Extract from Equality Impact Assessment : Community Navigation

Engagement as part of the Core Offer

Extensive engagement was undertaken with a range of stakeholders in relation to this project. A new model of care navigation (the wellbeing coordination service) was initially designed in 2017 as part of the Older People and People Living with Dementia Core offer. That proposal was subject to engagement both with those accessing the services and their carers, market engagement and public consultation and findings have been integrated into the design of Community Navigation model.

Pre-engagement with over 200 older people, people living with dementia and their carers identified the accessibility of good quality information and advice as vital in supporting people to live independently.

How people get their information	**Key feedback**
local parish magazines **local newspaper** don't find out church newsletter social media chiropodist leaflets through a club or group **word of mouth** radio community warden by chance care navigators notice board internet doctors surgery library age uk / concern	• Majority of people did not have access to computers. • Even people with a computer did not necessarily trust the information provided and used the computer to identify someone to talk to. • Most people sought information and advice from family and friends, local GP's, faith groups and local charities.

Quotes included:

"Everything is on the 'internet' some of us don't have a computer or want one."

"I can look things up on google but if it's something important I would want to talk to a person, you can't always trust what you find out on google."

"We have a noticeboard here but there is very little on it and it's not in a good place, by the bus stop would be good!"

"I hear most things by word of mouth and I like it that way."

Based on this engagement a number of personal outcomes related to information and advice were included in the proposal for a new contract. This was subject to a public consultation that ran from 12ᵗʰ June to 23ʳᵈ July 2017.

The outcomes identified were:
• I know where to find information and advice and I am confident that this is accurate and easily understood

- I have knowledge of which benefits are available and where to source financial advice
- I know what is available in my community

The question relating to outcomes received 204 responses, with a slight majority of people either agreeing or strongly agreeing with the outcomes identified. Less than a third of respondents actively disagreed with the proposed outcomes.

109 of the people asked also identified other outcomes that they thought should be considered including:

- Information and advice for carers
- Information and advice for self-funders
- Information and advice that is easy to understand and not full of jargon
- Information and advice that is accessible
- The need to differentiate between information and advice and signposting
- The importance of a multi-media approach i.e. leaflets, website and someone to speak to
- The importance of impartial advice
- Information needs to be timely, appropriate and proportionate
- Clear information about the financial aspects of paying for care
- Issues with information becoming out of date
- Need for GP surgeries to do more signposting
- People who are housebound are safely supported to discuss confidential issues such as abusive partner, debt worries
- Challenges in accessing information for people who are not on the internet
- Suggestions of ways that people can receive information related to their care when they receive other information e.g. regarding power of attorney, GP's
- People value someone to talk to

> "People only seem to look into these things when these services are needed, and it can be quite confusing especially for anyone without IT facilities."
>
> "Without internet access my mother finds it very hard to access services. She has no idea what is available or how to access it. As a result she is reliant on me. It is essential that all services are easily accessible with a 'one stop' contact number that is widely known."
>
> "Whilst empowerment is a worthy aspiration, many elderly persons will value help

Recent engagement

Subsequent engagement has been undertaken with a range of stakeholders as part of this Community Navigation design project. With this, there has been a focus on

defining the outcomes of the service, clarifying terms, defining the role, agreeing scope and timelines for support and discussing what a future contract might look like.

Engagement has included two workshops and ongoing dialogue with representatives from Kent CCG's (commissioners and local care leads), attendance at Patient and Public Advisory Group (PPAG), district councils and market engagement events.
Feedback from PPAG included:

- Social prescribing and care navigation should be one role to avoid duplication / confusion
- The role should be signposting people only
- People who need ongoing support should be referred to 'buddies' or services
- Prevention aspect of the role is key
- They need to be available to people where they are, so could be virtual in terms of location and need to be visible around hubs
- There should be a set intervention period, but this needs to be flexible

People Aged 65+ with a Long-term Health Problem or Disability whose Day to Day Activities are Limited a Lot or whose Health is Bad or Very Bad
N.B. This information is limited to those aged 65+, rather than 55+
(Source: 2011 Census - Table DC3203EW)
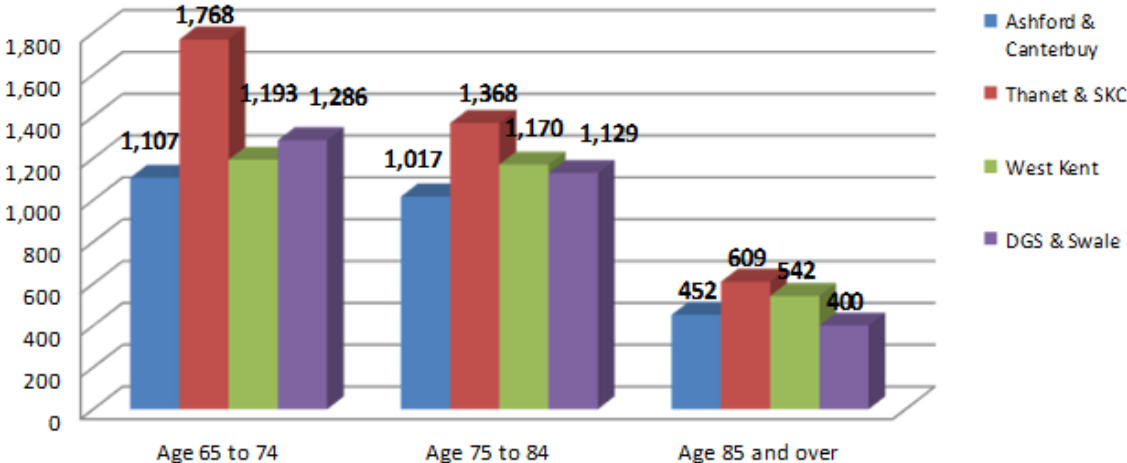
Ethnicity 55+, by CCG/CCG cluster
(Source: 2011 Census - Table DC2101EW)

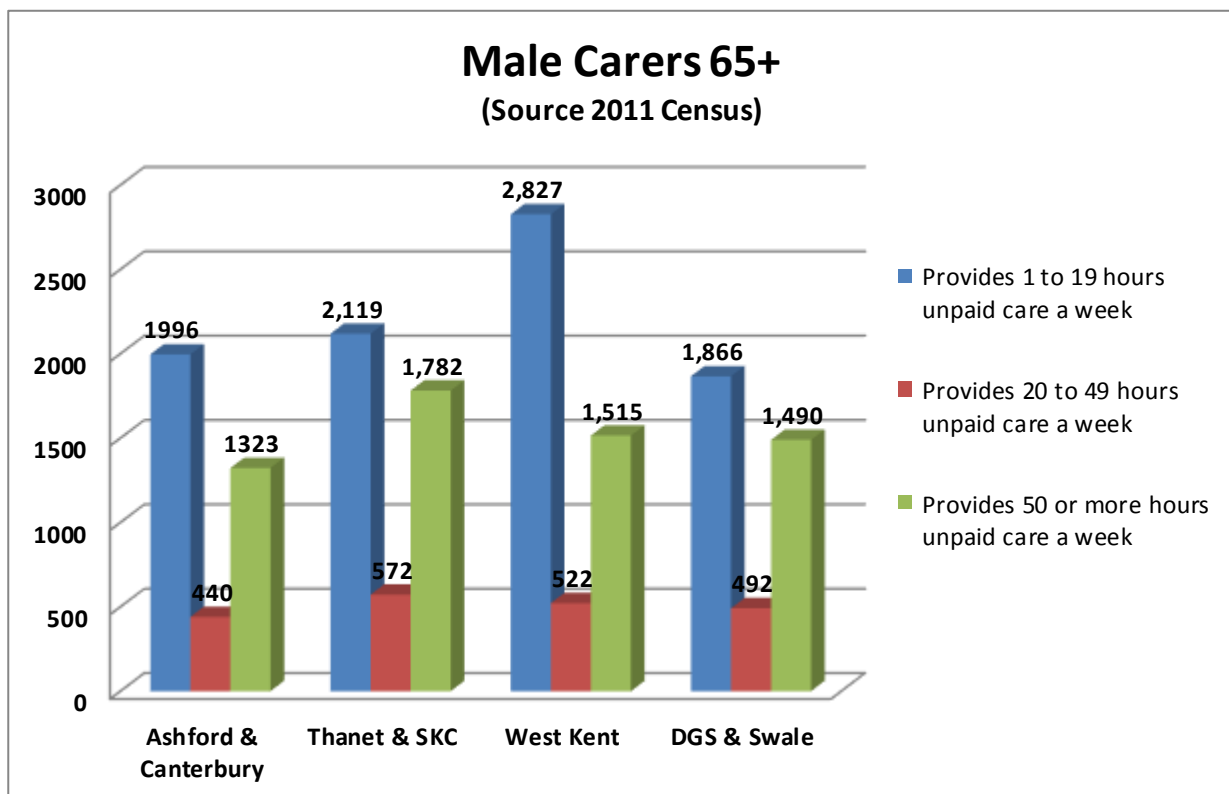| Ethnicity	Ashford & Canterbury	DGS & Swale	South Kent Coast & Thanet	West Kent
White	79,475	87,646	119,553	147,836
Mixed/Multiple Ethnic Group	308	361	476	537
Asian/Asian British	788	2,844	858	1,538
Black/African/ Caribbean/ Black British	203	469	212	298
Other Ethnic Group	110	354	179	234

Religion 55+, by CCG/CCG Cluster
(Source: 2011 Census - Table DC2107EW)

Religion	Ashford & Canterbury	DGS & Swale	South Kent Coast & Thanet	West Kent
Christian	62,634	71,783	94,528	117,666
Buddhist	223	210	326	378
Hindu	214	478	239	417
Jewish	130	101	234	245
Muslim	179	279	219	340
Sikh	46	1,731	27	98
Other religion	296	323	444	409

Numbers of Carers 65+ by sex and CCG/CCG Cluster
N.B. This information is limited to those aged 65+, rather than 55+

Male Carers 65+
(Source 2011 Census)

- Provides 1 to 19 hours unpaid care a week
- Provides 20 to 49 hours unpaid care a week
- Provides 50 or more hours unpaid care a week

	Ashford & Canterbury	Thanet & SKC	West Kent	DGS & Swale
Provides 1 to 19 hours	1996	2,119	2,827	1,866
Provides 20 to 49 hours	440	572	522	492
Provides 50 or more hours	1323	1,782	1,515	1,490

Female Carers 65+
(Source 2011 Census)