

Impact Assessment

Version 2016

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| Assessment of: | Retender of Joint Carer Services |
| Service: | Adult Commissioning & Health (ACH); Children's Services (CS) |

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| Head of Service: | Tim Golby (ACH); Mark Lines (CS) |
| Date of sign off by Head Of Service/version: | 16/8/17 |
| Assessment carried out by (incl. job title): | Owain Bale, Business Analyst (ACH) |

Section 1 - Background

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| Description: | <p>Carer Services in Devon are provided under joint commissioning arrangements between Devon County Council (both Adult Care & Health, and Children's Services), and Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group (CCG), and South Devon and Torbay CCG.</p> <p>This arrangement is known as the Devon Carers Partnership in which Devon County Council is the lead partner known as the 'Service Purchaser' in the contract.</p> <p>Carer Services in Devon form part of the wider Devon Carers Partnership's <i>Carers in Devon: Joint Strategy 2014-2019</i>.</p> <p>This impact assessment is informing the recommissioning of the overall carers contract to commence from April 2018 which will be out to tender during August 2017.</p> <p>The new contract/service will be known as <i>Caring Well in Devon</i> for adult carers of adults, the new</p> |
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| | <p>contract/service will be known as the <i>Young Carers Support Service</i> for young carers.</p> <p>We are increasing the value of the contract in order to meet the needs of carers, however demand is likely to continue to increase and therefore we have sought a more sustainable approach to providing additional support to Carers to meet their needs.</p> |
| Reason for change and options appraisal: | <p>The current contract runs until 31st March 2018. The new two-lot (adults and children's) contract will consolidate changes arising from the Care Act 2014.</p> <p>There is a developing body of research which highlights the importance of investment in support to Carers in order to manage demand on the health and social care system.</p> <p>There is also a need to respond to the demand experienced by Devon County Council and its NHS partners as a result of an increasing population which is also an ageing population presenting with increasing complex needs. An emphasis on promoting independence and resilience is required to ensure that people have these needs met as required by law, and to ensure that the local authority is able to continue with meeting its Public Finance legal duties.</p> <p>The Centre for International Research on Care, Labour and Equalities (CIRCLE) and the University of Leeds identified¹ that cost savings to health and social care could be achieved, relating to: preventing hospital or residential care admissions; supporting carers to sustain their caring role; earlier identification of physical and/or mental health issues; improved health and well-being of carers; improved partnership working; efficiency savings in GP practices; assisting carers to return to, or remain in, paid work; the establishment of informal support networks among carers.</p> |

¹ Centre for International Research on Care, Labour and Equalities (CIRCLE), University of Leeds (2011) *New Approaches to Supporting Carers' Health and Well-being: Evidence from the National Carers' Strategy Demonstrator Sites programme*. CIRCLE: Leeds.

The following table, adapted from the above research/report, provides further information about the local picture of Carer population and “resource value” compared to the regional and national picture:

| | Carers 2015 (number) | Change | Change | Value in 2001 (£m) | Value in 2011 (£m) | Value in 2015 (£m) | Change | | Change | |
|-------------------|-------------------------|---------------------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|-----------------|---------|-----------------|-------|
| | | in no. of carers 2001-15 (%) | in no. of carers 2011-15 (%) | | | | 2001-15 (£m) | (%) | 2011-15 (£m) | (%) |
| Devon | 89,043 | 23.0 ↑ | 4.9 ↑ | 801 | 1,501 | 1,611 | 810 | 101.0 ↑ | 110 | 7.3 ↑ |
| South west | 600,612 | 22.0 ↑ | 5.3 ↑ | 5,450 | 10,170 | 10,947 | 5,497 | 100.8 ↑ | 778 | 7.6 ↑ |
| England | 5,712,398 | 17.7 ↑ | 5.2 ↑ | 55,443 | 100,973 | 108,418 | 52,975 | 95.5 ↑ | 7,445 | 7.4 ↑ |
| UK | 6,826,752 | 16.5 ↑ | 4.9 ↑ | 68,405 | 123,321 | 132,003 | 63,598 | 93.0 ↑ | 8,682 | 7.0 ↑ |

Our response to these drivers has been to undertake extensive engagement with Carers about our overall strategic approach and their needs in the context of increasing demand so this contract can also better respond to the support carers are telling us that they require.

Engagement with Carers has directly informed the new service specification(s) for the Service Provider(s) of Caring Well in Devon and the Young Carers Support Services and these changes are reflected in the service specification(s) and its schedules.

Consideration was given to options about continuing with commissioning services for Carers in Devon, or to

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| | <p>'reintegrate' these back into the respective care management functions. The decision was made to continue with commissioning externally, as has been the case for a number of years, as the evidence is that this has delivered Best Value in terms of cost to the Local Authority, significant improvements in Carer identification and recognition, and achieving positive outcomes reported by Carers.</p> <p>This recommissioning is part of the Joint Carers Strategy agreed for 2014-2019.</p> <p>A decision was made within Childrens' Social Care to separate the services for adult carers of adults from young carers as separate 'lots' (Caring Well in Devon, and, Young Carers Support Service) for tender. This may result in different providers of the Caring Well in Devon and the Young Carers Support Service as a result. The reason for this change is:</p> <ul style="list-style-type: none"> • To take account of the wide range of feedback we have had from young carers about the improvements they want from the service. This has directly informed the new specification for the Young Carers Support Service; • To encourage more children's specific providers to bid. (This will however mean that the new provider will have to link closely with the adult carer provider to ensure an 'all age service' across the county continues); • To ensure that Young Carers receive a specialised and focused service relevant to their needs from a provider with experience and skills in this area of work; • To be able to evidence specific impact of the Young Carers service on the needs of young people; • To encourage greater competition and creativity within the market. |
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Section 2 - Key impacts and recommendations

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| Social/equality impacts: | <p>There will be a direct impact on Carers living in the Devon County Council area, as well as adult Carers living outside of Devon and caring for an adult with needs who lives in the Devon County Council area.</p> <p>As of the last census (2011) there were 84,492 Carers (over the age of 18) in Devon, accounting for 11.32% of the population of Devon. This is greater than the national average where 10.33% of the population in England</p> |
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| | <p>and Wales are Carers.</p> <p>Devon County Council, and the current provider, are in contact with and provide support to varying degrees to approximately 17,000 adult carers and about 4,000 young carers.</p> <p>There are also approximately 17,000 children and young people identified with Special Educational Needs and/or Disability (SEND) in Devon; presently, 22% have a Statement or Education Health and Care Plan (EHCP).</p> <p>There will be an indirect impact on people for whom Carers care for ('cared-for people') across all age groups.</p> <p>There will be direct and indirect impact, of varying degrees, across all protected characteristics under the Equality Act 2010.</p> <p>Further information about Carers (over the age of 18) in Devon can be found here.</p> <p>As a result of this tender, the successful provider will contribute to our strategic goals of:</p> <ul style="list-style-type: none"> • Carers' independence and autonomy are promoted and supported; • Carers' contributions to the health and care of the person(s) for whom they care (and that of others for whom they have responsibilities) are optimised; • Carers' own health and wellbeing is protected and maximised; • Carers' contributions to the sustainability of health and social care services are optimised. |
| Environmental impacts: | Not applicable. |
| Economic impacts: | <p>Prior to the enactment of the Care Act 2014 NHS Improving Quality provisionally estimated that that Carers save the UK economy £119bn per annum².</p> <p>More recent research following the Care Act 2014 published by CarersUK³ reports that:</p> |

² NHS Improving Quality (2014) *Commitment for Carers*. NHS Improving Quality: London

³ Centre for International Research on Care, Labour and Equalities (CIRCLE), University of Leeds, University of Sheffield (2015) *Valuing Carers 2015*. CarersUK: London

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| | <ul style="list-style-type: none"> • The economic value of the contribution made by carers in the UK is now £132 billion per year almost double its value in 2001 (£68 billion). • £132 billion is close to the total annual cost of health spending in the UK, which was £134.1 billion in the year 2014-2015. It is more than the market value of HSBC Holdings or Visa PLC. • Carers' contribution is growing – the 2015 figure is 7% higher than the figure for 2011. This is mostly because carers are providing more hours of care (82%) and partly due to the increased hourly cost of paid homecare (18%). <p>A report published by Association of Directors of Adult Social Services (ADASS) in partnership with the Department of Health⁴ details that modelling undertaken by Surrey County Council (one of Devon County Council's comparator Local Authorities) indicates that if carer services are not sufficiently funded, 40% of carers could break down within a few months. With an estimated 10% of cared-for requiring public-funded services, based on the analysis undertaken by the Centre for International Research on Care, Labour and Equalities (CIRCLE), University of Leeds, University of Sheffield this would equate to £161.1m impact on the health and social care system in Devon.</p> <p>A study by NHS England⁵ following research undertaken by the Royal College of GPs reports that in supporting Carers social return on investment (saving) of almost £4 for every £1 when Clinical Commissioning Groups (CCGs) invest in services which support carers in regards.</p> <p>The Department of Health, in publishing its Care Act 2014 Impact Assessment⁶, reports that for each £1 spent on supporting carers would save councils £1.47 on replacement care costs and benefit the wider health system by £7.88.</p> <p>The economic impact of recommissioning of carer services will be to maintain the value the carers give to the local economy by continuing to provide them with the support that they need in their caring role.</p> |
| Other impacts (partner agencies, services, DCC policies, possible 'unintended | <p>In supporting carers the following additional impacts should be felt as a result of Caring Well in Devon:</p> <ul style="list-style-type: none"> • The waste of carers' efforts is eliminated from the health and social care system and the full benefit of their contribution is realised in ways that reduce avoidable demand on services. • Service use and emergency admissions to hospital and to residential care are reduced/delayed (as a |

⁴ Department of Health, Association of Directors of Adult Social Services (ADASS), Carers Trust, CarersUK (2015) *Economic Case for Local Investment in Carer Support*. ADASS: London

⁵ <http://www.england.nhs.uk/commissioning/comm-carers/>

⁶ <http://www.legislation.gov.uk/ukpga/2014/23/impacts>

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| <p>consequences’):</p> | <p>result of the care given by the carer).</p> <ul style="list-style-type: none"> • Demands on social care are reduced/delayed by carers input. • The health and wellbeing of other people for whom the carer has responsibilities is protected. • Service use [of community and acute healthcare e.g. hospitals] is reduced. • More carers in crisis are supported as quickly, locally, and efficiently as possible. • More carers access preventive health and wellbeing services. • More carers are well informed and that they feel well supported and able to have the breaks they need see realised will be for service use and emergency admissions to hospital and to residential care being reduced/delayed (as a result of the care given by the carer). <p>The Young Carers Support Service will have a positive impact in reducing the amount of inappropriate caring undertaken by young people and in turn increase positive outcomes for these young people (education, engagement etc.).</p> |
| <p>How will impacts and actions be monitored?</p> | <p>Impacts and actions as a result of Caring Well in Devon will be monitored via:</p> <ul style="list-style-type: none"> • Regular, scheduled, contract monitoring – quarterly with provider senior management, and more frequently with operational management; • Use of Carer Ambassadors; • Reports to the Carers Strategy Delivery Board (CSDB); • Biennial Statutory Carers Survey; • Additional reporting and monitoring mechanisms are included as part of the Caring Well in Devon specification and schedule including a full performance management framework. |

Section 3 - Profile and views of stakeholders and people directly affected

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| People affected: | <p>Public Health reports that the Carer population of Devon as of 2017 is 86,103.</p> <p>Out of the above number, as of 2017 there are 17,319 adult Carers, and 3,106 Young Carers known to the current Provider. 20,494 adult Carers are recorded on Devon County Council's social care case management system (CareFirst). <i>NB:</i> <i>Due to Data Protection constraints (not all Carers have given consent to the current Provider for their data to be shared with Devon County Council) it is not possible to be able to correlate and give an accreted number of known Carers.</i></p> <ul style="list-style-type: none">• 12% of Carers are also recorded as being an Adult with Needs (or Client) in receipt of personal care services. <p>As of 2017 there are 18,941 cared-for adults, and 1,358 cared-for children cared for by Carers known to the current Provider for a total of 20,299.</p> <ul style="list-style-type: none">• 11% of cared-for people have developmental or intellectual difficulties;• 1% of cared-for people have a long-term neurological condition;• 30% of cared-for people have a long-term physical condition;• 24% of cared-for people have a mental health difficulty;• 2% of cared-for people have a sensory impairment;• 32% of cared-for people fall into other categories such as substance misuse, end-of-life, and older people living with frailty. <p>Additionally, there are many Carers or other citizens who visit the Devon County Council website, or the website of the current Provider.</p> <p>The current Provider provides information, advice, and guidance to all identified Carers. Carers are also supported through signposting and referral to preventive and other services useful to Carers, e.g. the Depression and Anxiety Service, and replacement care in order to take a break or meet other needs.</p> |
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| | <p>Replacement care may be needed to enable a carer to look after their own health and wellbeing alongside caring responsibilities, and to take a break from caring. This is often also known as respite care. Under the Care Act this is provided as a service to the cared-for person and is chargeable to them. This form of provision falls outside the carer services contract with the exception of reimbursement of replacement care costs incurred by Carers in their attendance at arranged meetings, training, or other similar type events.</p> <p>The current Provider provides training, the Carers' Alert Card, 1:1 support from a Carer Support Worker/Officer; a Carers' hospital discharge service also operates through the current Provider, and Carer's can receive Health and Wellbeing Checks through their GP Practice supported by the current Provider.</p> <p>Health and Wellbeing Checks/Carer Assessments are undertaken by the Provider and this may lead to the determination of eligibility for support which might result in the generation and provision of a Personal Budget which the Carer has a choice whether this is to be taken as a Direct Payment or as a commissioned service.</p> <p>Parent Carers have been able to access the telephone line, newsletter, alert card, training and Health and Wellbeing checks.</p> <p>Young Carers are able to access support from the current Provider.</p> |
| <p>Diversity profile and needs assessment of affected people:</p> | <p><u>Age</u></p> <ul style="list-style-type: none"> • 31% of Carers are recorded in the 18-64 age range • 30% of Carers are recorded in the 65-84 age range • 9% of Carers are recorded in the 85+ age range • 30% of Carers have not provided their age for recording. <p><u>Ethnicity</u></p> <p>Of the 20,494 Carers known to Devon County Council:</p> <ul style="list-style-type: none"> • 68.07% have their ethnicity recorded • 0.56% have refused their ethnicity to be recorded |

- 3.32% have not declared their ethnicity
- 27.42% where there is no data

Of those Carers who have their ethnicity recorded:

- 96.95% of Carers are recorded as English/Welsh/Scottish/Northern Irish/British
- 0.41% of Carers are recorded as Irish
- 0.03% of Carers are recorded as Gypsy or Irish Traveller
- 1.52% of Carers are recorded as Any other White background
- 0.09% of Carers are recorded as White and Black Caribbean
- 0.01% of Carers are recorded as White and Black African
- 0.07% of Carers are recorded as White and Asian
- 0.13% of Carers are recorded as Any other mixed/multiple ethnic background
- 0.11% of Carers are recorded as Indian
- 0.02% of Carers are recorded as Pakistani
- 0.04% of Carers are recorded as Bangladeshi
- 0.07% of Carers are recorded as Chinese
- 0.24% of Carers are recorded as Any Other Asian Background
- 0.05% of Carers are recorded as African
- 0.01% of Carers are recorded as Caribbean
- 0.04% of Carers are recorded as Any other Black/African/Caribbean background
- 0.06% of Carers are recorded as Arab
- 0.14% of Carers are recorded as Any other ethnic group

Sex/Gender

- 33% of Carers have identified as male;
- 66% of Carers have identified as female;
- Less than 1% identified as transgendered;

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| | <ul style="list-style-type: none"> • Less than 1% preferred not to disclose. |
| Other stakeholders: | <p><u>Devon County Council (DCC)</u></p> <ul style="list-style-type: none"> • DCC Councillors • DCC Head of Commissioning • DCC Head of Adult Social Care • DCC Senior Managers • DCC Care Management practitioners • DCC Care Management managers • DCC ICT Senior Managers • DCC Communications Senior Managers <p><u>Healthcare</u></p> <ul style="list-style-type: none"> • GP Practices • Clinical Commissioning Group(s) (CCG) Clinical Leads • Devon Partnership Trust (DPT) • Public Health • CCG Managers • Hospital Staff |
| Consultation process: | <p>There were twenty-one (21) full- and half-day engagement events with Carers over a period of four (4) months; additionally, there were two (2) online surveys accessible over a period of six (6) months, and a week-long "drop-in" engagement event during Carers' Week 2016.</p> <p>Carers also participate fully as partners in the quarterly Carers Strategy Delivery Board, the monthly Carers Working Group, and contract monitoring of the current Provider. Carers are also invited to contribute to other meetings and workshops as required.</p> <p>Work has also been undertaken with parent carers through the Special Educational Needs and Disabilities</p> |

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| | <p>(SEND) Improvement Programme, and Young Carers Steering Group.</p> <p>As well as engagement to inform ongoing implementation of the Devon Carers Strategy and the recommissioning of the contract, some carers in Devon participated in the Department of Health's national Biennial Carers Survey taken across all 151 local authorities. The results showed an overall decline in the satisfaction of participating Devon carers compared to the previous survey:</p> <p>Carer-reported quality of life: From 41st to 124th.</p> <p>Proportion of carers with as much social contact as they would like: From 62nd to 128th.</p> <p>Overall carers satisfaction with social services: From 78th to 89th</p> <p>Proportion of carers included in decisions about cared-for person: From 61st to 69th</p> <p>Proportion of carers who find it easy to find information about services: From 82nd to 88th.</p> <p>The Carers Strategy Delivery Board and Carers Ambassadors are discussing these findings, and four independent focus groups of carers have been commissioned to compare their experience of carers' support with those perceptions.</p> |
| <p>Research and information used:</p> | <p>Provisional information from the Department of Health in preparation for the new national strategy for Carers, the strategy was expected at the end of 2016 however this has been delayed and at time of writing no further information has been provided.</p> <p>Information and analysis of the Biennial Statutory Carers Survey.</p> <p>Ad hoc operational business intelligence and direct comments from Carers to the Commissioner.</p> <p>Devon County Council Policy e.g. Promoting Independence Policy, Carers Policy et. al.</p> <p>Various work(s) by Professor John Bolton, Institute of Public Care.</p> |

Background Analysis

This section describes how relevant questions and issues have been explored during the options appraisal.

Section 4a - Social Impacts

Giving Due Regard to Equality and Human Rights

The local authority must consider how people will be affected by the service, policy or practice. In so doing we must give due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity and
- Foster good relations.

Where relevant, we must take into account the protected characteristics of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, sexual orientation, race, and religion and belief.

This means considering how people with different needs get the different services they require and are not disadvantaged, and facilities are available to them on an equal basis in order to meet their needs; advancing equality of opportunity by recognising the disadvantages to which protected groups are subject and considering how they can be overcome.

We also need to ensure that human rights are protected. In particular, that people have:

- A reasonable level of choice in where and how they live their life and interact with others (this is an aspect of the human right to 'private and family life').

- An appropriate level of care which results in dignity and respect (the protection to a private and family life, protection from torture and the freedom of thought, belief and religion within the Human Rights Act and elimination of discrimination and the promotion of good relations under the Equality Act 2010).
- A right to life (ensuring that nothing we do results in unlawful or unnecessary/avoidable death).

The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are:

- Informed and properly considered with a rigorous, conscious approach and open mind, taking due regard of the effects on the protected characteristics and the general duty to eliminate discrimination, advance equality and foster good relations.
- Proportionate (negative impacts are proportionate to the aims of the policy decision)
- Fair
- Necessary
- Reasonable, and
- Those affected have been adequately consulted.

| Characteristics | Describe any needs and actual or potential negative consequences (e.g. disadvantage or community tensions) for the groups listed. (Consider how to mitigate against these). | Describe any needs and actual or potential neutral or positive outcomes for the groups listed. (Consider how to advance equality/reduce inequalities as far as possible). |
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| All residents (include generic equality provisions): | The new contract should not result in any negative consequences but has potential for a positive impact. | <p>The intention under the new contract is to provide provision of a more equitable service to a greater number of Carers, meaning that some Carers will receive more support by means of Peer Support or volunteers. There will be a volunteer helpline, increased peer support, and increased coaching and mentoring. Carer needs will be reviewed where a service is in place and we will be able to identify individual outcomes for Carer Support Plans arranged under the new contract arrangements.</p> <p>As a result of the changes, the following positive outcomes will be delivered:</p> <ul style="list-style-type: none"> • Increased training opportunities for Carers to promote their wellbeing, remain resilient, and promote independence. • Less bureaucratic assessment processes and access to the majority of support provisions without the need for assessment. • More carers will be supported as a result of improvements to provision of information, advice, and guidance, and through increased peer support |

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| | | provisions. |
| Age: | The new contract should not result in any negative consequences but has potential for a positive impact. | As a result of the changes, the following positive outcomes will be delivered: <ul style="list-style-type: none"> • Future users of the service can expect an earlier intervention e.g. information advice, training. • Needs being met without becoming dependent on statutory services. |
| Disability (incl. sensory, mobility, mental health, learning disability, ill health) and carers of disabled people: | The new contract should not result in any negative consequences but has potential for a positive impact. | As a result of the changes, the following positive outcomes will be delivered: <ul style="list-style-type: none"> • Increased and earlier training opportunities to Carers applies to the full range of disabilities with the intended impact being that more Carers are equipped with the skills and knowledge to care better without being dependent on statutory services. • Parent Carers will have access to the service through a 'no wrong front door' approach |
| Culture and ethnicity: nationality/national origin, skin colour, religion and belief: | The new contract should not result in any negative consequences but has potential for a positive impact. | We know that Black and Minor Ethnicity (BAME) Carers are underreported due to traditional cultural and ethnic extended family and community structures; however, we also know that those structures are breaking down in the face of increased integration and geographical mobility. A change to increased preventative, early intervention, which sits largely outside 'the system', should result in a positive impact where more citizens are confident in |

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| | | <p>presenting and receiving support.</p> <p>The new Caring Well in Devon contract has specific requirements on the Provider to support access and delivery for BAME Carers.</p> |
| <p>Sex, gender and gender identity (including men, women, non-binary and transgender people), and pregnancy and maternity (including women's right to breastfeed).</p> | <p>The new contract should not result in any negative consequences but has potential for a positive impact.</p> <p>Women are overrepresented in the current service, it is not anticipated that any negative impact will be felt as support will continue.</p> | <p>Men are underreported as Carers but have told us that a greater online presence will support them better and is expected to result in more male Carers being recognised and supported.</p> <p>The new Caring Well in Devon contract has specific requirements on the Provider to support access and delivery for male Carers.</p> |
| <p>Sexual orientation and marriage/civil partnership:</p> | <p>The new contract should not result in any negative consequences but has potential for a positive impact.</p> | <p>The new Caring Well in Devon contract has specific requirements on the Provider to support access and delivery for LGBT+ Carers through an improved focus on accessibility for these groups.</p> |
| <p>Other socio-economic factors such as families, carers, single people/couples, low income, vulnerability, education, reading/writing skills, 'digital exclusion' and rural isolation.</p> | <p>The new contract should not result in any negative consequences but has potential for a positive impact.</p> | <p>As a result of the changes, the following positive outcomes will be delivered for other socio-economic factors:</p> <ul style="list-style-type: none"> • Positive impact for families – whole family approach, change from 'single-target assessment', early intervention; • Positive impact for rural isolation – increased peer support availability, and increased digital capability (responsive to availability in that area); • The service will ensure effective signposting for parent carers that will offer support especially for |

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| | | single parent carers who may have no other methods of support. |
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Section 4b - Environmental impacts

An impact assessment should give due regard to the following activities in order to ensure we meet a range of environmental legal duties.

The policy or practice does not require the identification of environmental impacts using this Impact Assessment process because it is subject to (please select from the table below and proceed to the 4c, otherwise complete the environmental analysis table):

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| | Devon County Council's Environmental Review Process for permitted development highway schemes. |
| | Planning Permission under the Town and Country Planning Act (1990). |
| | Strategic Environmental Assessment under European Directive 2001/42/EC "on the assessment of the effects of certain plans and programmes on the environment". |

| | Describe any actual or potential negative consequences. (Consider how to mitigate against these). | Describe any actual or potential neutral or positive outcomes. (Consider how to improve as far as possible). |
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| Reduce waste, and send less waste to landfill: | N/A | |

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| Conserve and enhance biodiversity (the variety of living species): | N/A | |
| Safeguard the distinctive characteristics, features and special qualities of Devon's landscape: | N/A | |
| Conserve and enhance the quality and character of our built environment and public spaces: | N/A | |
| Conserve and enhance Devon's cultural and historic heritage: | N/A | |
| Minimise greenhouse gas emissions: | N/A | |
| Minimise pollution (including air, land, water, light and noise): | N/A | |
| Contribute to reducing water consumption: | N/A | |
| Ensure resilience to the future effects of climate change | N/A | |

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| (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level): | | |
| Other (please state below): | | |

Section 4c - Economic impacts

| | Describe any actual or potential negative consequences. (Consider how to mitigate against these). | Describe any actual or potential neutral or positive outcomes. (Consider how to improve as far as possible). |
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| Impact on knowledge and skills: | The new contract should not result in any negative consequences but has potential for a positive impact. | <p>The Caring Well in Devon contract contains specific requirements to the skill and knowledge of staff working with and supporting Carers. This is in response to engagement with Carers and their comments. This will result in a higher skilled workforce.</p> <p>There is also provision made for supporting Carers through improved arrangements for training for Carers e.g. how to care safely, and an intention to support Carers by linking them in with other sources of support e.g. the NHS for specific conditions. This will increase the knowledge and skill set of Carers personally which are then transferrable</p> |

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| | | into any professional life that they might have. |
| Impact on employment levels: | The new contract should not result in any negative consequences but has potential for a positive impact. | <p>The Caring Well in Devon contract makes provision for paid as well as volunteer staff in order to work with and support Carers. This will result in more employment opportunities to develop through the lifetime of the contract as we develop community and voluntary sector networks.</p> <p>The provision for Carers through improved arrangements for training etc. for Carers should also result in more Carers being able to remain in employment for longer, and be equipped with the knowledge and skills to be part of a resilient workforce.</p> |
| Impact on local business: | The new contract should not result in any negative consequences but has potential for a positive impact. | The Young Carers Support Service contract will open up the opportunity to a broader market and therefore may create opportunities for providers who would otherwise not be able to bid if it was a single lot. |

Section 4d -Combined Impacts

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| Linkages or conflicts between social, environmental and economic impacts: | |
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Section 5 - 'Social Value' of planned commissioned/procured services

How will the economic, social and environmental well-being of the relevant area be improved through what is being proposed? And how, in conducting the process of procurement, might that improvement be secured?

The Caring Well in Devon contract removes the current requirement of Carers Trust Membership which bars non-Third Sector organisations from bidding or forming consortia. This increases the potential for a wider range of bidders.

The Caring Well in Devon contract also has specific provision and requirement in relation to social value and added value that any successful Provider must bring through delivery of this contract.

By having a separate lot for the Young Carers Support Service we will be able to offer the tender opportunity to more providers, including the Third Sector.