

**Blackpool Council - Equality Impact Assessment Record Form from March 2007**

Department: Adult Social Care and Housing

Team or Service Area Leading Assessment: Strategic Commissioning

Title of Policy/ Service or Function: Breaks service for carers of older adults with a mental health condition

Proposals to Change on existing service.

Date of proposals: March 2010

Team: Strategic Commissioning

Lead Officer: Denise Cole

**STEP 1 - IDENTIFYING THE PURPOSE OR AIMS**

1. What type of policy, service or function is this?

Existing  New/ proposed  Changing/ updated

2. What is the aim and purpose of the policy, service or function?

The service will contribute towards the delivery of the objectives, outlined in the national carers strategy 'Carers at the heart of 21<sup>st</sup> century families and communities', the 'Blackpool Council and NHS Blackpool Joint Commissioning Strategy for Adult Carers 2010 – 2015' and the Blackpool Council and NHS Blackpool Older Adults Mental Health Commissioning Strategy 2009 – 2019.

The aim of the service is to reduce the risk of carer breakdown and to enable carers to continue in their caring role by offering respite from caring commitments.

The aim of the service for the cared for person is to promote independence and social inclusion.

The national strategy defines a carer as: Someone who spends a significant proportion of their life providing unpaid support to family and potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has a mental health problem or substance misuse problems'.

3. Please outline any proposals being considered.

To provide a breaks service for carers of older adults with a mental health condition. The Breaks Service will provide both short and long term support to the carer and the cared for dependent on an initial assessment of needs and identified outcomes. Carers will be provided with information and/or signpost to information to support them to maximise their break opportunities. The cared for person will be provided with practical and emotional support, thereby facilitating an increase in their abilities, confidence and independence. This can include activities within the home or supporting the cared for out in the community.

4. Why are the proposals being made - for what reason?

In national and local consultation Carers have said that the provision of breaks and replacement care were among their highest priorities. The Blackpool Council and NHS Blackpool Joint Commissioning Strategy for Adult Carers 2010 - 2015 and the Blackpool Council and NHS Blackpool Older Adults Mental Health Commissioning Strategy 2009 – 2019 identified an action to review the current breaks service for carers of older adults with a mental health condition.

A review of the current carers breaks service for carers of older adults with a mental health condition, found that the service was strategically relevant, considered valuable by stakeholders and used to capacity. Following the review a decision was made to commit additional funding, redesign the current provision and extend the capacity. A tender exercise is being undertaken to select a provider for the new service.

5. What outcomes do we want to achieve

- I. Carers will be provided with a break from their caring role, in the knowledge that the person they care for is safe and looked after.
- II. Carers will have the information and support they need to maximise their break opportunity.
- III. Older adults with a mental health condition will be provided with the practical and emotional support they need to increase their abilities, confidence and independence.

6. Who is the policy; service or function intended to help/ benefit?

- Carers who care for an older adult (65+) with a mental health condition and adults under 65 years who have been diagnosed with early onset dementia. The carer will have had a carers' assessment which identified the need for a 'carers break' which can be achieved by the service.
- The person with the mental health diagnosis will live in Blackpool.
- The carer does not have to live with the person they care for or within Blackpool.

7. Who are the main stakeholders/ customers/ communities of interest?

- Residents of Blackpool
- Carers caring for people living in Blackpool with a mental health condition
- People with a mental health diagnosis
- NHS Blackpool
- Lancashire Care Trust
- Organisations working in a voluntary or professional capacity with carers and adults who have a mental health condition
- Blackpool Council
- Community Mental Health Team

8. Does the policy, service or function have any existing aims in relation to equality, social inclusion or community cohesion?

The proposed model of support will focus on providing services which promote social inclusion and individuals will be supported to connect with and access mainstream community activities wherever possible. The service will react to any issues that need to be considered surrounding equality and diversity and its approach to planning and practice will promote choice and user involvement.

9. How is the resulting service or function delivered/ administered?

The proposed service will be commissioned by Blackpool Council. A tendering exercise will be undertaken in order to select a provider for the new service. The work of the service will be evaluated and monitored through the Council's Strategic Commissioning Division. A performance management framework will be developed with the provider and the contract will be outcome driven with the aim of supporting the development of greater independence.

## STEP 2 - CONSIDERING EXISTING INFORMATION AND WHAT THIS TELLS YOU

10. Please summarise the main data/ research and performance management information in the box below.

<b>Data/ information</b>														
<p>The current population of Blackpool is 143,700. This is expected to rise to 157,600 by 2025. Of the current population, 31,614 (22%) are older adults over the age of 65. This is expected to rise to 25% of the local population by 2025. The largest increase is expected to be in the 65-84 age group.</p> <p>Projections by '<i>Projecting Older People Population Information</i>' (POPPI) indicate that there will also be an increase in the numbers of older people with mental illness during this period.</p> <p>Table 2 shows a comparison between the figures from 2008 and projected figures for 2020. Commissioning decisions are made in the context of this information.</p> <p><b>Table 2: Comparison figurers from 2008 and projected figurers for 2020</b></p> <table border="1"> <thead> <tr> <th><b>Condition</b></th> <th><b>2008</b></th> <th><b>2020</b></th> </tr> </thead> <tbody> <tr> <td>Depression</td> <td>4125</td> <td>4800</td> </tr> <tr> <td>Severe depression</td> <td>1375</td> <td>1600</td> </tr> <tr> <td>Dementia</td> <td>1942</td> <td>2257</td> </tr> </tbody> </table> <p>The 2001 Census indentified 15443 carers in Blackpool. Approximately 4000 of these are known to Blackpool Council Social Services. Of the carers known to Blackpool Council Social Services 19.2% are carers of people with mental health needs.</p> <p>Carers UK has estimated that by 2037 the number of carers is set to increase by around 60%. If the number of all carers in Blackpool is to increase in line with the expected national trend there will be approximately 24,700 carers in Blackpool by 2037.</p>			<b>Condition</b>	<b>2008</b>	<b>2020</b>	Depression	4125	4800	Severe depression	1375	1600	Dementia	1942	2257
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<b>Research or comparative information</b>														

### ***Key findings of consultation and feedback***

Stakeholders and Carers in Blackpool have told us what they want from services in Blackpool through a number of consultation exercises. These views along with discussions with the host organisation, the support service manager, and the referrer and current services users have informed this service review.

Recent consultation with carers in Blackpool includes:

- Consultation undertaken with carers and stakeholders during a mapping of current carer services and service gap analysis (February 2009)
- Consultation undertaken by Blackpool Carers Centre on Carers Breaks (October 2009)
- An annual survey undertaken by Blackpool Carers Centre (October 2009)
- Older Adult Mental Health Crisis Services Commissioning Report (2009)
- Interviews with current service users

Feedback about the current service from stakeholders and carers tells us that:

- The current breaks service for carers of people with a mental health condition is a vital resource for carers
- It is a valuable service but could do with more capacity
- The service needs to be based on need not time limited
- The service definitely helps the carer to cope for longer

Carers in Blackpool have said the following about carers breaks:

- Breaks enable them to continue to care for longer and prevent the breakdown of the caring role
- There is no access to a sitting service in Blackpool that can be accessed by people who care for someone with a mental health issue
- Barriers to breaks such as attending clubs, groups, trips, courses and social activities are:
  - not having a sitting service available
  - lack and cost of transport
  - need for a buddy
  - Provision of sitting service is not long enough
  - No sitting service for specific conditions
  - Time away from the cared for is precious

## 11. What are the impacts or effects for communities?

### ***Race or ethnicity***

There is no identified differential impact on this group.

The service is for carers of older adults with a mental health condition and who have been assessed as needing a break from their caring role.

The Service Provider will monitor the race and ethnicity of people accessing the service. The service contract will be monitored and if any adverse race/ethnicity impacts are identified these will be addressed.

<b><i>Gender and Trans</i></b>
<p>There is no identified differential impact or effects on this group.</p> <p>The service is for carers of older adults with a mental health condition and who have been assessed as needing a break from their caring role. The Service Provider will monitor the gender/trans of people accessing the service. The service contract will be monitored and if any adverse impacts are identified these will be addressed.</p>
<b><i>Age</i></b>
<p>The service is for carers of older adults with a mental health condition. Older adults are defined as people over the age of 65 years. Carers of adults under the age of 65 years, who have early onset dementia will also be able to access the service.</p> <p>The Service Provider will monitor the ages of people accessing the service. The service contract will be monitored and if any adverse impacts are identified for this community, these will be addressed.</p>
<b><i>Disability</i></b>
<p>The service will positively impact on this community. The breaks service will be based on an individuals assessed needs and be delivered in the home of the cared for person or in the community at a venue of the cared for persons choosing.</p> <p>The service will not provide 'personal care' and where the personal care needs are deemed as too great to be met by this service, people will be supported or signposted to the appropriate agency.</p> <p>The Service Provider will monitor disability. The service contract will be monitored and if any adverse impacts are identified for this community, these will be addressed.</p>
<b><i>Religion or belief/ faith communities</i></b>
<p>There is no identified differential impact or effects on this group.</p> <p>The Service Provider will monitor the religion/belief/faith of people accessing the service. The service contract will be monitored and if any adverse impacts are identified for this community, these will be addressed.</p> <p>The Service Contract will ensure that the Provider will be aware of cultural issues and provide a flexible service to meet any cultural/faith related requirements.</p>
<b><i>Lesbian, gay, bisexual people</i></b>
<p>There is no identified differential impact or effects on this group.</p> <p>The Service Provider will monitor people accessing the service. The service contract will be monitored and if any adverse impacts are identified for this community, these will be addressed.</p>
<b><i>Other socially excluded communities or groups</i></b>
<p>None identified</p>
<b><i>Relationships between or within communities</i></b>

12. What do you know about how the proposals will impact on different communities?

The new service will not negatively impact on different communities. It will improve access to breaks for carers of people who have a mental health condition.

**STEP 3 - ASSESSING THE IMPACT**

13. Is there any evidence of higher or lower take-up by any group or community, and if so, how is this explained?

No

14. Does the geography or demography of service users reveal anything?

No

15. Do any rules or requirements prevent any groups or communities from using or accessing the service?

Yes – The service have a specific eligibility criteria. See question 6

16. Does the way a service is delivered/ or the policy create any additional barriers for any groups of disabled people? (DDA duties arising out of DDA 1995)

No additional barriers have been created for any groups of disabled people. The service specification will ensure the service will be provided from a range of venues of the service users choosing including in their own homes. The Service Provider will need to ensure that where possible any public buildings they use are DDA compliant.

17. Does the way a service is delivered/ or the policy create any additional barriers for any other groups or communities, for example, due to limited income or because of the time during the week or day when the service is available? E.g. women, cultural reasons.

No additional barriers have been created for any other groups or communities. The service specification will ensure that the Provider will provide the service at times to provide flexible breaks based on the needs of carers.

18. Do any of these limitations amount to unlawful discrimination?

Yes  No

If yes, please explain (referring to relevant legislation) in the box below

19. If No, do they amount to a differential impact, which should be addressed?

Yes  No

If yes, please give details in the boxes below.

20. If the impact or effects are adverse for any community or group, can they be defended in order to provide equality for another community under legislation or policy?

Yes  No

Please give details below.

Not applicable

21. Do you have enough information to make a judgement?

Yes  No

If no, what information do you require, about which communities?

22. Is it possible to get the information quickly and easily or is it recommended that the collection of such data be included as an action for the action plan that will be developed? Please detail below.

#### **STEP 4 - DEALING WITH ADVERSE OR UNLAWFUL IMPACT**

23. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

There are no specific adverse impacts identified. The service contract should be monitored and reviewed in line with Blackpool Council Strategic Commissioning Contract Monitoring and Review Procedures.

24. What would be needed to be able to do this? Are the resources likely to be available?

No additional resources are required to do this.

25. What other support or changes would be necessary to carry out these actions?

None

## STEP 5 - CONSULTING THOSE AFFECTED FOR THEIR VIEWS

26. Please outline the steps taken to test out your findings and possible courses of action below.

Consultation was undertaken to develop the Blackpool Council and NHS Blackpool Joint Commissioning Strategy for Adult Carers 2010 - 2015 and the Blackpool Council and NHS Blackpool Older Adults Mental Health Commissioning Strategy 2009 – 2019. A review of the current Carers Breaks Service was undertaken. This information has been used to develop the proposal and a service specification which should ensure that there are no adverse effects which impact on any community groups.

The key performance indicators for the service will require the Service Provider to undertake a customer satisfaction annual survey to obtain feedback from service users.

27. What feedback or responses have you received to the findings and possible courses of action? Please give details below.

The introduction of this service is based on previous consultation and gap analysis. The EIA was undertaken by Health and Adult Social Care Staff.

28. If you have not been able to carry out any consultation, please indicate below how you intend to test out your findings and recommended actions.

29. If you are impact assessing some proposals, what steps have been taken to ensure that stakeholders have been able to voice their opinions on the proposals or the need for change?

During the development of these proposals a 'gap analysis' was undertaken. This involved mapping out current services and consulting with people who have had a stroke and other stakeholders about their views for the delivery of future services. The new service will fill a number of the gaps identified and deliver the recognised

outcomes.

## STEP 6 - ACTION PLANNING

Please outline your proposed action plan below.

Issues/ adverse impact identified	Proposed action/ objectives to deal with adverse impact	Targets/Measure	Timeframe	Responsibility	Indicate whether agreed
Need to collect equality data	Service monitoring requirement to collect equality data.	Quarterly KPI Information. Contract review meetings	Ongoing throughout the contract term	Blackpool Council Commissioning Manager	Yes

## STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW

Please outline your arrangements for future monitoring and review below.

Agreed action	Monitoring arrangements	Timeframe	Responsibility	Added to Service Plan etc.
Provider to provide information about the breakdown of people accessing the service and outcomes achieved	Quarter KPI information. Contract Review Meetings	Quarterly Annually	Integrated Contracts Team and Commissioning Manager	

<b>Agreed action</b>	<b>Monitoring arrangements</b>	<b>Timeframe</b>	<b>Responsibility</b>	<b>Added to Service Plan etc.</b>

Date completed:

Signed:

Name: