

ASC Grant and Contract Review: Equality Impact Assessment

Surrey Carers Commissioning Group

1. Topic of assessment

EIA title:	Independent Carers Support Services merging into new Area Model
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EIA author:	John Bangs Carers Strategy and Development Manager
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2. Approval

	Name	Date approved
Approved by	Sonya Sellar, Area Director, Mid Surrey	24 October 2016

3. Quality control

Version number	4	EIA completed	25/10/16
Date saved	25/10/16	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
John Bangs	Carers Strategy and Development Manager	Surrey County Council	Carers Commissioner
Debbie Hustings	Carers Partnership manager	Guildford and Waverley CCG	NHS Carers work co-ordination
Ron Critcher	Carers Policy Officer	Surrey County Council	Carers
Martin White	Senior Manager (ASC Commissioning and Procurement)	Surrey County Council	Commissioning Support Unit

5. Summary

Summary	
CPIGS ID (list)	
Provider name	9 Local Carers Support Organisations and Action for Carers Surrey
Description of scheme	Independent Carers Support Services merging into new Area Model
Local or countywide	County wide approach (with local delivery)
Current expiry date	30 September 2016
Minimum notice period	In line with Surrey Compact
Financial Impact for 2016/7 and ongoing	<i>Saves £570k a year from 2017/18 -See Carers Commissioning Group paper for details</i>

6. Purpose and performance

Purpose and performance	
Purpose of schemes	<p>Carers Support</p> <p>The 10 Carers Support organisations currently provide information, advice, support and advocacy to carers covering all 11 District and Boroughs</p> <p>Carers and Employment</p> <p>The Learn and Work Service officers carers specialist support in relation to vocational training and work provided on a county wide service</p> <p>GP Awareness Programme</p> <p>Works with GP practices on a county wide basis to improve carers experience of primary care including promoting carer registration and carer prescriptions and breaks.</p>
Is the scheme meeting its purpose(s)?	<p>Yes - In delivering support to carers although one local carers support scheme has had problems at Trustee level and the service has been re-commissioned.</p> <p>Despite this one local problem Surrey has a high reputation nationally for delivery of independent carers support.</p>
Are there other existing schemes which can achieve this scheme's purpose(s)?	<p>There are several other sources of help for modest numbers of carers but these would have little impact compared to the carers supported through these schemes (currently around 17,000 carers a year).</p> <p>General advice services do not have the degree of specialism necessary to deliver this service and frequently refer to local carers support services.</p>

7. Impact Analysis

Impact analysis	
Reduce spend	
Factor to consider	What is the impact of reducing spend?
Residents, including carers	<ol style="list-style-type: none"> 1. The Care Act 2014 created new obligations for carers; based on the principle of “equality of esteem for carers”. The act removed the requirement in relation to carers’ assessments for carers to be undertaking regular and substantial care. This means nearly all of the carers supported by our early intervention services would otherwise be entitled to a carers’ assessment and at least information and advice. 2. The need for such services is also highlighted in the Government’s National carers Strategy. 3. The legislation also enhances obligations for cooperation placed on CCGs and these have been amplified through the new Memorandum of Understanding developed by NHS England. Maintaining an effective range of preventative services will be essential to enable CCGs in Surrey to respond to this initiative effectively. 4. According to the 2011 Census there are 108,433 carers in Surrey. Of these 52,050 carers were providing over 20 hours care a week. (48% of the carers) The above total also includes 64,884 carers who are also juggling work with caring. Carers also save the public purse approximately £1.8 billion per annum in Surrey alone by caring for individuals who would otherwise need more support from the state. As such carers must be suitably supported in their caring, and the purpose of this contract is to provide respite and in turn improve the quality of life of carers in Surrey. 5. There is strong evidence that supporting carers helps prevent breakdown of caring situations and avoids far greater cost for the provision of more expensive, more intrusive “care packages”. More details can be read in <i>“Economic Case for Local Investment in Carer Support – Dept Health and ADASS: March 2015”</i> which includes a case study based on cost modelling in Surrey. 6. It is essential to maintain support to carers but to find a way of making this sustainable in difficult financial circumstances. Should these services cease, there would be thousands of additional carers assessments requested; almost certainly leading to greater cost. What is being sought is an approach that captures most of the current benefits and supports similar or greater numbers of carers for less money. 7. There does appear to be some scope for efficiencies in how adult carers are supported including moving to an area basis for carers

Impact analysis

support. This would replace existing borough/ district based provision and the county wide GP Carer Awareness and Learning and work. It is thought that a new integrated area model would allow for savings in back office costs, increased use of triage, better use of technology and should facilitate greater consistency. For example, there could be four office locations instead of 12 as present and reductions in administration and management costs.

8. There are significant new opportunities to build on use of the new digital offer developed in partnership with Carers UK.
9. The independent carers support services being replaced by this new area model provided support to about 17,000 carers per year. The target for provision under the new system is 20,000 carers a year to be supported and it is expected that this will be achieved during year two of the contract.
10. Some carers organisations have questioned whether any significant savings can be made in back office and management costs but they had not been keen on the suggested area model that should deliver this.
11. This would constitute a new replacement service and require a fresh bidding process.
12. It should be borne in mind that the carers' organisations will also have meet additional costs arising from new stakeholder pensions requirements.
13. The planned approach has the potential to make a 33% saving in a full year while maintaining an effective service.

Options for area based carers support

14. Consideration has been given to providing carers support through a new area based model. This will need to provide for effective local delivery to carers and interface with health and social care. There are several potential sets of boundaries that might apply - shown in points 13 to 15 below (with % of carers covered in brackets – based on data from JSNA).
15. The option shared with carers support schemes was the initial thinking around 3 areas aligned to CCG boundaries:
 - + NW CCG (29.2%)
 - + Guildford/ Waverley including Farnham Surrey Heath (29.8%)
 - + Surrey Downs CCG and East Surrey CCG (41.0%)(or Surrey Downs and East could be separate lots)
16. Concern has been expressed about a model that splits Elmbridge and it has also been noted that the above is a somewhat uneven split in

Impact analysis

terms of the numbers of carers so an alternative might be:

- + Elmbridge, Runnymede, Spelthorne & Woking (35.2%)
- + Guildford, Waverley including Farnham & Surrey Heath (29.8%)
- + Epsom & Ewell, Reigate & Banstead, Mole Valley & Tandridge (35 %)

17. A further alternative with 4 areas is:

- + Runnymede, Spelthorne & Woking (24.4%)
- + Guildford, Waverley including Farnham & Surrey Heath (29.8%)
- + Elmbridge, Epsom & Ewell, Banstead & Mole Valley (30.1 %)
- + East Surrey (15.7%)

18. A decision was made to support the 4 area model in point 16 above as this was thought to provide the best fit with CCG boundaries and the planned “STP Footprints” and would also allow for effective interface with Social Care.

19. There will be opportunities to increase the reach of the service amongst BAME carers. For the services in question about 9.4% of the carers supported are from BAME communities. This is compared to 17.5% of the Surrey population (see table below from BAME Steering Group 2016)

Provider	Total Carers Served*	BAME Carers Served
Woking Carers Support	909	210
Elmbridge Carers Support	1862	113
Mole Valley Carers Support	1368	Not known
Spelthorne Carers Support	2307	687
Surrey Heath Carers Support	870	58
Epsom Carers Support Banstead	621	10
Epsom Carers Support Epsom and Ewell	1074	25
East Surrey Carers Association Tandridge	1565	104
East Surrey Carers Association Reigate	1591	61
Waverley Carers Support	606	7
Guildford Carers Support	844	41
Runnymede Carers Support	1478	90
AfCs Learning & Work	266	38
Totals	15,387	1444 (9.4%)

Impact analysis			
		<ul style="list-style-type: none"> Overall numbers of carers are thought to be higher at 17,000 a year 	
Provider organisations	<p>There is potential for some reconfiguration of how the support is provided, although the degree of this will depend on the outcome of the bidding process.</p> <p>There is a risk that some current providers may no longer receive funding. Should this happen the mechanisms afforded by the Surrey Compact will apply and support offered to the trustees of organisations effected and their staff.</p>		
Demand on Surrey County Council services	<p>It is considered that the new model will be able to support 15% more carers than as present. There are also increased opening hours. There should therefore only be limited impact (if any) on services from Adult Social Care. There is potential for positive impacts as described below.</p>		
Demand on Health and other partners' services	<p>As the new model should be able to support 15% more carers than at present, there should therefore only be limited impact (if any) on services from Health and potential for positive impacts as described below.</p>		
Surrey County Council's reputation (and of our CCG partners)	<p>There is likely to be a negative reaction from some carers groups; particularly those who may be at risk of losing funding. However, not all carers organisations are opposed to the change. However, it should be noted that the proposal enables the council and it's partners to continue to fund an independent carers support service in line with our Surrey Carers Commissioning Strategy.</p> <p>The reach of the service is to increase and extended opening hours should be well received; particularly by working carers</p>		

8. Impact of the proposals

A) Impact on residents and people with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	<p>Active support to carers helps avoid a risk of any associative discrimination to family members of people with a "protected characteristic"</p> <p>There is to be an</p>	<p>Although there is a reduction in spend with a resultant risk of reduced support for carers, this has been more than offset by a range of measures:</p> <ul style="list-style-type: none"> - Reduced back office costs - greater use of triage - improved use of 	<p>Specification for service requires a 15% increase in numbers of carers supported by the service</p>

	increased reach of the service that should afford this benefit to 15% more carers	technology As a result there is expected to be an increase in the reach of the service by about 15%	
Disability	This service is open to everyone with different disability types. Active support to carers helps avoid a risk of any associative discrimination to family members of people with a “protected characteristic”	Although there is a reduction in spend with a resultant risk of reduced support for carers, this has been more than offset by a range of measures - Reduced back office costs - greater use of triage - improved use of technology As a result there is expected to be an increase in the reach of the service by about 15%	Specification for service requires a 15% increase in numbers of carers supported by the service
Gender reassignment	This service is open to all.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Pregnancy and maternity	This service is open to all.	None identified	
Race	This service is open to all races.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”. This will include a particular focus on increasing the numbers of carers supported from BAME backgrounds

Religion and belief	This service is open to everyone with different religion and belief.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Sex	This service is open to all.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Sexual orientation	This service is open to all.	None identified but there is recognised to be a risk that carers from “hard to reach” or marginalised groups could be unaware of the service.	The service specification and contract will require the successful service provider to work with the Council to ensure that publicity and referrals systems help ensure that the service is fully accessible to all including those from “hard to reach groups”.
Marriage and civil partnerships	This service is open to all.	None identified	

8 (b). Impact of the proposals on staff with protected characteristics

* There is no impact on County Council staff

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	N/A*		
Disability	N/A*		

Gender reassignment	N/A*		
Pregnancy and maternity	N/A*		
Race	N/A*		
Religion and belief	N/A*		
Sex	N/A*		
Sexual orientation	N/A*		
Marriage and civil partnerships	N/A*		

9. Summary of Key impacts

Key Impacts	The proposed action will maintain the service with a lower level of funding; reduced by 33% but reconfigured so as to expand the current reach of the service.
What are the negative impacts?	There is a potential loss of capacity if a simple 33% reduction is made. A simple reduction in levels of support could clearly have negative consequences for carers and those they look after (some of who have protected characteristics). However the area model proposed does not envisage a reduction in levels of service so the efficiencies identified fully mitigate against this.
How will any negative impacts be mitigated?	<p>The revised specification for the service will address this in a number of ways so that current levels of service can be achieved and enhanced but at reduced cost. It will require local delivery whilst achieving consistency of approach.</p> <p>There will be increased use of triage techniques and information technology as well as reductions in back office costs. As a result, the numbers of carers supported are expected to rise to over 20,000 the end of the contract.</p> <p>Following the outcome of the bidding process there will be an action plan to ensure continuity of service to carers. This will include facilitating liaison between organisations where there is a change of service provider and ensuring effective communication to carers.</p> <p>Work will also be undertaken with partner agencies to facilitate effective referrals to the new service.</p>
What, if any, are the positive impacts?	<p>The service will reach an estimated 15% more carers by the end of the contract.</p> <p>There will be extended opening Hours being achieved.</p>

	<p>This should provide a more consistent service achieved through a new area model and this in turn could help improve interagency collaboration. The revised specification will also have a clearer focus on addressing the needs of BAME carers.</p>
<p>If the scheme will continue to be funded, against what objectives and how will these be measured?</p>	<p>Specific services measures and outcomes for carers within the new contract. There will be regular monitoring through the Carers Commissioning Group with reports also provided to each CCG</p>