

# Equality Analysis (EIA) Form

## A) Description

**Name of service, function, policy (or other) being assessed**

Carers Strategy 2017-2021

**Directorate or organisation responsible (and service, if it is a policy)**

Adults and Wellbeing Commissioning

**Date of assessment**

June 2017

**Names and job titles of people carrying out the assessment**

Danni Mussell – Senior Commissioning officer

**Accountable person**

Martin Samuels, Director Adult and Wellbeing

**What are the aims or main purpose of the service, function or policy? What does it provide and how does it provide it?**

Carers have long been identified as a priority population group by the council and its partners. The council has committed to having a strategy for carers.

The strategy adopted in 2011 expired in 2015 but as the government was proposing to launch a national carers strategy in the summer of 2016, the new strategy for Herefordshire was deferred. The government postponed the publication of the national strategy and it is now expected in late 2017. Current contracted support services for carers will end in March 2018, so that newly configured services must be commissioned to begin in April 2018. In order to commission the new services, an updated strategy aligned to the council's Corporate Plan and Health and Wellbeing Strategy is required.

The strategy was co-produced with carers. There has also been engagement with stakeholder organisations, including service providers and in particular, Herefordshire Clinical Commissioning Group (HCCG). The strategy is a joint document between the council and HCCG.

The new strategy sets out a clear vision and some key principles and summarises the key aspirations, concerns and needs of carers, whose demographic make-up is also analysed. The strategy then identifies six priorities, to be taken forward through system wide change and re-commissioning of specialist and targeted support for carers. Under each priority, there will be specific focus on the needs of young carers. The six priorities are as follows -

- Identifying carers.
- Information, advice and signposting

- Carers' Knowledge, skills and employment.
- Access to universal services.
- Networking and Mutual Support.
- Assessment and support.

### **Location or any other relevant information**

Countywide coverage

### **List any key policies or procedures to be reviewed as part of this assessment.**

The new Carers Strategy 2017 – 2021 and commissioning intentions informed by the six priorities are reviewed in this assessment.

### **Who is intended to benefit from the service, function or policy?**

- According to the 2011 Health and Wellbeing Survey there are 34,200 adult carers in Herefordshire who are supported by informal networks or are self-sufficient. They represent approximately 16.5% of Herefordshire's population.
- Any informal carer (of any age) of adults /children with care and support needs within Herefordshire
- Service users who are supported by informal carers
- Herefordshire Clinical Commissioning Group
- Universal services
- Stakeholders including commissioned providers

### **Who are the stakeholders? What is their interest?**

- Informal carers
- The cared for (adults and children with care and support needs)
- Herefordshire Council Adults and Wellbeing and Children's Services – jointly produced the strategy with a view to re-designing and commissioning services for carers commencing April 2018
- Herefordshire Clinical Commissioning Group – as above
- Universal services – under the new strategy will have additional responsibilities

- I. to identify carers and align this to the provision of good quality and consistent advice
- II. to meaningfully engage with carers to inform service review and design
- III. to include carers in medical care and discharge planning and reviews in relation to the cared for person

- Existing commissioned services – namely Herefordshire Carers Support and Crossroads – have an interest in the strategy to gain insight into the Herefordshire Council and HCCG’s strategic direction for the next five years, including the expectations upon universal services to work differently to meet carer’s needs.

Existing commissioned services are due to conclude in March 2018. Their funding pipeline may include bidding for the tender/s and they will need to consider the strategy and commissioning intentions in order to shape their bid/service. Should they choose not to bid, their future funding and service design will also need to be aligned to navigating the new council and HCCG approach.

- Organisations with an interest in bidding for the new carers’ services commencing April 2018 will be aligning their bid to the strategy and commissioning intentions.

## **B) Partnerships and Procurement**

If you commission services externally or works in partnership with other organisations, Herefordshire Council remains responsible for ensuring that the quality of provision/ delivery meets the requirements of the Equality Act 2010, i.e.

- Eliminates unlawful discrimination, harassment and victimisation
- Advances equality of opportunity between different groups
- Fosters good relations between different groups

What information do you give to the partner/contractor in order to ensure that they meet the requirements of the Act? What information do you monitor from the partner/contractor in order to ensure that they meet the requirements of the Act?

Herefordshire Council will discharge its duty to the newly commissioned organisation/s to meet its obligations to carers. They must to comply with the Equality Act 2010 and have their own Equality policy available. The service specification will determine the performance measures in relation to equality. The contract monitoring team monitors quarterly returns to ensure that contractual commitments are met.

**Are there any concerns at this stage that indicate the possibility of inequalities/negative impacts? For example: complaints, comments, research, and outcomes of a scrutiny review. Please describe:**

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The council has consulted with various organisations including current providers of contracted services for carers. They have contributed many thoughts, information and ideas, many of which have been incorporated into the analysis contained within the strategy. Herefordshire Carers Support (HCS) has raised several concerns with the council in different ways about the approach to the strategy and its emerging priorities. These concerns include;

- The timing of the strategy development and potential confusion arising from consultation coinciding with consultation on the reduction of funding to HCS and other providers.
- The fact that a full public consultation was not undertaken for the new strategy.
- The intention to align future information and advice services for carers to WISH, the universal information and signposting service for Herefordshire.

The council has responded to the concerns raised by HCS directly in meetings and in correspondence. Its representations were discussed by Health and Social Care Overview and Scrutiny Committee, which subsequently asked for no changes in the council's approach to the strategy. The specific concerns raised by HCS have not been incorporated or responded to directly within the draft joint strategy.

A briefing on the proposed carers strategy was presented to Health and Social Care Overview and Scrutiny Committee on 28 March 2017. The committee welcomed the proposals and endorsed the co-production approach adopted and the six priorities identified.

## C) Information

**What information (monitoring or consultation data) have you got and what is it telling you?**

Monitoring Data –

The Herefordshire Health and Wellbeing Survey 2011 estimated that there are 34,200 adult carers in Herefordshire. Local and national data supports that this number is increasing, aligned to an increasing aging population.

Monitoring data shows that Herefordshire Carers Support have 4963 carers registered with their service up to March 2017.

Monitoring returns from Crossroads show that they assisted 251 carers from the period 1<sup>st</sup> April 2016 until 31<sup>st</sup> March 2017.

Collectively this shows that commissioned services are reaching less than one sixth of the estimated carer population. This demonstrates the validity of priorities within the strategy around identification and how getting timely information to carers is a key challenge. The strategy details how commissioned services can only extend so

far and therefore universal services are integral to the success of implementing the strategy and reaching a diverse range of carers.

#### Consultation Data –

Following the expiry of the previous strategy in 2015, the council undertook in depth consultation with carers between 2015 and 2016 which provided a clear indication of their concerns and priorities. However, the new local carers strategy was deferred due to the government pushing back delivery of the national strategy.

In 2017, the consultation material was reviewed, along with key national research and in March and April 2017 the council engaged extensively with carers to co-produce a new carers strategy.

Around 160 carers have been involved via a variety of methods to be as inclusive as possible. 11 pre-existing clubs, activities, coffee mornings and forums were attended to engage with carers from a range of ages and responsibilities, covering the majority of Herefordshire geographically. Examples are the Herefordshire Young Carers Club in Ross-on-Wye and the Alzheimers Society weekly meeting in Leominster. In addition, Herefordshire Carers Support facilitated a specific event to engage in production of the carers strategy.

Those carers who couldn't attend events were engaged through email, visits and other means. The co-production will continue throughout the implementation of the strategy and to inform the design and procurement of new services for carers.

There has also been engagement with stakeholder organisations, including service providers and in particular, Herefordshire Clinical Commissioning Group (HCCG).

Both Herefordshire Carers Support and Crossroads have recently been consulted due to reductions in their funding. Information secured from carers which was relevant to shaping the strategy and commissioning intentions throughout the consultation has also been reviewed and has contributed to forming the strategy and commissioning intentions.

**D) With regard to the stakeholders identified and the diversity groups set out below;**

	<i>Is there any potential for (positive or negative) differential impact?</i>	<i>Could this lead to adverse impact and if so what?</i>	<i>Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason?</i>	<i>Please detail what measures or changes you will put in place to remedy any identified adverse impact.</i>
<b>Disability</b>	Outcomes informed by the priorities plus including carers in planning for the cared for will improve the health and wellbeing of carers. This will be a directly positive impact for carers (who may have care and support needs of their own) as well as for the cared for person.	Some carers are supported by currently commissioned providers and have anxieties about whether the newly designed services will meet their needs. Uncertainty may impact upon their resilience as a carer and impact upon the carer and the cared for person.	The contracted services are due to conclude at the end of March 2018. The strategy has given an opportunity to review the needs of carers, as well as wider factors of demographics and the economy. The strategy will make services to carers more inclusive, reaching a more diverse population. The adverse impact is unavoidable and is justified given the commissioning timetable and the council's procurement processes.	<ul style="list-style-type: none"> <li>• The council has engaged with carers and providers to explain the processes and what is involved.</li> <li>• Carers are being involved in the design of the newly commissioned service and procurement.</li> <li>• Planned mobilisation will ensure a smooth transition from existing services to the new service/s, where necessary.</li> </ul>
<b>Age</b>	As above.  The new strategy is aimed at being more inclusive and extending services to meet the needs of carers of every age.	As above	As above	The revised commissioning intentions will remodel the services to carers to reach the target groups as identified through the carers strategy, with a key focus on older and younger carers.
<b>Gender</b>	The census demonstrates that women are more likely to be carers	No adverse impact is anticipated.	NA	The strategy will be subject to review.

	<p>than men. However this figure changes, at 85 years old 59% of carers are males compared to 41% women.</p> <p>Herefordshire Carers Support report that their service is used more by women than men.</p> <p>The new strategy and commissioning intentions are aimed at being more inclusive and extending services to meet the needs of all carers.</p>			Any newly commissioned services will have equality data monitored.
<b>Race</b>	The new strategy is aimed at being more inclusive and extending services to meet the needs of carers of every race, with a particular focus on the Gypsy Roma and Traveller population which is the largest minority group in Herefordshire.	No adverse impact is anticipated	NA	<p>The strategy will be subject to review.</p> <p>Any newly commissioned services will have equality data monitored.</p>
<b>Sexual Orientation</b>	The new strategy is aimed at being more inclusive and extending services to meet the needs of all carers.	No data is available		
<b>Religion- belief/none belief</b>	The new strategy is aimed at being more inclusive and extending services to meet the needs of all carers.	No data is available		
<b>Pregnancy/maternity</b>	The new strategy is aimed at being more inclusive and extending services to meet the needs of all carers.	No data is available		
<b>Gender reassignment</b>	The new strategy is aimed at being more inclusive and extending services to meet the needs of all carers.	No data is available		

## E) Consultation

Did you carry out any consultation?

Yes X  No

### Who was consulted?

160+ carers consulted via a variety of methods  
Herefordshire Clinical Commissioning Group  
Current commissioned services – Herefordshire Carer Support and Crossroads

### Describe other research, studies or information used to assist with the assessment and your key findings.

- Contract monitoring and support data
- The Herefordshire Joint Strategic Needs Assessment
- Carers UK website
- Herefordshire Carers Strategy 2012- 2015
- Herefordshire Council – Corporate Plan
- Health and Wellbeing Strategy
- Herefordshire Carer's Charter
- Herefordshire Clinical Commissioning Group – 5 Year Strategic Plan
- The Care Act 2014
- Children & Families Act 2014
- Carers Strategy - the second national action plan 2014-2016
- A Guide to Efficient and Effective Interventions for Implementing the Care Act as it applies to Carers 2015

Do you use diversity monitoring categories? Yes X No

*(if No you should use this as an action as we are required by law to monitor diversity categories)*

**If yes, which categories?**

- X Age
- X Disability
- X Gender Reassignment
- X Marriage & Civil Partnership
- X Pregnancy & Maternity
- X Race
- X Religion & Belief
- X Sex
- X Sexual Orientation

**What do you do with the diversity monitoring data you gather? Is this information published? And if so, where?**

<https://factsandfigures.herefordshire.gov.uk/>

**F) Conclusions**

	<b>Action/objective/target OR justification</b>	<b>Resources required</b>	<b>Timescale</b>	<b>I/R/S/J</b>
a)	Cabinet approval of the Carers Strategy and commissioning intentions	Staff time		R
b)				
c)				
d)				

- (I)** Taking immediate effect.
- (R)** Recommended to Council/Directors through a Committee or other Report\*.
- (S)** Added to the Service Plan.
- (J)** To be brought to the attention of the Equality Manager.

\*Summarise your findings in the report. Make the full assessment available for further information.

NB: Make sure your final document is suitable for publishing in the public domain.