

EQIA Submission – ID Number

Section A

EQIA Title	Learning Disability and Autism
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Responsible Officer	Mathew Pelling - ST SC
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Type of Activity

Service Change	No
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Service Redesign	No
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Project/Programme	Project/Programme
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Commissioning/Procurement	No
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Strategy/Policy	Strategy/Policy
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Details of other Service Activity	Review of the joint LD&A Partnership Framework covering council and NHS services for people with a learning disability and autistic people
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Accountability and Responsibility

Directorate	Strategic and Corporate Services
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Responsible Service	Strategic Commissioning
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Responsible Head of Service	Clare Maynard - ST SC
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Responsible Director	Richard Smith - AH CDO
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Aims and Objectives

How the council and CCG plan and deliver effective support for people with a learning disability and autism across the whole system;

What changes are needed across the entire support pathway to improve the health and other outcomes achieved for learning disabled and autistic residents and

How partners can improve and embed user and carer voice, ensuring this drives all levels of decision making

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?	Yes
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It is possible to get the data in a timely and cost effective way?	Yes
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Is there national evidence/data that you can use?	Yes
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Have you consulted with stakeholders?	Yes
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Who have you involved, consulted and engaged with?	
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We have consulted through:

- Face to face discussions with individual residents with a learning disability, autistic residents and carers, supported by Easy Read presentations and briefings
- Individual face to face and group work with 'Experts by Experience' and advocates who support people with a learning disability and autistic people
- Evidence and evaluation workshops for people with a learning disability and autistic people, codesigned with Experts by Experience, advocate groups and with the council's ASH Engagement
- Check out face to face sessions and workshops with the same groups to develop and confirm key themes and to codesign solutions and proposals to address equalities and discrimination issues through the proposed LD&A planning framework
- Engagement with frontline healthcare and social care professionals and managers to identify areas of

discriminatory service planning and service delivery and what solutions need to be developed to fix these through the new LD&A planning framework	
Has there been a previous Equality Analysis (EQIA) in the last 3 years?	No
Do you have evidence that can help you understand the potential impact of your activity?	Yes
Section C – Impact	
Who may be impacted by the activity?	
Service Users/clients	Service users/clients
Staff	No
Residents/Communities/Citizens	Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?	Yes
Details of Positive Impacts	
Key Health and Wellbeing Inequalities	
<p>☐ The most recent Public Health England data shows that only 41% of Kent’s 8,819 GP patients on the Learning Disability (LD) register received the targeted LD Annual Health Check they are entitled to against an England average of 52% and national target of 67%.</p> <p>☐ The learning disability Annual Health Checks should address the legal principle of reasonable adjustment as set out in the Equality Act 2010, which requires the specific needs of disabled people to be taken full account of and planned for in the delivery of services including health services</p> <p>☐ The LDAHC should enable GP’s, other health professionals and support staff to plan for the specific communication, emotional and other needs of people with LD and support around mental capacity</p> <p>☐ This is to ensure that the earliest opportunity to identify key health issues are maximised and early action taken by GPs alongside other LD health and social care staff to support people with LD with accessing hospital assessments and treatments to address health conditions before they become serious and life threatening</p> <p>☐ The national low rate of uptake of LDAHC and Kent and Medway’s poor performance against what is a modest national target, has to be viewed in the context that on average people with LD have a 20 year lower life expectancy than the general population</p> <p>☐ In 2015 NHSE established the LeDeR programme through Bristol University to monitor LD deaths</p> <p>☐ Within the context of the LeDeR programme KCC and KMCCG published an annual report on LD deaths in 2019/20 that showed:</p> <ul style="list-style-type: none"> - The average age of death for men with LD was 22 years lower than the England average for the general population - For women with LD the average age of death was 25 years lower than the England average for the general population <p>☐ Additionally in terms of the current pandemic, people with LD were nearly 4 times more likely to die from a Covid related death in the first phase than the general population</p> <p>☐ K&M has one of the highest rates of people with a learning disability and autistic people who are inpatients in specialist hospitals</p> <p>☐ K&M is 36 out of 44 NHS LD&A areas in terms of the number of LD&A patients in specialist hospitals</p> <p>☐ Long term hospitalisation is the most restrictive form of healthcare for people with LD and fundamentally impacts an LD service users human rights in terms of limiting independence and a person’s control over their lives</p> <p>☐ A key issue for the proposed LD&A strategic leadership body and the whole system model to address, is that no routine equalities data is collected or analysed in terms of inpatients with LD or Autistic patients who are detained or supported in specialist hospitals</p>	

- ☒ This is within a context that one of the key equalities issues with regard to mental health hospital admissions at England level, is that black and black British people are 4 times more likely to be detained or admitted than white people
- ☒ Whereas this fact may relate to the broader population with mental health needs, it's important for Kent and Medway NHS and the council to understand whether particular groups are overrepresented and if so why, given K&M's high number of LD&A inpatients
- ☒ The health, social care and well-being datasets covering autistic people are not as developed as they are for people with a learning disability and this includes data available through the NHS and public health and national and local level data, other than the general prevalence of autistic people living in Kent
- ☒ However, research published through the British Journal of General Practise in November 2019 highlights that the life expectancy of autistic people who do not have other neurodiverse conditions, is 12 years lower than the general population with suicide as one of the key causes of death
- ☒ The research concluded that this is attributable to the lack of reasonable adjustment being made for the specific needs of autistic people in terms of GP and other health assessments
- ☒ Engagement with autistic residents and advocates, carried out as part of this review confirms this fact indicating a generally poor experience of health and emergency social care assessments

The proposals to create a more focused, stronger and more accountable planning framework between the council and NHS, are designed to develop and deliver effective solutions to deal with the health and wellbeing inequities and challenges set out above. Critically the proposals put people with a learning disability and autistic people at the heart of decision making from strategic level planning and investment through to the co-design of specific services and interventions.

Within this context the proposals will enable people with a learning disability, autistic people and carers to more effectively challenge where wellbeing inequalities are not being addressed and to work with NHS and council managers and health and social care clinicians and professionals in developing the solutions that deliver against their expectations, life choices, needs and human rights.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?	Yes
Details of negative impacts for Age	
Not Applicable	
Mitigating Actions for Age	
Not Applicable	
Responsible Officer for Mitigating Actions – Age	Not Applicable

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?	No
Details of Negative Impacts for Disability	
Not Applicable	
Mitigating actions for Disability	
Not Applicable	
Responsible Officer for Disability	Not Applicable

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex	No
Details of negative impacts for Sex	
Not Applicable	
Mitigating actions for Sex	
Not Applicable	

Responsible Officer for Sex	Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
Are there negative impacts for Gender identity/transgender	No
Negative impacts for Gender identity/transgender	
Not Applicable	
Mitigating actions for Gender identity/transgender	
Not Applicable	
Responsible Officer for mitigating actions for Gender identity/transgender	Not Applicable
23. Negative impacts and Mitigating actions for Race	
Are there negative impacts for Race	No
Negative impacts for Race	
Not Applicable	
Mitigating actions for Race	
Not Applicable	
Responsible Officer for mitigating actions for Race	Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief	
Are there negative impacts for Religion and belief	No
Negative impacts for Religion and belief	
Not Applicable	
Mitigating actions for Religion and belief	
Not Applicable	
Responsible Officer for mitigating actions for Religion and Belief	Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation	
Are there negative impacts for Sexual Orientation	No
Negative impacts for Sexual Orientation	
Not Applicable	
Mitigating actions for Sexual Orientation	
Not Applicable	
Responsible Officer for mitigating actions for Sexual Orientation	Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity	
Are there negative impacts for Pregnancy and Maternity	No
Negative impacts for Pregnancy and Maternity	
Not Applicable	
Mitigating actions for Pregnancy and Maternity	
Not Applicable	
Responsible Officer for mitigating actions for Pregnancy and Maternity	Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships	
Are there negative impacts for Marriage and Civil Partnerships	No
Negative impacts for Marriage and Civil Partnerships	
Not Applicable	

Mitigating actions for Marriage and Civil Partnerships	
Not Applicable	
Responsible Officer for Marriage and Civil Partnerships	Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities	
Are there negative impacts for Carer's responsibilities	No
Negative impacts for Carer's responsibilities	
Not Applicable	
Mitigating actions for Carer's responsibilities	
Not Applicable	
Responsible Officer for Carer's responsibilities	Not Applicable