

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. The Council's Equality Impact Assessment (EqIA) process covers additional groups not 'protected' by section 149 of the Equality Act 2010, including care leavers and care experienced adults.

1. Background

Directorate	Adult Social Care
Service area	-
Title of the proposed change being assessed i.e. the policy, service or other development	Medium Term Financial Strategy (MTFS) 2024/25 Demographic Growth

Describe the purpose of the proposed change and the intended outcomes
<p>The purpose of the MTFS is to give financial expression to the Council Strategy, Building Back Better in Gloucestershire 2022-26 for the next four-year period. The MTFS sets out the Council's high-level funded plan for achieving its vision and priorities, balancing available financing and spending ambitions. It highlights the financial projections for financing, spending (revenue and capital) and reserves.</p> <p>The MTFS is prepared annually and covers the four-year period 2024/25 to 2027/28. It links decisions on resource allocation with decisions on policy priorities as set out in the Council Strategy. This EqIA is Appendix 4 of the MTFS 2024/25 – 2027/28 report being considered by Cabinet on 31 January 2024.</p> <p>Each Directorate's priorities and plans for the year are set out in their Commissioning Intentions which are included in Annex 1 of the MTFS. Proposals for cost increases (investment) and cost reductions (savings) are driven by these Commissioning Intentions.</p>

Who is affected by the proposals?

Service users:	Yes
Wider community:	Yes
Workforce:	Yes
Other (please specify):	Families/Unpaid Carers VCSE Health Partners Care providers

Decision to be taken and decision maker	Cabinet decision on 31 January 2024: To recommend the Medium Term Financial Strategy (MTFS), 2024/25 revenue and capital budgets and Precept to Council
Person(s) responsible for completing this assessment	Head of Quality & Performance Adult Social Care Head of Integrated Commissioning – Older People Head of Integrated Commissioning – Mental Health, Learning Disabilities, Autism and Physical Disabilities Head of Adult Social Care Operations Head of Adult Social Services and Business Development
Date of this assessment	October 2023

2. Information and Data Collection

This table summarises the Council-wide approach to engagement and consultation. Details of the information and data collected (including through engagement and consultation exercises) for each budget proposal are set out within section 3.

Stakeholders	Engagement and Consultation
<p>Service Users / Wider Community</p>	<p>Following a decision by the Deputy Leader and Cabinet Member for Finance and Change (details here), a public consultation on the Council's draft budget for 2024/25 took place over a five-week week period between 7 December 2023 and 11 January 2024.</p> <p>To raise awareness of the budget consultation and how people could provide their views on the proposals, information was made available via the county council's website, Information was also shared with local media contacts and via the County Council's social media accounts (Facebook, Instagram, X, Nextdoor) and with subscribers of Council e-newsletters.</p> <p>Posters were also displayed in libraries and in other GCC buildings.</p> <p>There were reminders throughout the consultation period to make sure there were multiple opportunities for interested parties to see the relevant information and the invite to respond.</p> <p>A budget consultation booklet was produced and made available on-line and in hard copy via libraries. Other formats were available upon request.</p> <p>A questionnaire was also produced to help collate views. This was available online, in hard copy and in other formats, in the same way as the booklet.</p>
<p>Workforce</p>	<p>The formal budget consultation included the sharing of information with the recognised trades unions including council, teaching and fire unions and provision of a collective consultation meeting.</p> <p>Information was shared with County Council staff via the weekly e newsletter and via the front page of the intranet.</p>

	<p>Staff networks were also sent information, with a request to provide their views and promote the consultation through their communications channels and networks.</p>
Partners	<p>Information was shared with public sector partners, via the Warning and Informing Communications Group with a request to raise awareness of the budget consultation within their individual organisations and share information through their communication channels.</p> <p>Information was also shared with town and parish councils, a range of community groups, young people organisations, with a request that they share information through their communication channels and local networks.</p>
Other	<p>Information was shared with county councillors, asking them to take part in the consultation and to support the County Council to raise awareness by sharing information through their communication channels and local networks.</p>

3. Equality Assessment, Actions and Monitoring and Review

3.1 – Status Quo

See the ‘Needs Analysis’ section of the Commissioning Intentions which identifies equality, diversity and inclusion related issues.

3.2 – The Proposed Changes: Revenue

Also see the ‘Equalities Response’ section of the Commissioning Intentions which sets out the equality, diversity and inclusion related priorities identified through the needs analysis and summarises the actions that will be taken to address these.

Service Users				
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Revenue Cost Increases (Investment)				
Demographic Growth – Older People	The additional funds are required to meet cost pressures associated with the demographic	Protected Characteristics³ <ul style="list-style-type: none"> • Age • Disability 	Positive Investment to ensure there is sufficient social care funding to meet	Actions 1) Continue to work in partnership across

³ We recognise that individuals within this broad range of protected characteristics of older people may have more than one protected characteristic and may fall into other multiple additional groups e.g. race, religion or belief, gender, sexual orientation, marriage or civil partnerships.

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	<p>growth in the numbers (taken from Gloucestershire JSNA Older Person's prevalence of need¹ and POPPI²) of older people in the population numbers and rise in prevalence of dementia. The increase for those over 65 is predicted to be 2.2% for 2024-25. Numbers of people with dementia is predicted to rise by 2.5% between 2020-25 and 3% between 2025-30.</p> <p>The additional funding requested is an increase</p>	<p>Additional Groups We recognise that individuals characterised by age/disability characteristic may fall into other multiple additional groups e.g. veterans, carers, digital exclusion, geography (urban/rural areas), or other vulnerable groups of society.</p>	<p>demand from an increasing number of people, many of whom are elderly and with protected characteristics.</p> <p>No identified negative challenges identified for people in the protected group.</p>	<p>the Integrated Care System to improve pathways for older people including frailty, dementia and end of life. Including work around the Enhanced Health in Care homes Framework and the Proactive Care Framework.</p> <p>2) Our Proud to Care offer will support the Care provider market around recruitment and retention to meet the needs of this protected group.</p>

¹ https://www.gloucestershire.gov.uk/media/basfgyl/op_prevalance_of_need_2020_final.pdf

² <https://www.poppi.org.uk/>

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	<p>of 2.89% based on the growth statistics with a weighting for dementia. At this stage, and with our current figures, we predict increases needed in the following 3 years will be 2.62%, 2.31%, and 3.25% respectively.</p>			<p>Monitoring and Review</p> <p>3) Contract Monitoring of our care provider market will be undertaken by Brokerage Team to ensure no inequalities are faced by this protected group in the delivery of our Care Act Duties and their assessed for needs.</p> <p>4) Market Management Portfolio within Adults Transformation Programme will</p>

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				oversee improvements and market sustainability 5) Systemwide working and integrated commissioning through Ageing Well Programme of work.
Demographic Growth – Physical Disabilities	The additional funds are required to meet cost pressures associated with growth in the numbers of people with physical disabilities, neurological conditions, and sensory impairment. Key highlights: -	<p>Protected Characteristics⁵</p> <ul style="list-style-type: none"> Disability <p>Additional Groups We recognise that individuals characterised by age/disability characteristic may fall</p>	<p>Positive Investment to ensure there is sufficient social care funding to meet demand from an increasing number of people with physical disabilities and/or sensory impairments, many of whom are elderly and with</p>	<p>Actions</p> <ol style="list-style-type: none"> 1) Establishment of a Neurological Clinical Programme and Stakeholder group, continue to co-produce solutions with Partnership Boards. 2) Health & Social Care Framework for

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	<ul style="list-style-type: none"> There is predicted increase of 200 additional people with moderate or severe personal care needs between 2023-25. This includes a 0.6% increase in people in this category who will need serious personal care, a 0.4% increase in those who will need moderate personal care and 0.2% increase for those who will have a serious stroke. There will be a 0.8% and 0.6% increase in the number of people predicted to have impaired mobility in the next 2 years. 	into other multiple additional groups e.g. veterans, carers, digital exclusion, geography (urban/rural areas), or other vulnerable groups of society.	<p>protected characteristics. Investment to ensure there is sufficient funding to provide specialist/complex support for people with acquired brain injury and neurological conditions.</p> <p>No identified negative challenges identified for people in the protected group.</p>	<p>Community Offers enhanced to meet needs.</p> <p>3) Bed Based Contract specification reviewed with stakeholders to ensure future commissioning of bed-based care meets needs of people with complex physical health and neurological conditions.</p> <p>Monitoring and Review</p> <p>1) Quality Assurance of our Disabilities care provider market will be undertaken by</p>

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	<ul style="list-style-type: none"> There has been a rise in the number of people with a neurological condition/Acquired Brain Injury who require support and figures for these are not reflected in the PANSI (Projecting Adult Needs and Service Information) data, but who will have a significant impact on the budget. Data from Gloucestershire ICB (NHS Digital and Headway) indicates that in 2019-2020 the total number of hospital admissions for Acquired Brain Injury (ABI) was 			<p>Disabilities Quality Assurance Team to ensure no inequalities are faced by this protected group in the delivery of our Care Act Duties and their assessed for needs.</p> <p>2) Market Management Portfolio within Adults Transformation Programme will oversee improvements and market sustainability</p> <p>3) Systemwide working and integrated commissioning through Physical</p>

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	<p>3,297. Of the total 1,040 were recorded as 'Head Injuries'. The PANSI⁴ data highlights the biggest pressure is within in the 55-64 age range.</p> <p>This includes a 0.6% increase in people in this category who will need moderate and serious personal care, 0.2% increase are serious stroke between 2023-25. The demographic growth figures use a weighted average for, impaired mobility, serious PC</p>			Disabilities Programme of work.

⁴ <https://www.pansi.org.uk/>

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	disability, moderate PC disability and Stroke. With the highest impact in impaired mobility, serious PC disability accounting for 89% of the weighting.			
Demographic Growth – In House Services	The additional funds are required to meet cost pressures associated with the demographic growth in the numbers of older people in population numbers and rise in prevalence of dementia. The increase for those over 65 is predicted to be 2.2% for 2024-25. Numbers of	<p>Protected Characteristics⁶</p> <ul style="list-style-type: none"> • Age • Disability <p>Additional Groups We recognise that individuals characterised by age/disability characteristic may fall</p>	<p>Positive Making best use of funding to ensure inhouse services are fully utilised and transformed to meet the needs of people who use them. This will help with hospital flow and reduced delayed discharges as well as supporting</p>	<p>Actions</p> <ol style="list-style-type: none"> 1) Seeking feedback on people and their families who use our services to inform our improvement plan. 2) Utilise the feedback from the LGA Peer Challenge and our preparation for CQC Assurance to inform

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	people with dementia is predicted to rise by 2.5% between 2020-25 and 3% between 2025-30. This is applied to the In-House services budget (front line staff, commissioning hubs, Brokerage, Reablement and S75 budgets).	into other multiple additional groups e.g. veterans, carers, digital exclusion, geography (urban/rural areas), or other vulnerable groups of society.	families/unpaid carers with respite to enable them to continue in their caring role.	our improvement plan. Monitoring and Review 1) Quality Assurance of our Inhouse services will be via an internal audit programme to ensure no inequalities are faced by this protected group in the delivery of our Care Act Duties and their assessed for needs. 2) The Fit for the Future Portfolio within Adults Transformation Programme will

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				oversee improvements and Quality Assurance.
Demographic Growth - Mental Health	The additional funds are required to meet cost pressures associated with the demographic growth in the numbers and complexities of individuals with a serious mental illness accessing services in Gloucestershire. Inform Gloucestershire data highlights that “In 2020 an estimated 70,000 people aged 18-64 years in Gloucestershire	<p>Protected Characteristics⁸</p> <ul style="list-style-type: none"> Disability <p>Additional Groups We recognise that individuals characterised by disability characteristic may fall into other multiple additional groups e.g. veterans, carers, digital exclusion, geography (urban/rural areas), or other</p>	<p>Positive Making best use of funding to ensure Adults with mental ill health or who are autistic will be able to live independently in the community with the right support. The Autism Strategy alongside the LD & Autism NHS Long Term Plan identifies the issues/gaps/opportunities that need to be co-produced. For people</p>	<p>Actions</p> <ol style="list-style-type: none"> 1. Continue to co-produce solutions with Partnership Boards. 2. Health & Social Care Framework for Community Offers enhanced to meet needs. 3. Bed Based Contract specification reviewed with stakeholders to ensure future

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	<p>have a common mental disorder, 12,300 have an antisocial personality disorder, 8,900 have a borderline personality disorder, and 2,600 have a psychotic disorder. An estimated 26,600 people aged 18-64 will have two or more psychiatric disorders. The number of people seeking help from services and the number of diagnoses may increase as awareness of mental health conditions rises.” Nationally 3.3 million referrals to mental health services were</p>	<p>vulnerable groups of society.</p>	<p>from Ethnic Minority communities access to good Mental Health Social Care support is a priority and we will continue to work with the VCS and providers to proactively respond and meet the needs and pressures of the market supporting this group of people. Any future changes to legislation e.g. Mental Capacity Act and Mental Health Act will only be enhanced via these networks working with our Partnership Board and stakeholder group to address health inequalities faced by</p>	<p>commissioning of bed based care meets needs of people with complex mental ill health and autistic adults have the right care and support in the community.</p> <p>4. Continue to manage contracts and improvements through our commissioning arrangements and operational teams.</p> <p>Monitoring and Review</p> <p>1) Quality Assurance of our Disabilities and Mental Health care</p>

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	<p>made in 2021, as the COVID pandemic continues to impact on people's mental health and emotional wellbeing. 642,303 adults (aged 19 to 64 years) were in contact with mental health services compared with 612,222 in December 2019 representing a 4.9% increase.</p> <p>Mental Health inpatient bed pressures continue to be impacted by the increase in demand and individuals are being triaged for bed allocations, the risk is being held in community provisions whilst</p>		<p>people with mental ill health or autistic adults.</p> <p>Negative There continues to be the impact of covid 19 on people's mental health and wellbeing. There continues to be growth in demand for services and the full long-term impact of the pandemic e.g. post-traumatic stress and trauma related impact will be seen for many more years to come.</p>	<p>provider market will be undertaken by Disabilities Quality Assurance Team to ensure no inequalities are faced by this protected group in the delivery of our Care Act Duties and their assessed for needs.</p> <p>2) Market Management Portfolio within Adults Transformation Programme will oversee improvements and market sustainability</p> <p>3) Systemwide working and integrated</p>

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	<p>individuals wait for a bed. During 2022-2023 the AMHP Service has 1,374 referrals accepted to the team (open on Rio) and following triage of these referrals there have been 1,199 Mental Health Act Assessments (MHAA). Over the last five years, there has been an increase from 743 to 1,199 MHAA demonstrating a significant increase of 456 in the number of assessments being undertaken.</p> <p>Following the Supreme Court's judgment in</p>			<p>commissioning through Mental Health Clinical Programme of work.</p>

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	<p>August 2023 in 'R'⁷ (on the application of Worcestershire County Council) v Secretary of State for Health and Social Care allowed Worcestershire County Council's appeal. The court found that the local authority was not responsible for providing after-care services to a service-user detained under the Mental Health Act 1983 following her second discharge from hospital.</p> <p>Key findings are:</p>			

⁷ <https://www.supremecourt.uk/cases/uksc-2022-0022.html>

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	<ul style="list-style-type: none"> - The duty under s. 117 of the Mental Health Act 1983 to provide after-care services automatically comes to an end if the person is again detained under s. 3 of the Act. - Ordinary residence under the Mental Health Act 1983 is not deemed to remain with the placing authority when that after-care is provided in another local authority's area. 			

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	<p>The implications of this for Gloucestershire could be significant. We know that we attract complex placements of adults whose primary needs are mental health and or Learning disability. These arrangements are not always known to GCC nor are we informed. Should any individual placed by another local authority in to Gloucestershire then be subject to an initial or further detention (S3) under the mental health act, the original placing authority could then make a claim against</p>			

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	GCC to pick up both funding and care management responsibility post discharge (alongside S117 responsibility also) in line with the above judgement.			
Demographic Growth - Learning Disabilities	Additional funds are required to manage the pressure of demographic growth of people with a learning disability (LD). The growth rate is based on the Centre for Disability Research, Lancaster University (2012) "Estimating the Need for	<p>Protected Characteristics⁹</p> <ul style="list-style-type: none"> Disability <p>Additional Groups</p> <p>We recognise that individuals characterised by disability characteristic may fall into other multiple additional</p>	<p>Positive</p> <p>Making best use of funding to ensure Adults with a learning disability will be able to live independently for longer in the community with the right support. The LD & Autism NHS Long Term Plan and National Building the Right</p>	<p>Actions</p> <ol style="list-style-type: none"> 1) Continue to co-produce solutions with Partnership Boards. 2) Health & Social Care Framework for Community Offers enhanced to meet needs including

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	<p>Social Care Services for Adults with Disabilities in England, 2012 – 2030” - Critical and Substantial 2.0% - 2.3% and Critical, Substantial and 50% People with Moderate Needs 2.3% - 2.4%. Additional pressures include: -</p> <p>Increased life expectancy due to initiatives that have been successful in tackling health inequalities so people with learning disabilities are living longer (including those people with severe disabilities</p>	<p>groups e.g. veterans, carers, digital exclusion, geography (urban/rural areas), or other vulnerable groups of society.</p>	<p>Support Strategy identifies the issues/gaps/opportunities that need to be co-produced. We will continue to work with the VCS and providers to proactively respond and meet the needs and pressures of the market supporting this group of people. Any future changes to legislation e.g. Mental Capacity Act and Mental Health Act will only be enhanced via these networks working with our LD Partnership Board and stakeholder groups to address health inequalities faced by</p>	<p>complex and forensic needs.</p> <p>3) Bed Based Contract specification reviewed with stakeholders to ensure future commissioning of bed-based care meets needs of people (including those who are moving into older age) with complex needs have the right care and support in the community.</p> <p>4) Continue to manage contracts and improvements through our commissioning</p>

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	<p>and more complex needs).</p> <p>Children and young people with life limiting conditions are surviving longer and reaching adulthood.</p> <p>Pressures of supporting people to remain in community, due to the Building the Right Support Programme (Previously called Transforming Care Programme), there are more complex people with behaviours that challenge services being supported in the community.</p>		<p>people with Learning Disabilities. People with a learning disability are living longer into older age, and this results in a different demand on our care provider market as our Older Age providers will be required to meet the needs of people with a learning disability e.g. dementia care, frailty etc</p> <p>Negative Other authorities are placing people into Gloucestershire (for a number of reasons) without our knowledge, this places significant impact on our ability to shape the market to</p>	<p>arrangements and operational teams.</p> <p>5) Continue to work with colleagues in Childrens Disabilities teams to ensure identification early on to ensure a smooth transition to Adults services. This enables sufficient time to fully engage with the young person and their families/carers and complete a support plan that will fully meet the needs of the person as well as maximising the opportunities to be independent. This</p>

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	<p>Gloucestershire are a net importer, there are large numbers of Inter-County Placements made in Gloucestershire (~730) the majority of which are people with a Learning Disability. This issue continues to place significant pressures on adult social care.</p> <p>Following the Supreme Court's judgment in August 2023 in 'R' (on the application of Worcestershire County Council) v Secretary of State for Health and Social Care allowed Worcestershire County</p>		<p>what Gloucestershire Adult Social Care needs, as well as safeguarding oversight of these placements (some providers who we do not place with results in limited/nil visibility from a safeguarding perspective we only find out at times of crisis when our health colleagues advise us)</p>	<p>will be overseen and delivered by a Preparing for Adulthood Strategy.</p> <p>6) A systemwide Into County Placement Guidance Document (based on the ADASS Guide) has been drafted and will form part of GSAB Suite of tools to support governance of into county placements nationally is being developed by NHS England. This will be rolled out to our local care providers.</p>

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	<p>Council's appeal. The court found that the local authority was not responsible for providing after-care services to a service-user detained under the Mental Health Act 1983 following her second discharge from hospital.</p> <p>Key findings are:</p> <ul style="list-style-type: none"> - The duty under s. 117 of the Mental Health Act 1983 to provide after-care services automatically comes to an end if the person is again detained under s. 3 of the Act. 			<p>Monitoring and Review</p> <ol style="list-style-type: none"> 1) Quality Assurance of our Learning Disabilities care provider market will be undertaken by Disabilities Quality Assurance Team to ensure no inequalities are faced by this protected group in the delivery of our Care Act Duties and their assessed for needs. 2) Market Management Portfolio within Adults Transformation Programme will

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	<p>- Ordinary residence under the Mental Health Act 1983 is not deemed to remain with the placing authority when that after-care is provided in another local authority's area.</p> <p>The implications of this for Gloucestershire could be significant. We know that we attract complex placements of adults whose primary needs are mental health and or Learning disability. These arrangements are not always known to GCC</p>			<p>oversee improvements and market sustainability</p> <p>3) Systemwide working and integrated commissioning through the Learning Disabilities and Autism Clinical Programme of work.</p>

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	<p>nor are we informed. Should any individual placed by another local authority in to Gloucestershire then be subject to an initial or further detention (S3) under the mental health act, the original placing authority could then make a claim against GCC to pick up both funding and care management responsibility post discharge (alongside S117 responsibility also) in line with the above judgement.</p>			

Service Users				
Budget Change Proposal	Summary of the information and data gathered, including through engagement and consultation	Protected Characteristics / Additional Groups	Summary of the assessment of the potential or actual impact on those who share the protected characteristics or are in the additional groups	Actions to further maximise the positive impact or minimise the negative impact Arrangements for monitoring and review
High-cost complex young people who are transitioning to adult services	Each year there are some exceptionally high-cost complex young people who are expected to transition into Adult services. These young people are commissioned by Education and DCYPS (Disabled Children and Young People Service) to have both their social care and Educational needs met. The demographic funds will meet the demand of young people transitioning to Adult Social Care.	<p>Protected Characteristics¹⁰</p> <ul style="list-style-type: none"> Disability <p>Additional Groups We recognise that individuals characterised by disability characteristic may fall into other multiple additional groups e.g. veterans, carers, digital exclusion, geography (urban/rural areas), or other vulnerable groups of society.</p>	Neutral No one within the protected characteristics groups will be disadvantaged. ASC will continue to work with these individuals with really complex needs and their families in developing bespoke packages of care into the future which support their individual social care needs; including maximising use of technology, using the least restrictive option, developing bespoke housing options that	Actions Our Transitions Team will continue to work with Education and DCYPS around the future needs of these complex individuals.

¹⁰ We recognise that individuals within this broad range of protected characteristics of older people may have more than one protected characteristic and may fall into other multiple additional groups e.g. race, religion or belief, gender, sexual orientation, marriage or civil partnerships.

Service Users				
Budget Change Proposal	Summary of the information and data gathered, including through engagement and consultation	Protected Characteristics / Additional Groups	Summary of the assessment of the potential or actual impact on those who share the protected characteristics or are in the additional groups	Actions to further maximise the positive impact or minimise the negative impact Arrangements for monitoring and review
			meet their needs in partnership with Housing colleagues in District and Borough Councils.	
Revenue Cost Reductions (Savings)				
None				
Income Target				
Income 3% Increase Review of fees and charges in line with inflation		All	To ensure that fees and charges keep pace with the true cost of providing services	Actions Where relevant a specific Equality Impact Assessment will be undertaken to consider the equality impact as detailed proposals are developed

3.3 – The Proposed Changes: Capital

Service Users				
Capital Programme	Summary of information and data gathered, including through consultation and engagement	Protected Characteristics / Additional Groups	Summary of assessment of the potential or actual impact on those who share the protected characteristics or are in the additional groups	Actions to further maximise the positive impact or minimise the negative impact Arrangements for monitoring and review
Capital Cost Increases (Investment)				
None				

3.4 The Proposed Changes: Workforce

As at 30 September 2023, 4,244 individuals were employed by the County Council, including employees from the Gloucestershire Fire and Rescue Service, but excluding those individuals who are engaged on casual or temporary contracts. The relevant workforce equality reporting is available online ([here](#)) including the Annual Workforce Equality, Diversity and Inclusion Report.

The proposals within this year's MTFs do not require large scale workforce change. There are a number of proposals which increase staffing to support the delivery of services including increasing the capacity to support the delivery of the council's equality objectives. There are also individual proposals which may require some local service restructuring and therefore may impact the nature and number of roles. The Council provides a toolkit and specialist HR (Human Resources) advice to assist managers when planning restructures and other organisational change projects. This helps to ensure that the process of change management is carried out fairly and on an equitable and transparent basis, incorporating the principles of the Public Sector Equality Duty and other statutory requirements. This toolkit is kept under review and updated as necessary to ensure it remains relevant and legally compliant. The Council proactively seeks to minimise compulsory redundancy via the use of redeployment. Where service organisational changes involve alterations to buildings or office accommodation, the Council ensures that the design of such changes comply with accessibility standards together with making reasonable adjustments to support the workforce to undertake their roles.

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

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

The Council is in the third year of the three-year action plan and continues to develop actions for the future; this includes having regard to the Equality Framework for Local Government to inform the future equality strategies. We have employee networks for black, Asian and minority ethnic employees; employees with caring responsibilities; employees with disabilities; lesbian, gay, bisexual and transgender employees and young employees. The Dignity at Work

network is one of the initial points of contact for any employee who believes they are experiencing bullying and harassment in the workplace.


The Employee Networks have continued to engage and support workforce equality projects alongside our colleagues in Human Resources and Organisational Development. The Employee Networks provided input on this Workforce Equality Report, providing feedback on the findings, suggesting recommendations, and agreeing terminology.

Support is provided through the Occupational Health and Safety services, including professional face to face counselling to support staff in appropriate cases. The Council continues to sign up to the Mindful Employer Charter and the Occupational Health team keeps support and advice under review to enable managers and staff to have relevant information available. A Health and Wellbeing Action Plan was agreed in 2023 and this is currently being implemented.

During the pandemic, we have piloted programmes to proactively encourage employees to improve their health and reduce the potential for future physical and mental health problems. Some of these programme are on-going. We have also introduced MIND (managing mental health at work) training for all managers. In addition, we have proactively worked with managers to help them support their teams recognising that this was a very difficult period for many individuals and families, and this has had an impact on both physical and mental health.

4. Approval

Signature of Executive Director	
Name of Executive Director	Sarah Scott Executive Director of Adult Social Care, Wellbeing and Communities
Date	21 st December 2023

Signature of Cabinet Member	
Name of Cabinet Member	Cllr Lynden Stowe Deputy Leader and Cabinet Member for Finance and Change
Date	22 January 2024
