

Appendix 1

Equality Impact Assessment and Analysis - Evaluation Tool

NB. The process of completing this form should be commenced at the start of any project. This form should be used for any service changes and for periodic reviews of data i.e. this form is to be updated on a regular basis.

Name of service / function / issue under consideration:	Community Adults & Health Voluntary Sector Funding 2020-2023
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Date of the last completed EqIAA relating to the service / function / issue under consideration:	n/a
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Context:	<p>The CTSP programme has a £150k overall savings target for adult community and voluntary sector (CVS) commissioning which includes commissioned and grant aided services. An additional reduction of £68.8K needs to be achieved from the public health grant that contributes towards this funding. Of the total £218.8K savings target £50K relates Healthwatch. The total savings target is £168.8k.</p> <p>This includes Better Care Stronger Communities funding (BCSC) and specifically tendered services.</p> <p>The nature of the BCSC funding pot means that existing services cease at the end of the contract term and there is no guarantee that services will be re-commissioned.</p> <p>The currently tendered services are fixed term contracts.</p> <p>Overall the current BCSC funding benefits adult's, predominately older people. The types of services and protected groups that it will be affected are:</p> <ul style="list-style-type: none"> • Carers support • Stroke support • Visual impairment support • Dementia support • HIV support • Peer support for the Chinese community • Befriending for older people • Post-natal depression support • Support for women that have suffered trauma
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DEMAND	Is there any indication or evidence (locally or nationally) that different groups will have different needs, experiences, issues or priorities in relation to service / function /	Age	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		Disability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		Gender Reassignment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		Marriage & Civil Partnership	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		Pregnancy & Maternity	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
		Race	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>

issue under consideration? <i>NB. Primary source of evidence should be locally collected evidence; if none is available, national data can be used in its place.</i>	Religion or Belief	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Sex	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Sexual Orientation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	More information is needed	<input checked="" type="checkbox"/>		

OUTCOMES Is there any indication or evidence (locally or nationally) that different groups will have participation levels, satisfaction levels or outcomes in relation to service / function / issue under consideration? <i>NB. Primary source of evidence should be locally collected evidence; if none is available, national data can be used in its place.</i>	Age	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Disability	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Gender Reassignment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Marriage & Civil Partnership	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Pregnancy & Maternity	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Race	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Religion or Belief	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Sex	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	Sexual Orientation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>
	More information is needed	<input checked="" type="checkbox"/>		

Describe the evidence and what it tells you. South Gloucestershire JNSA Demographic (1)		
	2016 Estimate ⁽¹⁾	2039 Projection ⁽²⁾
Total population	277,600	330,800
Older people aged 50 years and over	103,800	134,600
Older people aged 65 years and over	51,400	79,200
Percentage of older people aged 65 years and over	18.5%	23.9%
Sources: (1) ONS 2016 Mid-Year Population Estimate (2) ONS 2014-based Sub-National Population Projections.		
<p>The age group that is predicted to make the largest proportional increases are those aged 65 and older with the number of 80-89 year old males predicted to double, the number of women aged 90 and over is set to triple and the number of males aged 90+ predicted to increase by nearly five times the current estimate.</p> <p>Overall the health of South Gloucestershire is good. Life expectancy has been increasing and is higher than the national average. In 2011-13, life expectancy for men was 81.2 years compared to 79.4 years for England, and for women 84.5 years compared to 82.2 years for England.</p>		

Based on the 2011 census figures it is estimated that there are currently approximately 23,000 people aged 65 or over with a limiting long term illness that limits their day to day activities, this figure is predicted to rise to 33,400 by 2030. Of those aged 18-64, it is estimated that there are approximately 16,900 with a moderate or severe physical disability, a figure set to rise to 18,000 by 2030.

South Gloucestershire had a black and minority ethnic population of 5% in 2011 – defined as the ethnic groups other than White. This has increased from 2.2% in 2001 but remains substantially lower than the England and Wales average of 14%. The largest ethnic groups were Asian (2%), Mixed (1%) and Black (1%). The White Gypsy or Traveller population is around 270 (0.1%). Younger age groups have the highest proportion of ethnic minorities.

The government estimates that 5-7% of the population are lesbian, gay or bisexual, so based on the 2015 population figures an estimated 16,500 people in South Gloucestershire are lesbian, gay or bisexual (estimate 13,800 – 19,200).

Men who have sex with men (MSM) are at higher risk of a number of poor sexual health outcomes including higher rates of sexually transmitted infections. HIV diagnoses amongst MSM continue to surpass the number among heterosexuals. This would give an estimate for South Gloucestershire of between 2,000 and 13,000 MSM, with a predicted figure of 8,000 MSM.

National Statistics (2)

In 2010, the Equality and Human Rights Commission (EHRC) produced its first progress report on equality, entitled *How Fair is Britain?* In October 2015, the EHRC published its follow-up report on both equality and human rights, entitled *Is Britain Fairer?* Taken from “***Is Britain Fairer? The state of equality and human rights 2015***” - the Equality and Human Rights Commission’s statutory five-yearly report on equality and human rights progress in England, Scotland and Wales.

The report found that there is a need to **improve the evidence and the ability to assess how fair society is** – The nature of the disadvantages faced by some vulnerable people (for example, the fast-growing numbers of people in their 80s/90s, transgender people, Gypsies and Travellers, ...) risks rendering them ‘invisible’. Greater effort is needed to identify the scale and nature of the issues affecting people with these and other characteristics.

The following conclusions, relevant to this impact assessment, were included in the report:

Age & Disability

Older disabled people who experience disadvantage were significantly less likely than nondisabled older people to report that they were receiving the practical support they need. This was also the case for older women aged 65 and over.

Access to public and community transport – a key means of combating social isolation for people without the opportunity/means to use other types of transport – was affected by funding cuts.

Overall life expectancy rose and the gender gap narrowed. However, some people, such as those with learning disabilities and serious mental illness, Gypsies and Travellers, and homeless people had lower life expectancy rates than the general population.

In the next 20 years there are likely to be more people with ‘complex health needs’ (more than one health problem) who require a combination of health and social care services. For example, the percentage of people over 85 will double.

Carers

Britain's demographic trajectory – in particular it's greying population – is creating new kinds of chronic disadvantage. Over the next decade there will be a steep increase in the demand for personal care for older people. At the same time, more people who might have cared for their parents will have dependent children. This often means a concentration of informal care provision falling on a relatively small group – the dutiful middle aged. Most carers are women although a significant number are also children. One in four women and nearly 1 in 5 men in their fifties are carers. Some research suggests that women have a 50:50 chance of providing care by the time they are 59.

Impact on Protected Characteristic groups:

Positive: Low Moderate Substantial
Negative: Low Moderate Substantial Catastrophic

Impact on Council reputation: Positive Negative Neutral

Financial Implications: Small Medium High

Explain why the above check boxes have been selected:

The evidence shows us that that we have significantly ageing population with additional health needs that require access to an appropriate level of support and services to meet those needs. This is combined with a shrinking public purse.

The numbers of people living in South Gloucestershire that have protected characteristics is proportionally small but is also growing as highlighted in demographic changes noted in Census data.

Older people need services available within their local communities as reduced mobility and long term health conditions can make it difficult to get to activities. Services that are not within an easy walking distance or do not have good transport links can be inaccessible. The implication of reducing budgets within the statutory and voluntary sector has led to a reduced level of services or the centralising of activities and services and older people may find it more difficult to access them leading to poorer physical and emotional outcomes. This has a reputational risk for South Gloucestershire Council.

The Council needs to ensure that it is able to deliver a balanced budget and these savings targets are a small part of a larger suite of funding reductions to enable it to maintain a balanced budget. Ultimately there is less funding available to meet the needs of South Gloucestershire residents.

Historically voluntary sector funding both supports local community activities and specific activities that meet the specific needs of groups and individuals with protected characteristics and overall a negative impact in foreseen.

There is a risk to the council's reputation as any reductions in funding will have significant impacts on voluntary sector organisation, the activities they deliver and the individuals they support. These groups have the potential to become vocal and may obtain support from MP's, Town Councillors and the local press.

For the organisation this reduction in funding may have high financial implications for the services they deliver and the stability of the organisation as a whole.

List the Sources of evidence you have used:

1. South Gloucestershire JNSA - <http://edocs.southglos.gov.uk/jsna2017>
2. "Is Britain Fairer? The state of equality and human rights 2015" - the Equality and Human Rights Commission's statutory five-yearly report on equality and human rights progress in England, Scotland and Wales
<https://www.equalityhumanrights.com/en/britain-fairer>

Considering the evidence and what it tells you about impacts, are there any actions that are currently being taken which mitigate negative impact and/or improve on a positive impact?

If so, describe them below – are the actions mitigating impact as expected? How do you know this?

Council strategies prioritise particular issues based on needs assessments and equalities assessments that have been carried out across the Council. These identify the needs within protected characteristic groups. In order to mitigate any negative impact the priorities set out in these strategies will be used effectively to ensure that funding is given in the future consider the needs of protected groups so their requirements continue to be met.

What further actions will be taken?

To mitigate these risks equalities and protected groups will be given a significant weighting, in the assessment criteria, when evaluating bids and tender proposals.

Conclusions

A full EqIAA is required, tick here: (this may take 6 to 12 months to complete)

Your conclusions text here will need to be inserted into any Committee Report or Director Decision Report so that decision makers are fully aware of the equalities implications.

This EqIAA will be developed further after the consultation on our proposals to reflect its findings.

Signed by officer responsible for the service/function/issue under consideration.

This work has been carried out correctly and accurately:

Name:	Sue Jaques
Job Title:	Commissioning Manager
Date:	19 October 2018