

## Equality Impact Assessment (EIA)

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; advance equality of opportunity; and promote good relations.

### 1. Background

Directorate	Adults Directorate
Service area	Integrated Disabilities Hub
Title of the activity being assessed i.e. the strategy, plan, policy or service	Re-commissioning of a Mental Health Support and Advice Service which supports Adults with a Serious Mental Illness or Common Mental Disorder.
Brief outline of the proposal(s)	<p>To seek approval of commissioning plans that will allow for the continued provision of a Mental Health Support and Advice Service which assists Adults with a Serious Mental Illness and/or, Common Mental Condition from 1st April 2024.</p> <p>The existing contract for the Mental Health Support and Advice Service, currently known as CALMHS (Community, Advice, Links and Mental Health Support) is coming to an end in March 2024.</p> <p>A support and advice service for adults with Mental Ill Health will be provided for citizens who are living within the administrative area of Gloucestershire County Council or are registered with a GP in the county of Gloucestershire and have a serious mental illness, common mental health condition (diagnosed or undiagnosed).</p> <p>Individuals will continue to be referred to the service through a self-referral or through a range of other pathways including Primary Mental Health Services and GPs. Outcomes of the service provision are to improve their mental wellbeing and personal recovery, increase their social inclusion, increase the control that they have over their own support and promote their independence.</p> <p>Aims of the service are:</p> <ul style="list-style-type: none"> <li>• Increase community capacity by working alongside communities to enhance local community provision, bolstering networking</li> </ul>

	<p>links, and developing compassionate communities whilst actively working to reduce Mental Health stigma and increase accessibility for individuals with mental ill health.</p> <ul style="list-style-type: none"> <li>• Reduce social isolation and loneliness through 1:1 Mental Health Link Working Support, Peer Support and access to personalised activities that support/maintain wellbeing.</li> <li>• Enable Individuals to increase their resilience by equipping them with appropriate tools, information, and advice to ensure they can make informed choices about their care and support. This will lead to an increase in their ability to self-direct choices in the future.</li> <li>• Facilitate a discharge and reablement pathway for adults who are being discharged from Gloucestershire’s Acute Mental Health Wards or are at risk of being admitted through 1:1 Mental Health Link Working Support as part of the Discharge Hub pathway alongside Gloucestershire Health and Care NHS Foundation Trust.</li> <li>• Work in collaboration with stakeholders and strategic partner organisations to provide support towards an individuals’ personalised recovery journey by supporting improvements to mental health and wellbeing pathways.</li> </ul>
Who is affected by the proposals?	<p>Service users <input checked="" type="checkbox"/> Workforce <input type="checkbox"/></p> <p>Other, please specify: <input type="text"/></p>
Decision to be taken and decision maker	Cabinet- Key Decision
Person(s) responsible for completing this assessment	Jo Williamson, Commissioning Officer (Mental Health) Integrated Disabilities Commissioning Hub
Date of this assessment	Last updated, 12 <sup>th</sup> June 2023

## 2. Information Gathering

Briefly outline your approach to consultation and engagement, together with details of any other information and data sources you have utilised:

Research, Consultation and Engagement	
Service users	<p>We have conducted an extensive evaluation with people who currently use the service. This has enabled us to understand what current is working within the service, what might need to change and the impact of any changes that might be made.</p> <p>The evaluation of the CALMHS service, was co-designed with people who used the service who formed an evaluation steering group with commissioners. It was jointly decided on the methodology and content of the evaluation and data was collected through:</p> <ul style="list-style-type: none"> <li>• Contract monitoring data,</li> <li>• 1 Client Survey with 62 respondents,</li> <li>• 5 in-depth interviews with Clients,</li> <li>• Visits to 10 CALMHS groups across the county with attendance from 50 Clients,</li> <li>• 1 Bridge Builder Staff Survey with 9 respondents,</li> <li>• 2 Bridge Builder Staff drop in sessions with, Commissioners with attendance from 9 staff.</li> </ul> <p>Lived experience groups were invited to respond to our Public Engagement survey which took place between the 28<sup>th</sup> of April and the 11<sup>th</sup> of June 2023. The groups below were targeted specifically for their input.</p> <ul style="list-style-type: none"> <li>• Partnership boards (which include individuals with lived experience)</li> <li>• MHELO (Mental Health Experience Led Opportunities) network</li> <li>• Experts by Experience within the GHC Partnerships and Inclusions team</li> <li>• Mental Health Clinical Programme Group (MH CPG) Advisory Group</li> <li>• Gloucestershire Carers Hub</li> </ul> <p>We will be engaging with system partners and individuals with lived experience via the following Partnership Boards in June and July:</p> <ul style="list-style-type: none"> <li>• Mental Health and Wellbeing Partnership Board</li> <li>• Mental Health Clinical Programme Group (MH CPG)</li> <li>• Lived Experience MH CPG Advisory Group</li> </ul>

<p>Workforce</p>	<p>We have engaged with the current staff and volunteers throughout the CALMHS evaluation as referenced above, to understand what currently is working within the service, what might need to change and the impact of any changes that might be made.</p> <p>A virtual project group has been formed and is made up of representatives from commissioning and operations staff from across health and social care, together with colleagues from strategic procurement, legal, ICT, information management and strategic finance.</p>
<p>Partners</p>	<p>We will be continuing to engage to refine service delivery with system partners and individuals with lived experience via the following Partnership Boards in June and July:</p> <ul style="list-style-type: none"> <li>• Mental Health and Wellbeing Partnership Board</li> <li>• Mental Health Clinical Programme Group (MH CPG)</li> <li>• Lived Experience MH CPG Advisory Group</li> </ul> <p>A wide range of colleagues are and will continue to be involved in the development of the new contractual arrangements, service specifications and tender process. These include commissioning colleagues who commission services which serve the same cohort of individuals and with who the service will have interdependencies.</p> <p>A Market Engagement Event has taken place in May which brought together key stakeholders to discuss the feasibility of the proposed options and gives an opportunity for providers to ask questions and provide feedback in order to shape the service. We had 37 providers express interest through ProContract.</p> <p>A public engagement survey took place between the 28<sup>th</sup> of April and the 11<sup>th</sup> of June 2023. It was targeted to lived experiences groups as detailed below, but also through key referring agencies such as GPs.</p>
<p>BAME Communities</p>	<p>We have engaged with diverse ethnic community representatives within Gloucestershire County Council, the ICB and the Community Engagement Team.</p>
<p>Partners, Service Users and the Public</p>	<p>We have utilised other consultation and engagement work to inform this process, these are:</p>

	<ul style="list-style-type: none"> <li>• The public consultation on the Mental Health Wellbeing Line conducted by GCC Public Health</li> <li>• Community Mental Health Transformation Survey- for people with lived experience conducted by the Community Mental Health Transformation lived experience group.</li> <li>• Mental Health Crisis Survey- aimed at organisations supporting crisis conducted by the MH CPG</li> <li>• Engagement on the Drugs and Alcohol service commissioned by GCC</li> <li>• Minorities Ethnic Communities and Mental Health Services Report and action plan conducted by GCC</li> <li>• My Networks Forest of Dean Mental Health Scoping Project Report conducted by Forest Voluntary Action Forum</li> </ul>
--	---

### 3. Equality Assessment

Briefly explain your assessment of the impact of the proposed activity on the protected characteristics below. This section evidences how the council is giving due regard to the three aims of the general equality duty, which are to: eliminate discrimination; advance equality of opportunity; and promote good relations.

Protected Characteristic	Service Users	Workforce
Age	<p>The current contract outlines an expectation that there is equity in provision across all age ranges beyond 18+. It employs staff and volunteers who work inclusively with people regardless of their age. The new contract will ensure that this continues.</p> <p>Continuous service provision will ensure that all users of the service are able to access the service they need with minimum delay, regardless of their age from 18+.</p> <p>Through the current evaluation of the service, it has been highlighted that there is a need for more work to be done to support those who are under 30. Adjustments are to be made in the service specification to highlight the need for specific groups that is expected to need a different or targeted approach to support, including working alongside Young Adults Services to better work in partnerships to support these groups. The new service</p>	Not affected

	<p>specification will consider how there might need to be specialised training and development needs to support this age group. Usage from other age groups is as we expect.</p> <p>We plan to continue to use contract monitoring with the provider to understand the reasons for the age profile of their service users to understand any gaps in knowledge and understanding and to inform and support continuous service development.</p>	
<p>Disability</p>	<p>The current contract ensures the service works inclusively with people and it employs staff and volunteers who work inclusively with people regardless of their disability. This includes actively working to tackle mental health stigma for increase inclusion of those who experience poor mental health. The new contract will ensure this continues.</p> <p>The current service is tailored to provide support and advice to individuals with a serious mental illness, common mental health condition either diagnosed or undiagnosed.</p> <p>Service delivery has been developed specifically to support this individual group due to their recognised vulnerability and need for tailored focus which is specific to people with a mental ill health. Through supporting increased access and people having increased networks within local communities this supports in facilitating a better understanding of the needs for individuals and enabling communities and external agencies to better support people. We expect there to be a decrease in discrimination because of this.</p> <p>The current services only current exclusion criteria with regard to disability are for individuals with a learning disability. The current predicated adult population of individuals in Gloucestershire with a learning disability is 9,068 or 1.86% of the total adult population in Gloucestershire.</p>	<p>Not affected</p>

	<p>Clear pathways for appropriate support for individuals seeking support who have a learning disability will be considered as part of the new service contract.</p> <p>Reporting on disability of individuals who use the service has not been recorded through the current contract period. This information will be sought and requested in the new service contract in order to use future contract monitoring with the provider to understand the reasons for the disability profile of their service users and what actions may be needed as a result, including filling any gaps in knowledge and understanding and to inform and support continuous service development.</p> <p>Reasonable adjustments are to be a clear focus of the service to ensure that the services are accessible to individuals regardless of their disability, or situation which could include other disabling factors such as transportation, finances and computer illiteracy.</p> <p>The current service is accessible to those who are neurodiverse. Where a person's primary need is mental health, the service will remain accessible to those who are neurodiverse, and this will be clearly stated as an expectation as part of the service specification.</p> <p>Clear pathways for appropriate support for individuals seeking support primarily around their neurodiversity will be considered as part of the new service contract.</p>	
Sex	<p>The current contract ensures the service works inclusively with people and it employs staff and volunteers who work inclusively with people regardless of their sex. The new contract will ensure this continues.</p> <p>Continuous service provision will ensure that all users of the service are able to access the service they need with minimum delay, regardless of their gender.</p> <p>There is a recognition that men have increased risk of suicide due to mental ill health. Currently</p>	Not affected

	<p>42.2% on average of those accessing the service are men. Due to the stigma attached to mental ill health, men are less likely to access support and advice for their mental health. The proportion of people accessing the service is close to proportional to the local population (49% male) this shows that the current service provides equitable support to a vulnerable group of people through its current activities.</p> <p>Reporting on sex other than Male and Female has not been recorded through the current contract period. This information will be sought and requested in the new service contract in order to use future contract monitoring with the provider to understand the reasons for the disability profile of their service users and what actions may be needed as a result, including filling any gaps in knowledge and understanding.</p> <p>It is recognised that individuals who identify as being part of the LGBTQIA+ community are considered a minoritised community and are more at risk of increased mental ill health. Adjustments are to be made in the service specification to highlight the need for specific groups that might need a different or targeted approach to support including working alongside local LGBTQIA+ community groups to better work in partnerships to support these groups.</p>	
Race	<p>The current contract ensures the service works inclusively with people and it employs staff and volunteers who work inclusively with people regardless of their race. The new contract will ensure this continues.</p> <p>National statistics suggest that of people with a mental illness, 29% are from a minority ethnic background. The current service is not representative of this so reaching people from a minority ethnic background who have a mental illness will be a focus of the new contract.</p> <p>Learning through a series of engagements with different ethnic minority groups around mental health provision will support our work and we will align with their action plan for improvements</p>	Not affected



	<p>of access to those communities based on the needs they identify. This supporting increased accessibility to service provision. We also expect the service to support in any local awareness raising around mental health within ethnic minority groups, this has been highlighted as a key areas of focus as it has been identified that stigma around mental health is a barrier to accessing services. The new contract will have expectations of working inclusively within communities to support in the reduction of stigma and increase accessibility to support, this will be inclusive of minority ethnic groups.</p> <p>Continuous service provision will ensure that all users of the service are able to access the service they need with minimum delay, regardless of their ethnic background. We plan to use future contract monitoring with the provider to understand the reasons for the ethnic profile of their service users and what actions may be needed as a result, including filling any gaps in knowledge and understanding, this will include working with the provider to ensure the gap in ethnicity not recorded is reduced and to understand what the barriers are to its collation.</p>	
<p>Gender reassignment</p>	<p>The current contract ensures the service works inclusively with people and it employs staff and volunteers who work inclusively with people regardless of their gender including gender reassignment. The new contract will ensure this continues.</p> <p>Recording of data relating to this area will continue to be included in the new contract.</p> <p>Continuous service provision will ensure that all users of the service are able to access the service they need with minimum delay, regardless of their transgender status. We plan to use future contract monitoring with the provider to understand the reasons for the transgender profile of their service users and what actions may be needed as a result, including filling any gaps in knowledge and understanding.</p>	<p>Not affected</p>

	Please see above reference to LGBTQIA+ communities.	
Marriage & civil partnership	<p>The current contract ensures the service works inclusively with people and it employs staff and volunteers who work inclusively with people regardless of their marital status. The new contract will ensure this continues.</p> <p>National statistics show that single people are more likely to experience mental ill health compared to married people which is reflected in the local data. Continuous service provision will ensure that all users of the service are able to access the service they need with minimum delay, regardless of their marital status. We plan to use future contract monitoring with the provider to understand the reasons for the marital status profile of their service users and what actions may be needed as a result, including filling any gaps in knowledge and understanding.</p>	Not affected
Pregnancy & maternity	<p>The current contract ensures the service works inclusively with people and it employs staff and volunteers who work inclusively with people regardless of whether they are pregnant or have recently given birth. The new contract will ensure this continues.</p> <p>Continuous service provision will ensure that all users of the service are able to access the service they need with minimum delay, regardless of whether they are pregnant or have recently given birth. We plan to use future contract monitoring with the provider to understand the reasons for the pregnancy and maternity profile of their service users and what actions may be needed as a result, including filling any gaps in knowledge and understanding.</p> <p>It is recognised that individuals who are pregnant or who have recently given birth may be risk of increased mental ill health. Adjustments are to be made in the service specification to highlight the need for specific groups that might need a different or targeted approach to support, including expectations that</p>	Not affected

	<p>the service will support and maintain effective partnership working and referral pathways to specialised support including perinatal mental health teams.</p>	
<p>Religion and/or belief</p>	<p>The current contract ensures the service works inclusively with people and it employs staff and volunteers who work inclusively with people regardless of their religion or belief. The new contract will ensure this continues.</p> <p>National data is mixed regarding mental health and religion. Some studies report that those with a religious belief are less likely to suffer from mental ill health, with their belief acting as a buffer and helping them to manage stress, but other studies report religion is linked to harmful outcomes such as depression and a lower quality of life.</p> <p>Continuous service provision will ensure that all users of the service are able to access the service they need with minimum delay, regardless of their religion or belief. We plan to use future contract monitoring with the provider to understand the reasons for the religious profile of their service users and what actions may be needed as a result, including filling any gaps in knowledge and understanding.</p>	<p>Not affected</p>
<p>Sexual orientation</p>	<p>The current contract ensures the service works inclusively with people and it employs staff and volunteers who work inclusively with people regardless of their sexual orientation. The new contract will ensure this continues.</p> <p>Recording of data relating to this area will continue to be included in the new contract.</p> <p>Continuous service provision will ensure that all users of the service are able to access the service they need with minimum delay, regardless of their transgender status. We plan to use future contract monitoring with the provider to understand the reasons for the transgender profile of their service users and what actions may be needed as a result, including filling any gaps in knowledge and understanding.</p>	<p>Not affected</p>

	Please see above reference to LGBTQIA+ communities.	
--	---	--

#### 4. Completed Actions

Set out how the proposed activity has already been amended following the equality assessment, to maximise the positive impact or minimise the negative impact:

Change	Reason for Change
The service evaluation and engagement with individuals will support conversations about equality of access.	The opportunity has been taken to review the current arrangements with a view to deliver a more inclusive and consistent approach across Gloucestershire.
There has been specific and continuing engagement with BAME Communities, relating to access to mental health services and support. We will work alongside those conducting this work and cross reference what has already been done to support our service development.	We will incorporate learning from engagement which is currently taking place. Engagement with this group relies on effective communication and quality relationships. Any duplication of requests about thoughts and experiences of accessing mental health support of this community will result in relationship breakdown and disengagement which will ultimately have a negative impact and outcome.
We worked alongside colleagues already undertaking engagement and learning exercises within mental health to inform our research. We were able to contribute to the shaping of the Community Mental Health Transformation Survey and Mental Health Crisis Survey to enable us to understand additional areas to shape our service design.	Over engagement and engagement fatigue are well recognised, and specifically with those with experience of mental ill health. As with engaging with BAME communities duplications of requests would have resulted in disengagement of planned engagement activity.

#### 5. Planned Actions

Set out improvements that will be undertaken, following the equality assessment, to further maximise the positive impact or minimise the negative impact:

Potential impact (positive or negative)	Action	By when	Owner
Positive	To ensure pathway to appropriate support for individuals seeking support who have a learning disability is clear to enable the most appropriate support for these individuals.	August 2023	Naomi Carley
Positive	To continue involving lived experience groups to support service development, enabling a range of voices and experiences to be considered.	July 2023	Jo Williamson
Positive	Outline the requirements for data collection for protected characteristics in service spec.	August 2023	Naomi Carley
Positive	To include focusses on targeted groups is outlined clearly in service spec. Specifically outlined are working with ethnic minorities community groups, LGBTQIA+ community groups, and targeted support for under 30s.	August 2023	Naomi Carley
Positive	Continue working alongside partners working with community ethnic minority groups to consider how to ensure there is continued opportunities for engagement and support for these groups including any further work to provide support to awareness raising of mental health within communities.	Ongoing	Naomi Carley / Jo Williamson
Positive	To ensure that as part of the new service specification there are clear outlines for supporting those who are neurodiverse.	August 2023	Naomi Carley

	Clear pathways for appropriate support for individuals seeking support primarily around their neurodiversity is clear to enable the most appropriate support for these individuals.		
Positive	To support with the wider inclusion of those with a mental health condition, tackling stigma is part of the focus of the new service specification. Enabling greater access to those who experience poor mental health.	August 2023	Naomi Carley
Positive	To enable effective and appropriate support to those who mental health has been effected through pregnancy and birth, the new service specification will outline expectations that the service will support and maintain effective partnership working and referral pathways to specialised support including perinatal mental health teams.	August	Naomi Carley

## 6. Monitoring and review

The following processes/actions will be put in place to keep this 'activity' under review:


A project team is already in place for delivery of the procurement and tender strategy and this statement will be reviewed by the group on an ongoing basis.

The new contractual arrangements will be underpinned by a robust contract monitoring process in partnership with colleagues in health and social care operations & commissioning plus other stakeholders such as safeguarding and CQC as and when required.

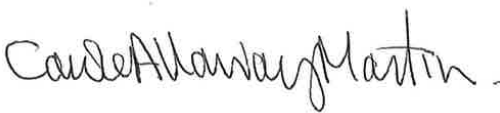
Once implementation has started, monitoring of feedback from stakeholders will take account of protected characteristics and inform this statement.

## 7. Officer / Decision-maker Sign off

Officer: By signing this statement off as complete you are confirming that 'you' have examined sufficient information across all the protected characteristics and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Signature of Senior Officer	
Name of Senior Officer	Sarah Scott, Executive Director of Adult Social Care, Wellbeing and Communities
Date	9 <sup>th</sup> June 2023

Decision maker: 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.

Signature of decision maker	
Name of decision maker	Cllr Carole Allaway-Martin
Date	7 <sup>th</sup> June 2023

## 8. Publication

If this document accompanies a Cabinet report or an Individual Cabinet Member (ICM) decision report it will be published, as part of the report publication process, on the GCC website. If this statement is not to be submitted with a Cabinet report or an Individual Cabinet Member (ICM) decision report, please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.

## Appendix 1 – Service User Data

Details of service users affected by the proposed activity

Protected Characteristic	Service User Data and Information
<p>Age <i>percentage/profile of service user ages</i></p>	<p>Current statistics and reporting from the CALMHS service show that between the period of April 2019- March 2023.</p> <ul style="list-style-type: none"><li>• 20.4% of people that use the service were under 30</li><li>• 40.6% were aged between 30 and 49</li><li>• 39% were aged over 50</li></ul> <p>Due to the low number any further statistical breakdown by protected characteristic could risk identifying individuals; therefore, no further summary statistics over the age of 50 is presented.</p> <p>Of those who responded to the CALMHS Evaluation Client Survey:</p> <ul style="list-style-type: none"><li>• 9% were 18-55</li><li>• 18% were 36-45</li><li>• 29% were 46-55</li><li>• 26% were 56-65</li><li>• 10% were 65+</li></ul> <p>Of those who responded to the CALMHS Public Engagement Survey:</p> <ul style="list-style-type: none"><li>• 18% were 34 and under</li><li>• 16% were 35-44</li><li>• 32% were 45-54</li><li>• 24% were 22-64</li><li>• 6% were 65+</li></ul>



- 4% preferred not to say

**Gloucestershire population (based on census 2021 data):**

	% of Population		
	0-15	16-64	65+
<b>Cheltenham</b>	17.2%	63.6%	19.3%
<b>Cotswold</b>	16%	58%	26.1%
<b>Forest of Dean</b>	16%	58.9%	25.1%
<b>Gloucester</b>	19.2%	64.1%	16.7%
<b>Stroud</b>	17.3%	59.4%	23.3%
<b>Tewkesbury</b>	18.5%	59.3%	22.2%
<b>Gloucestershire</b>	<b>17.5%</b>	<b>60.8%</b>	<b>21.7%</b>

Sex  
percentage/profile  
of service users  
who are male and  
who are female

Current statistics and reporting from the CALMHS service show that between the period of April 2019- March 2023.

- 42.2% were male
- 58.7% were female

Of those who responded to the CALMHS Public Engagement Survey:

- 76% were female
- 18% were male
- 7% either preferred not to say or were non-binary.

**Gloucestershire population:**

**Males: 49%**

**Females: 51%**

Disability

<p><i>percentage/profile of service users who have a disability</i></p>	<p>Of those who responded to the CALMHS Public Engagement Survey:</p> <ul style="list-style-type: none"> <li>• 31% had a disability</li> <li>• 61% did not have a disability</li> <li>• 8% preferred not to say</li> </ul> <p>In 2021, across both England and Wales, the proportion of disabled people was 17.8% (10.4 million). The proportion of people that are disabled has decreased 1.7 percentage points from 2011, when it was 19.5% (10.0 million).</p> <table border="1" data-bbox="483 544 1285 962"> <thead> <tr> <th></th> <th><b>Disabled under the Equality Act</b></th> <th><b>No long term physical or mental health conditions</b></th> </tr> </thead> <tbody> <tr> <td><b>Cheltenham</b></td> <td>15.9%</td> <td>75.9%</td> </tr> <tr> <td><b>Cotswold</b></td> <td>15.4%</td> <td>76.4%</td> </tr> <tr> <td><b>Forest of Dean</b></td> <td>19.2%</td> <td>73.1%</td> </tr> <tr> <td><b>Gloucester</b></td> <td>17.4%</td> <td>75.2%</td> </tr> <tr> <td><b>Stroud</b></td> <td>16.9%</td> <td>74.7%</td> </tr> <tr> <td><b>Tewkesbury</b></td> <td>16.0%</td> <td>75.8%</td> </tr> <tr> <td><b>Gloucestershire</b></td> <td><b>16.8%</b></td> <td><b>75.2%</b></td> </tr> </tbody> </table> <p>Data on disability is not recorded by the current service provider. This information would only be requested if pertinent to the support required by the individual and is not requested as part of contract monitoring data.</p>		<b>Disabled under the Equality Act</b>	<b>No long term physical or mental health conditions</b>	<b>Cheltenham</b>	15.9%	75.9%	<b>Cotswold</b>	15.4%	76.4%	<b>Forest of Dean</b>	19.2%	73.1%	<b>Gloucester</b>	17.4%	75.2%	<b>Stroud</b>	16.9%	74.7%	<b>Tewkesbury</b>	16.0%	75.8%	<b>Gloucestershire</b>	<b>16.8%</b>	<b>75.2%</b>
	<b>Disabled under the Equality Act</b>	<b>No long term physical or mental health conditions</b>																							
<b>Cheltenham</b>	15.9%	75.9%																							
<b>Cotswold</b>	15.4%	76.4%																							
<b>Forest of Dean</b>	19.2%	73.1%																							
<b>Gloucester</b>	17.4%	75.2%																							
<b>Stroud</b>	16.9%	74.7%																							
<b>Tewkesbury</b>	16.0%	75.8%																							
<b>Gloucestershire</b>	<b>16.8%</b>	<b>75.2%</b>																							
<p><i>Race percentage/profile of service users who are from black and minority ethnic backgrounds</i></p>	<p>Current statistics and reporting from the CALMHS service show that between the period of April 2019- March 2023 of open referrals,</p> <ul style="list-style-type: none"> <li>• 59.25% of individuals were White British</li> <li>• 34.5% of individuals had no recorded ethnicity.</li> <li>• 6.25% of individuals were from other ethnic backgrounds.</li> </ul>																								

Due to the low number any further statistical breakdown by protected characteristic could risk identifying individuals; therefore, no further summary statistics of individuals from other ethnic backgrounds is presented.

Of those who responded to the CALMHS Evaluation Client Survey:

- 88% were White- English, Welsh, Scottish, Northern Irish, or British.
- 9% were White -Irish, Asian or British Asian- Indian, Irish Traveller or Multiple ethnic groups- White and Asian.
- 3% preferred not to say

Communities engaged with around experience of mental health services which informed the EIA are:

- African-Caribbean
- Chinese
- Arab
- Bangladeshi
- Polish
- Mixed ethnic group

Of those who responded to the CALMHS Public Engagement Survey:

- 78% were white British
- 9% preferred not to say
- 13% were White Irish, White European, Asia/British Asian, Mixed Race, or White Other.

Information on race in Gloucestershire is shown in the 2021 Census data. It found:

- 4.5% of the population were “Other White” accounting to the second largest ethnic group in Gloucestershire

7% of the population amount to Black, Asian and Other ethnic groups in Gloucestershire

<p>Marriage &amp; civil partnership <i>percentage/profile of service users who are married or in a civil partnership</i></p>	<p>Information on marriage and civil partnership shown in the 2022 Population Profile is based on data from the 2021 consensus. It found:</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 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>Data on marriage and civil partnership is not recorded by the service provider. This information would only be requested if pertinent to the support required by the individual and is not requested as part of contract monitoring data.</p>																														
<p>Religion and/or belief <i>percentage/profile of service users religious beliefs</i></p>	<p>Of those who responded to the CALMHS Public Engagement Survey:</p> <ul style="list-style-type: none"> <li>• 46% were Christian</li> <li>• 37% had no religion</li> <li>• 10% preferred not to say</li> <li>• 7% were Jewish, Muslim or Pagan</li> </ul> <p><b>Gloucestershire population:</b></p> <table border="1" data-bbox="483 1126 2063 1345"> <thead> <tr> <th></th> <th colspan="9">% of population</th> </tr> <tr> <th></th> <th>Christian</th> <th>Buddhist</th> <th>Hindu</th> <th>Jewish</th> <th>Muslim</th> <th>Sikh</th> <th>Other</th> <th>None</th> <th>Not stated</th> </tr> </thead> <tbody> <tr> <td><b>Gloucestershire</b></td> <td>49.2%</td> <td>0.4%</td> <td>0.6%</td> <td>0.1%</td> <td>1.4%</td> <td>0.1%</td> <td>0.5%</td> <td>41.4%</td> <td>6.2%</td> </tr> </tbody> </table>		% of population										Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	None	Not stated	<b>Gloucestershire</b>	49.2%	0.4%	0.6%	0.1%	1.4%	0.1%	0.5%	41.4%	6.2%
	% of population																														
	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	None	Not stated																						
<b>Gloucestershire</b>	49.2%	0.4%	0.6%	0.1%	1.4%	0.1%	0.5%	41.4%	6.2%																						

Data on religion and/or belief is not recorded by the service provider. This information would only be requested if pertinent to the support required by the individual and is not requested as part of contract monitoring data.

Gender reassignment percentage/profile of service users who have indicated they are transgender

Currents statistics and reporting tells us that there were no service users between the period of April 2022- June 2022 were transgender.

**Gloucestershire population (based on census 2021 data):**

	Gender identity same as birth	Gender identity different from birth	Transwoman	Transman	Non-binary
<b>Cheltenham</b>	94.26	0.14	0.09	0.09	0.12
<b>Cotswold</b>	95.07	0.07	0.07	0,07	0.04
<b>Forest of Dean</b>	94.14	0.16	0.05	0.04	0.04
<b>Gloucester</b>	93.75	0.26	0.11	0.10	0.05
<b>Stroud</b>	94.46	0.11	0.07	0.06	0.09
<b>Tewkesbury</b>	94.93	0.09	0.08	0.05	0.04
<b>Gloucestershire</b>	<b>94.39</b>	<b>0.15</b>	<b>0.08</b>	<b>0.07</b>	<b>0.07</b>

Pregnancy & maternity percentage/profile of service users who are female and who are

There were 5,8000 live births in Gloucestershire in 2020.

	% of births by age of mother
--	------------------------------

<i>pregnant or on a maternity leave</i>		<b>Total Number of Births</b>	<b>Under 20</b>	<b>20-24</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45+</b>
	<b>Gloucestershire</b>	5,800	2.1	12.4	26.5	34.5	19.5	4.5	0.5
Data on pregnancy and maternity is not recorded by the service provider. This information would only be requested if pertinent to the support required by the individual and is not requested as part of contract monitoring data.									
<i>Sexual orientation percentage/profile of service users who are lesbian, gay, bisexual, heterosexual</i>	Of those who responded to the CALMHS Public Engagement Survey:								
	<ul style="list-style-type: none"> <li>• 74% were heterosexual or straight</li> <li>• 17% preferred not to say and</li> <li>• 9% were bisexual, asexual, gay or demi-sexual.</li> </ul>								
<b>Gloucestershire population (based on census 2021 data):</b>									
		<b>Straight / Heterosexual</b>	<b>Gay or Lesbian</b>	<b>Bisexual</b>	<b>All other sexual orientations</b>				
<b>Cheltenham</b>		89.18	1.61	1.84	0.45				
<b>Cotswold</b>		91.49	1.15	0.85	0.19				
<b>Forest of Dean</b>		90.61	1.02	0.97	0.29				
<b>Gloucester</b>		89.82	1.39	1.36	0.35				
<b>Stroud</b>		90.32	1.24	1.15	0.31				
<b>Tewkesbury</b>		91.58	1.13	0.86	0.22				
<b>Gloucestershire</b>		<b>90.40%</b>	<b>1.28%</b>	<b>1.21%</b>	<b>0.31%</b>				
Data on sexual orientation is not recorded by the service provider. This information would only be requested if pertinent to the support required by the individual and is not requested as part of contract monitoring data.									

**Appendix 2 – GCC Workforce Data**

Details of Gloucestershire County Council staff affected by the proposed activity

Protected Characteristic	Total number of GCC staff affected:
Age	N/A
Disability	N/A
Sex	N/A
Race	N/A
Gender reassignment	N/A
Marriage & civil partnership	N/A
Pregnancy & maternity	N/A
Religion and/or belief	N/A
Sexual orientation	N/A

---