

Equality Impact Assessment (EqIA)

The Equality Act 2010 introduced the Public Sector Equality Duty which states that a public authority must, in the exercise of its functions, have due regard to the need to:

1. Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

This document demonstrates how the Council is meeting the Public Sector Equality Duty by setting out the findings of an equality analysis that has been undertaken in relation to a proposed change to assess whether it has a disproportionate impact on people who share a protected characteristic, together with care leavers / care experienced adults, as the Council treats this group like a protected characteristic.

1. Background

Directorate	Adult Social Care
Service area	Integrated Adults Commissioning Hub
Title of the proposed change being assessed i.e. the policy, service or other development	Commissioning a Technology Enabled Care service
Describe the purpose of the proposed change and the intended outcomes	
<p>Gloucestershire County Council (GCC) is looking to commission, by means of a competitive process, a contract to supply a Technology Enabled Care (TEC) service to people in Gloucestershire, commencing in 2024.</p> <p>TEC is provided by technologies, such as Telecare, assistive and other types of technologies, that assists people with ill-health, disabilities and the elderly to remain at home and live independently.</p> <p>The current service is offered across the county and is fully funded to individuals that are eligible following a needs assessment.</p> <p>The commissioning of a new TEC service must consider the main aims and objectives of the Adult Social Care (ASC) Technology strategy (2022-2025). The use of technologies in ASC should enhance the quality of care; free up time for meaningful human interactions; create stronger connections between people and their friends; family and care networks; reduce loneliness and isolation; support mental health and wellbeing of people and carers; and provide professionals and care teams with the right digital tools and data to provide the outstanding, safe care, that all people deserve.</p>	

GCC's aims for commissioning a new service are to:

- Become a more preventative person-centred service that is better aligned to GCC's Adult Social Care Technology Strategy.
- Offer TEC solutions:
 - To individuals so that they can stay independent for as long as possible within their own homes.
 - That supports or replaces professionals delivering home care services, thus alleviating pressure on the ASC workforce.
 - That is preventative in nature, rather than a service that solely concentrates on hospital discharge support.
- Be a driver for cultural change with professionals that participate in care planning for individuals, so that TEC is considered as a central part of a holistic care package.

This EIA assesses the impacts of commissioning a TEC service for people in Gloucestershire.

Who is affected by the proposals?	<p>Service users <input checked="" type="checkbox"/></p> <p>Wider community <input type="checkbox"/></p> <p>Workforce <input checked="" type="checkbox"/></p> <p>Other, please specify:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Families and carers District Councils</p> </div>
Decision to be taken and decision maker	<p>That Cabinet delegates authority to the Executive Director of Adult Social Care, Wellbeing and Communities, in consultation with the Cabinet Members for Adult Social Care Commissioning and Adult Social Care Delivery to:</p> <ol style="list-style-type: none"> 1. Conduct a competitive procurement process in respect of a contract for the supply of a Technology Enabled Care Equipment Service (TEC Service) for people in Gloucestershire. The proposed contract shall continue for an initial period of 5 years with an option to extend its term for a further period of not more than 2 years;

	<p>2. Award such a contract to the preferred provider; and</p> <p>3. Determine whether to exercise the option to extend the term of such contract for a further period of 2 years on its fifth anniversary.</p> <p>Decision makers:</p> <ul style="list-style-type: none"> • Cllr Carole Allaway-Martin, Adult Social Care Commissioning • Cllr Stephan Fifield, Adult Social Care Delivery
<p>Person(s) responsible for completing this assessment</p>	<p>Rebecca Parra Commissioning Manager, Equipment, Integrated Adults Commissioning Hub, GCC</p>
<p>Date of this assessment</p>	<p>2 August 2023</p>

2. Information and Data Collection

Summarise how you have collected the information and data required to assess the potential or actual impact of the proposed change on those who share the protected characteristics and care leavers / care experienced adults (e.g. survey of services users, community focus groups, analysing service usage data, engaging with the council's staff networks etc.). The actual information and data that has been collected and analysed should be set out in Appendix 1 (Service Users) and Appendix 2 (GCC staff).

If there are any gaps, include an action in section 4 to fill these. This doesn't mean that you can't complete the equality impact assessment, but you need to follow-up the action and revisit as part of the monitoring and review arrangements set out in section 5.

Stakeholders	Engagement and Consultation	Other Methods / Sources
<p>Service Users / Wider Community</p>	<p>Throughout April and May 2023 conversations were held with the following organisations and Partnership Boards to determine the most appropriate ways of seeking the views of people that may use TEC or be a family member of carer of someone that does:</p> <ul style="list-style-type: none"> • Age UK • Carers Partnership Board • Inclusion Gloucestershire • Physical Disability & Sensory Impairment Partnership Board • Red Cross • Sight Loss Council <p>Advice from these organisations and boards was to offer a range of ways of engaging with people; not just offering an online survey, which may be difficult for some if they do not have access or the skills to provide an online response.</p>	<p>A desktop review was undertaken of regional and national reports, guidance etc. about TEC. Key documents included:</p> <ul style="list-style-type: none"> • Technology Enabled Care: Exploring how technology can enable people to live their lives, User Engagement Team at Wiltshire Centre for Independent Living Spring 2023 • Guide to Supporting Carers through Technology Enabled Care Services, Association of Directors of Adult Social Services (ADASS), December 2015

The Technology Enabled Care Engagement online survey was made available to the public from 11 July to 28 July 2023. A QR code was made available to enable quick access to the survey.

A hard copy of the survey, replicating the same questions as the online survey, was distributed by GCC teams to people in the community that use Telecare. Pre-paid envelopes were supplied so that postage costs did not impede any responses being returned.

Drop in sessions were also scheduled at accessible locations in Cheltenham and Gloucester on 25 July 2023. This enabled people to complete the survey with additional support if they should require it.

The purpose and scope of the survey questions were designed to understand what people wanted from a good service for the future and how it could best support and involve them. The survey was aimed at current users of Telecare, potential future users and families and carers of people that require support. People want to be informed and supported, whilst receiving a personalised service. The responses have helped to shape the options appraisal and the preferred option outlined in the Cabinet report; a hybrid delivery model which will seek to provide a more person-centred service, with a more holistic and strengths based approach to care planning.

	<p>The information about the survey and Drop in sessions was shared widely via a range of networks, e.g. via GCC communication channels, the organisations mentioned above, community and voluntary sector networks and channels etc. Commissioners also asked the range of networks whether focus groups with people with Lived Experience could be arranged for the week commencing 24 July 2023. An opportunity for people to share their personal experiences of using technology to support their needs and what they would like for a future service.</p>	
Workforce	<p>Operational staff were consulted with via a focus group methodology, see 'Other' section below.</p>	
Partners	<p>Partners include:</p> <ul style="list-style-type: none"> • NHS Gloucestershire Integrated Care Board (ICB) • Gloucestershire Industrial Services (GIS) 	
Other	<p>Engagement with providers</p> <p>Soft market testing was carried out in October 2022 gauging feedback from providers of TEC, ranging from national to smaller emerging organisations within the market. Questions focussed on the preferred procurement process, preferred service model, management of the Digital Switchover and coproduction, person centred approaches.</p>	<p>Background documents</p> <ul style="list-style-type: none"> • Adult social care workforce survey, December 2021 report • Integration and Innovation: working together to improve health and social care for all - 2021 White Paper • People at the Heart of Care, Adult Social Care Reform - 2021 White Paper

	<p>Focus groups</p> <p>A series of focus group sessions were conducted with key stakeholders and further input collected via a survey. The sessions were designed to gather insight into the current context and service, what the future provision might look like and the benefits of a future service. Facilitators used prompts to ensure attendees could share detailed views on their experience of the current service and systems, how investment could work in the future, understanding of the technology market, what outcomes are important and what standards need to be adhered to. The focus groups included participation from: operational staff, leadership and management, commissioners, District Councils, Gloucestershire Fire & Rescue Service, and providers.</p>	<ul style="list-style-type: none"> • Gloucestershire County Council Adult Social Care Technology Strategy 2022 - 2025 • Gloucestershire County Council Strategy 2022 - 2026 – Building Back Better in Gloucestershire • Gloucestershire Joint Health & Wellbeing Strategy 2020 – 2030 • One Gloucestershire Interim Integrated Care Strategy 2022 • Housing with Care Strategy 2020 • Gloucestershire County Council, Population Profile, 2023 report
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3. Equality Assessment

Indicate the impact on each group and explain how you have reached your conclusions (i.e. through analysis of the information and data that was collected through the engagement, consultation and other methods / sources that were set out in section 2).

Service Users						
Groups		Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact
Pr ote	Age	✓				Some of the benefits to Gloucestershire people from the commissioning of the TEC service are:

cte d Ch					<ol style="list-style-type: none"> 1. Improved independence, wellbeing, and quality of life for individuals. Use of TEC will enable people to stay at home, rather than require support in a care setting from staff. 2. Increased confidence and an individual's sense of dignity as they are enabled to stay in their own home. 3. Individuals will be able to re-engage with their community and increase their social inclusion from TEC approaches, e.g. communication devices that support people with communication difficulties. 4. Support for individuals to return to their homes following a stay in hospital. 5. Support and peace of mind for families and carers, through increased monitoring of a person's needs. <p>Technology Enabled Care will be prescribed to people in Gloucestershire irrespective of age, sex, disability, race, gender status, marriage and civil partnership, religion, sexual orientation or whether they are care experienced. Provision of TEC will be solely based on the social care needs of the individual as assessed.</p> <p>Contract monitoring documentation developed by GCC will be completed by the provider and submitted on a quarterly basis. It will be necessary for the provider to include data on people supported by TEC specifically relating to age, sex, disability, race, gender status, marriage and civil partnership, religion, sexual orientation or whether they are care experienced.</p> <p>The GCC workforce (including managers) are provided with Equality Diversity & Inclusion (ED&I) training and</p>
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					<p>Unconscious Bias training to support understanding of protected characteristics. It would be expected that the workforce prescribing TEC as part of care planning would be up to date with ED&I training.</p> <p>Active clients in the current Telecare service has a median age of 83 years old. The new service model has been designed to ensure that the provision of support is not reactive to someone when their condition has deteriorated or they are returning home from hospital. The new service will focus on early intervention and prevention, seeking to assist people before any deconditioning occurs. There will also be active signposting to self-help where support needs are not as complex. Assumptions are that the median age will decrease with support provided earlier in a person's care journey.</p> <p>The views of respondents to the Technology Enabled Care Engagement survey will be taken into account when refining the service model (see Appendix 1 for survey findings):</p> <ul style="list-style-type: none">• Individuals will be provided with TEC equipment that offers support for a range of difficulties (physical disabilities, moving around, sensory difficulties, social connections etc.)• Individuals, families and carers will receive information about TEC equipment in a variety of ways (email, post, face to face etc.).• Those measures that are considered very important to individuals, families and carers will be central to the service delivery model and be measured via Key
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						<p>Performance Indicators during quarterly contract monitoring sessions.</p> <ul style="list-style-type: none"> • GCC and the provider will offer a range of ways for individuals, families and carers to engage with the provider to ensure that a good service is offered, including individual and community sessions. <p>The User Engagement Team at Wiltshire Centre for Independent Living facilitated and produced a report for Wiltshire Council. The report <i>Technology Enabled Care: Exploring how technology can enable people to live their lives, Spring 2023</i> was crafted with the consultation feedback of disabled, autistic and older people in Wiltshire. The 'big 3 points' were:</p> <ol style="list-style-type: none"> 1. Personalised - there is no 'one size fits all' in technology and care. The use of technology in care will differ for everyone. Packages and systems need to be designed to accommodate people's individual preferences, lifestyles and requirements. 2. Informative - people want more information and opportunities to learn about technology which could support them to live their lives independently. They want to be able to trial technology before deciding whether it will work for them. 3. Supported - support needs to be available for those who want it at each stage of using technology enabled care; from choosing, to setting up, maintaining, troubleshooting and upgrading. <p>These points will be key themes in the Service Specification.</p> <p>No identified negative impact.</p>
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	Disability	✓				<p>It is anticipated that a higher proportion of TEC users will have a disability. To ensure that these people do not face any barriers to accessing the service GCC will ensure GCC and the provider:</p> <ol style="list-style-type: none"> 1. Uses physical locations, e.g. for assessment, for community engagement, that are fully accessible. 2. Uses accessible communication methods, e.g.: <ol style="list-style-type: none"> a. Written messages that use large-print or are compatible with screen readers. b. Use of videos with captions. c. Use language that does not use overly-technical references, long sentences, is written in plain English etc. 3. Use a strengths-based enabling approach. 4. Also including points stated above.
	Sex	✓				As above.
	Race	✓				As above.
	Gender reassignment	✓				As above.
	Marriage & civil partnership	✓				As above.
	Pregnancy & maternity	✓				As above.
	Religion and/or belief	✓				As above.

	Sexual orientation	✓				As above.
Additional Groups	Care leavers / care experienced adults	✓				As above.
Groups		Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact

Gloucestershire County Council Staff						
Groups		Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact
Pr ote cte	Age	✓				<p>The benefits to the workforce from the commissioning of the TEC service are:</p> <ol style="list-style-type: none"> 1. Providing health and social care workers with care plan options; TEC which is integral to the care plan as a strengths-based method of supporting someone. 2. Greater understanding of new technology and how it can assist individuals as part of their care package in a holistic way. 3. Earlier detection of deterioration in an individual, enabling earlier intervention for people with long term conditions.

y Act						<p>4. Preventing avoidable hospital admissions through the use of TEC products which provide early help and a preventative approach.</p> <p>5. Preventing falls and therefore reducing the need for ambulances.</p> <p>6. Supporting safe hospital discharge for individuals, which will improve flow of patients through the hospital.</p> <p>No identified negative impact.</p>
	Disability	✓				As above.
	Sex	✓				As above.
	Race	✓				As above.
	Gender reassignment	✓				As above.
	Marriage & civil partnership	✓				As above.
	Pregnancy & maternity	✓				As above.
	Religion and/or belief	✓				As above.
	Sexual orientation	✓				As above.

Additional Groups	Care leavers / care experienced adults	✓				As above.
Groups		Positive Impact	Neutral Impact	Negative Impact	Not Sure	Summary of Impact

4. Action Plan

Set out the key actions that will be undertaken, following the equality assessment in section 3, to further maximise the positive impact or mitigate the negative impact of the proposal on those who share the protected characteristics and care leavers / care experienced adults (any negative consequences should be eliminated, minimised or counter-balanced by other measures):

Identified Potential or Actual Impact	Recommended Action(s)	Owner	Target Completion Date
Positive	Continue to engage with people receiving the TEC service, and their families/carers, so that their voices are represented during the commissioning process and throughout the initial period of the contract.	Gary Mack, Head of Integrated Commissioning	Ongoing

Positive	As part of the Invitation to Tender documents, providers will be asked to consider how they meet the needs of the people receiving the TEC service, with particular reference to protected characteristics. For example: 1. How do they support people of working age that require additional support? 2. How does the provider engage with people that are hard to reach due to a disability or cognitive impairment?	Gary Mack, Head of Integrated Commissioning	December 2023
Positive	Contract monitoring will be held on a quarterly basis with the provider of the TEC service. As part of this, the provider will be asked to outline how they are meeting the needs of people, with particular focus on those with protected characteristics. The provider will need to demonstrate continuous improvement of the service.	Gary Mack, Head of Integrated Commissioning	Ongoing


5. Monitoring and Review


Public bodies must have regard to the aims of the duty not only when a policy, service or development is being created and decided upon, but also when it is implemented and at regular intervals afterwards. The Equality Duty is a continuing duty.

Lead officer(s):	Gary Mack, Head of Integrated Commissioning
Frequency of the monitoring and review:	This Equality Impact Assessment (EIA) statement will be reviewed on an annual basis as part of the Contract Monitoring process and updated as required.

How the impact of the policy, service or development will be measured, including the data and information that will be used:	Key Performance Indicators (KPIs) will be included in the Service Specification. These KPIs will be a key part of the documentation developed by GCC for contract monitoring purposes. The provider will be expected to submit the contract monitoring documentation in advance of each quarterly meeting. Performance against the KPIs will be discussed and measured. Any service delivery issues that are not meeting the standards set out in the KPIs will be subject to improvement planning with support from GCC staff. End of year and end of contract assessments will also take place considering performance against the outlined KPIs.
Stakeholders who will be involved:	GCC Commissioners Provider/s of TEC services

6. Approval

Signature of Senior Officer	
Name of Senior Officer	Benedict Leigh
Date	6 September 2023

Signature of Decision Maker	
Name of Decision Maker	Cllr Carole Allaway-Martin
Date	6 September 2023

Appendix 1 – Service User Data and Information

Details of service users affected by the proposed activity:

Groups	Service User Data and Information																																												
Age	<p>The current Telecare service supports around 2,500 people to live independently in their own homes through the provision, installation and monitoring of devices such as lifeline buttons and alarms. Within the current service the majority (83%) of current clients are aged 65+; an increasing proportion of whom are aged 85 and over. The median age of active clients is 83 years of age.</p> <p>Using a wider lens, Gloucestershire has a growing population; Census 2021 data indicates that the population was estimated to be 645,100. This is an increase of around 8.1% compared with Census 2011 comparisons.</p> <p>Broad Age Groups, 2021:</p>																																												
Sex	<table border="1" data-bbox="840 783 1709 1225"> <thead> <tr> <th data-bbox="860 804 1155 863">Proportion of population</th> <th data-bbox="1155 804 1323 863">0-15</th> <th data-bbox="1323 804 1496 863">16-64</th> <th data-bbox="1496 804 1666 863">65+</th> </tr> </thead> <tbody> <tr> <td data-bbox="860 863 1155 895">Cheltenham</td> <td data-bbox="1155 863 1323 895">17.2%</td> <td data-bbox="1323 863 1496 895">63.6%</td> <td data-bbox="1496 863 1666 895">19.3%</td> </tr> <tr> <td data-bbox="860 895 1155 927">Cotswold</td> <td data-bbox="1155 895 1323 927">16.0%</td> <td data-bbox="1323 895 1496 927">58.0%</td> <td data-bbox="1496 895 1666 927">26.1%</td> </tr> <tr> <td data-bbox="860 927 1155 959">Forest of Dean</td> <td data-bbox="1155 927 1323 959">16.0%</td> <td data-bbox="1323 927 1496 959">58.9%</td> <td data-bbox="1496 927 1666 959">25.1%</td> </tr> <tr> <td data-bbox="860 959 1155 991">Gloucester</td> <td data-bbox="1155 959 1323 991">19.2%</td> <td data-bbox="1323 959 1496 991">64.1%</td> <td data-bbox="1496 959 1666 991">16.7%</td> </tr> <tr> <td data-bbox="860 991 1155 1023">Stroud</td> <td data-bbox="1155 991 1323 1023">17.3%</td> <td data-bbox="1323 991 1496 1023">59.4%</td> <td data-bbox="1496 991 1666 1023">23.3%</td> </tr> <tr> <td data-bbox="860 1023 1155 1054">Tewkesbury</td> <td data-bbox="1155 1023 1323 1054">18.5%</td> <td data-bbox="1323 1023 1496 1054">59.3%</td> <td data-bbox="1496 1023 1666 1054">22.2%</td> </tr> <tr> <td data-bbox="860 1054 1155 1086">Gloucestershire</td> <td data-bbox="1155 1054 1323 1086">17.5%</td> <td data-bbox="1323 1054 1496 1086">60.8%</td> <td data-bbox="1496 1054 1666 1086">21.7%</td> </tr> <tr> <td data-bbox="860 1086 1155 1118">South West</td> <td data-bbox="1155 1086 1323 1118">16.9%</td> <td data-bbox="1323 1086 1496 1118">60.7%</td> <td data-bbox="1496 1086 1666 1118">22.3%</td> </tr> <tr> <td data-bbox="860 1118 1155 1150">England</td> <td data-bbox="1155 1118 1323 1150">18.6%</td> <td data-bbox="1323 1118 1496 1150">63.0%</td> <td data-bbox="1496 1118 1666 1150">18.4%</td> </tr> <tr> <td data-bbox="860 1150 1155 1182">England and Wales</td> <td data-bbox="1155 1150 1323 1182">18.5%</td> <td data-bbox="1323 1150 1496 1182">62.9%</td> <td data-bbox="1496 1150 1666 1182">18.6%</td> </tr> </tbody> </table> <p>The proportion of people in Gloucestershire aged 65+ has increased from 18.7% of the population in 2011 to 21.7% of the population in 2021. In comparison, England and Wales has increased from 16.4% to 18.6%. This shows that the ageing population of Gloucestershire is above the national average.</p>	Proportion of population	0-15	16-64	65+	Cheltenham	17.2%	63.6%	19.3%	Cotswold	16.0%	58.0%	26.1%	Forest of Dean	16.0%	58.9%	25.1%	Gloucester	19.2%	64.1%	16.7%	Stroud	17.3%	59.4%	23.3%	Tewkesbury	18.5%	59.3%	22.2%	Gloucestershire	17.5%	60.8%	21.7%	South West	16.9%	60.7%	22.3%	England	18.6%	63.0%	18.4%	England and Wales	18.5%	62.9%	18.6%
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The proportion of Gloucestershire's population that is 80+ increased from 5.4% of the population in 2011 to 5.9% of the population in 2021, equivalent to an 18.6% net increase. In comparison, the South West proportion increased from 5.8% to 6.2% and England and Wales' proportion increased from 4.6% to 5.0%.

Gloucestershire's old-age dependency ratio increased from 0.32 to 0.38 between 2011 and 2021. This means for every 100 people of working-age there were 38 65+ year olds dependent on them on Census Day 2021. Cotswold had the highest dependency ratio of 0.48 (48 people over the age 65 for every 100 people of working age), this is followed by Forest of Dean (0.46 dependency ratio) and Stroud (0.42 dependency ratio).

Census 2021 data indicates that there are more women than men in Gloucestershire. Women make up 51.1% (329, 832) of the population, whilst men make up 48.9% (315,244). This percentage changes as people age which result in most single pensioner households being occupied by women.

Gloucestershire sex distribution, 2021:

Area name	Females	Males	Net Difference	Female Proportion	Male Proportion
Cheltenham	60,751	58,085	2,666	51.1%	48.9%
Cotswold	47,060	43,772	3,288	51.8%	48.2%
Forest of Dean	44,441	42,563	1,878	51.1%	48.9%
Gloucester	66,916	65,500	1,416	50.5%	49.5%
Stroud	61,869	59,235	2,634	51.1%	48.9%
Tewkesbury	48,795	46,089	2,706	51.4%	48.6%
Gloucestershire	329,832	315,244	14,588	51.1%	48.9%
South West	2,911,551	2,789,635	121,916	51.1%	48.9%
England	28,833,712	27,656,336	1,177,376	51.0%	49.0%
England and Wales	30,420,202	29,177,340	1,242,862	51.0%	49.0%

Survey Findings from Technology Enabled Care Engagement

Aware participants (accessed the survey)	139
Informed participants (e.g. viewed a video)	62
Engaged visitors (completed the survey)	19
Hard copies returned	0
Drop in visitors that completed a survey	0

- The majority of respondents were Gloucestershire residents (68.4%), 15.8% were a relative or carer of someone who had used or currently uses the Telecare service.
- The majority of respondents were not users or supporting someone that currently uses the Telecare service – 77.8%.
- Respondents were from Cheltenham (31.6%), Cotswolds (10.5%), Gloucester (15.8%), Stroud (42.1%).
- Most respondents did not receive other support from Adult Social Care (89.5%).
- Respondents said they would mostly prefer to receive information about TEC equipment in the future in the following ways:
 - By email
 - Printed materials through the post
 - Via word of mouth, e.g. via their GP, a community event etc.
- Respondents that completed the survey said they thought TEC would mostly help with:
 - Support for physical disabilities
 - Moving around
 - Support to keep in touch with friends and family
 - Getting out of a chair/bed
 - Support for sensory related difficulties, e.g. being hard of hearing, sight loss etc.

- The table below outlines Adult Social Care Outcomes Framework (ASCOF) measures and the % of

respondents that feel that these are 'very important' to them:

Quality of life	66.7%
Independence	83.3%
Empowerment, information & advice	61.1%
Safety	82.4%
Social connections	66.7%
Continuity and quality of care	62.5%

ASCOF measures how well care and support services achieve the outcomes that matter most to people. The ASCOF are used to set priorities for care and support, measure progress and strengthen transparency and accountability.

- Respondents said that the best way for a service provider to engage with people so that it is a good service is to be offered:
 - One to one sessions, because the needs of an individual can be different to someone else
 - Community sessions, e.g. a group presentation to show what is available, introduce new equipment
 - Offer opportunities to co-design/coproduce the offer for Gloucestershire people
- Age: 75 or older (31.6%), 65-74 (31.6%), 55-64 (21.1%), 35-44 (5.3%), prefer not to say (10.5%)
- Gender: female (63.2%), male (26.3%), another gender (1%), prefer not to say (1%)
- Further protected characteristic data collected is outlined below.

Disability

Analysis of Census 2021 data shows that of the 645,100 population of Gloucestershire:

- 108,379 identified as disabled under the Equalities Act.
- 6.4% considered themselves Disabled under the Equalities Act, with day-to-day activities limited a lot.
- 10.4% considered themselves Disabled under the Equalities Act, with day-to-day activities limited a little.

Projecting Older People Population Information System (POPPI) data outlines the predicted numbers for people aged 65 in Gloucestershire who will have dementia, projected to 2040:

	2020	2025	2030	2035	2040
People aged 65-69	611	674	790	812	754
People aged 70-74	1,152	1,088	1,207	1,411	1,457
People aged 75-79	1,653	2,090	1,982	2,203	2,598
People aged 80-84	2,147	2,588	3,285	3,151	3,537
People aged 85-89	2,164	2,487	3,026	3,869	3,758
People aged 90 and over	2,181	2,322	2,640	3,276	4,290
Total population aged 65 and over	9,907	11,249	12,929	14,722	16,394

The report Adults with Physical Disabilities in Gloucestershire, Prevalence of Needs notes it is estimated that just under 21,700 people aged 18-64 years will have impaired mobility due to a physical disability (including sensory impairment) or health condition in Gloucestershire in 2020, of whom over half (12,292) will be aged 55 to 64 years.

The National General Practice Profiles note that the percentage of people in Gloucestershire reporting blindness or partial sight in 2022 is 1.2%, as compared to 1.4% in England. The same data source notes that those in Gloucestershire reporting deafness or hearing loss is 6.3%, as compared to 5.9% across England.

The Equality Profile from 2023, notes that in 2022, 1.3% of people aged 16+ who completed the GP patient survey in Gloucestershire, reported that they had a Learning Disability; this was lower than the England figure of 1.9%. Estimated projections suggest that in 2023 there will be approximately 12,284 people aged 18+ living with a Learning Disability in Gloucestershire.

The report Adults with Mental Health Conditions, Prevalence of Needs notes that in 2020 an estimated 70,000 people aged 18-64 years in Gloucestershire have a common mental disorder. The number of people aged 18 years and over in Gloucestershire diagnosed by GPs with depression has increased from 27,043 people in 2012/13 to 52,777 people in 2018/19, an increase of 95%.

Survey respondents from Technology Enabled Care Engagement

- Disability, long-term illness, health condition: yes (47.4%), no (47.4%), prefer not to say (5.3%)

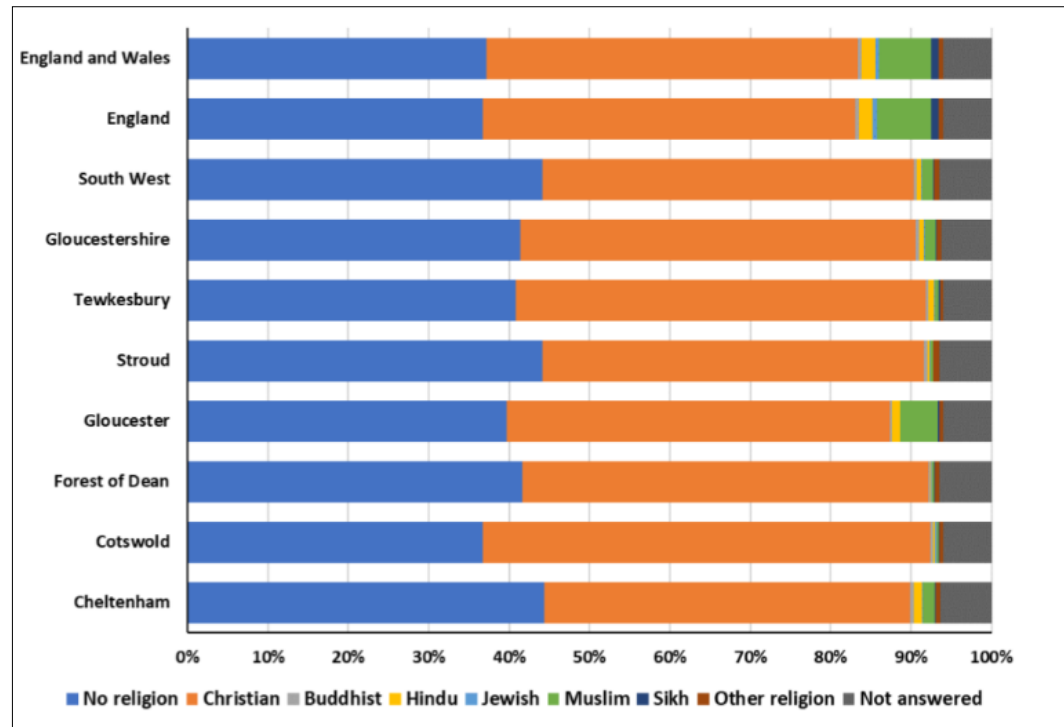
<p>Race</p>	<p>Since 2011 Gloucestershire has become more diverse. Census 2021 data indicated that 93.1% (600,314 people) of Gloucestershire’s population identified as “White”, decreasing by 2.3% from 2011 measurements. However Gloucestershire was less diverse than the national average, with 81.7% of residents across England and Wales identifying as “White”.</p> <p>In 2021 94.3% of Gloucestershire residents identified with at least one UK national identity (English, Welsh, Scottish, Northern Irish, British, and Cornish) and the remaining 5.7% of the population selected a non-UK identity.</p> <p>Census 2021 data noted the following:</p> <ul style="list-style-type: none"> • 87.7% of Gloucestershire residents were white people from an English, Welsh, Scottish, Northern Irish or British background. • 2.9% were people from an Asian, Asian British or Asian Welsh background. • 2.2% were people with a mixed or multiple ethnic background. • 1.2% were black people from a British, Welsh, Caribbean or African background. • 0.6% were white people from an Irish background. • 0.1% were white Gypsy and Irish Traveller people. • 0.1% were white Roma people. • 4.5% were in the ‘other white’ group. • 0.7% were in another ethnic group. <p>Survey respondents from Technology Enabled Care Engagement</p> <ul style="list-style-type: none"> • Race: White British (89.%), another race (5.3%) (not indicated), prefer not to say (5.3%)
<p>Marriage & civil partnership</p>	<p>According to Census 2021, 48.0% of Gloucestershire residents aged 16+ were married or in a civil partnership, which was higher than the national average of 44.6%. Of those people that are married 99.5% were in opposite-sex couples, compared with 99.4% nationally. Same sex couples account for the largest proportion of civil partnerships at 70.6%, which is slightly higher than the national average of 65.1%.</p> <p>Proportion of residents aged 16+ by legal partnership, 2021:</p>

	Never married and never registered a civil partnership	Married or in a registered civil partnership	Separated, but still legally married or still legally in a civil partnership	Divorced or civil partnership dissolved	Widowed or surviving civil partnership partner
Cheltenham	39.5%	42.8%	1.9%	9.6%	6.2%
Cotswold	27.9%	53.2%	2.0%	9.8%	7.1%
Forest of Dean	31.4%	49.6%	2.0%	9.9%	7.1%
Gloucester	38.9%	43.4%	2.2%	9.9%	5.5%
Stroud	30.9%	50.3%	2.1%	10.1%	6.7%
Tewkesbury	30.2%	51.3%	1.9%	10.0%	6.7%
Gloucestershire	33.6%	48.0%	2.0%	9.9%	6.5%
South West	34.7%	46.5%	2.1%	10.1%	6.6%
England	37.9%	44.7%	2.2%	9.1%	6.1%
England and Wales	37.9%	44.6%	2.2%	9.1%	6.1%

Religion and/or belief

Census 2021 notes that out of Gloucestershire's population, 266,959 people said they had no religion, equivalent to 41.4% of the population. This is a higher proportion than in 2011 when 26.7% of the population answered that they had no religion. The biggest change in proportion out of the categories given was the Christian category which decreased from a 63.5% share of the population in 2011 to a 49.2% share of the population in 2021, equivalent to 61,534 fewer people.

Breakdown of the population by religious category an individual identifies with, 2021:



Survey respondents from Technology Enabled Care Engagement

- Religion: Christian (63.2%), no religion (26.3%), prefer not to say (10.5%)

Gender reassignment

The Census 2021 question on gender identity was a voluntary question asked of those aged 16+. The question asked was, “Is the gender you identify with the same as your sex registered at birth?”. For Gloucestershire the responses were:

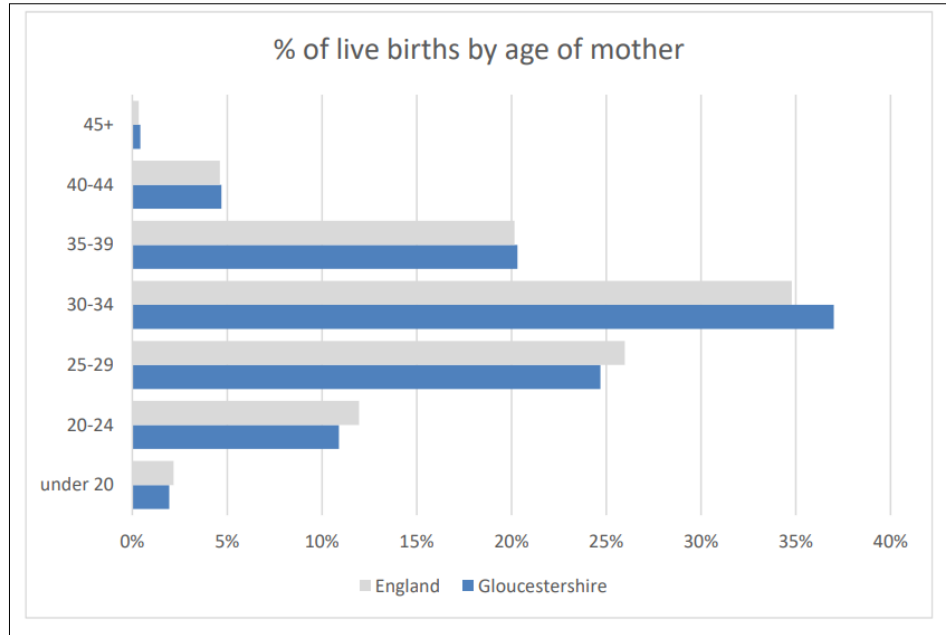
District	Gender identity the same as sex registered at birth		Gender identity different from sex registered at birth		Not answered
		%		%	
Cheltenham	92,792	94.26	134	0.14	5.21
Cotswold	72,549	95.07	57	0.07	4.65
Gloucester	100,259	93.75	282	0.26	5.69
Forest of Dean	68,764	94.14	119	0.16	5.54
Stroud	94,647	94.46	115	0.11	5.17
Tewkesbury	73,431	94.93	69	0.09	4.79
Total	502,442		776		

Survey respondents from Technology Enabled Care Engagement

- Gender identity same as sex registered at birth: yes (89.5%), prefer not to say (10.5%)

Pregnancy & maternity

The Population Profile 2023 for Gloucestershire notes there were 6,138 live births in 2021. The highest proportion of deliveries were to women aged 30 to 34, continuing the trend of later motherhood. Births to mothers in all age bands above the age of 30 account for a slightly higher proportion of total births in Gloucestershire than they do nationally, whilst those to mothers aged under 30 account for a lower proportion.



Live births by age of mother, Gloucestershire, 2021:

	Total number of live births	% of total births by age of mother						
		under 20	20-24	25-29	30-34	35-39	40-44	45+
Cheltenham	1,153	2.0	9.3	18.5	38.2	26.1	5.2	0.7
Cotswold	753	1.6	7.7	19.7	40.2	23.4	6.9	0.5
Forest of Dean	775	2.6	13.9	29.0	34.6	15.1	4.4	0.3
Gloucester	1,452	2.6	15.1	28.5	32.0	18.5	3.0	0.3
Stroud	1,022	1.3	8.7	23.5	41.5	19.3	5.3	0.5
Tewkesbury	983	1.3	9.0	28.1	37.6	19.1	4.5	0.3
Gloucestershire	6,138	1.9	10.9	24.7	37.0	20.3	4.7	0.4
England	595,948	2.2	11.9	26.0	34.8	20.2	4.6	0.3

Sexual orientation

In Census 2021 93.2% of residents in Gloucestershire aged 16 and over answered the voluntary question, 'which of the following best describes your sexual orientation?'. The majority of people who answered described their sexual orientation as 'straight or heterosexual', at 90.4% of the population. This is slightly higher than the national average of 89.4%. There were almost 15,000 people (2.8%) who described their sexual orientation as being in one of the LGB+ categories. This is lower than the national average of 3.2%.

A total of almost 36,200 people chose not to answer this voluntary question, which is more than double the total number of LGB+ people who did choose to respond.

Gloucestershire residents aged 16+ by sexual orientation, 2021:

	Straight or Heterosexual		Gay or Lesbian		Bisexual		All other sexual orientations		Not answered	
	Number	%	Number	%	Number	%	Number	%	Number	%
Cheltenham	87,790	89.2	1,581	1.6	1,812	1.8	443	0.5	6,810	6.9
Cotswold	69,820	91.5	876	1.1	649	0.9	143	0.2	4,826	6.3
Forest of Dean	66,188	90.6	747	1.0	705	1.0	210	0.3	5,197	7.1
Gloucester	96,058	89.8	1,487	1.4	1,450	1.4	378	0.4	7,564	7.1
Stroud	90,493	90.3	1,246	1.2	1,153	1.2	315	0.3	6,989	7.0
Tewkesbury	70,842	91.6	875	1.1	663	0.9	170	0.2	4,802	6.2
Gloucestershire	481,191	90.4	6,814	1.3	6,432	1.2	1,660	0.3	36,188	6.8
England	41,114,478	89.4	709,704	1.5	591,690	1.3	158,357	0.4	3,432,728	7.5

Note: Figures may not sum due to rounding

Survey respondents from Technology Enabled Care Engagement

- Sexual orientation: heterosexual (77.8%), bisexual (5.6%), other (not indicated) (5.6%), prefer not to say (11.1%)

Care leavers / care experienced adults

GCC’s Performance & Improvement team notes that the data provided below:

- Pertains to 16-25 year olds who are receiving a service from GCC at the time of reporting and meet the criteria of being ‘relevant’, ‘former relevant’ or ‘qualifying’ care leavers.
- Does not include children in care who will be eligible for care leaver services but are not as yet receiving these services, children who have been in care but do not meet the criteria to be eligible for care leaver services or care leavers who have not chosen to receive a service from GCC.

By the end of 22/23, there were 519 care leavers (0.8% of the 16-24 population) receiving a service from GCC. Sex and District split below:

		Care leaver population	16-24 population
Female	215	41%	43%
Male	302	58%	57%

		Care leaver population	16-24 population
Cheltenham	88	20.9%	16.3%
Cotswold	11	2.6%	2.4%
Forest of Dean	34	8.1%	6.8%
Gloucester	219	51.9%	41.4%
Stroud	42	10.0%	7.8%
Tewkesbury	28	6.6%	6.4%
Not recorded	97	23.0%	18.7%
Total	519		

Appendix 2 – Gloucestershire County Council Staff Data and Information

Details of Gloucestershire County Council staff affected by the proposed activity:

Protected Characteristic	Total number of GCC staff affected: 7
Age	<p>Local: Workforce data is available but due to the low number of staff involved it is not possible to provide a breakdown of staff with the specific protected characteristics without inadvertently identifying staff members. However, the assessment does take into account the impact of the proposed changes to the service on anyone with the protected characteristics.</p> <p>National: The average age of an ASC worker in 2021/22 was 45 years old, and over a quarter of workers (430,000 filled posts) were over 55 years old.</p> <p>Workers aged 55 and over, this age category accounted for a quarter of the workforce (28%, or 430,000 filled posts).</p> <p>Care workers had the youngest age profile, with 11% being under 25 years old. Over a third (37%) of registered nurses were aged 55 or over, with an average age of 49 years old.</p>
Disability	<p>Local: Workforce data is available but due to the low number of staff involved it is not possible to provide a breakdown of staff with the specific protected characteristics without inadvertently identifying staff members. However, the assessment does take into account the impact of the proposed changes to the service on anyone with the protected characteristics.</p> <p>National: 2011 UK census notes that there were 9.4 million people with a disability living in</p>

	<p>England (18% of the population). As part of the Labour Force Survey 2021/22 within ASC occupations, 24% of workers identified as disabled according to the Disability Discrimination Act 1995 definition. However in 2021/22 the ASC workforce estimate showed a lower prevalence of disability among workers, at 2%, likely under-reported as information sources were from the employer rather than at individual level.</p>
<p>Sex</p>	<p>Local: Workforce data is available but due to the low number of staff involved it is not possible to provide a breakdown of staff with the specific protected characteristics without inadvertently identifying staff members. However, the assessment does take into account the impact of the proposed changes to the service on anyone with the protected characteristics.</p> <p>National: The adult social care workforce in 2021/22 comprised 82% female and 18% male workers. However, some variation can be seen, with female workers less likely to be in managerial roles (79%), especially senior management roles (68%), compared to other roles.</p>
<p>Race</p>	<p>Local: Workforce data is available but due to the low number of staff involved it is not possible to provide a breakdown of staff with the specific protected characteristics without inadvertently identifying staff members. However, the assessment does take into account the impact of the proposed changes to the service on anyone with the protected characteristics.</p> <p>National: In 2021/22 Black, Asian, and minority ethnic workers made up 23% of the ASC workforce. This was more diverse than the overall population of England (14% from black, Asian and minority ethnic groups).</p> <p>The majority (84%) of the ASC workforce identified as British, 7% (103,000 filled posts) identified as of an EU nationality and 9% (143,000 filled posts) a non-EU nationality.</p>

	The proportion of EU nationality workers had increased from 5% in 2012/13 to 7% in 2021/22.
Gender reassignment	0% of the staff in the team have declared this information.
Marriage & civil partnership	Workforce data is available but due to the low number of staff involved it is not possible to provide a breakdown of staff with the specific protected characteristics without inadvertently identifying staff members. However, the assessment does take into account the impact of the proposed changes to the service on anyone with the protected characteristics.
Pregnancy & maternity	Workforce data is available but due to the low number of staff involved it is not possible to provide a breakdown of staff with the specific protected characteristics without inadvertently identifying staff members. However, the assessment does take into account the impact of the proposed changes to the service on anyone with the protected characteristics.
Religion and/or belief	0% of the staff in the team have declared this information.
Sexual orientation	0% of the staff in the team have declared this information.
Care leavers / care experienced adults	0% of the staff in the team have declared this information.
