.uk/documents/s53620/DRS%20Glos%20Health%20Social%20Care%20Framework%202020-4.pdf.</p>
Pregnancy & maternity (PM)	<p>All care services within any new developments of housing with care will be provided by care providers on the Gloucestershire Health and Social Care Framework 20-2024 and the DPS for Day Opportunities. The new Framework has been developed to have a positive impact on all groups of people with the protected characteristics. The due regard statement for the Health and Social Care Framework is available at: https://glostext.gloucestershire.gov.uk/documents/s53620/DRS%20Glos%20Health%20Social%20Care%20Framework%202020-4.pdf.</p>
Religion and/or Belief (RAOB)	<p>The strategy has adopted a place-based approach and new developments of housing with care will only be supported by GCC and GCCG if they are designed to reflect the needs of local people and provide an inclusive environment.</p> <p>All care services within any new developments of housing with care will be provided by care providers on the Gloucestershire Health and Social Care Framework 20-2024 and the DPS for Day Opportunities. The new Framework has been developed to have a positive impact on all groups of people with the protected characteristics. The due regard statement for the Health and Social Care Framework is available: https://glostext.gloucestershire.gov.uk/documents/s53620/DRS%20Glos%20Health%20Social%20Care%20Framework%202020-4.pdf.</p>
Sexual Orientation(SO)	<p>The strategy has adopted a place-based approach and new developments of housing with care will only be supported by GCC and GCCG if they are designed to reflect the needs of local people and provide an inclusive environment.</p> <p>A part of the Care Home Strategy engagement project plan Evolving Communities undertook consultation with seldom heard groups. The resulting feedback and actions are available at: https://glostext.gloucestershire.gov.uk/mgConvert2PDF.aspx?ID=46332&ISATT=1#search=%22James%20Cawley%22. While the consultation was conducted with care home providers it is important that</p>

	<p>any transferrable knowledge is transferred to all settings providing care to ensure equality of access.</p> <p>All care services within any new developments of housing with care will be provided by care providers on the Gloucestershire Health and Social Care Framework 20-2024 and the DPS for Day Opportunities. The new Framework has been developed to have a positive impact on all groups of people with the protected characteristics. The due regard statement for the Health and Social Care Framework is available at: https://glostext.gloucestershire.gov.uk/documents/s53620/DRS%20Glos%20Health%20Social%20Care%20Framework%202020-4.pdf.</p>
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Strengthening actions: Planning for further improvements

Please outline here what actions are required for further improvements to address challenges or opportunities, for example:

- Arrangements for continued/new engagement with stakeholders, staff, service users
- Plans to close data gaps across any of the protected characteristics through reviewed contract management arrangements
- Identify other plans already underway to address the challenges or opportunities identified in this statement
- Share findings with partner organisations.

If none, state 'none' below.

Action Plan

Action	Who is accountable	Time frame
Ensure any transferrable knowledge for the Care Home Strategy Evolving Communities consultation with Seldom Heard Groups is reflected in the development and commissioning of future housing with care.	Sara Crofts	October 2020-June 2021

Monitoring and Review

Please indicate what processes/actions will be put in place to keep this 'activity' under review. For example will progress be monitored/ reported to a board, scrutiny committee, project board etc

The commissioning oversight of the Housing with Care Strategy will be managed by the Housing with Care Project Board.

The Housing with Care Project Board reports into the Adult Single Programme.

Any care services commissioned in new housing with care will be subject to the following monitoring and review process as detailed in the due regard statement for Gloucestershire Health and Social Care framework 2020-2024, available at:


<https://glostext.gloucestershire.gov.uk/documents/s53620/DRS%20Glos%20Health%20Social%20Care%20Framework%202020-4.pdf>

Sign off and Scrutiny

By signing this statement off as complete you are confirming that 'you' have examined sufficient information across all the protected groups and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Senior level sign off: 	Date: 28.9.20
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I am in agreement that sufficient information and analysis has been used to inform the development of this 'activity' and that any proposed improvement actions are appropriate and I confirm that I as the decision maker have been able to show due regard to the needs set out in section 149 of the Equality Act 2010.

Name of relevant Portfolio Holder/Cabinet Member: Cllr Carole Allaway-Martin	
Signed by Portfolio Holder/Cabinet Member: 	Date: 30 September 2020

Publication

If this statement accompanies cabinet paper it will be published as part of the cabinet report publication process. Statements accompanying cabinet reports are also published on our website. If this statement is not to be submitted with a cabinet paper please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.

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Due Regard Statement

Please use this statement to evidence how 'due regard to' the three aims of the public sector equality duty has been made (section 149 of the Equality Act 2010) during the development of the 'policy'.¹

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by the ACT:
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic

Name of the 'policy'	Extension of the adult drug and alcohol treatment service contract
Person(s) responsible for completing this statement	Pete Willsher, Commissioning Officer – Public Health Steve O'Neill, Outcome Manager – Public Health
Briefly describe the activity being considered including aims and expected outcomes	<p>This Due Regard Statement (DRS) supports the Cabinet decision to activate the two year extension clause within the contract for drug and alcohol treatment services held between GCC and Change, Grow, Live (CGL) which if agreed will take effect from 1st April 2022.</p> <p>To date the delivery of the service has been satisfactory within the terms of the contract, CGL have achieved the primary key performance indicators (KPIs) within a challenging environment, keeping waiting times low, increasing engagement and attracting year on year increases in the number of people accessing the service.</p> <p>The contract is for an initial term of five years and three months, with a clause which allows for an extension of additional two years. The initial five year and three month term comes to an end 31st March 2022 and the Council is required to notify the provider of the intention to activate the extension clause no later than midnight</p>

¹ For 'policy': any new and existing policy, strategy, services, functions, work programme, project, practice and activity. This includes decisions about budgets, procurement, commissioning or de-commissioning services, service design and implementation.

Documenting use of sufficient information

Please document below the data and information sources that you have used to understand the needs, participation and experiences of each protected group. Evidence must be gathered as the policy is developed and used to inform decisions.

Service user data

Service user data is an important source of evidence and should be collated as part of routine monitoring of in- house or external services. If service user data is not available record 'not known' and use the action plan to identify what improvement actions will be used to gather data going forward.

[Service user diversity reports](#) are available on our website and give an indication of service user participation across commissioning areas, for example adult residential services and youth services. It does not include participation data at individual service level.

Needs analysis

[Gloucestershire population demographics](#) data is available to understand the representation of different protected groups across the county and help with needs analysis. Data like this may also be also useful for benchmarking to identify under or over representation of a service by any of the protected groups. For example, a service is open to all residents and from monitoring you know that 2% of service users are disabled: However, demographic data indicate that 16.7% of Gloucestershire residents report having a disability or long term limiting illness. This finding can be used to explore if there are barriers to participation by residents with disabilities and how this can be addressed as part of the development of your 'policy'.

Data gaps

You may find that you have more information about some of the protected groups for example, gender, age, disability and less about others, for example, sexual orientation and religion and/or belief. If data is not available and you intend to start collating data

about a protected characteristic please use the action plan to outline how this data will be collated. You can find equality monitoring guidance on our [website](#) including an equality monitoring template.

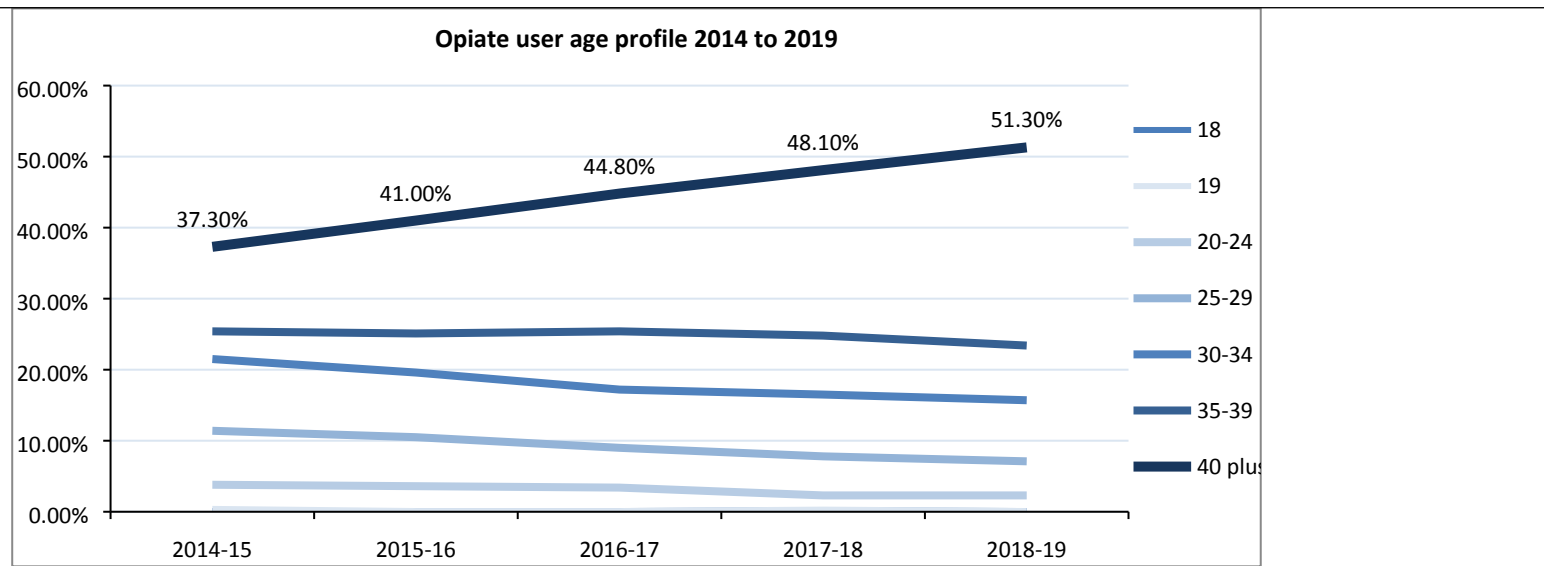
If you have no plans to start collating data about a protected characteristic please state the rational why.

Service Information (if applicable) / Needs analysis (if applicable)

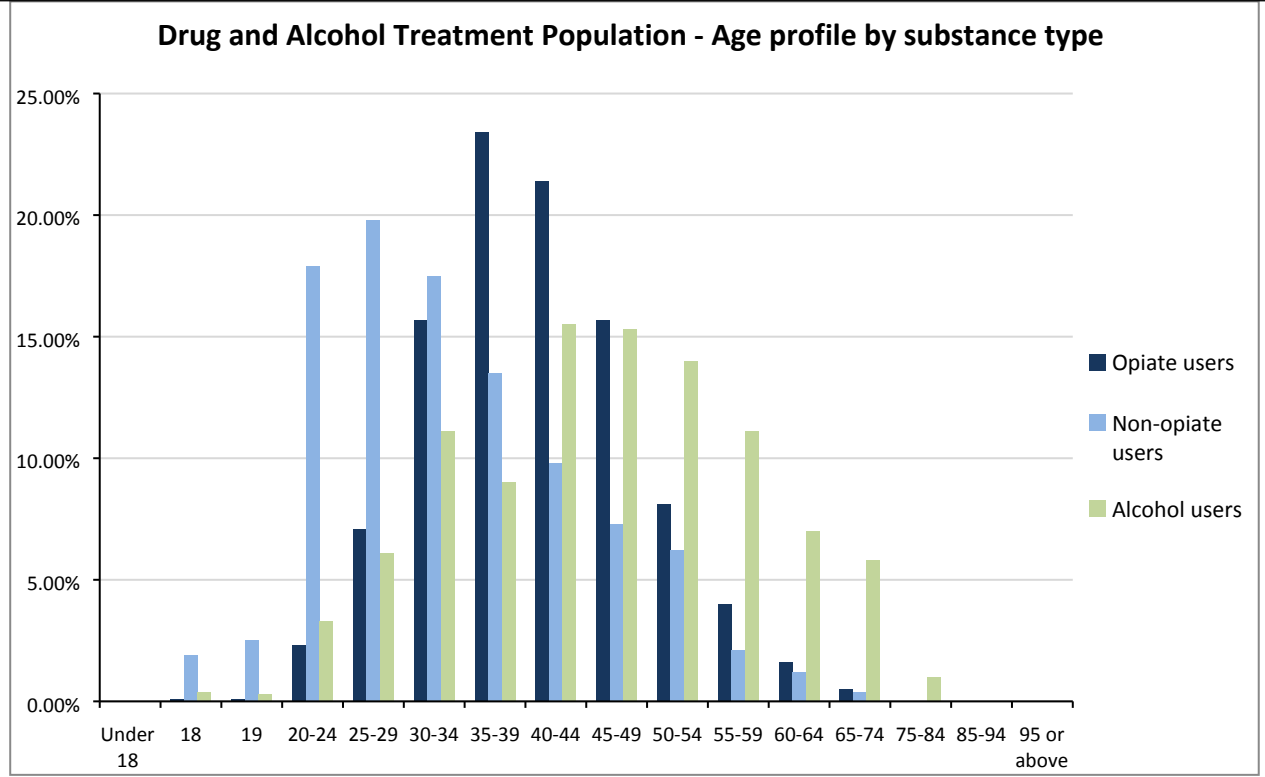
Who is responsible for delivering the service?	External provider (Change Grow Live / CGL)
Service user data/Needs analysis information	
Age	<p>In 2017, the resident population of Gloucestershire was estimated to be 628,139 people of which:</p> <ul style="list-style-type: none"> • 22.5% were aged 0-19; • 56.4% were aged 20-64; • 21.0% were aged 65 and over. <p>In 2018-19 the Gloucestershire drug and alcohol treatment population (2,569) had the following profile:</p> <ul style="list-style-type: none"> • 1.2% are between 18-19 years of age • 96.6% are 20-64 years of age • 2.2% are aged 65 years of age or greater <p>This is substantially different to the county age profile, however this is to be expected given the nature of the service (adults 18+) and the service user group. The service is designed for individuals who are experiencing problems with and/or dependent upon drugs and/or alcohol and whilst the use of these substances often starts in late adolescence/early adulthood, problems with the use of substances do not tend to manifest until adulthood and then become curtailed in late adulthood.</p> <p>In England and Wales around 1 in 23 (4.3%) adults aged 16 to 59 had taken a drug in the last month, while around 1 in 11 (9.5%) young adults aged 16 to 24 had done so. Younger people were more likely to take drugs than older people - the level of 'any drug' use in the last year was highest amongst 16 to 19 year olds (18.4%) and 20 to 24 year olds (21.7%). The level of drug use was much lower in the oldest age group (2.0% of 55 to 59 year olds) (CSEW 2019).</p> <p>The Gloucestershire profile is consistent with the national averages for those in treatment across the same period.</p>

Age group (all in treatment 2018-19)	1 Apr - 31 Mar	
	No.	%
Under 18	0 / 2569	0.00%
18	14 / 2569	0.50%
19	17 / 2569	0.70%
20-24	147 / 2569	5.70%
25-29	242 / 2569	9.40%
30-34	380 / 2569	14.80%
35-39	448 / 2569	17.40%
40-44	448 / 2569	17.40%
45-49	357 / 2569	13.90%
50-54	239 / 2569	9.30%
55-59	143 / 2569	5.60%
60-64	77 / 2569	3.00%
65-74	50 / 2569	1.90%
75-84	7 / 2569	0.30%
85-94	0 / 2569	0.00%
95 or above	0 / 2569	0.00%

The age profile differs by substance of choice and again this is consistent with what is known about user behaviours attached with each of these broad categories of substances, for instance the opioid using cohort is an aging sub-population with long-term addictions, the majority of whom started using heroin in the 1980s and 90s which declined in popularity from the early 00s onward with very few new users emerging within the last decade, whereas the users of other drugs tend to be younger.



Alcohol users are the oldest sub population in the treatment system and the age distribution conforms to the frequency of increasing and higher risk drinking within the general population occurring in the 40+ age groups (Alcohol Statistics England/ONS 2019). For men and women, the proportions of non-drinkers were highest in the youngest and oldest age groups (HSE 2019). Young people aged 16 to 24 years in Great Britain are less likely to drink than any other age group; however when they do drink, consumption on their heaviest drinking day tends to be higher than other ages (ONS 2018). The proportion of people who drank once a week or more increased with age among both men and women, before gradually decreasing from the age of 55 for women and 65 for men (HSE 2019).



Disability

According to the 2011 Census 16.7% of Gloucestershire residents reported having a long-term limiting health problem or disability. Estimated projections suggest that in 2019 there would be approximately 11,825 people aged 18+ living with a learning disability in Gloucestershire equating to 2.3% of the adult population.

People with disability are not a homogenous group and there are no national estimates available for the prevalence of substance misuse amongst disabled people; little of the information available can be considered contemporary or conclusive. The limited evidence that is available tells us that people with learning disabilities are less likely to misuse substances than the general population. However, some people believe that when people with learning disabilities do drink alcohol, there's an increased risk that they will develop a problem with it (PHE 2016). <https://www.gov.uk/government/publications/substance-misuse-and-people-with-learning-disabilities/substance-misuse-in-people-with-learning-disabilities-reasonable-adjustments-guidance>

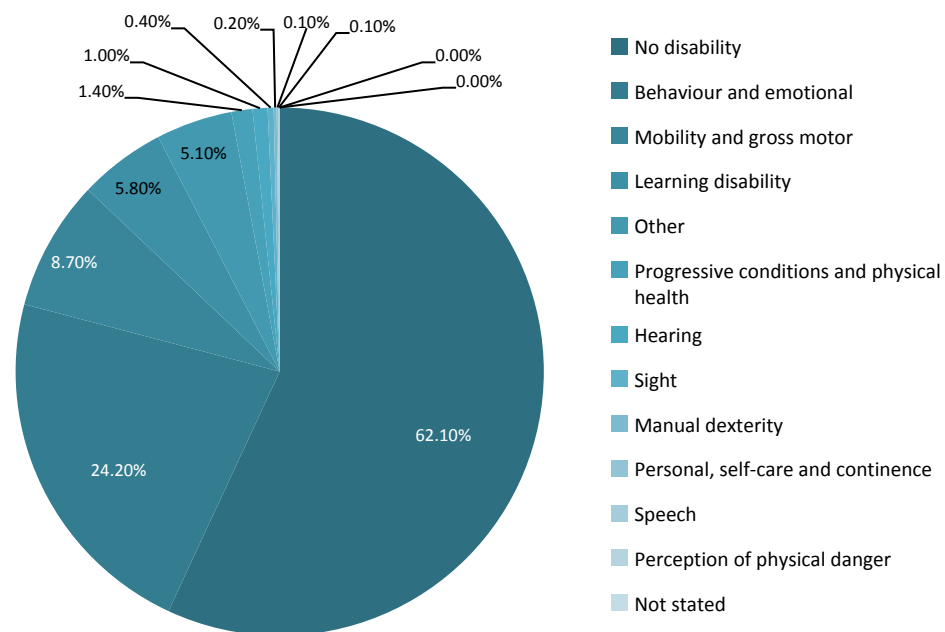
The (now defunct) UK Drug Policy Commission in 2010 found that since inequality and disadvantage may exacerbate drug use

and drug problems, some disabled people may be at increased risk of drug problems while information and services relating to drugs may be less accessible to them. Conversely, the higher levels of adult supervision and support and reduced mobility experienced by some disabled people may be protective. Importantly they point out that **the heterogeneity of this group and the lack of evidence concerning drug use make it difficult to respond to the needs of disabled people** (UKDPC 2010). [https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity_%20disabled%20groups%20\(policy%20briefing\).pdf](https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity_%20disabled%20groups%20(policy%20briefing).pdf)

When comparing the Gloucestershire drug and alcohol treatment population with that of the Gloucestershire population average we see a higher prevalence of disability within the treatment population. Of those in treatment 37.9% reported at least one disability, this is slightly higher than the national average (30.2%); with disabilities of a behavioural and emotional nature being the most prevalent (24.2%) and significantly more prevalent than the national average (13.6%). Learning disabilities are prominent within the treatment population, with the representation being more than double (5.8%) that seen in the general population.

Disability (individuals starting treatment 2018-19)	%
No disability	62.10%
Behaviour and emotional	24.20%
Mobility and gross motor	8.70%
Learning disability	5.80%
Other	5.10%
Progressive conditions and physical health	1.40%
Hearing	1.00%
Sight	0.40%
Manual dexterity	0.20%
Personal, self-care and continence	0.10%
Speech	0.10%
Perception of physical danger	0.00%
Not stated	0.00%

**Gloucestershire drug & alcohol treatment population (starting treatment)
2018/19 - by disability**



Mental Health

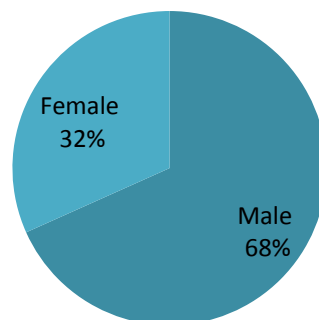
The Mental Health Foundation estimates that approximately one in six people in the past week will have experienced a common mental health problem. Mixed anxiety and depression is the most common mental disorder in Britain, affecting around 8% of the population.

Based on a household survey on adult mental health, the PANSI model estimates that in 2020 around 70,000 (19%) people in Gloucestershire aged 18-64 will have a common mental disorder, and around 26,600 (7.21%) people aged 18-64 will have two or more psychiatric disorders.

Public Health England figures show that the number of people in Gloucestershire, aged 18 or over, who are diagnosed with depression has increased from 31,270 people in 2013/14 to 47,640 people in 2017/18. This is equivalent to 9.4% of the population who are registered with a GP.

	<p>When compared to the general population estimates we see a far higher prevalence of mental health conditions within the Gloucestershire drug and alcohol treatment population, with 66.10% reporting a co-occurring mental health condition sufficiently severe to require specialist treatment.</p> <table border="1" data-bbox="526 319 1294 443"> <thead> <tr> <th data-bbox="526 319 1169 400">Mental Health Treatment Need (individuals starting treatment 2018-19)</th> <th data-bbox="1169 319 1294 400">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="526 400 1169 443">Mental Health Treatment Need Identified</td> <td data-bbox="1169 400 1294 443">66.10%</td> </tr> </tbody> </table>	Mental Health Treatment Need (individuals starting treatment 2018-19)	%	Mental Health Treatment Need Identified	66.10%		
Mental Health Treatment Need (individuals starting treatment 2018-19)	%						
Mental Health Treatment Need Identified	66.10%						
Sex	<p>The overall population split by sex in Gloucestershire is slightly skewed towards females, with males making up 49.1% of the population and females accounting for 50.9%. However when we compare this with the Gloucestershire drug and alcohol treatment population less than one third (31.7%) are female, this is consistent with the national average and reflects the fact that drug and alcohol problems and particularly addiction are more prevalent in males. This is the case for both drugs and alcohol however there are differences only 27% of the drug treatment population are women, whereas women constitute 43% of the alcohol treatment population.</p> <p>National data tell us that men (12.6%) were around twice as likely as women (6.3%) to take any drug in the last year. Around 1 in 9 (11.8%) men aged 16 to 59 had taken any drug in the last year, compared with around 1 in 16 (6.2%) women (CSEW 2019). 65% of men and 50% of women had drunk alcohol in the last week and the proportion of men and women drinking in the last week increased with age and was highest among both men and women aged 65 to 74 (71% and 58% respectively) (NHS Digital 2020).</p> <p>There are some differences between men and women in typical alcohol consumption. 14% of men and 21% of women did not drink in the last 12 months. 55% of men and 64% of women drank at levels which put them at lower risk of alcohol-related harm, that is, 14 units or less in a usual week. More than twice as many men than women drank at an increasing risk level (25% and 11% respectively); for men this was defined as more than 14 units and up to 50 units, and for women more than 14 units and up to 35 units. A higher proportion of men than women also drank at increasing and higher risk levels (that is over 14 units for both men and women); 30% of men and 14% of women. 5% of men drank over 50 units and 3% of women drank over 35 units (higher risk levels) in a usual week (HSE 2019).</p> <table border="1" data-bbox="526 1157 1294 1321"> <thead> <tr> <th data-bbox="526 1157 1169 1238">Gender – Drug & Alcohol Users (all in treatment 2018-19)</th> <th data-bbox="1169 1157 1294 1238">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="526 1238 1169 1278">Male</td> <td data-bbox="1169 1238 1294 1278">68.30%</td> </tr> <tr> <td data-bbox="526 1278 1169 1321">Female</td> <td data-bbox="1169 1278 1294 1321">31.70%</td> </tr> </tbody> </table>	Gender – Drug & Alcohol Users (all in treatment 2018-19)	%	Male	68.30%	Female	31.70%
Gender – Drug & Alcohol Users (all in treatment 2018-19)	%						
Male	68.30%						
Female	31.70%						

Gloucestershire drug & alcohol treatment population (all in treatment) 2018/19 - by gender



Gender – Drug Users (all in treatment 2018-19)	1 Apr - 31 Mar	
	No.	%
Male	1356 / 1868	72.60%
Female	512 / 1868	27.40%

Gender – Alcohol Users (all in treatment 2018-19)	1 Apr - 31 Mar	
	No.	%
Male	399 / 701	56.90%
Female	302 / 701	43.10%

Race (including Gypsy & Traveller)

2011 Census found that 91.6% of Gloucestershire residents were White British, 2.1% were Asian/Asian British, 1.5% were from a Mixed/Multiple Ethnic group, 0.9% were Black/Black British, 0.6% were White Irish, 0.1% were of Gypsy or Irish Traveller origin, 3.1% were in an 'other White' category and 0.2% were in another ethnic group. Some 36% of the people who were not White British were born in the UK.

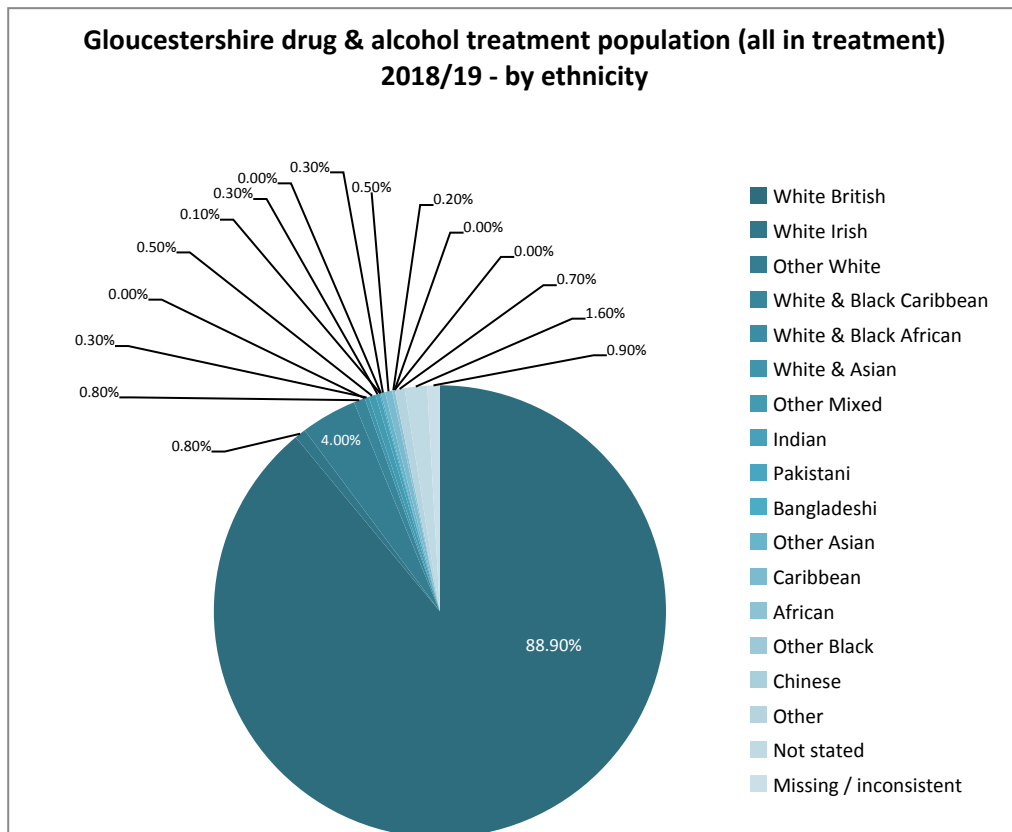
National estimates indicate that the highest rates of drug use are seen amongst people in the black/black British ethnic group (11.7%) with the lowest rate seen in the Asian ethnic group at 3.4% (HMGOV 2017). Whereas the highest levels of last week alcohol consumption are seen in the White British ethnic group (61.5%) being more than twice that in other ethnic groups (25.7%) (ONS 2017).

In general, overall drug use is lower among minority ethnic groups than among the White population. However among some BAME groups, particularly South Asians and the Chinese, high levels of stigma are attached to drug use and directed at both drug users and their families. This can lead drug users to hide the extent of their use, and levels of drug problems being underestimated (UKDPC 2010).

The drug and alcohol treatment population is broadly similar to the county population however, the proportion of White British within the treatment population is slightly lower (88.9% vs. 91.6%) and the proportion of White Irish and Other White is slightly higher; however caution needs to be applied to the interpretation due to very low numbers.

Ethnicity (all in treatment 2018-19)	%
White British	88.90%
White Irish	0.80%
Other White	4.00%
White & Black Caribbean	0.80%
White & Black African	0.00%
White & Asian	0.30%
Other Mixed	0.50%
Indian	0.30%
Pakistani	0.10%
Bangladeshi	0.00%
Other Asian	0.30%
Caribbean	0.50%

African	0.20%
Other Black	0.00%
Chinese	0.00%
Other	0.70%
Not stated	1.60%
Missing / inconsistent	0.90%



<p>Gender reassignment</p>	<p>There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society (GIREs) estimates that there are between 300,000 and 500,000 people aged 16 or over in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population. By applying the same proportions to Gloucestershire's 16+ population, we can estimate that there may be somewhere between 3,092 and 5,154 adults in the county that are experiencing some degree of gender variance.</p> <p>There are no national estimates of the prevalence of drug and/or alcohol use amongst transgender people. However, some international studies have identified that high rates of substance use have been documented among some transgender populations, whereas other studies have found scant differences in substance use patterns among transgender and cisgender groups. For instance in a single study transgender women have been found to be more likely to report syringe use; however, it has not been established whether this is indicative of the injection of hormones and/or substance use (Lyons, T. et al. 2015). Caution needs to be applied in extrapolating from these studies due to the small numbers, variable findings and settings we cannot say that any one or some are representative or transferable.</p> <p><i>Lyons, T., Shannon, K., Pierre, L., Small, W., Krüsi, A. and Kerr, T. (2015) A qualitative study of transgender individuals' experiences in residential addiction treatment settings: stigma and inclusivity. Substance Abuse Treatment, Prevention, and Policy. 10 (1), pp.17.</i></p> <p>The Gloucestershire treatment provider does not gather data regarding gender reassignment so we are unable to say whether the service is accessed by trans people, however given the estimated prevalence within the general Gloucestershire population we would expect to see trans people represented within the treatment population at some point within a year.</p>
<p>Marriage & civil partnership</p>	<p>Among residents of Gloucestershire:</p> <ul style="list-style-type: none"> • 30.5% are single and have never married or registered a same-sex civil partnership • 50.2% are married; • 0.3% are in a registered same-sex civil partnership; • 2.3% are separated but still legally married or still legally in a same sex civil partnership; • 9.5% are divorced or formerly in a same sex civil partnership which is now legally dissolved; • 7.2% are widowed or a surviving partner from a same sex civil partnership <p>National statistics show that any drug use in the last year was lower amongst those who were married or in a civil partnership (3.3%) when compared with those whose marital status was single or cohabiting (18.1% and 10.7% respectively) (EWCS 2019).</p> <p>People who are married or cohabiting are more likely to have consumed alcohol in the last week (63%) compared to single people (49%) and married people are more than twice as likely to consume alcohol on a daily basis (14%) compared with single people (5%). However single people are more likely to consume more alcohol than married people on their heaviest drinking day (ONS 2014).</p>

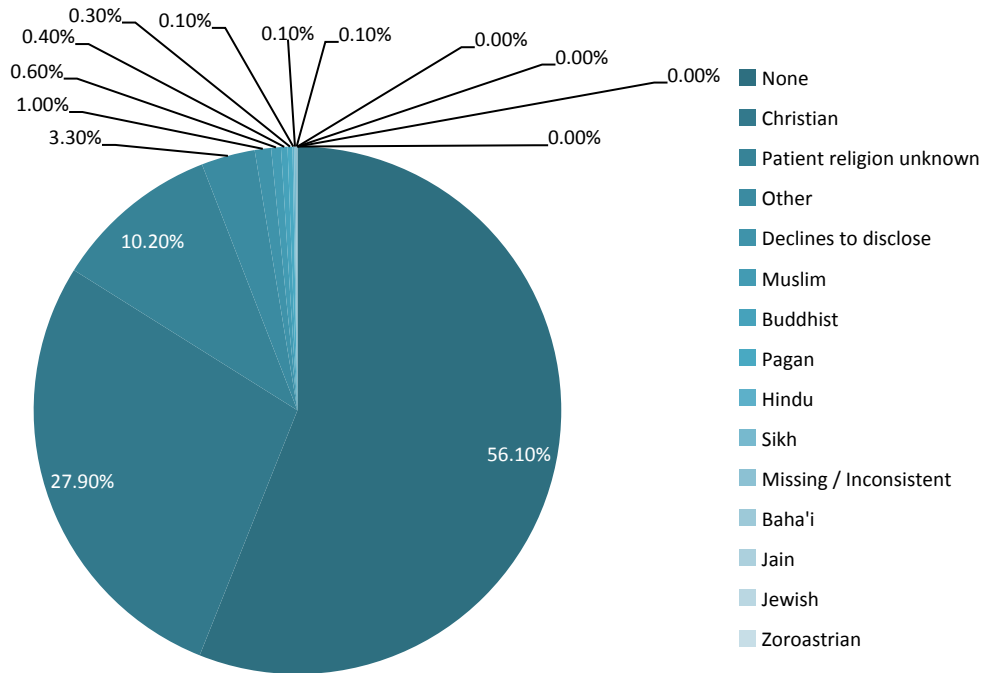
	<p>The Gloucestershire drug and alcohol treatment provider does not routinely collect data regarding marital status, however we can reasonably expect that the treatment population profile might not be broadly consistent with the County profile and based upon national observations regarding drug use (the majority of the treatment population) specifically we would expect to see more people who identify as single.</p>								
Pregnancy & maternity	<p>There were 6,739 live births in Gloucestershire in 2016, the highest proportion of deliveries were to women aged 30 to 34 continuing the trend of later motherhood. Births to mothers aged 25-29 and 30-34 account for a slightly higher proportion of total births in Gloucestershire than they do nationally, whilst those to mothers aged under 25 account for a slightly lower proportion.</p> <p>There are no national estimates for the rate of drug use during pregnancy, however in 2017 11.3% of pregnant women reported last week alcohol consumption (ONS 2017).</p> <p>In 2018-19 there were 814 women in drug and alcohol treatment, and 3% of those starting treatment in the year reported that they were pregnant at that point. However we know that there were more women in the county who were pregnant and either concurrent or former drug and/or alcohol users; data provided by the Specialist Substance Misuse Midwives (NHS GHT) identifies that they coordinated care for 73 pregnant women with significant past or present drug and/or alcohol problems.</p> <table border="1" data-bbox="528 719 1160 874"> <thead> <tr> <th rowspan="2">Pregnancy (female new to treatment 2018-19)</th> <th colspan="2">1 Apr - 31 Mar</th> </tr> <tr> <th>No.</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Pregnant</td> <td>13 / 437</td> <td>3.00%</td> </tr> </tbody> </table> <p>In the same year within the treatment population there were 274 individuals who reported that they were parents who had all or some of their children living with them and more than two thirds (68%) were female.</p>	Pregnancy (female new to treatment 2018-19)	1 Apr - 31 Mar		No.	%	Pregnant	13 / 437	3.00%
Pregnancy (female new to treatment 2018-19)	1 Apr - 31 Mar								
	No.	%							
Pregnant	13 / 437	3.00%							
Religion or Belief	<p>According to the 2011 Census, 63.5% of residents in Gloucestershire were Christian, making it the most common religion. This was followed by no religion which accounts for 26.7% of the total population.</p> <p>Gloucestershire has a higher proportion of people who are Christian, have no religion or have not stated a religion than the national figures. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county.</p> <p>There are no national estimates of the association between religion and belief and drug and/or alcohol use; however a number of studies into adolescent behaviours indicate that religion or religiosity may be protective against the use of drugs and alcohol (Ford & Hill 2012; Castaldelli-Maia & Bhugra 2014); however this may change across the life course (Moscati & Mezuk 2014). <i>Ford, J.A. and Hill, T.D. (2012) Religiosity and Adolescent Substance Use: Evidence From the National Survey on Drug Use and Health. Substance use & Misuse. 47 (7), pp.787-798.</i> <i>Castaldelli-Maia, J.M. and Bhugra, D. (2014) Investigating the interlinkages of alcohol use and misuse, spirituality and culture -</i></p>								

Insights from a systematic review. International Review of Psychiatry. 26 (3), pp.352-367.
Moscato, A. and Mezuk, B. (2014) Losing faith and finding religion: Religiosity over the life course and substance use and abuse. Drug and Alcohol Dependence. 136 pp.127-134.

The Gloucestershire drug and alcohol treatment population demonstrates a distinctly different pattern of religious affiliation and belief when compared to the County profile; the majority (56.1%) state no religion with only 27.9% stating that they are Christian.

Religion (individuals starting treatment 2018-19)	%
None	56.10%
Christian	27.90%
Religion unknown	10.20%
Other	3.30%
Declines to disclose	1.00%
Muslim	0.60%
Buddhist	0.40%
Pagan	0.30%
Hindu	0.10%
Sikh	0.10%
Missing / Inconsistent	0.10%
Baha'i	0.00%
Jain	0.00%
Jewish	0.00%
Zoroastrian	0.00%

**Gloucestershire drug & alcohol treatment population (starting treatment)
2018/19 - by religion**



Sexual Orientation

There are no definitive data on sexual orientation at a local or national level. Estimates used by the Department of Trade and Industry in 2003, and quoted by Stonewall, suggest around 5-7% of the population aged 16 and over are lesbian, gay or bisexual. If this figure were to be applied to Gloucestershire it would mean somewhere between 25,800 and 36,000 people in the county are LGB. A more recent estimate from the 2017 ONS Annual Population Survey (APS) suggests that 2.1% of the England population aged 16 and over is LGB; if this figure were applied to Gloucestershire it would mean that there are approximately 10,800 LGB people in the county.

The APS also found that, for the overall UK population, 2.3% of males compared with 1.8% of females identified as LGB in 2017, and that young adults were more likely to identify as LGB than older age groups (4.2% of people aged 16 to 24 compared with 0.7% of people aged 65 or over).

National statistics show gay and bisexual men surveyed by the CSEW were more likely to have used drugs in the last year than

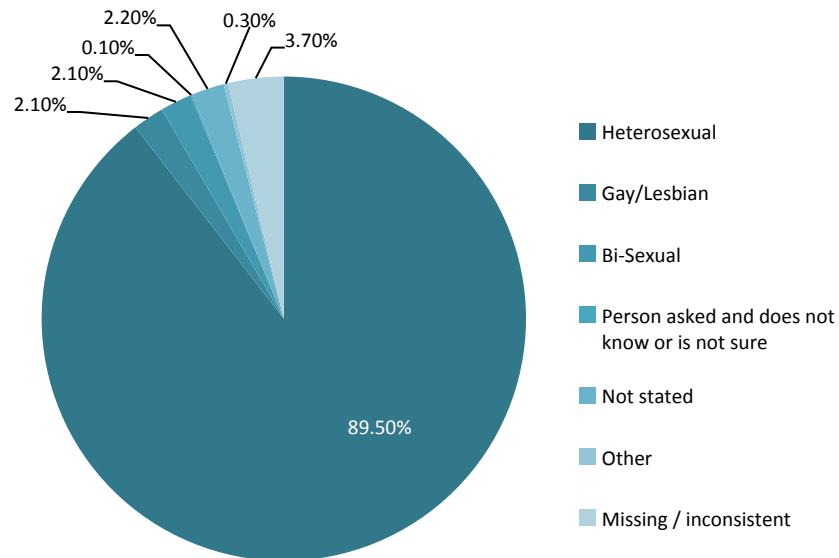
heterosexual men. One-third (33.0%) of the gay and bisexual men had used drugs in the last year, which was approximately three times higher than the proportion of heterosexual men who had done so (11.1%). Reported use of all stimulants was approximately five times higher among gay and bisexual men than among heterosexual men, with methamphetamine use around 15 times higher. Drug use was similarly higher among lesbians and bisexual women (approximately four times higher) than among heterosexual women (22.9% and 5.1% respectively). However, this difference is to a great extent explained by the much higher reported levels of cannabis use in the last year (Neptune 2016).

A Stonewall/YouGov survey found that LGBT people are more likely to drink alcohol almost every day; one in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year compared to one in ten in the general population. Frequency of alcohol consumption increases with age; a third of LGBT people aged 65+ (33 per cent) say they drink almost every day, compared to just seven per cent of LGBT people aged 18-24. One in five GBT men (20 per cent) drank alcohol almost every day over the last year compared to 13 per cent of LGBT women and 11 per cent of non-binary people. (Stonewall 2017)

4.20% of the Gloucestershire drug and alcohol treatment population report that they are LGB, this is similar to both the Stonewall and the ONS estimates and to the National average for treatment in the same period.

Sexuality (individuals starting treatment 2018-19)	%
Heterosexual	89.50%
Gay/Lesbian	2.10%
Bi-Sexual	2.10%
Person asked and does not know or is not sure	0.10%
Not stated	2.20%
Other	0.30%
Missing / inconsistent	3.70%

Gloucestershire drug & alcohol treatment population (starting treatment) 2018/19 - by sexual orientation



Other information

Workforce data

Please document details of GCC staff only if they will be affected by the proposed activity. This could include GCC staff transferring under TUPE to a new service provider, relocating, employment at risk. **GCC [Workforce diversity reports](#)** are available on our website.

If the proposed activity does not affect GCC staff, please state 'Not affected below'.

Total number of GCC staff affected	Not affected
Age	Not affected
Disability	Not affected
Sex	Not affected
Race (including Gypsy & Traveller)	Not affected
Gender reassignment	Not affected
Marriage & civil partnership	Not affected
Pregnancy & maternity	Not affected
Religion or Belief	Not affected

Sexual Orientation	Not affected
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Consultation and engagement

List all types of consultation that has taken place during the development of this activity. Include on-line consultations, events, meetings with stakeholders, community events, employee consultation exercises etc.

Service users	Service user engagement exercise took place 25th and 26th November 2019 including one to one and focus group interviews looking at the challenges which they face accessing and engaging with services and the wider system.
Workforce	Three workforce engagement sessions took place between 12th February and 11th March 2020 – group sessions including all available staff at the three CGL Hubs.
Partners	Engagement with district Community Safety Partnerships (CSPs), Health & Wellbeing Board and Safer Gloucestershire Board beginning in 2019 and continuing into 2020 – the ongoing engagement suspended due to the COVID-19 pandemic.
External providers of services	Planned engagement with housing providers, criminal justice partners, etc. suspended due to the COVID-19 pandemic. However, many of these partners are represented on the groups described above and have engaged during those events/engagement activities.

Equality analysis: Summary of what the evidence shows and how has it been used

This section will allow you to outline how the evidence has been used to show ‘due regard’ to the three aims of the general equality duty. It is important that this consideration is thorough and based on sufficient information. Consideration should be relevant and proportionate.

- Eliminate discrimination
- Advance equality of opportunity
- Promote good relations.

Protected group	Challenge or opportunity considered and what we did
<p>The completion of this DRS and associated decision making process is taking place alongside a parallel longer term strategic review. This review is looking at prevalence of drug and alcohol use in the county and will produce further learning on any gaps in protected characteristics.</p>	
<p>Age(A)</p>	<p>Analysis indicates differing service user profiles/needs across the age groups accessing services, for instance the heroin/opiate user cohort and the alcohol using cohort are both older, with 75% of heroin users and 79% of alcohol users aged 35 or older; whereas 59% of non-opiate drug users are younger than 35. This translates to differing needs between the cohorts with the heroin/opiate and the alcohol cohorts tending to experience more entrenched addictions and cumulative health problems compounded by aging compared to the younger non-opiate cohort.</p> <p>This is reflected in the observations of key stakeholders who report increasing complexity in these older groups. The data presented in this analysis has been provided by the current service provider and confirms that the age profile is consistent with national observations.</p> <p>Within the delivery of the breadth of services required under the contract; the specification requires that the provider delivers and provides evidence of a balanced and effective service which meets the differing needs of the age groups requiring services.</p> <p>The current contract and specification requires that the provider understands, analyses and makes appropriate adjustments where extra needs arise due to this protected characteristic.</p> <p>The provider submits Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.</p>
<p>Disability (D)</p>	<p>The current provider collects information on this characteristic; the data show that when compared to the Gloucestershire population, people who report at least one disability and/or a significant mental health condition are over-represented within the service, but consistent with the national picture. The available comparative national data</p>

	<p>indicates that disabled drug and alcohol users are not currently under-served and we do not expect this to change. However there is insufficient evidence regarding the association and impact of substance misuse within disabled populations to draw firm conclusions as to whether we might have unmet need within the County.</p> <p>The current contract and specification requires that the provider understands, analyses and makes appropriate adjustments where extra needs arise due to this protected characteristic.</p> <p>The provider submits Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.</p>
Sex (S)	<p>We have identified through national data sources that there are differential rates of alcohol and drug use across the sexes, being most prominent in men. The profile of service users accessing the current service matches this profile and we have no evidence to suggest that this is likely to change.</p> <p>The contract requires that Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.</p>
Race (including Gypsy & Traveller)(R)	<p>We have identified through national data and the literature that it is likely that there are differential rates of drug and alcohol use between ethnic groups, which appears to be reflected in the representation within the current treatment population. However, we expect that the provider monitors this, taking it into account to ensure accessible and responsive services.</p> <p>The contract requires that Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.</p>
Gender reassignment (GR)	<p>There is insufficient data or anecdotal information either locally or nationally available to make a full analysis of the likely impact of this contract extension. There is a paucity of literature regarding how drug and or alcohol use affects transgender people within the UK context and that which is available alongside the international literature is highly setting specific, contradictory and non-transferable.</p> <p>Quarterly Monitoring Reports do not currently include this protected characteristic and reasonable/proportionate options for filling this information gap will be explored with the provider.</p>
Marriage & civil partnership (MCP)	<p>The available evidence indicates that there are higher levels of drug use amongst single people compared to those who are married/civil partnership whereas daily alcohol use is more common in this group. Therefore on the basis that drug users form the majority of service users we would expect that the service might benefit fewer married people than single, however that does not mean that they are disadvantaged as this is a function of the behaviours which this service is designed to address.</p>

	<p>Quarterly Monitoring Reports do not currently include this protected characteristic and reasonable/proportionate options for filling this information gap will be explored with the provider.</p>
Pregnancy & maternity (PM)	<p>Current data would indicate the services are accessible for pregnant women and parents (the majority of those who have children living with them are female 68%). The service has good links with specialist midwifery (with whom they, coordinated care for 73 pregnant women in 20181-19) and bespoke pathways for parents including close working arrangements with children and families (GMAT).</p> <p>The contract requires Quarterly Monitoring Reports include reporting by this protected characteristic and on contacts with children's and families services; this is triangulated with reporting provided by the specialist substance misuse midwives.</p>
Religion and/or Belief (RAOB)	<p>Our analysis shows that unlike the County population the majority of the people accessing the service report that they do not have a religion, therefore this group benefits disproportionately from the service. However, it is unlikely that those who do identify with a religion are disadvantaged, research indicates lower levels of drug use in those with a belief system and therefore lower representation is expected. Whilst this is the case it is expected that in providing service user centred, holistic and integrated treatment individual religion/belief system should be taken into account.</p> <p>The specification requires that that the provider understands, analyses and makes appropriate adjustments where extra needs arise due to protected characteristics.</p> <p>The contract requires that Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.</p>
Sexual Orientation(SO)	<p>National and international evidence informs us that the rate of drug and alcohol use is higher amongst gay, lesbian and bisexual people. We expect that through the system having increased the numbers of users of drugs other than heroin receiving treatment that gay, lesbian and bisexual drug users will benefit.</p> <p>The proportion of LGB people in treatment in 2018-19 is consistent with the very broad estimations of LGB representation within the Gloucestershire population; however the estimates are so broad that they do not provide a reliable baseline to measure the success of the service in this regard.</p> <p>The contract requires that Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.</p>

Strengthening actions: Planning for further improvements

Please outline here what actions are required for further improvements to address challenges or opportunities, for example:

- Arrangements for continued/new engagement with stakeholders, staff, service users
- Plans to close data gaps across any of the protected characteristics through reviewed contract management arrangements
- Identify other plans already underway to address the challenges or opportunities identified in this statement
- Share findings with partner organisations.

If none, state 'none' below.

Action Plan

Action	Who is accountable	Time frame
Continue to monitor fair access to services by protected characteristics through existing contract management arrangements and provide data for GCC's yearly diversity report	Outcome Manager (Public Health) and Commissioning Officer (Public Health)	From 1 st April 2020 to a year preceding end of contract (31 st March 2023)
Work with provider to build better understanding of impact of service on people with protected characteristics	Outcome Manager (Public Health) and Commissioning Officer (Public Health)	From 1st April 2020 to a year preceding end of contract (31 st March 2023)
Deliver Drug and Alcohol Strategic Review for Safer Gloucestershire – to include stakeholder engagement linked to regarding drug and alcohol impact on people with protected characteristics	Lead Commissioner (Public Health) and Outcome Manager (Public Health)	From 1st April 2021 to a year preceding end of contract (31st March 2023) N.B. Timescale dependent on restrictions and pressures related to COVID-19

Monitoring and Review

Please indicate what processes/actions will be put in place to keep this 'activity' under review. For example will progress be monitored/reported to a board, scrutiny committee, project board, etc.

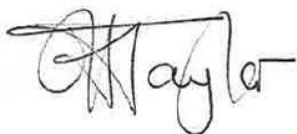
Quarterly contract monitoring process reviews access to and use of the service by protected characteristics. This will be primary vehicle for monitoring, review and resolving 'knowledge' gaps'. This will be supported by routine reporting to the Adult Social Care & Communities Scrutiny Committee.

The quality of drug and alcohol treatment services continues to be monitored by multi-agency boards including Gloucestershire Drug and Alcohol Clinical Quality Review Group (CQRG) and the Gloucestershire Drug and Alcohol Working Group (GDAWG) – reporting to the Safer Gloucestershire Board.

Sign off and Scrutiny


By signing this statement off as complete you are confirming that 'you' have examined sufficient information across all the protected groups and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Senior level sign off:



Date: 01/10/2020

I am in agreement that sufficient information and analysis has been used to inform the development of this 'activity' and that any proposed improvement actions are appropriate and I confirm that I as the decision maker have been able to show due regard to the needs set out in section 149 of the Equality Act 2010.

Name of relevant Portfolio Holder/Cabinet Member: Cllr Tim Harman	
Signed by Portfolio Holder/Cabinet Member: 	Date: 30.9.2020

Publication

If this statement accompanies cabinet paper it will be published as part of the cabinet report publication process. Statements accompanying cabinet reports are also published on our website. If this statement is not to be submitted with a cabinet paper please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.