

**From:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health  
Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

**To:** Adult Social Care and Health Cabinet Committee  
11 October 2016

**Subject:** **ANNUAL EQUALITY AND DIVERSITY REPORT 2015-2016**

**Classification:** Unrestricted

**Past Pathway of Paper:** Social Care, Health and Wellbeing DMT

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** This report sets out a position statement for services within Social Care, Health and Wellbeing regarding equality and diversity work and progress on KCC Equality objectives for 2015/16.

**Recommendation(s):** The Adult Social Care and Health Cabinet Committee is asked to:

- a) **CONSIDER** and **DISCUSS** current performance and proposed priorities, continue to ensure that equality governance is observed in relation to decision making
- b) **NOTE** the proposed changes to Equality Objectives and **AGREE** to receive revised objectives in 2017
- c) **AGREE** to continue to receive the report annually in order to comply with the Public Sector Equality Duty (PSED) and ensure progress against the Council's objectives.

## 1. Introduction

- 1.1 Publication of equality information is compulsory in England for all public authorities. Proactive publication of equality information ensures not only compliance with the legal requirements, but also greater understanding by the public of the difficult decisions an authority faces, and why it takes those decisions. Gathering equality information and using it to inform decision-making can also enable authorities to achieve greater value for money in the services they deliver through better targeting of services.

## 2. Policy Context

- 2.1 As a public authority KCC must comply with the Public Sector Equality Duty (PSED), promote equality of opportunity and eliminate discrimination for service users and staff. Due regard must be shown to:

- Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advancing equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

2.2 The three aims of the equality duty are:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life and other activities where their participation is disproportionately low

2.3 New Corporate equality and diversity objectives are currently under consultation. However for the reporting period for this report the 2012-2016 equality objectives are relevant and summarised as follows:

- Working with all our partners to define and jointly address areas of inequality
- Promoting fair employment practices and creating an organisation that is aware of and committed to equality and diversity and delivers its PSED.
- Improving the way the Council listens to and engages with its employees, communities and partners to develop, implement and review policy and to inform the commissioning of services through
- Improving the quality, collection, monitoring and use of equality data as part of the evidence base to inform service design, delivery and policy decisions
- Providing inclusive and responsive customer services
- Understanding and responding to the impacts on people when the Council is doing its work

2.4 Directorates have been asked to provide equality information to demonstrate how they have complied with equality legislation between 1 April 2015 – 31 March 2016 and what performance measures and internal controls they have in place to achieve the Council's equality objectives to ensure compliance with the Equality Act 2010. Performance against these objectives is monitored through the Social Care, Health and Wellbeing Directorate Management Team (DMT).

### **3. Adult Social Care**

3.1 The Health and Social Care sector continues to operate in a context of unprecedented change, including legislative and regulatory changes. Every aspect of social care services is being transformed, with many services also subject to integration with health services. Transformation plans are designed to address any identified inequalities and inconsistencies in service delivery and make the best use of available resources. The Directorate Business Plan for 2015/16 provides the detail of the changes brought about by:

- The Care Act 2014
- The Children and Families Act 2014
- Internal transformation programmes
- Integration plans with health services
- The Better Care Fund

3.2 A new division was created in April 2015 by joining services for Disabled Children with Learning Disability and Mental Health. This change increased equality for young people through improving the transition pathway for disabled children moving into adulthood by ensuring they receive the right services at the right time. Work has continued throughout the year to implement the Lifespan integrated pathway and will conclude early 2017.

#### **4. Key Achievements**

4.1 The 2015/16 Local Account describes the achievements and improvements in and challenges for Adult Social Care in the past year and sets out our vision for the future, during the year we have strived to:

- keep vulnerable adults safe
- work with fewer homecare providers to deliver services that are high quality, value for money and support people to live independently in their own home
- increase investment in enablement services and Telecare provision to enable people to regain their independence and remain at home
- reduce the number of permanent admissions to residential care
- support more people through a person-centred process and to receive a personal budget
- support more people with a learning disability into employment
- use surveys and other feedback to look at what we are doing well and what needs improving
- work with health to plan and provide joint services.

4.2 A summary of key achievements are as follows:

4.3 In partnership with private sector companies NRS and Centra, the new Integrated Community Equipment Service and Technology Enabled Care Services were launched on 30 November 2015. The services support all client groups and protected characteristics. They have a crucial role in supporting the most vulnerable people in Kent to remain in their own home by providing individually tailored equipment and adaptations, factoring in protected characteristics at the initial assessment stage. Each service aims to reduce care home and hospital admissions, assist with timely discharge from hospital and promote independent living. They also support the changes brought about by the Care Act 2014.

4.4 The Kent Learning Disability Partnership Board presided over equal access to health screening for people with a learning disability during 2015/16. The outcome ensured that up to 4000 people with a learning disability have equal access to screening services for disease prevention, health screening and

health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease and epilepsy. As reported to the Kent Health and Wellbeing Board in January 2016, progress was made on the Joint Health and Social Care Self-Assessment and more recent progress has included working with NHS England on an easy-read poster for people with a learning disability to improve uptake of bowel screening. Regular updates are provided to the Kent Learning Disability Partnership Board and Valuing People Now Cabinet throughout the year, to ensure take up and address any access issues.

- 4.5 Older People Social Care and NHS hospital teams worked together during 2015/16 as integrated hospital discharge teams to significantly reduce residential placements for older people and support people to return to their own home. Consultations with older people consistently demonstrate that they want to remain in their own home for as long as possible. Under these new arrangements 370 extra people were supported to return home. A partnership approach with meal services, telecare services, falls sensors, carer assist calls, Kent Enablement at Home and Crossroads was utilised to support people at home after hospital discharge. Long term residential placements following a stay in hospital have reduced by 58% since March 2015. Short term bed usage has also reduced by 44% with service users returning home for recuperation instead.
- 4.6 On-going integration work with health services increases opportunities for partnership working, improving services and addressing health inequalities for the people we support. During 2015/16 work has continued with many other organisations such as Kent Community Health NHS Foundation Trust, Kent and Medway Partnership Trust and Clinical Commissioning Groups (CCG), to work with people, carers and the voluntary sector to provide joint services and funding to help people manage their own health at home and in the community. Through initiatives such as the Integrated Care Pioneer Programme and the Better Care Fund, work has continued to provide a better experience, tackling health inequalities and more positive outcomes for people who require health and social care support.
- 4.7 The Blue Badge service information and data on access to services and/or participation rates for 2015-16, shows that the target of providing assessments and access to the service where eligible was exceeded. The Team worked to a target of 10,500 assessments to meet identified need but exceeded this by 906 assessments. This means opportunities for people with a physical disability to lead independent lives have increased.
- 4.8 Work has continued on new tools developed in 2014/15 for the public to manage their own mental wellbeing and reducing the likelihood of stigma and inequality associated with mental health issues. Responding to customer feedback during 2015/16 the Live It Well website <http://www.liveitwell.org.uk/> has been refreshed to include new and updated information. The service was developed further to link in with the new Primary Care Mental Health Service which was launched on 1 April 2016. The service supports people to manage their mental health in a primary care setting. This in turn will help people stay out of a secondary care setting and remain active within their community. Implementation of the new Mental Health Code of Practice for MHA 1983

(amended 2007) took place during 2015/16. One of the three key aims of the new code which was launched at the end of 2014 is to “advance equality of opportunity and eliminate discrimination, harassment and victimisation.” All professionals must be aware of the code and ensure that their practice is compliant with the new requirements.

- 4.9 Service and policy developments and legislative changes are designed to be inclusive, address inequalities and be responsive to customer needs. For example the new Kent advocacy hub was developed during 2015/16 with a contract in place from 1 April 2016 to ensure availability of services to people with physical disabilities, including autism. The new contract was co-produced with people who use services and resulted in a new model - one entry point across Kent linked to a number of specialist organisations to support a range of needs, communication issues or disabilities, so it is accessible for everyone who needs an advocate
- 4.10 The Council continues to invest in Easy Read publications to make important and relevant information more understandable and familiar. Easy Read is one of the ways the Council is helping people who may need information presented in a way which is easier to understand.
- 4.11 The Equalities profile for Social Care, Health and Wellbeing staff shows that there was a small increase in the diversity of the workforce as follows:
- A small increase of 0.2% in male members of staff, with numbers remaining below the average across the Council
  - An increase of 0.9% in black and minority ethnic staff and higher than the average across the Council
  - An increase of 0.5% in younger members of staff aged 25 and under, a 1.0% increase under 30 and a reduction of 1.0% of staff over 50. However the age profile remains lower than the Council average for younger staff and above the average for staff over 50.
- 4.12 During 2015/16 two divisions – Disabled Children, Learning Disability and Mental Health and Older People and Physical Disability introduced a specific Workforce Strategy, recognising that a tailored approach was needed to ensure each workforce is sufficiently skilled and supported to manage the level of complexity involved and support increased diversity within the workforce. Initiatives include the introduction of talent management and succession planning programmes.
- 4.13 To address particular recruitment needs during 2015/16 Older People and Physical Disability services developed a recruitment strategy to attract a more diverse range of applicants to advertised vacancies. As a result the number of newly qualified social workers coming into the service increased by 20 during 2015/16, opening up opportunities for younger registered workers. Attendance at national and local recruitment events and use of social media has resulted in appointments from a broader cross section of the population, as well as appointments made from within Kent.

## **5. Key Priorities for Future Development and Reporting**

- 5.1 Continue to work with the service to ensure that data relating to all protected characteristics is collected for all services areas, fully analysed and used in both service provision and decision making. It would appear from the available data in relation to some protected characteristics is not frequently collected. We need to work with staff to help them understand the importance of data recording, how and why data is used. We plan to hold a number of workshops throughout 2016/17 to increase the understanding of equality and diversity and compliance with relevant processes. Ongoing access to Equality and Diversity training and development is essential to ensure we have a competent and confident workforce in using the framework.
- 5.2 Going forward the in-depth analysis required for the Council's Annual Report needs to include a more comprehensive break down against protected characteristics relating to how services have been delivered. Where a whole client group could be considered to have a protected characteristic, the total number receiving the service needs to be broken down further e.g. by age groups, ethnicity, sexual orientation etc.
- 5.3 The use of 'About You' and collection of personal data needs to improve at the point of assessment and/or review, in order for the relevant information to be available for reporting purposes.
- 5.4 The system and culture of management information and performance reporting needs to develop so that it is a mainstream core activity to report delivery of services against protected characteristics. This needs to be reflected in commissioning activity and contracting processes, whereby partner organisations and commissioned services can also report performance information broken down by protected characteristics, as part of their routine reporting on Key Performance Indicators (KPI). Transformation Phase 3 creates the opportunity to address this and provide assurance that the PSED is embedded within the infrastructure of the organisation.
- 5.5 BME and women subject to domestic abuse in regards to Mental Health services have been identified as two areas where we need to develop a better understanding and develop a plan to address identified gaps.
- 5.6 We need to continue work with the Gypsy and Traveller unit to ensure a more robust way of collecting and reporting data on Traveller Communities.
- 5.7 With the new draft Equality Objectives currently under consultation, now is a good time to review the process where equality objectives at divisional level in conjunction with delivery of Business Plans continue to support the Council's annual reporting requirements for equalities and diversity and evidences the PSED.
- 5.8 Equality Impact Assessments (EIA) are carried out for all service developments, projects and decisions relating to services and staff, to ensure all activity is inclusive and responsive to customer needs. During 2015/16 14 managers participated in training and development on EIAs, to increase the knowledge and skill levels required in the workforce for undertaking EIAs. This training will continue throughout 2016/17.

5.9 Some aspects of the workforce profile during 2015/16 remained the same, indicating that further work is needed to increase the diversity of the workforce in terms of disability and sexual orientation e.g. through recruitment practices and retention strategies. The number of cases where personal data is not known or not supplied has reduced but is still high, indicating a reluctance or lack of confidence in sharing this information, or not seeing the relevance.

## 6. Key Challenges

6.1 Demographic changes and resource pressures continue to provide the biggest challenge. We therefore need to ensure that there is a proportionate response to manage the additional workload within resource constraints.

6.2 A key challenge in Adult Social Care has been to develop a better understanding of the diversity of our service users. Whilst the service works on a personal basis with many clients and has an understanding of an individual's care needs, we recognise an ongoing need to better understand change in population and the broader patterns of experience to help us plan our resources for the future.

## 7. Governance

7.1 In 2012 governance arrangements were agreed to ensure compliance with PSED following an internal audit. Governance is based on decisions having an EIA at both Directorate Management Team and Member level. If decisions are taken without full equality analysis the authority is open to potential Judicial Review

7.2 The Council continues to use EIAs to capture and evidence analysis on the impact of decisions and policies on the People of Kent. The Equality Act abolished the need for EIAs but is clear on the need to undertake equality analysis in order to demonstrate that due regard has been paid to our Equality duties and the Council evidences this by way of an EIA. EIAs assess the impacts and or needs of policies, procedures and services on staff, Members and customers.

## 8. Conclusion

8.1 The annual report has been able to identify progress on the relevant equality objectives. The Directorate can demonstrate that it provides accessible and usable services but it needs to continue to improve its governance arrangements and how it demonstrates the impact of service outcomes in relation to protected characteristics.

## 9. Recommendation(s)

**9.1 Recommendation(s):** The Adult Social Care and Health Cabinet Committee is asked to:

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**10. Background Documents**

KCC Equality and Diversity Objectives 2012-2106:  
<http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/equality-and-diversity/equality-and-diversity-objectives>

KCC Equality and Human Rights Policy and Objectives 2016-2020:  
<http://consultations.kent.gov.uk/consult.ti/EDObjectives/consultationHome>

KCC 2015/16 Local Account for Adult Social Care :  
<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care>

**11. Contact details**

**Report Author:**

Georgina Walton,  
Executive Support Manager, Older People and Physical Disability  
03000 415535  
[Georgina.walton@kent.gov.uk](mailto:Georgina.walton@kent.gov.uk)

**Relevant Director:**

Anne Tidmarsh  
Director, Older People and Physical Disability  
03000 41552  
[anne.tidmarsh@kent.gov.uk](mailto:anne.tidmarsh@kent.gov.uk)