

Agenda Item No.8 (m)

DERBYSHIRE COUNTY COUNCIL

CABINET

26 JULY 2016

Report of the Strategic Director for Adult Care

**PROCUREMENT OF A CARERS INFORMATION, ADVICE, ASSESSMENT AND
SUPPORT SERVICE**

ADULT CARE

1. Purpose of the report

To seek Cabinet approval for the procurement of a carers information, advice, assessment and support service, through a formal tender process, for a period of three years with annual option to extend for up to two additional twelve month periods.

2. Information and Analysis

This report is linked to the report that seeks Cabinet approval for the Carers Strategy 2016-2019 also tabled for 26 July 2016.

2.1 Current provision of carer services in Derbyshire

Carer services are currently provided through a mixture of directly provided services as well as grants, block contracts and spot contracts with voluntary sector providers. These services include:-

- 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 grant funded arrangements are all due to end on 31 March 2017 and the proposal is to procure a new service to commence on 1 April 2017. This forms part of the overall review of Adult Care grant funding arrangements approved by Cabinet on 15 March 2016.

The total budget for carer's services in 2016/17 is £1.96m and it is proposed that this level of funding continues.

The combined value of the current grant and contracted services that are directly provided is £860,000. These services deliver carer assessments, carer personal budgets, sitting services and support self-help groups. This amount will be retained so the estimated maximum value of the carer's information, advice assessment and support service will be £860,000.

The remaining budget will be re-profiled which will lead to an improvement in the way in which services are delivered and an increase in the funding of carer personal budgets.

2.2 Carers in Derbyshire

There are an estimated 93,000 family carers in Derbyshire based on the 2011 census, which means that over 12% of the Derbyshire population are carers, compared with the national average of 10.4%. Almost 8,000 family carers in Derbyshire are under 25 and more than 70,000 are over 50, 27,000 of whom are 65 or over.

2.3 Statutory duties and good practice guidelines

Carers of all ages have new rights under the Care Act 2014 and Children and Families Act 2014 and in order to comply with these requirements, Adult Care should:

- Proactively identify carers and offer an assessment.
- Provide an assessment to any carer who requests one.
- Offer assessments that are proportionate and appropriate, which means some carers may have a much longer and more complicated assessment than others.
- Determine eligibility and allocate any eligibility based support, fairly and consistently.
- Assist carers with support planning, which may result in a carer personal budget, which the carer can access in the form of a direct payment or a virtual personal budget.

- Provide effective transition arrangements for carers so that young carers know what support they can expect when they become an adult and parent carers know what support they can expect when their children become 18.
- Adopt a whole family approach and as the carer's needs increase, consider the need to carry out an Adult Care Assessment of the 'cared for' adult.

The Joint Carers Strategy 2016-2019 sets out the case for investing in carer's services and the priorities that shape the framework for providing carers services across health and wellbeing services over the next three years. The Carer's Direction of Travel, approved by the Health and Wellbeing Board in December 2015, updated the priorities in the last Joint Carers Strategy, in line with new statutory duties in the Care Act 2014 and Children and Families Act 2014.

2.4 Commissioning intentions

The information advice and support service for carers will provide:

- Effective and early identification of carers
- Information, advice and guidance to carers
- Proportionate and consistent assessment of all carers across the county
- Consistent and robust determination of carer eligibility against the national carer eligibility criteria, which may result in a carer personal budget. In complex or exceptionable circumstances, direct liaison and joint decision making with Adult Care will be required to ascertain the extent of provision arising from the carer's eligible support needs
- A service that promotes and supports a range of peer support groups and forums that can be sustained without the need for large subsidies from the council

The contract will be outcome based and the outcomes will be linked to the ten commitments to carers that are outlined in the draft Carers Strategy 2016-19, the outcomes required are listed below:

1. Enjoying the best possible quality of life – indicated by carer's feeling they are achieving a fulfilled life, both independently and with the person they support.
2. Good physical and emotional wellbeing – indicated by carers feeling they are supported to maintain and improve their own health and wellbeing.
3. Economic wellbeing -- indicated by carers accessing and sustaining employment or achieving improved economic wellbeing through full benefit

entitlement. Carers will be supported so that they are not forced into financial hardship by their caring role.

4. Families are supported so that children do not have to take on inappropriate caring roles – indicated by Young Carers feeling they have choice and control about their caring role.
5. Peace of mind in an emergency – indicated by carers having an emergency plan that make them feel secure and clear about who to contact and/or what action to take in a crisis or emergency.
6. Feeling informed, prepared, skilled and equipped – indicated by the provider working across all partner agencies to promote 'carer awareness' and ensure carers are 'everybody's business'.
7. Feeling valued and respected as an individual; having expertise as a carer recognised – indicated by carers feeling consulted in the design and development of services as equal partners.
8. Accessible and available services – indicated by carers receiving good quality information when they need it and access to a broader range of personalised breaks from caring.
9. An 'ordinary life' for the whole family – indicated by Young Carers and Parent Carers feeling supported and empowered to achieve social inclusion from a whole family approach.
10. The safety of carers and the people they support – indicated by carers and the person they support understanding information about what abuse is, how to recognise the signs and what help is available.

Additional service outcomes will include the requirement to identify, engage and support carers – measured by the number of referrals to carer services.

2.5 Timescales

Report to Cabinet	26 July 2016
Carer service specification and tender documents prepared	August 2016
Tender Published	August 2016
Submission Deadline	September 2016
Evaluation	October to November 2016
Recommendation to Cabinet	December 2016
Implementation, TUPE and cessation of current grant and contract arrangements	January to March 2017
New service operational	1 April 2017

3. Financial Considerations

The cost of this service will be met from within the Better Care Fund allocation of £1.96m for Carers' Services.

The estimated maximum value of the service will be £860,000 per annum and the term of contract will be three years, with an annual option to extend for up to two periods of twelve months, commencing 1 April 2017. The service will be tendered through eProcurement under Protocol 1 as the contract is above the OJEU limit.

4. Human Resources Considerations

No

5. Legal Considerations

The procurement of this new, revised service will ensure ongoing compliance with the Council's statutory duties to carers under the Care Act 2014 and the Children and Families Act 2014.

The Director of Legal Services will provide support and advice on the drafting and finalising of the contract.

6. Equality and Diversity considerations

An Equality Impact Analysis was undertaken to assess the impact of the proposals on the protected characteristic groups (see Appendix 1). The Equality Analysis includes an assessment of the responses to the consultation and engagement which have been conducted. This confirms the impact on the protected groups together with recommendations for mitigation.

Overall the changes should bring about more equitable support to carers across the county, which is more effective at identifying and responding to carers who have the greatest level of need.

The main considerations about negative impacts that have been identified are:

- A grant will no longer be paid directly to mental health carer self-help groups (known as mental health forums).
- BME groups will no longer get a grant paid directly to them to facilitate to facilitate peer support.
- To mitigate the grant losses all self-help groups will get support from the lead provider, which could include financial support. This may be less generous for groups who currently get grants paid to them, but mean other self-help groups who currently rely on raising their own funds, get better support.
- Mental health carer assessments will be commissioned as one aspect of a single contract and this service will no longer operate as a separate service.
- Some specific research has been commissioned to make recommendations about the best way to meet the needs of BME carers and this will inform the service specification.

The main negative effect is that some activities which mental health forum members currently undertake will not get automatic funding. Both forums currently cover the cost of travel expenses for anyone attending the monthly forum meetings, the cost of meeting rooms and the provision of free food and drinks at meetings. Annual outings and subsidised meals have been funded. In the north a series of therapy sessions have been provided, which include massages.

7. Social Value Considerations

Social value considerations will be embedded in the contract and form part of the evaluation of tenders. The service will result in the identification of carers at an early stage, which will reduce the demand for interventions that are required when people are in crisis situations. Interventions such as supporting family life, connecting people with welfare support, strengthening awareness of the sources of community support will promote well-being. In many instances this will mean the utilisation of peer support, self- help befriending and activities which bring people together. The provider will be encouraged to bring in additional revenue and capital resources into Derbyshire, for example, by applying for grants which complement activities funded through the contract.

8. Other Considerations

In preparing this report the relevance of the following factors has been considered: Legal and Human Rights, equality of opportunity, health, environmental, transport, property and crime and disorder considerations.

9. Background Papers

No

10. Key Decision

No

11. Is it necessary to waive the call-in period?

No

12. Officer's recommendations

To seek Cabinet approval for the procurement of a carers information, advice, assessment and support service, through a formal tender process, for a period of three years with annual option to extend for up to two additional twelve month periods.

**Joy Hollister
Strategic Director – Adult Care
County Hall
MATLOCK**

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
Date of Analysis	8 June 2016
Version	5

1 Prioritising what is being analysed

a Description of current service arrangements

Carer support includes

- 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 be a single contract for carers services, which will replace a mixture of grants and contractual arrangements which are paid individually to separate organisations.

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

<i>Name</i>	<i>Area of expertise/ role</i>
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	<i>Reason for using</i>
<p>Meetings at carer self-help groups across the county</p> <p>Meetings with mental health forum committee members (these are mental-health carer self-help groups) to discuss the proposals in detail and discuss the best way to engage with wider members.</p> <p>Attendance at mental health forums, presentation of proposals and discussion with members about their concerns.</p> <p>Attendance at the BME Forum to set out proposals and discuss concerns.</p> <p>Meetings with paid staff from the County Council and voluntary sector who have responsibilities for developing links with BME forums. Meetings with social care assessment staff groups</p> <p>Meetings with providers of carers services</p>	<p>Good practice and statutory duties</p> <p>Sets out statutory requirements</p> <p>Identifies up to date information about evidence based practice, procedures and efficacy of interventions</p> <p>Provides local information about the prevalence of need and gaps in provision</p>

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><th>Age range</th><th>Number of Carers</th><th>Proportion of total carers</th></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></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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	92,634																		
	<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. There are currently a wide range of carer self-help groups, but most of these do not get grants paid directly to them.</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 concern that specialist mental health knowledge and</p>

	<p>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>Mental health carers have expressed anxiety that some activities that are currently funded will not get automatic funding. The grants that are paid to these groups currently covers room hire, attendees get free lunches and can claim travel costs for attending the monthly meetings. Free massage treatments are available at Stressbuster groups for north forum members. Other self-help groups do not get grants; attendees meet their own travel costs and raise funds to cover the costs of outings and catering. The new contract will require the lead provider to sustain existing self-help groups and develop new groups. It is likely that the mental health self-help groups will get less financial support than they get at the moment, but that other self-help groups will get increased support.</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 is and will continue to be co-production work with mental health carers because of the concerns they have raised about being adversely effected by the changes. This will include carers informing the service specification for carers support and being involved in the selection of a provider.</p> <p>The service specification will address the importance of ensuring existing self-help groups are sustained and new ones develop.</p>

<p><i>Protected Group</i></p> <p>Gender (Sex) including men and women, boys and girls</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>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>Protected Group</p> <p>Gender reassignment – including impact, if any, on transgender 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>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</p>

	gender reassignment.
Protected Group Race – including all racial groups, including impact, if any, on Gypsies and Travellers	<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 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 available and a sense of isolation experienced by carers who are refugees and asylum seekers². Work is being undertaken to improve information about the 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. In future the funding for this type of activity will be part of the contract for carers services and not paid directly as a small grant direct to BME organisations.</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</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>

	community enablers to work with carers from their community groups will be funded by the contract provider.
	<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 to better understand the needs of BME carers in Derbyshire and this will inform the service specification for the new service. Service monitoring will include consideration of access by BME communities. 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.</p> <p>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> <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>
<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>
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<p>Protected Group</p> <p>Pregnancy and maternity – including new mothers/ parents</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 pregnant 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>

<p>Protected Group</p> <p>Marriage and civil partnership – also include impacts on</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 those carers who are in a civil partnership, including lone parent carers and unmarried carers.</p>
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lone parents and unmarried couples	
	<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>

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>
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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>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>
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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

The changes should bring about more equitable support to carers across the county, which is more effective at identifying and responding to carers who have the greatest level of need.

The main risks of negative impacts that have been identified are:

- Mental health carer self-help groups (known as mental health forums) will no longer get a grant paid directly to them.
- BME groups will no longer get a grant paid directly to them to facilitate to facilitate peer support.
- All self-help groups will get support from the lead provider, which could include financial support. This may be less generous for groups who currently get grants paid to them, but mean other self-help groups who currently rely on raising their own funds, get better support.
- Mental health carer assessments will be commissioned as one aspect of a single contract and this service will no longer operate as a separate service. The service specification will seek to maintain the same level of service. Some specific research has been commissioned to make recommendations about the best way to meet the needs of BME carers and this will inform the service specification.

Recommendations (if any)

To implement the proposed actions and review their effectiveness through established mechanisms for engaging carers and through the commissioning framework for carers, such as the carer's reference group and the carer commissioning board.

9. Action planning in response to the completed analysis

<i>Objective</i>	<i>Planned action</i>	<i>Who</i>	<i>When</i>	<i>How will this be monitored?</i>
<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>
The provision of a carer support service which will effectively respond to the diverse range of needs and complexities for all groups of carers.	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 is 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 meetings with social care staff and the lead provider.
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.

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.