Equality Impact Assessment and Analysis - Evaluation Tool

NB. The process of completing this form should be commenced at the <u>start</u> 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:	Ageing Better Plan

Date of the last completed EqIAA relating to the service / function / issue under consideration:	n/a

Context:	We do not have a current overarching older people's strategy in South Gloucestershire. The Older People's Programme Group has developed and will oversee the Ageing Better Plan for South Gloucestershire which brings together various work strands creating a 5 year plan. We intend to consult widely with the general public and partners between October-December 2017. The population is ageing and South Gloucestershire has a slightly older population compared to England with larger than average middle-aged population. Older people aged over 65 make up 17.6% of the population. People aged 65 years and over are set to make the largest proportional increases by 2017. The role of the Older People's Programme Group is to co-ordinate the planning of multi-agency developments to improve the quality and effectiveness of services for older people in South Gloucestershire. This is currently done on an ad hoc basis. The Ageing Better Plan will support the Older People's Programme Group to enable the Older People's Programme Group to be more systematic in its co-ordinating and planning role and improving support and services for older people. This Equalities Impact Assessment will ascertain whether any particular group(s) have different needs, experiences, issues, priorities, participation levels, satisfaction levels or outcomes

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 / issue under consideration?** *NB. Primary source of evidence should be locally collected evidence; if none is available, national data can be used in its place.*	Age	Yes ☒	No ☐	Don't Know ☐
		Disability	Yes ☒	No ☐	Don't Know ☐
		Gender Reassignment	Yes ☒	No ☐	Don't Know ☐
		Marriage & Civil Partnership	Yes ☒	No ☐	Don't Know ☐
		Pregnancy & Maternity	Yes ☐	No ☒	Don't Know ☐
		Race	Yes ☒	No ☐	Don't Know ☐
		Religion or Belief	Yes ☒	No ☐	Don't Know ☐
		Sex	Yes ☒	No ☐	Don't Know ☐
		Sexual Orientation	Yes ☒	No ☐	Don't Know ☐
		More information is needed	☐		

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?** *NB. Primary source of evidence should be locally collected evidence; if none is available, national data can be used in its place.*	Age	Yes ☒	No ☐	Don't Know ☐
		Disability	Yes ☒	No ☐	Don't Know ☐
		Gender Reassignment	Yes ☒	No ☐	Don't Know ☐
		Marriage & Civil Partnership	Yes ☒	No ☐	Don't Know ☐
		Pregnancy & Maternity	Yes ☐	No ☒	Don't Know ☐
		Race	Yes ☒	No ☐	Don't Know ☐
		Religion or Belief	Yes ☒	No ☐	Don't Know ☐
		Sex	Yes ☒	No ☐	Don't Know ☐
		Sexual Orientation	Yes ☒	No ☐	Don't Know ☐
		More information is needed	☐		

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.

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.

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.

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 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.

Access to end of life and palliative care
People from more disadvantaged socioeconomic positions had worse outcomes at the end of life including a higher proportion of hospital deaths, lower proportion of home and hospice deaths, and increased emergency department attendance in the last month of life.
A recent review of UK-based literature found that studies reported lower access to palliative and end of life care services for ethnic minorities when compared with White British people Specific challenges were faced by lesbian, gay, bisexual and transgender (LGBT) people, owing to a lack of recognition of their relationships by other family members and healthcare professionals.

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.

Social Care
In England in 2012, 28.3% of older people did not receive practical support that met their needs: those aged 75 plus were far more likely to be in this situation than those aged 65–74 over half of disabled older people did not get the support they needed. This compares with fewer than one in 10 non-disabled people, and a higher proportion of women than men reported that they did not receive the support they needed.

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 Ageing Better Plan aims to highlight the specific needs of the older population in South Gloucestershire and to improve the support and services delivered across South Gloucestershire, with and for older people.

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 are also growing as highlighted in demographic changes noted in Census data. This means that everyone working with older people in South Gloucestershire will need to tailor support, services and opportunities to ensure they are inclusive and that fair access is available to everyone.

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 and services that are not within an easy walking distance or do not have good transport links. 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.

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?
Better understand the important issues for older people, partners to work together and add value, stronger accountability thought OPPG?

What further actions will be taken?

The Ageing Better Plan will be consulted on widely with members of the public and partners in the statutory and voluntary sectors. The EqIAA will be reviewed and developed further to reflect any additional findings from the consultation. We will share the information widely and will endeavour to meet with as many equalities groups as possible to seek their views.

The priorities from the consultation will be reviewed regularly at the Older People's Programme Group

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 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:	6 September 2017