

July 2016

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

This document is available in other formats, Please contact
serine.annan-veitch@kent.gov.uk or telephone on 03000 415782

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
V.7	Serine Annan-Veitch	9 th November 2016	Updated post consultation

July 2016

V.8	A. Agyepong	15 th November 2016	Comments
V.9	S Annan-Veitch	15 th November 2016	Changes made post equalities comments
V.10	M. Thomas-Sam	18.11.16	Final review

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

<p>Age</p>	<p>Kent has an older age profile than the national average, with approximately 300,400 people aged 65 or over living in Kent; this compares to 230,400 in 2002.</p> <p>Our consultation touched upon expectations of care and although demographics are changing this is matched by shifting expectations and experiences of later life. The strategy will seek to reflect these changing needs</p>	<p>Medium</p>		<p>This strategy will support a positive potential impact on equality through reshaping Adult Social Care provision and commissioning.,</p> <p>This strategy has been written within the context of the Care Act 2014 as a key driver of change to improve services; promoting personalisation, integration and preventative care. Through putting the individual at the centre of care, care can be shaped around the needs and be flexible where required.</p> <p>This therefore offers a key opportunity to promote equality through individualised provision.</p> <p>This strategy provides the narrative around the Adults Social Care transformation and it will be key that further equality screenings for the transformation are linked to the Vision and Strategy.</p>	<p>Yes, the strategy explores and develops a vision for adult social care which seeks to provide care and support services that meet needs and maintain people's well-being and independence as effectively as possible within the resources 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 service users, as well as those who care for them.</p>
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<p>Disability</p>	<p>This strategy does impact those with a disability accessing, or who in the future may access adult social care services.</p> <p>The vision highlights as a core part of its vision the importance of smooth transition between children and adult services and looks at the development of services for those with a learning disability, mental health needs or with a physical disability</p>			<p>Yes, the strategy explores and develops a vision for adult social care which seeks to provide care and support services that meet needs and maintain people's well-being and independence as effectively as possible within the resources 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 service users, as well as those who care for them.</p>
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<p>Gender</p>	<p>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.</p> <p>Those accessing support for disability are more equally distributed in relation to gender, with slightly more men accessing services.</p> <p>It is also crucial to recognise that gender may play a factor in terms of carer responsibilities with women more likely to be carers than men¹, as highlighted below the emphasis on the role of carer through legislation should promote increased awareness of this group.</p>	<p>Medium</p>		<p>Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have.</p> <p>The strategy and implementation of change through Adults Social Care Transformation must be mindful of potential impacts on gender.</p>
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<http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/fullstorythegendergapinunpaidcareprovisionisthereanimpactonhealthandeconomicposition/2013-05-16>

<p>Gender identity</p>	<p>It is important that Adult Social Care as an employer, commissioner or provider of services is sensitive to a person's experience of their own gender identity.</p> <p>As shown in the information below Kent County Council has limited information on gender identity. However as more people share this information we will have a stronger understanding of this protected characteristic within our population , and be able to monitor the different views and experiences within the population, shaping services accordingly.</p> <p>The strategy will take into account and be responsive to the needs and issues which may exist in the population.</p>
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	<p>Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have.</p> <p>The strategy and implementation of change through Adults Social Care Transformation must be mindful of potential impacts on gender identity.</p>
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<p>Sexual orientation</p>	<p>It is important that Adult Social Care as an employer, commissioner or provider of services is sensitive to a person's sexual orientation.</p> <p>As shown in the information below Kent County Council has limited information on sexual orientation. As more people share this information we will have a stronger understanding of these protected characteristics within our population.</p> <p>The strategy will take into account and be responsive to the needs and issues which may exist in the population</p>
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	<p>Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have.</p> <p>The strategy and implementation of change through Adults Social Care Transformation must be mindful of potential needs of lesbian, gay, bisexual and transgender people.</p>
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Religion or belief	<p>This strategy will be sensitive to the changing demographic needs within the population and the importance of provision which is appropriate and sensitive to religion and belief systems.</p>
Race	<p>This strategy will be sensitive to the changing demographic needs within the population and the importance of culturally appropriate and culturally sensitive service provision.</p> <p>The definition of race includes nationality and / or ethnic or national origins. It includes person belonging to the Irish Traveller community.</p>

	<p>Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have.</p> <p>The strategy and implementation of change through Adults Social Care Transformation must be mindful and sensitive to religion and belief systems.</p>
	<p>Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have.</p> <p>The strategy and implementation of change through Adults Social Care Transformation must be mindful of the different needs within communities related to race.</p>

<p>Pregnancy and maternity</p>	<p>The strategy will be sensitive to issues with regards to pregnancy and maternity, for example in relation to employment within the work force as well as the needs of those using social care services including in the context of learning, physical, sensory and mental health needs.</p>
<p>Marriage and Civil Partnerships</p>	<p>The strategy will be sensitive to the needs of those who are married, unmarried and those within civil partnerships.</p>

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<p>Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have.</p> <p>Through increased integration between social services and health care provision those interacting with both services (including in relation to pregnancy and maternity) should benefit from better information sharing between services.</p> <p>The strategy also explores an increasingly flexible workforce, and the workforce development plan must look at the impact on this protected group.</p>
<p>Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have</p> <p>Therefore care will be shaped around the needs of a person, their family and carers.</p>

<p>Carer's responsibilities</p>	<p>Carers are a specific focus of this work. With legislative changes within the Care Act focusing on needs of this group.</p>				<p>The strategy recognises that the vast majority of care is provided by friends and relatives and seeks to support carers in their role.</p> <p>The strategy increases focus on carers 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.</p>
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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;

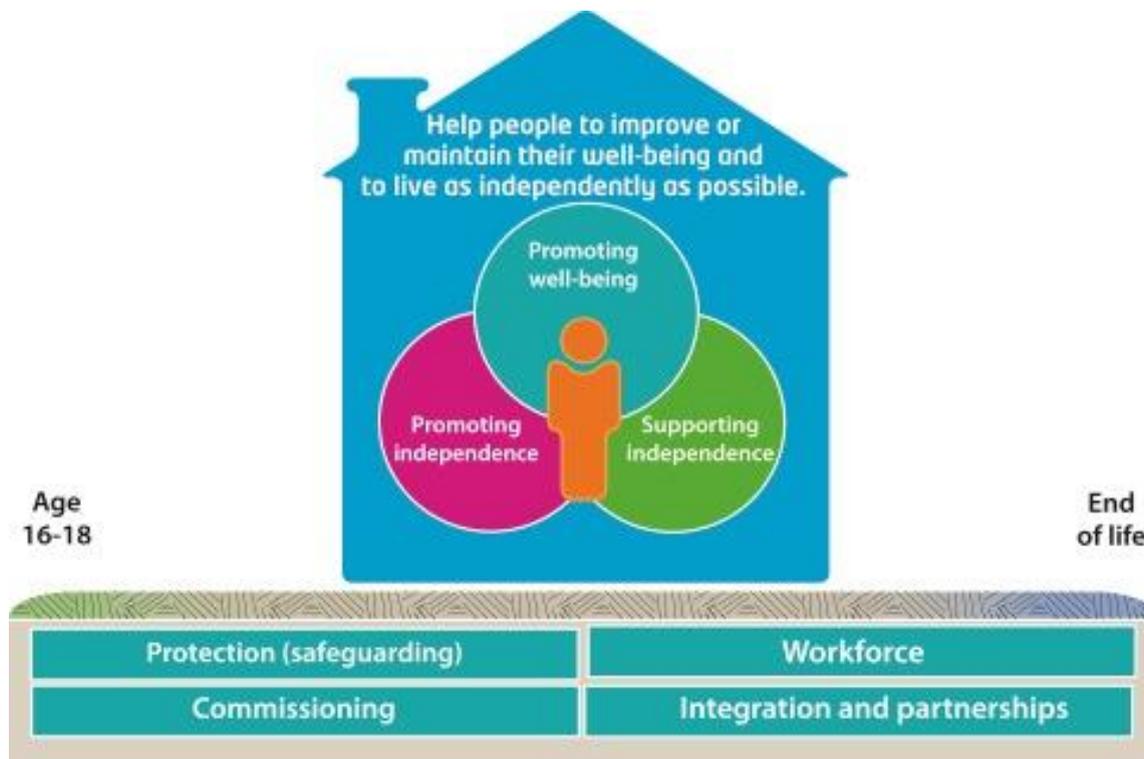
- the new legislative basis for social care, the Care Act 2014
- the financial position of the council and demographic change
- the policy shift towards integration and the development of the Sustainability and Transformation Plan as the delivery plan for the NHS Five Year Forward View and potential 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
- Adult social care will increasingly be driven by an outcome-focused approach and culture in meeting people's needs
- People will be supported to access good quality advice and information that enables 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 who wish to understand the core purpose and strategic aims of adult social care in Kent. The strategy will underpin the Transformation of Adult Social Services (phase 3).

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.

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 that they have a health problem or disability which limits their day-to-day activities.

7.9% of the population in Kent are claiming a disability benefit - equivalent to 121,001 claimants. 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%).²

Percentage information given in the 2015/2016 KCC equalities report shows that for OPPD 76.6% of people's primary support reason was physical, and for LDMH 51.1% of peoples primary support need was learning disability related,

²Kent County Council, Facts and Figures ' Disability in Kent' bulletin
<http://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent/equality-and-diversity-data#tab-2>

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	

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%

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%

Where possible it is important that this information is collected to help understand needs and tailor services appropriately.

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%).

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%

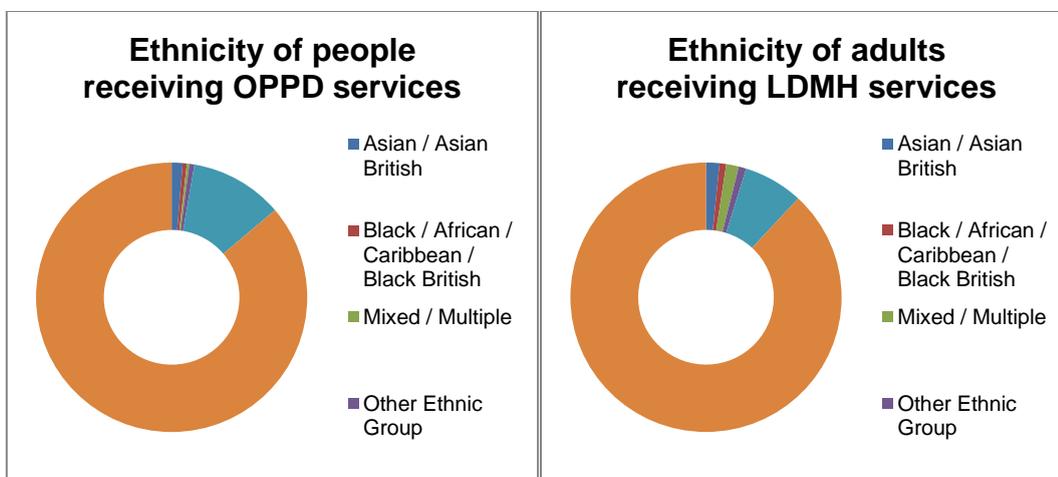
Race/ Ethnicity

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%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%



³ http://www.kent.gov.uk/__data/assets/pdf_file/0009/8559/Cultural-diversity-in-Kent.pdf.pdf

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	37,958
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. Carers are also more likely to be women.

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.

PART 3

Involvement and engagement:

We have held some **pre-consultation** meetings, as highlighted below.

Activity	Target consultees
Focus groups organised by Health Watch x2	<ul style="list-style-type: none"> • Service users, residents and carers
Older people's Forum – invitation to the Chairs	<ul style="list-style-type: none"> • Representatives from Older People's Forums

Issues highlighted within the pre-consultation process included:

- Loneliness and isolation, the particular vulnerability of people who live alone
- The importance of all providers of services having an understanding of what is available locally to prevent duplication
- A concern that the focus on independence could lead to the possible withdrawal of help too soon
- Locational equity of services
- The importance of service flexibility, particularly when talking about accommodation
- The need to increase the visibility of carers

Within these groups we also discussed the core values with groups suggesting a number of additions including dignity, trust, respect, communication, power and control.

Case studies were also tested within this setting.

The **formal consultation** has included the following engagement:

Activity	Target consultees
Kent.gov page and online consultation survey launched including Easy Read versions of the strategy and survey	<ul style="list-style-type: none"> • All stakeholders • Easy Read versions for service users and anyone who prefers this format
KCC press releases to promote the consultation at the beginning and near the end	<ul style="list-style-type: none"> • All stakeholders
Posters put into town centre libraries across Kent to promote the consultation	<ul style="list-style-type: none"> • General public • Adult social care service users and carers
Promotion of the consultation through KCC Community Liaison Managers including through Twitter feeds	<ul style="list-style-type: none"> • General public • Adult social care service users and carers • VCS organisations
KNet page and features, KMail features, features in Adults Transformation Newsletters, a personal email to SCHWB staff and posters up in KCC buildings	<ul style="list-style-type: none"> • KCC adult social care staff • KCC staff

to promote the consultation	
Facilitated focus group with KCC adult social care staff for qualitative feedback on the draft strategy	<ul style="list-style-type: none"> • KCC adult social care staff
Letter sent to all KCC Members to invite them to comment and publicise the consultation	<ul style="list-style-type: none"> • KCC Members
Item at Adult Social Care and Health Cabinet Committee to invite comments	<ul style="list-style-type: none"> • KCC Members
Letter sent to all KCC Members, District Council Leaders and Kent MPs to invite them to comment	<ul style="list-style-type: none"> • KCC Members • Kent District Council Leaders • Kent MPs
Emails to representatives from statutory partner organisations to invite them to comment	<ul style="list-style-type: none"> • Kent District Council Chief Executives • Health and Wellbeing Board Members • NHS Acute Trusts • Kent Police and Police and Crime Commissioner • Kent Fire and Rescue • SEC Ambulance Trust • Kent Community Health NHS Foundation Trust • Kent and Medway Partnership Trust • STP Boards • Clinical Commissioning Groups • Kent and Medway Safeguarding Adults Board
Emails to representatives from service user and carers groups to invite them to comment and cascade the message to service users and carers	<ul style="list-style-type: none"> • Adult social care service users and carers
Focus groups with service users with learning disabilities to get qualitative feedback on the draft strategy	<ul style="list-style-type: none"> • Adult social care service users and carers
Presentation and discussion at Tonbridge and Malling Older Person's Forum to get qualitative feedback on the draft strategy	<ul style="list-style-type: none"> • Adult social care service users and carers • General public
Emails to representatives from voluntary and community sector infrastructure bodies / networks to invite them to comment and cascade the message to service users and carers	<ul style="list-style-type: none"> • Organisations from the voluntary and community sector involved in providing care and support to adults in Kent
Emails to current KCC adult	<ul style="list-style-type: none"> • Providers of adult social care services in Kent

social care providers and notice on the Kent Procurement Portal for all providers registered as having interest in adult social care to invite them to comment	
Facilitated focus group with partners and providers of adult social care in Kent for qualitative feedback on the draft strategy	<ul style="list-style-type: none"> • Providers of adult social care services in Kent • Organisations from the voluntary and community sector involved in providing care and support to adults in Kent
Review of Easy Read version of the strategy for clarity	<ul style="list-style-type: none"> • Adults with learning disabilities (MenCap group for adults with Autism and Aspergers Syndrome)

Within the formal consultation we sought views on the following (however feedback outside of these categories could also be given).

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

A number of groups were run by KCC staff, this included 3 groups aimed at reaching those with learning disabilities (where the Easy Read version was tested) and one older persons forum. Findings from these groups included the following:

- The vision was in the main seen as clear and positive
- That the core values should be included within the Easy Read version
- That the most important core value is around getting the right support for you, because if this is done other values fall into place.
- There was some concern around what the impact of integrated services could be
- The distinction between themes could be hard to understand.
- For some there was confusion around the definition of 'community hubs'
- Travel training was highlighted as a repetitive intervention rather than a one off.
- An LD group in particular felt it was important to include the internet as a possible community resource and that there should be more around employment support within the strategy
- Issues around confidence were highlighted – and the importance of gaining confidence to be able to interact with the community
- Consultees highlighted the importance of recognising that carers come from different age brackets including children and older people – and the limitations which carers have in terms of needing to look after their own health needs/ employment.

- Respondents argued that as people work for longer it may be harder for family and friends to look after people.

Key findings from the **provider and staff workshops include:**

- The strategy is aspirational, and would require significant change across NHS and KCC staff to achieve
- Concern expressed around the cost of implementation
- That the document used some terminology which is harder for the general public to access
- More could be done to emphasize the role of the community
- Clarification required around the definition of Community Hubs, and how these would work

In total, 119 responses were received to the **online consultation** questions, either using the online survey or via email or hard copy. Of the respondents to the main consultation questions, 22 identified themselves as responding on behalf of an organisation, the other respondents identified themselves as users of social care services (8), carers (22), family members of a service user (15), a social care or health professional (14) and other (38, the majority of whom described themselves as a member of the public or private funder of care services).

Main findings include:

- Overall, over half of the respondents felt that the whole document was easy to understand, and 29% felt that most of the document was easy to understand, 33% did not understand something
- Core values were broadly agreed with, however some further values were highlighted as key (see below).
- While the key themes were broadly agreed, people were concerned by how these could be achieved, and that in some cases independence could be forced on people

In response to these concerns we have made a number of changes to the document, a summary of which is published in a You Said, We Did document. These include:

- Including an Executive Summary to increase accessibility and working with Plain English to gain the Crystal Mark.
- Revised the core values to include dignity, respect, diversity and choice. We have amended the descriptions based on the feedback which we've had to make them clearer
- We've increased the emphasis on working with the community and civil society as well as highlighting personal responsibility
- We've amended the definition of community hubs
- We've reflected on some of the feedback we've had on the case studies and made amendments
- We've increased the detail given on plans for carers
- We've included information on the role of district councils.

A consultation report is available on request. This has been produced by Lake

Market Research who were commissioned to analyses and report on the online and written responses to the consultation questions and to facilitate and report on the qualitative focus groups with staff and partners/providers.

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 EqIA and mitigate any negative impacts where we are able.

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

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: M. Thomas-Sam

Name:

Job Title: Head of Strategy and Business Support

Date: November 18, 2016

DMT Member:

Signed:

Name: **Andrew Ireland**

Job Title: Corporate Director Social Care, Health and Wellbeing

Date: 25 November 2016

