

## 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	Integrated Commissioning
Service area	Adult Social Care
Title of the proposed change being assessed i.e. the policy, service or other development	Market Sustainability and Improvement – Workforce Fund
Describe the purpose of the proposed change and the intended outcomes	
<p><b>Background/Context</b></p> <p>The Market Sustainability and Improvement - Workforce Fund (MS&amp;I – WF) was published by the Department of Health and Social Care in July 2023 and is an addition to the Market Sustainability and Improvement Fund announced in the Autumn statement, November 2022. Gloucestershire’s allocation for the MS&amp;I – WF was £3.847m. There are three criteria for expenditure, and we have allocated the funds to address each:</p> <ol style="list-style-type: none"> <li>1. <b>Increasing fee rates:</b> <ol style="list-style-type: none"> <li>a. £0.5m to supplement the Market Sustainability and Improvement Fund, to facilitate a 4% fee uplift to providers of bed-based nursing and dementia care contracted by Gloucestershire County Council to support stability in this much needed sector of the market.</li> <li>b. £0.28m is allocated to facilitate uplifts to those providers of residential disability services contracted by Gloucestershire County Council where fees reviews have indicated a need to do so due to historic anomalies.</li> </ol> </li> <li>2. <b>Increase Capacity and retention:</b> we intend to allocate £2.057m to support increased expenditure by the council in the external care market as the market’s capacity to provide statutory care services increases.</li> </ol>	

<p>3. <b>Reduce ASC waiting times:</b> we intend to allocate £1.01m for an expansion of the domiciliary care Home First project which aims to ensure readily available support for hospital avoidance and timely hospital discharge throughout Winter 23/24. The additional funds will reduce time spent waiting for a care service.</p>	
<p>Who is affected by the proposals?</p>	<p>Service users <input checked="" type="checkbox"/></p> <p>Wider community <input type="checkbox"/></p> <p>Workforce <input type="checkbox"/></p> <p>Other, please specify:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>GCC's external care market workforce</p> </div>
<p>Decision to be taken and decision maker</p>	<p>To allocate the above funds in accordance with the above recommendations, as also detailed in the accompanying Cabinet paper, November 2023.</p>
<p>Person(s) responsible for completing this assessment</p>	<p>Jenny Cooper – Head of Integrated Commissioning – Older People</p>
<p>Date of this assessment</p>	<p>October 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
Service Users / Wider Community	As the data utilised to understand demand within the market will be sourced from our existing systems no direct consultation has been undertaken or is proposed.	<p>To complete the EQIA, the following sources were used to understand our general demographic information:</p> <ul style="list-style-type: none"> <li>- <a href="#">equality-profile-2023.pdf (gloucestershire.gov.uk)</a></li> <li>- <a href="#">Long-term social care funded services used by over-65s</a></li> <li>- <a href="#">Older People in Gloucestershire Prevalence of Needs</a></li> <li>- <a href="#">Long-term social care funded services used by adults aged under 65 with a physical disability</a></li> <li>- <a href="#">Long-term social care funded services used by adults aged 18+ with a mental health condition)</a></li> <li>- <a href="#">Long-term social care funded services used by adults aged 18+ with a learning disability</a></li> </ul> <p>We have also considered our Market Sustainability Plan to understand the number of service users in bed-based and community care.</p>
Workforce	Data intelligence in relation to our external care workforce and provider market has been sourced from GCCs existing systems. While we consult with the market regularly, and market	

	representatives have been informed of the proposed allocation, the funding proposals have not been co-produced. No additional market consultation or engagement is proposed.	
Partners	Colleagues in Commissioning, Brokerage, Legal, Procurement, Information Management, IT and Commercial Services have been consulted on the proposed allocations of the funds.	
Other	N/A	

### 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
Protected Characteristic	Age	X				<p>Older people are the largest group of people supported by our care sector. We anticipate the allocation of funding will be beneficial as it will:</p> <ul style="list-style-type: none"> <li>a) Support areas of the market accessed by this demographic for bed-based care support where there is a clinical need (i.e., nursing/dementia support).</li> <li>b) Support admission avoidance agendas by promoting place-based care and support.</li> </ul>

						c) Reduce the time taken to receive an assessment of needs.
	Disability	X				A large proportion of Gloucestershire’s disabled population access our care services. We anticipate the allocation of funding will be beneficial, as we are targeting funds to specifically to support our residential disability services, to stabilise this area of the market and ensure consistency of delivery. See also further benefits as applicable to age in relation to waiting times for assessments and place-based care support.
	Sex	X				Our data suggests there are more women in the older age bracket (over 62% aged 85+years). Given older people form the large proportion of our care demographic, any improvements made in relation to our older people market, will also positively impact this cohort of the population.
	Race		X			No identified significant impact.
	Gender reassignment		X			
	Marriage & civil partnership		X			
	Pregnancy & maternity		X			
	Religion and/or belief		X			

	Sexual orientation		X			No identified significant impact.
Additional Groups	Care leavers / care experienced adults		X			
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
Protected Characteristics (Equality Act 2010)	Age		X			No identified significant impact.
	Disability		X			
	Sex		X			
	Race		X			
	Gender reassignment		X			
	Marriage & civil partnership		X			
	Pregnancy & maternity		X			

Additional Group	Religion and/or belief		X			No identified significant impact.
	Sexual orientation		X			
	Care leavers / care experienced adults		X			
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




## 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):	Jenny Cooper
Frequency of the monitoring and review:	The EqIA will be reviewed in April 2024 when full allocation of the funding for 2023-24 has been achieved and at annual intervals.
How the impact of the policy, service or development will be measured, including the data and information that will be used:	The impact will be measured by evaluation of capacity of bed-based care for people with nursing needs and dementia within the Market Position Statement. Waiting times will be evaluated as part of the ongoing review of our reablement offer. Capacity of provision for disabled people will also be monitored through the annual review of the Market Position Statement.
Stakeholders who will be involved:	Colleagues across the Integrated Care System are involved in the development of the Market Position Statement. Providers, Partnership Boards, and representative groups will be also consulted and engaged with.

## 6. Approval

Signature of Senior Officer	
Name of Senior Officer	Sarah Scott
Date	07.11.2023

Signature of Decision Maker	
Name of Decision Maker	Cllr Carole Allaway-Martin
Date	08.11.23

## Appendix 1 – Service User Data and Information

Details of service users affected by the proposed activity.

Groups	Service User Data and Information
Age	<p>Gloucestershire’s 65+ population is projected to experience the greatest growth in comparison to other age groups, increasing by almost 70,900 people or 52.5% by 2043. The number of older people unable to manage at least one self-care activity such as wash, dress and take medicines is predicted to increase to 64,000 by 2030.</p> <p>As of June 2023, we had 1,714 aged 65+ people supported in residential (825) and bed-based nursing (889) care. For working age adults (18-64 years), there were 434 people in residential (366) and bed-based nursing care (68). In regard to community support, we commission over 117k hours of domiciliary care for people over 65, and over 20k hours for working age adults.</p> <p>Gloucestershire’s ageing population will have financial and resource implications when we consider our care market needs, as this demographic are most likely to require GCC adult social care, and other service support. In addition, older people make up much of the formal volunteer workforce, delivering many services to other residents and they also provide most informal care to other older people.</p>
Disability	<p>According to the Census 2021, 16.8% of Gloucestershire residents reported having a long-term limiting health problem or disability; 6.4% reported that their activities were limited ‘a lot’ and 10.4% reported their activities were limited ‘a little’. Around 30% of households in Gloucestershire had at least one disabled person living within it.</p> <p><b>Learning disability:</b> Estimated projections suggest that in 2023 there are approximately 12,284 people aged 18+ living with a learning disability in Gloucestershire, equating to 2.3% of the adult population.</p>

	<p>As of March 2020, a total of 1,333 adults aged 18+ in Gloucestershire were receiving long-term care packages for a learning disability condition. Of these 75.3% were receiving community care services. Of the remaining 25%; approximately 325 people aged 18+ were receiving council-funded residential care, and four were in receipt of council funded nursing care whose primary need related to learning disability. Those aged 45-64 were the largest group in receipt of long-term care services (37.3%), followed by the 25–44 year-olds (36.8%) and the under-25s (11.8%). The over-65s accounted for 14.2% of all users.</p> <p><b>Physical Disability:</b>  Gloucestershire also has approximately 2,000 people over 65 that use reablement services or receiving domiciliary care. 94% of the total delivery is to people who have declared themselves to have an age-acquired Physical Disability.  As of March 2020, a total of 109 adults under 65 were receiving council funded residential or nursing care whose primary support need related to physical disability. With those aged between 45-64 years constituting the largest group in receipt of these services (83 (41+42) people).  In 2020 an estimated 3,400 people aged 18 to 64 years in Gloucestershire have a severe personal care need because of a physical disability and an estimated 15,600 people have a moderate care need because of a physical disability.</p> <p><b>Mental Health:</b>  In March 2020, a total of 253 adults aged 18+ in Gloucestershire were receiving long-term care packages for a mental health condition. Of these nearly 72.3% were receiving community care services, and 44% were aged 45+ years.</p> <p><b>Dementia:</b>  Dementia is one of the causes of disability in older people. Estimated projections suggest that in 2023 there will be approximately 10,600 people aged 65+ living with dementia in Gloucestershire. The proportion of people with dementia increases with age - people aged 65- 69 account for 6.0% of dementia sufferers over 65 in Gloucestershire; this increases to 21.9% for the 85-89 age group. Given the ageing population the number of dementia sufferers will increase in the future.</p>
Sex	Overall, there were 329,832 women and 315,244 men living in Gloucestershire on Census Day 2021, equivalent to a 51.1% to 48.9% split.

	<p>Although there are slightly more males than females in the 0-19 year old age band, as age increases, females outnumber males by an increasing margin. In Gloucestershire in 2021, 52.6% of people aged 65-84 were female, whilst for people aged 85+ the difference was more marked with females accounting for 62.4% of the total population; this difference is observed at district, regional and national level. This means there may be a higher proportion of women accessing our services, as they represent a large proportion of our older demographic.</p>
<p>Race</p>	<p>Census data (2021) suggests 93.1% of the county were documented as White; of the remaining 7%:</p> <ul style="list-style-type: none"> <li>- 2.9% were recorded as Asian (British/Welsh)</li> <li>- 2.2% as mixed or multiple ethnic groups</li> <li>- 1.2% as Black (British/Welsh/Caribbean or African)</li> <li>- 0.7% as 'other' ethnic group</li> </ul> <p>All districts in Gloucestershire had a higher proportion of residents identifying as "White" than nationally. The urban districts of Gloucester and Cheltenham (84.9% and 91.4%) had the lowest proportion of white residents, while the Forest of Dean had the highest (97.5%).</p> <p>In house recording data shows that 92% of our care home population are White British, 1% Black British and less than 1% in each of the other minority ethnic groups recorded.</p> <p>In regard to language: 4.3% of the county's population did not speak English as their main language. Amongst this group, Polish was the most common language (6,703 people), followed by Romanian (2,796 people) and then Portuguese (1,144 people). At district level, Gloucester had the highest proportion of people who did not speak English as their main language (8%) followed by Cheltenham (6.9%). Some 84% of people, whose main language was not English, could speak English well or very well.</p> <p>90% of the county's population were born in the UK. Of the remaining 10%:</p> <ul style="list-style-type: none"> <li>- 5.0% were born in Europe</li> <li>- 2.3% Middle East and Asia</li> <li>- 1.4% Africa</li> <li>- 0.9% The Americas and the Caribbean</li> <li>- 0.3% Antarctica and Oceania and 'other' countries</li> </ul>

	<p>Despite a good level of health and wellbeing overall, Gloucestershire continues to have large disparities at locality level, with a persistent long-term health inequalities gap. Per the Core20 definition, there are 373 Lower Layer Super Output Areas (LSOAs) in Gloucestershire; of which, 31 LSOAs are in the most deprived 20% in England, representing 8.2% of our county's population. People of Asian, Asian British, Black, Black British and Mixed Heritage are disproportionately represented in the LSOAs. We have targeted a number of these areas to ensure community care capacity, and funding allocation to support community care in these areas will therefore support this population.</p>
Gender reassignment	<p>According to the Census 2021 data, 94.4% of Gloucestershire's population identify as the same sex registered at birth, and 0.4% identify as either transgender, non-binary or 'gender identity different from sex registered at birth but no specific identity given' (2,163 people). This is slightly lower than the national average of 0.5%. A total of approximately 28,000 people in Gloucestershire (5.2%) chose not to answer this voluntary question.</p>
Marriage & civil partnership	<p>Current population (Population Profile 2023):</p> <ul style="list-style-type: none"> <li>- 33.6% are single and have never married or registered a civil partnership</li> <li>- 47.8% are married</li> <li>- 0.2% are in a registered civil partnership</li> <li>- 2.0% are separated but still legally married or still legally in a civil partnership</li> <li>- 9.9% are divorced or formerly in a civil partnership which is now legally dissolved</li> <li>- 6.5% are widowed or a surviving partner from a civil partnership</li> </ul> <p>Gloucestershire has a lower proportion of people who are single or separated when compared to the national figure. In contrast the proportion of people who are married, divorced or widowed exceeds the national figures. Cotswold and Forest of Dean have the highest proportion of people who are widowed or a surviving partner of a civil partnership while Gloucester has the lowest. This reflects the age structure of these districts with Cotswold and FOD having higher proportions of older people. There is no recorded data on the marital status of residents in care homes in Gloucestershire at this time.</p>
Pregnancy & maternity	<p>There were 6,138 live births in Gloucestershire in 2021. The highest proportion of deliveries were to women aged 30 to 34. 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.</p>

<p>Religion and/or belief</p>	<p>According to the 2021 Census, 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 number of people who identify as Christian which decreased from 63.5% in 2011 to 49.2% in 2021 (equivalent to 61,534 fewer people). In addition, 6.2% omitted the question. The second highest identity or belief was 1.4% of the population identifying as Muslim. In 2021, Cheltenham had the lowest proportion of people who identify as Christian at 45.5% whereas, Cotswold has the highest at 55.7%. Cheltenham and Gloucester had the highest proportions of people stating they had no religion.</p>
<p>Sexual orientation</p>	<p>The proportion of LGB+ residents aged 16 and over in Gloucestershire (2.8%) is lower than the national average (3.2%). There are approximately 15,000 LGB+ people recorded in the county, but this could potentially be considerably higher.</p>
<p>Care leavers / care experienced adults</p>	<p>We are currently supporting 559 care leavers in Gloucestershire. The number of care leavers is expected to continue to grow over the next 2 years based on the number of eligible children in care aged 16/17 years old.</p>

## Appendix 2 – Gloucestershire County Council Staff Data and Information

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

Groups	GCC Workforce Data and Information
Age	Not affected
Disability	Not affected
Sex	Not affected
Race	Not affected
Gender reassignment	Not affected
Marriage & civil partnership	Not affected
Pregnancy & maternity	Not affected
Religion and/or belief	Not affected
Sexual orientation	Not affected
Care leavers / care experienced adults	Not affected