




; Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or www.somerset.gov.uk/impactassessment

Organisation prepared for (mark as appropriate)	 Somerset Council		 NHS Somerset		 NHS Somerset NHS Foundation Trust	
Version	V1		Date Completed	16th November 2023		
Description of what is being impact assessed						
<p>This assessment is to determine the risks associated with removing the budget and no longer funding the following services:</p> <p>Somerset Council has statutory obligations in developing a local approach to preventative support; this will be a key focus of the Care Quality Commission’s assessment framework of Local Authority adult social care which launched from April 2023. As quoted in the Care Act 2014 “a local authority must provide or arrange for services, facilities or resources which would prevent, delay, or reduce individuals’ needs for care and support, or the needs for support of carers. Local authorities should develop a clear, local approach to prevention which sets out how they plan to fulfil this responsibility, considering the different types and focus of preventative support.</p> <p>Support for Older People – Age UK The service empowers older people in Somerset to take control of their health and wellbeing by giving people time to focus on ‘what matters to me’ and take a holistic approach to an individual’s health and wellbeing. This includes people with learning disabilities and/or autism and mental ill health.</p>						

The service will deliver a targeted 'preventative' offer to older people, at the earliest opportunity, by contributing towards the provision of an information, guidance and support service that will promote independence; reduce isolation and loneliness and increase a sense of well-being.

A total of 66,774 people are being supported through this service in the last 12 months.

17,757 older people with advice, free tailored support or regular social interaction manifest in 56,197 contacts.

A further **18,949 tailored exercise places** were made available across 52 locations in Somerset.

A further **10,607 unpaid carer interactions** were supported with virtual meet-ups, signposting and respite.

£30,000 supported our volunteer service. 255 volunteers gave 92,820 hours to helping older people across our 11 specific services. That equates to well over £1,000,000 per annum, freely donated. The Council support helps pay for Volunteers DBS, Travel costs, training, recruitment, communications and volunteer events.

£26,558 supported our free Information and Advice service. During 22/23 £1,503,092 worth of benefits was brought into the Somerset economy because our trained volunteer team were successful in 86% of the claims they made on behalf of clients. 52 clients contacted us every single week with problems and concerns and were looking for help and advice from our team. Satisfaction levels were in the high 90s%. One outreach session was held every single week throughout the year.

£50,942 supported the provision of 2496 exercise classes throughout **the entire county area** during the year. This is important because for some rural communities, these classes are a social lifeline and they often do run at a loss. Often with only 3 or 4 attendees.

£1200 supports our Active Befriending and Wellbeing Friends services. 65 older people are supported every week by visits to their home for a walk and talk arrangement (for Active befriending) or a coffee and chat (for Wellbeing Friends, for those with mobility issues). The service is underfunded to the tune of £22,000 per annum but is vitally important, is growing, is hugely valued and is financed predominantly by Age UK Somerset for the next while.

Other services not funded through the above grant, but a part of the package offered to older people in Somerset, include Friendly Phone Calls, Chat and Map, Cognitive Stimulation for dementia sufferers, Falls Prevention, Winter Fuel assessment and payments and SCAMS work.

Should the decision to remove this funding be approved, the following illustrates the impacts it will have on Somerset's communities under protected characteristics.

Evidence

What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset's Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#), should be detailed here

Reports issued from the Integrated Care System, Department for Education, Department for Health and Social Care and the Department for Levelling Up, Housing and Communities all outline the role that Local Authorities must play in supporting these Community Commissions. Somerset Intelligence Partnership; Office of National Statistics; Census 2021; Somerset's Joint Strategic Needs Analysis; Equality Act 2010, Provider data.

Who have you consulted with to assess possible impact on protected groups and what have they told you? If you have not consulted other people, please explain why?

Engagement and consultation has not taken place with any protected groups due to the limited time available to complete the assessment.

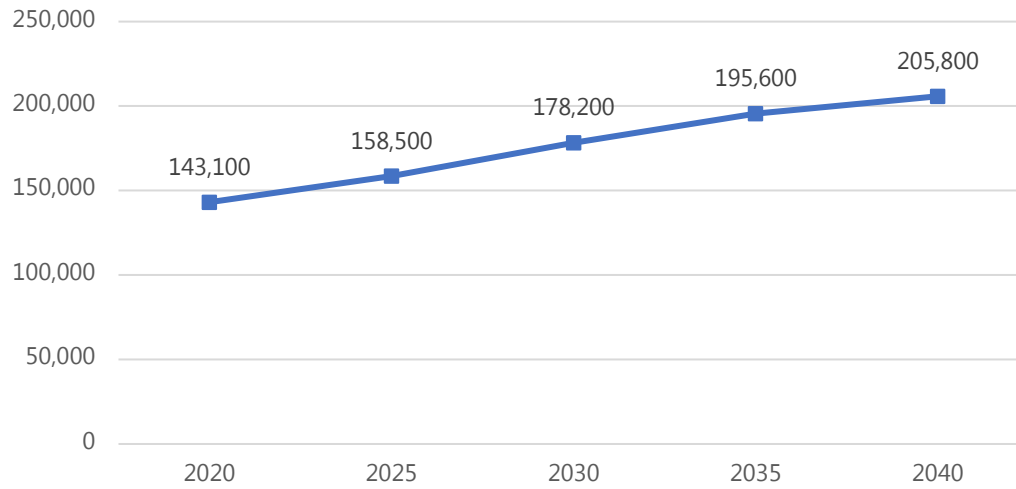
However extensive engagement and consultation took place with Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations, health and social care partners to co-produce the targeted prevention model with a view of making it more accessible and sustainable as well as integrated into the delivery of neighbourhood care and support.

Analysis of impact on protected groups

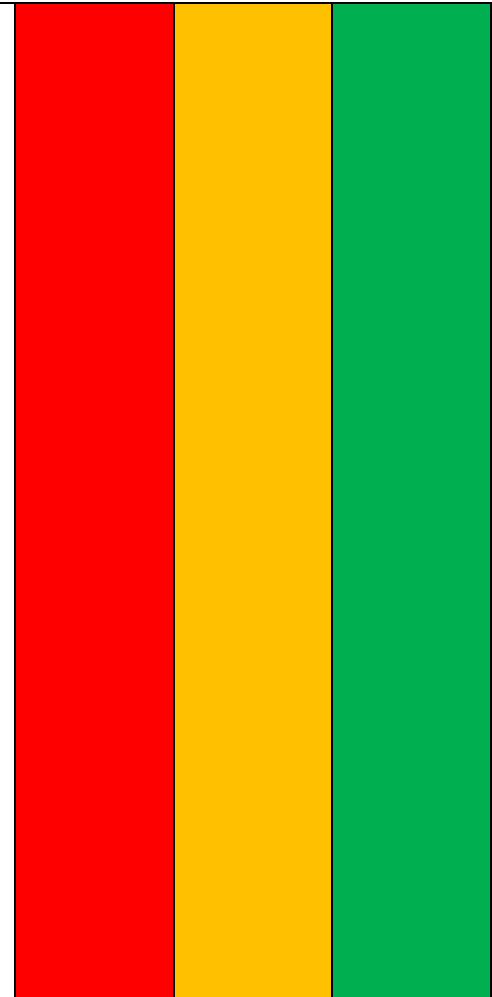
The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	In the 2021 Census there are just over 30,000 more people aged 65+ in Somerset than in 2011. Three quarters of Somerset's population growth between 2011 and 2021 was in the 65+ age range. According to the 2021 census there are 134,974 residents aged 66+ also according to 2021 census there are 38,800 one person households aged 66 or over. That's 28.7% of those aged 66+ living in one person households.	☒	☐	☐

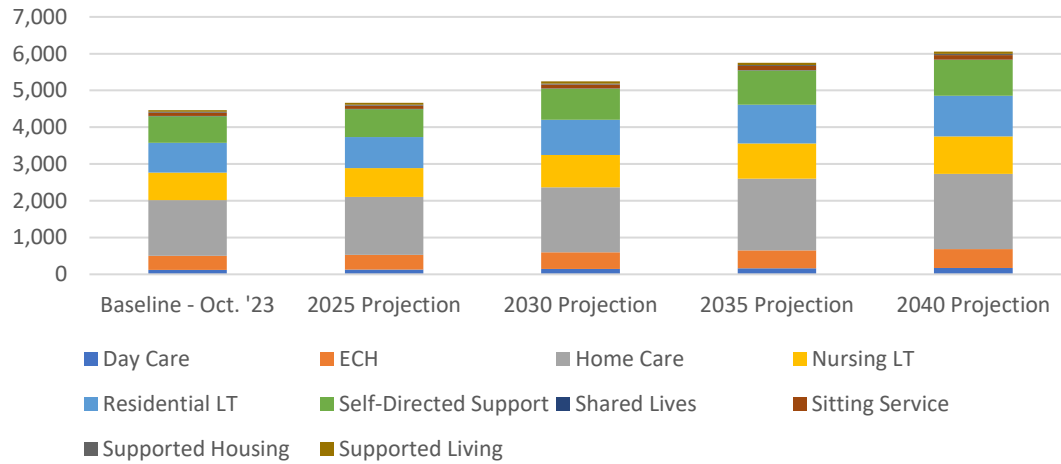
65+ Population Projection - 2020 to 2040



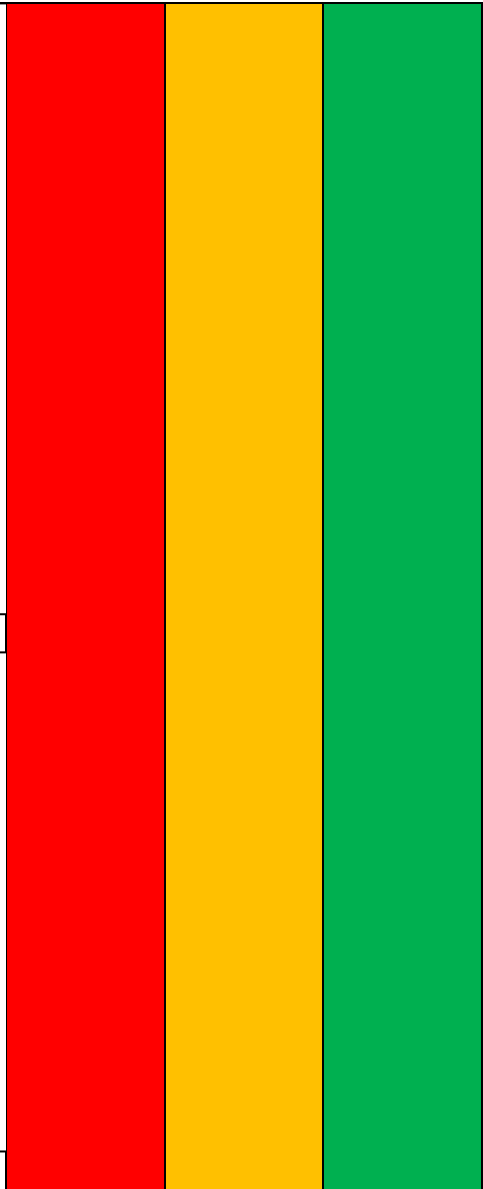
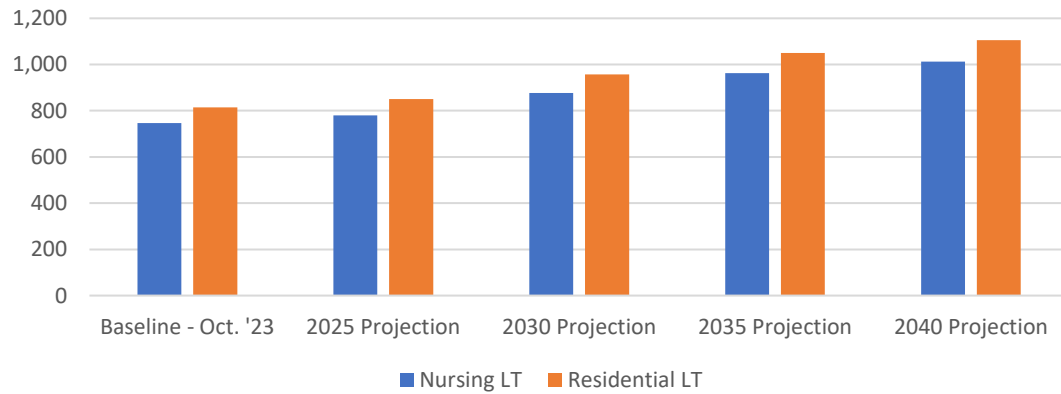
Office for National Statistic (ONS) and Projection Older People Population Information (POPPI) data shows us that we have an increasing older population in Somerset. Some older people are excluded from accessing digital support and are unable to self-help so, without these services, inevitably will have to turn to more statutory costly services to meet their needs. Already social care budgets are under huge amounts of pressure as we see a demand on services for over 65's grow. (see charts above and below)



65+ Service Growth Projection - based on population projections



65+ Residential and Nursing Growth Projections



	<p>Currently there are approximately 4000 older people being supported by the service.</p> <p>Without this service, the needs of these individuals are highly likely to increase, and then more costly acute services identified to meet their needs.</p> <p>Cost comparison average homecare package per year £17,927 v £0.91p cost of supporting someone via community option</p>			
<p>Disability</p>	<p>More than 100,000 Somerset residents have their day-to-day activities limited to some extent due to disability or a long-term health condition. This represents 18.7% of Somerset residents, or nearly one in five. These individuals meet the definition of being disabled under the Equality Act. A further 45,000 Somerset residents (7.9% of all residents) have a long-term health condition which does not limit their day-to-day activities.</p> <p>The number of Somerset residents with a disability in 2021 is 6.8% higher than in 2011, although as a proportion of the total Somerset population is broadly unchanged.</p> <p>When expressed as an age-standardised rate to enable comparison between areas of different population structures, Somerset has a rate of disability slightly below the national figure for England (17.4%, compared to 17.7% nationally).</p> <p>The service currently supports people with physical disabilities and people with learning disabilities. The service also supports people with mental health issues. The ethos of the service is to support people to remain/become as independent as possible.</p> <p>Often people with disabilities feel excluded from mainstream services and find it difficult to access support through digital offers.</p>	<p>⊗</p>	<p>□</p>	<p>□</p>

	<p>Without the service in place, this would significantly impact on the ability to support people with disabilities to remain supported within their own communities and increase the need of them needing a more costly statutory, long-term services which will put a huge added pressure on health and social care services.</p>			
<p>Gender reassignment</p>	<p>The Office for National Statistic tells us following the Census of 2021 that 0.5% of the population indicated that their gender identity was different from their sex at birth. It also identifies that the lowest percentage was the South-West with 0.42%.</p> <p>More than 1,600 Somerset residents stated that their gender identity differs from their sex as registered at birth. This represents 0.35% of the Somerset population aged 16 and over.</p> <p>This is the first time that a question on gender identity has been included in the census, giving the first official data on the size of this population. In this group we recognise, transman, trans woman, individuals that identify as non- binary Trans woman and trans man were the next most commonly identified gender identities, with over 300 Somerset residents identifying in each group. 5.7% of Somerset residents did not respond to the question on gender identity.</p> <p>Gender reassignment is a personal process rather than a medical one. You don't have to undergo medical treatment or be under medical supervision to be protected under the Equality Act as a transgender person. Individuals experience mean that they may not wish to draw attention to themselves for fear of judgment or discrimination.</p> <p>Those who have had gender reassignment may be concerned about being treated unfairly.</p>	<p>⊗</p>	<p>□</p>	<p>□</p>

	<p>Currently the service conducts its business in accordance with the principles of the support being focussed on enabling people to live independently, to stay healthy and make the most of their lives by managing their lives in the way they choose and to not discriminate.</p> <p>Without the funding in place, the Service Provider will no longer be able to continue with their engagement with LGBTQIA+ community led organisations to appreciate individuals access to services, lived experiences and discrimination. This could create an environment where people no longer feel safe to express themselves without judgment.</p>			
<p>Marriage and civil partnership</p>	<p>Marriages and civil partnerships are legal relationships that come with almost identical rights and benefits for the two parties involved.</p> <p>A civil partnership is a legal relationship which is registered between two people, as long as they're not related to each other.</p> <p>Civil partnerships were introduced with the Civil Partnership Act of 2004; in 2005, they became available to same-sex couples who were not yet allowed to marry, giving them similar rights and benefits as those enjoyed by married people.</p> <p>For years, understanding what is a civil partnership for UK residents meant understanding the legal union between a same-sex couple; this changed in 2019 when civil partnerships became available to opposite-sex couples, so now anyone can choose whether to enter a marriage or a civil partnership.</p> <p>The proportion of adults in Somerset who have never married and never registered a civil partnership has increased since 2011.</p>	<p>□</p>	<p>⊗</p>	<p>□</p>

	<p>The 2021 census shows that this group accounts for 31% of adults in Somerset. The figure for 2011 was 27.8%. Conversely, the proportion of adults in Somerset who are married has decreased, although this remains the largest group, accounting for 48.6% of adults in Somerset.</p> <p>There are now over 1,000 residents of Somerset who are in a registered civil partnership, an increase of nearly 50% from 2011.</p> <p>There will be a large number of Carers who are supporting a spouse in their caring role. Without the service this could impact on their ability to continue to provide support which in turn could lead to a breakdown in their marriage and the need for a more intense costly intervention for the cared for.</p>			
<p>Pregnancy and maternity</p>	<p>People in this group will encounter challenges in their workplace and may find themselves isolated.</p> <p>The service currently does not discriminate against this group and as for other protected characteristic overlaps will inevitably apply with other protected characteristics- so there would be an expectation for the Service Provider to be aware of the challenges faced by this group and create links with other specialist groups which are likely to be best placed to take issues forward and avoid duplication of activities.</p> <p>Should this service no longer be available to people, the likelihood is that people in this group will no longer be signposted to specialist support and the risk of duplication will increase.</p>	<p>⊗</p>	<p>□</p>	<p>□</p>

Race and ethnicity

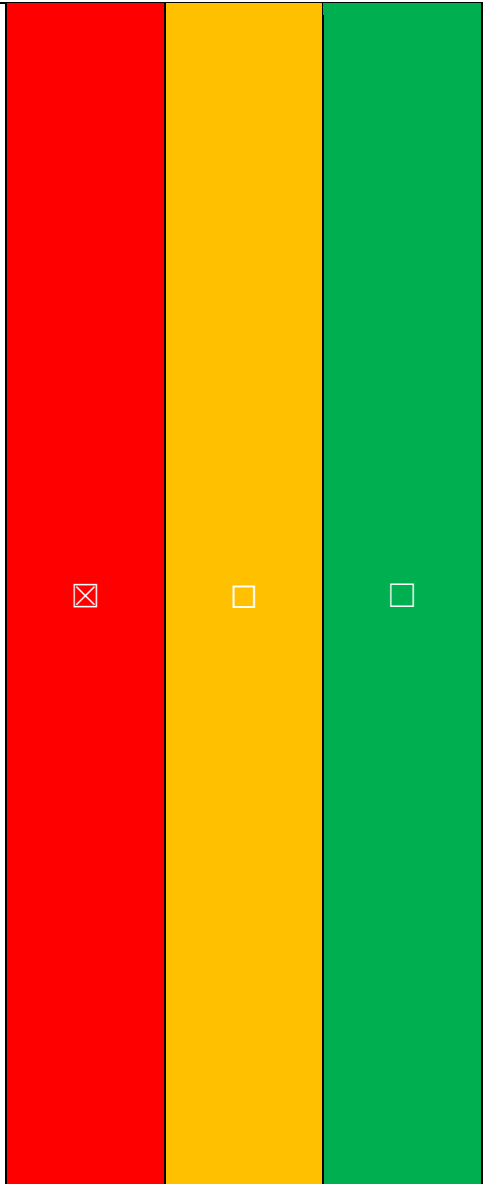
94% of population is white British highly visible disparity. 8.5% of Somerset residents on census day in 2021 were born outside of the UK. This is an increase on the 5.9% born outside the UK at the 2011 census.

It should be noted that there have been some significant events in the interim period – notably the UK leaving the European Union, and the COVID-19 pandemic – and the census figures are not able to tell the story of any fluctuations in the years between censuses. The census 2021 does not reflect data regarding Ukrainian refugees that have come to Somerset since the start of the war.

European countries account for over half of all Somerset residents born outside the UK. Poland is the most common non-UK country of birth for Somerset residents, with 1.3% of Somerset residents having been born there. This is followed by Romania, which accounts for 0.75% of Somerset residents.

The biggest change over the 10 years since 2011 has been the number of Somerset residents who were born in Romania. There are nearly 4,000 more Somerset residents in 2021 who were born in Romania; a large increase from the 377 recorded at the 2011 census. This increase reflects a national rise of over 500% since 2011 in the number of residents born in Romania. The increase in Somerset has been greater than the national average over this period, which may be in part linked to the increased workforce at Hinkley Point C.

96% of Somerset residents speak English as their main language. This is a much higher proportion than the equivalent figure of 91% for England and Wales.



Polish remains the second most common first language spoken by Somerset residents, with nearly 7,000 Polish speakers.

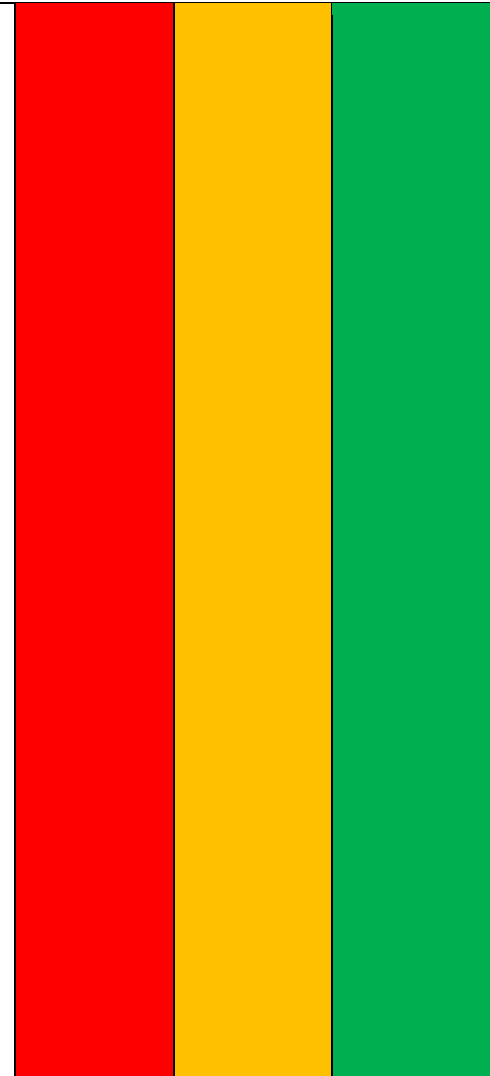
This is also true nationally, with Romanian also being the second common both in Somerset and nationally. The most common non-European main languages for Somerset residents are Malayalam (733 residents) and Tagalog/Filipino (602 residents). Tagalog/Filipino is the only one of the top 10 non-English main languages to have seen a small decrease since 2011.

The largest increase since 2011 has been amongst those who speak Romanian as their first language (increasing from 291 to 3,583); corresponding with a similar increase in numbers of Somerset residents born in Romania seen in the country of birth dataset.

Gipsy and traveller group represent 0.1% of the population.

The Service Provider currently reaches out to communities for whom English is not their first language and in doing so will also ensure that cultural backgrounds are understood to maximise targeted prevention solutions for support, from within their local community. Without this service those options will no longer be explored and these communities are likely to become isolated as they find it difficult to access support and often are unlikely to reach out for help and can then often reach crisis.

The provision of targeted prevention is fundamental to ensuring that the duties within the Equality Act are met for the most vulnerable people, as they receive support.



Religion or belief

There has been a large increase since 2011 in the number of Somerset residents with no religion, and a corresponding decrease in the number of Christians. This reflects a similar national trend.

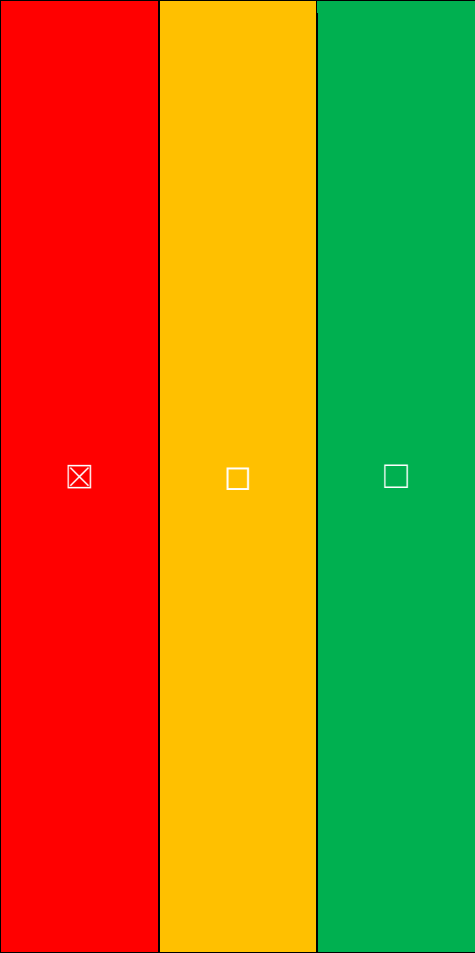
Around half of the Somerset population now identify as Christian, with 4 in 10 not identifying with any religion.

There have been increases in the number of Somerset residents identifying with other non-Christian major religions since 2011, although these groups remain a small proportion of the Somerset population.

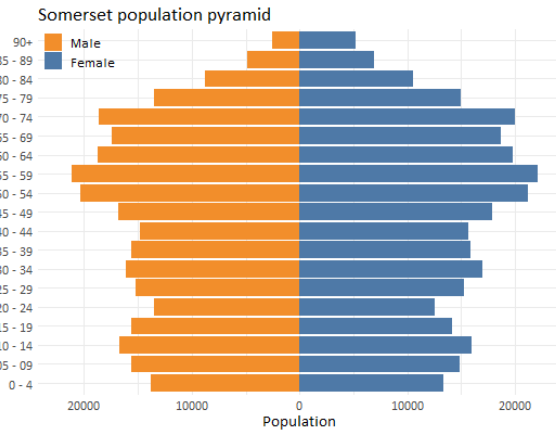
The Somerset population as a whole is less likely to identify with a religion than the population of England and Wales (52% in Somerset as no religion or not stated, vs 56.8% nationally).

The Service Provider currently reaches out to community leaders of different religious background and creates opportunities for engagement. Without this service these opportunities will be lost.

The service currently provides Somerset's communities with a single point of access for targeted prevention and by having a combined workforce the service strives to accommodate individual needs. Without this service options to meets the needs of these communities will be lost at they move into mainstream, more acute and costly services.



Sex



The population pyramid above shows that for both male and female sexes the largest age groups are among the older age bands.

Currently the service ensures that its own organisation is balanced and both sexes are represented across the organisation as well as ensuring that activities are reaching to both genders.

The impact of the loss of this service will affect the whole population, however, we do know that currently there are more women carers coming forward asking for support, but due to the recent addition of the digital platform, we are now seeing more male carers accessing support. The reason for this is likely to be that the digital offer allows the carer to remain anonymous and therefore not feel ashamed with asking for support or associated with a service. Without this offer, it is likely that many male carers would not feel able to reach out and ask for help and be at risk of reaching crisis.



<p>Sexual orientation</p>	<p>For the first time in a national census, individuals aged 16 and over were asked a question on their sexual orientation.</p> <p>In Somerset, 90% of residents identified as being Straight or Heterosexual. The next largest groups were Gay or Lesbian (1.2%), Bisexual (1.1%), and Pansexual (0.2%).</p> <p>A total of nearly 12,000 Somerset residents selected a sexual orientation other than Straight or Heterosexual: representing 2.5% of the population aged 16 and over, or around 1 in 40 people. 7.5% of the Somerset population did not respond to this question.</p> <p>Nationally, the proportion of people with a sexual orientation other than Straight or Heterosexual was slightly higher, at 3.2% - or around 1 in 31 people.</p> <p>The Service Provider currently engages with LGBTQIA+ community led organisations to appreciate individuals access to services, lived experiences and discrimination. Without this level of engagement we care likely to create an environment where people do not feel safe to express themselves without judgment.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Armed Forces (including serving personnel, families and veterans)</p>	<p>Somerset has long-standing links with the armed forces; particularly the major units based here, such as RNAS Yeovilton and Norton Manor Camp (40 Commando). Local organisations, including councils, already have good relationships with these bases in September 2020 and the charities that support in-service and ex-service ('veterans') personnel, their families and dependants.</p> <p>The Somerset Armed Forces Covenant Partnership (SAFCP) brings together charities, local authorities, other public sector organisations,</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

businesses, communities, individuals and the military in a pledge of support between local residents and the armed forces community in Somerset.

The Somerset Covenant builds on existing relationships between these organisations and provides a more consistent and comprehensive approach to a range of priority areas including education, employment, health and welfare.

It supports the key principle of ensuring members of this community experience no disadvantage in accessing timely, comprehensive and effective services.

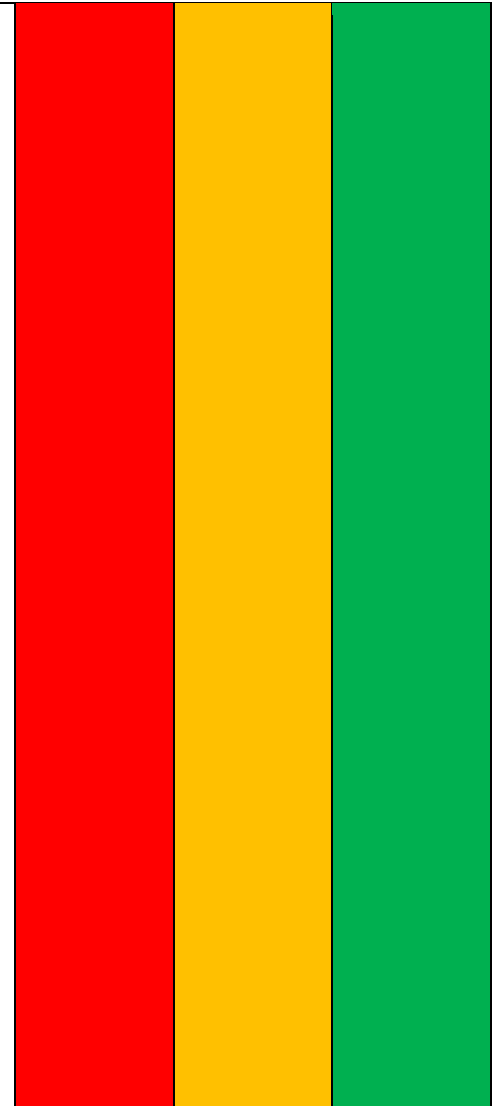
The 2021 Census reveals that there are 27,902 armed forces veterans living in Somerset. This is the first time that this information has been asked in the census.




The highest number of veterans live in the South Somerset district area, with 9,854, followed by Somerset West and Taunton with 7,923.

The current Service Provider will be aware of the issues faced by serving personnel, veterans and their families such as

- Deployed coming back with Post Traumatic Stress Disorder
- Isolation heightened for families.
- Impact of children having to regularly move home.

The Service Provider is already embedded within these partnerships to create links to ensure their services are known to this group.



	<p>Without this service those links will be lost and it is likely that the needs of this population will not be met in a holistic way and therefore their needs are likely to escalate and need more costly acute services.</p>			
<p>Other, e.g. carers, low income, rurality/isolation, etc.</p>	<p>Somerset is one of the most rural counties in England. Its population density of 1.5 people per hectare is well below the England average of 4.1 per hectare. In particular, West Somerset's density of 0.5 per hectare is one of the five lowest of any local authority in England.</p> <p>The Joint Strategic Needs Assessment (JSNA) 2015 acknowledged some good points about the rurality of Somerset and positive impact such as longer life expectancy, healthier life style, strength and friendliness of communities but also raise the challenges such social isolation, access to services, lack of appropriate housing, poor connection (mobile, broadband system) etc..</p> <p>Nationally, those aged 65-79 have the highest levels of life satisfaction, happiness and sense that what one does in life is worthwhile. However, people aged 85 and over have the lowest sense of any age group that what one does in life is worthwhile (see Subjective Wellbeing)</p> <p>Social isolation and loneliness are key factors contributing to the health and wellbeing of older people in particular.</p> <p>Around 1 in 10 people aged 65 or older are thought to experience chronic loneliness at any given time and those within caring roles are even more at risk of being socially isolation and at risk of reaching crisis.</p> <ul style="list-style-type: none"> • With an ageing population, numbers affected are rising to an estimated 12,000 in Somerset, 			

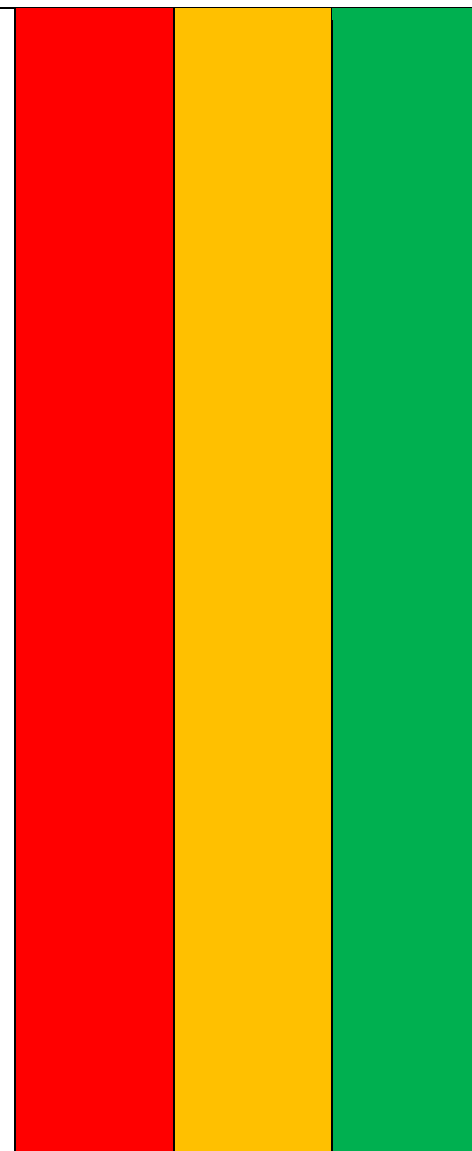
- 1 in 7 Somerset households contain someone aged 65 or older living alone
- Thousands of older people rely on public transport to get out and about, which can be problematic in rural areas.
- About 1 in 6 social care users aged 75 or older in Somerset said they had insufficient social contact and/or felt socially isolated.
- Loneliness can affect both mental and physical health and wellbeing and increases the risk of disability, cognitive decline and the onset of dementia

The Southwest has the highest rate of formal volunteering of any region in England. Many of these volunteers will be over retirement age and contribute substantially to communities and individual's wellbeing and we need to promote and nourish this.

A recent publication from the Campaign to End Loneliness and Age UK, '[Promising Approaches](#)', is very helpful as a guide to solutions to reduce loneliness and social isolation.

There were around 50,000 Somerset residents who were providing unpaid care to a friend or relative at the time of the 2021 census. Of those, 26,000 – or 30% - provide more than 50 hours of care each week.

When expressed as an age-standardised rate to account for differences in population structure, the proportion of unpaid carers in Somerset is in-line with the national figure. Numbers of unpaid carers – both locally and nationally – have decreased since the 2011 census. Within Somerset, the number of residents providing unpaid care has decreased by over 13% in the 10-year period. This decrease has not been evenly distributed, with the number of residents providing care for fewer than 20 hours each week



	<p>dropping by 34%, whilst numbers providing over 20 hours have increased by 25%.</p> <p>However, we know that the time of the Census was during the Pandemic and also that the questions were different so is likely to have an impact on the number of Carers identified through this survey. There are likely to be significantly higher numbers of unpaid carers in Somerset.</p>			
--	---	--	--	--

Negative outcomes action plan
 Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
Refer Carers to Carers UK website for information on how to self help	Select date			<input type="checkbox"/>
Refer to NHS England website for information on how to self help	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>

If negative impacts remain, please provide an explanation below.

Completed by: Laura Annandale

Date 16th November 2023

Signed off by:

A handwritten signature in black ink, appearing to read 'M. H. [unclear]', is written over the 'Signed off by:' field.

Date 21/11/23

Equality Lead sign off name:

Equality Lead sign off date:

To be reviewed by: (officer name)

Review date:

