



Derby City Council

# **Equality impact assessment form**

**Directorate** Adults Health & Housing

**Service area:** Commissioning

**Name of policy, strategy, review or function being assessed:**  
Proposed carer budget savings

**Draft completed:** April 2013

**Assessment meeting** 7th June 2013

**Amended draft on website** July 2013

**Final** August 2013

**Signed off by**

**Date published on website**

## Equality impact assessment

This is our equality impact assessment form to help you equality check what you are doing when you are about to produce a new policy, review an older one, write a strategy or plan or review your services and functions. In fact you need to do an equality impact assessment whenever a decision is needed that affects people. This completed form should be attached to any Council or Personnel Committee report to help elected members make their decisions by taking the equality implications into account. Equality impact assessments **must be done before** decisions are made.

You'll find that doing these assessments will help you to:

- understand your customers' and communities needs
- develop service improvements
- improve service satisfaction
- demonstrate that you have been fair and open and considered equality when working on re-structuring.

Don't do the form by yourself, get a small team together and make sure you include key people in the team such as representatives from our Diversity Forums and employee networks and you could invite trade union representatives too – the more knowledge around the table the better. Ask our Lead on Equality and Diversity for help with useful contacts – we have a team of people who are used to doing these assessments.

You'll need to pull together all the information you can about how what you are assessing, affects different groups of people and then examine this information to check whether some people will be negatively or positively affected. Then you'll need to look at ways of lessening any negative effects or making the service more accessible – this is where your assessment team is very useful and you can also use the wider community.

Agree an equality action plan with your assessment team, setting targets for dealing with any negative effects or gaps in information you may have found. Set up a way of monitoring these actions to make sure they are done and include them in your service business plans.

When you have completed the assessment, get it signed by your Head of Service or Service Director and send it to our Lead on Equality and Diversity to publish on our website.

By the way, we need to do these assessments as part of our everyday business, so we get our equality responsibilities right and stay within the law – Equality Act 2010.

## **Equality groups**

These are the equality groups of people we need to think about when we are doing equality impact assessments and these people can be our customers or our employees...

- Age equality – the effects on young and older people
- Disability equality – the effects on the whole range of disabled people, including Deaf people, hearing impaired people, visually impaired people, people with mental health issues, people with learning difficulties and people with physical impairments
- Gender equality – the effects on both men and women and boys and girls
- Marriage and civil partnership equality
- Pregnancy and maternity equality - women who are pregnant or who have recently had a baby, including breast feeding mothers
- Race equality – the effects on minority ethnic communities, including newer communities, gypsies and travellers and the Roma community
- Religion and belief or non- belief equality – the effects on religious and cultural communities, customers and employees
- Sexuality equality – the effects on Lesbians, gay men and bisexual people
- Trans gender – the effects on trans people

In addition you can also look at the effects on people with low incomes and often this cuts across all the groups mentioned.

## **Contacts for help**

Ann Webster – Lead on Equality and Diversity

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Maggie Fennel – 01332 643731 Minicom 01332 242133

## The form

We use the term ‘policy’ as shorthand on this form for the full range of policies, practices, plans, reviews, activities and individual decisions including informal customs and practices.

Policies will usually fall into three main categories...

- Organisational policies and functions, such as recruitment, complaints procedures, re-structures
- Key decisions such as allocating funding to voluntary organisations, budget setting
- Policies that set criteria or guidelines for others to use, such as criteria about school admissions

### 1 What’s the name of the policy you are assessing?

Carer funding consultation

Linked to the voluntary sector consultation

### 2 The assessment team

Team leader’s name and job title – Jackie Straw -Commissioning manager

Other team members

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Name	Job title	Organisation	Expertise
Jackie Straw	Commissioning manager	Derby city council	Carers/ commissioning
Maggie Fennell	Strategy Development Officer	DCC	EqlAs support
Emma Baradell	Locality Manager	Southern Derbyshire Clinical	Carer commissioner

Name	Job title	Organisation	Expertise
		commissioning Group	
Helen Robinson	Chief Executive	Derbyshire Carer Association	Carers
Deb Gough	Derby Manager	Derbyshire Carer Association	Carers
Honor Simpson	Manager	Making Space	Dementia support service
Brent Lyon	Carer Ambassador		Carer
Mic Brown	Carer Ambassador		Carer
Katy Pugh	Chief Executive	Age Uk Derby & Derbyshire	Personalisation & member of frail elderly pathway
Amran Ashraf	Ambassador Coordinator	DCA	Carers
Kathy Smedley	Citizen Leader & Carer Ambassador		L.D. personalisation

### 3 What are the main aims, objectives and purpose of the policy? How does it fit in with the wider aims of the Council?

The Government have published spending details for every local authority in England. The average reduction in councils' spending power was 4.4% in 2011/12 due to a lower 'formula grant' received from national government. The Government have advised that the funding for all existing Department of Health revenue grants for adult social care will continue and will rise in line with inflation over the next four years (2011-15). This includes the funding in the Carers Grant. The Government has decided this funding will go to councils through something called the local government Revenue Support Grant. The Carers' Grant is not be an identifiable amount within the Revenue Support Grant.

In relation to the annual Carer personal budget, for Derby in 2012/13 an indicative figure of £250k was estimated and set aside, (125K from the Clinical Commissioning Group and 125K from the council. This amount would have met the needs of 850 applicants at the upper end of the scale (based on data from previous years commitments). However, a new fairer system for allocation was also put in place in April 2012, instead of automatic and universal allocation of a set figure annually of £500 for each applicant, the system now has a 3 element criteria, with fewer financial controls and outcome monitoring. There is now transparency and demonstrable fairness noted within the allocation system.

The new system makes accessing the grant application process dependent on a holistic assessment being conducted. All Carers are entitled to a Carer's Assessment even if the person they care for is not receiving support from Social Services. The

assessment can establish the help needed for carers and whether any support or funding could be provided from statutory sources.

The focus for carers services remains in the offer of a single front door access offering advice and information with support to receive an assessment and emergency plan function delivered by the Derbyshire Carers Association (DCA).

The proposed savings for 2013-2015 stipulate the elements of service and the amounts to be saved. Some elements are internal savings and will not affect the front line services. This EqlA focuses on the 3 elements which could have an impact on carers, the one off personal budgets, the voluntary sector services and the welfare support role.

The proposals stated in the March Cabinet report for 2015-16 will be discussed and consulted on with Carers separately.

#### **4 Who delivers the policy, including any outside organisations who deliver under procurement arrangements?**

Derby City Council – Adults, Health & Housing

The services for carers are provided by the following voluntary sector partners; Derbyshire Carer Association (DCA), Crossroads, Disability Direct, Age UK and Derbyshire and Derby mental health forum.

#### **5 Who are the main customers, users, partners, employees or groups affected by this proposal?**

Any person providing care to another, who requires support to continue their caring role.

The voluntary sector organisations that have staff employed to support the service provision, based on the grant funding allocation.

GP practices, who receive support and carer awareness training from the Age uk funding.

The Royal Derby hospital pilot project, this has been set up to support carers in hospital and on discharge for the carer and the cared for.

Community groups who have been supported by the Disability Direct funding, in identifying carer and supporting groups in sign posted for carer support.

Other organisations who receive referrals from the carers services. (Crossroads, First contact, Derby Advice)

Organisations that depend on the liaison of these groups into their service. (DCA)

## **6 Who have you consulted and engaged with so far about this policy and what did they tell you? Who else do you plan to consult with?**

The budget proposed went to full cabinet on 30<sup>th</sup> January 2013.

In relation to the proposals at the January Cabinet meeting, a carer lobby group provided Consultation comments in relation to the budget proposals. These will be collated into the findings report.

The carer partnership board meet on the 12<sup>th</sup> Feb to share the Cabinet outcome and the draft consultation.

A formal consultation was launched following the Cabinet meeting on the 20<sup>th</sup> March, the consultation period ran from 21<sup>st</sup> March to 13<sup>th</sup> June.

As part of the grant funding to DCA, a group of carer known as Ambassadors champion the services for carers and support the partnership board and other related services for carers. These ambassadors took the lead role in the consultation plan and met on the 14<sup>th</sup> March to agree the elements which will form the consultation for Cabinet.

The consultation took the form of the following;

- Forum meetings coordinated and managed by the Carer Ambassadors with carers to cover 2 themes, carers who have received Derby advice support and carers who have accessed the carer assessment process and personal budgets.
- The Voluntary sector proposed savings have been included in an overarching questionnaire which consulted on the grant funding savings proposals to Voluntary sector.

There was 3 questionnaires; which were distributed to all the voluntary sector organisations, partners who maybe affected by any service changes, service users of the service and the general public. These have been available via the Derby city website or paper copies through a range of commissioning officers and partners. A press release and an article in the Evening Telegraph support the launch of the consultation on 4<sup>th</sup> March. (The voluntary sector questionnaire consultation ran from the 4<sup>th</sup> March to 27<sup>th</sup> May)

At the request of carers an open forum meeting with Councillor Paul Bayliss and Mark Tittley the Cabinet member for adult social care was held on the 11<sup>th</sup> July at the QUAD. This was promoted through the website and carers groups and forums. Feedback from this meeting has been included in the consultation and other elements noted in relation to BME carer and low income have been incorporated into the EqIA.

### **EqIA process**

To ensure as many people had access to comment on the carers proposals and the impact on different groups, a draft EqIA has been on the website during the consultation period.

A formalised meeting was held on the 7<sup>th</sup> June with a range of carers and organisations to support the compilation of the assessment. Following this meeting the EqlA was updated and placed on the website and circulated to those people who participated in the group for any further comments.

**7 Using the skills and knowledge in your assessment team what do you already know about the equality impact of the policy on particular groups? Also, use any other information you know about such as any customer feedback, surveys, national research or data. Indicate by a tick for each equality group whether this is a negative impact, a positive one or if you are not sure**

Carer data from the Office for National Statistics 2011 census.

Provision of Unpaid Care (QS301EW)

				Derby Unitary Authority
All Usual Residents	Count	Persons	Mar-11	248752
Provides No Unpaid Care	Count	Persons	Mar-11	223168
Provides 1 to 19 Hours Unpaid Care a Week	Count	Persons	Mar-11	15682
Provides 20 to 49 Hours Unpaid Care a Week	Count	Persons	Mar-11	3586
Provides 50 or More Hours Unpaid Care a Week	Count	Persons	Mar-11	6316

The number of Carer registered in Derby by DCA is approx 2,300 an increase of 900 in the last year, however still a small % of the Derby population of carers.

**All the data included in this report covers the monitoring provide by organisations funded to support cares, the carer consultation and other details deemed relevant to this EqlA.**

*NB: the data figures showcased are from DCA as they are the front door for carers and the link between the organisations as a referral point.*

Equality groups	What do you know?	Positive impact	Negative impact	Not sure
Age	The service is provided to all carers 18+. The current breakdown of service user who have accessed the service in 2012-2013 ;			



Equality groups	What do you know?					Positive impact	Negative impact	Not sure
	Under 18	18 - 24	25 - 49	50 - 64	65 - 79	80 +	Not Specified	TOTAL
April to June		5	124	159	146	46	3	483
July to Sept		8	120	140	104	56		428
Oct to Dec		2	46	82	85	41	21	277
Jan to Mar		20	91	110	101	31	48	401
Total	0	35	381	491	436	174	72	1589

The above table shows the carers who have accessed support through DCA in the last 12 months.

The profile is consistent with the National average, with the majority of carers being in the 60+ range.

It was felt there is likely to be an increase in carers needs and hospital support linked to the winter months due to the health impact. This is based on the % of carers who themselves identify they have an impairment or health concern.

<b>Disability</b>	<p>The service is offered to all carers universally, including carers with a disability.</p> <p><b>It was noted that many of the older carer have a disability and the criteria link within the personal budget is sensitive to this.</b></p>																											
	<p><u>From the NHS Carer survey 2012.</u></p> <p>Respondents were asked if they had any impairment, 26% stated they have a physical impairment with 29.7% have a long standing illness.</p> <table><tr><th></th><th>n</th><th>%</th></tr><tr><td>A physical impairment or disability</td><td>91</td><td>26.0%</td></tr><tr><td>Sight or hearing loss</td><td>63</td><td>18.0%</td></tr><tr><td>A mental health problem or illness</td><td>24</td><td>6.9%</td></tr><tr><td>A learning disability or difficulty</td><td>9</td><td>2.6%</td></tr><tr><td>A long-standing illness</td><td>104</td><td>29.7%</td></tr><tr><td>Other</td><td>44</td><td>12.6%</td></tr><tr><td>None of the above</td><td>125</td><td>35.7%</td></tr></table> <p><b>This is reflective of the age profile of the carers.</b></p>					n	%	A physical impairment or disability	91	26.0%	Sight or hearing loss	63	18.0%	A mental health problem or illness	24	6.9%	A learning disability or difficulty	9	2.6%	A long-standing illness	104	29.7%	Other	44	12.6%	None of the above	125	35.7%
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Other	44	12.6%																										
None of the above	125	35.7%																										

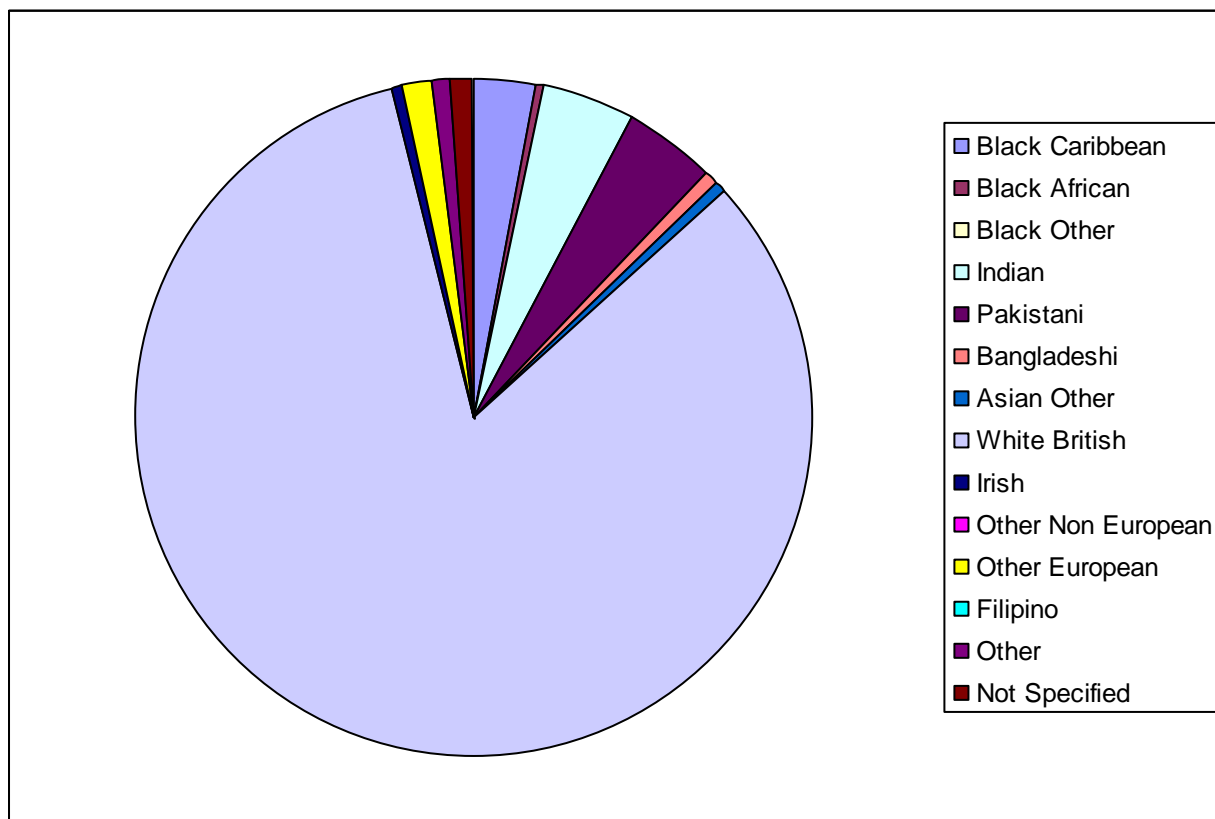
Equality groups	What do you know?	Positive impact	Negative impact	Not sure
<b>Gender</b>	The breakdown of carers who have accessed the service in 2012-2013			
Data Source from DCA 2012-13	<b>Male</b>	<b>Female</b>	<b>TOTAL</b>	
<b>April to June</b>	145	338	483	
<b>July to Sept</b>	167	261	428	
<b>Oct to Dec</b>	86	191	277	
<b>Jan to Mar</b>	157	244	401	
<b>Total</b>	<b>555</b>	<b>1034</b>	<b>1589</b>	

The Derby data shows we have a higher than average proportion of female carers 65% in relation to the National figure of 60%. (% is based on those registered)

Equality groups	What do you know?	Positive impact	Negative impact	Not sure
<b>Marriage and civil partnership</b>	The services are offered to all carers, the criteria don't distinguish on the basis of marriage. We have no specific data on these carers.			
<b>Pregnancy and maternity</b>	To ensure a link to support female carers in the child bearing years.			

Equality groups	What do you know?	Positive impact	Negative impact	Not sure
<b>Race</b>	Derby has a large multi- cultural population; however this is not reflected in the data of current carers who seek support.			
<u>The NHS information centre – carers survey 2011</u> Of those carers who responded, 92% were white, while 8 % were from black and minority ethnic (BME) backgrounds.				

The following table shows the breakdown of carers who have accessed the service in 2012-2013 (Data from DCA)



Of this group 121 stated English was not there first language and have been supported with interpreters or family.

The EqIA groups felt that more marketing and understanding needed to be done to identify carer from the different culture groups.

Disability direct have a community function in supporting cares, they are currently looking to support the development of a carer group within BME groups. Making Space are also rolling out training linked to the understanding of memory loss and Dementia, this will support the raising of awareness for carers and the support networks available.

Due to demographics the current carers could be caring for multi generations; the reduction of outreach work will have an impact on this area.

One of the main areas to make contact with this group is within GP practice, the funding relating to GP support will have an impact on this area.

Transient groups could be completely missed by no community or GP support.

Age uk have had a remit to develop the link with GP practices and the Royal Derby hospital. There need to be a clearer link between the cared for and the carer whilst in the

hospital and on any pathways linked to discharge and ongoing support needs.
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Equality groups	What do you know?	Positive impact	Negative impact	Not sure
Religion or belief or none	The service is universal. It does not have a relevance to this service.			
Sexuality	The service is universal. See data below			
Trans gender	<p>See below the breakdown of the users who have accessed carers services.</p> <p>People choose not to provide this information for a range of reasons.</p> <p>The EqIA group identified that some groups may feel that the disclosure of their sexuality may relate to expressing their vulnerability or fear of ridicule or judgement.</p> <p>This was also felt a possible barrier to identification of support.</p>			

	Heterosexual	Gay	Lesbian	Bisexual	Not Specified	TOTAL
April to June	122				361	483
July to Sept	195	1			232	428
Oct to Dec	173				104	104
Jan to Mar	204				370	574
Total	694	1	0	0	1067	1589

Equality groups	What do you know?	Positive impact	Negative impact	Not sure
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<b>People on low income</b>	There was a time limited post within Derby Advice worker who has a specific remit for carers.			
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**The following data shows the support provided by the worker whilst in post.**

March to August 2012 <i>* worker was off sick for 2 months and the referral picked up by Derby Advice</i>	
Number of referrals	211
Number of customers seen:	169
Carers	28
Cared for	35
Number of home visits	0
Gender: {male / female}	M: 75 F: 114
<u>Age:</u>	
18 to 65	70
65 to 74	27
75 to 84	28
85+	4
Not known	15
<u>Disability Group:</u>	
Learning disability	
Mental health	1
Older people	2
Other – Physical	11
Not known	20
Number of carers seen at DCA surgery	43
a) Number of new benefits identified	116
b) Weekly projected entitlement	£4578.22
Average per claimant : a divided by b	£39.46
Annual projected entitlement	£238,067.44

From the above figures it can be noted that the worker supported carers and the cared for, and mostly to those under 65.

People over 65 are on a fixed pension and often have had support at a time of transferring from work to retirement.

This support would have been provided without the specific worker being in post, it provided that additional office support.

**Ongoing support offered by Derby Advice**

Without this post in place carers will continue to be supported by Derby Advice through its phone support and visits.

Derby Advice provides a triage approach to support.

The average waiting time for a face to face appointment is 4-6 weeks and for a home visit 6-7 weeks.

The telephone advice line operates each day Mon to Fri where people can get both benefit and money advice. Support is also delivered in a range of advice sessions in the community and on line via Derby city website.

The EqIA group wanted assurance that the Derby Advice workers all had knowledge of the carers elements to provide the service needed.

### **Annual one off Personal budget**

The budget proposal recommends a 50% reduction to the budget offering carer a one off personal budget.

The data below shows the figures relating to this payment.

#### Annual one off Personal budget allocations:

2011/12 – 247 carers supported with a budget of £91,735.20

2012/13 – 1082 carers supported with a budget of £148,400

\*1220 carers received an assessment of need, 138 carer did not meet the criteria to receive a payment. (2012/13)

This increase is in relation to the introduction of the criteria and the transfer of the carer assessments to an external organisation.

The EqIA group raised a concern on the number of carers who are unable to work due to their caring roles, placing them on a low income. This can be supported by the % who answered the NHS survey.

#### NHS Carers survey 2012

21.9% of respondents stated they are not in paid employment due to their caring responsibilities.

	n	%
I am in paid employment and I feel supported by my employer	27	8.7%
I am in paid employment but I don't feel supported by my employer	12	3.9%
I do not need any support from my employer to combine work and caring	15	4.8%
I am not in paid employment because of my caring responsibilities	68	21.9%
I am not in paid employment for other reasons	44	14.2%
I am self-employed or retired	144	46.5%

The group also noted that the high proportion of carers are pensionable age and this means their income is restrictive and not incremental.

**Important** - For any of the equality groups you don't have any information about, then make it an equality action at the end of this assessment to find out.

**8 From the information you have collected, how are you going to lessen any negative impact on any of the equality groups? How are you going to fill any gaps in information you have discovered?**

The group agreed that it would be useful to increase the monitoring of LGBT, in terms of their feedback on the support they receive, ensuring sensitivity.

To provide regular monitoring updates which can identify the expenditure of the one off budget against the allocated budget thresholds. This is to support the decision process on actions based on the money not being sufficient for the numbers of carers.

To increase awareness with workers when they are completing the OBSA assessment for the cared for person, to ensure the carers needs linked to their ability to continuing caring are considered.

Increase the profile of the value of a carer assessment across all groups and cultures.

Increase awareness of the carers service in multi cultural areas of the city to increase the number supported.

Review the peaks and flows of the assessments with a possible link to hospital and winter pressures.

Data link between the usage of the 72 hour emergency provision and the related cost.

**9 What course of action does this assessment suggest you take? – you might find more than one applies**

1. A regular quarterly meeting with the Council Member for Adults and Health
2. To raise awareness of the carer assessments with the social care teams to increase the take up of carer assessments.
3. To develop with social care teams the link between the cared for assessment and ensure a clear support link for carers
4. Review the monitoring data in relation to the take up of support from minority and marginal groups
5. Monitoring the expenditure of the carers personal budget in relation to take up and expenditure against the budget.
6. Monitor the use of the emergency support available

**10. How do you plan to monitor the equality impact of the proposals, once they have been implemented?**

This EqIA has been provided as a draft during the consultation period, it has been updated following the EqIA meeting.

The final EIA will be included with the Cabinet report with the consultation findings to Council on September 11<sup>th</sup> 2013, for a final decision on the proposed budget savings.

Due to the actions agreed in section 8, these monitoring outcomes may affect the final years target, therefore it is suggested a review at the end of 2014/15 financial year.





## Equality action plan – setting targets and monitoring

<b>What are we going to do to improve equality?</b>	<b>How are we going to do it?</b>	<b>When will we do it?</b>	<b>What difference will this make?</b>	<b>Lead officer</b>	<b>Monitoring arrangements</b>
Monitor feedback from LGBT groups	Service provides to gain feedback	Within 12 months	Knowledge on the support required for this group	DCA	6 monthly monitoring
Regular monitoring of the personal budget	Commissioning manager to monitor and raise with senior managers	Over the next 12 months	To maintain an understanding of expenditure	Jackie Straw	Monthly meetings with provider and senior managers as required
Increase awareness in the relationship between the cared for and the carers assessment	To raise with care teams	Within next 3 months	Increase the understanding of the links with the carer and the support required.	Jackie Straw	Review referral numbers
Increase awareness in all groups within Derby city	Increased marketing based on the data we have which identifies the gaps	Over next 12 months	Increased take up, of support from other cultural groups	All organisations supporting carers	6 monthly monitoring
Review the data in relation to peaks and flows	Links to monitoring	Over next 12 months	Support needs requires for the service linked to the service level at different times	Jackie Straw	6 monthly monitoring
Review the data linked to the 72 hour support.	Draw data from our main information team	Over next 12 months	A link can be made to the costs associated with this support service.	Jackie Straw and the information team	Linked to the financial year costs