

NOTICE OF MEETING

CABINET MEMBER SIGNING

Thursday, 11th February, 2016, 2.00 pm - Civic Centre, High Road,
Wood Green, N22 8LE

Members: Councillor Peter Morton (Chair)

Quorum: 1

1. **FILMING AT MEETINGS**

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2. **URGENT BUSINESS**

The Cabinet Member will advise of any items they have decided to take as urgent business.

3. **PROPOSAL FOR A NEW MODEL OF CARERS' SUPPORT SERVICES (PAGES 1 - 34)**

The report will seek Cabinet Member consideration of the options appraisal and preferred model for carers' support services. Cabinet Member approval will also be sought for a 30 day consultation with stakeholders on the proposed new model of carers' support services. The report will also seek Cabinet Member approval to delegate to the Director of Adult Services and the Assistant Director for Commissioning, the authority to agree the final

model for the new carers' support service following the completion of the consultation process.

4. NEW ITEMS OF URGENT BUSINESS

To consider any items of Urgent Business admitted under Item 2 above.

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Date: 3rd February 2016

Report for: Cabinet Member Signing, 11th February 2016
Item number: 3
Title: Proposal for a new model of carers' support services
Report authorised by : Beverley Tarka, Director for Adult Social Services.



Lead Officer: Charlotte Pomery, Assistant Director for Commissioning.

Ward(s) affected: All

Report for Key/
Non Key Decision: Key Decision

1. Describe the issue under consideration
 - 1.1 The Corporate Plan, Building a Stronger Haringey Together, sets out the priority of enabling people to live healthy, long and fulfilling lives with control over what is important to them (Priority 2, Corporate Plan 2015-18). For service users of adult social care, carers play a crucial role in supporting them to do this.
 - 1.2 The Care Act 2014 has laid out the need for Councils to treat carers on a parity with service users, setting out that the requirements with regard to carers are equivalent to those with regard to service users themselves, in recognition of the huge contribution they make both at an individual and population level to health and wellbeing. The Care Act Statutory Guidance states that the core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life and that the local authority needs to be guided by a focus on the needs and goals of the person concerned. This focus applies equally to adults with care and support needs and their carers.
 - 1.3 The requirement for equivalence between users and carers and for a focus on outcomes has led to a rethinking of the current approach to adult carers, which recognises their wider care and support needs, including for opportunities and respite.
2. Cabinet Member Introduction

2.1 Under the Care Act 2014 carers will have a right to be assessed, where they appear to have a need for social care services. This obligation is currently being met in inconsistent ways across services as there is no one pathway for carers.

2.2 Preliminary engagement with carers has highlighted the ways in which support from carers' services has a positive impact on their wellbeing.

2.3 We need to change the way that we work, to continue to deliver services which ensure equity for those assessed as needing care and support; shifting from providing high cost services, to supporting people to live independently and make use of community services as far as possible. We need to work with our staff, partners and communities to develop community support for people when they need it.

2.4 This consultation process now offers service users and carers the opportunity to express their views and feelings, so that users and carers can be involved and contribute to the development of new service models.

3. Recommendations

3.1 To consider the options appraisal and preferred model for carers' support services to be delivered in the community;

3.2 To approve Option 3 that provides for a holistic carers' support services delivered by an external provider;

3.3 To approve for consultation with stakeholders for a period of 30 days the proposed new model of carers' support service and as set out in paragraph 1.5 in Appendix 1 below.

3.4 To delegate to the Director of Adult Services and the Assistant Director for Commissioning the authority to agree the final model for the new carers' support service, following due consideration of the feedback from the consultation.

4. Reasons for decision

4.1 There is a clear case for change. Haringey faces a number of challenges in improving the health and wellbeing of its adult population. The Corporate Plan Priority 2 has identified that this needs to change to enable adults to live a healthy and independent life where possible. Adult carers are crucial to this vision, as they provide key emotional and practical support to service users of social care. Maintaining the wellbeing of carers is therefore a priority.

4.2 The objective of supporting carers is also an obligation under the Care Act 2014, through which nationally set eligibility criteria are now in place.

4.3 Through active promotion of the changes in the Care Act, there is an expected rise in the numbers of carers who come forward for an assessment. While it is not clear

what the demands on carers' services will be, the population is expected to rise by 5.3% in the over 65 populations, which suggests the number of carers for this population will also increase, at the same time, there are significant reductions in the budget across all local authorities. Carers provide important support to the people they care for. According to 2011 census data, there are up to 19,000 carers within Haringey, of whom a small fraction receive support. In order to meet this growing demand, carers' services must be transformed to ensure better value for money, and an improvement in the outcomes for carers.

4.4 The Care Act 2014 laid out the need for councils to treat carers on parity with service users in a number of ways. The Care Act specifies that carers are now entitled to an assessment, where they appear to have needs for support, and to support planning. The Council currently provides support to carers through direct payments as part of a historical legacy from the 'Take a break' service; however, the Council now needs to provide support in forms beyond this, which the proposed model aims to do. The Council is currently also facing significant pressures in its capacity to carry out the large numbers of carers' assessments required per year.

5. Alternative options considered

5.1 Alternative options have been considered, including keeping the service as it currently is, keeping the service in house with additional social work staff, and commissioning to carry out carers' assessments in a separate contract from the carers' support service.

5.2 The alternative options were not considered to be viable, in light of Care Act requirements and the volume of carers' assessments required to be carried out annually.

5.3 The options appraisal is discussed in more detail in the sections below.

6. Background information

6.1 The Council currently responds to carers requiring support in a number of ways.

6.2 Carers' assessments are provided by social workers, reviewing officers, or care managers (henceforth called 'Assessment and care management staff') within Adult social services. However, there is no one role or team where carers can get support or a follow up. Carers requesting assessment can get an assessment at the same time as their cared-for person, via assessment and care management staff, or ask for an assessment from the Integrated Access Team and be added to the queue for assessments. However, carers following up to check the progress of their assessment have no clear point of contact as there is no one team assigned to carry out carers' assessments.

- 6.3 Following assessment, carers are provided with a discretionary sum of £100, £200 or £300, or in kind support, which was originally linked to a service to support carers to take breaks. While this breaks service no longer exists, carers have continued to receive funding so they can purchase support, while the Council has looked for alternative support services. However, there is no system currently in place to monitor the outcomes for carers who get this resource, so it is possible to determine neither its impact on the lives of carers nor whether it offers value for money. Whilst carers may wish for other kinds of support, rather than funding for breaks, there is no current mechanism for identifying what services carers would like in place.
- 6.4 The Carers' Register is maintained in Commissioning and means that carers can register with the Council to enable information to be forwarded to them and discretionary rates in a number of areas.
- 6.5 A carers' support service is commissioned in the community from a voluntary and community sector provider and offers a range of support to carers, including peer support, information and advice and opportunities to access education and employment. The service is also providing a weekly drop-in/advocacy support at the Carers Hub.
- 6.6 The number of carers receiving a service between 1st April 2014 and 31st March 2015 was 811, of whom 755 received a Direct Payment or Personal Budget as mentioned above. To put this into context, the number of people receiving long term support within the community was 2,355 as at 31st March 2015, 87.10% of whom also received either a Personal Budget or a Direct Payment.
- 6.7 A number of issues with the present arrangements have been identified, these include:
- 6.7.1 Carers find the system fragmented and confusing.
 - 6.7.2 Delays between the Carers' Assessment having been completed and payment to the carer.
 - 6.7.3 Limited capacity to identify and support new carers particularly those who may not be in touch with adult social care but who are shouldering significant responsibilities.
 - 6.7.4 Limited ability to respond to carers in a preventative way or to offer support early which may enable them to carry out their caring responsibilities for longer.
 - 6.7.5 No unified response to meet the needs of carers and limited opportunity for facilitating peer support and a more enabling approach.
- 6.8 In response to these issues, an options appraisal for the future delivery of carers' support services has been carried out. The options appraisal considered four options – to retain the services as they are, to enhance in-house provision, to move to an external provider for a holistic carers' service and to move to external provision for carers' and other assessments. The options appraisal is set out in

Appendix 1 of this report and Option 3 is the recommended model for the new service.

- 6.9 Following this appraisal, it is proposed that a new model of carers' support, enabling better outcomes for carers and financially sustainable, be implemented. This model would bring together a number of functions for carers into a single, community based provision, commissioned externally. This provision would support identification of carers as well as providing information, advice and guidance to carers from an early stage across a whole range of areas including training, understanding of the condition (for example, dementia) of the person they care for, housing and accommodation and welfare benefits. The provision would facilitate peer support and signpost to opportunities for carers in the community. The new combined services would also deliver the assessment function, the provision of carers' support and the Carers' Register all of which are currently provided by the Council. The new service would be commissioned to meet the requirements to enable carers to have a life outside caring offered by the current payment system.
- 6.10 Carers have been actively involved in the design of the proposed service model and have already had input to the draft specification which has a strong focus on outcomes for carers and moves away from the current payment based approach following assessment.
- 6.11 It is proposed that funding for the service comes from the current budget for the service commissioned in the community, the budget for payments to carers and part of the assessment budget for adult services. The current budget for the Carers' service amounts to £32,500, while the Adult Social Services budget for carers is £66,000. This current combined value of £98,500 will be changed to £150,000 per annum to enable the provider to take on the additional functions of maintaining the carers' register and carrying out carers' assessments and support planning.
- 6.12 The proposed future model would enable carers to access support services, co-designed with the carer, which would enable the carer to have a higher quality of life, and which would be evaluated to prove their contribution to the carer's wellbeing. Carers who are currently using the externally provided Carers' service, for example, can access first aid and manual handling training, advocacy and support through coffee mornings. These services are shown to contribute to the long term wellbeing of carers, while there is no data to support the contribution which cash payments currently make to improved wellbeing outcomes.
- 6.13 The Care Act 2014 for the first time enabled both private sector and voluntary sector organisations to undertake carers' assessments on behalf of a local authority. Under the New Operating Model for Adults that was approved by Cabinet in June 2016, the council is committed to exploring alternative delivery models to deliver services such as assessments, if it is more effective to do so.

6.14 It is proposed that a 30 day consultation now be carried out with carers currently registered with Haringey council, and with the wider public. The consultation will ask for views on:

6.14.1 The proposal to change the pathway for registering as a carer, getting carers' assessments and support planning, through one point of contact.

6.14.2 The carers' assessment function being delivered through an external provider, where it had previously been solely delivered by in-house Assessment and care management staff.

6.14.3 The proposed changes to the way support is delivered, with direct payments being replaced, where appropriate, by different forms of support planning that are more specifically linked to helping the carer achieve the outcomes that would benefit their wellbeing, and their caring roles.

6.15 Following the 30 day consultation period, it is proposed that, after due consideration has been given to the feedback from the consultation, a decision is taken on the future model for the delivery of carers' support services in Haringey and implementation of this decision gets underway.

6.16 Carers make a hugely significant contribution to supporting adults with social care needs in the borough. The proposals set out above seek to ensure that the response to carers is Care Act compliant and fully outcomes focused, enabling them to enjoy a better quality of life and to maintain their caring responsibilities for longer.

7. Contribution to strategic outcomes

7.1 The proposals set out in the report will assist the Council to meet the objectives of Priority 2 of the Corporate Plan, Empowering adults to lead healthy and fulfilling lives and to meet Care Act requirements in respect of carers.

8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities).

8.1 Finance

8.1.1 This report proposes a new service specification that has been updated and expanded in line with the new responsibilities for Carers set out in the Care Act. The cost of the service is expected to be £150,000. Funding already exists across the Adults and Commissioning budgets to the sum for services to carers; this amounts to £98,500 that can be applied to this contract.

8.1.2 The January Cabinet report on the MTFs proposed that £1.2m of additional funding for Care Act responsibilities should be made available to Adult Social Care services. The additional £51,500 required for this contract will be funded from this.

8.2 Procurement

- 8.2.1 The Head of Procurement notes the intention to include the provision for carers' assessments, maintaining the carers' register, and providing support planning for carers, when the current Carers' service is re-commissioned in 2016.

8.3 Legal

- 8.3.1 Cabinet is being asked to approve for consultation the proposed model for carers support services and to discharge the Council's statutory obligations under the Care Act 2014 ("the Act"). A carer is defined as an adult who provides or intends to provide care for another adult needing care. Care includes the provision of practical or emotional support. This definition is subject to the proviso that those who care on a contractual or volunteering basis are not considered to be carers. However, if the Council thinks it is appropriate for such an individual (even if there is a contractual or volunteering element to the relationship) to be treated as a carer, then it may do so.
- 8.3.2 Section 1 of the Act (*Promoting individual well-being*) requires the Council when exercising its care and support functions in respect of an individual, to promote the individual's wellbeing. "Well-being", in relation to an individual, means that individual's (a) personal dignity (including treatment of the individual with respect); (b) physical and mental health and emotional well-being; (c) protection from abuse and neglect; (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided); (e) participation in work, education, training or recreation; (f) social and economic well-being; (g) domestic, family and personal relationships; (h) suitability of living accommodation; and (i) the individual's contribution to society.
- 8.3.3 Section 2 of the Act (*Preventing needs for care and support*) requires the Council to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will contribute towards preventing, delaying or reducing individuals' needs for care and support, or the needs for support for carers.
- 8.3.4 Section 4 of the Act (*Providing information and advice*) require the Council to provide an information and advice service in relation to care and support for adults, and support for carers. The service should include information on how care and support operates in the Council's area, how to access it, what services and providers are available, how to access independent financial advice and how to raise concerns about the safety or well-being of a person with care needs.
- 8.3.5 Section 10 of the Act (*Assessment of a carer's needs for support*), requires the Council to carry out carer's assessment, where it appears that a carer may

have needs for support at that time, or in the future. The duty to assess applies regardless of any views the Council may have about the level of a carer's needs for support or the financial resources of either the person needing care or the carer. The aim of the assessment is to determine whether a carer has support needs either currently or, possibly, in the future and what those needs may be. The Council must involve the carer and any other person nominated by the carer, when carrying out a carer's assessment.

- 8.3.6. Under Section 8 of the Act (*How to meet needs*) there are many ways in which the Council can meet an adult and carers need for care and support. The section lists some general examples of the types of care and support that could be arranged or provided to meet the needs of both adults needing care and carers. This include a) accommodation in a care home or in premises of some other type; b) care and support at home or in the community; c) counselling and other types of social work; d) goods and facilities; and e) information, advice and advocacy. In meeting any adult's needs, the Council may provide a service itself or arrange for a service to be provided by another organisation. The Council may also make a direct payment in lieu of a service, or undertake any combination of these approaches.
- 8.3.7 Under Section 13 of the Act (*The eligibility criteria*) when an adult is found to have care and support needs following a needs assessment or in the case of a carer, support needs following a carer's assessment, the Council must determine whether those needs are at a level sufficient to meet the "eligibility criteria" which are set out in the regulations. If the adult or carer meets the eligibility criteria, the Council must establish the adult's ordinary residence and consider the support (of whatever form) that could be provided to meet those needs.
- 8.3.8 Under Section 20 of the Act (*Duty and power to meet a carer's needs for support*), the Council is required to meet a carer's eligible needs for support. This duty apply in circumstances where the adult needing care is ordinarily resident in the Council's area; and, the carer has been assessed by the Council and has been determined to have eligible needs for support.
- 8.3.9 Under Section 79 (*Delegation of local authority functions*), the Council can delegate the majority of their care and support functions including assessment to a third party organisation. In doing so they must ensure that the body carrying out an assessment complies with all the requirements and fulfils all relevant duties under the Act and regulations. The Council may impose conditions on the way the third party may exercise the function.
- 8.3.10 There is a common law duty on the Council to consult with service users, carers, providers, employees and other stakeholders that are likely to be affected by its proposals for carers support services in the borough. The consultation must take place at a time when the proposals are still at their formative stages. The Council must provide the consultees with sufficient information to enable them properly to understand the proposals being

consulted upon and to express a view in relation to it. The information must be clear, concise, accurate and must not be misleading. The consultees must be given adequate time to consider the proposals and to respond.

- 8.3.11 The Council must give genuine and conscientious consideration to the responses received from the consultees during the consultation before making its final decision on the proposals.
- 8.3.12 As part of its decision making process, the Council must have "due regard" to its equalities duties. Under Section 149 Equality Act 2010, the Council in exercise of its adult care and support functions, must have "due regard" to the need to eliminate unlawful discrimination, advance equality of opportunity between persons who share a protected characteristic and those who do not, foster good relations between persons who share a relevant protected characteristic and persons who do not share it in order to tackle prejudice and promote understanding. The protected characteristics are age, gender reassignment, disability, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Council is required to give serious, substantive and advance consideration of the what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a mere form of box ticking. These are mandatory consideration.
- 8.3.13 The responses to the consultation on the proposals, the EQIA of the proposals and the steps being taken to mitigate the impact, the general duties of the Council under the Care Act referred to above, all must be considered before the Council makes its decision on the proposals.

8.4 Equality

- 8.4.1 An Equalities Impact Assessment has been carried out and will be updated further following consultation. This Assessment identifies that there could be positive impacts from the proposed changes to carers' support services in the borough, through enabling a clearer focus on both outcomes and the pathway to assessment and support for all carers. It acknowledges that many carers are in the protected groups, a number being themselves older people for example, and suggests that the consultation will pick up further information on potential impacts.
- 8.4.2 Further information about carers, including their protected characteristics, will be collected during the consultation. The consultation will also allow carers to provide feedback, which will be taken into consideration when shaping the final specifications for the new service.

9. Use of Appendices

9.1 Appendix 1: Corporate Plan Priority 2 - Options appraisal of delivery model for Carers' support services to inform Cabinet decision

9.2 Appendix 2: Draft consultation questions

10. Local Government (Access to Information) Act 1995

10.1 'New Operating Model for Social Services,' 16th June 2016.

10.2 'Haringey's Corporate Plan 2015-18'.

Options Appraisal methodology and results

A comprehensive options appraisal methodology was carried out to identify the most appropriate delivery vehicle for the new model. This has been outlined below.

1.1 The process began by carrying out both qualitative data analysis, benchmarking with other boroughs with similar models to the recommended model, and qualitative research. This uncovered issues with the current provision, and enabled aspirations to be developed for the new service.

1.2 Criteria for an Options Appraisal were then drawn up, with the different model options scored for how well they met the overall aspirations for the carers' service. The resulting scores are shown below:

Criteria	Option 1- as is score	Option 2 – enhanced in house provision	option 3- external provider for the carers' service to include assessments, maintaining the carers' register, and support planning	Options 4- external provider for carers' and other assessments score
Flexibility and scalability	1	2	2	2
Financial savings	1	2	4	2
Quality and delivery of performance	1	3	4	4
Prevention and effects on wider social care and health care systems	1	3	4	4
Innovation	1	1	3	1
Customer perception	1	3	4	4
Workforce Implications	2	2	2	2
Legal and financial compliance	1	1	1	1
Safeguarding transfer	1	1	1	1
	10	18	25	21

1.3 Option 1- 'as-is' model

- 1.3.1 The 'do nothing' option was considered, and had the lower score within the options appraisal.
- 1.3.2 The as-is option currently consists of a carers' service where there is poor follow up of carers' assessments, no clear process to follow up with carers, and a discrepancy in waiting times to be assessed or reviewed.
- 1.3.3 Additionally, the current carers' service budget is overspent through an increasing number of direct payments, for which no spending patterns or outcomes are tracked, and where alternative forms of support may be more effective at helping carers.

1.4 Option 2- enhanced in house provision.

- 1.4.1 Under this option carers' assessments would be carried out by a dedicated person, who would allocate assessments to Assessment and Care Management staff. There would be a dedicated admin resource to make sure the register is maintained, and who would be able to answer carer's queries and have a pathway for progress chasing about later assessments. Direct payments would not be automatically allocated as the sole form of support. Instead, the assessment and support planning would suggest activities a carer might be able to do. The carer would then be referred to an external provider who can help them to achieve that outcome. The assessment, staffing and support planning provided would stay within the Council.
- 1.4.2 The primary drawback of this option is that even with an added resource who would have management oversight of carers' assessments, there is limited Assessment and Care Management staff capacity to carry out assessments. Internal data shows that up to 30% of new service referrals into social services had to wait one month or more for an initial assessment in 2014-2015. It is unlikely that even with this added resource, carers would be seen any sooner. It is also likely that the extra staffing cost associated with this option would reduce the overall budget available to support carers.

1.5 Option 3- Contract for carers' service to include carers' assessment, maintaining the carers' register, and providing support planning, via an external provider.

- 1.5.1 Carers' assessments would be carried out by an external provider, who would take on the existing carer's contract, and also then have additional responsibility for carrying out the carers' assessments and support planning. This service would then support the carer to get in touch with other community services that could support them, or use their own expertise to efficiently support carers. The service would be expected to promote self assessment, and have an asset based approach to support planning (i.e. helping the care to make the most of their own resources, community

resources, and networks).

- 1.5.2 Direct payments which were historically used to support the carer to take a break would not be automatically allocated as the only form of support. Instead, the assessment and support planning would suggest activities a carer might be able to do to help them meet their desired outcomes and stay well for longer.
- 1.5.3 This model would allow the Directorate to free up capacity to carry out other reviews and assessments, while ensuring carers' assessments are still done.
- 1.5.4 Research from other councils has shown a number of cases where contracting carers' assessments out to an external provider has worked positively. Research from Wiltshire and Hillingdon councils for example, has shown that there are a number of intangible benefits to delivering carers' assessments and support planning through a service which is experienced in working with carers. Additionally, this kind of model puts carers in touch with a carers' service straightway, so even carers who may not wish to get an assessment will be put in touch with a service that would be able to do basic signposting upon initial contact.

1.6 *Option 4- contracting an external provider to carry out carers' assessments, alongside other assessments and reviews.*

- 1.6.1 This option was the second highest scoring option within the options appraisal carried out by the Council. Carers assessments would be carried out by an external provider, who would have responsibility for carrying out the carers' assessments and do support planning. The provider might also be contracted to support with reviews and assessments in general, adding extra capacity across Adult social services to provide social work support. There would be one point of contact and an officer who was responsible for ensuring that all assessments that had been commissioned were being carried out.
- 1.6.2 Direct payments would not be automatically allocated as the only form of support. Instead, the assessment and support planning would suggest activities a carer might be able to do. The carer would then be referred to an external provider who can help them to achieve that outcome.
- 1.6.3 As with option 3 this model would allow the Directorate to tackle the pressures on Assessment and Care management staff capacity, caused in part by the large number of assessments and reviews. This would allow the Council to fulfil it's obligations under the Care Act, and the Council's policies to carry out yearly reviews.
- 1.6.4 This option did not score as highly as Option 3 however, as under this option, the intangible benefits to delivering carers' assessments and support planning through a service which is experienced in working with carers would not be realised. For example, this model would not as directly put carers in

touch with a carers' service on the same premises straightway, or necessarily have providers with expert knowledge on carers carrying out the assessments.

Introduction

Haringey Council is consulting on a proposed new model for Carers' support services in Haringey, to find out the view of carers about the proposed new model.

Carers provide important support to the people they care for. Under the Care Act 2014, carers now have parity with service users of adult social care. If a carer appears to have a need for support, councils now have a statutory duty to provide a carer's assessment (directly, or through external providers), and assist with support planning if carers meet the eligibility criteria for support. Haringey Council is committed to doing this; however, we are aware that carers sometimes find our system confusing to navigate, and can sometimes wait a long time for assessments and support planning. Carers have told us:

- That they often feel unsure who to contact if they do not have an allocated social worker for their assessments.
- There is no clear team or person to follow up with about assessments.
- Support planning currently comes in the form of a carers' direct payment or the carers' service.

The new model for carers' services.

The new proposed model for carers' services would do the following things:

- 1.1. Provide carers' assessments through an external provider based in a carers' service in the community. This service would provide one clear point of contact for carers when requesting an assessment, or seeking updated about when their assessment will be carried out. This will ensure carers' rights to an assessment under the Care Act 2014, where they are deemed to have a need for support, will be upheld.
- 1.2. Most carers would not receive a carers' assessment via Assessment and care management staff (including social workers) within the council, unless they ask for an assessment at the same time as their cared for person.
- 1.3. Carers will get information and advice through the external provider of the carers' service and register as a Haringey carer from this organisation.
- 1.4. Replace the current model of supporting carers' through a discretionary direct payment of between £0-£300 per annum, which is a historical legacy of the 'take a break' service which supported carers to take breaks. This is in recognition that carers may require different forms of support, such as advice about finding or staying in work, access to peer support, or other forms of support. Carers will instead get support planning through the carers' service in the community to find the alternative forms of support that will suit their needs.

The Council is interested in hearing the feedback of carers on the following proposals. This 30 day consultation has been designed to gain the views of carers on the proposed new model.

Consultation

Thank you for taking part in our consultation on the new model for carers' support services. Please let us know your feedback on the following questions below:

- 1) What are your views on our proposals to provide the carers' registration service, carers' assessment and support planning service, through one single provider so that carers' have one point of contact for the services they require?

- Positive, I support this
- Negative, I do not support this
- Neutral, I do not have any views on this

- 1.1) Please let us know if you have any further views about this part of the proposed new model:

- 2) What are your views about our proposal to provide the carers' registration service, carers' assessment services, and support planning through an externally contracted provider rather than through Council's in-house assessment and care management staff (including social workers)?

- Positive, I support this
- Negative, I do not support this
- Neutral, I do not have any views on this.

- 2.1) Please let us know if you have any further views about this part of the proposed new model:

- 3) What are your views on our proposals to replace the current model of supporting carers' through a discretionary direct payment of between £0-£300 per annum, which is a historical legacy of a service to support carers to take breaks, with different forms of support planning provided through the carers' service in the community?

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- 4) If you currently receive the carers' direct payment, what kind of support do you find helpful to purchase through the payment?

- 5) Haringey Council are keen to ensure that the support planning offered to carers through the new service model supports carers to achieve the outcomes that they have self-identified as being helpful to their caring roles. Please indicate the kind of support you would find helpful:

- Support to get into/stay in work
- Practical support for your caring roles (e.g. understanding manual handling, et cetera)
- Peer support networks with other carers
- Information and advice services
- Support to access leisure activities
- Other

- 5b) If there are any other activities or support we have missed that would be helpful for a carers' service to provide, please let us know below:

Equalities information

Haringey council is committed to maintaining its duties under the Equality Act 2010. For this purpose, we collect information about the protected characteristics of our service users. Please tell us some information about yourself:

- 1) Age

- 0-15
- 16-25
- 26-40
- 40-65
- 66-80
- 80 or above

- 2) Gender at birth

- Male
- Female

Do not wish to disclose

3) Do you consider yourself to have a disability?

Yes

No

Do not wish to disclose

4) Religion

Christian

Muslim

Hindu

Buddhist

Sikh

Jewish

Atheist/agnostic

Other

Do not wish to disclose.

5) Ethnicity

White

Mixed Race

Asian

Black

Other

6) Are you currently pregnant, OR have you become a new mother within the last year?

Yes

No

Do not wish to disclose

Thank you for completing our consultation.



Haringey Council

Equality Impact Assessment

Name of Project	Corporate Plan Priority 2 - Options appraisal of delivery model for Carers' assessments and reviews to inform Cabinet member decision	Cabinet meeting date if applicable	09/02/2016
Service area responsible	Adult Social Services		
Name of completing officer	Nasreen Nazir	Date EqIA created	Draft 22/01/2016
Approved by Director / Assistant Director	<i>B. F. Tasha</i>	Date of approval	03/02/2016

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'due regard' to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advancing equality of opportunity between those with 'protected characteristics' and those without them
- Fostering good relations between those with 'protected characteristics' and those without them.

In addition the Council complies with the Marriage (same sex couples) Act 2013.

Haringey Council also has a 'Specific Duty' to publish information about people affected by our policies and practices.

All assessments must be published on the Haringey equalities web pages. All Cabinet papers MUST include a link to the web page where this assessment will be published.

This Equality Impact Assessment provides evidence for meeting the Council's commitment to equality and the responsibilities outlined above, for more information about the Councils commitment to equality; please visit the Council's website.

Stage 1 – Names of those involved in preparing the EqIA

1. Transformation Project Manager – Nasreen Nazir	5.
2. Policy & Equalities Officer – William Shanks	6.
3.	7.
4.	8.

Stage 2 - Description of proposal including the relevance of the proposal to the general equality duties and protected groups. Also carry out your preliminary screening (Use the questions in the Step by Step Guide (The screening process) and document your reasoning for deciding whether or not a full EqIA is required. If a full EqIA is required move on to Stage 3.

The recommendation:

- 1.1 The purpose of the report is to ask the Cabinet member for a mandate to consult on a new model for delivering carers' assessments, and for the delegated authority to commission the new model for the Carers' contract following the closing of the consultation, and due consideration of the consultation feedback. This model would:
 - 1.1.1 Support the identification of carers as well as providing information, advice and guidance to carers from an early stage across a whole range of areas including training, understanding of the condition (for example, dementia) of the person they care for, housing and accommodation and welfare benefits. The provision would facilitate peer support and signpost to opportunities for carers in the community. The new combined services would also deliver the assessment function, the provision of carers' support and the Carers' Register all of which are currently provided by the Council. The new service would be commissioned to meet the requirements to enable carers to have a life outside caring offered by the current payment system.
 - 1.1.2 Change the practice on carers' direct payments. Currently, carers may be given support in cash of between £100-£300 per year to support them, based on a self assessment of their needs through a form. This information inputted into this form is then used to calculate the level of support, with the higher level of funding given to people who fill in more needs. Support is then given in the form of this money, and the money was traditionally supposed to be used to help the carer to take a break. However the spending of the money is not tracked for how it is used, and there is no

evidence of it improving outcomes. Furthermore, it is not necessarily the case that a break for the carer would be the form of support that the carer most needs- for example, carers may wish for a different kind of support, and a direct payment would not necessarily help them to do this. The new model would provide a different kind of support which would be linked to meeting the outcomes that carers say they want to achieve.

1.1.3 Commission organisations in the voluntary and/or private sectors to carry out carers' assessments and support planning, Carers' assessments would no longer be carried out by the Council. This function would transfer to the new community based provider, who would be expected to build on a self-assessment model, which would take on board carer feedback and use it to plan support for carers to achieve the outcomes that are important to them.

<p>Stage 3 – Scoping Exercise - Employee data used in this Equality Impact Assessment Identify the main sources of the evidence, both quantitative and qualitative, that supports your analysis. This could include for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of recent relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national.</p>	
<p>Data Source (include link where published)</p>	<p>What does this data include?</p>

<p>Stage 4 – Scoping Exercise - Service data used in this Equality Impact Assessment This section to be completed where there is a change to the service provided</p>	
<p>Data Source (include link where published) EqIA Profile on Harinet (2011 Key statistics and facts sheet) http://www.haringey.gov.uk/council-and-democracy/about-council/facts-and-figures/statistics/haringey-census-statistics Mosaic</p>	<p>What does this data include? Sex, Age, Ethnicity, Disability information, Race & Ethnicity, Religion/Belief, Marriage and Civil Partnership – for the Borough of Haringey Service Users</p>
<p>Data on Carers' direct payments and the Carers's register</p>	
<p>Stage 5a – Considering the above information, what impact will this proposal have on the following groups in terms of impact on residents and service delivery: Positive and negative impacts identified will need to form part of your action plan.</p>	
<p>Positive</p>	<p>Negative</p>
	<p>Details</p>
	<p>None – why?</p>

Sex	All Haringey	%	Carers getting a Direct payment
All people	254,926		764
Males	126,224	49.5%	172
Females	128,702	50.5%	583
Unknown			9
			2.2%

The change to the pathway and Direct payments will affect more female carers than male carers.	X	X	There is insufficient data to allow an analysis
<p>There is likely to be a positive impact from the proposed changes to the Pathway (one single point of contact for carers) as this will make it easier for carers to know where to get an assessment, who to follow up with, and put them in touch with a carers' information and advice services even if they do not formally qualify for assessment and support planning.</p> <p>There may be some positive impact from the proposed changes to support planning, as this is currently provided to carers in the form of a direct payment. Some carers may find support planning for the outcomes they want to achieve more helpful than a cash lump sum.</p> <p>There may be a negative impact to some carers from the proposed changes to Direct payments, as carers who may use the cash amount to purchase the support they need might find reduced support.</p> <p>This could however be alleviated via a variety of support services that will instead be offered to carers.</p> <p>The consultation following the report for the Cabinet member will collect data on protected characteristics, where the participant chooses to disclose it. If there are impacts arising for the protected characteristics during the consultation, and they will be considered and analysed again following the consultation.</p>	X	X	There is insufficient data to allow an analysis
Gender Reassignment			

<p>of the impact of the recommendations on staff in consideration of their Gender reassignment status as Haringey Council does not keep this information for carers and it does not affect the service they would get.</p> <p>There will be an opportunity for carers and members of the public to raise any impacts arising for this characteristic during the consultation. The consultation will also ask for this information from participants, should they wish to disclose it.</p>				<p>Age</p>
	<p>The change to the pathway and Direct payments will disproportionately affect carers who are in the 40-64 age bracket, followed by those in the 65-79 age bracket.</p>	<p>X</p>	<p>X</p>	

<p>Age:</p> <table border="1"> <thead> <tr> <th>Age:</th> <th>Total</th> <th>%</th> <th>Carers getting a direct payment</th> </tr> </thead> <tbody> <tr> <td></td> <td>263,386</td> <td></td> <td>764</td> </tr> <tr> <td>0-17</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18-24</td> <td>82,058</td> <td>31%</td> <td>7</td> </tr> <tr> <td>25-39</td> <td>82,130</td> <td>31%</td> <td>50</td> </tr> <tr> <td>40-64</td> <td>75,392</td> <td>28.6%</td> <td>444</td> </tr> <tr> <td>65-79</td> <td>18,109</td> <td>6.8%</td> <td>172</td> </tr> <tr> <td>80+</td> <td>5,697</td> <td>2.1%</td> <td>52</td> </tr> <tr> <td>Unknown</td> <td></td> <td></td> <td>39</td> </tr> </tbody> </table>	Age:	Total	%	Carers getting a direct payment		263,386		764	0-17				18-24	82,058	31%	7	25-39	82,130	31%	50	40-64	75,392	28.6%	444	65-79	18,109	6.8%	172	80+	5,697	2.1%	52	Unknown			39	<p>There is likely to be a positive impact from the proposed changes to the Pathway (one single point of contact for carers) as this will make it easier for carers to know where to get an assessment, who to follow up with, and put them in touch with a carers' information and advice services even if they do not formally qualify for assessment and support planning.</p> <p>There may be some positive impact from the proposed changes to support planning, as this is currently provided to carers in the form of a direct payment. Some carers may find support planning for the outcomes they want to achieve more helpful than a cash lump sum.</p> <p>There may be a negative impact to some carers from the proposed changes to Direct payments, as carers who may use the cash amount to purchase the support they need might find reduced support.</p> <p>This could however be alleviated via a variety of support services that will instead be offered to carers.</p> <p>The consultation following the report for the Cabinet member will collect data on protected characteristics, where the participant chooses to disclose it. If there are impacts arising for the protected characteristics during the consultation, and they will be considered and analysed again following the consultation.</p>	<p>The office of National Statistics does not collect detailed information on the</p>
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<p>type of disabilities, so it is not possible to know if any group of carers will be disproportionately affected by the proposed changes to the Carers' service.</p>	<p>There will be an opportunity for carers and members of the public to raise any impacts arising for this characteristic during the consultation. The consultation will also ask for this information from participants, should they wish to disclose it.</p>	<p>There is insufficient data to allow an analysis of the impact of the recommendations on staff in consideration of their religious</p>																		
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Buddhist	2,829	1.1%
Hindu	4,539	1.8%
Jewish	7,643	3.0%
Muslim	36,130	14.2%
Sikh	808	0.3%
Other Religion	1,303	0.5%
No Religion	64,202	25.2%
Not Stated	22,813	8.9%

<p>status as Haringey Council does not keep this information for carers, as it does not affect the service they would get.</p> <p>There will be an opportunity for carers and members of the public to raise any impacts arising for this characteristic during the consultation. The consultation will also ask for this information from participants, should they wish to disclose it.</p>																							
			<p>There appears to be disproportionately more Black carers getting a direct payment than expected from the general Haringey population, and fewer White carers (where "disproportionate" is taken to mean +/- 5% difference from the rest of the population). There is not sufficient evidence to say why this might be the case.</p> <p>There is likely to be a positive impact from the proposed changes to the Pathway (one single point of contact for carers) as this will make it easier for carers to know where to get an assessment, who to follow up with, and</p>																				
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<p>Pregnancy & Maternity</p>	

<p>Council does not keep this information for carers, as it does not affect the service they would get.</p> <p>There will be an opportunity for carers and members of the public to raise any impacts arising for this characteristic during the consultation. The consultation will also ask for this information from participants, should they wish to disclose it.</p>																			
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Divorced	16,646	8.2%
Widowed	7,868	3.9%
Same-sex civil partnership	1,191	0.6%
Not Stated	0	0%

keep this information for carers and it does not affect the service they would get.

There will be an opportunity for carers and members of the public to raise any impacts arising for this characteristic during the consultation. The consultation will also ask for this information from participants, should they wish to disclose it.

Stage 5b – For your employees and considering the above information, what impact will this proposal have on the following groups: Positive and negative impacts identified will need to form part of your action plan.

	Positive	Negative	Details	None – why?
Sex				
Age				
Gender Reassignment				
Disability				
Race & Ethnicity				
Sexual Orientation				
Religion or Belief (or No Belief)				
Pregnancy & Maternity				
Marriage and Civil Partnership (note this only applies in relation to eliminating unlawful discrimination (limb 1))				

There should not be any impact on staff from the proposed new model of providing carers' assessments. No members of staff spend a significant proportion of their time carrying out carers' assessments; indeed a part of the reason for the new model is that there is a lack of a clear 'carers social worker/team' to carry out assessments who carers can follow up with when there are delays in assessments, or when circumstances change. Staff will not lose or gain jobs as a result of this, and some staff may continue to do joint assessments of the carer and the cared-for-service-user if requested to do so.

There is insufficient data to allow an analysis of the impact of the recommendations on staff and their protected characteristics. There will be an opportunity for staff to raise any impacts arising for the protected characteristics during the consultation.

<p>Stage 6 - Initial Impact analysis</p>	<p>Actions to mitigate, advance equality or fill gaps in information</p>
<p>Women, and older carers, and carers who identify their ethnicity as Black, are disproportionately represented amongst the carers population, relative to the general Haringey population.</p> <p>There are likely to be positive impacts for carers from the proposed changes to pathways via the creation of one single point for registering as a carer, getting assessed and getting support planning.</p> <p>There may be a negative impact to some carers from the proposed changes to Direct payments, as carers who may use the cash amount to purchase the support they need might find reduced support. However, this is to be mitigated by providing alternative forms of support planning that could tangibly support a carer to meet their own wellbeing outcomes. Additionally, it is possible that support planning for carers via a carers' service, who might be better trained to support carers to remain resilient, will be a more beneficial form of support to carers by ensuring that their outcomes are being achieved. For example, under the new model, carers with direct payments don't simply remain untracked and potentially isolated and deteriorating in health trying to manager their needs through cash payments alone, but may instead get other forms of support planning. This kind of issue could however be alleviated via a variety of support services that will instead be offered to carers.</p> <p>A 30 day consultation will be carried out following the report for the Cabinet member. During the consultation, data on protected characteristics will be collected, where the participant chooses to disclose it. There will be an opportunity for staff to raise any impacts arising for the protected characteristics during the consultation, and they will be considered and analysed again following the consultation.</p> <p>Feedback from the consultation will be considered and used to shape future services. The provider of the carers' service will be required to report on outcomes as part of a performance monitoring regime. This will include monitoring of the impact on the protected characteristics, with the provider required to collect information about the characteristics of service users. Monitoring of this information will allow the Council to uncover any potential adverse impacts on the protected characteristics during the life of the contract, and action will be taken where possible to mitigate these impacts.</p>	<p>There may be a negative impact to some carers from the proposed changes to Direct payments, as carers who may use the cash amount to purchase the support they need might find reduced support. However, this is to be mitigated by providing support planning that could tangibly support a carer to meet their own wellbeing outcomes. Additionally, it is possible that support planning for carers via a carers' service, who might be better trained to support carers to remain resilient, will be a more beneficial form of support to carers by ensuring that their outcomes are being achieved. For example, under the new model, carers with direct payments don't simply remain untracked and potentially isolated and deteriorating in health trying to manager their needs through cash payments alone, but may instead get other forms of support planning.</p> <p>Consultation with carers will more fully indicate the impact of this new model.</p>

<p>Stage 7 - Consultation and follow up data from actions set above</p>	<p>What does this data include?</p>
<p>Data Source (include link where published)</p> <p>Consultation data- consultation yet to be carried out</p>	

Stage 8 - Final impact analysis

Stage 9 - Equality Impact Assessment Review Log

B. F. Tucker.

Review approved by Director / Assistant Director

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Date of review

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Review approved by Director / Assistant Director

[Empty box for signature]

Date of review

Stage 10 - Publication

Ensure the completed EqIA is published in accordance with the Council's policy.