

EQIA Submission – ID Number

Section A

EQIA Title

12 Month Extension - Carers Short Breaks

Responsible Officer

Lisa Rogers

Type of Activity

Service Change

No

Service Redesign

no

Project/Programme

No

Commissioning/Procurement

yes

Strategy/Policy

Procurement

Details of other Service Activity

No

Accountability and Responsibility

Directorate

Adult Social Care and Health

Responsible Service

Strategic Commissioning

Responsible Head of Service

Simon Mitchell

Responsible Director

Richard Smith

Aims and Objectives

The 2021 census indicated that there was a 152,000 rise in number of carers providing over 50 hours of care to just over 1.5 million. According to Carers UK full-time carers are more than twice as likely to be in bad health as non-carers whilst one in five adults have seen their work negatively affected as a result of caring. This includes 2.3 million nationally who have quit work and almost three million who have reduced their working hours to care at some point in their lives. More than half (54%) of carers are struggling to pay household bills or to make ends meet, and over a third (35%) are cutting back on essentials like food and heating. About 40% of carers have had a breakdown in a relationship with a family member, and 60% have found it difficult to maintain friendships. As of the end of March 2021 the current short breaks provider Crossroads Care Kent were supporting 2,151 carers.

Recommendations – 12-month extension. A Direct Award to the incumbent provider, is the recommended option. This will allow the outcomes of the Kent Carers’ Strategy to be embedded within the future service design, whilst keeping consistency of service for unpaid carers in the interim. It will also allow the opportunity to understand the performance and trends of the contract to better inform and scope the design and recommissioning of the service in a truly co-produced way. The Direct Award will be made in accordance with stipulations within Regulation 32 of the Public Contracts Regulations 2015.

The current Kent Adult Carers Strategy 2022-2027 was approved and published in Summer 2022. The Care Act 2014 came into effect in April 2015 and replaced most previous laws regarding carers and people being cared for. It outlines the way in which local authorities should carry out carers' assessments

and needs assessments; how local authorities should determine who is eligible for support. The Care Act places a duty on local authorities to promote an individual's 'wellbeing'. This means that they should always have a person's wellbeing in mind when making decisions about them or planning services. The wellbeing principles are also part of the eligibility criteria. Local authorities have to consider the impact of a role as a carer on their wellbeing. Similarly, they have to consider the impact of a disabled person's needs on the carer's wellbeing.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

Care Providers
DMT
Health and Social Care commissioners.
Adult Social Care operational teams.
Those with protected characteristics as detailed below

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

Yes

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

Staff/Volunteers

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

The Carers Strategy 2022 -2027 set the direction of how support can be offered in the future. With 3 main areas: Supporting you to be you; Providing the best support possible; Positive Outcomes . The approach also explores the times within a Carers life that services may be more critical (Key Life Moments). These approaches have been designed with local Carers and so are reflective of what Carers have actually told us.

Thus, an extension will allow KCC to consult and co-produce an effective enabling service to support carers in Kent that is aligned with the Community Navigation service which includes carer navigation and carer's assessments.

Positive impacts for protected characteristics:

Continuity will be provided to people who draw on care and support with an extension to the contract. This will allow the outcomes of the Kent Carers' Strategy to be embedded within the future service design, whilst keeping consistency of service for unpaid carers in the interim. It will also allow the opportunity to understand the performance and trends of the contract to better inform and scope the design and recommissioning of the service in a truly co-produced way.

The services will continue to be accessible to all regardless of the protected characteristics listed below, we therefore assume there will be no adverse impact to this group.

Further with the development long term of a more person centred, coordinated and outcome-based services should have a positive impact based on all the protected characteristics listed below.

Carers, Age, Disability, Gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered.

Additional positive impacts for a 12-month extension allowing for a redesigned service by 2025 include:

Carers: By targeting those people who have the highest need (for example those who deliver the highest amount of unpaid care) they may be in a better position to access the services that they need

Age: Contracts will allow performance monitoring to ensure that there is a proportionate distribution of ages accessing these services and that the outcomes for all age groups are being met. Where there are gaps to investigate and put measures in place to remedy them.

Older people who may require access to these services due to degenerative age-related health conditions such as dementia and/or care needs will also continue to benefit from this. As our society ages, the number of people living with complex needs is increasing. It is therefore inevitable that more older people will take on a caring role. Most older carers live alone with the person they care for and many also live with life limiting conditions. Therefore, this service should enable a more personalised offer thus having a positive impact on the older carers.

Disability: Disabled people are more likely to have significant interactions with health and social care services as clients. Disabled people may also require the support of carers.

The aim with the extension to the contract is to enable the time to deliver a fairer service across the whole county. This will ensure that those clients with a disability are not potentially missing out because of where they live. Performance monitoring will also ensure that the services that are being delivered to clients are having a positive effect.

Race - language barriers or cultural attitudes to accepting support may continue to impact on the success of the contract, and we do not know how attitudes have changed through successive generations. We need to understand this better and Key Performance Indicators (KPIs) will be put in place to address this gap in knowledge.

Religion or belief: older people of different religions and beliefs may have differing attitudes towards services that impact on social and familial support systems. A variety of daily living activities may be profoundly influenced by a person's religious and spiritual beliefs: modesty and privacy; clothing, jewellery and make-up; washing and hygiene; hair care; prayer; holy days and festivals; physical examination; contraception; attitudes to death, dying and mourning; medication; healing practice etc. We need to understand this better and Key Performance Indicators (KPIs) will be put in place to address this gap in

knowledge.

Sexual Orientation - Consideration should also be given to the fact that LGBTQ+ individuals may experience, discrimination or attitudes within families that impact social and familial support systems. They may also be less comfortable being open about their sexual orientation due to generational issues. This may be especially true for older LGBTQ+ people who may also be socially isolated due to age mobility.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No

Details of negative impacts for Age

N/A

Mitigating Actions for Age

N/A

Responsible Officer for Mitigating Actions – Age

N/A

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

No. Note: If Question 20a is "No", Questions 20b,c,d will state "Not Applicable" when submission goes for approval

Details of Negative Impacts for Disability

N/A

Mitigating actions for Disability

N/A

Responsible Officer for Disability

N/A

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex

No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval

Details of negative impacts for Sex

N/A

Mitigating actions for Sex

N/A

Responsible Officer for Sex

N/A

22. Negative Impacts and Mitigating actions for Gender identity/transgender

Are there negative impacts for Gender identity/transgender

No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval

Negative impacts for Gender identity/transgender

N/A

Mitigating actions for Gender identity/transgender

N/A

Responsible Officer for mitigating actions for Gender identity/transgender

N/A

23. Negative impacts and Mitigating actions for Race

Are there negative impacts for Race

No

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| Negative impacts for Race |
| N/A |
| Mitigating actions for Race |
| No |
| Responsible Officer for mitigating actions for Race |
| N/A |
| 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 |
| N/A |
| Mitigating actions for Religion and belief |
| No |
| Responsible Officer for mitigating actions for Religion and Belief |
| N/A |
| 25. Negative impacts and Mitigating actions for Sexual Orientation |
| Are there negative impacts for Sexual Orientation |
| No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval |
| Negative impacts for Sexual Orientation |
| N/A |
| Mitigating actions for Sexual Orientation |
| N/A |
| Responsible Officer for mitigating actions for Sexual Orientation |
| N/A |
| 26. Negative impacts and Mitigating actions for Pregnancy and Maternity |
| Are there negative impacts for Pregnancy and Maternity |
| No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval |
| Negative impacts for Pregnancy and Maternity |
| N/A |
| Mitigating actions for Pregnancy and Maternity |
| N/A |
| Responsible Officer for mitigating actions for Pregnancy and Maternity |
| N/A |
| 27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships |
| Are there negative impacts for Marriage and Civil Partnerships |
| No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval |
| Negative impacts for Marriage and Civil Partnerships |
| N/A |
| Mitigating actions for Marriage and Civil Partnerships |
| N/A |
| Responsible Officer for Marriage and Civil Partnerships |
| N/A |
| 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 |
| N/A |

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| Mitigating actions for Carer's responsibilities |
| N/A |
| Responsible Officer for Carer's responsibilities |
| N/A |