

**From:** Graham Gibbens, Cabinet Member for Adult Social Care  
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**To:** Adult Social Care Cabinet Committee – 9 June 2017

**Subject:** **ADULT SOCIAL CARE AND HEALTH - ANNUAL EQUALITY AND DIVERSITY REPORT 2016/2017**

**Classification:** Unrestricted

**Previous Pathway of Paper** Social Care, Health and Wellbeing Directorate Management Team – April 2017

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** This report sets out a position statement for services within Social Care and Health regarding equality and diversity work and progress on KCC equality objectives for 2016/17.

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

- a) **CONSIDER** and **DISCUSS** current performance and proposed priorities;
- b) **CONTINUE** to ensure that equality governance is observed in relation to decision making;
- c) **AGREE** to the approach for delivering against the new equality objectives; and
- d) **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.

1.2 This report is to provide assurance to Cabinet Committee members that the Directorate can demonstrate it is compliant with its Public Sector Equality Duty (PSED) and as a result provides accessible and usable services.

## **2. Financial Implications**

2.1 There are no financial implications in producing this annual report.

## **3. Policy Context**

3.1 As a public authority Kent County Council must comply with the 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.

3.1.1 The three aims of the PSED are:

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

3.2 The 2016-20 Equality and Human Rights Policy is now in place following a consultation during 2016. The Directorate Business Plan for 2017/18 provides an overview of the new equality objectives. The details of the actions that will be taken to deliver against these objectives are set out within the Divisional Business Plans.

3.3 However for the reporting period for this report the 2012-16 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 County Council listens to and engages with its employees, communities and partners to develop, implement and review policy and to inform the commissioning of services
- 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 County Council is doing its work.

#### 4. Adult Social Care

- 4.1 The Health and Social Care sector continues to operate in a context of unprecedented change and increased demand on services. Every aspect of social care services is being transformed, with many also subject to integration with health services. Transformation plans are being designed to address any identified inequalities and inconsistencies in service delivery and make the best use of available resources.
- 4.2 The principle responsibilities of the Directorate include undertaking individual and population needs assessment, commissioning and arranging services to meet the eligible needs of people and safeguarding vulnerable children and adults. Adult Social Care demonstrates its commitment by embedding equality throughout the organisation to ensure that the needs of all communities are considered in the commissioning and delivery of services.
- 4.3 The new Lifespan Pathway within the Disabled Children, Adults Learning Disability and Mental Health (DCALDMH) Division went live on 1 April 2017, this will ensure children, young people and adults with a disability have better transition at all stages, help young people achieve their ambitions and improve their outcomes.

#### 5. Profile of Kent Service Users

- 5.1 The Directorate continually works to improve the quality, collection, monitoring and use of equality data as part of the evidence base to inform service design delivery and policy decisions.

##### Age Profile as of February 2017

Age	OPPD*	LDMH*
<18	0.0%	0.1%
18-24	2.4%	15.6%
25-34	2.4%	21.3%
35-44	3.4%	18.5%
45-54	6.6%	21.8%
55-64	8.6%	13.9%
65-74	14.7%	7.0%
75-84	25.9%	1.6%
85+	35.7%	0.2%
Age Not Provided / Not Recorded	0.5%	0.1%

\*OPPD – Older People/Physical Disability

\*LDMH – Learning Disability/Mental Health

Gender Profile as of February 2017

Gender	OPPD	LDMH
Female	63.11%	47.58%
Male	36.84%	52.39%
Neutral Gender	0.01%	0.01%
Not Known / Not Recorded	0.03%	0.01%

Ethnicity Profile as of February 2017

Ethnicity	OPPD	LDMH
Asian / Asian British	1.4%	1.7%
Black / African / Caribbean / Black British	0.5%	0.9%
Mixed / Multiple	0.3%	1.6%
Other Ethnic Group	0.6%	0.9%
Unknown / Refused / Not Yet Obtained	11.4%	8.4%
White	85.8%	86.4%
Lacks Capacity - Ethnicity	0.0%	0.1%

Religion Profile as of February 2017

Religion	OPPD	LDMH
Buddhist	0.1%	0.3%
Christian	19.4%	26.8%
Hindu	0.1%	0.2%
Jewish	0.1%	0.1%
Muslim	0.1%	0.5%
No religion	30.5%	31.9%
Other	4.9%	2.6%
Sikh	0.4%	0.3%
Lacks Capacity - Religion	0.0%	1.0%
Unknown / Refused / Not Yet Obtained	44.5%	36.4%

Sexual Orientation Profile as of February 2017

Sexual Orientation	OPPD	LDMH
Bisexual	0.0%	0.1%
Gay Man	0.1%	0.1%
Gay Woman/Lesbian	0.1%	0.0%
Heterosexual	25.5%	7.8%
Other	0.4%	0.9%
Lacks Capacity – Sexual Orientation	0.0%	1.4%
Unknown / Not Recorded	73.9%	89.7%

### Primary Support Reason as of February 2017

Primary Support Reason	OPPD	LDMH
Learning Disability Support	0.3%	50.0%
Mental Health Support	10.3%	42.9%
Physical Support	75.0%	1.8%
Sensory Support	4.2%	0.2%
Social Support	5.0%	3.4%
Vulnerable Adult	2.4%	1.3%
Awaiting Assessment	2.8%	0.6%

5.2 The service user profile has remained the same over the last year. However, recording of sexual orientation and religion has changed to a high proportion of people now having a sexual orientation value recorded as 'prefer not to say' and a religion value of 'none' where this would otherwise have not been recorded. Therefore this is not accurately reflecting these groups that would actually 'prefer not to say' and where religion is 'none'. This indicates that further work is to be done with teams to ensure that only information on these characteristics is recorded where this is known and the service user has disclosed the information.

5.3 Since the 2012-16 equality objectives started, the service user profile has remained unchanged in some aspects, apart from the following:

- Age – increase of 3.6% in 85+ within OPPD
- Gender – 2.55% increase in female service users within OPPD and a reduction of 3.81% female service users within LDMH
- Ethnicity – 4% increase across OPPD and LDMH in Unknown/Refused/Not Yet Obtained recording category
- Data on religion and sexual orientation is not available retrospectively, therefore unable to compare against 2012
- The most significant changes in profile are within the primary reason for support: there is a 10% increase for mental health support, 6% increase in Learning Disability (LD) 8.3% in physical support and 5% in social support. However over the four years the demand on services has increased and the number of service users has increased by 6,197. However the increase in some categories such as Mental Health can also demonstrate where services have responded to the needs of people living in Kent through the introduction of the Primary Care Mental Health service in April 2016.

### Service user numbers

	OPPD	LDMH
January 2012	25,050	6,710
March 2017	28,851	9,106

## **6. Adult Social Care and Health Staffing**

6.1 The Equalities profile summary below, shows how Adult Social Care and Health compares with the diversity of the workforce across the Council and any changes in profile over the last year:

- A small decrease of 0.6% in male members of staff, with numbers remaining below the average across the Council
- An increase of 0.5% in black and minority ethnic staff , which is 1.9% higher than the average across the Council
- An increase of 0.2% in younger members of staff aged 25; however this is still 1.4% below the average, a 0.3% increase under 30 and staff over 50 has remained the same. The age profile remains lower than the the Council's average for younger staff and above the average for staff over 50
- An increase of 0.3% in staff considered disabled.

6.2 Fair employment practices are monitored and reported on a regular basis to the Social Care and Health Directorate Management Team (DMT) and the next level down Divisional Management Team meetings (DivMT), to ensure managers are engaged in their responsibilities.

## **7. Examples of Activity during 2016/17**

7.1 The 2016/17 Local Account will be published later in the autumn, this will describe the achievements in, improvements of and challenges for Adult Social Care in the past year and sets out the vision for the future. There is also the Council's Annual Equality and Diversity report and information on the Council's performance against equality objectives is regularly updated on the Kent.gov website.

7.2 A few examples of how the Directorate provides inclusive and responsive customer services through, understanding our customer's needs, connecting with our customers effectively and efficiently are given below:

- Transgender (Trans) equality has become an area of growing concern both in the Council and nationally. Legislative changes through the Equality Act 2010 and a change in the wider social culture has led to greater awareness of the experience of Trans people in health, education employment and society in general. Therefore, during 2016 a Trans working group was established to actively consider addressing and advancing the equality outcomes of the Trans community in Kent. Following which the Directorate policy team developed a guide which is designed to help staff in Adult Social Care to offer the best service they can to Trans users of Adult Social Care services.
- During 2016, commissioning funded by OPPD supported Healthwatch to set up a Physical Disability Forum. Historically, there has been a gap in having a forum to represent people with a physical disability. The Forum, which is funded by Healthwatch and the Council, has been set up to work with the Council and Health Commissioners to ensure that people with a physical disability have a voice that can influence the priorities and direction of future

commissioning. The Forum aims to give people both with a physical disability, and those who care for them, a strong collective voice and bring many organisations and groups together to create a network of support and influence positive change. The Forum identified a gap in provision and is now working to develop a new support offer, which will be a user led service to help promote people's independence and wellbeing

- 294 people from different organisations attended 'Hot Potato' events in July and September 2016. These events explored sensitive issues in relation to Dementia and encouraged people to talk about these issues and be pro-active in dealing with them and to have awareness of possible scenarios rather than be re-active and unprepared. A number of topics were covered including LGBT and Dementia, Learning Disability and Dementia, Mental Capacity Act (MCA) and Best Interest overview, the carer's perspective and faith and spirituality. All attendees were asked to make a pledge from what they had learnt that day, some of the pledges include:
  - Pledge to do more to highlight the needs of LGBT community affected by dementia in training and awareness raising
  - To continue to develop further an understanding of dementia and treating those as an individual and not for their disease and
  - Recognising and respecting the person behind dementia better
- Within LD the Valuing People Now Support Contract and Facilitation Service continues to provide support across all 12 Districts of Kent via the organisation and facilitation of The Kent Partnership Board and District Partnership Groups (DPG) and to facilitate and support the engagement of people with learning disabilities and their families in making sure Valuing People Now is happening in Kent. Each DPG represents the local learning disability population - including people with complex needs, people with profound or multiple disabilities, people from black or minority ethnic communities, people who present challenges and people who are or have been offenders. From 1 April 2016 to 31 December 2016, 462 people with a learning disability attended the involvement group meetings.
- The Learning Disability Partnership Awards took place on 13 September 2016 and were very successful, with awards given out across a number of categories. The awards recognise the creative ways in which companies, services and people go the extra mile to help give people with a learning disability more choice, improved independence and access to their communities.
- During late 2016 the Strategy for Adults with Autism, which addresses the key requirements of the national strategy and sets out a plan for the future to improve the lives of adults with autistic spectrum conditions in Kent, was out for consultation. The consultation process ensured wider engagement with people with autism and their families and carers and the Strategy was revised in the light of this feedback.
- The OPPD division developed an overview on End of Life care, which sets out how the division is working to implement End of Life against the 'Ambitions for

Palliative and End of Life Care: A national framework for local action 2015-2020'. By measuring current activity against the national framework, this has allowed OPPD to identify where there are gaps and develop an action plan.

- There is on-going integration work with health through the Kent Integrated Care Pioneer Programme. During 2015/16 the Pioneer team set up the Design and Learning Centre for Clinical and Social Innovation, which is working in a co-produced way to find innovative solutions to integrate services to meet the changing needs of the communities in Kent. The Design and Learning Centre works to address health inequalities and is currently testing a number of EU models of care - ESTHER and Buurtzorg.
- During July 2016, the Accessible Information Standard guidance and policy was published, the document aims to make sure that service users who have a disability, impairment or sensory loss are provided with information they can easily read or understand with support, in order that they can communicate effectively with health and social care services. This in turn will ensure people who use our services are fully engaged with our processes, are able to make fully informed choices and receive the best service they can to continue to be independent in their community.
- The Council continues to invest in Easy Read publications to make important and relevant information more understandable and familiar. Easy Read documents are one of the ways in which the Council assists people, who may need it, access information which is presented in a way that is easier to understand.
- Public Health has continued to ensure that there is equity in accessing sexual health services through using equality measures as a part of their monitoring process, and new options for accessing services have been introduced during 2016/17, including options for online testing for chlamydia and HIV. A customer insights study has recently been undertaken (and the results are currently being analysed) to understand the barriers that groups face in accessing services in Kent, and the findings will be discussed with service providers to reduce these barriers.
- Over the last year school public health services have been recommissioned to ensure that health inequalities in early years and mental health are reduced. The new service has been split into two to better serve the age groups (primary and secondary) and focus on the particular needs of these groups, with the secondary service having a better focus on adolescent mental health and wellbeing.
- The Release the Pressure campaign (which was identified by the Suicide Prevention Strategy as a key action) was developed to take account of the needs of men, and to address the high disparity between the number of male and female suicides. The campaign was delivered and has increased male callers to the telephone hotline by 75%, with over 500 men a month calling.



## 8. Key Priorities for Future Development and Reporting

- 8.1 The service needs to work 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.
- 8.2 The Directorate needs to build upon existing processes and forums to embed a cycle of learning and improvement with regards to equality practice. An event is planned for October 2017, which will remind staff of the legislation framework and legal duty around equality and diversity within the Council and help staff understand how equality and diversity impacts on practice, and therefore service user, outcomes.
- 8.3 The Divisions will be responsible for the implementation and monitoring of the equality objectives. Equality objectives will be monitored in line with Business Plan reviews at around six months into the year and progress will be reported to the Directorate Management Team in November 2017.
- 8.4 The Equality and Human Rights Objectives 2016-2020 for Social Care and Health are:
- Objective 1** – Safeguarding children and young people and vulnerable adults from harm
  - Objective 2** – Improved life chances and outcomes of children and young people and vulnerable adults through service developments and transformation
  - Objective 3** – The quality and range of services are improved through increasing engagement with service users and carers
  - Objective 4** – The number of BME people and women in the mental health system is reduced
  - Objective 5** - Ensuring equity of Access to Sexual Health services to improve health outcomes for protected groups
  - Objective 6** - Ensuring that the Children’s Public Health Service reduces health inequalities in early years and maternal health
  - Objective 7** - The rate of male Suicide declines
  - Objective 8** - Ensuring equality of access to NHS Health checks.

## 9. Key Challenges

- 9.1 Demographic changes and resource pressures continue to provide the biggest challenge.
- 9.2 A key challenge in Adult Social Care has been to develop a better understanding of the diversity of service users. Whilst the service works on a personal basis with many clients and has an understanding of an individual’s care needs, it is recognised that there is an ongoing need to better understand change in population and the broader patterns of experience to help plan resources for the future.

## **10. Governance**

- 10.1 In 2012 governance arrangements were agreed to ensure compliance with the PSED following an internal audit. Governance is based on all Executive Decisions having an Equality Impact Assessment (EqIA) at both Divisional Management Team and Member level. If Executive Decisions are taken without full equality analysis the authority is open to potential Judicial Review.
- 10.2 Between 1 April 2015 and 31 March 2016 there were 15 Executive Decisions taken. Some of these did not require an EqIA, however where a change to service provision and subsequent Executive Decision merited the need for completion of an EqIA, this was undertaken and supported the formal decision making process.

## **11. Legal Implications and Risk Management**

- 11.1 The PSED (Section 149 of the Equality Act 2010) requires the Council to publish its Equality Annual Report each year.

## **12. Equality Impact Assessment**

- 12.1 There is no requirement to undertake an Equality Impact Assessment because this paper reports performance monitoring on the previous year's work and internal governance arrangements.

## **13. Conclusion**

- 13.1 The changing population, combined with the limits on finances, means there is a need to be increasingly creative in responding to the needs of residents which will include promoting preventative strategies, greater independence and resilience for local people. The people supported have increasingly diverse and complex needs. The population is living longer with complex needs putting further demand on social care, and people want better quality and choice in the services they use. However, Transformation provides an opportunity to address identified inequalities and inconsistencies in service delivery and make the best use of available resources.
- 13.2 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 needs to continue to improve its governance arrangements and how it demonstrates the impact of service outcomes in relation to protected characteristics.

## 14. Recommendation(s)

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

- a) **CONSIDER** and **DISCUSS** current performance and proposed priorities;
- b) **CONTINUE** to ensure that equality governance is observed in relation to decision making;
- c) **AGREE** to the approach for delivering against the new equality objectives; and
- d) **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.

## 15. Background Documents

Kent County Council Equality and Diversity page: <http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/equality-and-diversity>

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

Accessible standards -

<https://www.england.nhs.uk/ourwork/accessibleinfo/> (KCC has an internal policy which is based upon this requirement)

ESTHER - <http://www.kent.gov.uk/social-care-and-health/information-for-professionals/design-and-learning-centre-for-clinical-and-social-innovation>

Buurtzorg - <http://www.buurtzorgnederland.com/>

Release the pressure campaign - <http://www.kent.gov.uk/social-care-and-health/health/release-the-pressure>

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