

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':	Enhanced Independence Offer
Person(s) responsible for completing this statement	Gary Mack – Lead Commissioner Sally Jones – Health and Social Care Manager (CCG) Laura Reynolds – Commissioning Officer
Briefly describe the activity being considered including aims and expected outcomes	The Enhanced Independence Offer is a work-stream within the Adult Single Programme focused on maximising efficiency and streamlining the pathways within intermediate (tier 2) services across the local health and social care system. In doing so, we will work with partners to change culture, systems and processes to enable us to create a system that prevents, reduces and delays the need for long-term care support through the use of short-term interventions. These interventions will empower people to build on their own strengths and that of their communities, and enable people to maintain their independence within their own homes for as long as possible.

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.

Adult social care is the single biggest area of expenditure for the County Council: in 2016/17 we spent around £153m and the budget for 2017/18 was £157m. Demand for our support is projected to increase because of rising numbers of older people and the complexity of individuals' needs. Against this backdrop, the Enhanced Independence Offer intends to deliver £1.13m savings during the period 2018-2021. This means we need to do things differently so that people's needs are still met.

Our approach will be guided by the following principles:

Simplification of process and pathways

The referral process will be simplified into two clear pathways: home-based support and short-term bedded support. The pathways will support step down from a hospital setting and step up from the community services.

Adopting the Home First Philosophy

This approach aligns with NICE guidelines in delivering services at home where possible. It also means that no service assessments will be made in a hospital setting. Instead, people will be in familiar surroundings where they are most comfortable and where their best outcomes and reablement goals can be determined. This will reduce unnecessary delayed hospital discharges as well as a reduction in 'reactive brokerage' with a shift of the brokerage function to a later stage of the customer journey, when there is more information about the service user and allows more time to secure the most appropriate services.

Using a Therapy-led Reablement Approach

A 'therapy led reablement approach' in both pathways is key to ensure all opportunities for people to regain their independence and goals are maximised and pursued.

The Enhanced Independence Offer is designed to support our aims to meet more needs with less money by preventing, reducing, and delaying the demand for expensive care models (tier 3 services) and increasing the supply of early help, targeted interventions and community based support (tier 1 and appropriate tier 2). We anticipate that this changed model of care will enable greater independence for people and deliver more personalised services.

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

<p>Who is responsible for delivering the service?</p>	<p>Gloucestershire County Council, in partnership with a wide range of independent providers is responsible for delivering services for adults. The precise make-up of this market will change as our procurement comes into line with our commissioning intentions, and is not yet known. It is likely, however, that there will be more providers of community-based services and fewer providers of intermediate and institutional care.</p>
<p>Service user data/Needs analysis information (Source: 2011 Census, 2013 ONS Mid-Year Population Estimates (MYE) and GCC Service User Diversity Report 2018/19)</p>	
<p>Age</p>	<p>Analysis of the 2018 Gloucestershire Population Profile shows the total number of Gloucestershire residents reporting as 623,129 broken down into the following age ranges:</p> <p>0-19 – 22.6% (140,827) 20-64 – 56.6% (352,691) 65 and over – 20.8% (129,610)</p> <p>The 65+ proportion exceeds the national average and is growing. There is also considerable variation at district level, with Cotswolds, the Forest of Dean, Stroud and Tewkesbury all having an over-representation of over 65s (with Cotswolds having the highest proportion).</p> <p>Key facts:</p> <ul style="list-style-type: none"> • Gloucestershire's 65+ population is projected to increase by almost 82,500 (or 66.6%) by 2039. This is significant because adult care and other support services are more likely to be required by those aged over 75. • All districts are expected to experience an increase in the 65+ age group: most sharply in Gloucester (77.9%) and smallest in Cheltenham (60.5%). • Numbers of older people, including those living alone, are rising at a significantly faster rate than for other ages in Gloucestershire. There are currently an estimated 33,800 people aged 65+ living alone, and this forecast to rise to 41,000 by 2020. This is significant because living alone increases the likelihood of needing our services. (Understanding Gloucestershire, 2013)

	<ul style="list-style-type: none"> • While permanent admissions to care for 18-64 year olds is 10.3 people for 100,000, this rises to 472.7 per 100,000 for over 65s (ASCOF 2017/18). • As at 31 March 2018, a total of 2,781 people aged 65 or over were receiving council-funded long-term care packages, i.e. community care, residential care and nursing care (excluding those whose primary need related to learning disability or mental health). The over-85s are the largest user group (48.9%), followed by the 75-84s (33.2%) and the 65-74s (18.0%). <p>It is important to note that within our society 'ageing' is generally considered in a negative light, with general perceptions about what older people lose, such as independence and the difficulties they have. However, we know that older people make a valuable contribution to their community: more are economically active; they are the fastest-growing group for self-employment; they are more likely to be volunteers; and many provide child care for their families so that their adult children can go to work.</p>
Disability	<p>According to the 2011 Census, 16.7% of Gloucestershire residents reported having a long-term limiting health problem or disability (slightly lower than the average for England of 17.6%). At a household level, 24.2% of households in the county had at least one person with a long-term limiting health problem or disability (again, slightly lower than the equivalent for England of 25.7%).</p> <p>As age increases, the proportion of residents reporting a limiting long-term health problem increases to 49.0% for the 65+ age group.</p> <p>Key Facts:</p> <ul style="list-style-type: none"> • There are approximately 11,750 people aged 18+ living with a learning disability in the county, equating to 2.3% of the adult population. Of this group, about 2,400 are estimated to have moderate or severe learning disabilities. • In 2016/17 approximately 1% of the adult population in Gloucestershire reported blindness or severe visual impairment. During the same period 3.8% of the adult population reported deafness or severe hearing impairment. • Dementia is one of the major causes of disability in older people. Estimates suggest that there are approximately 9,500 aged 65+ living with dementia in Gloucestershire. Given the ageing population, the number of dementia diagnoses is predicted to increase in future. • As at 31 March 2019, 1,064 adults aged under 65 were receiving council-funded long term care whose primary need related to physical disability or sensory impairment.

	<ul style="list-style-type: none"> Over the same period, a total of 1,336 adults aged 18+ receiving long-term care packages funded by the County Council whose primary need related to learning disabilities.
Sex	<p>The gender of an individual, combined with additional factors such as living alone, may affect their health and social care needs. The overall gender split in Gloucestershire is slightly skewed towards females, with males making up 49% of the population. This situation is also reflected at district, regional and national levels.</p> <p>As age increases, gender differences become more noticeable, with females outnumbering males by an increasing margin. These gender differences have resulted in 71% of single pensioner households being headed by a woman.² However, the proportion of men in the older population is increasing as the life expectancy of men increases: thus among the 85+ population in Gloucestershire, the proportion of men increased from 30.6% in 2006 to 35.3% in 2016.</p> <p>Amongst people aged 50-64, women were more likely than men to be providing unpaid care. Amongst people aged 65 and over, men were more likely than women to be providing unpaid care.</p> <p>For example, current data show the number of adults receiving community and residential services as 3,306 male, while females total 4,600 for the 60+ age group.</p>
Race	<p>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 'other White' and 0.2% were in another ethnic group. Overall, 4.6% of the Gloucestershire population was from Black and Minority Ethnic backgrounds.</p>
Gender reassignment	<p>According to the Gloucestershire Population Monitor - there is an estimate that there may be somewhere between 2,900 and 4,800 adults in the county that are experiencing some degree of gender variance³.</p>

² Census 2011, www.nomisweb.co.uk

³ Population Profile 2015: <http://www.maiden.gov.uk/InstantAtlas/Equalities/atlas.html>

Marriage & civil partnership	<p>According to the 2011 Census - Marital and civil partnership status:</p> <p>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 in 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.</p> <p>Key Facts</p> <ul style="list-style-type: none"> • Evidence suggests that being married (or in similarly committed relationships such as civil partnership) is associated with better mental health. • Just over 50% of Gloucestershire's residents aged 16+ are married. This is higher than the national average. • There is considerable variation in marital status between age groups, with those aged 16-24 most likely to be single and those aged 65+ most likely to be widowed. This may have an impact on the family support available to them and the level of support they require from elsewhere.
Pregnancy & maternity	<p>There were 6,739 live births in Gloucestershire in 2016. The highest proportion of deliveries was to women aged 30 – 34.</p>
Religion or Belief	<p>2011 Census reports that 63.5% of Gloucestershire residents are Christian. The next largest religious group was 'no religion' which accounts for 26.7% of the total population.</p> <p>Data for People aged 65+ shows a slightly different picture, i.e. 82.3% are Christian and the next largest group is still 'no religion' but this accounts for 9.1%.</p>
Sexual Orientation	<p>Results from the Integrated Household Survey show that 2.7% of those aged 16-24 identifying themselves as Gay, Lesbian or Bisexual (LGB), compared with only 0.4% of those 65 and over⁴.</p> <p>LGB people who are over 55 are more likely than heterosexual people of a similar age to live alone, and are more likely than heterosexual people to say that they expect to rely on health and social care providers</p>

⁴ Population Profile 2015: <http://www.maiden.gov.uk/InstantAtlas/Equalities/atlas.html>

	as they get older.
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Other information

Market Position Statement Adults 2018, Gloucestershire County Council

Commissioning Strategy for Residential and Nursing Care Home Provision 2018

Local Account 2016/17, Gloucestershire County Council

Growing Older in Gloucestershire policy

Building Better Lives policy 2014-2024

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'.

<p>Total number of GCC staff affected GCC staff data – Data taken from the GCC Workforce Diversity Report 2018/2019</p>	<p>The group of staff likely to be most affected by the changes brought about by this programme are those working in Adult Social Care, particularly reablement workers and care navigators.</p> <p>Additionally, according to the National Minimum Data Set 2013, the Adult Social Care workforce in Gloucestershire’s public, private, voluntary and not for profit sectors is estimated to include 16,700 people. This workforce is predominantly female.</p> <p>There are 128 FTE staff involved but the intention is that we upskill the team.</p>
<p>Age</p>	<p>Gloucestershire County Council, like many other councils across the UK, has an older workforce. This is reflective of the county’s population as a whole. The highest percentage of the workforce is in the 46-55 age range (35.76%). Almost 22% of employees are 36-45, and 21% are over 56 years of age.</p>
<p>Disability</p>	<p>4.43% of the Gloucestershire County Council workforce consider themselves to be disabled.</p>
<p>Sex</p>	<p>69.8% of the council’s workforce is female. This correlates with the national profile for public sector workers.</p>
<p>Race (including Gypsy & Traveller)</p>	<p>81.52% of employees have declared their Race: 90% of the workforce is White British. The estimated BME population from Gloucestershire is 4.7%, and the proportion of employees from a black or minority ethnic background is 4.27%.</p>
<p>Gender reassignment</p>	<p>45% of staff provided us with data which can be obtained through the Workforce Diversity Report 2018/19 and can be obtained if required.</p>
<p>Marriage & civil partnership</p>	<p>As a result of the recent equalities questionnaire we have now been able to gather data and report on this protected characteristic. However, there is still 64.88% “unstated” response to this question.</p>
<p>Pregnancy & maternity</p>	<p>In the period 1st April 2017 to 31st March 2018, 75 employees returned from maternity leave. 1 chose not to return.</p>

Religion or Belief	Over 80% of respondents preferred not to record this information.
Sexual Orientation	41.68% of employees provided us with sexual orientation monitoring information. There have been small increases in the number of employees identifying as bisexual, gay or lesbian.

Consultation and engagement

People using services	<p>The impact of the service on individuals will not change. People who use services are involved for up to 6 weeks and the service user bases changes on a regular basis, some people may only be supported for 1-2 days. They will not have a change in provider, if external agencies are used to support care hours then this is just an extension of existing arrangements too.</p> <p>There has however been extensive consultation:</p> <p>During October, November and December 2014, we set out our thoughts and intentions for changing the way we work and included specific consultation on the Growing Older in Gloucestershire policy and the Building Better Lives policy. Particular positive efforts were made to reach those people with a protected characteristic, including service users.</p> <p>Key messages from the consultation were:</p> <ul style="list-style-type: none"> • Participants recognised the need for individuals to take more responsibility for their own health to try and prevent problems from developing in later life. • People told us they believed that older people and those with disabilities should be able to live independently in their own homes wherever possible, with the right care and community help. • Continuing to provide professional care and support to the most vulnerable people, while recognising that while communities can provide a valuable source of help and support, there is a point where professional social care is needed. • There is a need to ensure that ways of contacting the Council are preserved for those who lack the skills or equipment to take advantage of digital access. <p>As the Programme has developed, and to support the development of Your Circle and Build Your Circle, during</p>
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	January 2019 we consulted additionally about communicating with people about care and support. Feedback confirmed that giving people better information and tools to help themselves would be effective in supporting independence and enabling informed choices.
Workforce	<p>In addition to the engagement outlined above adult social care locality teams were consulted to communicate the Build Your Circle messages to frontline staff, and to gather and consider their feedback.</p> <p>The workforce have not yet been consulted about the potential changes as modelling is still in progress. Internal operational workforce (i.e. brokerage, adult social care (acute and community teams)) are engaged with the process and are providing continuous feedback/contributing to pathway mapping workshops. Consultations with frontline staff are due to commence as soon as approval has been given by Cabinet to exact the re-focus,</p>
Partners	Market engagement continues with key external partners who are engaged with the process and have provided insight at all stages of pathway mapping through attendance at workshops. They are aware of potential changes to workforce and are thus-far supportive of the proposed changes.
External providers of services	See above (Partners).

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.

NB All vulnerable people in this cohort will have a statutory assessment of needs that is unique to that person and will meet the individual assessed needs of that citizen taking into account the nine protected characteristics that will apply to them and their informal carer who are also entitled to a separate statutory assessment of needs.

Protected group	Challenge or opportunity considered and what we did
Age(A)	<p>The Enhanced Independence Offer aims to have a positive impact on service users and the wider adult population, particularly in relation to:</p> <ul style="list-style-type: none"> <p>• Right care, Right place, Right time We will ensure that patients are on the right pathway irrespective of age or ability. We will focus on making a real difference for people and our plans will be based on what we know helps people stay safe and promotes their independence. This will mean changing our practice in many areas of adult social care, to ensure that we listen better to what people tell us they want, and help them to achieve their outcomes. We will need to become better at enabling people with higher levels of need to live in their homes with as much independence as is possible for their individual circumstances, adapting our assessment and commissioning to fit those needs. One way we are doing this is by changing our social care assessment processes to focus more on an individual's strengths, and that of their community so that people with greater needs can remain in their own home for longer than has traditionally been the case.</p> <p>• Maximising independence We believe that the best solutions are those that enable people to stay as independent as possible for as long as possible, and that the Council's role is to support this aspiration by connecting people to their communities. We are therefore changing our social care practice to rely less on institutional care, and instead focusing more on care and support in people's own homes. We are also remodelling Reablement and other short-term interventions so that we can help more people back to independence after a crisis, as well as investing in technologies which support people in their own homes.</p> <p>• Prevention and early intervention</p>

	<p>We will work with communities and partners so that we are able to identify and respond quickly to signs that someone needs help. Where we can, we will take timely action to prevent and/or delay people's needs getting worse. This will have a positive effect on people's wellbeing, as they can expect timely help from a variety of sources, which will improve their quality of life and prevent deterioration.</p> <ul style="list-style-type: none"> • Quality care that keeps people safe and promotes dignity We will work with care providers and reablement services who recognise that the quality of care that people receive matters. This will, of course, be a positive impact for service users, and is at the heart of all our commissioning of services, and in our partnership arrangements.
Disability (D)	The principles and responses outlined above for 'Age' apply equally to this protected characteristic.
Sex (S)	<p>As outlined above, more users of adult social care services are female, more informal carers are female, and more of the adult social care workforce is female. Therefore any changes to adult social care area will have a disproportionate effect on women.</p> <p>Given the anticipated positive effect for service users (increased independence, better prevention of escalating needs, and more choice and control), this will bring about a positive impact for female service users. Again, personalised assessments will fully take account of this protected characteristic for all our service users.</p> <p>There may be some impact upon informal carers who may see the positive steps of keeping their loved one at home an extended burden. Essentially to mitigate this there needs to be a thorough Carers' assessment which links to the reablement plan, and if care ceases, an ongoing offer of low level services and opportunity.</p>
Race (including Gypsy & Traveller)(R)	We have considered this protected characteristic and can identify no disproportionate impact for any potential staff or service users.
Gender	We have considered this protected characteristic and can identify no disproportionate impact for

reassignment(GR)	any potential staff or service users.
Marriage & civil partnership (MCP)	We have considered this protected characteristic and can identify no disproportionate impact for any potential staff or service users.
Pregnancy & maternity (PM)	We have considered this protected characteristic and can identify no disproportionate impact for any potential staff or service users.
Religion and/or Belief (RAOB)	We have considered this protected characteristic and can identify no disproportionate impact for any potential staff or service users.
Sexual Orientation(SO)	We have considered this protected characteristic and can identify no disproportionate impact for any potential staff or service users.

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	Proposed Time Frame
Workforce Modelling Continued engagement with key providers of services to understand impact of new pathway	Gary Mack – Lead Commissioner with support from Nigel Guest and Sarah	June/July 2019

approaches on workforce and services provided.	Atkinson (Caja)	
Development of Specifications Continued engagement with key providers regarding re-energising and refining processes and pathways within existing services.	Sally Jones – Commissioning Manager with support from Michaela Quinn (Caja)	June 2019
Refining new Tier 2 service model Complete customer journey mapping sessions with stakeholders Alignment to wider health and care system i.e. Integrated Care System and Transfer of Care Bureau	Gary Mack – Lead Commissioner with support from Nigel Guest and Sarah Atkinson (Caja) Sally Jones – Commissioning Manager with support from Michaela Quinn (Caja)	June 2019

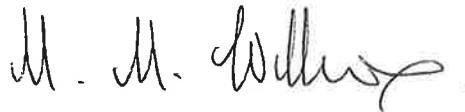
Monitoring and Review

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.


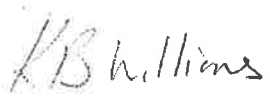
All activities in relation to the Enhanced Independence Offer and its implementation will continue to be monitored through the Adult Single Programme and wider Council and CCG governance systems.
The statement will be reviewed and developed on an ongoing basis as the work which underpins and implements the programme develops.

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: Margaret Willcox, Commissioning Direct Adults (& DASS) 	Date: 12:06:19
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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 Roger Wilson and Cllr Kathy Williams	
Signed by Portfolio Holder/Cabinet Member:  Cllr Roger Wilson  Cllr Kathy Williams	Date: 12.6.19

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.

