

July 2016

**KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

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Directorate: *Social Care, Health and Wellbeing*

Name of policy, procedure, project or service: 'Your life, your well-being: a vision and strategy for adult social care 2016 to 2021'

What is being assessed? 'Your life, your well-being: a vision and strategy for adult social care 2016 to 2021'

Responsible Owner/ Senior Officer: *Michael Thomas – Sam, Head of Strategy and Business Support*

Date of Initial Screening: 12th July 2016

Date of Full EqIA:

Version	Author	Date	Comment
V1	Serine Annan-Veitch	12 th July 2016	
V2	Serine Annan-Veitch	19 th July 2016	Draft updated
V3	Serine Annan-Veitch	6 th August	Draft updated
V.4	M. Thomas-Sam	18 th Aug 2016	Comment on the draft document
V.5	A. Agyepong	19 th Aug 2016	Comments
V 6	Serine Annan-Veitch	26 th Aug 2016	Changes made in response to comments

Screening Grid

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age Disability	<p>Large proportions of the people who use Adult Social Services are older or have a disability.</p> <p>When we explore the data around age and disability we see a changing demographic picture, but also changing expectations and experiences of later life care and support.</p> <p>The strategy will seek to reflect these changing needs.</p>	UNKNOWN AT THIS TIME		<p>Internal action is not required in relation to the strategy. However because this strategy provides the narrative around the Adults Social Care transformation it will be key that further equality screenings for the transformation are linked to the Vision and Strategy and therefore also to this screening.</p>	<p>Yes, the strategy explores and develops a vision for adult social care which seeks to provide the strongest possible services within the financial envelope available. It aims to develop services which work around the needs of the individual and supports choice and control.</p> <p>The strategy seeks to be responsive to the views and aspirations of those with a disability and for older people, as well as those who care for them.</p>

Gender	Yes – in relation to OPPD - as the population becomes older there are more women within older age brackets. The Vision and Strategy will seek to ensure that it is responsive to, and supports the needs of this population group.	UNKNOWN AT THIS TIME	
Gender identity	As shown in the information below Kent County Council has limited information around sexual orientation and gender identity. However as more people share this information we will have a stronger understanding of these protected characteristics within our population.		
Sexual orientation	The strategy will take into account and be responsive to the needs and issues which may exist in the population.		
Religion or belief	This strategy will be sensitive to the changing demographic needs within the population and the importance of culturally		

Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics that beneficiaries of the strategy may have.

Race	appropriate and culturally sensitive service provision.				
Pregnancy and maternity	The strategy will be sensitive to issues with regards to pregnancy and maternity including in the context of learning, physical, sensory and mental health needs.				
Marriage and Civil Partnerships					
Carer's responsibilities					Yes, there is an increased focus on carers within this strategy in comparison to those published previously linked to the recognition of the key role of carers and the effects which caring can have on an individual. Legal changes under write strategic narrative linked to the Care Act.

Part 1: INITIAL SCREENING

Context

Kent County Council published Active Lives, the ten year vision for Kent's Adult Social Services in 2006. This strategy has drawn to an end and is being replaced by a 5 year strategic view which will be set out in 'Your Life, your well-being: a vision and strategy for adult social care 2016 to 2021'. The Strategy will serve as the context for the ongoing transformation programme.

The Strategy is informed by;

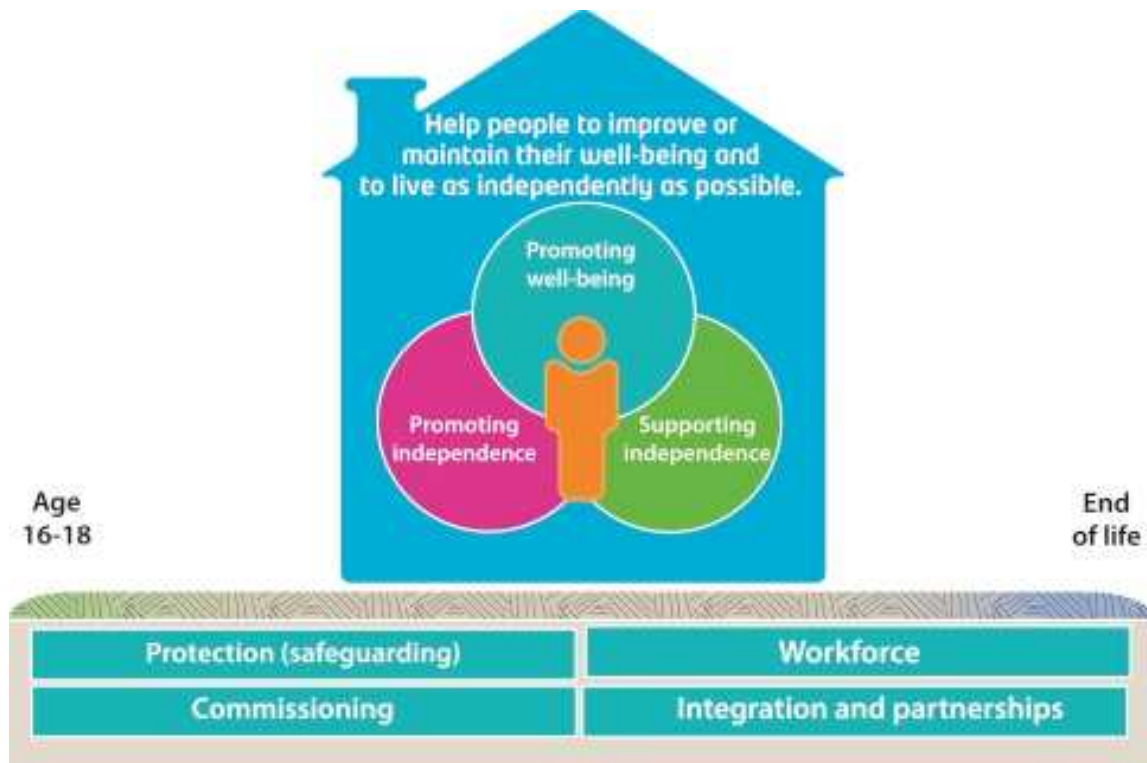
- the new legislative basis for social care, the Care Act 2014
- the financial position of the council and demographic change
- the policy shift towards integration and the development of the Sustainability and Transformation Plan as the delivery plan for the NHS Five Year Forward View and potential devolution opportunities
- KCC moving to becoming a strategic commissioning authority
- The ongoing adult social care's transformation programme

Aims and Objectives

The purpose of this strategy is to provide a high-level aspirational vision and strategy for adult social care over the next five years. It will be delivered through the next phase of the transformation journey that adult social care is already on. The detail of how it will be delivered will be set out in an implementation plan which is being developed for this strategy.

The strategy explores how we see service provision being developed against the backdrop of the current and future, financial and market environment and an outcome-based approach to planning, commissioning and delivery.

The strategy explains the new Adult Social Care vision which is built around 'promoting wellbeing', 'promoting independence' and 'supporting independence', as illustrated below. Four building blocks underpin the Vision and these are safeguarding, workforce, commissioning and integration/partnership.



Beneficiaries

As a result of working to the Vision and Strategy we expect that the following aims will be achieved:

- Improve people's experience and promote their health and wellbeing
- Driven by outcome-focused approach and culture in meeting people's needs
- People supported to access good quality advice and information that enable them to self-care/manage
- Create the right conditions which enable people to find answers that support their wellbeing outside of traditional medical- or service-driven models of care and support
- Encourage community development and increase volunteering, befriending and good neighborhood schemes
- Support carers in their vital role through the provision of advice and individually tailored support
- 'Do the right things' and provide person-centred support that promotes wellbeing
- Bring services together to ensure better communication and better use of resources and create a better experience for people.

The Vision links to the KCC Strategic Statement policy and particularly the following strategic outcomes: -

- Older and vulnerable residents are safe and supported with choices to live independently and
- Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life

The strategy aims to provide a clear narrative for the work that we do. It will be useful to all that wish to understand the core purpose and strategic aims of adult social care in Kent.

PART 2

Information and Data

Kent is home to 1.51 million people (2011 Census), of these Adult Social Services supports 38,408 people (2015-16), the below data gives more information on this group.

Age

Kent has an older age profile than the national average with greater proportions of people aged 45+ years than England. From the 2015 mid population survey estimates we see a total population of over 65s of 300,400.

Aged 65-69	95,000
Aged 70 – 74	70,200
Aged 75-79	54,300
Aged 80-84	40,300
Aged 85-89	25,600
Aged 90 plus	15,000
	300,400

During 2015/16 KCC supported 38,408 people through Adult Social Services. Those using support linked to Learning Disability and Mental Health sit across age groups, those accessing support linked to Older People and Physical Disability services are likely to be over 65 (76.1%).

Age	OPPD	LDMH	Total
<18	8	24	32
18-24	684	1436	2120
25-34	710	1858	2568
35-44	1005	1626	2631
45-54	1949	1927	3876
55-64	2541	1175	3716
65-74	4254	639	4893
75-84	7649	138	7787
85+	10564	15	10579
Age Not Provided	176	30	206
Total	29540	8868	38408

Gender

Just over half of the total population of Kent is female, 51% and 49% are male. As age increases there are more women within the population. Again from 2015 data (mid-year population estimates) we can see the change in gender demographic with age.

	Men	Women
Aged 65-69	48.4%	51.6%
Aged 70-74	47.8%	52.2%
Aged 74-79	46.3%	53.7%
Aged 80-84	43.2%	56.8%
Aged 85-89	38.2%	61.8%
Aged 90 plus	29.1%	70.9%

In relation to those who use Adult Social Care services we know what more women use OPPD and slightly more men use LDMH services.

Gender	OPPD	LDMH
Female	63.8%	47.2%
Male	36.2%	52.8%

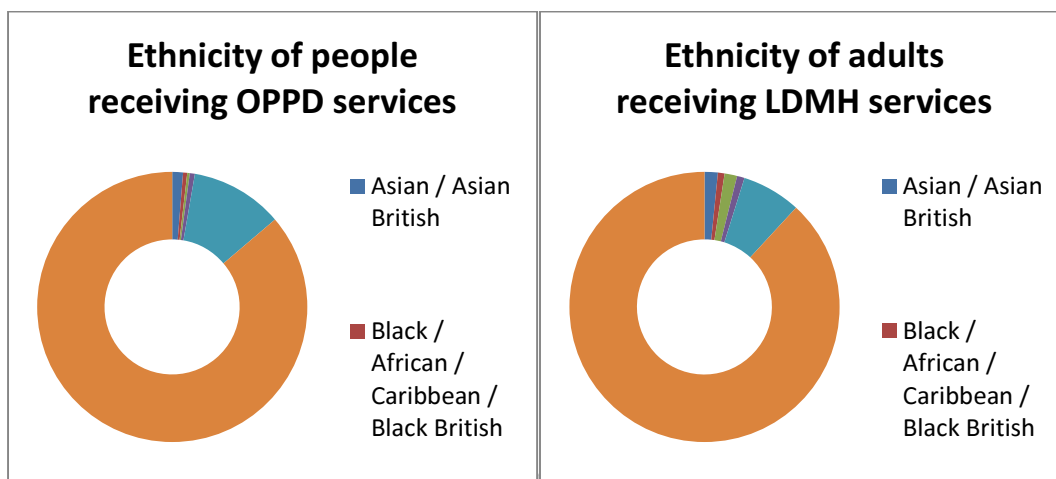
Race/ Ethnicity

Just under 1.4 million of Kent's residents are from the White ethnic group which accounts for 93.7% of the total population. This is a higher proportion than the national figure of 85.4% and the South East figure of 90.7%. The remaining 92,638 Kent residents belong to the other four broad ethnic groups which we have identified as the Black Minority Ethnic (BME) groups. This equates to 6.3% of the total population. This is a lower proportion than the national figure of 14.6% and the regional figure of 9.3%.

Out of the twelve local authority districts within Kent, Gravesham has the highest number and proportion of residents from a BME group. 17.2% of Gravesham's population, 17,494 people are from a BME group. This is much higher than the national and regional proportions. Dartford has the second highest BME population with 12,295 residents (12.6%) from a BME group. Canterbury is third with 10,525 residents (7.0%). All of these areas have a higher proportion of BME residents compared to the Kent average of 6.3%. Of the twelve local authority districts within Kent, Dover has the lowest number and proportion of residents from a BME group. 3.32% of Dover's population, 3,708 people are from a BME group.

In relation to data held on those who use Adult Social Care services, 86.2% of those using OPPD are White and 88.1% of those using LDMH services. However in relation to data there is a high proportion of service users where ethnicity information has not been obtained.

Ethnicity	OPPD	LDMH
Asian / Asian British	1.3%	1.6%
Black / African / Caribbean / Black British	0.5%	0.8%
Mixed / Multiple	0.3%	1.5%
Other Ethnic Group	0.6%	0.9%
Unknown / Refused / Not Yet Obtained	11.1%	7.1%
White	86.2%	88.1%



Religion and Belief

The religious profile of Kent is very similar to that seen nationally and in the South East. The religion question was the only voluntary question on the 2011 Census questionnaire and 7.3% of Kent residents did not answer the question. This is slightly higher than the England figure of 7.2% but slightly lower than the South East figure of 7.4%.

In 2011 Christianity remains the largest religion in Kent. A total of 915,200 Kent residents said that they were Christians. This is equivalent to 62.5% of the total population which is a higher proportion than the national figure (59.4%) and the regional figure (59.7%).

However, the 2nd highest proportion of the population claimed to have no religion. This is equal 26.75% or 391,591 Kent residents. 43.4 % of Kent's population aged 16-64 are non-Christian.

Following this the next most common religion in Kent is Islam with 13,932 people which equates to 0.95% of the total population.

As the data below shows a large proportion of service users in Kent did not give their religious profile.

Religion	OPPD	LDMH
Buddhist	0.1%	0.3%
Christian	17.0%	24.0%

Hindu	0.1%	0.2%
Jewish	0.1%	0.1%
Muslim	0.1%	0.5%
No religion	11.4%	16.1%
Other	0.5%	2.5%
Sikh	0.4%	0.3%
Unknown / Refused / Not Yet Obtained	70.3%	56.1%

Sexual Orientation:

In the government's 'Integrated Household Survey' (2014) the Office for National Statistics asked 178,197 people about their sexual identity – and 95% responded.

93.5% of people said they were heterosexual, just 1.1% said they were 'gay' or 'lesbian' and 0.4% said they were bisexual. Those between 16 and 24 were by far the most likely to say they were gay, lesbian or bisexual.

Kent County Council hold very limited data on sexual orientation. Census data from 2011 shows that within Kent there were 2,388 people registered as living within a same sex civil partnership.

As the data below shows information on sexual orientation has not been obtained for the majority of service users in Kent.

Sexual Orientation	OPPD	LDMH
Bisexual	0.0%	0.0%
Gay Man/Woman	0.1%	0.1%
Heterosexual	17.6%	2.1%
Other	0.3%	0.5%
Unknown / Refused / Not Yet Obtained	82.0%	97.2%

Disability:

The proportion of total resident population who have limitations to day-to-day activities in Kent is very similar to that seen nationally and within the South East. In Kent 257,038 (17.6%) (2011 Census) people stated that they have a health problem or disability which limits their day-to-day activities.

7.6% of the population in Kent are claiming a disability benefit - equivalent to 115,306 claimants. A higher proportion of women (8.1%) claim disability benefits in Kent than men (7.2%) with a physical disability or health condition being the most common reason for a claim for a disability benefit. This accounted for 73.0 % of all claims in Kent. A higher proportion of people aged 65 and over (19.1%) claim disability benefits than those aged 16-64 (5.1%) or those aged 15 and under (4.0%)

Percentage information given in the 2015/2016 equalities report shows that for OPPD 76.6% of people's primary support reason was physical, and for LDMH 51.1% of people's primary support need was learning disability related, with the second most common primary need being mental health support.

Primary Support Reason	OPPD	OPPD	LDMH	LDMH
Learning Disability Support	103	0.3%	4528	51.1%
Mental Health Support	3040	10.3%	3837	43.3%
Physical Support	22634	76.6%	138	1.6%
Sensory Support	1141	3.9%	14	0.2%
Social Support	1264	4.3%	203	2.3%
Vulnerable Adult	621	2.1%	92	1.0%
Awaiting Assessment	737	2.5%	56	0.6%
	29540		8868	

Carers:

From the 2011 Census we know the following information with regards to unpaid care by age. This data is collected by CCG area.

CCG ID Code 1	CCG ID Code 2	Clinical Commissioning Group	Total persons	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 and over
E38000002	09C	NHS Ashford	117,956	24,545	12,288	13,018	26,238	21,899	19,968
E38000029	09E	NHS Canterbury and Coastal	198,275	33,909	32,168	20,341	37,107	36,797	37,953
E38000043	09J	NHS Dartford, Gravesham and Swanley	245,999	49,080	27,634	32,039	53,428	44,374	39,444
E38000104	09W	NHS Medway	263,925	53,414	34,614	34,827	56,774	47,291	37,005
E38000156	10A	NHS South Kent Coast	201,924	36,405	21,249	21,488	40,683	41,165	40,934
E38000180	10D	NHS Swale	106,424	21,657	11,891	12,854	22,723	20,186	17,113
E38000184	10E	NHS Thanet	134,186	25,630	14,263	14,133	25,625	26,122	28,413
E38000199	99J	NHS West Kent	458,976	92,328	45,237	52,058	104,006	86,866	78,481
Total for Kent & Medway			1,727,665	336,968	199,344	200,758	366,584	324,700	299,311

The age profile of this data reveals that carers are most likely to fall between the 35-49 age bracket, however there are significant numbers of carers who are significantly older as well as a high number of young carers.

Through the Care Act we are seeing an increased focus on the needs of carers, and will see carers assessments increase. In 2015-16 20,319 carers had their needs assessed to identify the support they need to continue caring (19,216 in 2014-15 and 15,830 in 2013-14).

As a result of the development of 16-25 pathways it will be important to better understand young carers issues we will therefore work with children's services to make sure that young carers needs are also addressed in transition planning.

*Because of the limits of internal data we have not included information on **gender identity and pregnancy and maternity** within this section of the EqIA screening. The strategy will take into account and be responsive to the needs and issues which may exist in these population groups.*

This information above highlights how demographics are changing within Kent. It is important that the Strategy for Adult Social Care which spans a 5 year period recognises how these changes may impact the needs and expectations of care moving forward. The strategy will work to support equality and diversity objectives as we move forward.

PART 3

Involvement and engagement:

We have held some pre-consultation meetings. This has included focus groups discussion with users, non-users, carers and 'Speak Up' groups, run by MenCap.

With these groups we explored:

- How best to describe the vision
- Core values and principles
- Case studies
- How best to engage with large numbers of people through formal consultation
- The title of the document

We are also put the draft strategy through a plain English assessment

With formal consultation we will seek to engage with all relevant partners - people who use our services, carers, providers, voluntary sector, health services, schools and colleges, district councils and other public services.

The focus of the formal consultation is to seek feedback on:

1. Clarity of the vision and strategy document
2. Views on the core principles and values
3. Extend to which the key themes in the Strategy is clearly explained
4. Seek views on what is missing

We are working to maximize the numbers of service users and residents who are aware of and respond to the consultation and working through our Equalities and Diversity representative to reach out and engage with protected groups within the consultation process.

PART 4

Potential Impact:

The Strategy is an aspirational document which describes the outcomes which Adult Social Care is seeking to achieve.

The Strategy does not set out specific change proposals, except in general terms. The next phase of the transformation programme is the means for how this Strategy will be delivered and transformation programme will be set out in an implementation plan for specific proposed changes some of which will need to have the appropriate quality impact assessment as part of the decision for specific changes

JUDGEMENT

The principles within the strategy do not have any adverse impact on protected groups, however as we move into phase 3 of the transformation process it is possible that there may be decisions that have a positive or adverse impact on protected groups. We will seek to discover what these impacts may be on a case by case basis through separate yet linked EqlA and mitigate any negative impacts where we are able.

Option 1 – Screening Sufficient (for Strategy) – No, there will be changes made to the strategy based on the findings of the consultation.

Option 2 – Internal Action Required - YES linking this EqlA to future screenings of the ASC transformation phase 3 programme.

Option 3 – Full Impact Assessment

No (pending consultation)

Monitoring and Review

Proposed key decisions to achieve outcomes related to the transformation programme will be underpinned by an assessment for any potential disproportionate negative impact and as well as determine the opportunities to promote equalities objectives.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer: Michael Thomas- Sam

Signed:

Name:

Job Title: Head of Strategy and Business Support

Date: August 18, 2016

DMT Member:

Signed:

Name: **Andrew Ireland**

Job Title: Corporate Director Social Care, Health and Wellbeing Date: 7
September August 2016

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