

Due Regard Statement

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

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

Name of the 'policy':	Gloucestershire Local Outbreak Management Plan
Person(s) responsible for completing this statement	Data and Analysis Manager (Place) : Katherine Martin Commissioning Officers (PWC Hub): Alison Comley, Temi Folayan, Emily Toomer Reviewed by Beth Bennett-Britton, Consultant Public Health PWC Hub and Jennifer Taylor, Lead Commissioner PWC Hub.
Briefly describe the activity being considered including aims and expected outcomes	To set out Gloucestershire County Council's (GCC) plan for preventing, containing, responding to and monitoring local outbreaks of Covid-19 in Gloucestershire.

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

Documenting use of sufficient information

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

Service user data

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

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

Needs analysis

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

Data gaps

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

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

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

Who is responsible for delivering the service?	Responsibility for producing and leading on the delivery of the Local Outbreak Management Plan lies with the Director of Public Health for Gloucestershire County Council, working in partnership with a wide range of stakeholders represented on the Health Protection Board and the Covid-19 Engagement Board.																				
Service user data/Needs analysis information																					
Age	<p>COVID-19</p> <p>National research has shown some groups have been disproportionately affected by COVID19, the largest disparity found was by age. COVID-19 diagnosis rates increased with age for both males and females. Among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those under 40².</p> <p>General Population</p> <p>Information about Gloucestershire's population shows it 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 the figures for England and Wales. As national research shows age is a risk factor for COVID-19 the ageing population may pose challenges to the county. This could be particularly evident in Cotswold, the Forest of Dean, Stroud and Tewkesbury which all have a higher proportion of people aged 65+ when compared to the county and national figures. At 25.9% Cotswold has the largest proportion of people aged 65 and over³.</p> <table border="1" data-bbox="528 1023 1659 1195"> <thead> <tr> <th>Age Band</th> <th>Number of people (2019)</th> <th>Gloucestershire (%)</th> <th>South West (%)</th> <th>England and Wales (%)</th> </tr> </thead> <tbody> <tr> <td>0-19</td> <td>142,506</td> <td>22.4</td> <td>21.9</td> <td>23.5</td> </tr> <tr> <td>20-64</td> <td>357,054</td> <td>56</td> <td>55.8</td> <td>57.9</td> </tr> <tr> <td>65+</td> <td>137,510</td> <td>21.6</td> <td>22.3</td> <td>18.5</td> </tr> </tbody> </table> <p>Looking at the older age group in more detail shows that the 65-69 year old and the 70-74 year old age groups account for the greatest number of people and are the age groups with the greatest difference to the national average. Those aged 80+, which are those with the greatest risk of dying from COVID-19 account for 37,389 people or 5.9% of the total population.</p>	Age Band	Number of people (2019)	Gloucestershire (%)	South West (%)	England and Wales (%)	0-19	142,506	22.4	21.9	23.5	20-64	357,054	56	55.8	57.9	65+	137,510	21.6	22.3	18.5
Age Band	Number of people (2019)	Gloucestershire (%)	South West (%)	England and Wales (%)																	
0-19	142,506	22.4	21.9	23.5																	
20-64	357,054	56	55.8	57.9																	
65+	137,510	21.6	22.3	18.5																	
<p>² Disparities in the risk and outcomes of COVID-19</p> <p>³ Mid 2019 Population Estimates, ONS</p>																					

	Age Band	Number of people (2019)	Gloucestershire (%)	South West (%)	England and Wales (%)
	65-69	36,985	5.8	5.9	5.0
	70-74	36,815	5.8	6.0	5.0
	75-79	26,321	4.1	4.2	3.5
	80-84	19,057	3.0	3.1	2.6
	85-89	11,667	1.8	1.9	1.6
	90 and over	6,665	1.0	1.2	0.9

Clinically extremely vulnerable
Those with specific medical conditions identified by the NHS – who are at greater risk of severe illness from coronavirus are classed as clinically extremely vulnerable. There are currently 25,312 people on the shielding list, of those an estimated 56.3% are aged over 65⁴.

Vaccination
The Pfizer BioNTech Covid-19 vaccine was approved by the MRHA on 2nd December 2020. As trials in children have only recently begun, the vaccine is not routinely recommended for those under 16 years of age⁵. There are exceptions to this for young people where the risk of negative consequences as a result of infection with the virus are greater than the risk posed by vaccination. This position will be reviewed as trial results are released. Where there is doubt, rather than withholding vaccination, appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team.

Disability

COVID19
Little information is available about the impact of COVID19 on those with disabilities. The work that has been carried out has focused on those conditions on the death certificate of those people who died with COVID-19. This has shown a higher percentage mentioned diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia than all cause death certificates⁶. In some instances people may view these conditions as a disability as it may limit their day to day activities, however in many cases it will not, so you can not draw clear links between having these conditions and having a disability.

General population
According to the 2011 Census 16.7% of Gloucestershire residents reported having a long term limiting health problem, this was below the national figure of 17.6%. The Forest of Dean had the highest proportion of residents

⁴ Shielded patients cohort analysis, CCG
⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/494063/report-book-image-144v3.pdf
⁶ Disparities in the risk and outcomes of COVID-19

reporting a long term limiting health problem at 19.6% of the total population, and was the only district that exceeded the figure for England of 17.9%). Cheltenham had the lowest proportion of residents reporting a long term limiting health problem (15.1%). As age increases the proportion of respondents reporting a limiting long term health problem increases. In Gloucestershire 18.3% of people aged 50-64 reported a limiting long term health problem, this increased to 49.0% of respondents for the 65+ age group. A similar picture is observed at district, regional and national level⁷.

Day-to-day activities	Number	% of population
day-to-day activities are not limited	497,238	83.3
day-to-day activities are limited	99,746	16.7
day-to-day activities are limited a little	56,454	9.5
day-to-day activities are limited a lot	43,292	7.3

Dementia is one of the major causes of disability in older people. Estimates suggest that in 2020 there are predicted to be around 9,911 people aged 65+ living with dementia in Gloucestershire. Incidents of dementia increase with age, people aged 65-69 are predicted to account for 6.2% of dementia sufferers over 65 in Gloucestershire; it is predicted that this will rise to 22.0% for the 90+ age group. Given the ageing population the number of dementia sufferers will increase in the future⁸.

Sex

COVID-19

National research has shown diagnosis rates for COVID-19 are higher among females under 60, and higher among males over 60. Despite making up 46% of diagnosed cases, men make up almost 60% of deaths from COVID-19 and 70% of admissions to intensive care units. Working age males diagnosed with COVID-19 were twice as likely to die as females⁹.

Data for Gloucestershire has shown males accounted for 53.5% deaths mentioning COVID-19 in Gloucestershire (between 21st March and 8th May) where sex was known, while females accounted for 46.5%¹⁰.

⁷ 2011 Census, ONS

⁸ Dementia projections 2020, POPPI

General population

⁹ Disparities in the risk and outcomes of COVID-19, PHE

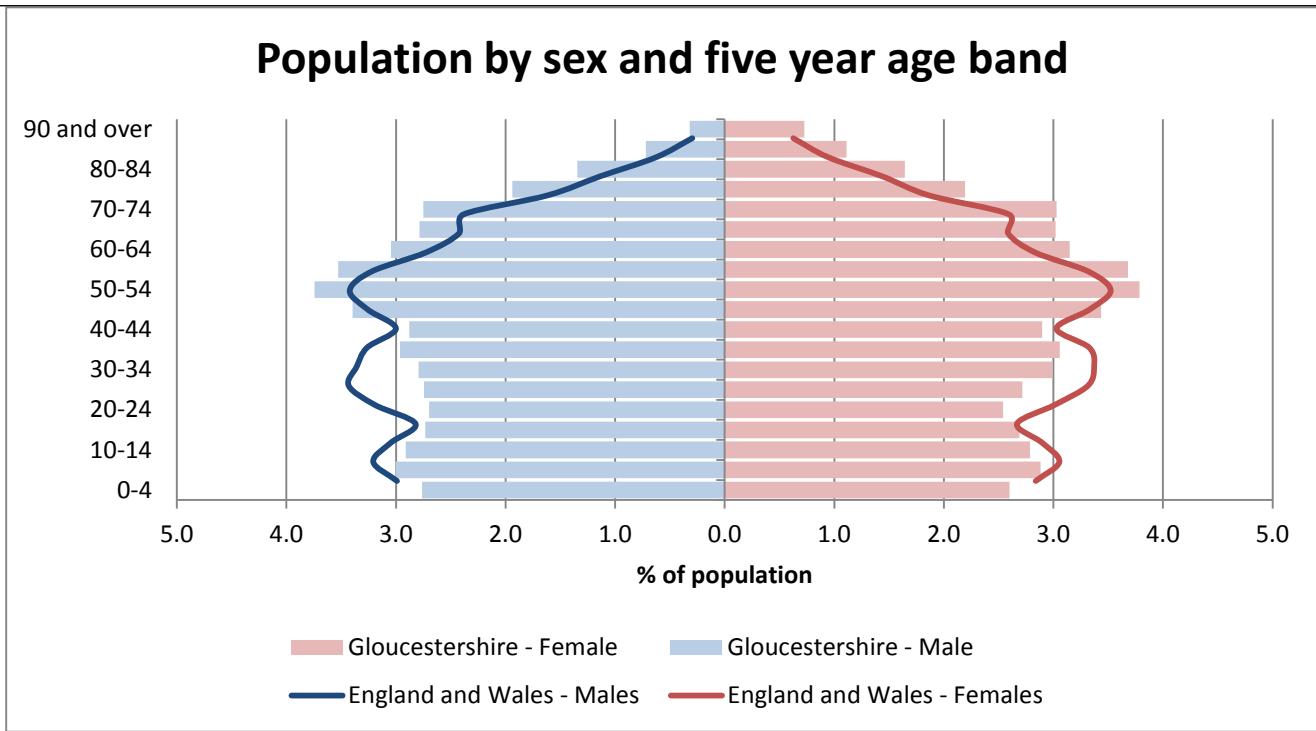
¹⁰ Ibid

population and females accounting for 50.9%¹¹. This situation is also reflected at district, regional and national level. This difference is related to the fact that women on average live longer than men; in Gloucestershire life expectancy at birth for females is 83.7 years and for males is 80.2 years (2015-17). Thus, as age increases females outnumber males by an increasing margin. In Gloucestershire 52.8% of people aged 65-84 are female; the proportion increases to 63.9% amongst people aged 85 and over. These gender differences in the older age groups are also observed at district, regional and national level.

Gender	Number	% of population
Female	324,498	50.9
Male	312,572	49.1

The population pyramid shows the breakdown of Gloucestershire's population by sex and five year age band compared to England and Wales. Gloucestershire has an underrepresentation of males and females aged 0-44, after the age of 45 Gloucestershire has an over-representation of both genders.

¹¹ Mid 2019 Population Estimates, ONS



Clinically extremely vulnerable

Those with specific medical conditions identified by the NHS – who are at greater risk of severe illness from coronavirus are classed as clinically extremely vulnerable . There are currently 25,312 people on the shielding list, of those an estimated 47.7% are male and 52.3% are females, males are likely to be slightly under-represented compared to the population as a whole due to the fact that women on average live longer than men¹².

Race (including Gypsy & Traveller)

COVID-19

National research shows people from Black ethnic groups were most likely to be diagnosed with COVID-19. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups. People of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other

¹² Shielded patients cohort analysis, CCG

Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to those with a White British ethnicity¹³.

General Population

According to the 2011 Census 95.4% of Gloucestershire's population is White and 4.57% are from a Black or Ethnic Minority group; this latter figure is considerably lower than the 14.6% reported for England as a whole. English/Welsh/Scottish/Northern Irish/British make up the majority of Gloucestershire's white population. Although this is a national trend, this group accounts for a higher proportion of the total white population than elsewhere; there is a lower proportion of people who are from an 'other white' background when compared to the national figure (3.1% in Gloucestershire compared with 4.6% in England). Asian/Asian British account for the largest proportion of Black or Ethnic Minorities in Gloucestershire, following the national trend. However the group accounts for a lower proportion of the total than it does nationally (2.08% in Gloucestershire compared with 7.8% in England).

At district level:

- Gloucester has the highest proportion of people from a Black or Ethnic Minority (10.9% of the total population compared with 4.57% for the county). However, this is still considerably lower than the national figure of 14.6%.
- Cheltenham also had a higher proportion of people from Black and Ethnic Minorities (5.7%) than the county-wide figure.
- Forest of Dean has the lowest proportion of people from a Black or Ethnic Minority, at 1.5% of the total population.
- The proportion of people that are classified as 'other White' is higher in Cheltenham than Gloucestershire and England as a whole (5.0% compared with 3.1% for Gloucestershire and 4.6% for England).
- The proportion of people that are classified as Caribbean and White and Black Caribbean is higher in Gloucester than the county and England¹⁴.

Ethnic Origin	Number	% of population
White: English/Welsh/Scottish/Northern Irish/British	546,599	91.6
White: Irish	3,759	0.6
White: Gypsy or Irish traveller	731	0.1

¹³ Disparities in the risk and outcome of death

¹⁴ 2011 Census, ONS

	<table border="1"> <tr> <td>White: White other</td> <td>18,558</td> <td>3.1</td> </tr> <tr> <td>Mixed/Multiple Ethnic Group</td> <td>8,661</td> <td>1.45</td> </tr> <tr> <td>Asian/Asian British</td> <td>12,433</td> <td>2.08</td> </tr> <tr> <td>Black/African/Caribbean/Black British</td> <td>5,150</td> <td>0.86</td> </tr> <tr> <td>Other Ethnic Group</td> <td>1,093</td> <td>0.18</td> </tr> </table>	White: White other	18,558	3.1	Mixed/Multiple Ethnic Group	8,661	1.45	Asian/Asian British	12,433	2.08	Black/African/Caribbean/Black British	5,150	0.86	Other Ethnic Group	1,093	0.18		
White: White other	18,558	3.1																
Mixed/Multiple Ethnic Group	8,661	1.45																
Asian/Asian British	12,433	2.08																
Black/African/Caribbean/Black British	5,150	0.86																
Other Ethnic Group	1,093	0.18																
Gender reassignment	<p>Clinically extremely vulnerable Those with specific medical conditions identified by the NHS – who are at greater risk of severe illness from coronavirus are classed as clinically extremely vulnerable . There are currently 25,312 people on the shielding list, of those 96.4% are White, higher than the population as a whole, this was followed by Black/Black British and Asian/Asian British which both accounted for 1.1% of the shielding population¹⁵.</p> <p>COVID-19 There is little information about gender reassignment and the risk of COVID-19.</p> <p>General Population Gender reassignment is defined by the Equality Act 2010 as a person who is proposing to undergo, 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.</p> <p>There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society estimate that between 300,000 and 500,000 people aged 16 or over in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population. By applying the same proportions to Gloucestershire's 16+ population, we can estimate that there may be somewhere between 3,100 and 5,200 adults in the county that are experiencing some degree of gender variance¹⁶. GIRES also reported in 2011 that approximately 100 children and adolescents are referred annually to the UK's sole specialised gender identity service, compared with 1500 adults. However, presentation amongst younger people is growing and could accelerate if young people are increasingly able to reveal their gender variation.</p>																	

¹⁵ Shielded patients cohort analysis, 10/10/2020

¹⁶ Gender Identity Research and Education Society (2011) The Number of Gender Variant People in the UK – Update 2011.

<http://www.gires.org.uk/wp-content/uploads/2014/10/Prevalence2011.pdf> and Mid 2018 Population Estimates, ONS

Marriage & civil partnership	<p>COVID-19 There is little information about marital status and the risk of COVID-19.</p> <p>General Population</p> <p>Gloucestershire has a lower proportion of people who are single or separated when compared to the national figure, whilst the proportion of people who are married, divorced or widowed exceeds the national figure. There is considerable variation at district level:</p> <p>At 38.8% Cheltenham has the highest proportion of single people and exceeds the county and national figure. In contrast 25.7% of people in Cotswold are single, which is below the county and national level. Cotswold has the highest proportion of residents who are married at 54.9%, which is higher than the county and national average. The lowest proportion was recorded in Cheltenham. The proportion of same-sex civil partnerships is fairly consistent across all districts. Gloucester has the highest proportion of people who are separated and divorced. 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 districts¹⁷.</p> <table border="1" data-bbox="528 770 1621 1129"> <thead> <tr> <th>Marital status</th> <th>Number</th> <th>% of population</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>149,732</td> <td>30.5</td> </tr> <tr> <td>Married</td> <td>245,879</td> <td>50.2</td> </tr> <tr> <td>In a registered same-sex civil partnership</td> <td>1,326</td> <td>0.3</td> </tr> <tr> <td>Separated (but still legally married or still legally in a same-sex civil partnership)</td> <td>11,515</td> <td>2.3</td> </tr> <tr> <td>Divorced of formerly in a same-sex civil partnership which is now legally dissolved</td> <td>46,452</td> <td>9.5</td> </tr> <tr> <td>Widowed or surviving partner from a same-sex civil partnership</td> <td>35,239</td> <td>7.2</td> </tr> </tbody> </table>	Marital status	Number	% of population	Single	149,732	30.5	Married	245,879	50.2	In a registered same-sex civil partnership	1,326	0.3	Separated (but still legally married or still legally in a same-sex civil partnership)	11,515	2.3	Divorced of formerly in a same-sex civil partnership which is now legally dissolved	46,452	9.5	Widowed or surviving partner from a same-sex civil partnership	35,239	7.2
Marital status	Number	% of population																				
Single	149,732	30.5																				
Married	245,879	50.2																				
In a registered same-sex civil partnership	1,326	0.3																				
Separated (but still legally married or still legally in a same-sex civil partnership)	11,515	2.3																				
Divorced of formerly in a same-sex civil partnership which is now legally dissolved	46,452	9.5																				
Widowed or surviving partner from a same-sex civil partnership	35,239	7.2																				
Pregnancy & maternity	<p>COVID-19 There's no evidence that pregnant women are more likely to get seriously ill from COVID-19. But pregnant women have been included in the list of people at moderate risk (clinically vulnerable) as a precaution. This is because pregnant women can sometimes be more at risk from viruses like flu¹⁸.</p> <p>It is recommended that pregnant women and women who are currently breastfeeding should not be given the Pfizer BioNTech Covid-19 vaccine. In addition, pregnancy should be avoided until two months after the second dose of the</p>																					

¹⁷ 2011 Census, ONS

¹⁸ <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/pregnancy-and-coronavirus/>

vaccine. This is a precautionary approach due to insufficient evidence.

Current guidelines from the Royal College of Obstetrics and Gynaecology¹⁹ advise that pregnant women should follow the latest government guidance on staying alert and safe (social distancing) and avoid anyone who has symptoms suggestive of coronavirus. Women in their third trimester (more than 28 weeks' pregnant) are advised to be particularly attentive to social distancing. Gloucestershire Maternity Service recommend that employees that are pregnant undertake a risk assessment with their employer and avoid public facing roles where social distancing cannot be maintained.

General Population

There were 6,449 live births in Gloucestershire in 2018. The above table shows the number of births by the age of mothers at the delivery of their baby (in five year age bands). The highest proportion of deliveries was to women aged 30 to 34 continuing the trend of later motherhood. Births to mothers under the age of 25 make up a lower proportion of total births compared with the national figure (15.2% in Gloucestershire compared with 16.5% in England).

At district level:

- Gloucester and the Forest of Dean have the highest proportion of births amongst mothers aged 20 or under and exceed the county and national figures.
- Cheltenham, Cotswold and Stroud have a higher proportion of births to mothers aged 35+ and exceed the county and national figure²⁰.

Age of mother	Number	% of all live births
Under 20	164	2.5
20-24	815	12.6
25-29	1,779	27.6
30-34	2,167	33.6
35-39	1,247	19.3
40-44	260	4.0
45+	17	0.3
Total	6,449	

¹⁹ <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

²⁰ Live births in England and Wales down to local authority area, 2018, ONS

Religion or Belief	<p>COVID-19 There is little information about religion and the risk of COVID-19.</p> <p>General population According to the 2011 Census, 63.5% of residents in Gloucestershire were Christian, making it the most common religion. This was followed by no religion which accounts for 26.7% of the total population.</p> <p>Gloucestershire has a higher proportion of people who are Christian, have no religion or have not stated a religion than the national average. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county²¹.</p> <table border="1" data-bbox="528 568 1547 991"> <thead> <tr> <th>Religion</th> <th>Number of people</th> <th>% of population</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>379,144</td> <td>63.5</td> </tr> <tr> <td>Buddhist</td> <td>1,772</td> <td>0.3</td> </tr> <tr> <td>Hindu</td> <td>2,222</td> <td>0.4</td> </tr> <tr> <td>Jewish</td> <td>539</td> <td>0.1</td> </tr> <tr> <td>Muslim</td> <td>5,741</td> <td>1.0</td> </tr> <tr> <td>Sikh</td> <td>449</td> <td>0.1</td> </tr> <tr> <td>Other religion</td> <td>2,940</td> <td>0.5</td> </tr> <tr> <td>No religion</td> <td>159,496</td> <td>26.7</td> </tr> <tr> <td>Religion not stated</td> <td>44,681</td> <td>7.5</td> </tr> </tbody> </table>	Religion	Number of people	% of population	Christian	379,144	63.5	Buddhist	1,772	0.3	Hindu	2,222	0.4	Jewish	539	0.1	Muslim	5,741	1.0	Sikh	449	0.1	Other religion	2,940	0.5	No religion	159,496	26.7	Religion not stated	44,681	7.5
Religion	Number of people	% of population																													
Christian	379,144	63.5																													
Buddhist	1,772	0.3																													
Hindu	2,222	0.4																													
Jewish	539	0.1																													
Muslim	5,741	1.0																													
Sikh	449	0.1																													
Other religion	2,940	0.5																													
No religion	159,496	26.7																													
Religion not stated	44,681	7.5																													
Sexual Orientation	<p>COVID-19 There is little information about sexual orientation and the risk of COVID-19.</p> <p>There are no definitive data on sexual orientation at a local or national level. A number of studies have attempted to provide estimates for the proportion of people who may identify as lesbian, gay or bisexual, generating a range of different results. However, a recent estimate from the ONS Annual Population Survey (2018) suggests that lesbian, gay and bisexuals represent 2.3% of people aged 16 and over in England. If this figure is applied to Gloucestershire it would mean there were around 11,900 people in the county who are lesbian, gay or bisexual²².</p>																														
<p>²¹ 2011 Census, ONS</p> <p>²² Department of Trade and Industry (2003). Final Regulatory Impact Assessment: Civil Partnership Act 2004 http://webarchive.nationalarchives.gov.uk/20070603164510/http://www.dti.gov.uk/files/file23829.pdf, ONS (2018). Sexual Identity, UK: 2018 https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2018 and Mid 2018 Population Estimates, ONS</p>	<p>The Annual Population Survey also found that 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)</p>																														

compared with 0.7% of people aged 65 or over). There were also regional variations, with London having the highest percentage (2.8%) and the North East the lowest (1.8%). The proportion of people in the South West identifying as LGB was 2.2%. These regional variations may be associated with regional differences in the age structure of populations.

	Number of people aged 16+	% of population
Stonewall lower estimate	26,000	5.0
Stonewall upper estimate	36,400	7.0
ONS Annual Population Survey estimate	11,900	2.3

Evidence at a national level demonstrates that lesbian, gay, bisexual and trans people experience discrimination and marginalisation in their daily lives including in healthcare, social care, housing and education. This evidence also indicates that people who are lesbian, gay or bisexual are more likely to have experienced depression or anxiety, attempted or had suicidal thoughts and self harmed than men and women in general. LGB people who are over 55 are more likely than heterosexual people over 55 to live alone and are more likely than heterosexual people to say that they expect to rely on health and social care providers as they get older. LGB people also report that health and social care providers often assume that they are heterosexual, for example, giving inappropriate advice about preventing pregnancy or ignoring their partners²³.

Other information

A number of other factors have been highlighted as contributing to the risk of COVID-19

Deprivation

Public Health England (2018) The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document
<https://nationalgallup.com/press-releases/WorldPress.com/2018/04/18/lgbt-public-health-outcomes-framework-companion-doc.pdf>, Stonewall, 2019, Mental Health, National Research shows the mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females. This is greater than the ratio for all cause mortality between 2014 to 2018 indicating greater inequality in death rates from COVID-19 than all causes.²⁴
http://www.stonewall.org.uk/sites/default/files/Mental_Health_Stonewall_Health_Briefing_2012_.pdf, Stonewall, 2011, Lesbian, Gay and Bisexual People in Later Life. www.stonewall.org.uk/sites/default/files/LGB_people_in_Later_Life_2011_.pdf, Stonewall, 2012, Experiences of Health Care http://www.stonewall.org.uk/sites/default/files/Experiences_of_Healthcare_Stonewall_Health_Briefing_2012_.pdf
 In Gloucestershire around 37.2% of people or 8% of the population live in the most deprived areas. This increases to 26% of the population in Gloucester district²⁵ while in Oswoldtray and Stroud no residents live in the most deprived areas.

Occupation

Analysis has found that when compared to previous years, there has been a particularly high increase in all cause deaths for people employed in certain occupations, which may be as a result of COVID-19. For three occupations the relative increase in deaths in 2020 was significantly higher than the average of 1.5: Caring Personal Services, Elementary Security Occupations, and Road Transport Drivers. Of these groups, the biggest increase was for Elementary Security Occupations, where deaths were 2.3 times higher in 2020 than in the same period in 2014 to 2018. Workers in these groups were also identified in analysis by the ONS as having high rates of death involving COVID-19.

Within these groups, there were three occupational 'unit groups' where the increase in deaths in 2020 was significantly higher than the increase for everyone aged 20 to 64. These were nursing auxiliaries and assistants, security guards and related occupations, and taxi and cab drivers and chauffeurs. These analyses do not take into account the existence of comorbidities, which are strongly associated with the risk of death from COVID-19 and could explain some of these differences²⁶.

In 2019 there were an estimated 25,370 jobs in Caring Personal Service, Elementary Security Occupations and Road Transport Drivers in Gloucestershire. When compared to the national average jobs in Caring Personal Service and the unit group nursing auxiliaries and assistants are over-represented, meaning they account for a higher proportion of total jobs than nationally, the other relevant occupations are under-represented²⁷.

	Estimated Jobs - 2019	Location Quotient 2019 (1=same as national average)
Caring Personal Service	15,268	1.13
Nursing auxiliaries and assistants	3434	1.03
Elementary Security Occupations	2853	0.79
Security guards and related occupations	1463	0.72
Road Transport Drivers	7249	0.96
Taxi and cab drivers and chauffeurs	420	0.71

Health Conditions

²⁶ As mentioned in the section on disability, work has been carried out nationally which has focused on those conditions on the death certificate of

²⁷ EMSI

those people who died with COVID-19. This has shown a higher percentage mentioned diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia than all cause death certificates²⁸

Data shows the prevalence of the above conditions in Gloucestershire is similar to the national average, with the exception of Chronic Kidney Disease which is higher in Gloucestershire than nationally²⁹.

	Gloucestershire	England
Cardiovascular disease	N/A	N/A
Diabetes Prevalence (17+)	6.80%	6.90%
Hypertension Prevalence (all ages)	14.10%	14.00%
Chronic Kidney disease Prevalence (18+)	6.40%	4.10%
Chronic Obstructive Pulmonary Disease Prevalence (all ages)	1.80%	1.90%
Dementia Prevalence (all ages)	0.90%	0.80%

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'.

Demographic information for the protected characteristic groups represented by the GCC workforce is shown below. It is recognised that the COVID-19 risk to individual staff members differs according to their role/occupation and a range of other factors but there is insufficient accessible information to provide a breakdown of protected characteristics within roles. It is GCC policy for line managers to conduct risk assessments with their staff and where necessary take mitigating action to adapt their role to reduce their risk of exposure to the virus. Risk assessment templates and specialist advice and support have been made available to assist them in doing so.

²⁸ Disparities in the risk and outcomes of COVID-19, PHE.

²⁹ GP Practice Profiles, PHE

Although the LOMP employs a multi-agency approach, this section of the Due Regard Statement focusses on the GCC workforce. The expectation is that partner agencies will also need to assess and take action to manage the COVID-19 risks for their staff.

Total number of GCC staff affected	3,972 staff (excluding zero hours and casuals), this number includes front line and non front line staff.						
Age	Latest data about GCC's workforce shows that 11.2% of staff are over 60 years old, this increases to 17.0% in the Economy, Environment & Infrastructure Directorate.						
	Adults	Children	Corporate Resources	E.E.I	Community safety (incl GFRS)	GCC	GCC %
< 20	0.26%	1.01%	2.51%	1.17%	0.60%	40	1.01%
20 – 29	8.30%	14.01%	13.03%	8.40%	14.68%	460	11.58%
30 – 39	17.65%	23.80%	15.23%	14.84%	24.80%	780	19.64%
40 – 49	21.01%	24.14%	23.55%	24.22%	33.13%	965	24.30%
50 – 59	36.98%	29.11%	35.01%	34.38%	23.61%	1282	32.28%
60 – 69	15.09%	7.59%	10.36%	16.60%	3.17%	428	10.78%
70 plus	0.71%	0.34%	0.31%	0.39%	0.00%	16	0.40%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	3971	100.00%
Disability	Around 3.8% of GCC staff state they are disabled, this increases to 6.7% in the adults directorate.						
	Adults	Children	Corporate Resources	E.E.I	Community safety (incl GFRS)	GCC	GCC %
Disabled	6.71%	3.29%	2.83%	2.34%	1.39%	152	3.83%

	Not Disabled	77.58%	70.89%	86.66%	72.66%	65.48%	2973	74.87%
	Not recorded	8.65%	12.24%	5.34%	7.62%	2.38%	328	8.26%
	Unstated	7.06%	13.59%	5.18%	17.38%	30.75%	518	13.04%
	Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	3971	100.00%
Sex	GCC staff are predominately female, with 68.7% of staff falling into this category, this increases to 84.1% in the Children's Directorate. Community Safety (including Gloucestershire, Fire and Rescue Service) is the only area where males account for a greater proportion of the workforce than females.							
		Adults	Children	Corporate Resources	E.E.I	Community safety (incl GFRS)	GCC	GCC %
	Female	80.41%	84.05%	66.25%	61.52%	24.40%	2767	69.68%
	Male	19.59%	15.95%	33.75%	38.48%	75.60%	1204	30.32%
	Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	3971	100.00%

Race (including Gypsy & Traveller)	Around 78.3% of GCC staff state they are white, 16.4% did not disclose their ethnicity, while the remaining 5.3% fall into BAME groups, with Asians accounting for the greatest proportion (1.9%). At directorate level Adults has the greatest proportion of staff falling into a BAME group (6.53%) this was closely followed by Children (6.50%).							
	Adults	Children	Corporate Resources	E.E.I	Community safety (incl GFRS)	GCC	GCC %	
	Asian	2.38%	2.28%	2.04%	1.37%	0.40%	76	1.91%
	Black	2.38%	2.28%	1.88%	0.78%	0.40%	72	1.81%
	Mixed	0.97%	1.69%	0.63%	1.17%	0.99%	46	1.16%
	Other	0.79%	0.25%	0.63%	0.20%	0.20%	18	0.45%
	Unstated	12.27%	19.16%	9.26%	21.09%	23.41%	651	16.39%
	White	81.20%	74.35%	85.56%	75.39%	74.60%	3108	78.27%
	Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	3971	100.00%
Gender reassignment	No information is held about this characteristic.							

Marriage & civil partnership	Information about this protected characteristic is limited with no information held for 60.5% of GCC Staff. Of those staff where records are held, the greatest proportion are married, this is consistent across all directorates.							
		Adults	Children	Corporate Resources	E.E.I	Community safety (incl GFRS)	GCC	GCC %
	Civil Partnership	0.00%	0.42%	0.16%	0.00%	0.40%	8	0.20%
	Discontinued Civil Partnership	0.09%	0.17%	0.00%	0.00%	0.00%	3	0.08%
	Divorced	1.59%	2.11%	3.45%	1.56%	0.99%	78	1.96%
	Married	17.74%	18.73%	26.37%	31.84%	10.32%	806	20.30%
	Not recorded	65.23%	57.38%	49.76%	47.07%	84.52%	2403	60.51%
	Prefer not to say	3.35%	2.78%	3.30%	3.52%	0.60%	113	2.85%
	Separated	0.97%	0.84%	0.78%	0.98%	0.20%	32	0.81%
	Single	10.86%	16.96%	15.70%	15.04%	2.78%	515	12.97%
	Widowed	0.18%	0.59%	0.47%	0.00%	0.20%	13	0.33%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	3971	100.00%	
Pregnancy & maternity	As at 01/07/2020, 39 GCC staff were on maternity leave, equating to 0.98% of the workforce, this increased to 1.4% in the Adults and Corporate Resources directorates.							
		Adults	Children	Corporate Resources	E.E.I	Community safety (incl GFRS)	GCC	GCC %
	Staff on Maternity Leave	1.41%	1.10%	1.41%	0.20%	0.00%	39	0.98%
	Staff not on Maternity Leave	98.59%	98.90%	98.59%	99.80%	100.00%	3932	99.02%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	3971	100.00%	
Religion or Belief	Information about this protected characteristic is limited with no information held for 69.8% of GCC Staff. Of those staff where							

	records are held, the greatest proportion are Christian and none.																																																																																																
	<table border="1"> <thead> <tr> <th></th> <th>Adults</th> <th>Children</th> <th>Corporate Resources</th> <th>E.E.I</th> <th>Community safety (incl GFRS)</th> <th>GCC</th> <th>GCC %</th> </tr> </thead> <tbody> <tr> <td>Buddhist</td> <td>0.26%</td> <td>0.34%</td> <td>0.16%</td> <td>0.59%</td> <td>0.40%</td> <td>13</td> <td>0.33%</td> </tr> <tr> <td>Christian</td> <td>12.00%</td> <td>14.68%</td> <td>17.90%</td> <td>14.06%</td> <td>2.78%</td> <td>510</td> <td>12.84%</td> </tr> <tr> <td>Hindu</td> <td>0.18%</td> <td>0.08%</td> <td>0.31%</td> <td>0.00%</td> <td>0.00%</td> <td>5</td> <td>0.13%</td> </tr> <tr> <td>Islamic</td> <td>0.18%</td> <td>0.00%</td> <td>0.16%</td> <td>0.00%</td> <td>0.00%</td> <td>3</td> <td>0.08%</td> </tr> <tr> <td>Jewish</td> <td>0.00%</td> <td>0.00%</td> <td>0.00%</td> <td>0.20%</td> <td>0.20%</td> <td>2</td> <td>0.05%</td> </tr> <tr> <td>Muslim</td> <td>0.62%</td> <td>0.68%</td> <td>0.31%</td> <td>0.39%</td> <td>0.20%</td> <td>20</td> <td>0.50%</td> </tr> <tr> <td>None</td> <td>9.89%</td> <td>16.29%</td> <td>15.38%</td> <td>15.23%</td> <td>2.78%</td> <td>495</td> <td>12.47%</td> </tr> <tr> <td>Not recorded</td> <td>73.70%</td> <td>63.80%</td> <td>62.01%</td> <td>63.28%</td> <td>91.87%</td> <td>2773</td> <td>69.83%</td> </tr> <tr> <td>Other</td> <td>1.06%</td> <td>0.51%</td> <td>0.63%</td> <td>0.78%</td> <td>0.20%</td> <td>27</td> <td>0.68%</td> </tr> <tr> <td>Would rather not state</td> <td>2.12%</td> <td>3.63%</td> <td>3.14%</td> <td>5.47%</td> <td>1.59%</td> <td>123</td> <td>3.10%</td> </tr> <tr> <td>Grand Total</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> <td>3971</td> <td>100.00%</td> </tr> </tbody> </table>		Adults	Children	Corporate Resources	E.E.I	Community safety (incl GFRS)	GCC	GCC %	Buddhist	0.26%	0.34%	0.16%	0.59%	0.40%	13	0.33%	Christian	12.00%	14.68%	17.90%	14.06%	2.78%	510	12.84%	Hindu	0.18%	0.08%	0.31%	0.00%	0.00%	5	0.13%	Islamic	0.18%	0.00%	0.16%	0.00%	0.00%	3	0.08%	Jewish	0.00%	0.00%	0.00%	0.20%	0.20%	2	0.05%	Muslim	0.62%	0.68%	0.31%	0.39%	0.20%	20	0.50%	None	9.89%	16.29%	15.38%	15.23%	2.78%	495	12.47%	Not recorded	73.70%	63.80%	62.01%	63.28%	91.87%	2773	69.83%	Other	1.06%	0.51%	0.63%	0.78%	0.20%	27	0.68%	Would rather not state	2.12%	3.63%	3.14%	5.47%	1.59%	123	3.10%	Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	3971	100.00%
	Adults	Children	Corporate Resources	E.E.I	Community safety (incl GFRS)	GCC	GCC %																																																																																										
Buddhist	0.26%	0.34%	0.16%	0.59%	0.40%	13	0.33%																																																																																										
Christian	12.00%	14.68%	17.90%	14.06%	2.78%	510	12.84%																																																																																										
Hindu	0.18%	0.08%	0.31%	0.00%	0.00%	5	0.13%																																																																																										
Islamic	0.18%	0.00%	0.16%	0.00%	0.00%	3	0.08%																																																																																										
Jewish	0.00%	0.00%	0.00%	0.20%	0.20%	2	0.05%																																																																																										
Muslim	0.62%	0.68%	0.31%	0.39%	0.20%	20	0.50%																																																																																										
None	9.89%	16.29%	15.38%	15.23%	2.78%	495	12.47%																																																																																										
Not recorded	73.70%	63.80%	62.01%	63.28%	91.87%	2773	69.83%																																																																																										
Other	1.06%	0.51%	0.63%	0.78%	0.20%	27	0.68%																																																																																										
Would rather not state	2.12%	3.63%	3.14%	5.47%	1.59%	123	3.10%																																																																																										
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	3971	100.00%																																																																																										
Sexual Orientation	Information about this protected characteristic is limited with no information held for 47.2% of GCC Staff. Of those staff where records are held, the greatest proportion are heterosexual, this picture is consistent across all directorates.																																																																																																
	<table border="1"> <thead> <tr> <th></th> <th>Adults</th> <th>Children</th> <th>Corporate Resources</th> <th>E.E.I</th> <th>Community safety (incl GFRS)</th> <th>GCC</th> <th>GCC %</th> </tr> </thead> <tbody> <tr> <td>Bi-sexual</td> <td>0.35%</td> <td>0.76%</td> <td>1.10%</td> <td>1.17%</td> <td>0.40%</td> <td>28</td> <td>0.71%</td> </tr> <tr> <td>Gay</td> <td>0.97%</td> <td>1.10%</td> <td>1.88%</td> <td>0.39%</td> <td>0.20%</td> <td>39</td> <td>0.98%</td> </tr> <tr> <td>Heterosexual</td> <td>39.45%</td> <td>47.26%</td> <td>53.22%</td> <td>44.53%</td> <td>48.41%</td> <td>1818</td> <td>45.78%</td> </tr> <tr> <td>Lesbian</td> <td>0.44%</td> <td>0.84%</td> <td>0.63%</td> <td>0.20%</td> <td>0.40%</td> <td>22</td> <td>0.55%</td> </tr> <tr> <td>Not recorded</td> <td>54.90%</td> <td>45.15%</td> <td>38.93%</td> <td>46.68%</td> <td>45.44%</td> <td>1873</td> <td>47.17%</td> </tr> <tr> <td>Would rather not state</td> <td>3.88%</td> <td>4.89%</td> <td>4.24%</td> <td>7.03%</td> <td>5.16%</td> <td>191</td> <td>4.81%</td> </tr> <tr> <td>Grand Total</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> <td>100.00%</td> <td>3971</td> <td>100.00%</td> </tr> </tbody> </table>		Adults	Children	Corporate Resources	E.E.I	Community safety (incl GFRS)	GCC	GCC %	Bi-sexual	0.35%	0.76%	1.10%	1.17%	0.40%	28	0.71%	Gay	0.97%	1.10%	1.88%	0.39%	0.20%	39	0.98%	Heterosexual	39.45%	47.26%	53.22%	44.53%	48.41%	1818	45.78%	Lesbian	0.44%	0.84%	0.63%	0.20%	0.40%	22	0.55%	Not recorded	54.90%	45.15%	38.93%	46.68%	45.44%	1873	47.17%	Would rather not state	3.88%	4.89%	4.24%	7.03%	5.16%	191	4.81%	Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	3971	100.00%																																
	Adults	Children	Corporate Resources	E.E.I	Community safety (incl GFRS)	GCC	GCC %																																																																																										
Bi-sexual	0.35%	0.76%	1.10%	1.17%	0.40%	28	0.71%																																																																																										
Gay	0.97%	1.10%	1.88%	0.39%	0.20%	39	0.98%																																																																																										
Heterosexual	39.45%	47.26%	53.22%	44.53%	48.41%	1818	45.78%																																																																																										
Lesbian	0.44%	0.84%	0.63%	0.20%	0.40%	22	0.55%																																																																																										
Not recorded	54.90%	45.15%	38.93%	46.68%	45.44%	1873	47.17%																																																																																										
Would rather not state	3.88%	4.89%	4.24%	7.03%	5.16%	191	4.81%																																																																																										
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	3971	100.00%																																																																																										

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.

Gloucestershire's Local Outbreak Management Plan (LOMP) is overseen by the Health Protection Board which is made up of a range of partners from across Gloucestershire, including health, district councils and the police.

The COVID-19 Engagement Board take a lead on gaining feedback from communities to help refine messages and approaches to ensure understanding of the public health actions required to control infection ahead of and during any outbreak. This will include messages and approaches tailored to specific groups or communities where appropriate, due to risk of harm or disproportionate impact. The Board is chaired by the Leader of the Council and is cross party, and includes District Council elected members and representatives from key sectors in Gloucestershire, for example the care, voluntary and community and business sectors.

Service users	<i>If applicable</i>
Workforce	<i>If applicable</i>
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

Support is already in place via the SCG Community Resilience Cell to assist vulnerable groups in complying with measures to reduce their exposure to COVID-19 risks. The offer of support is extended to individuals who may not be shielding but are vulnerable for other reasons such as disability, pregnancy, being over 70 or being part of a BAME group. A key local support mechanism is the Gloucestershire Community Help Hub which has been set up to match local people who need help with others who can provide assistance to meet their needs.

A communication and engagement plan has been developed as part of the LOMP and this will include specific provision for reaching vulnerable cohorts such as BAME groups and the clinically extremely vulnerable.

Consideration has been given in the LOMP to making community testing accessible to harder to reach populations and vulnerable groups.

Having capacity to respond is an important aspect of being able to meet the needs of vulnerable communities.

Protected group	Challenge or opportunity considered and what we did
Age(A)	<p>The Local Outbreak Management Plan in accordance with national guidelines, is centred on seven key themes; one of which is '<i>Planning for local outbreaks in care homes and schools</i>'.</p> <p>Care homes and schools will include cohorts defined by age. COVID-19 diagnosis rates increase with age and mortality risk is highly concentrated at older ages, particularly those aged 80+. Residents of care homes and supported living arrangements, as well as people receiving care at home, are more likely to fall into the vulnerable groups at risk of developing serious illness if infected.</p>

	<p>A Vulnerable People & Elderly cell has been created to ensure there is effective communication across all organisations to promote a co-ordinated crisis response and recovery to the challenges of COVID-19.</p> <p>There are established processes in place for notification, testing, management, follow up and closure/self-isolation in care homes and schools. The LRFs Testing Co-ordination Cell (TCC) formed Remote Testing Teams (RTTs) to travel to Care Homes in Gloucestershire; tests are collected at Brockworth by Fire Service personnel and taken to Care Homes where staff assist residents to collect samples, before the RTTs transport the samples back for laboratory.</p> <p>The response plan (which sits within the outbreak management plan) contains action cards specific to:</p> <ul style="list-style-type: none">- Care homes and other independent service provision for Adult Health and Social Care- Schools and early years settings <p>These action cards will enable the operational team to respond to a range of outbreak/cluster scenarios in these settings taking a timely, appropriate, acceptable and evidence-based approach.</p> <p>In addition to the Operational Response Plan, there is a Prevention Plan which will identify groups and setting at higher risk of transmission of the virus and promote messages to ensure there is good understanding and implementation of prevention approaches.</p> <p>There are very few individuals who cannot receive the Pfizer BioNTech Covid-19 vaccine and studies are underway to ascertain its safety for children. Where there is doubt, rather than withholding vaccination, appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team.</p>
Disability (D)	<p>Although little information is available about the impact of COVID-19 on those with disabilities; persons with disabilities generally have more health-care needs than others.</p> <p>The Community Resilience Cell has arrangements for supporting people isolating in their own homes, or who are in a vulnerable group in another setting, and who have no other means of support. The Gloucestershire Community Help Hub matches local people who need help, with others who can provide the help they need.</p> <p>The hub can be accessed online: https://www.gloucestershire.gov.uk/gloucestershires-community-help-</p>

	<p>hub/ or by telephone -01452 583519 The lines are open; Mon to Sat 9am –6pm</p> <p>The ‘Vulnerable People & Elderly’ Cell will also provide support to people who have disabilities. One of their key roles is to assess the risks associated with changed circumstances, Identify members of the community who are vulnerable and mobilise additional support as required for vulnerable and elderly people</p>
Sex (S)	The Local Outbreak Management Plan will have no differential impact on individuals whether they are male or female.
Race (including Gypsy & Traveller)(R)	<p>Gloucestershire County Council is responding to evidence which highlights the disproportionate impact of COVID-19 on BAME communities.</p> <p>The Council, via a task and finish group is working together with communities, groups and services to find out about the experience of COVID-19 in Gloucestershire BAME communities and ensure they have the support and information required to stay safe.</p> <p>Specific provision for reaching BAME and other vulnerable groups will be included in the communication and engagement plan to ensure messages are tailored in culturally appropriate ways.</p>
Gender reassignment(GR)	The Local Outbreak Management Plan will have no differential impact on this group of people
Marriage & civil partnership (MCP)	The Local Outbreak Management Plan will have no differential impact on individuals whether single, married or in a civil partnership
Pregnancy & maternity (PM)	<p>The Community Resilience Cell has arrangements for supporting people isolating in their own homes, or who are in a vulnerable group in another setting, and who have no other means of support – this may include some who are pregnant and have been advised to reduce their risk. (More information about the Community Resilience Cell can be found under ‘Disability’ above.)</p> <p>Gloucestershire Maternity Service recommend that employees that are pregnant undertake a risk</p>

	assessment with their employer and from 28 weeks pregnant are advised to avoid public facing roles where social distancing cannot be maintained.
Religion and/or Belief (RAOB)	<p>Whilst there is little information about religion and the risk of COVID-19, the communal nature of places of worship makes them particularly vulnerable to the spread of coronavirus (COVID-19).</p> <p>The Local Outbreak Management Plan identifies places of worship as potentially high-risk locations for the spread of COVID-19 and there are action cards for managing an outbreak in places of worship in the Operational plan. These action cards which will enable the operational team to respond to a range of outbreak/cluster scenarios in these settings taking a timely, appropriate, acceptable and evidence-based approach.</p> <p>Again the Prevention Plan will identify groups and setting at higher risk of transmission of the virus and promote messages to ensure there is good understanding and implementation of prevention approaches.</p>
Sexual Orientation(SO)	The Local Outbreak Management Plan will have no differential impact on this group.

Strengthening actions: Planning for further improvements

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

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

If none, state 'none' below.

Action Plan

Action	Who is accountable	Time frame
Ensure that protected groups and their opinions were represented and involved in reviewing the GLOMP as it was rolled out	Covid19 Engagement Board	Review every 3 months

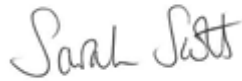
Monitoring and Review

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.


Actions will be monitored and reviewed by the Health Protection Board, with input/oversight from the COVID-19 Engagement 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: 31.12.20
---	----------------

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

Name of relevant Portfolio Holder/Cabinet Member: Cllr. Tim Harman, Cabinet Member for Public Health and Communities	
Signed by Portfolio Holder/Cabinet Member: 	Date: 5.1.21

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.