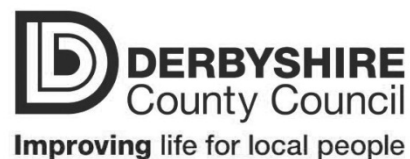


Appendix 1

Derbyshire County Council

Equality Analysis



Department	Adult Social Care
Service Area	Commissioning and Performance
Changes or proposals	Re-procurement of Carer's support through a contract instead of a mixture of contracts and grants.
Chair of Analysis Team	Iseult Cocking Tony Ellingham Jude Boyle
Date of Analysis	8 th June 2016
Version	4

1 Prioritising what is being analysed

a Description of current service arrangements

- | |
|--|
| <p>Carer support includes</p> <ul style="list-style-type: none">• The provision of information, advice and guidance• Carer assessment and support planning• Delivery of carer personal budgets |
|--|

- Facilitation of peer support groups
- Training for carers

The support is funded through a system of grants and contractual arrangements.

b Details of proposals or changes

The proposals are a refinement of existing arrangements. All services would remain but the scope of services and the way they are organised would change. The main proposed service changes are:

- Personal Budget payments for carers will be based on tiered awards and not a single lump sum
- Sitting services will be funded through individual payments as the service is used rather than lump sums paid direct to the provider in advance
- Self-help groups will not be paid grants and will get support through the organisation that is responsible for providing the carers service
- There will not be single contract for carers services and not lots of individual arrangements

c Rationale for proposed changes

New laws give increased rights for carers – The Care Act 2014 and Children and Families Act 2014 require local authorities to be more proactive in identifying carers, to assess the needs of carers in their own right and to provide support which matches a carers needs. Census information shows that the extent to which carers are caring for adults has increased significantly in recent years. Since the last census carers who care for people between 20 and 49 hours a week has increased by 27% and carers who care for 49 hours a week or more have increased by 21%. A joint review by health and social care has recommended that supported for carers should be commissioned through a competitive tender rather than a mixture of grants and contracts.

2 The team carrying out the analysis

Name	Area of expertise/ role
Iseult Cocking	Group Manager - Commissioning and Performance with overall responsibility for commissioning carer services
Tony Ellingham	Service Manager - Commissioning and Performance
Jude Boyle	Project Manager (Carers) - Commissioning and Performance

3. Existing information and consultation based feedback

Sources of data and reason for using

Source	Reason for using
Range of meetings with stakeholders affected by the proposals including, providers, carers, BME groups, Mental Health Forums	Good practice and statutory duties
Care Act and statutory guidance	Sets out statutory requirements
Good practice guidance from the DoH, carer organisations and other institutions as set out in appendix 4 of the strategy	Identifies up to date information about evidence based practice, procedures and efficacy of interventions
Health needs assessment information from JSNA	Provides local information about the prevalence of need and gaps in provision

4 Known impacts on different protected characteristic groups and any mitigation

Statutory

<p>Protected Group</p> <p>Age including children and families, older people</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>The proposals should not have an adverse impact on any particular age group. The increased emphasis on better planning should benefit young adult carers (aged 18 and above).</p> <p>The age profile of carers is set out in the table below and the information is based on the latest census.</p> <table><tr><td>Age range</td><td>Number of Carers</td><td>Proportion of total carers</td></tr><tr><td>0 – 24</td><td>5,654</td><td>6 %</td></tr><tr><td>25 – 49</td><td>29,942</td><td>32 %</td></tr><tr><td>50 – 64</td><td>35,584</td><td>39 %</td></tr><tr><td>65 and over</td><td>21,454</td><td>23 %</td></tr><tr><td></td><td>92,634</td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Age range	Number of Carers	Proportion of total carers	0 – 24	5,654	6 %	25 – 49	29,942	32 %	50 – 64	35,584	39 %	65 and over	21,454	23 %		92,634				
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	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>Demographic spread –There should not be an adverse impact on any particular age group. Recently published information by Age UK suggests there has been a significant increase in carers in their 80s providing care for their partner.</p> <p>Stronger emphasis on improved transition planning for Young Carers and flexibility of service provision.</p>																					

	Local consultation has shown that young adult carers want flexibility of where they access their support.
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>The service specification will incorporate a commitment to securing flexibility on how services are delivered to young adult carers and ensure that protocols between children and adult services facilitate choice and flexibility for young adult carers.</p> <p>Financial contribution from Adults' services will be provided to cover the cost of the work with young adult carers (18+) who choose to receive their support from the Young Carer's service.</p>

<p><i>Protected Group</i></p> <p>Disabled people including mobility, sensory, learning, mental health, HIV, and also include carers and relatives</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>The proposals could have an adverse impact on mental health carers, primarily those mental health carers who are accessing the mental health carer's forums and those who have accessed an assessment and support service from a specialist mental health carer's service.</p> <p>The future arrangement for assessing and supporting carers will extend to all groups of carers, so all groups of carers can benefit from a fair, equitable and consistent approach. Other groups of carers will gain from the outcome of a proportionate assessment which may require more intensive support planning.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p>

	<p>There will be a loss of a specific grant to the north and south mental health carer forums. Over 300 mental health carers have signed up membership of these forums, with active attendance of up to 50 carers at each monthly forum meeting. Members of the mental health forums have concerns that their identity and autonomy will be compromised from the support of a lead provider.</p> <p>There is currently a separate contractual arrangement with a mental health carer assessment and support provider. The future arrangement for carrying out all carer assessments will be the responsibility of a lead provider, who may be a single provider or lead a consortium.</p> <p>Mental Health carers have expressed anxiety that specialist mental health knowledge and understanding may diminish from a lead provider model. Mental health carers may be disadvantaged in terms of a comprehensive understanding of the experience of mental health carers and formal mental health systems and services.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>The contract will specify the importance of specialist knowledge about mental health issues. It will require assessments and follow up support for carers to be matched to the carer's level of needs. At the moment, mental health carers tend to be offered a fixed number of support planning sessions.</p> <p>There will be ongoing co-production work with carers who are most at risk of being adversely effected by the changes, especially mental health carers.</p> <p>The service specification will address the importance of ensuring existing self-help groups are sustained and new ones develop.</p>
Protected Group	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p>

Gender (Sex) including men and women, boys and girls	<p>At the last census (2011) almost six in ten carers were women. The future arrangement for assessing and supporting carers will extend to all groups of carers, so all groups of carers can benefit from a fair, equitable and consistent approach. Other groups of carers will gain from the outcome of a proportionate assessment which may require more intensive support planning.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>Whilst gender is not a factor or a concern arising from the new proposal, given the prevalence of female carers, it can be assumed that they are more likely to identify as carers and access carer services. Male carers can be more isolated and less likely to identify themselves as carers.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Given male carers are in a minority and hard to reach, we will be asking the lead provider to explore specific ways of identifying and engaging with male carers.</p>
Protected Group Gender reassignment – including impact, if any, on transgender people	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>Gender reassignment is not a key factor in the delivery of this service. Analysis has not been undertaken which relates specifically to carers who have a gender reassignment or transgender carers. The future arrangement for assessing and supporting carers will extend to all groups of carers, so all groups of carers can benefit from a fair, equitable and consistent approach. Other groups of carers will gain from the outcome of a proportionate assessment which may require more intensive support planning.</p>

	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>There is very limited information about carers who are transgender or who have had a gender reassignment.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>In developing the new service, we will closely monitor whether services are reaching this group effectively and if not, take corrective action. We will improve our knowledge of how to ensure the service meets the needs of people who are transgender or who have had a gender reassignment.</p>
<p>Protected Group</p> <p>Race – including all racial groups, including impact, if any, on Gypsies and Travellers</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>According to the last census there are 32,652 people from a BME group living in Derbyshire, this is 4.2% of the population and significantly lower than the England and Wales population which is 19.5%. The highest concentrations of BME communities are in Chesterfield, Erewash and communities close to Derby City¹. Research carried out by the Institute for Innovation in Social Services in 2010 highlighted a range of barriers faced by the BME carers. These include language barriers, a lack of cultural competency among providers of services, difficulty in identifying carers, lack of awareness about services and a sense of isolation experienced by carers who are refugees and asylum seekers². Work is being undertaken to improve information about the</p>

¹ Health Needs Assessment of the Black Minority Ethnic population within Derbyshire (2013) https://observatory.derbyshire.gov.uk/IAS/Custom/resources/HealthandWellbeing/Health_Needs_Assessments/BME_needs_assessment_final.pdf

² The Institute for innovation in Social Services (2010) Improving Support for Black and Minority Ethnic (BME) carers <http://www.iriss.org.uk/sites/default/files/iriss-insight-7.pdf>

	<p>needs of BME carers in Derbyshire, this will be published in the summer of 2016 with recommendations for service providers.</p> <p>BME groups have had specific grant funding over the last couple of years to carry out some carer related work. This type of activity will continue and be through the contracted service.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>There may be a perception of an adverse effect by some BME groups because the grant payments will end. However it is anticipated that any specific work from voluntary community enablers to work with carers from their community groups will be funded by the contract provider.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Research has been commissioned and this will inform the fine detail of the service specification for the new service. There will be a requirement on the new provider to sustain and develop self-help groups.</p>
<p>Protected Group</p> <p>Religion and belief including non-belief, including religious minority communities, Humanists</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>The proposals should not have an adverse impact on any particular religious group of carers. Religion and belief is not a key factor in the delivery of this service, data is not available for meaning no analysis can be undertaken.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p>

	This information has not been collated and is not a factor in the delivery of this service.
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>In developing the new service, we need to more closely monitor whether services are reaching this group effectively and if not, take corrective action.</p>
<p>Protected Group</p> <p>Sexual orientation – including the impact, if any, on any lesbian, gay and bisexual people</p>	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>The proposals should not have an adverse impact on lesbian, gay and bisexual carers.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>This information has not been collated and is not a factor in the delivery of this service.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>In developing the new service, we need to more closely monitor whether services are reaching this group effectively and if not, take corrective action.</p>
Protected Group	a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?

Pregnancy and maternity – including new mothers/ parents	The proposals should not have an adverse impact on pregnant carers.
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>This information has not been collated and is not a factor in the delivery of this service.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>In developing the new service, we need to more closely monitor whether services are reaching this group effectively and if not, take corrective action.</p>

Protected Group Marriage and civil partnership – also include impacts on lone parents and unmarried couples	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>The proposals should not have an adverse impact on those carers who are in a civil partnership, including lone parent carers and unmarried carers.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>This information has not been collated and is not a factor in the delivery of this service.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p>

	In developing the new service, we need to more closely monitor whether services are reaching this group effectively and if not, take corrective action.
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Non statutory

Poorer and disadvantaged communities and groups, including people who experience financial exclusion	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>There should not be any adverse impacts in relation to this group and there could be some benefits. The last census (2011) indicates that some carers of working age who are eligible for a welfare benefit called Carers Allowance are not receiving the payment. Improved identification and assessments of carers should lead to more carers who are eligible for this benefit making a claim. The monitoring framework will consider the geographical usage of the service and take steps to address any inequity that is identified. The carers personal budget, which is paid from health and social care funds, is not based on income level, but a broader set of measures that look at the impact of caring. This payment could assist some people who are financially excluded.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>No information has been gathered suggesting an adverse impact on this group.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Not applicable to this group.</p>

Rural communities	<p>a From existing data and information – who is likely to be adversely affected, how, and to what degree? Will anyone gain or benefit from the proposals?</p> <p>The proposal to deliver carer support services through a carer personal budget could see carers from rural areas having a greater range of options and providers from whom they can purchase a service from.</p>
	<p>b From existing customer and other feedback including consultation feedback– who is likely to be adversely affected, how and to what degree? Will anyone gain or benefit?</p> <p>No information has been gathered suggesting an adverse impact on this group.</p>
	<p>c Are there any ways of avoiding or reducing likely possible adverse impact, what are those actions, and how will they assist</p> <p>Not applicable to this group.</p>

5. Are there any *other* groups of people who may experience an adverse impact because of the proposals?

N/A

6. Impact on employees of Derbyshire County Council or prospective employees

Additional staff development and training requirements will arise to ensure workers are equipped to understand the new process and their role within this.

7. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

<i>Gaps in data</i>	<i>Action to deal with this(if any)</i>
Transgender and Gender Realignment Ethnicity Sexual Orientation Religion and belief	In developing the new service, we need to more closely monitor whether services are reaching these groups effectively and if not, take corrective action.

8 Main Conclusions and Recommendations

Conclusions

There are some adverse effects and some positive effects and these are felt to balance each other out. We are taking steps to mitigate any adverse effects on the groups of carers who may be affected.

Recommendations (if any)

Mitigate adverse effects through corrective action.

9. Action planning in response to the completed analysis

Objective	Planned action	Who	When	How will this be monitored?
<i>What you want to achieve</i>	<i>What you intend to do</i>	<i>Responsible person or department</i>	<i>Timing of action</i>	<i>Monitoring and review arrangements</i>
Mitigate adverse effects identified	To do this through the development of the service specification with the lead provider.	Adult Care Commissioners	August 2016 to April 2017	Contract will have built into it monitoring and review arrangements
DCC staff are well informed of carer services and clear of the process and their role in identifying and supporting carers.	Ongoing promotion of the changes through Practice Bulletin, Practice Guidance, Training and Development opportunities	Group Managers	June 2016 onwards	Feedback from Prevention and Personalisation meetings and area based leadership meetings.
Addressing the gaps in data and obtain a better understanding groups of carers; transgender, male, and ensure services are meeting the specific needs.	Obtain a better understanding of how far we are meeting needs through discussion with these groups and desktop analysis.	Adult Care Commissioning team	September 2016 onwards	Research within the commissioning team. monitoring and review arrangements of the newly procured service.

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10 Monitoring and review arrangements

Please outline what steps will be taken to monitor and review the implementation of proposals if they are agreed here:

Monitoring and review arrangements of the newly procured service.

Monitoring and review the actions within the Carers Strategy during the first year.