

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Adult Social Care Pressures Plan 22/23

2. Directorate

Adult Social Care

3. Responsible Service/Division

Operations

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Jade Caccavone – Directorate Business Support Manager

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Sydney Hill - Assistant Director North Kent

6. Director of Service

Note: This should be the name of your responsible director.

Jim Beale- Director Adult Social Care East Kent

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – *operational changes in the way we deliver the service to people.* Answer Yes/No

Service Redesign – *restructure, new operating model or changes to ways of working.* Answer Yes/No

Project/Programme – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.* Answer Yes/No

Time limited project over winter and pressures periods, using different resourcing methods and targeted project activity.

Commissioning/Procurement – *means commissioning activity which requires commercial judgement.* Answer Yes/No

Strategy /Policy – includes review, refresh or creating a new document. Answer Yes/No

Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Adult Social Care and Health has managed an extremely challenging period throughout 2022; as we continue recovery from the COVID-19 pandemic, the Directorate and its partners have continued to respond to many challenges in an unprecedented environment. Whilst the COVID-19 vaccination programme has enabled a return to more normal life, Adult Social Care and Health continues to operate in the context of high demand for services, budget pressures and workforce issues, which mean that robust contingency planning and an agile response is more critical than ever

Local authorities have seen increased budget pressures in recent years, which has impacted on the funding available for Adult Social Care services. This is in the context of increased demographic pressures, with an aging population and people living longer with more complex needs. Spend on Adult Social Care has inevitably increased during the pandemic to manage the increased costs of services, staffing and equipment including PPE, as well as increased levels of demand and complexity of need particularly as restrictions are lifted.

Adult Social Care now faces a significant budgetary challenge for 2022/23 and 2023/24, whilst simultaneously managing increased waiting lists for services due to the workforce pressures which are being seen across multiple sectors but are particularly acute in health and social care.

The health and social care workforce and system is under significant strain nationally, with demand outstripping capacity as a result of the pandemic; the NHS has significant backlogs of people waiting for elective surgeries and treatment and there are large vacancy rates in both workforce populations. Skills for Care figures from October 2021 indicated a vacancy rate of 165,000 jobs in adult social care services nationally, which represents approximately 10.7% of the total adult social care, the southeast has an estimate of 10.7% vacancy rate. Turnover rates across the sector also remain high, at 29% with employers reporting that retention is now more difficult than before the pandemic. NHS Digital statistics also showed that as of June 2022 there were 132,139 vacancies across the NHS in England; a vacancy rate of 9.7% which has increased from 7.6% since June 2021.

Given the high vacancy rates and difficulties in recruitment across the social care sector, there is inevitably concern about the impact on service delivery and provision of care this winter. Adult Social Care and Health are already seeing the impact of these workforce challenges; waiting times have increased across several services and are particularly visible in Care and Support in the Home, where the people waiting for care and support in the home was 39% higher at the end of September 2022 when compared to the same time period in 2021.

Throughout 2022 there has been a gradual return to normality, as the COVID-19 vaccine programme has supported a reduction in serious illness and hospitalisations as a result of coronavirus. National data shows that 88.4% of the population aged over 12 have received both doses of the vaccination, and 69.9% have received a third booster jab. As at the 18 October 2022 39.6% of adults over 50 have had their autumn booster vaccine. Cases are currently far lower than the last peak of infections last winter which peaked at 234,873 cases on 4 January 2022, national data shows cases as of 12 October at 8027 cases. Hospital admissions and deaths currently remain far below the levels of previous

waves of the pandemic.

However, we continue to prepare for the possibility of a higher than usual number of infections with seasonal flu (influenza) that are expected for this winter and the consequences of simultaneous infections with both Covid and flu are unknown. A comprehensive flu vaccination programme for eligible age groups and individuals with underlying health conditions has started recently. It is important that front-line health and care staff are encouraged to get vaccinated for both Covid and flu this autumn and these continue to be encouraged across the workforce.

Additionally, health and social care services are already managing large backlogs and waiting lists for care and support services. In the NHS, elective procedures are being delayed and people continue to report challenges in accessing primary care services, which historically results in increased pressure on Accident and Emergency services.

Overall, there is a high level of concern about the levels of pressure on health and care services this winter. Respiratory infection rates are likely to create higher levels of staff absences and the effects of the cost-of-living crisis on staff recruitment and retention in the health and care sector are difficult to estimate, but likely to have an effect.

The key desired outcome of the Adult Social Care Pressures Plan 2022-23 is that high-quality, safe and timely support continues to be provided to everyone who needs it. The plan draws on the lessons learned from winter 2021-22 to ensure that Adult Social Care can maintain an agile approach to respond to changing circumstances in the health and social care system, and is enabled to work collaboratively with health partners to make best use of resources across the system.

The Pressures Plan identifies a number of actions and contingency plans which will:

- Deliver a programme of work to support timely and effective hospital discharge and community support
- Manage demand and capacity for Adult Social Care services, and increase resources in teams where required to ensure service continuity
- Identify and appropriately allocate funding to support service continuity, both internally and in the provider market

Care and Support will continue to be provided based on the assessed needs of each individual, tailoring the support offered as appropriate, without discrimination on the grounds of protected characteristics

Analysis from the evidence suggests that this project might have a negative impact for three protected characteristic groups:

- Age
- Disability
- Carers

Any negative impact will be mitigated as outlined below.

However, it is anticipated that this work will mainly have a positive impact, as it aims to:

- Provide capacity to enable practitioners to support additional demand during a period of uncertainty
- Ensure that the best outcomes of the person are sought and enable where possible, people to return home with appropriate care and support
- Be responsive to the people we support, and those who care for them
- Enable joined up working across Health and Care services

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No

Yes

10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No

Yes

11. Is there national evidence/data that you can use? Answer: Yes/No

Yes

12. Have you consulted with Stakeholders?

Answer: Yes/No

Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes

13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

The management team across Adult Social Care and Health, and wider operational teams have been engaged in planning and preparation for winter and beyond, to ensure that sufficient plans and mitigations are in place to support demand the coming months.

Regular engagement has taken place and will continue to do so with our NHS partners for specific strands on ongoing programme and project activity to ensure a joined-up approach to support the residents of Kent and safe and timely discharge and ongoing care and support. Ongoing engagement is also in place with our service providers.

Colleagues in finance and performance have been engaged and will continue to be involved as support schemes progress within the plan.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

No

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes

Uploading Evidence/Data/related information into the App

Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Yes

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients - Answer: Yes/No

Yes

Residents/Communities/Citizens - Answer: Yes/No

Yes

Staff/Volunteers - Answer: Yes/No

Yes

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No

Yes

18. Please give details of Positive Impacts

It is anticipated that this project will mainly have a positive impact for all protected characteristic groups, as this project aims to:

- Provide capacity to enable practitioners to support additional demand during a period of uncertainty
- Ensure that the best outcomes of the person are sought and enable where possible, people to return home with appropriate care and support
- Be responsive to the people we support, and those who care for them
- Enable joined up working across Health and Care services

As with any change of circumstance, we will undertake a new assessment before considering course of action, including consideration of a requirement for an assessment of health needs, and have regard to the person's wellbeing. Best practice will support compliance with KCC obligations under the Care Act 2014, Equality Act 2010, Human Rights Act 1998 and Mental Capacity Act 2005. Provision of care and support is not influenced by their protected characteristics, but based on their assessed need under the Care Act 2014 eligibility criteria

Where there is concern about a person's capacity to make a decision, for example as a result of a mental impairment such as those with dementia, acquired brain injury, learning disabilities or mental health needs, the requirements of the Mental Capacity Act 2005 and access to an Independent Mental Capacity Advocate will apply in line with current operational policies, legislation and Code of Practice.

The wellbeing principles of the Care Act 2014 will be underpinned by respect for a person's dignity and autonomy and their right to freedom from inhuman treatment (Article 3 European Convention on Human Rights) and their rights in respect for private and family life (Article 8 European Convention on Human Rights). The impact on the person's wellbeing and persons/representative wishes and views will be taken into account in line with current operational policies, and related legislation when considering care and support.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Age

According to the 2020 Mid-Year Population Estimates: Age and sex profile (census based) data produced by Kent analytics the population of Kent is 1,589,100. 20.2% of this population is aged 65 plus.

Of the 1,586 people who were in a Short Term Residential or Nursing bed since 1st April 2022 (to 31st October 2022) The average age was 81. 28% were aged 65-80, 43% aged 80-90 and 22% aged over 90. Therefore any practice in supporting discharge and arranging ongoing care and support may be particularly impactful on the very old. Some frail elderly people moving from one care home setting to another could be particularly stressful and have adverse effects on health and wellbeing.

Of those people making an initial contact with our area referral management service the highest age grouping was those aged 80-89 (27%) followed by 70-79 (22%) and 60-69 (12%) and therefore the demand on our services is particular prevalent from the very old.

Older people may be less likely to use digital technology and may miss the opportunity of having increased choice or awareness of what other equipment or services are available. Of those currently in receipt of telecare 18% were aged 70-79, 28% 80-89 and 22% 90-99

c) Mitigating Actions for Age

When considering a move from any care provision, the practice guidance directs the adult social care practitioner to consider persons wellbeing

- person's need for social contact and emotional support
- the extent of their existing local social network
- how vital contact with family/ friends is to the person's health and wellbeing - i.e. to meeting their needs and/or Article 8 European Convention on Human Rights: right to a private and family life
- physical frailty and disability for some visiting relatives/friends. This may be a limiting factor for some and for others cost will be a factor.

Best practice will support compliance with KCC obligations under the Care Act 2014, Equality Act 2010, Human Rights Act 1998 and Mental Capacity Act 2005.

Prescribers are available to support people to understand the different technology options available to best support their care and support needs.

d) Responsible Officer for Mitigating Actions - Age

Jim Beale

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Disability

Using the broadest definition (2011 Census) 257,038 residents in Kent (17.6%) have a health problem or disability which limits their day-to-day activities,

Of the 1,586 people who were in a Short Term Residential or Nursing bed since 1st April 2022 (to 31st October 2022)

- 70% had a physical support Personal care and support, 33% Physical Support Access and Mobility Only
- 4% had a visual impairment and 2% a hearing impairment (based on registrations)

Of those people who are currently receiving support through our Kent Enablement at home service

- 3% had a physical disability, 3% visual impairment and 1% a hearing impairment (based on registrations)

Of the 10,256 people who had an **OT Assessment or intervention** since 1st April 2022 (to 31st October 2022)

- 60% had Physical Support Access and Mobility Only and 33% physical support Personal care and support. 5% need Mental Health support
- 5% had a physical disability, 3% visual impairment and 1% a hearing impairment (based on registrations)

People with dementia, learning disabilities or mental health conditions, will likely need greater support and increased advocacy to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need

c) Mitigating Actions for Disability

Eligibility determinations for care and support under the Care Act are based on a person's needs assessment arising from or are related to a physical or mental impairment or illness.

The practitioner is directed to consider the person's wellbeing, including physical frailty and disability; need for contact and emotional support; extent of existing local social network; how vital contact is with family and friends.

We will determine and take appropriate action when the person may have difficulty communicating/reading/understanding information (for example those with Autistic Spectrum Disorder, Profound and Multiple Learning Disabilities, who are d/Deaf, who have a sensory loss, who have other communication disabilities, or a mental health condition which affects their ability to communicate) and whether a specialist or interpreter may be needed to support communication. We already identify and record if an individual has any communication / information needs relating to a disability, impairment or sensory loss and if so, what these are in line with the Accessible Information Standard.

d) Responsible Officer for Mitigating Actions - Disability

Jim Beale

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Sex

Not applicable

c) Mitigating Actions for Sex

Not applicable

d) Responsible Officer for Mitigating Actions - Sex

Not Applicable

22. Negative Impacts and Mitigating actions for Gender identity/transgender
a) Are there negative impacts for Gender identity/transgender? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Gender identity/transgender
Not applicable
c) Mitigating actions for Gender identity/transgender
Not applicable
d) Responsible Officer for Mitigating Actions - Gender identity/transgender
Not applicable
23. Negative Impacts and Mitigating actions for Race
a) Are there negative impacts for Race? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Race
Not Applicable
c) Mitigating Actions for Race
Not Applicable
d) Responsible Officer for Mitigating Actions – Race
Not Applicable
24. Negative Impacts and Mitigating actions for Religion and belief
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Religion and belief
Not applicable
c) Mitigating Actions for Religion and belief
Not applicable
d) Responsible Officer for Mitigating Actions - Religion and belief
Not Applicable
25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. <i>Answer:</i> <i>Yes/No (If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Sexual Orientation
Not Applicable
c) Mitigating Actions for Sexual Orientation
Not applicable
d) Responsible Officer for Mitigating Actions - Sexual Orientation

Not Applicable
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Pregnancy and Maternity
Not applicable
c) Mitigating Actions for Pregnancy and Maternity
Not Applicable
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
Not Applicable
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
Yes
b) Details of Negative Impacts for Marriage and Civil Partnerships
Not Applicable
c) Mitigating Actions for Marriage and Civil Partnerships
Not Applicable
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
Not Applicable
28. Negative Impacts and Mitigating actions for Carer's responsibilities
a) Are there negative impacts for Carer's responsibilities? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
Yes
b) Details of Negative Impacts for Carer's Responsibilities
A person in a short-term bed or residential or nursing provision may have contact with family and friends, some of who may have their own frailty and disability impacting on visiting. A move to another provision would impact person's wellbeing and maintaining family or other personal relationships.
c) Mitigating Actions for Carer's responsibilities
During an individual's assessment consideration is made to family and friends and any ongoing caring responsibility that may be due to a change in circumstances. If there is any change to circumstances a carers assessment will be offered or will be reviewed to ensure that both the carer and the individual have the correct provision of support in place.
Decisions will consider meeting emotional support and Article 8 European Convention on Human Rights: right to a private and family life and significant impact on their wellbeing.
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities
Jim Beale

