

**Kent County Council  
Equality Analysis/ Impact Assessment (EqIA)**

**Directorate/ Service:**  
Strategic and Corporate Services

**Name of decision, policy, procedure, project or service:**  
Community Navigation (care navigation and social prescribing) – new contract from April 2019

**Responsible Owner/ Senior Officer:**  
Clare Maynard

**Version:**

V1.0	29/06/2018	Kate Silver	Initial draft
V1.1	26/07/2018	Sylvia Rolfe	Review
V1.2	01/08/2018	Kate Silver	Updated
V1.3	13/08/2018	Akua Agyepong	Review
V1.4	15/08/2018	Kate Silver	Updated
V1.5	16/08/18	Samantha Sheppard	Review

**Author:**  
Kate Silver – Commissioner, Strategic Commissioning

**Pathway of Equality Analysis – to include:**

- Public consultation as part of the Older People and People Living with Dementia Core Offer (12 June – 23 July 2017)
- Design Workshops and meetings with representatives from:
  - the Kent & Medway Sustainability and Transformation Partnership (STP)
  - Kent Clinical Commissioning Groups (CCGs)
  - Kent's District Councils
- KCC ASCH DivMT (OPPD)
- KCC ASCH DMT
- KCC Strategic Commissioning Board

## Summary and recommendations of equality analysis/impact assessment.

### Context

Under the Care Act 2014 the Council's has a statutory duty regarding:

Promotion of peoples' wellbeing

- Provide information and advice enabling people to make good decisions about their care and support
- Promote peoples' wellbeing by providing Services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.

Carers

- The wellbeing principle applies both to those with care needs and those caring
- Prevention includes the duty to provide preventative services which reduce carers need for support
- Provision of assessment based on the appearance of need meaning that the only requirement for a carers assessment is that the carer may have need for support now or in the future

The Council currently grant funds a range of services in accordance with these duties, including care navigators, information and advice, day services, befriending services, dementia outreach services and voluntary transport services. In addition, the Council commissions support for carers and has delegated its duty to undertake carers assessments to the external provider market. These services all support people to remain well, independent and connected to their communities and enable carers to keep caring for friends and family members.

A number of services currently funded by KCC Adult Social Care include elements of care navigation / social prescribing within their role. This includes 12 grant funded Community Care Navigators (one in each district across the county), which are delivered by the following organisations (or 'providers'):

Provider	Number of Care Navigators	Districts Covered
Imago	5	Maidstone, Tonbridge and Malling, Tunbridge Wells, Dartford, Gravesham
Peabody	3	Thanet, Dover, Shepway
Ashford District Volunteer Bureau	1	Ashford
Age UK Canterbury	1	Canterbury
Age UK Faversham and Sittingbourne	1	Swale
West Kent Housing Association	1	Sevenoaks

The grants for these posts (which total £381,104 for 2018/19) are scheduled to end 31<sup>st</sup> March 2019.

## Community Navigation

- **Aims and Objectives**

In Kent, care navigation and social prescribing have been commissioned in an ad hoc way over the past years – by both Kent County Council (KCC) and the Clinical Commissioning Groups (CCGs). As a result, there are a diverse range of commissioned services in place across the county, which has resulted in a patch work approach with demand being met through a multiplicity of roles. Both adult social care and Kent CCG's are cognisant of the need to remove duplication within the workforce and make pathways clearer to people, and are committed to jointly designing a new contract for care navigation/ social prescribing in order to achieve this.

The proposal is that care navigation / social prescribing services are recommissioned so that:

- A new contract for Community Navigation is commissioned for 1<sup>st</sup> April 2019
- That this is a 4 year block contract with variation clauses that allow for variation of the specification, as well as addition or reduction of funding to reflect demand and potential for Clinical Commissioning Groups to invest.
- That additional funding is invested in these services to commission additional navigators, in recognition of the key role that they play in the strategy to reduce demand on health and social care resources

This EqIA reviews the anticipated impact of recommissioning the service in this way.

**Summary and recommendations of equality analysis/impact assessment.**

**Adverse Equality Impact Rating**

**Medium**

We have rated this EqIA as medium because we are currently unable to secure information about some protected characteristics in relation to those currently accessing the service, and there may be some groups who are under-represented compared to the county population profile which KCC needs to be aware of. A number of actions have been identified in the 'Action Plan' at the end of this document, which will be monitored and updated throughout the life of the contract, accordingly.

**Attestation**

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning **Community Navigation**. I agree with the risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

**Head of Service**

Signed:

Name: Clare Maynard

Job Title: Head of Commissioning Portfolio (Outcomes 2 and 3)

Date:

**DMT Member**

Signed:

Name: Anne Tidmarsh

Job Title: Director Older People and Physical Disability

Date:

**Part 1 Screening**

**Could this policy, procedure, project or service, or any proposed changes to it, affect any Protected Group (listed below) less favourably (negatively) than others in Kent?**

**Could this policy, procedure, project or service promote equal opportunities for this group?**

Protected Group	Please provide a <b>brief</b> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
<b>Age</b>	No	Yes - Decommissioning of grant funded services to re-commission community navigation through a formal tender process may affect older people (55+) and people with dementia currently accessing this support via grant funded services, as they may experience a change in the provider delivering their current service offer.		<p>Yes - 88% of those currently being supported by the Care Navigators funded by KCC are aged 55+.</p> <p>There will be no change to the eligibility criteria with regard to age, as the proposal is to continue with the current model of delivering a service targeted at older people (aged 55+) and those with complex issues / frailty (under 55 years). There will therefore be no change in the services available for people based on age.</p> <p>We anticipate that the contracts will result in improved referral pathways to match people requiring</p>

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				support with the organisations delivering the service. Better matching means a stronger likelihood that service users' needs are met and personal goals are achieved. The focus on a personalised approach will continue.
<b>Disability</b>	No	No	No - There will be no change to the eligibility criteria with regard to disability, therefore there will be no change in the services available for people with a disability to access (based on this criteria alone). Older people (55+) with a physical or learning disability are likely to already be known to adult social care and receiving support through that route.	
<b>Gender</b>	No	No	No - The service will continue to be accessible to all regardless of gender, although there are more females over 55 than males (both in terms of demographic trends, and those who have	

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			historically accessed the Care Navigation services commissioned by Kent County Council).	
<b>Gender identity/ Transgender</b>	No	No - The service will continue to be accessible to all regardless of gender identity /transgender, and we therefore assume there will be no impact to this group. However, we have no statistical or anecdotal evidence to support this decision.	No	Yes - More person centred, outcome based services should have a positive impact on the basis of gender identity / transgender.
<b>Race</b>	No	No	No - Ethnicity data gathered by Care Navigators shows that current uptake of the service is in line with the race breakdown of the whole local population aged 55+ (as detailed in appendix 2).  There will be no change to the eligibility criteria with regard to race, therefore there will be no change in the services available for people based on this. We are	Yes - More person centred, outcome based services should have a positive impact on the basis of race.

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			aware, however, that 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 of immigrants.	
<b>Religion and Belief</b>	No	No - There will be no change to the eligibility criteria with regard to religion and belief, therefore there will be no change in the services available for people based on this. However, older people of different religions 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;	No	Yes - More person centred, outcome based services should have a positive impact on the basis of religion and belief



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		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 (see action plan)		
<b>Sexual Orientation</b>	No	No - The service will continue to be accessible to all regardless of sexual orientation, and we therefore assume there will be no impact to this group. However, as we have no statistical or anecdotal evidence to support this decision Key Performance Indicators (KPIs) will be put in place to address this gap in knowledge (see action plan).	No	No
<b>Pregnancy and Maternity</b>	No	No	No - The Care Navigation service is currently, and will continue to be, targeted at those aged 55+, so it	No

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			is unlikely (although possible) that any changes to the contract will have a negative impact on pregnant women or those on maternity leave. Whilst it is possible that adult carers who require support, or a carers assessment, may be pregnant, there will be no change to the eligibility criteria with regard to pregnancy and maternity, therefore there will be no change in the services available for people based on this alone. However, as we have no statistical or anecdotal data regarding the uptake of Care Navigation services by pregnant women, Key Performance Indicators (KPIs) will be put in place to address this gap in knowledge (see action plan).	
<b>Marriage and Civil Partnerships</b>	n/a	n/a	n/a	n/a
<b>Carer's</b>	No	Yes - Recommissioning	No	Yes - Approximately 15% of

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<b>Responsibilities</b>		carers' assessments may have a negative impact on this group as they may experience a change in the provider delivering their current service offer.		those currently being supported by Care Navigators are carers. With Carer Assessments and support being brought into scope for this contract we anticipate that this percentage will increase. The contracts will result in improved referral pathways to match people requiring support with the organisations delivering the service. Better matching means a stronger likelihood that service users' needs are met and personal goals are achieved. The focus on a personalised approach will continue.
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## **Part 2**

### **Equality Analysis /Impact Assessment**

#### **Protected groups**

A merged role undertaking both care navigation and social prescribing tasks would focus on older people (over 55 years) as this represents the largest area of demand on both health and social care systems. (CCG commissioning will focus on those higher on a frailty index and with complex levels of need). Carers' Assessments would also be brought into scope.

#### **Information and Data used to carry out your assessment**

- CCG local care toolkits put together by Carnall Farrar (using Kent Integrated Dataset (KID) data from 2015/16, and CCG and local authority data returns)
- Kent Public Health Observatory
- Kent.gov.uk – facts and figures about Kent (Equality and Diversity)
- 2011 Census

#### **Who have you involved consulted and engaged?**

- Kent & Medway STP
- Representatives from all Kent CCGs (commissioners and local care leads)
- Representatives from all District Councils in Kent
- Patient and Public Advisory Group (PPAG)
- Market Engagement
- Pre-engagement with over 200 older people, people living with dementia and their carers
- DivMT (OPPD)

The Older People and People Living with Dementia Core Offer (which included information and advice, and a new model of care navigation) was subject to a public consultation that ran from 12th June to 23rd July 2017.

Appendix 1 contains a summary of the engagement carried out.

#### **Analysis**

Adult social care currently grant fund 12 community-based care navigators. They support adults over age 55, but there are minimal other criteria focusing their work. The original job descriptions stated that the purpose of the role is:

*To act as a community service that supports resolution of identified needs/life stage/change through a person centred planning process that identifies local resources that enable people to choose the option that best fits their need.*

Care navigation and social prescribing type services can be shown to have a significant impact on reducing demand for health and social care services and as such there is a focus on these roles within the STP and Local Care Models.

## Community Navigation

Following a period of extensive engagement in 2017, and subsequent engagement with CCGs, district councils and providers in June 2018, it was agreed that the new contract would focus on a merged role undertaking both care navigation and social prescribing tasks. The role will focus on older people as this represents the largest area of demand on both health and social care systems. The role would not be 'case holding' and so would be time limited, but it must also be flexible enough to meet individual needs. It will not be a model that supports behaviour change but will need to extend beyond simple signposting as there is recognition that vulnerable people may need support in order to engage in new activities or seek additional support.

Carers assessments have recently been moved to a contract (as of 1<sup>st</sup> April 2018) to facilitate more detailed performance monitoring and data collection. From this it can be seen that a significant portion of time and contract value is spent on the brokerage element of the role. This is akin to the role that care navigators play in supporting people to identify support that is right for them and the proposal is therefore that this service is brought into scope for this contract.

Based on the analysis done, the proposal is for KCC to increase the level of investment made in this service in anticipation of additional demand that will come from linking more closely to GP clusters / hubs. Based on population data (using a ratio of 1 community navigator : 20,000 people over 55) social care would require an additional 13 roles across the county, as shown below:

CCG	Total Population	Total Population Aged 55+	% of Kent	Number of Community Navigators Required	Current Number of KCC Care Navigators	Number of Additional Posts Needed	Additional Annual Investment Required
Ashford	127,250	38,479	30.2%	2	1	1	£ 31,634.00
C&C	215,077	68,319	31.8%	3	1	2	£ 63,268.00
DGS	258,962	73,868	28.5%	4	2	2	£ 63,268.00
SKC	198,365	75,499	38.1%	4	2	2	£ 63,268.00
Swale	108,131	34,481	31.9%	2	1	1	£ 31,634.00
Thanet	142,587	50,285	35.3%	3	1	2	£ 63,268.00
West Kent	478,966	147,289	30.8%	7	4	3	£ 94,902.00
<b>Total for Kent</b>	<b>1,529,338</b>	<b>488,220</b>	<b>31.9%</b>	<b>25</b>	<b>12</b>	<b>13</b>	<b>£ 411,242.00</b>

### Scope of the role:

The role will focus on supporting the following groups:

- Older people (over 55 years)
- People with complex issues / frailty (under 55 years)

The role will encompass (but will not be limited to) the following tasks:

- Care Navigation tasks
- Social Prescribing tasks
- Trusted Assessor role
- Benefits maximisation

## Community Navigation

The contract will be let in 3 geographic lots (East Kent, West Kent, DGS&S), with the option to commission the following lots in each area:

- Community Navigator (the term being used to refer to the combined care navigator and social prescribing role)
- Carers Assessment

This support will apply equally to all eligible adults, regardless of whether or not they are currently receiving other services through adult social care, and those delivering the service will be mindful of specific needs based on protected characteristics.

### **Age**

The majority of people currently supported by KCC commissioned Care Navigators are over the age of 55, however, flexibility is given based on the judgement of the care navigator, to offer support to others below that age range who have complex needs. This will not change under the new contracts.

Those aged over 55 years represent the following section of the Kent population:

<b>CCG</b>	<b>Total Population</b>	<b>Total Population Aged 55+</b>	<b>% of Kent</b>
<b>Ashford</b>	<b>127,250</b>	38,479	30.2%
<b>C&amp;C</b>	<b>215,077</b>	68,319	31.8%
<b>DGS</b>	<b>258,962</b>	73,868	28.5%
<b>SKC</b>	<b>198,365</b>	75,499	38.1%
<b>Swale</b>	<b>108,131</b>	34,481	31.9%
<b>Thanet</b>	<b>142,587</b>	50,285	35.3%
<b>West Kent</b>	<b>478,966</b>	147,289	30.8%
<b>Total for Kent</b>	<b>1,529,338</b>	<b>488,220</b>	<b>31.9%</b>

As the intention is to increase the number of posts delivering the service within the community, and to jointly commission the service with CCGs, the expectation is that the new contract will have a positive effect on age groups characteristics.

### **Disability**

Having a disability or long-term condition is not a prerequisite for eligibility to this type of service. KCC commissioned Community Navigators will compliment and work in conjunction with CCG commissioned navigation roles focusing on those with the highest levels of need. We therefore consider that this characteristic will be positively affected.

(see appendix 2 for data taken from 2011 Census)

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- **Gender**

The gender split of those currently receiving a care navigation service is roughly in-line with the whole Kent population aged 55+ (54% female, 46% male). We do not consider that this characteristic will be affected adversely.
- **Gender Identity/Transgender**

There is no data available concerning gender identity, however, we do not consider that this characteristic will be affected adversely. More person centred, outcome based services should have a positive impact on the basis of gender identity/ transgender identity. KCC has Transgender Guidance which can be shared with contracted providers, to complement their own equality and diversity policy.
- **Race**

Ethnicity data gathered by Care Navigators shows that current uptake of the service is in line with the race breakdown of the whole local population aged 55+ (as detailed in appendix 2). We do not consider that this characteristic will be affected adversely.
- **Religion and Belief**

We do not have any data relating to care navigation services that identifies peoples' religion and beliefs, however, we do not consider that this characteristic will be affected adversely. Action has been identified to follow up on this during life of the contract.  
(see appendix 2 for data taken from 2011 Census)
- **Sexual Orientation**

We do not have any data relating to the uptake of the care navigation services currently commissioned by KCC that identifies peoples' sexual orientation. Whilst we do not consider that this characteristic will be affected adversely, statistics published by Stonewall ([https://www.stonewall.org.uk/sites/default/files/older\\_people\\_final\\_lo\\_res.pdf](https://www.stonewall.org.uk/sites/default/files/older_people_final_lo_res.pdf)) tell us that a significant proportion of older gay people are likely to live alone, have limited family support and rely on formal services for help in the future. Action has therefore been identified to follow up on this and gather data on the sexual orientation of those who access the service during life of the contract.
- **Pregnancy and Maternity**

We do not consider that this characteristic will be affected adversely.
- **Carers Responsibilities**

Bringing carers assessments into scope of the contract will streamline the support available, meaning the same point of contact can be used for signposting or brokering support for carers once the assessment is completed. We therefore consider that this characteristic will be positively affected. (see appendix 2 for information regarding the numbers of carers in Kent aged 65+, by sex and CCG/CCG Cluster)

### **Potential Adverse Impact:**

Ending grants could potentially have a negative impact on both the people accessing the services and the providers themselves. If organisations are not awarded contracts and become unviable due to the withdrawal of funding, their services may end or may need to be redesigned. Financial analysis will be completed on existing providers to understand the financial viability of organisations whose funding will be impacted. For those people currently accessing care navigation support via grant funded services this means that they may experience a change in the provider delivering their current service offer depending on which organisations are awarded the contract. We need to be aware of the people who use these services and if changing providers would have an adverse effect on any of the older people, people with disabilities, transgender individuals, LGBT, carers and BME groups. This may create anxiety for them. However, the risk of this is considered to be low as the new contract is looking to replicate and enhance the services currently being delivered by the grant funded organisations rather than remove services already in place, and all commissioned services must be open to all older people with wellbeing needs, with providers being required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics. In addition, TUPE is likely to apply regarding individual workers, and the service is not case holding i.e. people move through the service. It may however be necessary to halt referrals prior to contract handover in order to prevent people the need to transfer people over to different providers.

### **Potential Positive Impact:**

We anticipate that the proposed model will simplify the process for members of the public who are in need of care navigation and social prescribing support, and result in more equitable service delivery across the county. We anticipate that the contracts will result in improved referral pathways to match people requiring support with the organisations delivering the service. The focus will be on an outcomes based approach to best meet peoples' identified needs. The care navigation and social prescribing roles delivered by the contract will provide the support vulnerable people may need in order to engage in new activities or seek additional support. Aligning the roles to district and CCG commissioned roles, and to GP clusters will provide clear referral pathways for professionals, enabling them to refer people to care navigators easily and quickly.

Moving to longer term contracts will provide sustainability for the providers and services, moving away from annual grant funding that creates uncertainty. This will mean reduced anxiety about the continuity of services for older people and their families and carers and give providers opportunity to invest in the development of their services.

### **JUDGEMENT**

It is acknowledged that there may be potential adverse effects on some groups with protected characteristics as a result of the proposed changes linked to this project. These impacts are assessed as being low to medium and in most cases are rated as such due to the absence of concrete



## Community Navigation

performance information related to how people with specific protected characteristics are accessing the current services. Actions have been identified to mitigate these effects, including the development of Key Performance Indicators that will measure this information. We anticipate that this model will simplify the process for members of the public who are in need of care navigation and social prescribing support, and result in more equitable service delivery across the county.

- **No major change** - no potential for discrimination and all opportunities to promote equality have been taken

**Internal Action Required**                      **Yes**

There is potential for adverse impact on particular groups and we have found scope to improve the proposal, as detailed in the action plan.

Community Navigation

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues Identified	Action to be Taken	Expected Outcomes	Owner	Timescale	Cost Implication
Age	Decommissioning of grant funded services to re-commission community navigation through a formal tender process may affect older people (55+) currently accessing this support via grant funded services and as a result they may experience a change in the provider delivering their current service offer.	<p><b>No major change:</b>                      Incorporate feedback from engagement sessions into the service specification.</p> <p>Understand the number of people that are receiving support from current providers and will be impacted.</p> <p>Continue to engage with people and providers.</p> <p>Develop a performance framework to ensure that the outcomes of the contract are monitored and delivered.</p> <p>Ensure that the specification recognises that people using services should continue to be engaged in their re-design and / or transformation.</p> <p>Give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare.</p> <p>Ensure that all commissioned services will be open to all older people with wellbeing needs and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics.</p>	<p>The design process will provide standardised outcomes and a standard service specification for all elements of the service across the county.</p> <p>The service will be commissioned for older people 55+ and people with dementia (but there will be some flexibility around this based on complexity of needs).</p> <p>The proposal will reflect the range of needs of older people, from universal support through to specialist support services (including adult safeguarding, the needs of those at risk of self-neglect, mental health issues, frailty, autism, sensory impairments etc.)</p>	Samantha Sheppard	<p>July 2018 – September 2018</p> <p>Ongoing throughout life of contract</p>	None
Disability	Decommissioning of grant funded services to re-commission community navigation through a formal tender process may affect older people (55+) with disabilities accessing grant funded	<p><b>Adjust and continue:</b>                      Incorporate feedback from engagement sessions into the service specification.</p> <p>Continue to engage with CCGs and providers.</p> <p>Develop a performance framework to ensure that the outcomes of the contract are</p>	<p>The proposal will improve and standardise the community navigation service commissioned by including support services for older people with a disability.</p>	Samantha Sheppard	<p>July 2018 – September 2018</p> <p>Ongoing throughout life of contract</p>	None

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## Community Navigation

	<p>services and as a result they may experience a change in the provider delivering their current service offer.</p>	<p>monitored and delivered.</p> <p>Ensure that the specification recognises that people using services should continue to be engaged in their re-design and / or transformation.</p> <p>Give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare.</p> <p>Ensure that all commissioned services will be open to all older people with wellbeing needs and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics.</p> <p>Contracts will stipulate that all services will meet the needs of those who use them, regardless of any disability they may have, including people with sensory impairments.</p> <p>Assess the number of older people with learning disabilities accessing community navigation services through performance monitoring of the new contract.</p>	<p>The redesign process will provide standardised outcomes and a standard service specification for all elements of the service across the county</p> <p>The proposal will reflect the range of needs of older people, from universal support through to specialist support.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which people with disabilities are accessing the service. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals, including whether specific groups / services are required for older people with a learning disability and / or mental health issue are required.</p>			
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Gender Identify	<p>Historical service commissioning may not have taken the needs of this population into account</p> <p>No historical monitoring data of gender identity therefore KCC has limited understanding of the populations needs.</p>	<p><b>No major change</b></p> <p>Ensure that all commissioned services will be open to all older people with wellbeing needs and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics.</p> <p>The number of people on the gender reassignment pathway is unknown, in part as equalities monitoring data cannot be collected from grant funded providers, but also as this is a sensitive topic that people may not wish to disclose. Assess this through contract performance monitoring.</p>	Intelligence from performance monitoring will inform any further decision making concerning inclusion of these groups.	Samantha Sheppard	<p>July 2018 – September 2018</p> <p>Ongoing throughout life of contract</p>	None
Religion/belief or none	Older people of different religions may have differing attitudes towards wellbeing services that impact on social and familial support systems.	<p><b>Adjust and continue</b></p> <p>Give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare.</p> <p>Commissioned services will be open to all older people and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics.</p> <p>Contracts will stipulate that services will not adversely affect older people's religion and beliefs.</p>	<p>The proposal will improve and standardise the community navigation service commissioned.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which people with specific religious and beliefs are accessing services. This will be used to inform future commissioning proposals.</p> <p>The performance monitoring of equality information will enable commissioners to determine whether the number of people accessing the services meet expectations based</p>	Samantha Sheppard	<p>July 2018 – September 2018</p> <p>Ongoing throughout life of contract</p>	None

## Community Navigation

			on demographic information. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services.			
Pregnancy and Maternity	No historical monitoring data of the uptake of services in relation to pregnancy and maternity therefore KCC has limited understanding of the impact of the contract for this section of the population.	<p><b>No major change</b></p> <p>Ensure that all commissioned services will be open to all older people with wellbeing needs and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of people with protected characteristics.</p>	<p>The proposal will improve and standardise the community navigation service commissioned.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which pregnant women and those on maternity leave are accessing services. This will be used to inform future commissioning proposals.</p>	Samantha Sheppard	July 2018 – September 2018	None
Carers	Recommissioning carers' assessments may have a negative impact on this group as they may experience a change in the provider delivering their current service offer.	<p><b>No major change:</b></p> <p>Incorporate feedback from engagement sessions into the service specification.</p> <p>Understand the number of people that are receiving support from current providers and will be impacted.</p> <p>Continue to engage with people and providers.</p> <p>Develop a performance framework to ensure that the outcomes of the contract are monitored and delivered.</p> <p>Ensure that the specification recognises that</p>	Carer Assessments and support are being brought into scope for this contract. We anticipate that the contracts will result in improved referral pathways to match people requiring support with the organisations delivering the service. The focus on a personalised approach will continue.	Samantha Sheppard	July 2018 – September 2018	None

Updated 19/09/2018

## Community Navigation

		<p>people using services should continue to be engaged in their re-design and / or transformation.</p> <p>Give maximum notice to current service providers (minimum 6 months) of contracts terminating in order for them to prepare.</p>				
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**Have the actions been included in your business/ service plan?** (If no please state how the actions will be monitored)  
Yes

## **Appendix 1**

### **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**

- 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 12<sup>th</sup> June to 23<sup>rd</sup> 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

## Community Navigation

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 and assistance – ‘a friendly familiar place to turn to’.”

### 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.

Updated 19/09/2018



## Community Navigation

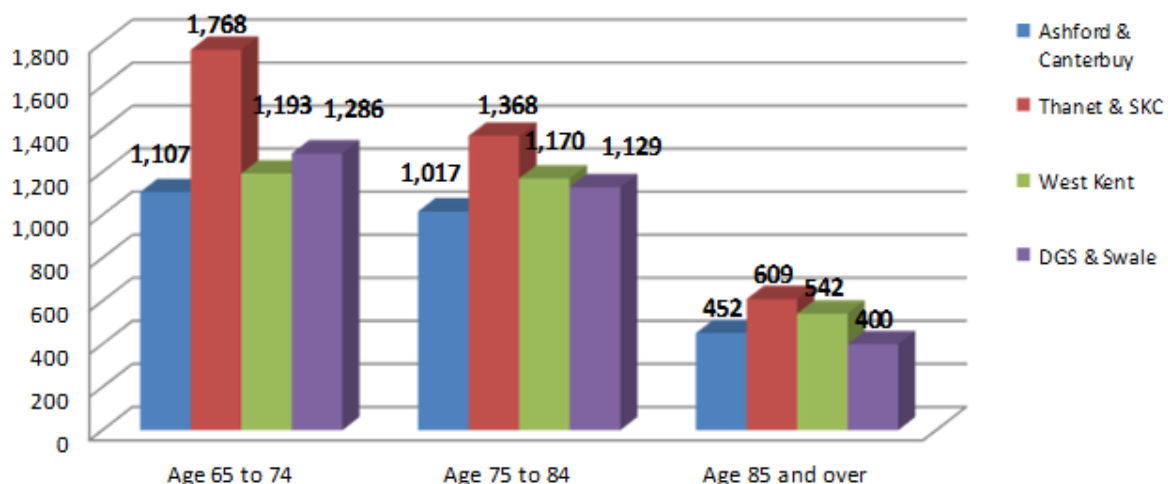
### *Feedback from PPAG included:*

- 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

## Appendix 2

### 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

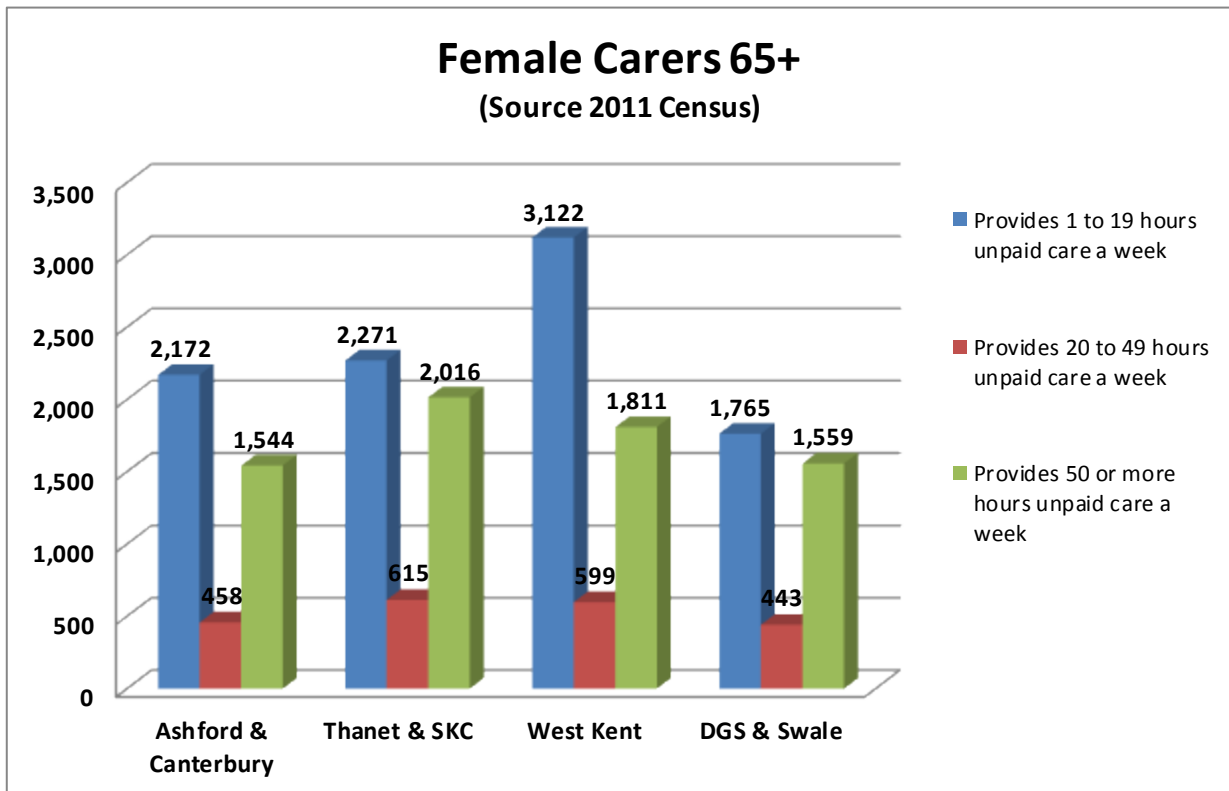
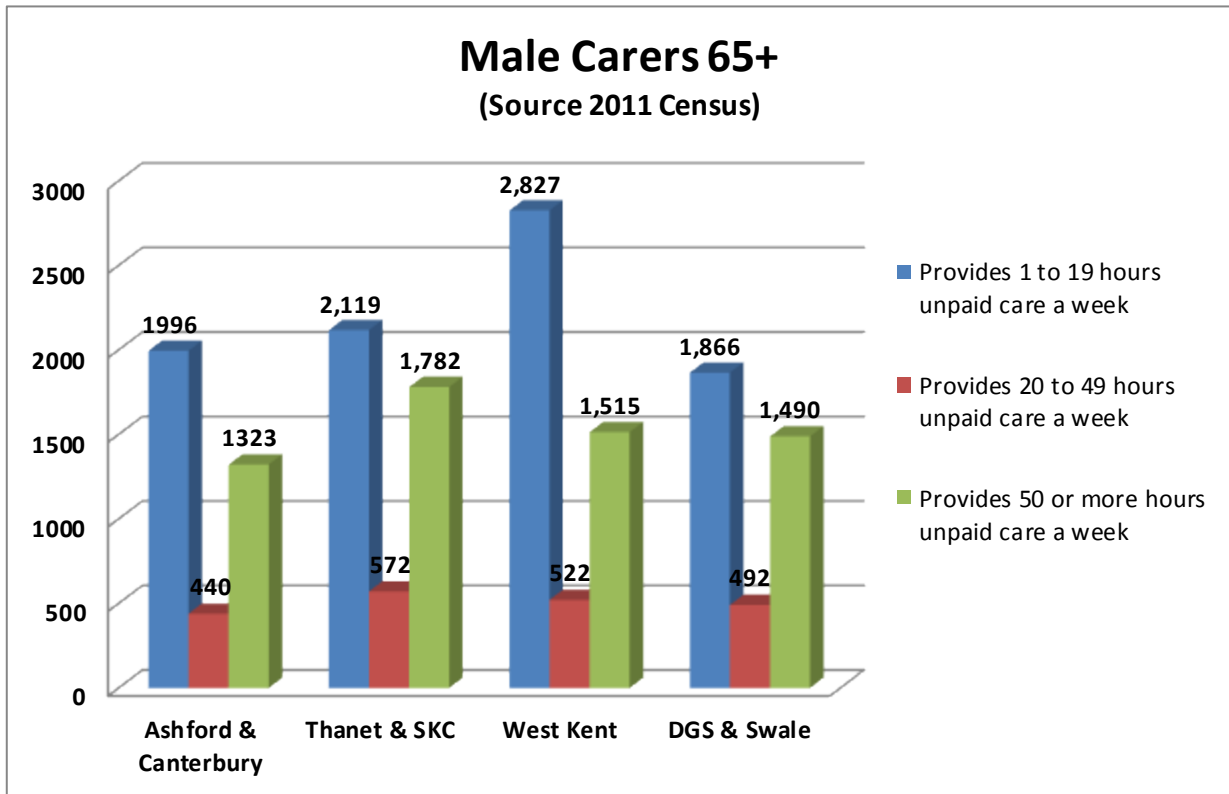
### Religion 55+, by CCG/CCG Cluster

(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+



## Community Navigation

Please forward a final signed electronic copy and Word version to the Equality Team by emailing [diversityinfo@kent.gov.uk](mailto:diversityinfo@kent.gov.uk)

If the activity will be subject to a Cabinet decision, the EqIA must be submitted to committee services along with the relevant Cabinet report. Your EqIA should also be published.

The original signed hard copy and electronic copy should be kept with your team for audit purposes.