

**Kent County Council  
Equality Analysis/ Impact Assessment (EqIA)**

**Directorate/ Service:**

Strategic and Corporate Services

**Name of decision, policy, procedure, project or service:**

Commissioning Care and Support in the Home Service – Commencing April 2019

**Responsible Owner/ Senior Officer:**

Jack Moss

**Version:**

V1.0	04/10/17	Glyn Pallister	Initial draft
V1.1	24/10/17	Glyn Pallister	Updates with supporting statistical data
V1.2	25/10/17	Kerry Turner/Glyn Pallister	Second draft
V1.3	13/11/17	James Lampert/Glyn Pallister	Updates and corrections
V1.4	5/12/17	Glyn Pallister	Updates following E&D Team review
V1.5	12.1.18	Glyn Pallister/Luke Edwards	Updates following meeting with Akua Agyepong 22.12.17
V2.0	1.5.18	James Lampert	Reviewed against revised scope
V2.1	10.5.18	James Lampert	Updated following review by Corporate Lead, Equalities and Diversity
V2.1	16.5.18	James Lampert	Updated following workshop with adult and children's commissioners
V2.2	22.05.18	Jo Harding	DC&YP references & data added
V2.4	07.06.18	Jack Moss	Updated with comments from Akua Agyepong
V2.5	18.07.18	Sholeh Soleimanifar	Updates and corrections following changes in scope of contract (Supported Living and Children's services are outside of scope of contract)

**Author:**

Glyn Pallister, James Lampert, Jo Harding, Sholeh Soleimanifar – Commissioning Unit

**Pathway of Equality Analysis:**

- Commissioning Care Models (CCM) Steering Group (to November 2017)
- Care in the Home Working Group (from May 2018)
- ASCH DivMT (OPPD and DCLDMH)
- ASCH DMT
- Strategic Commissioning Board (SCB)

## Summary and recommendations of equality analysis/impact assessment.

### Context

Kent County Council commissions a range of services that are designed to provide care and support for people in order that they can safely reside in their own homes or in supported living accommodation. They will be assessed as eligible and having unmet need(s) in accordance with the Care Act 2014.

These services include (list is not exhaustive):

- Home Care
- Extra Care Support
- Supporting Independence Services (SIS and SIS+) – People with a learning disability and with mental health needs
- Discharge to Assess

Each service is currently let to a number of agencies (or ‘providers’) through a contract arrangement. Contracts are arranged in a number of ways depending on the type of service provided. All care and support contracts have been aligned to expire at around the same time in May 2019 (HRS ends September 2018).

In total, KCC spends approximately £100m on care and support services every year.

These services are utilised by around 7000 Kent residents at any given time:

Home Care	4600
SIS	2000
HRS (LD/Vulnerable Adults)	250
Discharge to Assess	3380

(See supporting data analysis in appendices for a full demographic break-down of service users according to their protected characteristics).

### Aims and Objectives

As part of the Adult’s Social Services “Your Life, Your Wellbeing” modernisation programme and working across all social services disciplines we are developing a model that will drive the future commissioning of care and support services for all client groups and all ages.

KCC’s modernisation programme aims to satisfy the Council’s Strategic Outcomes, and this project impacts on Outcomes 1, 2 and 3:

Outcome 2 - Communities to feel the benefits of economic growth by being in work, healthy and enjoying a good quality of life

Outcome 3 - Older and vulnerable residents to be safe and supported with choices to live independently

### Summary of equality impact

**Adverse Equality Impact Rating** Medium

We have rated this EqIA as medium because we are currently unable to secure information about some protected characteristics and there are some groups who are under-represented compared to the county population profile which KCC needs to be aware of. A number of actions have been identified in the 'Action Plan' at the end of this document, which will be monitored and updated throughout the life of the contract, accordingly.

**Attestation**

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning **Commissioning Care in the Home Services for April 2019**. I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

**Head of**

Signed:  
Penny



**Service**

Southern

Name:

Job Title: Corporate Director Adult Social Care & Health

Date: 19.09.2018

**DMT Member**



Signed:

Name: Anne Tidmarsh

Job Title: Director Older People and Physical Disability

Date: 19.09.2018

**Part 1 Screening**

**Could this policy, procedure, project or service, or any proposed changes to it, affect any Protected Group (listed below) less favourably (negatively) than others in Kent?**

**Could this policy, procedure, project or service promote equal opportunities for this group?**

Protected Group	Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
<b>Age</b>	No	No	No	<p>Yes – we anticipate that this model will better match service user need with the ‘best-fit’ service provider. This will offer a more personalised approach to all service users.</p> <p>Better matching means a stronger likelihood that service users’ needs are met, and personal goals are achieved.</p>
<b>Disability</b>	No	No	No	
<b>Gender</b>	No	No	No	Yes - More person centred, outcome-based services should have a positive impact on the basis of gender.
<b>Gender identity/ Transgender</b>	No	No We assume there is no impact to this group.	No	Yes - More person centred, outcome-based services should have a

		However, we have no statistical or anecdotal evidence to support this assumption. We will continue to search for reliable data and seek advice from specialists.		positive impact on the basis of gender identity/ transgender identity.
<b>Race</b>	No	Yes – there is an underrepresentation of BME so further work needs to be done to understand why this is and if changes need to be made, through engagement with local communities. Also improve understanding and monitoring activity amongst frontline staff and service providers.	No	Yes - More person centred, outcome-based services should have a positive impact on the basis of race
<b>Religion and Belief</b>	No	No - We assume there is no impact to this group. However, we have no statistical or anecdotal evidence to support this assumption. We will	No	Yes - More person centred, outcome-based services should have a positive impact on the basis of religion and belief

		ask our current providers to help us collect this information and update this document accordingly.		
<b>Sexual Orientation</b>	No	No We assume there is no impact to this group. However, we have no statistical or anecdotal evidence to support this assumption. We will monitor and react to any issues as they are identified. Also improve understanding and monitoring activity amongst frontline staff and service providers.	No	Yes - More person centred, outcome-based services should have a positive impact for older and disabled LGBT people.  Service providers should ensure that services are outcomes based, considering people with physical and learning disabilities in the support delivered re: sexuality
<b>Pregnancy and Maternity</b>	No	No	No	People becoming parents could benefit via more outcomes focussed support services
<b>Marriage and Civil Partnerships</b>	N/A	N/A	N/A	Yes - More person centred, outcome-based services should have a positive impact on the basis of Marriage and Civil Partnerships

<b>Carer's Responsibilities</b>	No	No	No	Yes – by promoting independence of the individual, this should also have a positive impact for carers too

## **Part 2**

### **Equality Analysis /Impact Assessment**

#### **Protected groups**

Any Kent resident assessed as eligible under the Care Act.

Age (see below)

Disability (see below)

Race (see below)

Transgender people (unknown impact, see below)

Any unpaid carer.

#### **Information and Data used to carry out your assessment**

- Adults Social Services SIS and Home Care data (Adults Social Services Performance Team)
- Kent Public Health Observatory
- Kent.gov.uk – facts and figures about Kent (Equality and Diversity)
- 2011 Census

#### **Who have you involved consulted and engaged?**

A public consultation with members of public and/or people who currently use the service is not planned for this tender. If any changes to services, necessitating consultation, are planned to occur during the life of the contract then public engagement and consultation will take place then.

- Personalised Care and Support Steering Group and Care in the Home Working Group
- Practitioners and Managers from DCLDMH
- Practitioners and Managers from OPPD
- Practitioners and Managers from Sensory and Autism Services
- Operational Support Unit (Adult Purchasing Team)
- Commissioners
- Newton Europe
- KCC Adults Transformation Managers and Leads
- Strategic Home Care Providers Forum
- DivMTs (OPPD and DCLDMH)
- Kent Parent Carer Forum

#### **Analysis**

We want to move to a position, over time, where care and support services can be better matched to meet service users' need(s) and personal outcomes. Providers will be expected to work with service users to ensure that outcomes are achieved in line with their assessed needs and actively consider their protected characteristics. These are included in the performance indicators in the contract and will be done in accordance with standard procedures for reviewing care plans.

Over the life of the contract, we are proposing to commission home care and Supporting Independence Services that encourage providers to move toward delivering outcomes, rather than the more traditional 'time and task' care delivered now. This approach will better meet the needs of those identified within the 'protected characteristics' groups, as each persons' outcomes will be identified with their involvement. This change will take some time to achieve and KCC will work alongside providers on this journey. Our social care teams and purchasing functions will be able to match the most appropriate service(s) from a pool of contracted providers for this service to support service users to meet their needs and reach their personal goals (outcomes). Expectations will need to be managed to ensure the wishes of individuals (and their careers, if any) are achievable within the scope and capacity of the contracted service model.

An outcome-based approach puts the service user and their families at the heart of all discussions and involves them fully in identifying needs and aspirations. They will be able to make choices about what, who, how and when they are supported to live as independently as possible. It may require significant changes for KCC systems\*, processes, staff and services to ensure we are equipped to put services users first in this way.

\*we are communicating with the Technology Enable Change Project Team (Servelec Mosaic – the replacement client system due to be implemented January 2019) who will identify any staff implicated by system changes and any impact this has on them.

Ultimately, we aim to:

- Improve care and support for our services users by selecting the most appropriate service provider(s) that could meet their needs. This will be monitored via the standard review process. This will be analysed by protected groups.
- Reduce volumes of care and support services required by supporting service users to achieve their goals so that they realise their full independence and wellbeing potentials. This will be analysed by protected groups.
- Reduce the number of service users who are admitted to acute hospital care and delay the numbers who transfer to residential services. This will be analysed by protected groups.
- Speed up hospital discharges and reduce any waiting lists by making the arrangement of care and support services quicker and better focused.
- Simplify the purchasing of care and support so that KCC teams spend less time purchasing care, but are confident that they have arranged the best support and care that they can for their service user
- Give service providers more responsibility for managing the process of delivering care and support and helping service users achieve their goals. This will be done via the principles of person

centred planning. In circumstances where someone lacks the capability to participate independently, an independent advocacy service could be used.

- Better connect the range of care and support services (contracted services, carers and family, health services, voluntary sector and community support) by employing better systems and building in accountability for all agencies to do this.

All of these outcomes apply equally to all service users and potential services users and are mindful of specific needs based on protected characteristics.

- **Age**

A majority of current 'home care' recipients (personal care) are over 70 years old (78%). However around 10% are under 50 years old. The reverse is true for SIS services (non-personal care).

- A purchasing tool to help purchasing officers select the right service (either Home Care or SIS) based on 'best-fit' will ensure that the most appropriate service provider is selected to meet service users' needs. This will have a positive effect on age groups characteristics.

- **Disability**

All individuals receiving care and support services within the context of this service have a disability or long-term condition. This is a prerequisite for eligibility to this type of service. We do not consider that this characteristic will be affected adversely.

- **Gender**

The gender split of care and support services are roughly in-line with the Kent population. We do not consider that this characteristic will be affected adversely.

- **Gender Identity/Transgender**

There is no data available concerning gender identity. However, we do not consider that this characteristic will be affected adversely. More person centred, outcome-based services should have a positive impact on the basis of gender identity/ transgender identity. KCC has Transgender Guidance which can be shared with contracted providers, to complement their own equality and diversity policy.

- **Race**

Data collated evidences that some ethnic groups are under-represented as recipients of care and support services compared to Kent, South East and England figures (Indian, Black African, White Irish, Asian Other). This will be reviewed as part of ongoing contract review to ensure any issues highlighted are noted and action plans developed to mitigate/ improve the service offer for this cohort. We do not consider that this characteristic will be affected adversely.

### **Religion and Belief**

'None' or 'not recorded' was recorded for approximately 70% of all recipients of care and support services. All religions appear to be under represented compared to national and local figures. However, we do not consider that this characteristic will be affected adversely. Action has been identified to follow up on this during life of the contract.

- **Sexual Orientation**

'Prefer not to say' or 'not recorded' was recorded for approximately 75% of all recipients of care and support services. There is no national or local data to show comparative numbers of people with this protected characteristic that are in receipt of a care and support service. We do not consider that this characteristic will be affected adversely. Action has been identified to follow up on this during life of the contract.

### **Pregnancy and Maternity**

We do not consider that this characteristic will be affected adversely.

- **Marriage and Civil Partnerships**

We do not have any data relating to care and support services that identifies service users' marital status. We do not consider that this characteristic will be affected adversely.

- **Carers Responsibilities**

We do not have enough reliable data to tell us how many unpaid carers who have been properly assessed are looking after recipients of care and support services. Action has been identified to follow up on this during life of the contract.

### **Adverse Impact,**

The needs assessment used to determine any care and support requirement should thoroughly investigate a person's circumstances where it has relevance. The resulting service should be best matched to take all of these into consideration. There should be no adverse impact on any protected characteristic when arranging a package of care and support.

### **Positive Impact:**

This project aims to secure provision of Home Care and Supporting Independence Services for the Kent population. Over time, work will be done with provider organisations to refocus the delivery of care to achieving outcomes, rather than simply the delivery of hours of care ("time and task") to better match the care and support provider with services users' needs and stated outcomes. Any protected characteristics that are relevant should be considered in the development of outcomes focussed care, with equalities information being monitored and action taken as required.

### **JUDGEMENT**

There are no identified adverse effects to any group with protected characteristics by this project. We anticipate that this model will better match service user needs with the 'best-fit' service provider, who in time, will have a greater focus on helping people to achieve their goals (outcomes). This will offer a more personalised approach to all service users.

- **No major change** - no potential for discrimination and all opportunities to promote equality have been taken

**Internal Action Required**                      **Yes**

## Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Race	Statistically under represented as recipients of care and support services in relation to the general population.	Monitor against baseline and take action as required. Improve understanding and monitoring activity amongst frontline staff and service providers.	Intelligence will inform any further decision-making concerning inclusion of these groups	Jack Moss	Life of contract	N/A
Religion	All religions appear to be under represented compared to national and local figures.	Monitor against baseline and take action as required.	Intelligence will inform any further decision-making concerning inclusion of these groups	Jack Moss	Life of contract	N/A
Carers	No data available concerning numbers of unpaid carers looking after service users in receipt of a care and support service	Work with Performance Team to determine data. This information has now been picked up and rectified. <b>Action complete</b>	Inform work to better integrated carers support services into packages of care	Jack Moss	June 2018	N/A
Sexual Orientation	No data collected	Consider how to engage	Intelligence	Jack Moss	Life of	N/A

		throughout the life of the contract. Improve understanding and monitoring activity amongst frontline staff and service providers.	will inform any further decision-making concerning inclusion of these groups		contract	
Gender Identity/Transgender	No data collected	Consider how to engage throughout the life of the contract. Improve understanding and monitoring activity amongst frontline staff and service providers.	Intelligence will inform any further decision-making concerning inclusion of these groups	Jack Moss	Life of contract	N/A
All protected groups	Monitoring progress towards achieving aims of the service	<ul style="list-style-type: none"> <li>• Improve care and support for service users by selecting the most appropriate service provider(s) that could meet their needs.</li> <li>• Reduce volumes of care and support services required by supporting service users to achieve their goals so that they realise their full independence and wellbeing potentials.</li> </ul>	Outcomes achieved	Jack Moss	Life of contract	N/A

		<ul style="list-style-type: none"> <li>• Reduce the number of service users who are admitted to acute hospital care and delay the numbers who transfer to residential services.</li> </ul>				
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**Have the actions been included in your business/ service plan?**

Yes (included in the project plan)

Appendix

Please see additional documents:

1. Adults SIS and Home Care Equalities Data

Please forward a final signed electronic copy and Word version to the Equality Team by emailing [diversityinfo@kent.gov.uk](mailto:diversityinfo@kent.gov.uk)

If the activity will be subject to a Cabinet decision, the EqIA must be submitted to committee services along with the relevant Cabinet report. Your EqIA should also be published.

The original signed hard copy and electronic copy should be kept with your team for audit purposes.

## Appendices

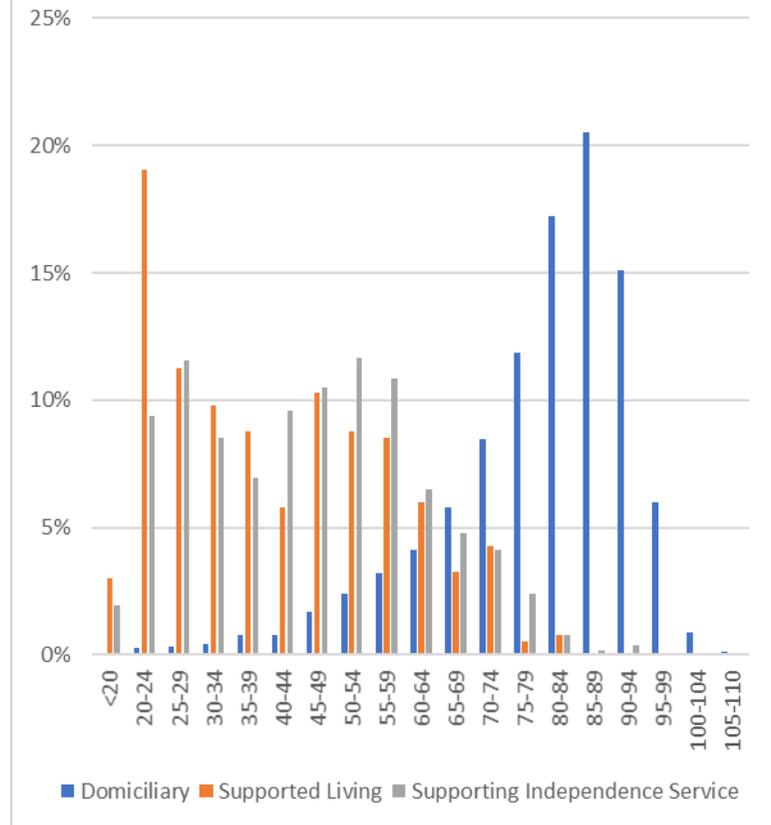
**Data :** Adult Social Care Client Systems (SWIFT) – equalities recording (23/5/18)

- Figure 1 – Age
- Figure 2 – Primary Support Reason
- Figure 3 – Ethnic Origin
- Figure 4 – Religion
- Figure 5 – Sexual Orientation

Figure 1: Adults – Age of Care in the Home Recipients

Age	Percentage of records with Age recorded			Grand Total	Percentage of records with Age recorded			Grand Total
	Domiciliary	Supported Living	Supporting Independence Service		Domiciliary	Supported Living	Supporting Independence Service	
<20	4	12	38	54	0.1%	3.0%	2.0%	0.6%
20-24	20	76	182	278	0.3%	19.0%	9.4%	3.0%
25-29	21	45	224	290	0.3%	11.3%	11.5%	3.1%
30-34	29	39	165	233	0.4%	9.8%	8.5%	2.5%
35-39	53	35	135	223	0.8%	8.8%	7.0%	2.4%
40-44	53	23	186	262	0.8%	5.8%	9.6%	2.8%
45-49	118	41	204	363	1.7%	10.3%	10.5%	3.9%
50-54	165	35	226	426	2.4%	8.8%	11.6%	4.6%
55-59	223	34	211	468	3.2%	8.5%	10.9%	5.1%
60-64	285	24	126	435	4.1%	6.0%	6.5%	4.7%
65-69	400	13	93	506	5.8%	3.3%	4.8%	5.5%
70-74	587	17	80	684	8.5%	4.3%	4.1%	7.4%
75-79	819	2	47	868	11.8%	0.5%	2.4%	9.4%
80-84	1193	3	15	1211	17.2%	0.8%	0.8%	13.1%
85-89	1419	0	3	1422	20.5%	0.0%	0.2%	15.4%
90-94	1044	0	7	1051	15.1%	0.0%	0.4%	11.4%
95-99	415	0	0	415	6.0%	0.0%	0.0%	4.5%
100-104	62	0	0	62	0.9%	0.0%	0.0%	0.7%
105-110	8	0	0	8	0.1%	0.0%	0.0%	0.1%
Grand Total	6918	399	1942	9259	100%	100%	100%	100%

# Age



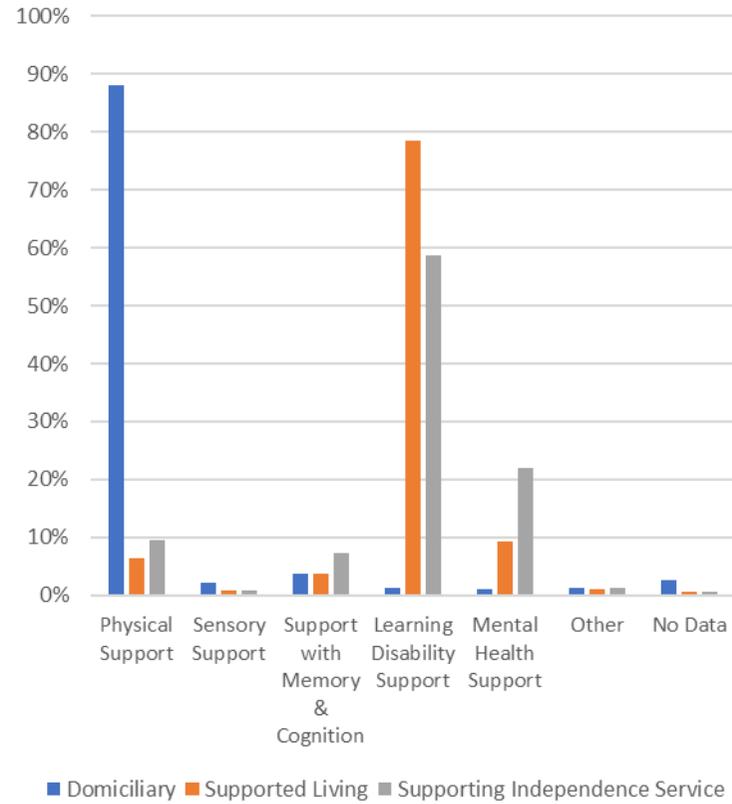
· Figure 2: Adults – Primary Support Reason of Care in the Home Recipients

**Primary Support Reason**

Percentage of records with PSR recorded 97.99%

Primary Support Reason	Domiciliary	Supported Living	Supporting Independence Service	Grand Total	Domiciliary	Supported Living	Supporting Independence Service	Grand Total
Physical Support	6100	25	183	6308	88.2%	6.3%	9.4%	68.1%
Sensory Support	141	3	14	158	2.0%	0.8%	0.7%	1.7%
Support with Memory & Cognition	259	15	142	416	3.7%	3.8%	7.3%	4.5%
Learning Disability Support	90	313	1139	1542	1.3%	78.4%	58.7%	16.7%
Mental Health Support	67	37	428	532	1.0%	9.3%	22.0%	5.7%
Other	88	4	25	117	1.3%	1.0%	1.3%	1.3%
No Data	173	2	11	186	2.5%	0.5%	0.6%	2.0%
Grand Total	6918	399	1942	9259	100%	100%	100%	100%

## Primary Support Reason



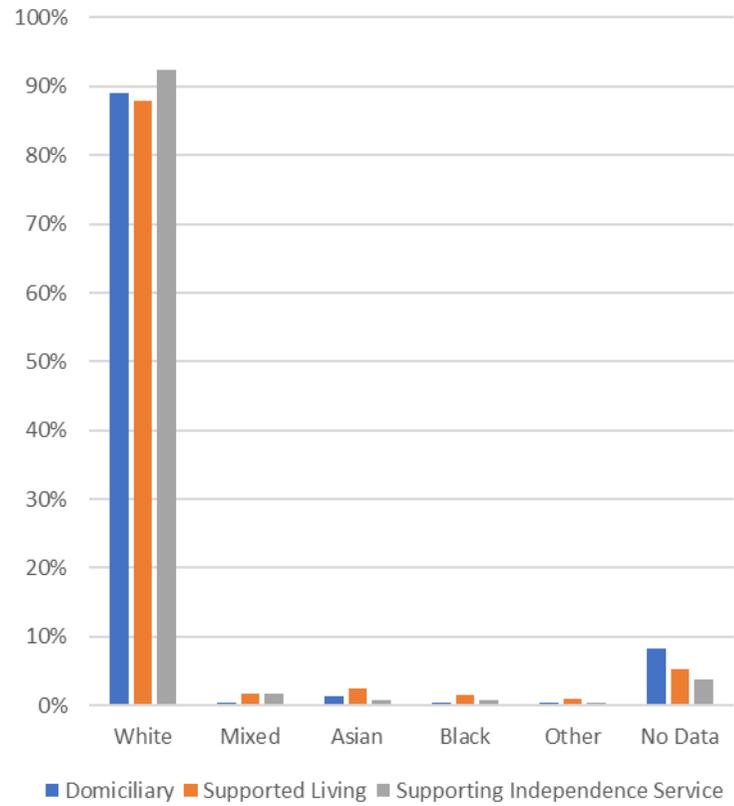
· Figure 3: Adults – Ethnic Origin of Care in the Home Recipients

**Ethnic Origin** Percentage of records with Ethnic Origin recorded 99.97%

Ethnic Origin	Domiciliary	Supported Living	Supporting Independence Service	Grand Total	Domiciliary	Supported Living	Supporting Independence Service	Grand Total
White	6162	351	1793	8306	89.1%	88.0%	92.3%	89.7%
Mixed	25	7	35	67	0.4%	1.8%	1.8%	0.7%
Asian	95	10	17	122	1.4%	2.5%	0.9%	1.3%
Black	27	6	17	50	0.4%	1.5%	0.9%	0.5%
Other	33	4	7	44	0.5%	1.0%	0.4%	0.5%
No Data	576	21	73	670	8.3%	5.3%	3.8%	7.2%
Grand Total	6918	399	1942	9259	100%	100%	100%	100%

Note: No Data includes: -  
 'Error', 'Info Declined',  
 'Information Not Yet  
 Obtained', 'Not Recorded',  
 'Not Stated', 'Refused' and  
 'Unknown'.

## Ethnic Origin



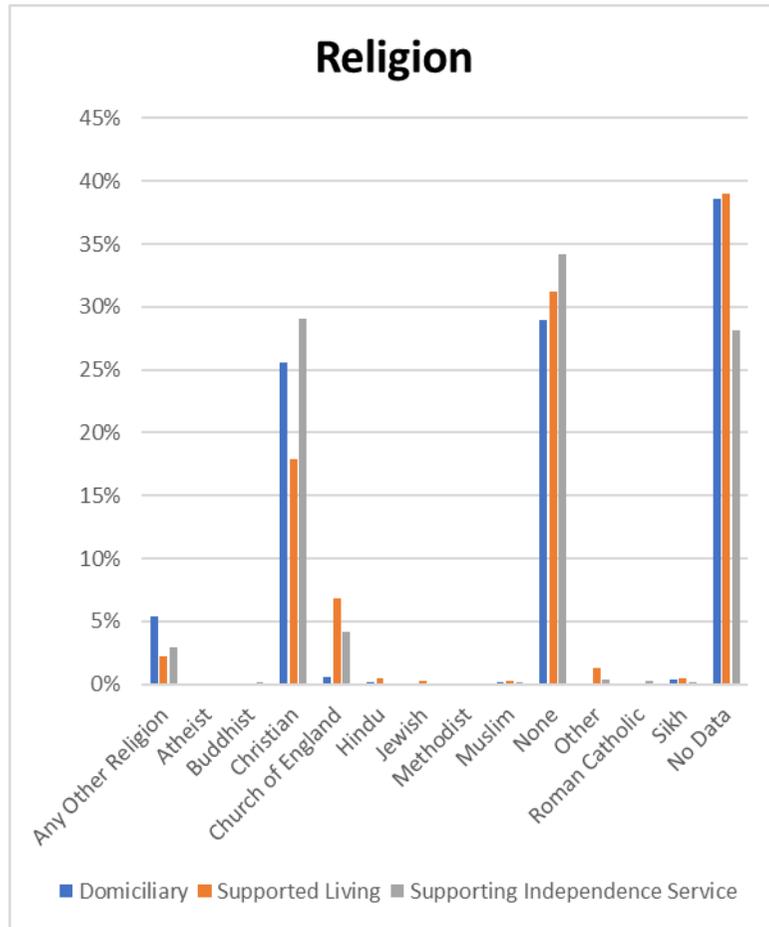
· Figure 4: Adults – Religion of Care in the Home Recipients

**Religion** Percentage of records with Religion recorded 64.32%

Religion	Domiciliary	Supported Living	Supporting Independence Service	Grand Total	Domiciliary	Supported Living	Supporting Independence Service	Supporting Independence Service
Any Other Religion	370	9	58	437	5.4%	2.3%	3.0%	4.7%
Atheist	0	0	2	2	0.0%	0.0%	0.1%	0.0%
Buddhist	6	0	3	9	0.1%	0.0%	0.2%	0.1%
Christian	1768	71	565	2405	25.6%	17.9%	29.1%	26.0%
Church of England	41	27	81	150	0.6%	6.8%	4.2%	1.6%
Hindu	10	2	2	14	0.1%	0.5%	0.1%	0.2%
Jewish	3	1	1	5	0.0%	0.3%	0.1%	0.1%
Methodist	1	0	0	1	0.0%	0.0%	0.0%	0.0%
Muslim	10	1	4	15	0.1%	0.3%	0.2%	0.2%
None	2005	125	663	2793	29.0%	31.2%	34.1%	30.2%
Other	4	5	7	16	0.1%	1.3%	0.4%	0.2%
Roman Catholic	6	0	5	11	0.1%	0.0%	0.3%	0.1%
Sikh	23	2	4	29	0.3%	0.5%	0.2%	0.3%
No Data	2670	156	547	3372	38.6%	39.0%	28.2%	36.4%
Grand Total	6918	399	1942	9259	100%	100%	100%	100%

Note: No Data includes:  
 - 'Declined to Disclose',  
 'Lacks Capacity -  
 Religion', 'Not Known'  
 and 'Not Recorded'.

# Religion



· Figure 5: Adults – Sexual Orientation of Care in the Home Recipients

**Sexual Orientation**

Percentage of records with Sexual Orientation recorded 61.09%

Sexual Orientation	Domiciliary	Supported Living	Supporting Independence Service	Grand Total	Domiciliary	Supported Living	Supporting Independence Service	Grand Total
Heterosexual	2084	87	368	2539	30%	22%	19%	27%
Bisexual	0	0	9	9	0%	0%	0%	0%
Gay Man	0	0	7	7	0%	0%	0%	0%
Gay Woman/Lesbian	3	0	1	4	0%	0%	0%	0%
Other	109	7	58	174	2%	2%	3%	2%
No Data	4722	305	1499	6526	68%	76%	77%	70%
Grand Total	6918	399	1942	9259	100%	100%	100%	100%

Note: No Data includes: - 'Lacks Capacity', 'Not Recorded' and 'Prefer Not To Say'.

# Sexual Orientation

