

Equality Impact Assessment (EqIA)

The Equality Act 2010 introduced the Public Sector Equality Duty which states that a public authority must, in the exercise of its functions, have due regard to the need to:

1. Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

This document demonstrates how the Council is meeting the Public Sector Equality Duty by setting out the findings of an equality analysis that has been undertaken in relation to a proposed change to assess whether it has a disproportionate impact on people who share a protected characteristic. The Council's Equality Impact Assessment (EqIA) process covers additional groups not 'protected' by section 149 of the Equality Act 2010, including care leavers and care experienced adults.

1. Background

Directorate	Integrated Commissioning
Service area	Adult Social Care
Title of the proposed change being assessed i.e. the policy, service or other development	Replacement of the current Pre-Placement Contract for commissioned residential and nursing homes with a new contract.

Describe the purpose of the proposed change and the intended outcomes
<p>Our current contract for residential and nursing care, known as the Pre-Placement Contract (PPC), was developed in 2003 and is no longer fit for purpose. The contract covers services for older people and adults of working age with a learning disability, physical disability, autism and/or a mental health condition.</p> <p>The objective is to put in place an up-to-date contract which:</p> <ul style="list-style-type: none"> • meets legislative requirements • sets out how the council commissions residential and nursing care services • aligns with other adult social care contracts for consistency of approach for providers • reflects the integrated funding and delivery of health and adult social care services in Gloucestershire <p>As the current PPC is now around 20 years old, it does not contain provisions in relation to significant legislative changes that have been introduced, for example the Care Quality Commission (CQC) as regulator, the Care Act 2014 and the General Data Protection Regulations. Elements such as the pricing structure, equipment schedule and service specifications are out of date.</p>

Other areas of the contract, such as the contractual escalation process for when there are service delivery or quality concerns are not robust enough.

Who is affected by the proposals?

Service users:	Yes
Wider community:	Yes
GCC Workforce:	No (but possible minor changes to processes of on-boarding, for example, depending on procurement route).
Other (please specify):	External care workforce

Decision to be taken and decision maker	To approve the creation of a new residential and nursing contract that reflects current legislation and our commissioning intentions.
Person(s) responsible for completing this assessment	Chris Gratton, Senior Commissioning Manager, Adults Integrated Commissioning
Date of this assessment	May 2024

2. Information and Data Collection

Summarise how you have collected the information and data required to assess the current situation (section 3.1 below) and the potential or actual impact of the proposed change (section 3.2 below) on those who share the protected characteristics and the additional groups (e.g. survey of services users, running community focus groups, analysing service usage data, engaging with staff networks). The actual information and data should be set out in Appendix 1 (Service Users) and Appendix 2 (GCC staff).

If there are any gaps, include an action in section 4 to fill these. This does not mean that you cannot complete the equality impact assessment, but you need to follow-up the action and revisit as part of the monitoring and review arrangements set out in section 5.

Stakeholders	Engagement and Consultation	Other Sources
Service Users / Wider Community	<p>We have consulted with partnership boards relating to carers, carers of people supported in a care home, autism, physical disabilities and sensory impairment, mental health and wellbeing and learning disabilities. We have also spoken to the Cultural and Diversity Dementia Network and spoken to a resident of a care home locally. It is our intention to also attend further care home residents' meetings and family forums in the coming months.</p> <p>We also disseminated an online survey for people with experience of supporting someone in a care home.</p>	<p>equality-profile-2024.pdf (gloucestershire.gov.uk) Long-term social care funded services used by over-65s Older People in Gloucestershire Prevalence of Needs Long-term social care funded services used by adults aged under 65 with a physical disability Long-term social care funded services used by adults aged 18+ with a mental health condition) Long-term social care funded services used by adults aged 18+ with a learning disability Review of commissioned services data from Gloucestershire's Carers Hub to provide carers insight.</p>
GCC Workforce	<p>We have consulted with colleagues across Adults Commissioning, Adults Brokerage, NHS health colleagues (GICB), ASC Operations, Community Engagement Team, and Support Services to ensure we have included all relevant and pertinent information.</p>	

Partners	We have consulted our commissioned partners at Gloucestershire Care Provider Association (GCPA).	
Other	We hosted seven provider engagement events: six in-person (one per district), and one online event. We also disseminated a survey for providers.	Newton Europe was commissioned to provide the data analyses and demographic profiling for the MPS, some of which was relevant to this work and is reflected below.

3. Equality Assessment

Indicate the impact on each group and explain how you have reached your conclusions (i.e. through analysis of the information and data that was collected through the engagement, consultation and other sources / methods that were set out in section 2).

Consider sub-categories (e.g. different kinds of disabilities) and how the groups are interconnected (e.g. young women) resulting in particular needs or types of disadvantage and discrimination (sometimes known as intersectional or combined discrimination).

3.1 – Status Quo

If the proposal involves changing an existing activity (e.g. policy, service), summarise the key findings from your assessment of the current situation for each of the groups below. If the proposal is completely new, then move straight to section 3.2.

	Service Users	Gloucestershire County Council (GCC) Staff
Protected Characteristics (Equality Act 2010)	Service users are primarily older people (age), those living with a disability (disability), and a combination thereof. We are also aware that we need to ensure those from diverse ethnic backgrounds (race, religion) are represented and supported to live well in residential and nursing settings.	N/A

Additional Groups (including care leavers / care experienced adults)	N/A	N/A
--	-----	-----

3.2 – The Proposed Change

Summarise your assessment of the likely or actual impact of the proposed change on each of the groups. If an action is required, this should be recorded in Section 4.

Service Users

Protected Characteristics / Additional Groups	Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact	Action Required (Y/N)?
Age	X				Older people are the largest group of people supported by our residential and nursing care sector. We also know this age group is growing in population across the county at an exponential rate, meaning there will be more people requiring care and support commissioned by the Council. The development of a new contract relating to their care will hopefully have a positive impact in terms of delivery and quality.	N

Disability	X				In addition to older people, those living with a disability will also be impacted. The development of a new contract relating to their care will hopefully have a positive impact in terms of delivery and quality.	N
Sex		X				
Race	X				As we become a more ethnically diverse county, we need to ensure services meet the needs of those from minority ethnic groups so that any cultural, spiritual and well-being needs are met when care services are utilised and/or delivered by this population.	N
Gender reassignment		X				
Pregnancy & maternity		X				
Religion and/or belief	X				As we become a more ethnically diverse county, we need to ensure services meet the needs of those from minority ethnic groups so that any cultural, spiritual and well-being needs are met when care services are utilised and/or delivered by this population.	N
Sexual orientation		X				
Marriage & civil partnership		X				
Armed Forces community		X				

Carers	X				As the new contract will cover short-term respite provision as well as long-term care, carers may be positively impacted through formalisation of standards and expectations in these care environments for the people they care for.	N
Care leavers / care experienced adults		X				
Digital exclusion		X				
Geography, for example, urban and rural areas		X				
Socio-economic disadvantage		X				
Vulnerable groups of society		X				
Interconnected Characteristics / Groups	Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact	Action Required (Y/N)?
Age/Disability – People living with disabilities who are also older	X				The development of a new contract will enable us to ensure services are suitable to meet the needs of our population, including those living with disabilities (learning, physical, and those with mental health conditions) as they age.	N

Age/Race/Religion	X				As we become a more ethnically diverse county, we need to ensure services meet the needs of those from minority ethnic groups so that any cultural, spiritual and well-being needs are met when care services are utilised and/or delivered by this population.	N
-------------------	---	--	--	--	---	---

4. Action Plan

Set out the key actions that will be undertaken, following the equality assessment in section 3, to further maximise the positive impact or mitigate the negative impact of the proposal on the protected characteristics and additional groups prior to implementation (any negative consequences should be eliminated, minimised or counter-balanced by other measures):

Identified Potential or Actual Impact	Recommended Action(s)	Owner	Target Completion Date
N/A	N/A	N/A	N/A

5. Monitoring and Review

Public bodies must have regard to the aims of the duty not only when a policy, service or development is being created and decided upon, but also when it is implemented and at regular intervals thereafter. The Equality Duty is a continuing duty.

Lead officer(s):	Project Lead: Chris Gratton, Senior Commissioning Manager, Adults Integrated Commissioning Project Sponsor: Jenny Cooper, Head of Integrated Commissioning for Older People
------------------	--


Part 1 – Initial arrangements (up to around six months following implementation)

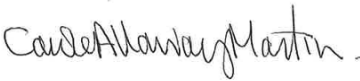
Date of the post implementation review:	December 2025
<p>Approach to <u>measuring the impact</u> of the change to enable a <u>comparison</u> between the <u>anticipated impact</u> (as set out in section 3) with the <u>actual impact</u>:</p> <ul style="list-style-type: none"> ▪ What mechanisms will be used? ▪ How will service users / the wider community / GCC staff and other stakeholders be involved? 	<p>The number of providers that move to the new contract at point of availability will be an initial measure of acceptability by the market.</p> <p>The contract specifications will ensure alignment with the Care Act 2014, emphasising person-centred care and choice. As part of this work, we will also be working with providers people living in the care homes, and their families to understand how religious and cultural needs can be met.</p> <p>We will retain regular contact with providers via contract monitoring and engagement forums (quarterly). Key performance indicators (KPIs) will be established within the new contract to ensure minimum standards and expectations are met by providers and will be reviewed during contract monitoring meetings.</p>

Part 2 – Ongoing arrangements (from around six months onwards)

Frequency of monitoring and review:	Quarterly (to be established)
What mechanisms will be used?	We will retain regular contact with providers via contract monitoring and engagement forums.
How will service users / the wider community / GCC staff and other stakeholders be involved?	KPIs established within the new contract will be reviewed during contract monitoring meetings and individual care package reviews.

6. Approval

Signature of Senior Officer	
Name of Senior Officer	Sarah Scott
Date	09.07.2024

Signature of Decision Maker	
-----------------------------	--

Name of Decision Maker	Cllr Carole Allaway-Martin
Date	09.07.2024

Appendix 1 – Service User Data and Information

Details of service users affected by the proposed activity.

Groups	Service User Data and Information
Age	<p>Gloucestershire’s 65+ population is projected to experience the greatest growth over the next 25 years, increasing by 38%, with the largest growth in those aged 85+ years. The number of older people unable to manage at least one self-care activity such as wash, dress and take medicines is predicted to increase to 64,000 by 2030. Gloucestershire’s ageing population will have financial and resource implications, as this is the age at which GCC adult care and other service support are most likely to be required. The older a person becomes, the more likely they will require more complex support services. Analysis undertaken by Newton suggests a 97% increase in demand for older people’s residential and nursing care in the next 20 years, and this will be largely for more complex individuals and those living with dementia.</p> <p>In addition, most of our care workforce is aged 45-65 years. As this population ages, there will be a deficit in our caring workforce as these citizens may also require further support. In addition, our working age population is only anticipated to grow by 5%, meaning we may have difficulties meeting demand for people requiring care due to workforce deficits. This knowledge will support future strategies to increase our care workforce in the county.</p>
Disability	<p>The recent (2021) census reported 16.8% of Gloucestershire’s population were classed as disabled under the Equality Act (2010), and around 30% of households in Gloucestershire had at least one disabled person living in it.</p>

	<p>Data modelled by Newton Europe suggests there may be approximately 530 adults of working age in receipt of residential and nursing care placed by GCC, comprising:</p> <ul style="list-style-type: none"> - 64 people with mental health difficulties - 321 people with learning disabilities - 145 people with physical disabilities (2023) <p>It is anticipated there will be a steady growth of 6% over the next 20 years, underpinned by the assumption there will only be a 5% growth in this population's age group. As these individuals age, care provision will need to consider how needs may change relative to their age as well as any increasing complexities or co-morbidities.</p> <p>Workforce implications echo the sentiment above as the care workforce is drawn from the same, if not heavily overlapping, pool of individuals within health and social care.</p>
Sex	--
Race	<p>Our in-house data suggests that approximately 92% of our care home population are White British, 1% Black British and less than 1% in each of the other minority ethnic groups recorded. This is higher than the county's population spread which is 88% White British. Furthermore, we have 2.9% of the county's population identifying as Asian, Asian British and/or Asian Welsh, and less than 1% represented in bed-based care. If we consider the county's ethnic group by age, 98.2% of people age 65+ identify as White British, Irish, Traveller, Roma or 'white other', meaning we have an approximate representation of race in older people's residential and nursing care for this majority.</p> <p>Regarding language, older people who did not speak English as a first language were less likely to be proficient: 32.3% of people aged 50 and over who did not speak English as a main language were not proficient, compared with 12.0% of people aged under 50. This may be important to consider in our older adult services with access to interpreters or translation services, or when considering workforce. Between 2011-2021, there has been a 63.8% increase in the population of people from ethnic minority backgrounds, and Gloucester is the most ethnically diverse area.</p> <p>Gloucestershire has large disparities at locality level, with a persistent long-term health inequalities gap. Per the Core20 definition, there are 373 Lower Layer Super Output Areas (LSOAs) in Gloucestershire; of which, 31 LSOAs are in the most deprived 20% in England, representing 8.2% of our county's population. People of Asian, Asian British, Black, Black British and Mixed Heritage are</p>

	disproportionately represented in the LSOAs. It's in these areas that some of the hyper-localised commissioning blocks have been located to support these communities.
Gender reassignment	--
Pregnancy & maternity	--
Religion and/or belief	--
Sexual orientation	--
Marriage & civil partnership	--
Armed Forces community	--
Carers	<p>In Gloucestershire, there are approximately 52,000 declared carers, and approximately 7,000 young carers (GICB), although this may well be higher (Census 2021 data).</p> <p>Gloucestershire Carers Hub is a focal point of contact for many carers throughout the county with over 13,000 carers registered since the contract began. As of January 2024, they have approximately 9,000 adult carers registered with an average of approximately 200 new carers per month. The largest cohort are of working age (18-64) at 55%, followed by 65-85 at 38% (local reporting data). It is likely that this population will require further support as they age over the next 20 years and will require targeted strategies to enable them to continue to care for their family and friends, but also receive appropriate support for themselves.</p>
Care leavers / care experienced adults	--
Digital exclusion	--
Geography, for example, urban and rural areas	--
Socio-economic disadvantage	--
Vulnerable groups of society	--
