

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'.

- 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

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| Name of the 'policy': | Gloucestershire Health & Social Care Framework 2020-4 |
| Person(s) responsible for completing this statement | Chris Gratton (Interim Commissioning Manager, Disabilities Hub) Brenda Yearwood (Interim Lead Commissioner – Contract Management) |
| Briefly describe the activity being considered including aims and expected outcomes | <p>Gloucestershire County Council and NHS Gloucestershire Clinical Commissioning Group intend to conduct an OJEU and legally compliant tender process for the award of:</p> <ol style="list-style-type: none"> 1. a single framework for the procurement of community based support services for people with disabilities, autism and/or a mental health condition and older people with individual lots for: <ul style="list-style-type: none"> • Support Services in Shared Accommodation (with floating support outreach option); • Support for People with Complex Needs (with floating support outreach |

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| | <p>option);</p> <ul style="list-style-type: none">• Floating / Visiting Support for Disabled Children & Young People;• Forensic;• Domiciliary Care (including sleeping and waking nights, Continuing Health Care (CHC) and palliative and end of life care); and <p>2. a dynamic purchasing system (DPS) for the procurement of building and community based day opportunities for adults with disabilities, autism and/or mental health condition and older people,</p> <p>both commencing on 1st April 2020.</p> <p>The single framework will last for 4 years and will be re-opened annually for the first 3 years. The DPS will also last for 4 years and potential providers will have the opportunity to submit a tender at any point during that period.</p> <p>These new contractual arrangements will provide a more integrated commissioning approach across health and social care and consistency of processes, contractual terms, price and quality of service. It is also a strategic goal to align the timeframe of the new framework and DPS with other contractual arrangements in adult social care.</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 User Data

We have looked at data for service users currently known to Gloucestershire County Council. The council use a system named ERIC and a finance system named ContrOCC to store information on individuals who receive services in Gloucestershire. It is the data from the ERIC and ContrOCC systems that has been used for this Due Regard Statement in the following categories:

- Age
- Banding
- Gender
- Religion
- Ethnicity
- Disability
- Service Type

Data was unavailable for gender re-assignment. The data was incomplete for sexual orientation and religion.

Data on the above, alongside refreshed data on the other characteristics would be collated and recorded at the point of the individual social care assessment of needs as part of the usual care management process.

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

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| Who is responsible for delivering the service? | Under the new framework and DPS, Gloucestershire County Council will act as lead purchaser for itself and on behalf of NHS Gloucestershire Clinical Commissioning Group, 2Gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust. The community based support services and day opportunities will be delivered by a range of providers from the private and third sectors. Gloucestershire has a mature local market with over 100 active providers and they range from large national charities through to small, owner-managed businesses. |
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Service user data / Needs analysis information

Age

Disabilities

The age breakdown in Gloucestershire for service users currently known to the council is as follows:

| | | % |
|---------------|--------------|------------|
| Total: 18-40 | 891 | 29 |
| Total : 41-64 | 1250 | 41 |
| Total: 65+ | 910 | 30 |
| Total: | 3,051 | 100 |

Older People

Services delivered to those over 65

| Service type | Package | | | | Total |
|------------------------|--------------------|--------------|------------------|--------------|-------------|
| | Less than 10 hours | % | 10 hours or more | % | |
| 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 |

DisabilityDisabilities

The breakdown by disability in Gloucestershire for service users currently known to the council is as follows:

| | | % |
|---------------------------------------|--------------|------------|
| Physical Support- PD | 670 | 22 |
| Sensory Support- PD | <10 | <1 |
| Support with Memory and Cognition- PD | 26 | 0.85 |
| Health | 694 | 23 |
| Learning Disability | 1428 | 46.5 |
| Complex Care- MH | 14 | 0.5 |
| Mental Health | 215 | 7 |
| Total | 3,051 | 100 |

Older People

Gloucestershire currently has 1,997 service users using reablement services or receiving domiciliary care. 94% of the total delivery (1,877 Service Users) 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.

GenderDisabilities

The breakdown by gender in Gloucestershire for service users currently known to the council is as follows:

| | | % |
|--------------|--------------|------------|
| Female | 1481 | 48.5 |
| Male | 1556 | 51 |
| Transgender | <10 | <1 |
| Unknown | 13 | 0.45 |
| Total | 3,051 | 100 |

Older People

65.3% of those using reablement services or domiciliary care are female with 34.7% male. This gender split remains the same across both services.

Race (including Gypsy & Traveller)Disabilities

The breakdown by race in Gloucestershire for service users currently known to the council is as follows:

| | | % |
|------------------------|--------------|------------|
| Asian or Asian British | 19 | 0.6 |
| Black or Black British | 38 | 1.25 |
| Chinese | <10 | <1 |
| Mixed Parentage | 14 | 0.45 |
| Other Ethnic Group | 23 | 0.75 |
| White | 2561 | 84 |
| Unknown | 394 | 12.9 |
| Total | 3,051 | 100 |

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| | <p><u>Older People</u></p> <p>48.1% of service users are Christian, (Church of England, Catholic, Greek Orthodox, Mormon, Baptist, etc.) and less than 1% were of the Islamic faith. Other faiths, such as Sikh, Spiritualist and Hindu also had small percentage representations.</p> <p>No information provided by 42.0% of service users.</p> |
| <p>Sexual Orientation</p> | <p><u>Disabilities</u></p> <p>The data held on the ERIC system is incomplete.</p> <p>Individual social care assessments of need will capture this information for each individual service user.</p> <p><u>Older People</u></p> <p>None of the data available provided information on the sexual orientation of those using reablement services or receiving domiciliary care.</p> |

Other information

Disabilities

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 will be approximately 11,825 people aged 18+ living with a learning disability in Gloucestershire which equates to 2.3% of the adult population.

In 2017/18, Gloucestershire GPs recorded that 0.6% of their registered patients were known to have a learning disability, which was higher than the figure for England of 0.5%. In 2018, 1.3% of people aged 16+ who completed the GP patient survey in Gloucestershire, reported that they had a learning disability, which was lower than the figure for England of 1.5%. The discrepancy

between the percentage of people reporting a learning disability and the percentage recorded by GPs may be due to under-reporting amongst GPs of people who have mild learning disabilities.

In 2018, Gloucestershire County Council and Gloucestershire NHS Clinical Commissioning Group undertook a Joint Strategic Needs Analysis (JSNA) branded as #YourVoiceMatters. Using the principles of co-production, a series of roadshows and drop-in events were held in addition to an online survey to ensure that the voices of service users, providers and family / carers are heard. In turn, this engagement activity will be supported with analysis of a range of data from various sources and the resulting report will draw conclusions from both the qualitative and quantitative feedback.

In addition, we will continue to work with colleagues across health and social care to ensure that we identify those who report having a long-term health problem or disability.

Older People

National research indicates that the majority of older people would prefer to remain as independent as possible for as long as possible, ideally in their own homes and communities. The Gloucestershire Health & Social Care Framework 2020-4 is designed to address the institutional care model in Gloucestershire.

Gloucestershire currently has 1,997 service Users using reablement services or receiving domiciliary care support. 94% (1,877 service users) of total delivery is to people who have declared themselves to have an age-acquired physical disability.

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 | |
| Disability | |
| Sex | |
| Race (including Gypsy & Traveller) | |
| Gender reassignment | |
| Marriage & civil partnership | |
| Pregnancy & maternity | |
| Religion or Belief | |
| Sexual Orientation | |

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

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|--------------------------------|---|
| Service users | <ul style="list-style-type: none"> • LD Partnership Board • Autism Partnership Board • PD&SI Partnership Board |
| Workforce | <ul style="list-style-type: none"> • A project group has been formed and is made up of representatives from commissioning and operations staff from across health and social care, together with colleagues from the commercial, legal, ICT, information management, strategic finance, communications and audit / risk teams. • A wide range of colleagues are and will continue to be involved in the development of the new contractual arrangements, service specifications and tender process. |
| Partners | <ul style="list-style-type: none"> • Meeting with 2gether NHS Foundation Trust • LD & Autism Clinical Programme Group |
| External providers of services | <ul style="list-style-type: none"> • Disabilities Provider Forum • Meeting with Gloucestershire Care Providers Association (GCPA) • Provider tender information events • Gloucestershire VCS Alliance |

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>Access to current community based support services and day opportunities is based purely on the eligibility criteria set out under the Care Act 2014 and whether a service user has eligible social care needs is determined as part of the care management process.</p> <p>By creating a framework which encompasses community-based support services for all service user groups, the key aims of these new contractual arrangements will be to further integrate procurement processes, to encourage new entrants to the local market and to encourage existing providers to diversify their services.</p> <p>The expected outcome of this strategy will be to increase the range of providers available and through the care management process, to empower service users to exercise more of a choice. Where appropriate, service users will also be given the opportunity to take a Direct Payment.</p> <p>We therefore consider that the introduction of the new Gloucestershire Health and Social Care Framework 2020-4 and the DPS for Day Opportunities will have a positive impact all groups of people with the protected characteristics.</p> |

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| Disability (D) | As above. |
| Sex (S) | As above. |
| Race (including Gypsy & Traveller)(R) | As above. |
| Gender reassignment(GR) | As above. |
| Marriage & civil partnership (MCP) | As above. |
| Pregnancy & maternity (PM) | As above. |
| Religion and/or Belief (RAOB) | As above. |
| Sexual Orientation(SO) | As above. |

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 |
|--|-----------------------------------|----------------------|
| Further engagement with the provider market and other external stakeholders | Chris Gratton and Brenda Yearwood | May – September 2019 |
| Further work with the Project Group and other internal stakeholders to develop and implement the procurement and tender strategy | Project Group | Ongoing |

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

A project team is already in place for delivery of the procurement and tender strategy and this statement will be reviewed by it on an on-going basis. It will continue to report into the Adult Single Programme.

A contract monitoring system is being developed and we will work with the commercial team to ensure that the key performance indicators are both informative and proportionate.

The new contractual arrangements will be underpinned by a robust and peer-led quality checking process in partnership with colleagues in health and social care operations, commissioning, safeguarding and CQC.

The Integrated Brokerage team will continue to manage the process of commissioning individual support packages and the information listed on ContrOCC.

Once implementation has started, monitoring of feedback from stakeholders will take account of protected characteristics and inform this statement.

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:



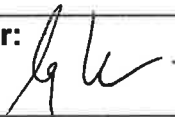
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I am in agreement that sufficient information and analysis has been used to inform the development of this 'activity' and that any proposed improvement actions are appropriate and I confirm that I as the decision maker have been able to show due regard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

Name of relevant Portfolio Holder/Cabinet Member:

Signed by Portfolio Holder/Cabinet Member:



Date:

10.6.19

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.