

## **Due Regard Statement - Gloucestershire County Council Strategy and Medium Term Financial Strategy (MTFS) 2021/22**

This document demonstrates how the council is meeting its duties under the Equality Act 2010, by giving due regard to the requirement to:

- eliminate discrimination, harassment and victimisation and other conduct prohibited by or under the Equality Act 2010;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

### **INTRODUCTION**

The Council Strategy is a key, high level document that, along with the MTFS, sets out the council's strategic policy direction. It is approved each year by the Council, alongside the MTFS. The council's current strategy 'Looking to the Future (2019-22)' includes the council's vision and details the level of ambition the council has for the county over the coming years and what it will do to support improved outcomes and quality of life for every community and business in Gloucestershire.

The Council Strategy also confirms the council's key priorities over the coming years, which are:

- Children's wellbeing and safeguarding
- Education and skills
- Health, care and prevention
- Communities and localities
- Transport, economy and infrastructure
- Highways
- Council leadership

The purpose of the Medium Term Financial Strategy (MTFS) is to give financial expression to the Council Strategy for the next three year period. The MTFS sets out the council's high-level funded plan, for achieving its goals and priorities, balancing available financing and spending ambitions. It highlights the financial projections for financing, spending (revenue and capital), and reserves.

The MTFS is prepared annually and covers the three year period 2021/22 to 2023/24. It links decisions on resource allocation with decisions on policy priorities as set out in the Council Strategy.

The net revenue budget proposal for 2021/22 as set out in the MTFS is £481.755 million; a net increase of £21.510 million from the revised 2020/21 budget, having removed one-off investments approved under the 2020/21 budget. This is made up of £28.271 million of investment in services offset by £6.761 million of savings and efficiencies.

In line with the priorities set out in the Council Strategy, there are important investments included in the 2021/22 budget, such as:

- Investment in Adult Social Care to help manage the demand pressures linked to demographic growth in the county which has a positive impact on older people, adults and people with physical and learning disabilities (age and disability)
- Investment in a broad range of services within Children's Social Care, including the external agency placement budget, to help ensure we can protect the county's most vulnerable children and young people

As well as the permanent investments in the 2021/22 draft budget, proposals also include one-off investments across services totalling £0.822 million.

In addition to the revenue budget proposals, the capital programme for 2021/22 onwards contains £119.053 million of new investment in capital schemes, financed from grants, revenue contributions and capital financing budgets, across a range of council services including adults and children's social care and the county's infrastructure.

## **Methodology for assessing the equality impacts of the council's budget for 2021/22 on those with the protected characteristics**

An initial screening assessment was undertaken to assess the actual or potential impact relating to equalities. An equality analysis was then completed in cases where the screening identified that this was necessary.

### **Part 1: Summary of initial screenings**

The table set out in Appendix 1 to this Due Regard Statement lists those budget proposals that do not require an equalities impact assessment because they relate to cost of living increases in connection with staffing costs, the council's existing contractual commitments, debt charges and a small number of specific savings for the financial year 2021/22.

### **Part 2: Equality analysis**

The equality impact assessment below sets out a further more detailed assessment of the council's proposed budget following the initial screening set out in Part 1.

## Documenting use of sufficient information

<p><b>Who is responsible for delivering the service?</b></p>	<p>As the MTFs encompasses the council's broad range of activities and functions, responsibility for delivery is varied.</p>
<p><b>Service user data/Needs analysis information</b></p>	
<p>Equality information for the county is available on the council's website:  <a href="https://www.gloucestershire.gov.uk/council-and-democracy/equalities-and-our-duties-under-the-equality-act-2010/equality-information-and-analysis/">https://www.gloucestershire.gov.uk/council-and-democracy/equalities-and-our-duties-under-the-equality-act-2010/equality-information-and-analysis/</a></p> <p>This includes the following reports:</p> <ul style="list-style-type: none"> <li>▪ <a href="#">Population Profile 2020 (PDF, 862.7 KB)</a></li> <li>▪ <a href="#">Service User Diversity Report 2019/2020 (DOCX, 279.2 KB)</a></li> <li>▪ <a href="#">Gloucestershire Equality Profile (on Inform Gloucestershire)</a></li> </ul> <p>Office of National Statistics (ONS) data from the <a href="#">Gloucestershire 2011 census</a> provides the most robust break down of the county's population and within this particular equality groups.</p> <p>The <a href="#">Office for National Statistics</a> publishes mid-year Population Estimates annually.</p>	
<p>Age &amp; Sex</p>	<p>Inform - Population by Age and Sex:  <a href="https://www.gloucestershire.gov.uk/inform/population/population-figures/county-and-district-data/">https://www.gloucestershire.gov.uk/inform/population/population-figures/county-and-district-data/</a></p> <p><i>Source data:</i>  <i>ONS Mid Year Population Estimates:</i></p>

	<p><a href="https://www.nomisweb.co.uk">https://www.nomisweb.co.uk</a>  <a href="https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland">https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland</a></p> <p>Inform - Population Projections:  <a href="https://www.gloucestershire.gov.uk/inform/population/population-projections/">https://www.gloucestershire.gov.uk/inform/population/population-projections/</a></p> <p>Source data:  ONS Subnational Population Projections:  <a href="https://www.nomisweb.co.uk">https://www.nomisweb.co.uk</a>  <a href="https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2">https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2</a></p>
Disability	<p>People aged 65 and over predicted to have dementia  People aged 65 and over predicted to have a learning disability  Poppi:  <a href="http://www.poppi.org.uk/">http://www.poppi.org.uk/</a></p> <p>People aged 18-64 predicted to have a learning disability  Pansi:  <a href="http://www.pansi.org.uk/">http://www.pansi.org.uk/</a></p> <p>Learning Disability Profile, Public Health England:  <a href="https://fingertips.phe.org.uk/profile/learning-disabilities">https://fingertips.phe.org.uk/profile/learning-disabilities</a></p> <p>Gloucestershire GPs registered patients with learning disability  National General Practice Profiles, Public Health England: <a href="https://fingertips.phe.org.uk/profile/general-practice/data#page/4/gid/2000004/pat/46/par/E39000043/ati/165/are/E38000062/iid/93443/age/164/sex/4">https://fingertips.phe.org.uk/profile/general-practice/data#page/4/gid/2000004/pat/46/par/E39000043/ati/165/are/E38000062/iid/93443/age/164/sex/4</a></p> <p>Vision and hearing impairments  National General Practice Profiles (data from GP Patient Survey), Public Health England:  <a href="https://fingertips.phe.org.uk/profile/general-">https://fingertips.phe.org.uk/profile/general-</a></p>

	<p><a href="https://practice.data.page/4/gid/2000004/pat/46/par/E39000043/ati/165/are/E38000062/iid/355/age/164/sex/4">practice/data#page/4/gid/2000004/pat/46/par/E39000043/ati/165/are/E38000062/iid/355/age/164/sex/4</a></p> <p>Public Health Outcomes Framework, Public Health England:  <a href="https://fingertips.phe.org.uk/search/mortality#page/0/gid/1/pat/6/par/E12000009/ati/102/are/E10000013/cid/4/page-options/ovw-do-0">https://fingertips.phe.org.uk/search/mortality#page/0/gid/1/pat/6/par/E12000009/ati/102/are/E10000013/cid/4/page-options/ovw-do-0</a></p>
Race (including Gypsy & Traveller)	<p>ONS Census:  <a href="https://www.nomisweb.co.uk">https://www.nomisweb.co.uk</a>  <a href="https://www.ons.gov.uk/census/2011census">https://www.ons.gov.uk/census/2011census</a></p>
Marriage & Civil Partnership	
Religion or Belief	
Pregnancy & Maternity	<p>ONS, live births in England and Wales down to local authority local area:  <a href="https://www.nomisweb.co.uk">https://www.nomisweb.co.uk</a>  <a href="https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables">https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables</a></p>
Sexual Orientation	<p>ONS Sexual Orientation:  <a href="https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2018">https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2018</a></p> <p>ONS Sexual Identity, Subnational:  <a href="https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentitysubnational">https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentitysubnational</a></p>
Gender Reassignment	<p>Gender Identity Research and Education Society (2009) Gender Variance in the UK- Update 2011.  <a href="http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf">http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf</a></p>

## Other information

The Commissioning Intentions (Annex 1 of the MTFS) include a 'needs analysis' section.

## 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'.

<b>Total number of GCC staff affected</b>	As at 30 September 2020, 4013 individuals were employed by the County Council, including employees from the Gloucestershire Fire and Rescue Service, but excluding those individuals who are engaged on casual or temporary contracts
Age	Equality information is available on the council's website: <a href="https://www.gloucestershire.gov.uk/council-and-democracy/equalities-and-our-duties-under-the-equality-act-2010/equality-information-and-analysis/">https://www.gloucestershire.gov.uk/council-and-democracy/equalities-and-our-duties-under-the-equality-act-2010/equality-information-and-analysis/</a>
Disability	This includes the following documents regarding the workforce:
Sex	<ul style="list-style-type: none"><li>▪ <a href="#">2020 Workforce Equality and Diversity Report (PDF, 1.2 MB)</a></li><li>▪ <a href="#">Gender Pay Gap 2019 (PDF, 380.2 KB)</a></li><li>▪ <a href="#">Gender Pay Gap 2019 Data CSV (CSV, 785 bytes)</a></li><li>▪ <a href="#">GCC Workforce Equalities Report Tables 2020 (CSV, 12.2 KB)</a></li></ul>
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.

Service users	<p>Following the publication of the draft budget proposals in December 2020, a public consultation was launched. The consultation outlined our budget proposals and also sought feedback on the council's draft priorities.</p> <p>Stakeholders were also encouraged to give us their general feedback on our draft budget through a link to the full Medium Term Financial Strategy.</p> <p>An online survey was available and hard copies of the survey, by request.</p> <p>As well as targeted stakeholder engagement, the council carried out a strong social media communications campaign, including paid for Facebook advertising to target those hard to reach groups, and a digital newsletter that reaches around 3,200 people in the county.</p> <p>In total we received 277 responses to the budget consultation. We also received 13 comments on social media.</p> <p><b>Council Budget</b></p> <ul style="list-style-type: none"><li>• 67% of respondents agreed with our draft budget proposals including the 1.99% increase in council tax and 2.76% national social care levy.</li></ul> <p>Overall the comments received supported the council's budget proposals, and particularly the investment in climate change, active travel and transport and infrastructure schemes.</p> <ul style="list-style-type: none"><li>• More investment into climate change and protecting the environment and habitat, and better recycling.</li><li>• More investment in infrastructure - more investment into improving and maintaining our roads and developing better more reliable public transport and rail links</li><li>• More investment in active travel – spending needed to improve cycle paths and public footpaths and help</li></ul>
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reduce the amount of traffic on the roads.

- More investment in health services, to protect the vulnerable and to support those in need. More investment into mental health and wellbeing.

### **Council Priorities**

- 76% of respondents agreed with our priorities:
  - Public health
  - Supporting vulnerable adults
  - Protecting vulnerable children
  - Climate change
  - Fire and Rescue
  - Digital services
  - Delivery of jobs, homes and infrastructure

On disaggregation of the data, there was some variation in responses amongst groups by age, gender and disability:

Age	Percentage who agree
Under 25	85% (6)
25-54	79% (104)
55+	74% (87)

Gender	Percentage who agree
Male	70% (84)
Female	85% (107)

Disability	Percentage who agree
Yes	90% (18)
No	77% (170)

We received 183 comments about our priorities and the main comments were:

- More investment into climate change and protecting the environment and habitat, and better recycling. (49 comments)
- More investment into our infrastructure - more investment into improving and maintaining our roads, better more reliable public transport and rail links (41 comments)
- Invest more in active travel – more investment needed to improve cycle paths and public footpaths and help reduce the amount of traffic on the roads. (37 comments)
- More investment into our health services, to protect the vulnerable and to support those in need. More investment into mental health and wellbeing. (25 comments)
- More investment into our adult/young adults and youth services, to support the most vulnerable (23 comments)
- More investment into local housing and jobs infrastructure (17 comments)

### **Budget Proposals**

- 67% of respondents agreed with our budget proposals.

On disaggregation of the data, there was some variation in responses amongst groups by age, gender and disability:

Age	Percentage who agree
Under 25	85% (6)
25-54	71% (92)
55+	67% (76)

Gender	Percentage who agree
Male	63% (76)
Female	78% (95)

Disability	Percentage who agree
Yes	85% (17)
No	69% (150)

We received 160 comments about our proposed budget and the main comments were:

- More investment into climate change, to improve active travel and protect our environment (38 comments)
- More investment into our infrastructure and economy to include better road maintenance, gully clearing, footpaths, cycle lanes and public transport (25 comments)
- Disagree with the council tax rise, people are already struggling to cope with the impact of Covid-19 (14 comments)
- More investment into our health care services including the NHS - to support people with mental health issues, domestic violence and also help with the affects of Covid-19 (10 comments)
- Protecting the most vulnerable (9 comments)
- Agree that the proposals are the right ones (9 comments)
- More investment into schools, education and training (8 comments)

**Workforce**

In addition to the above, staff were encouraged to take part in the consultation through the usual internal communications channels. Formal budget consultation meetings with the Trade Unions and the Schools Forum took place in January 2021. In addition to asking for clarification on a small number of questions relating to teachers' pay and schools funding, questions were also asked about what Gloucestershire County Council is doing to tackle issues in recruiting and retaining qualified and experienced staff in certain critical positions.

A comprehensive summary of the consultation accompanies the Council Strategy and MTFs when it is considered by the Cabinet and the County Council in January and February 2021. The consultation report will highlight any significant difference in the views of the different protected characteristic groups.

## **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

Each Directorate's priorities and plans for the year are set out in their Commissioning Intentions which are in Annex 1 of the MTFS. This Due Regard Statement is Appendix 5 of the MTFS Cabinet report. Proposals for cost increases (investment) and cost reductions (savings) are driven by these Commissioning Intentions.

Each of the proposals that were identified as requiring an equality assessment are considered in the following pages and due regard given to what it means for those with protected characteristics and the potential impact of those proposals. More detailed Equality Impact Assessments will be produced, where required, during the 2021/22 financial year.

Service Users

**Budget Area: Children & Families – Key cost increases / cost reductions and what this means for protected groups**

Budget Change Proposal	Description	Protected Groups	Impact	Strengthening Action / Monitoring
<b>Cost Increases</b>				
<b>Agency Social Workers - additional costs</b>	The social worker workforce strategy is to continue reducing the number of children’s agency social workers and build workforce stability by promoting permanent substantive recruitment. Whilst a reduction of agency social workers has been achieved there is still some considerable way to go.	All	<b>Opportunity:</b> To have sufficient capacity in Children’s Social Care to ensure consistent good outcomes for all children across the county, including those with a protected characteristic(s)	Extensive efforts continue to be made to promote our ability to ‘grow’ our own social workers. This includes the appointment of newly qualified social workers via a number of different training/qualification pipelines, as well as overseas social workers to provide continuity for looked after children
<b>Interim Commissioning / Operational Staff</b>	Investment to provide additional resources to support the Children’s Improvement Plan	All	<b>Opportunity:</b> To provide additional resources to support the council’s improvement journey to achieve better outcomes for children and young people, including children in care, children in need of support,	

			vulnerable families and children with additional needs, including those with the protected characteristics	
<b>External Placement Budget</b>	Investment to provide for the increased cost and number of placements for children going into care	Age / All	<b>Opportunity:</b> To enable the council to continue to provide placements to meet the needs of its children in care, including those with a protected characteristic(s), by ensuring it can provide sufficient placements	Gloucestershire's Sufficiency Strategy and resulting action plan looks to ensure the provision of a range of placements that are available locally, sufficient to meet the needs of all children including those with a protected characteristic(s)
<b>Child Protection Conference Chairs/IROs</b>	Investment in additional staffing to meet demand and statutory standards	All	<b>Opportunity:</b> Investment to ensure sufficient capacity in this area will ensure the council continues to protect children in the county, including those who may have a protected characteristic(s)	CP Chairs are an important part of providing robust checks and balances to the quality of social work practice
<b>Fostering/Adoption/SGO &amp; Child Arrangement Allowances</b>	Investment in order to meet the increased numbers of Foster Carers; Adopters; Special Guardianship Orders and Child Arrangement	All	<b>Opportunity:</b> To continue to work to achieve permanence for children, including those who may have a protected characteristic(s)	Monitoring the implementation of the council's Sufficiency Strategy and action plan

	Allowances			
<b>SGOs - Increased Numbers</b>	<p>Investment in staffing resources to manage the increase in the number of Special Guardianship Orders</p> <p>Increased investment in this area provides a broad range of permanence options and contributes to the reduction in our overall child in care population which ultimately provides a cost reduction</p>	Age / All	<p><b>Opportunity:</b> This additional investment will ensure there is the necessary capacity available to meet the assessed needs of looked after children and young people in the county, including those with a protected characteristic(s)</p> <p><b>Challenge:</b> To ensure the council has sufficient capacity to manage the increase in the number of SGOs</p>	To continue to monitor the overall levels of demand for SGOs to ensure the funding provides sufficient capacity to meet the assessed needs of children in care and young people with the protected characteristics
<b>Child Protection case costs - increase the non-legal disbursement budget for the appropriate provision of experts in child protection cases</b>	The volume of family court care proceedings is currently at its highest reported level and has been increasing year on year. This additional funding will ensure the council is in a position to appoint appropriate experts during such legal proceedings.	Age / All	<p><b>Opportunity:</b> To ensure the council has the funding to appoint experts in child protection proceedings to enable assessments of looked after children and their families to achieve the best outcome for the child and provide stability and permanence for them</p>	



<b>Supporting children with SEND</b>	This investment is to provide for additional resources to manage the increase in the volume of Education, Health and Care Plans (EHCP)	Age Disability	<b>Opportunity:</b> This additional investment will ensure there is the necessary capacity available to meet the assessed needs of children and young people in the county needing an ECHP	
<b>Home to school transport</b>	To provide funding to meet the demand and needs of children with a continued right to transport. There has been a sustained upward pressure on home to school transport costs both in Gloucestershire and elsewhere.	Age Disability	<b>Opportunity:</b> To ensure that children in Gloucestershire who are entitled to home to school transport continue to receive this service and to manage an increase in demand for transport to school for children with SEND and/or who have an EHCP.	
<b>Cost Reductions</b>				
<b>Income target</b>	Review of fees and charges in line with inflation	All	<b>Opportunity:</b> To ensure that fees and charges keep pace with the true cost of providing services	Where relevant a specific Due Regard Statement will be undertaken to consider the equality impact as detailed proposals are developed

**Budget Area: Adults – Key cost increases / cost reductions and what this means for protected groups**

Budget Change Proposal	Description	Protected Groups	Impact	Strengthening Action / Monitoring
<b>Cost Increases</b>				
<b>Demographic Growth - Older People</b>	Investment to ensure there is sufficient social care funding to meet demand from an increasing number of people, many of whom are elderly	Age	<b>Opportunity:</b> To continue to meet the increasing demand for social care services from a growing number of people, many of whom are elderly	
<b>Demographic Growth - Physical Disabilities</b>	Investment to ensure there is sufficient social care funding to meet demand from an increasing number of people, many of whom have a disability	Disability Age	<b>Opportunity:</b> To continue to meet the increasing demand for social care services from a growing number of people, many of whom have a disability	Continuous work with providers to deliver high quality services which improve outcomes and deliver value for money  Focus on supporting people with disabilities to maximise their independence
<b>In House Services - Cost Increases</b>	To provide funding to meet the increase due to the impact of demographic growth	Age Disability	<b>Opportunity:</b> To provide the necessary support for vulnerable people, including those	

	on Fieldwork Services, community and bed based Reablement, Safeguarding, Telecare and the GCC Adults Services Community Equipment		who may have a protected characteristic(s), to ensure the council meets the increased demand for providing support across a range of Adult Social Care support including Fieldwork, Safeguarding, Telecare and community, and best based Reablement, Safeguarding, Telecare and Community Equipment	
<b>Demographic Growth - Adult Mental Health</b>	To provide funding for the rising demand and complexity of cases. Investment to ensure that sufficient funding is in place to meet statutory duties under the Care Act and s117 of the Mental Health Act.	All	<b>Opportunity:</b> To continue to provide the necessary safeguards for vulnerable people, including those who may have a protected characteristic(s) and support those who may require specialist intervention under the Care Act or to provide after care support for those who are detained in hospital under the Mental Health Act.	<ul style="list-style-type: none"> <li>• Development of quality improvement plan with GHC</li> <li>• Recommissioning of operational SW model including embedding of personalisation approaches and peer led panels</li> </ul>

<p><b>Demographic Growth - Learning Disabilities</b></p>	<p>Investment to ensure there is sufficient social care funding to meet demand from an increasing number of people, many of whom have a disability and whose life expectancy is increasing together with managing special needs of young adults with complex needs</p>	<p>Disability Age</p>	<p><b>Opportunity:</b> To continue to meet the increasing demand for social care services from a growing number of people, many of whom have a disability</p>	<p>Continuous work with providers to deliver high quality services which improve outcomes and deliver value for money</p> <p>Focus on supporting people with disabilities to maximise their independence</p>
<p><b>Learning Disabilities Transforming Care Programme</b></p>	<p>This is an ongoing programme aimed at improving the outcomes for people with a learning disability and/or autism, with mental health difficulties and behaviours described as challenging, some of whom are currently residing in in-patient units</p>	<p>Age Disability</p>	<p><b>Opportunity:</b> To develop community services for people with a learning disability and/or autism to avoid unnecessary admissions into in patient Hospitals</p> <p><b>Challenge:</b> Ongoing challenge of locating suitable community services able to provide specialist services and suitably qualified staff in the</p>	<p>Partnership working with the NHS through the Transforming Care Programme</p> <p>Development of more bespoke accommodation in the community to support people's sensory needs</p> <p>Active discharge planning to support people to move back into the community</p>

			community settings with the skills necessary to deliver care	Additional Funding via the Community Discharge Grant to fund double running costs, during the transition process
<b>Cost Reductions</b>				
<b>Technology Strategy, digital and workforce</b>	<p>The Technology Strategy for Adult Social Care will set out the council's strategy for enabling streamlined systems to support people to remain independent in their own homes.</p> <p>The Strategy aims to prevent, reduce and delay the need for social care by using technology to promote prevention and early intervention.</p>	Age Disability	<p><b>Opportunity:</b> To support Gloucestershire residents in need of social care, including those with the protected characteristics, through the use of assistive technologies</p> <p><b>Challenge:</b> Connectivity across the county is variable; culture shift necessary for both staff and service users</p>	<p>Working closely with the voluntary sector as well as internal partners (such as the Fastershire project) to identify and overcome issues at a very local level. The Strategy outlines our plans for training, awareness raising and information sharing to promote culture change.</p> <p>Support and encouragement for those with the protected characteristics to enable them to feel confident in using new technologies.</p>

<p><b>Parity of offer across all client groups including Specialist Services review</b></p>	<p>This enabler aims to ensure that people receive appropriate personalised services regardless of their age or disability</p>	<p>Age Disability</p>	<p><b>Opportunity:</b> To provide appropriate personalised services regardless of their age or disability or other protected characteristic including:</p> <ul style="list-style-type: none"> <li>• Increasing the scope of the offer to older people to enhance their quality of life and prolong their independence</li> <li>• Provision of equitable approach to the commissioning and procurement of services regardless of age or diagnoses</li> </ul>	<p>When developing new contracts and in particular the pricing structure, care will be taken to ensure that this will not diminish the service being provided to individuals, including those with the protected characteristics. An equality impact assessment will be undertaken as part of the procurement of such services.</p>
<p><b>Transitions</b></p>	<p>To enable closer working across adults and children's services to achieve a smoother transition process from Children's Social Care to Adult social Care</p>	<p>Age Disability</p>	<p><b>Opportunity:</b> To support young people, including those with protected characteristics, prepare for adulthood through a range of support methods, including:</p> <ul style="list-style-type: none"> <li>• Early identification and planning</li> <li>• An holistic, young</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of a joint transitions strategy (Preparation for Adulthood Strategy)</li> </ul>

			<p>person focused approach</p> <ul style="list-style-type: none"> <li>• Active involvement of young people and their families</li> <li>• Raising aspirations and focusing on key life chances</li> <li>• Provision of information and advocacy</li> <li>• Flexibility in transfer arrangements i.e. arrangements may need to continue over a period of years</li> <li>• Working together to ensure integrated streamlined assessment and planning processes across all agencies</li> </ul>	
<p><b>Development of interventions based on our Population Health Management Programme</b></p>	<p>The current Adults Single Programme contains a series of innovations in the community that are associated with tier 1 of our 3 tier conversations. This range of community</p>	<p>Age Disability / Mental Health</p>	<p><b>Opportunity:</b> To continue to meet the increasing demand for social care services from a growing number of people, many of who are elderly or have a disability.</p>	<p>Continued working with partners within the Integrated Care System in order to deliver high quality services for individuals, including those with the protected characteristics, which</p>

	<p>based options is focussed on diverting future need. However, in addition there is the focussed work on supporting those individuals with complex needs in their own home in order to divert them away from more formal services.</p>		<p>Whilst older and disabled people are in receipt of the services in question it is not anticipated that they will be adversely impacted. The move to a strengths based approach aims to ensure that people receive bespoke personalised services which will enhance their quality of life and support their independence for longer.</p>	<p>improve outcomes and deliver value for money.</p> <p>Focus on supporting people with disabilities to maximise their independence.</p>
<p><b>Enhanced Independence model including reconfigured in house services and GCS specification</b></p>	<p>To deliver efficiencies in the delivery of commissioned Home First and Bed Based Reablement Pathways</p>	<p>Age Disability Sex</p>	<p><b>Opportunity:</b> To support vulnerable individuals, including those with the protected characteristics, to maximise their independence through the way the council provides support by looking at synergies between the Enhanced Independence Offer and therapy specifications to deliver a holistic service</p>	<p>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 Clinical Commissioning Group governance systems.</p>



<p><b>Housing (including Extra Care &amp; Supported Living)</b></p> <p><b>Housing choices for younger people (including tech based and shared lives)</b></p>	<p>This means potential for efficiencies to support people to move into more appropriate housing and through utilising aids, adaptations and technology to reduce care needs</p>	<p>All</p>	<p><b>Opportunity:</b> To provide support for vulnerable people, including those with the protected characteristics to:</p> <ul style="list-style-type: none"> <li>• remain in their own homes through appropriate adaptations and use of technology or</li> <li>• access and move into more appropriate housing settings, including extra care housing, supported living, sheltered housing, adaptable and wheelchair accessible general needs housing</li> <li>• enable a positive impact on personal outcomes, increasing health and wellbeing and reducing and delaying the need for care in line with the council's three tier conversation.</li> </ul>	<p><b>Monitoring:</b> The Housing with Care team will continue to utilise the activity report to monitor progress on the work stream. This includes case studies to demonstrate person centred outcomes, including clear outcomes for those with the protected characteristics, to demonstrate transformational service delivery.</p> <p><b>Strengthening Action:</b> Undertaking further research and consultation with providers and residents to ensure the Housing with Care that will be procured reflects local needs and offers value for money.</p>
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			<p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>• Ensuring access to appropriate housing and adaptations can be undertaken in a timely way</li> <li>• Ensuring an early assessment and identification of housing needs for individuals, including those with the protected characteristics, is undertaken as part of a holistic health and wellbeing assessment to consider the impact of their housing on their health and care needs.</li> </ul>	
<p><b>Strengths/outcomes/independence focus in commissioned services</b></p>	<p>There is a potential for some savings to be made through the development of a new contract for bed based care and through a change in commissioning patterns of community based</p>	<p>Age Disability</p>	<p><b>Opportunity:</b> Whilst older and disabled people are in receipt of the services in question it is not anticipated that they will be adversely impacted. The move to a strengths based approach aims to ensure that people receive</p>	<p>The three tier conversation is designed to bring a more person centred approach to our assessment of need and strengths based commissioning will mirror that in facilitating bespoke provision to</p>

	care under the new framework agreements		bespoke personalised services which will enhance their quality of life and support their independence for longer.	meet need
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**Budget Area: Prevention, Wellbeing and Communities – Key cost increases / cost reductions and what this means for protected groups**

Budget Change Proposal	Description	Protected Groups	Impact	Strengthening Action / Monitoring
<b>Cost Increases</b>				
<b>Full year effect of integrated maternity contraception service approved in 20/21</b>	The programme provides contraception as part of the maternity pathway for vulnerable women likely to be at greater risk of unplanned repeat pregnancies resulting in some cases in children being taken into care	All potentially given that the service is open to all irrespective of any protected characteristics if they meet the vulnerability criteria. However it will have a specific impact on: <ul style="list-style-type: none"> <li>women of child bearing age (gender and age);</li> <li>pregnancy and maternity.</li> </ul>	<b>Opportunity:</b> The service makes it easier for women (or individuals who may not identify themselves as female, but have given birth and are able to conceive) to make an informed choice and receive contraception as part of the maternity pathway. It thereby improves the accessibility of contraception for all eligible service users irrespective of the presence of any protected characteristic.	The service will continue to collate data on the characteristics of services users, including age, ethnicity, disability etc. to enable commissioners to monitor usage by groups with different protected characteristics; and inform any future commissioning decisions/service developments.

			<p><b>Challenges:</b> None identified. There are no restrictions on the use of the service based on any of the protected characteristics, with the exception of those who are unable to conceive and have not given birth. Maternity services in the county are able to accommodate all disabilities, but also have clear pathways to refer to the specialist sexual health service's complex contraception clinic if an individual had particularly complex needs.</p>	
<p><b>Mental Health Services - commissioned due C19 impact</b></p>	<p>The funding will enable the recommissioning for up to 12 months of some of the additional mental health support for adults and children and young people put in place to increase capacity in the system to deal with the expected increase in mental health issues during the pandemic</p>	<p>All</p>	<p><b>Opportunity:</b> The services will make it easier for children, young people and adults to access mental health support; and thereby improves the availability of support irrespective of the presence of any protected characteristics.  As detailed, certain groups</p>	<p>Services will be required to collate data on the characteristics of services users, including age, ethnicity, disability etc. to enable commissioners to monitor usage by groups with different protected</p>

			<p>are likely to be at higher risk of poor mental health in general, but also because of the impacts of the pandemic. This includes, but is not limited to: young adults, young girls, middle aged men, non-heterosexuals, BAME individuals and those with a disability. The additional provision may be of particular benefit to these groups.</p> <p>The new services will work alongside existing mental health provision in the county to provide a comprehensive offer for all.</p> <p><b>Challenges:</b> As a result of the pandemic, services have tended to move to non face to face provision. The increased usage of digital services/remote access services may not be suitable for all individuals and we will continue to monitor feedback and</p>	<p>characteristics. This will help inform service developments and future commissioning decisions.</p>
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			uptake levels to understand the profile and needs of users.	
<b>Domestic Abuse Services</b>	To provide funding towards an increased demand on the support required for those who experience domestic abuse	All	<p><b>Opportunity:</b> This funding provides an opportunity to provide support for those who are disproportionately affected as victims of domestic abuse, including those with a protected characteristic, including focussed support to:</p> <ul style="list-style-type: none"> <li>• Women who are disproportionately affected as victims of domestic abuse of male perpetrators. Domestic abuse is however gender biased not gender neutral</li> <li>• Early intervention / prevention activity to young people affected by domestic abuse, aged 13-19 through the STREET programme</li> </ul>	Performance reporting is closely monitored and reported in summary to partners of the Gloucestershire Domestic Abuse and Sexual Violence Commissioning Group to identify any specific additional opportunities to maximise the potential positive impacts
<b>Supporting people - Housing first model</b>	To provide support to a number of homeless who have complex needs to	All	<p><b>Opportunity:</b> To provide support to a number of homeless,</p>	Performance to be closely monitored and reported in summary

	sustain them in appropriate accommodation		including those with a protected characteristic, who have complex needs, to sustain them in appropriate accommodation  The funded support will be tailored to the individual and their specific needs, taking into account the impact of any protected characteristics	to Strategic Housing Partnership to identify any specific additional opportunities to maximise the potential positive impacts
<b>Intensive substance misuse treatment (residential rehab or inpatient detox) for Housing First clients</b>	This additional investment will provide dedicated intensive substance misuse treatment to enable clients to sustain accommodation through the Housing First model. Whilst they will be receiving the standard level of commissioned support and treatment from CGL, this will enable support workers to quickly access additional, targeted residential rehabilitation, inpatient alcohol detox and other specialist	<p>Key groups:</p> <ul style="list-style-type: none"> <li>• Disability – people with long term conditions / disability, including mental health conditions</li> <li>• Sex – men are disproportionately represented in this cohort but women may also have difficulty in accessing support</li> </ul> <p>Potential to impact on all other protected groups</p>	<p><b>Opportunity:</b> To ensure that barriers to treatment and support which result from mainstream services not being able to meet complex needs are removed.</p> <p>The funded 'solutions' will be tailored to the individual and their specific needs, taking into account the impact of any protected characteristics.</p>	Project plan to be worked up alongside the Housing First model to identify any specific additional opportunities to maximise the potential positive impacts.

	<p>solutions where they are considered to be a vital part of the package that helps sustain accommodation. The approach is based on an estimate of five 'standard' packages of a two week inpatient detox and then a 26 week residential rehabilitation placement, although the actual provision would be tailored to need.</p>			
<p><b>Childhood Weight Management Project</b></p>	<p>To provide a pilot Childhood Weight Management Project to mitigate attendant health inequalities (including associated COVID19 risk) by providing a targeted community weight management offer for children affected by obesity and their families.</p> <p>The non-recurrent funding will enable pilot completion without a break in service or momentum, maximising</p>	<p>All</p>	<p><b>Opportunity:</b> To provide support for children and their families, including those who have a protected characteristic and who meet the eligibility criteria of being very overweight, to access the Children and Young People's Weight Management Service.</p> <p>To support children and young people to reduce childhood obesity through sustainable health behaviour change. The</p>	<p>As a result of the pandemic, virtual delivery has been developed in co-production with families. This may have increased accessibility for more families within race and disability characteristics as it removes some of the barriers to engagement. We will be monitoring the suitability of the digital offer for all individuals</p>



	<p>our current investment. It will enable us to consolidate early learning and collect sufficient robust outcome data, including sustainability of any early benefits. This will support the case for recurrent funding from 2022 for a substantive service that ensures future provision is aligned to local needs.</p>		<p>offer uses a 'structural resilience model' to identify issues that impact a family's capacity to benefit and enable them to access existing support or work with them directly pre-programme to maximise outcomes.</p> <p>The pilot will provide a range of age-appropriate weight management support within Gloucester City and Forest of Dean for 5-18 year olds and their families (around 145 families), with 30 families with complex needs receiving enhanced one-to-one support.</p> <p>The programme will support eligible children and families to achieve:</p> <ul style="list-style-type: none"> <li>• Improvements in health and wellbeing (including weight stabilisation and loss, improved confidence/self-</li> </ul>	<p>and will work to understand the profile and needs of users.</p> <p>Virtual delivery achieved during Covid-19 in 2020 although effective for some families cannot replace the learning from planned face to face delivery that is key to providing assurance.</p>
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			<p>esteem, family relationships and engagement with education)</p> <ul style="list-style-type: none"><li>• Behaviour change and weight loss for the child and adults and siblings engaged in the family programme</li><li>• Prevention of obesity becoming a safeguarding issue</li><li>• Reduced risk of obesity affecting participants' life chances</li><li>• Skills development e.g. behaviour change skills, parenting, food skills, budgeting</li><li>• The pilot includes co-production of a tailored offer to BAME communities in line with local evidence of an association between childhood obesity, deprivation and ethnicity.</li></ul>	
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			<p><b>Challenges:</b></p> <p>Age: As a targeted children's service adults of all ages can benefit indirectly from support for achieving a healthy weight. Signposting for adults is made to the separate care pathways in the county for adult obesity.</p> <p>Disabilities: A structural resilience model including a shared care approach for children with complex needs, including disabilities, is part of the pilot extension and will inform future commissioning.</p>	
<b>Cost Reductions</b>				
<b>Reduce research fund within Healthwatch contract</b>	See full Due Regard Statement in Appendix 2			
<b>Public Mental Health: Decommissioning of Mentalk and GirlTalk service</b>	See full Due Regard Statement in Appendix 2			

<p><b>Sexual health: release prevention fund</b></p>	<p>Cost efficiencies on sexual health prevention programme due to an increase in the overall funding for preventative interventions in the sexual health portfolio, specifically the maternity contraception programme and the DHSC funding for PrEP (the HIV prevention drug)</p>	<p>All</p>	<p><b>Opportunity:</b>  There is a good level of ongoing provision of sexual health support (including contraceptive services; services for the testing and treatment of STIs; and preventative services/interventions) provided in the county. Support is open to all irrespective of the presence of a protected characteristic; and is also targeted at those groups likely to be at higher risk of poor sexual health.</p> <p>It is not considered that the change will have a disproportionate impact based on the presence of a protected characteristic.</p> <p>The council will continue to invest in targeted programmes which focus on those groups whom evidence shows are at higher risk; and work closely with partners who are already engaging with these groups.</p>	<p>The council will continue to monitor risk factors for poor sexual health and uptake of sexual health support/interventions by protected characteristic (including age, gender, ethnicity and sexual orientation) to inform any future commissioning decisions/service developments. Commissioners will also take steps to work with service providers to improve data collection of protected characteristics which are less routinely collected.</p> <p>It will also seek opportunities to engage with service users to understand feedback on services and needs.</p>
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<p><b>GLOMAS – small business debt advice</b></p>	<p>To reduce contributions towards the GLOMAS debt advice line for sole traders or self employed</p>	<p>All</p>	<p><b>Opportunity:</b>  No significant impact on any of the protected groups</p> <p>The impact is on small businesses and sole traders. Data is not available about their protected characteristics.</p>	<p>GLOMAS is a historical project which is debt advice for sole traders or self employed individuals partially funded by GCC. The service is provided by Gloucester and District Citizens Advice Bureau.</p> <p>The consultation with Gloucester and District Citizen Advice Bureau commenced in September 2018 about the withdrawal of the funding by March 2020. This would allow GCAB time to put in place alternative arrangements for this service which has been achieved. GCC committed to invest in the CAB core service with an annual contribution of £75,000 per year for three years from April</p>
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				2018 – March 2021.
<b>Renegotiate scope &amp; focus of healthy lifestyles service</b>	To identify efficiencies in the healthy lifestyles service through the flexible use of the budget across the range of services offered	All	<p><b>Opportunity:</b> As a result of further efficiencies proposed, changes have been made across the contract with small reductions being made within each of the five contract functions. This has enabled the service to continue to support those from the most vulnerable groups and those in areas of deprivation, including those with the protected characteristics.</p> <p>The Service continues to have similar activity levels to previous years and have not had to change any working processes. The changes in the cost of the service will not reduce the quality or accessibility for those who are eligible to access the service.</p>	<p>The equality impacts of the proposed healthy lifestyles service were considered when the council made its original decision in 2016 to commission the service. A copy of the Cabinet decision and original DRS may be found <a href="#">here</a>.</p> <p>The council continually reviews the characteristics of those accessing the service. This includes conducting a Health Equity Audit (HEA) which will explore in depth who accesses the service. Service user data will be extrapolated for the following characteristics</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Sex</li> <li>• Mental health</li> </ul>

				<ul style="list-style-type: none"> <li>• Long term conditions</li> <li>• Physical and learning disabilities</li> <li>• Pregnancy</li> <li>• Ethnicity</li> <li>• Deprivation</li> </ul> <p>The HEA will provide recommendations that will be considered by the commissioner and the provider and acted upon where appropriate.</p>
<p><b>Nicotine Replacement Therapy (NRT)/ PHES budget</b></p>	<p>Reduction in the nicotine replacement therapy (NRT) budget due to a reduction in the demand for the service. Evidence indicates this is in line with national data for the local stop smoking service over the last few years. These are due to a decrease in the prevalence rate for smoking and because those still smoking are less likely to seek</p>	<p>All</p>	<p><b>Opportunity:</b> The changes to the budget for the NRT will continue to provide sufficient support, including to those with the protected characteristics, to access support to stop smoking. Therefore, the proposed changes to the budget will not affect any particular population group or a particular protected characteristic.</p>	<p>A full Health Equity Audit (HEA) will be undertaken which will explore in depth who accesses the Healthy Lifestyles Service (of which the NRT forms part) which includes support to stop smoking. Service user data will be extrapolated for the following characteristics</p>

	<p>support due to their addiction being entrenched. Therefore fewer people are making an attempt to quit, resulting in less demand for NRT.</p>		<p>Smoking is more prevalent in areas of deprivation and the HLS continues to target activity in these communities.</p>	<ul style="list-style-type: none"> <li>• Age</li> <li>• Sex</li> <li>• Mental health</li> <li>• Long term conditions</li> <li>• Physical and learning disabilities</li> <li>• Pregnancy</li> <li>• Ethnicity</li> <li>• Deprivation</li> </ul> <p>The HEA will enable the council to consider the implications for the provision of the NRT programme to those with protected characteristics and make appropriate changes where necessary.</p> <p>An updated Equality Impact Assessment is being produced as part of the decision to extend the Healthy Lifestyles Contract in 2021.</p>
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**Budget Area: Economy, Environment and Infrastructure – Key cost increases / cost reductions and what this means for protected groups**

Budget Change Proposal	Description	Protected Groups	Impact	Strengthening Action / Monitoring
<b>Cost Increases</b>				
<b>Strategic Infrastructure - Rail Partnerships</b>	To provide investment to enable the council to progress and influence investment in Gloucestershire railways	Age Disability	<b>Opportunity:</b> To enable the council to support the improvement of Gloucestershire's railways for its residents, including those with a protected characteristic(s)	
<b>Carbon reduction pathway</b>	Professional services support to model the route to achieving zero carbon emissions from transport by 2050, in support of the Gloucestershire Climate Change Strategy	Age Disability Sex	<b>Opportunity:</b> Women, young, elderly and those who have a disability are the most likely not to have access to a car, and so would benefit from investment in alternative transport modes	Investment in infrastructure and sustainable transport modes, including for ultra low emission vehicles.
<b>In House Traffic Management (walking, cycling, bus priorities and road safety urban traffic work)</b>	Additional support to enhance our in house capacity and skills to implement traffic management, road safety and sustainable transport improvements. Delivering these schemes in house will provide better value	All	<b>Opportunity:</b> Making our roads safer and enabling more people to use public transport, cycle and walk helps to improve health, wellbeing, social inclusion and economic productivity. Road transport emissions are more harmful to the health of the	All schemes include consultation to ensure that people with protected characteristics are heard and their needs are considered.  On larger schemes

	and a more agile service.		unborn, young and older people and people with long term health conditions. They also contribute to climate change which has a disproportionate adverse impact on these vulnerable groups.	before and after monitoring is carried out.
<b>Library Innovation Labs</b>	To provide investment to enable the council to expand the network of Library Innovation Labs across the county in support of the Economic Recovery Plan	Age Disability Pregnancy & Maternity Sex	<p><b>Opportunity:</b> To provide local access to support, advice and equipment within a neutral trusted environment that has a positive impact on those with a protected characteristic(s), including:</p> <ul style="list-style-type: none"> <li>• Partnership working with schools to provide workshops for young people to explore new technology</li> <li>• Older people gaining skills and confidence in using new equipment</li> <li>• People with disabilities gaining confidence in work experience or being provided with new skills that may not be accessed in other ways</li> <li>• Women who are pregnant</li> </ul>	

			<p>or on maternity leave without equipment at home accessing the equipment at times to suit them so they can continue to work</p> <ul style="list-style-type: none"> <li>• Women with caring responsibilities benefitting through flexible use of the labs</li> </ul> <p>The labs are accessible to entrepreneurs/SMEs and young people allowing them to be creative in exploring STEM and developing business ideas</p>	
<b>Cost Reductions</b>				
<b>Income target</b>	Review of fees and charges in line with inflation	All	<b>Opportunity:</b> To ensure that fees and charges keep pace with the true cost of providing services	Where relevant a specific Due Regard Statement will be undertaken to consider the equality impact as detailed proposals are developed

**Budget Area: Community Safety – Key cost increases / cost reductions and what this means for protected groups**

Budget Change Proposal	Description	Protected Groups	Impact	Strengthening Action / Monitoring
<b>Cost Increases</b>				
None				
<b>Cost Reductions</b>				
<b>Income target</b>	Review of fees and charges in line with inflation	All	<b>Opportunity:</b> To ensure that fees and charges keep pace with the true cost of providing services	Where relevant a specific Due Regard Statement will be undertaken to consider the equality impact as detailed proposals are developed

**Budget Area: Corporate Resources – Key cost increases / cost reductions and what this means for protected groups**

Budget Change Proposal	Description	Protected Groups	Impact	Strengthening Action / Monitoring
<b>Cost Increases</b>				
<b>Legal - additional Child Protection Legal resource</b>	The volume of family court care proceedings is currently at its highest reported level and has been increasing year on year. This additional funding will ensure the council is in a position to provide additional resources to manage the increased demand for legal support for child protection activity.	Age	<b>Opportunity:</b> To ensure there is sufficient legal support to progress child protection proceedings in a timely manner is essential to provide children and their families to achieve the best outcome for the child and provide a stable and permanence for them	.
<b>Cost Reductions</b>				
<b>Income target</b>	Review of fees and charges in line with inflation	All	<b>Opportunity:</b> To ensure that fees and charges keep pace with the true cost of providing services	Where relevant a specific Due Regard Statement will be undertaken to consider the equality impact as detailed proposals are developed

## Workforce

As at 30 September 2020, 4013 individuals were employed by the County Council, including employees from the Gloucestershire Fire and Rescue Service, but excluding those individuals who are engaged on casual or temporary contracts. The links to the relevant workforce equality reporting are provided in this document and the next Annual Workforce Equality Report will be published in April 2021.

The proposals within this year's MTFS do not require large scale workforce change, however there are individual proposals which will require some local service restructuring and therefore may impact the nature and number of roles. The council provides a toolkit and specialist HR advice to assist managers when planning restructures and other organisational change projects. This helps to ensure that the process of change management is carried out fairly and on an equitable and transparent basis, incorporating the principles of the Public Sector Equality Duty and other statutory requirements. This toolkit is kept under review and updated as necessary to ensure it remains relevant and legally compliant. The council proactively seeks to minimise compulsory redundancy via the use of redeployment.

The council will continue to support the retention of staff. To achieve this we offer and promote a range of flexible working practices and family friendly policies as well as agile working. We continue to operate voluntary purchase of additional leave and voluntary reduction to working hour's schemes, which were initially launched in 2013 and have been extended due to their popularity. We also provide a number of sacrifice schemes and other staff benefits. We actively promote our hard to fill professional roles and are reviewing our pay and reward scheme to ensure that it is fit for purpose and attracts a wide range of candidates including those with protected characteristics. We are a Disability Confident employer and have signed the Race at Work charter.

The council communicates and engages with staff through a variety of processes including: employee voice groups, staff networks, formal consultation and negotiations with Trade Unions, internal communications channels and team meetings.

The Corporate Leadership Team have agreed that Equality and Diversity is one of four workforce strategic priorities for 2021/22 and an action plan has been agreed. This includes the review of recruitment, retention and other workforce practice to actively promote fairness and inclusion and aims to improve the diversity of our workforce.

We have employee networks for black, Asian and minority ethnic employees; employees with caring responsibilities; employees with disabilities; lesbian, gay, bisexual and transgender employees and young employees. The Dignity at Work network is one of the initial points of contact for any employee who believes they are experiencing bullying and harassment in the workplace.

Support is provided through the Occupational Health and Safety services, including professional face to face counselling to support staff in appropriate cases. The council continues to sign up to the Mindful Employer Charter and the OH team keeps support and advice under review to enable managers and staff have relevant information available. A Health and Wellbeing Action Plan was agreed in 2019 and this is currently being implemented. There is one off investment during 2020 and 2021 to pilot a number of programmes to proactively encourage employees to improve their health and reduce the potential for future physical and mental health problems.

## 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
Support the production of Equality Impact Assessments for decisions required by the MTFS and Council Strategy	Mandy Quayle	April 2021 - March 2022
Ensure that Due Regard is given as appropriate during the year as the proposals in the budget are developed in detail and implemented	Relevant Directors	April 2021 - March 2022



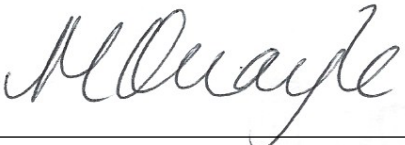
## Monitoring and Review

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

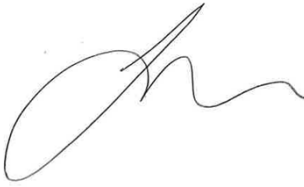
The MTFS and Council Strategy include clear priorities for the coming years. These include measures of success which are incorporated into strategic performance reports which in turn are monitored on a regular basis and reported to the Corporate Leadership Team (CLT) and Corporate Overview & Scrutiny Committee.

## 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

<b>Senior level sign off:</b> Mandy Quayle Director – People and Digital Services 	Date: 19 <sup>th</sup> January 2021
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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.

<b>Name of relevant Portfolio Holder/Cabinet Member:</b> Cllr Lynden Stowe – Finance and Change	
<b>Signed by Portfolio Holder/Cabinet Member:</b> 	<b>Date:</b> 19.1.21

## Publication

If this statement accompanies a 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.

## Appendix 1 – Budget proposals that do not require an equality impact assessment

The following items do not require an equalities impact assessment because they relate to cost of living increases in connection with staffing costs, the council's existing contractual commitments, debt charges and a small number of specific savings for the financial year 2021-2022.

Cost Pressures (Investments)	Cost Reductions (Savings)
<p>Adults</p> <ul style="list-style-type: none"> <li>▪ Pay Inflation (2%)</li> <li>▪ Additional Pay Inflation (0.75%)</li> <li>▪ NLW Inflation (Providers)</li> <li>▪ Bed Based &amp; Community Based Inflationary Assumptions</li> </ul>	<p>Adults</p> <ul style="list-style-type: none"> <li>▪ None</li> </ul>
<p>Children and Families</p> <ul style="list-style-type: none"> <li>▪ Pay Inflation (2%) all except Education</li> <li>▪ Additional Pay Inflation (0.75%) all except Education</li> <li>▪ Pay Inflation (2%) Education</li> <li>▪ Additional Pay Inflation (0.75%) Education</li> <li>▪ Home to School Transport Inflation</li> </ul>	<p>Children and Families</p> <ul style="list-style-type: none"> <li>▪ Education Pensions: Reduce the budget based on an assessment of the reduction in no. of pensioners and spouses based on age and trends</li> </ul>
<p>Prevention, Wellbeing &amp; Communities</p> <ul style="list-style-type: none"> <li>▪ Prevention staff - Pay Inflation</li> <li>▪ Additional Pay Inflation (0.75%)</li> <li>▪ Agenda for Change costs - cost pressure in 20/21</li> </ul>	<p>Prevention, Wellbeing &amp; Communities</p> <ul style="list-style-type: none"> <li>▪ None</li> </ul>
<p>Economy, Environment &amp; Infrastructure</p> <ul style="list-style-type: none"> <li>▪ Pay Inflation (2%)</li> <li>▪ Additional Pay Inflation (0.75%)</li> <li>▪ NLW Inflation (Providers)</li> <li>▪ EE&amp;I Contract Inflation</li> <li>▪ ITU Contract Inflation</li> <li>▪ Revenue costs associated with capital bids</li> </ul>	<p>Economy, Environment &amp; Infrastructure</p> <ul style="list-style-type: none"> <li>▪ Reduce Food Waste Agreements payments to WCAs</li> </ul>

<ul style="list-style-type: none"> <li>▪ Reduced Commercial waste landfill royalties</li> </ul>	
<p>Community Safety</p> <ul style="list-style-type: none"> <li>▪ Pay Inflation (2%)</li> <li>▪ Additional Pay Inflation (0.75%)</li> </ul>	<p>Community Safety</p> <ul style="list-style-type: none"> <li>▪ None</li> </ul>
<p>Corporate Resources</p> <ul style="list-style-type: none"> <li>▪ Pay Inflation (2%)</li> <li>▪ Additional Pay Inflation (0.75%)</li> <li>▪ ICT – Estimated increase in cost of operating core ICT services</li> <li>▪ ICT – Upgrading remote sites connectivity</li> </ul>	<p>Corporate Resources</p> <ul style="list-style-type: none"> <li>▪ 20/21 AMPS Building efficiencies for reduction in use</li> <li>▪ ICT: Savings from WAN upgrade</li> <li>▪ AMPS: Savings / additional income from Quayside House phase one</li> </ul>
<p>Technical and Countywide</p> <ul style="list-style-type: none"> <li>▪ Pay Inflation (2%)</li> <li>▪ Additional Pay Inflation (0.75%)</li> <li>▪ MRP - Highways (Total Cost £39m / Useful Life 25yrs= MRP £1,560k pa)</li> <li>▪ MRP - Cheltenham School (Total Cost £15m / Useful Life 50yrs= MRP £300k pa)</li> <li>▪ Quayside Development MRP (Total Cost £7.55m / Useful Life 50yrs= MRP £151k pa)</li> <li>▪ Pay and Price Contingency</li> </ul>	<p>Technical and Countywide</p> <ul style="list-style-type: none"> <li>▪ LGPS savings generated from reductions in employers contribution rates agreed with actuaries following tri-annual valuation</li> <li>▪ Reduction in MtC savings contingency in line with reduced savings target in 2021/22</li> </ul>

## Appendix 2 - Due Regard Statements

The following Due Regard Statements are set out below:

<b>Budget Area</b>	<b>Title</b>
Prevention, Wellbeing and Communities	Reduce research fund within Healthwatch contract
Prevention, Wellbeing and Communities	Public Mental Health: Decommissioning of Mentalk and GirlTalk service

## Item title: Reduce research fund within Healthwatch contract

### 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'.<sup>1</sup>

- 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':	<p><b>Healthwatch Gloucestershire</b></p> <p>The Council has a legal duty to make arrangements for the involvement of local people in the commissioning, provision and scrutiny of health and social care services. The arrangements for Healthwatch England and local Healthwatch are contained in the Local Government and Public Involvement in Health Act 2007<sup>2</sup> as amended by the Health and Social Care Act 2012<sup>3</sup>, the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 ("the Regulations")<sup>4</sup> and the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013<sup>5</sup>.</p> <p>Healthwatch is the independent consumer champion for both health and social care. Their main statutory functions are to:</p> <ul style="list-style-type: none"><li>• Obtain the views of people about their needs and experience of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.</li></ul>
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<sup>1</sup> 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.

<sup>2</sup> <http://www.legislation.gov.uk/ukpga/2007/28/contents>

<sup>3</sup> <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>4</sup> <http://www.legislation.gov.uk/uksi/2012/3094/contents/made>

<sup>5</sup> <http://www.legislation.gov.uk/uksi/2013/351/contents/made>

	<ul style="list-style-type: none"> <li>• Make reports and make recommendations about how those services could or should be improved.</li> <li>• Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.</li> <li>• Provide information and advice to the public about accessing health and social care services and the options available to them.</li> <li>• Make the views and experiences of people known to Healthwatch England, helping them to carry out their role as national champion.</li> <li>• Make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.</li> </ul> <p>Local Healthwatch is currently funded through the LRVC grant; CCG money (BCF) and money from GCC.</p>
<p>Person(s) responsible for completing this statement</p>	<p>Helen Flitton, Outcome Manager, Public Health</p>
<p>Briefly describe the activity being considered including aims and expected outcomes</p>	<p>When the contract was recommissioned in 2016/17 it was decided to make an element of the budget a ‘research’ fund that would enable the service to: ‘commission bespoke research activities to identify and inform its priorities working in consultation with Gloucestershire Health and Wellbeing Board.’ £25,000 was allocated to this fund per year. Between the contract start date of April 2017 and March 2020 the total research fund available was £75,000 and of this a total of £26,853 was drawn down by the provider. The research fund was raised at contract monitoring meetings and the provider was asked to submit plans for pieces of work that would add value to their regular work but suggestions for research were limited to two pieces of work: Healthy Eating in Podsmead and Presentation of People with Mental Health Issues in A&amp;E.</p> <p>After a poor start at the beginning of the contract the provider’s performance has really improved and they are reporting on many issues and showing their impact. The combination of improved general performance and impact and lack of demand for the fund has meant that this element of the budget has been considered for cost savings and in 2019/20 £20,000 was withheld from the GCC contribution to the Healthwatch contract. Throughout 2020 the Provider has continued to improve their performance and there is no evidence of impact on their service from the withdrawal of the research fund. As a result of COVID (and a reduction in volunteer travel expenses etc) they have accrued a small underspend this year which they are intending to use to raise their profile across the county, particularly targeting BAME communities.</p>

## 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><b>Who is responsible for delivering the service?</b></p>	<p>The Provider for Local Healthwatch in Gloucestershire is a community interest company called Evolving Communities who also hold local Healthwatch contracts in two other areas in the south west. They oversee the service from their base in Wiltshire and there is a paid local Service Manager, Engagement Officer, Volunteer Officer, Administrative Assistant and a volunteer Steering Group based in Gloucestershire.</p>
<p><b>Service user data/Needs analysis information</b></p> <p><b>Please note:</b> All data taken from <a href="#">Gloucestershire Population Profile 2020</a> . Healthwatch is a universal service that is available to all residents of Gloucestershire.</p>	
<p>Age</p>	<p>The age of an individual, combined with additional factors including other ‘protected characteristics’ may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their age. Age-based discrimination can be a form of social exclusion, affect an individual’s mental health, and affect wider determinants of health such as employment. According to the UK government, older people experience most age discrimination, although it also takes place against young people.</p> <p>As a universal open access service, Healthwatch Gloucestershire provides support to all residents. In 2018, the resident population of Gloucestershire was estimated to be 633,558 people of which:</p> <ul style="list-style-type: none"> <li>• 22.5% were aged 0-19;</li> <li>• 56.2% were aged 20-64;</li> <li>• 21.3% were aged 65 and over.</li> </ul> <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. There is some variation at district level:</p> <ul style="list-style-type: none"> <li>• At 24.8%, Gloucester has the highest proportion of children and young people (aged 0- 19) and exceeds the county and national figures.</li> <li>• Gloucester has the highest proportion of people aged 20-64 (58.5%), exceeding the county and national figures.</li> <li>• Cotswold, the Forest of Dean, Stroud and Tewkesbury all have a higher proportion of people aged 65+ when compared</li> </ul>

	<p>to the county and national figures.</p> <ul style="list-style-type: none"> <li>• At 25.6% Cotswold has the largest proportion of people aged 65 and over</li> </ul> <p><b>Service User Data Unknown.</b> As a universal open access service Healthwatch provision is accessible to all residents.</p>
Disability	<p>Under the Equality Act (2010) a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. This is consistent with the Census definition of a limiting long-term health problem.</p> <p>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%.</p> <p>Estimated projections suggest that in 2020 there will be approximately 11,913 people aged 18+ living with a learning disability in Gloucestershire equating to 2.3% of the adult population. Of this group, about 2,437 are estimated to have moderate or severe learning disabilities, equating to 0.5% of the adult population. With regards to children, 4,955 school pupils in Gloucestershire (5.2% of school pupils) were known to have a learning disability in 2018. Of these children, 4,224 had a moderate learning disability and 574 had a severe learning disability.</p> <p>In 2018/19 Gloucestershire GPs recorded that 0.6% of their registered patients were known to have a learning disability; this was higher than the England figure of 0.5%. In 2019, 1.3% of people aged 16+ who completed the GP patient survey in Gloucestershire, reported that they had a learning disability; this was lower than the England figure of 1.6%. 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.</p> <p>Vision and hearing impairments affect people from all sections of society and across all age groups. In 2019 approximately 1.4% of the 16+ population in Gloucestershire reported blindness or partial sight. During the same period 6.8% of the population aged 16+ reported deafness or hearing loss<sup>25</sup>. As people get older they become increasingly likely to suffer from hearing and vision impairments; given the ageing population this means the number of people affected by these conditions is likely to increase in the future.</p> <p><b>Service User Data Unknown.</b> As a universal open access service Healthwatch provision is accessible to all residents.</p>

## Sex

The sex of an individual, combined with additional factors such as living alone, may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their sex.

A report by the European Social Survey found 24% of respondents had experienced prejudice based on their sex. Discrimination on the grounds of sex was reported by more respondents than discrimination based on ethnicity.

A recent report in 2020 by the United Nations Development Programme (UNDP) states that gender disparities are still persistent. The report states and that 91% of men and 86% of women worldwide show at least one clear bias against gender equality in areas such as politics, economic, education, intimate partner violence and women's reproductive rights.

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.

Table 1: Population by sex, Gloucestershire 2018

	% of population	
	Male	Female
Cheltenham	49.1	50.9
Cotswold	48.4	51.6
Forest of Dean	49.1	50.9
Gloucester	49.4	50.6
Stroud	49.2	50.8
Tewkesbury	49.0	51.0
Gloucestershire	49.1	50.9
England	49.4	50.6

Although there are slightly more males than females in the 0-19 year old age band, as age increases, females outnumber males by an increasing margin. In Gloucestershire in 2018, 52.9% of people aged 65-84 were female, whilst for people aged 85+ the difference was more marked with females accounting for 64.0% of the total population; this difference is observed at district, regional and national level. As a result of this, 71% of single pensioner households are shown to be headed by a woman. However, the proportion of men in the older population is increasing as the life expectancy of men increases; thus amongst the population aged 85 and over in Gloucestershire, the proportion of men increased from 31.5% in 2008 to 36.0% in 2018.

	<p><b>Service User Data Unknown.</b></p>
<p>Race (including Gypsy &amp; Traveller)</p>	<p>The Equality Act states that race includes colour, nationality, ethnic or national origins. 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.</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. 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>At district level:</p> <ul style="list-style-type: none"> <li>• Gloucester had the highest proportion of people from Black and Ethnic Minorities, at 10.9% of the total population. However, this is still considerably lower than the national figure.</li> <li>• Cheltenham also had a higher proportion of people from Black and Ethnic Minorities (5.7%) than the county-wide figure.</li> <li>• Forest of Dean had the lowest proportion of people from a Black and Ethnic Minority, at 1.5% of the total population.</li> <li>• The proportion of people that were classified as 'other White' was higher in Cheltenham than Gloucestershire and England as a whole (5.0% compared with 3.1% for Gloucestershire and 4.6% for England).</li> <li>• 42% of people who were of Gypsy/Irish Traveller origin lived in Tewkesbury district.</li> </ul> <p>At ward level:</p> <ul style="list-style-type: none"> <li>• Barton and Tredworth ward in Gloucester was the most ethnically diverse ward with 41.4% of its population from a Black and Minority Ethnic group and 10.3% from a white background other than White British.</li> </ul> <p>Gloucestershire's 0-19 year old population is more diverse than other age groups. According to the 2011 Census around 7.6%</p>

of 0-19 year olds were from a Black and Minority Ethnic groups compared to 4.4% of 20-64 year olds and 1.4% of people aged 65+. This trend is reflected at a regional, national and district level (please see dynamic report for more information).

**Service User Data Unknown**

**Gender reassignment**

Gender reassignment is defined by the Equality Act 2010 as a person proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. This means an individual does not need to have undergone any treatment or surgery to be protected by law.

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 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.

Table 2: Estimates of gender reassignment, 2018

	Lower Estimate		Upper Estimate	
	Number of People	% of 16+ population	Number of People	% of 16+ population
Cheltenham	578	0.6	578	1.0
Cotswold	447	0.6	447	1.0
Forest of Dean	433	0.6	433	1.0
Gloucester	619	0.6	619	1.0
Stroud	586	0.6	586	1.0
Tewkesbury	452	0.6	452	1.0
Gloucestershire	3,116	0.6	3,116	1.0
England	271,372	0.6	271,372	1.0

*Note: Figures may not sum due to rounding*

The 'Where There's A Need: Health and Well-Being of Trans People in Gloucestershire and Bristol' research project, a draft of which was published in July 2013, used a health needs questionnaire to assess attitudes, explore issues and concerns and provide suggestions for ways forward to meet the needs of the Trans community in Gloucestershire and Bristol. As part of the health needs assessment participants were asked if they had ever received health information or guidance relevant to you as a Trans person. Almost 9 out of 10 (88.4%; 61/69) answered 'no'.

	<p><b>Service User Data Unknown</b></p>
<p>Marriage &amp; civil partnership</p>	<p>Among residents of Gloucestershire:</p> <ul style="list-style-type: none"> <li>• 30.5% are single and have never married or registered a same-sex civil partnership</li> <li>• 50.2% are married;</li> <li>• 0.3% are in a registered same-sex civil partnership;</li> <li>• 2.3% are separated but still legally married or still legally in a same sex civil partnership;</li> <li>• 9.5% are divorced or formerly in a same sex civil partnership which is now legally dissolved;</li> <li>• 7.2% are widowed or a surviving partner from a same sex civil partnership</li> </ul> <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>At district level:</p> <ul style="list-style-type: none"> <li>• Cheltenham has the highest proportion of single people (38.8%) and exceeds the county and national figures. In contrast 25.7% of people in Cotswold are single, which is below the county and national level.</li> <li>• Cotswold has the highest proportion of residents who are married at 54.9%, which is higher than the county and national figures. The lowest proportion was recorded in Cheltenham. The proportion of same-sex civil partnerships is fairly consistent across all districts.</li> <li>• Gloucester has the highest proportion of people who are separated and divorced.</li> <li>• Cotswold has the highest proportion of people who are widowed or a surviving partner of a same-sex civil partnership while Gloucester and Cheltenham have the lowest. This reflects the age structure of these districts.</li> </ul> <p><b>Service User Data Unknown</b></p>
<p>Pregnancy &amp; maternity</p>	<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. At district level:</p>

	<ul style="list-style-type: none"> <li>• The Forest of Dean and Gloucester have a higher proportion of births to mothers aged under 20 (3.6% and 3.5% respectively) than Gloucestershire and England.</li> <li>• Cheltenham, Cotswold and Stroud have a higher proportion of births to mothers aged 35+ than Gloucestershire and England.</li> </ul> <p><b>Service User Data Unknown</b></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>At district level:</p> <ul style="list-style-type: none"> <li>• Cheltenham had the lowest proportion of people who are Christian at 58.7% of the total population, this was lower than the county and marginally lower than the national figure.</li> <li>• Cotswold had the highest proportion of people who follow Christianity.</li> <li>• Cheltenham had the highest proportion of Buddhists, Hindus and people who have no religion.</li> <li>• At 3.2% of the total population Gloucester had the highest proportion of Muslims.</li> <li>• Stroud had the highest proportion of people who follow an "Other Religion" and of people who did not state their religion.</li> </ul> <p>Christianity is the most common religion across all age groups, however it is less common amongst those aged 0-19, with 55.7% of 0-19 year olds reporting they are Christian compared to 82.3% of those aged 65+. Those aged 0-19 are more likely to report no religion than older age groups.</p> <p>Between 2001 and 2011 the number of Christians in the county declined. This was accompanied by an increase in the number of Muslims, Buddhists and people following no religion. This trend was also reflected at a regional, national and district level (please see dynamic report for more information). There are many factors driving changes in religious affiliation including natural growth (for example, some minority religious groups have a younger demographic profile), migration, and changes in willingness to state religion.</p> <p><b>Service User Data Unknown</b></p>

Sexual Orientation	<p>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 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>The APS also found that, for the overall UK population, 2.5% of males compared with 2.0% of females identified as LGB in 2018, and that young adults were more likely to identify as LGB than older age groups (4.4% of people aged 16 to 24 compared with 0.7% of people aged 65 or over).</p> <p>There were also regional variations within England, with London having the highest percentage (2.8%), and the North East of England the lowest (1.8%). The proportion of people in the South West identifying as LGB was 2.2%. These variations may be associated with regional differences in the age structure of populations.</p> <p>The percentage of the population identifying as LGB in the APS is increasing, with overall England figures rising from 1.7% in 2014 to 2.3% in 2018. The APS also provides subnational estimates for Gloucestershire, but these are considered unreliable for practical purposes due to the small sample size.</p> <p>In the next Census (2021) there will be a new question around sexual orientation, asking “which of the following best describes your sexual orientation?”, and providing a list of options. 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 confidentiality be a concern. It is hoped that more accurate data around sexual orientation will help equality monitoring in the future.</p> <p><b>Service User Data Unknown</b></p>
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**Other information**

*For example: National research, partner data, officer knowledge, complaints data, links to reports*

Healthwatch England Equality and Diversity Workplan 2020/21:

<https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20200805%20Equalities%20and%20Diversity%20Workplan.pdf>



### 3. Working with Local Healthwatch

We will provide support to local Healthwatch in understanding their duties to under the equalities act and seek to equip the network with the necessary skills and confidence to challenge local systems to be better on equality diversity and inclusion. We will share examples of best practice to facilitate learning from some of the high-quality work on Equality Diversity and Inclusion that is being delivered by local Healthwatch.

In 2020/21 we will:

- Run sessions for local Healthwatch on equality and diversity including their approach to their public duty.
- Strengthen the equalities element of the annual data return local Healthwatch provide to Healthwatch England and explore different methods to collect this information.
- Analyse the data return to understand the priorities of local Healthwatch and how this relates to 'seldom-heard' groups or those with protected characteristics.
- Share examples of best practice to facilitate learning from some of the high-quality work on equality, diversity and inclusion that is being delivered by Healthwatch locally.
- Produce and promote at least one volunteering case studies highlighting diversity per quarter.

Healthwatch Gloucestershire have published a number of reports over the past three years which can be found on their website:

<https://www.healthwatchgloucestershire.co.uk/reports-publications/>

Examples of the types of engagement that HWG are doing include: a lunch held by the Chinese Community; LGBTQ+ Partnership meetings; Family Fund Information and Support Day for disabled children; Podsmead Food and Families Day; Frithwood Surgery Dementia event and the Learning Disabilities Partnership. Through their research and undertaking both general and focussed engagement on topics such as mental health and access to services they try to reach as many different groups as possible.

### 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	<i>If applicable</i>
Workforce	<i>If applicable</i> *Discussions about the use of the research fund are documented within the contract monitoring meeting notes on 27 <sup>th</sup> February 2019; 7 <sup>th</sup> May 2019; 1 <sup>st</sup> August 2019.
Partners	<i>If applicable</i>
External providers of services	<i>If applicable</i>

## 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
<b>Age(A)</b>	<p>The service engages with a wide range of people: attending meetings; holding engagement events and focus groups and speaking with people who call or email into the service. Our population profile shows an aging population and HWG has focused on many of the issues relevant to this group including the needs of carers and non clinical support for end of life. They have also set up a 'Young Listeners' project and are currently recruiting a Youth Engagement Officer (the post was recruited to in March but due to COVID the post holder dropped out and they have re-advertised). The project plan can be seen below:</p> <div style="text-align: center;">  <p>Appendix 7 HWG Young Listeners proje</p> </div>
<b>Disability (D)</b>	<p>Primary access to Healthwatch Services is currently through the website and email services. They also communicate and engage via social media channels. This is in line with the Council's wider strategy of 'Enabling Active Individuals' and the 'Better by digital' work stream of the Customer Programme.</p> <p>HWG is committed to providing a website that is accessible to the widest possible audience, regardless of technology or ability. They are committed to improving accessibility and usability of their website and adhering to many of the available standards and guidelines. Further details and tools can be found on their accessibility page: <a href="https://www.healthwatchgloucestershire.co.uk/accessibility/">https://www.healthwatchgloucestershire.co.uk/accessibility/</a>. Access to HWG support is also available through the telephone helpline, offering an alternative opportunity to access the service for those service users more</p>

	<p>comfortable with using the telephone.</p> <p>In April 2019 HWG ran a ‘What would you do?’ Campaign to encourage people in the county to share their views about what changes to local NHS services should look like in relation to learning disabilities and autism. Other engagement has focussed on the views of carers, people with long term conditions and those with mental health conditions.</p> <p>HWG engages with Inclusion Gloucestershire; the MS Group; the Big Health Check Day; the Parkinson’s conference and the Family Fund information and support day for disabled children as well as many other disability related groups throughout the course of their work.</p>
<b>Sex (S)</b>	Access to HWG is provided in a gender neutral manner.
<b>Race (including Gypsy &amp; Traveller)(R))</b>	<p>Research suggests that for some communities, traditional models of health and social care services do not always meet their cultural requirements therefore one of the priority areas for HWG is to strengthen feedback from minority communities to ensure provision meets the needs of all residents.</p> <p>To strengthen the feedback received from ethnic minority residents HWG works with community groups and networks to raise awareness of the support provided by HWG. For example HWG engaged with the African Community Foundation and made links with the Chinese Community through the Cheltenham Chinese Information Point of Contact.</p> <p>The HWG “Readers Panel” regularly reviews the accessibility of information produced by the local authority and CCG in regards to access issues. These reviews include access issues for residents whose first language is not English in relation to alternative access to information in translation or with the support of specialist community services.</p> <p>Currently, there is no diversity within the HWG Steering Group and efforts are being made to address this through active recruitment. A marketing campaign is also being planned for January 2021 to increase awareness of Healthwatch in BAME communities.</p>
<b>Gender reassignment(GR)</b>	HWG actively engages with LGBTQ Partnership and other groups during the course of it’s normal activities. There is an expectation that this engagement will be strengthened to ensure equality of access across all protected

	characteristics, through working with communities of interest and specialist organisations skilled in this area.
<b>Marriage &amp; civil partnership (MCP)</b>	As a universal open access service Healthwatch provision is accessible to all residents regardless of their protected characteristic status.
<b>Pregnancy &amp; maternity (PM)</b>	As a universal open access service Healthwatch provision is accessible to all residents regardless of their protected characteristic status. HWG engages on a regular basis with the Hospital and Community Trust and has strong links with their engagement teams. In the past they have been involved with the Gloucestershire Maternity Services Liaison Committee.
<b>Religion and/or Belief (RAOB)</b>	HWG is expected to actively engage in ensuring equality of access across all protected characteristics, through working with communities of interest and specialist organisations skilled in this area. They have strong links with the GCC Community Development Team and various faith groups as well as faith based support organisations like the Marah Trust for homeless people.
<b>Sexual Orientation(SO)</b>	As a universal open access service Healthwatch provision is accessible to all residents regardless of their protected characteristic status. HWG engage with the LGBTQ Partnership and other support groups during the course of it's normal engagement activities.

## 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
Monitor HWG's engagement with the HW England Equality and Diversity work plan	Helen Flitton, Outcome Manager (contract manager) Evolving Communities (Provider)	January 2020 – March 2022
Encourage further diversity within the HWG team and volunteers	Helen Flitton, Outcome Manager (contract manager) Evolving Communities (Provider)	December 2020 – March 2021 and ongoing
Commission an equality and diversity report from HWG to outline their efforts to reach these groups	Helen Flitton, Outcome manager (contract manager)	January 2020 – March 2021

## Monitoring and Review

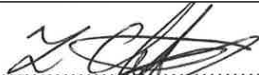
Please indicate what processes/actions will be put in place to keep this 'activity' under review. For example will progress be monitored/ reported to a board, scrutiny committee, project board etc

Quarterly contract monitoring meetings. HWG also submit their annual report to the Health and Wellbeing Board (and sit on this 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: 6<sup>th</sup> Jan 2021

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.

<b>Name of relevant Portfolio Holder/Cabinet Member:</b> Councillor Tim Harman	
<b>Signed by Portfolio Holder/Cabinet Member:</b> 	<b>Date:</b> 12.1.21

## 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.



## Item title: Public Mental Health: Decommissioning of Mentalk and GirlTalk service

### 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'.<sup>6</sup>

- 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':	<b>Decommissioning of the MenTalk and GirlTalk service</b>
Person(s) responsible for completing this statement	Claire Procter, Head of Commissioning (sexual health and mental wellbeing)
Briefly describe the activity being considered including aims and expected outcomes	<p>The DRS covers the proposed decommissioning of the MenTalk and GirlTalk programmes at the end of their existing contract periods.</p> <p><u>Outline of the programmes</u> MenTalk and GirlTalk are short (8 session) holistic mental health awareness programmes, incorporating healthy lifestyle advice and physical activities, offered to secondary schools (and Pupil Referral Units) in a gender sensitive way. Each of the optional programmes reaches a targeted cohort of approximately 30 Year 9/10 student across approximately 35 schools per annum and participants are identified by each school setting (note: school and student participation numbers</p>

<sup>6</sup> 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.

will vary across schools depending on need. Over the year 2019-20 a total of 1, 677 students attended the MenTalk and GirlTalk programmes). Whilst the provider was obligated to contact all the school settings in the county, not all schools engaged and therefore some students did not attend these programmes. Some school settings were also able to request adaptations to the programme content (i.e. the removal of the healthy relationships topic/theme), so students attending at these schools did not receive these messages.

#### Background and rationale for the proposal to decommission

The Council have invested in additional universal mental health services for children and young people in connection with the Covid-19 pandemic which have the potential to reach a larger, more diverse cohort of young people than the MenTalk and GirlTalk programmes.

Some schools are now commissioning their own healthy lifestyle interventions outside of those funded by the council; and will have the option to continue to self-fund equivalent programmes if they wish. Public Health investment in school based mental health work and integrated healthy lifestyle support will continue via (for example) the Gloucestershire Healthy Living & Learning (GHLL) programme; the School Nursing Service, and the Gloucestershire Healthy Lifestyle Service's peer support programme. There has also been significant NHS England led investment in mental health work in schools and colleges in Gloucestershire via the Trailblazer programme.

The new Covid-19 services are currently short term contracts, but the Council will be using the learning from these programmes to inform future commissioning decisions with respect to continued additional mental health support for CYP, and will give due regard to how support can be accessible to a wide a group of young people as possible, and take into account the needs of those with protected characteristics.

## 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)

<b>Who is responsible for delivering the service?</b>	The service was commissioned by Gloucestershire County Council and provided by Cheltenham Town Football Club Community Trust.
<b>Service user data/Needs analysis information</b>	
Age	<p>The MenTalk and GirlTalk programmes targeted secondary aged children in Years 9 and 10 (aged 13-15 years).</p> <p><b>Mental health</b> National data shows that one in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017. Poor mental health tends to increase with age in young people; and is higher among those aged 17-19 years. This finding is reflected in the Gloucestershire Online Pupil Survey (OPS) which shows indicators of poorer mental health increasing as students move through the school system. In the 2018 OPS, 76% of secondary students had high or average levels of emotional and mental wellbeing. However, 13% had scores indicating low mental wellbeing.</p> <p>With respect to other lifestyle behaviours (OPS 2018):</p> <ul style="list-style-type: none"><li>- Most secondary school pupils in the county do not smoke. 95% of secondary pupils reported that they had never smoked or had only tried it once or twice.</li><li>- Fewer young people in Gloucestershire are drinking alcohol. The proportion of secondary school pupils reporting that they have never tried alcohol, or have only tried it once or twice, has risen from 46% (in the 2016 OPS) to 77% (in the 2018 OPS)</li><li>- 81% of secondary school pupils said that the teaching they'd had on healthy relationships and sex had been helpful; however, 21% of Year 10 students wanted more support with and knowledge about safer sex.</li><li>- 50% of secondary students reported they did 6 hours or more physical activity per week.</li></ul>

Disability	<p>National data shows that young people with a disability may be at higher risk of poor mental health. This is also reflected in the local OPS 2018 data. 1 in 5 young people with a disability participating in the 2018 OPS recorded low mental wellbeing scores compared to 1 in 7 without a disability. Young people with a disability may face other barriers to accessing services and support.</p> <p>There is scope to carry out further analysis of the OPS data to better understand the health related lifestyle behaviours of secondary aged children with a disability.</p>
Sex	<p>The MenTalk and GirlTalk programmes consisted of separate gender sensitive content for male and female students respectively in years 9/10. Of the 1, 677 children attending the MenTalk and GirlTalk programme over 2019-20, this equated to 916 attending MenTalk and 761 attending GirlTalk.</p> <p><b>Mental health</b> National data shows that young women (aged 17-19) have higher levels of emotional mental health disorders, such as anxiety and depression; than other age groups and their male counterparts. This is also reflected in the OPS findings which show that female students tend to report poorer wellbeing overall.</p> <p>OPS data indicates that self-reported happiness tends to decrease as young people get older, and this is most noticeable in girls. 81% of boys in Year 4 reported that they were happy, compared to 69% of boys in Year 10. For girls, 81% in Year 4 were happy, compared to only 50% in Year 10. The proportion of pupils reporting that they were satisfied with their lives follows a similar pattern. Overall, 75% of pupils reported that they were 'quite satisfied or satisfied' with their lives. However, life satisfaction was highest at primary level, and declined at secondary level and again at Year 12/FE. While 82% of primary pupils reported that they were satisfied with their lives, this fell to 64% by Year 12/FE. Again girls were less likely to be satisfied with their lives than boys, particularly at secondary level.</p> <p><b>Other lifestyle behaviours (OPS 2018):</b></p> <ul style="list-style-type: none"> <li>- 77% of secondary school pupils in the county have never tried alcohol, or have only tried it once or twice. Of the minority of year 10s who do drink, 11% of girls reported that they drunk monthly, compared to 9.5% of boys. Similarly in a national study of young people aged 11-15 years, 11% of girls and 9% of boys had drunk in</li> </ul>

	<p>the last week. However this was not a statistically significant difference (<a href="#">NHS 2018</a>).</p> <ul style="list-style-type: none"> <li>- In a national survey of 11-15 year olds, 2% of girls and 3% of boys said they were regular smokers (<a href="#">NHS 2018</a>)</li> <li>- 44% of secondary aged girls were physically active compared to 55% of secondary aged boys. National studies suggest that adolescent girls are less physically active than their male peers.</li> </ul>
Race (including Gypsy & Traveller)	<p>A national NHS study carried out in 2017 reported that White British 5 to 19 year olds were about three times more likely than Black/Black British or Asian/Asian British children to have a common mental health disorder. However, some ethnic groups may be under-represented in studies; and young people from BAME communities may face other challenges or barriers to accessing services and support.</p> <p>Other lifestyle behaviours:</p> <ul style="list-style-type: none"> <li>- In a national NHS study of 11-15 year olds, current smoking prevalence was highest amongst white pupils (6%) (NHS 2018).</li> <li>- In the same study, white pupils were most likely to have had an alcoholic drink in the last week, with 13% having done so. This compares to 7% of Mixed ethnicity pupils, 3% of Black pupils and only 1% of Asian pupils.</li> </ul>
Gender reassignment	<p>National studies show that young people who are transgender may experience poorer emotional wellbeing. In the 2018 OPS, the proportion of transgender students reporting low mental health was particularly high in secondary phase although not significantly so in comparison to most of their other non-heterosexual peers (apart from asexual/figuring it out).</p> <p>There is scope to carry out further analysis of the OPS data to better understand the health related lifestyle behaviours of transgender secondary aged children.</p>
Marriage & civil partnership	<p>MenTalk and GirlTalk were school based programme targeting students in year 9/10. Given the age of the participants, none were likely to be married or in civil partnerships</p>

Pregnancy & maternity	<p>MenTalk and GirlTalk were school based programmes targeting students in year 9/10. Given the age of the participants, the risk of pregnancy is relatively low.</p> <p>Under 18 conceptions in Gloucestershire have been on a downward trend since 2007 and are significantly below the national average. In 2018, there were 23 conceptions in young girls under the age of 16 in the county; a rate of 2.2 per 1,000 females aged 13-15 years (PHE Fingertips).</p>
Religion or Belief	<p>There is limited data available on the impact of religion or belief on the wellbeing of young people.</p>
Sexual Orientation	<p>Studies that show that young people who identify as non-heterosexual tend to be have poorer emotional wellbeing. This is also reflected in the findings of the OPS.</p> <p>In the 2018 OPS, 1 in 3 non-heterosexual young people reported low mental wellbeing compared to 1 in 8 heterosexual young people.</p> <p>There is scope to carry out further analysis of the OPS data to better understand the health related lifestyle behaviours of non-heterosexual secondary aged children.</p>

### Other information

#### Information and data sources:

- GCC (2019) Online Pupil Survey report 2018
- GCC (2019) Gloucestershire Healthy Living and Learning Annual Report
- NHS Digital (2018) Mental Health of Children and Young People in England, 2017.
- GCC (2020) Children and Young People's Mental Health and the Covid-19 Pandemic: A Rapid Needs Assessment
- MenTalk End of Year Evaluation Results 2019 - 20
- GirlTalk End of Year Evaluation Results 2019 – 20
- CCG and GHC (2020) Children and Young People's Mental Health & Wellbeing Engagement report

## 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'.

<b>Total number of GCC staff affected</b>	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

## 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	<p>While service users (young people and schools) have not been consulted directly on this proposal, the Online Pupil Survey (now the Pupil Wellbeing Survey) (carried out every two years) captures the experiences and views of school aged children in the county and these findings help inform our public health commissioning decisions and work in schools. The results of the OPS have also informed this due regard.</p> <p>Service user experience (young people) is also captured by the annual service evaluations provided by the service provider.</p> <p>Gloucestershire Clinical Commissioning Group and Gloucestershire Health and Care carried out a survey of young people, parents/carers and professionals regarding mental health support for CYP in May/June 2020. The findings will be used to inform the local approach to the planned redesign of universal and specialist mental health services for children and young people. Where relevant the findings from this survey will also help inform future commissioning decisions around CYP mental health services commissioned by the council.</p>
Workforce	Not applicable
Partners	While partners have not been consulted directly on this proposal, Gloucestershire Healthy Living and Learning (the local

	healthy schools programme) carry out ongoing engagement with schools and colleges around how best to support the health and wellbeing outcomes of students. Learnings are fed into public health commissioning. The GHLL lead is aware of our proposal to decommission GirlTalk and MenTalk.
External providers of services	<p>The proposal has been discussed with the current service provider.</p> <p>There is regular discussion with CYP mental health commissioners in Gloucestershire Clinical Commissioning Group regarding how best to meet the mental health needs of children and young people and the early intervention/preventative services required, including work in schools.</p>

## 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 shows that low self-reported mental wellbeing increases as young people move through the school system. Positively the majority of secondary aged young people are not smoking or drinking. However, 50% are not reaching the recommended physical activity levels and 1 in 5 would like more information about sexual health and relationships.</p> <p>The MenTalk and GirlTalk programmes were only focused on a select number of young people in year</p>

	<p>9/10 (aged between 13 – 15 years) as identified by each school setting.</p> <p>While the withdrawal of the programmes will remove one form of targeted support for years 9/10 specifically; it is considered that other programmes led by schools or via GHLL, in addition to the other services available will still provide a good level of support to school aged young people irrespective of age; and are likely to reach a larger cohort.</p> <p>The school based health and wellbeing work supported by the GHLL programme (and part funded by Public Health) covers all age groups across both schools and colleges; and targets a range of lifestyle behaviours, including physical activity, substance misuse and sexual health.</p> <p>The new mental health services commissioned by the council for children and young people are intended to provide open access support to a larger age cohort and capture older teenagers and young adults; a group known to be at risk of poor mental health. Consideration will be given to how the promotion of these services can be targeted to reach those young people whose age and/or gender may put them at higher risk of poor mental health.</p> <p>Commissioners will continue to learn from the data and work with partners in the ICS to invest in preventative mental health and healthy lifestyle programmes which focus on those age groups shown to be at higher risk of poor health and wellbeing outcomes.</p>
<b>Disability (D)</b>	<p>National data shows that young people with a disability may be at higher risk of poor mental health. This is also reflected in the local OPS data.</p> <p>MenTalk and GirlTalk did not include any specific content on disability, but did include content on tackling stigma, bullying and reducing discrimination for all young people which may have impacted on those with a disability. Decommissioning these programmes may therefore remove one form of awareness-raising on these topics within the school setting.</p>

	<p>GHLL (part funded by public health) support programmes in schools on diversity and inclusivity and the prevention of bullying. This means that the topic areas should still be addressed within school settings and should reach a wider cohort of young people than those captured by the optional MenTalk/GirlTalk programmes.</p> <p>The wider school based health and wellbeing work supported by the GHLL programme (and part funded by Public Health) will also reach young people with a disability; and targets a range of lifestyle behaviours, including physical activity, substance misuse and sexual health. GHLL work with schools to help them to focus on those groups of young people where there is greatest need.</p> <p>The additional Council commissioned mental health support for children and young people is open to all young people irrespective of whether they have a disability. As some of the services are delivered online or via text-chat or phone, this may also increase the accessibility of services for some young people with a disability. However it is important that we monitor this as the nature of young people’s disabilities and needs will vary. The new provision will work alongside existing mental health support for children and young people in the county helping to ensure there are a range of options for accessing support via different media. The resources that are available on the new online support platform include articles and forums on disability and bullying, enabling users to access this support information.</p> <p>Consideration will be given to how the promotion of the new mental health services can be targeted to reach those young people with a disability who may be more vulnerable to poor mental health.</p>
<p><b>Sex (S)</b></p>	<p>National data shows that young women (aged 17-19) have higher levels of emotional mental health disorders, such as anxiety and depression; than other age groups and their male counterparts. This is also reflected in the OPS findings which show that female students tend to report poorer wellbeing overall.</p> <p>The proportion of young people of both genders who are smoking and drinking is falling nationally and locally. However the OPS data does show that teenage girls tend to be less active than boys; which is also</p>

	<p>reflected in national studies.</p> <p>The MenTalk and GirlTalk programmes consisted of separate gender sensitive content for male and female students respectively. However they only captured a select number of male and female students in year 9/10 per school.</p> <p>While the withdrawal of the programmes will remove one form of targeted gender based healthy lifestyle intervention; it is considered that other programmes led by schools or via GHLL will still provide a good level of health and wellbeing support to school aged young people irrespective of gender. As such, it is not anticipated that the decommissioning of the programmes will have a disproportionate impact on any individual because of their gender.</p> <p>The school based health and wellbeing work supported by the GHLL programme (and part funded by Public Health) covers both female and male students across schools and colleges.</p> <p>The new mental health services commissioned by the council for children and young people are intended to provide open access support to young people of all genders; and there will be no access restrictions based on gender. The resources that are available on one of the new online support platforms include articles and forums on gender identity, body image, enabling users to access this support information. Consideration will be given to how the promotion of these services can be targeted to reach those young people whose gender and/or age may put them at higher risk of poor mental health.</p>
<p><b>Race (including Gypsy &amp; Traveller)(R)</b></p>	<p>The MenTalk and GirlTalk programmes were open to all pupils irrespective of their race, however participants of these programmes were selected by each school setting; and it is not anticipated that the removal of the programmes will have a disproportionate impact on young people based on race.</p> <p>GHLL (part funded by public health) support programmes in schools on diversity and inclusivity; and</p>

	<p>school based health and wellbeing programmes should be open to all pupils irrespective of their race.</p> <p>The additional Council commissioned mental health support for children and young people is also open to all young people irrespective of their race. The resources that are available on the new online support platform include articles and forums on disability, culture &amp; diversity and bullying, enabling users to access this support information. Consideration will be given to how the promotion of these services can be targeted to reach young people from BAME communities to help overcome any potential barriers to access. Providers will be required to collect ethnicity data so that uptake from different ethnic groups can be monitored.</p>
<p><b>Gender reassignment(GR)</b></p>	<p>Studies that show that young people who are transgender may experience poorer emotional wellbeing.</p> <p>The MenTalk and GirlTalk programmes incorporated content designed to raise awareness of the stigma and discrimination surrounding LGBTQ+ and bullying. Decommissioning programmes may therefore remove one form of awareness-raising on these topics within the school setting.</p> <p>GHLL (part funded by public health) support programmes in schools on diversity and inclusivity and the prevention of homophobic, bi-phobic, and transphobic bullying. LGBTQ+ awareness should also form part of the RSE curriculum in schools which is now mandatory. This means that the topics areas should still be addressed within school settings and should reach a wider cohort of young people than those captured by the optional MenTalk/GirlTalk programmes.</p> <p>The wider school based health and wellbeing work supported by the GHLL programme (and part funded by Public Health) will also reach young people of all sexualities and genders; and targets a range of lifestyle behaviours, including physical activity, substance misuse and sexual health. GHLL work with schools to help them to focus on those groups of young people where there is greatest need.</p> <p>The additional Council commissioned mental health support for children and young people is open to all young people irrespective of their gender identification. The resources that are available on the new</p>

	<p>online support platform include articles and forums on equality &amp; diversity, LGBT+ and gender identity, enabling users to access this support information. Consideration will be given to how the promotion of these services can be targeted to reach those young people whose gender identification may put them at higher risk of poor mental health.</p>
<p><b>Marriage &amp; civil partnership (MCP)</b></p>	<p>MenTalk and GirlTalk were school based programme targeting students in year 9/10. Given the age of the participants, none were likely to be married or in civil partnerships; and as such the withdrawal of the programmes should have no impact on individuals with this protected characteristic.</p>
<p><b>Pregnancy &amp; maternity (PM)</b></p>	<p>Under 18 conceptions in Gloucestershire have been on a downward trend since 2007 and are significantly below the national average.</p> <p>MenTalk and GirlTalk were school based programmes targeting students in year 9/10. Given the age of the participants, the risk of pregnancy is relatively low; however the programmes did incorporate some sexual health advice which may have helped reduce unplanned pregnancy in under 18s.</p> <p>Public Health is continuing to invest in sexual health and relationships work in schools via the GHLL programme. This programme seeks to target all age groups across all schools and colleges in the county therefore reaching a wider cohort than the MenTalk and GirlTalk programmes. Relationships and Sex Education (RSE) is now mandatory in all secondary schools and as such all schools will be required to provide their own RSE programmes.</p> <p>The Council continues to commission a Teenage Pregnancy Midwifery Service to provide additional specialist midwifery support to teenagers who become pregnant. The service aims to support improved outcomes for parent and child through effective partnership working with the wider network of health, social care education and related services, including Children and Young People mental health services.</p> <p>The additional Council commissioned mental health support for children and young people is open to all</p>

	<p>young people irrespective of whether they were pregnant. The resources that are available on the new online support platform include articles and forums on pregnancy and relationships, enabling users to access this support information.</p> <p>On this basis, it is not anticipated that the decommissioning of the optional MenTalk/GirlTalk programmes will have a disproportionate impact on individuals with respect to this protected characteristic.</p>
<p><b>Religion and/or Belief (RAOB)</b></p>	<p>There is limited data available on the impact of religion or belief on the wellbeing of young people.</p> <p>The MenTalk and GirlTalk programmes were available to students irrespective of their religion or belief.</p> <p>The additional Council commissioned mental health support for children and young people is open to all young people irrespective of their religion or belief. The resources that are available on the online support platform include articles and forums on culture &amp; religion, enabling users to access this support information.</p> <p>The wider school based health and wellbeing work supported by the GHLL programme (and part funded by Public Health) will also reach young people irrespective of religion/belief; and targets a range of lifestyle behaviours, including physical activity, substance misuse and sexual health. GHLL work with schools to help them to focus on those groups of young people where there is greatest need.</p> <p>Overall, it is not anticipated that the proposal will have a disproportionate impact on any individual with a particular religion or belief; however we will continue to look at data and information on the needs of young people with protected characteristics through our service provision (see strengthening actions).</p>
<p><b>Sexual Orientation(SO)</b></p>	<p>Studies that show that young people who identify as non-heterosexual tend to be have poorer emotional wellbeing. This is also reflected in the findings of the OPS.</p> <p>The MenTalk and GirlTalk programmes incorporated content designed to raise awareness of the stigma</p>



and discrimination surrounding LGBTQ+ and bullying. Decommissioning programmes may therefore remove one form of awareness-raising on these topics within the school setting.

GHLL (part funded by public health) support programmes in schools on diversity and inclusivity and the prevention of homophobic, bi-phobic, and transphobic bullying. LGBTQ+ awareness should also form part of the RSE curriculum in schools which is now mandatory. This means that the topics areas should still be addressed within school settings and should reach a wider cohort of young people than those captured by the optional MenTalk/GirlTalk programmes.

The wider school based health and wellbeing work supported by the GHLL programme (and part funded by Public Health) will also reach young people irrespective of their sexual orientation; and targets a range of lifestyle behaviours, including physical activity, substance misuse and sexual health. GHLL work with schools to help them to focus on those groups of young people where there is greatest need.

The additional Council commissioned mental health support for children and young people is open to all young people irrespective of their sexual orientation. The resources that are available on the new online support platform include articles and forums on equality & diversity and LGBT+, enabling users to access this support information. Consideration will be given to how the promotion of these services can be targeted to reach those young people whose sexual orientation may put them at higher risk of poor mental health.

Overall, it is not anticipated that the proposal will have a disproportionate impact on individuals on the basis of their sexual orientation; however we will continue to look at data and information on the needs of young people with protected characteristics through our service provision (see strengthening actions).

## 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 require council commissioned providers of mental health support for children and young people to collate data on the characteristics of service users to enable uptake from people with different protected characteristics to be reviewed.	Commissioners.	Ongoing; with activity data subject to quarterly review.
Take steps to work with service providers to improve data collection of protected characteristics which are less routinely monitored.	Commissioners working with service providers.	Ongoing; to be included in service specifications and subject to progress reviews as part of routine contract monitoring.
Explore how promotion of services can be targeted to reach groups who may be under-represented and/or be at higher risk of poor mental health.	Commissioners working with service providers.	Ongoing; to be included in service specifications and subject to progress reviews as part of routine contract monitoring.

Work with education providers and GHLL to capture qualitative feedback from children and young people (and professionals) on health and wellbeing interventions provided in schools to inform future commissioning decisions.	Commissioners working with GHLL	Ongoing.
Consider doing some further analysis of the OPS and Pupil Wellbeing Survey data to review the needs and lifestyle behaviours of CYP with protected characteristics.	Commissioners working with OPS leads	Review after next survey cycle.


## 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.

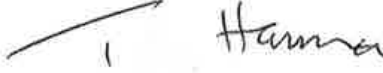
Progress will be reviewed and reported to the Director of Public Health as part of routine performance reporting.

## 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

<b>Senior level sign off:</b> 	Date: 4.1.21
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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.

<b>Name of relevant Portfolio Holder/Cabinet Member: Cllr Tim Harman</b>	
<b>Signed by Portfolio Holder/Cabinet Member:</b> 	Date: 4.1.21

## 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.