

Equality Impact Assessment

Equality Impact Assessment - Adult Social Care Transformational Savings 2021/22

Question	Answer
Did you use the EIA Screening Tool?	No

1. Explaining the matter being assessed

Question	Answer
<p>What policy, function or service change are you assessing?</p>	<p>Adult Social Care's vision is to promote people's independence and wellbeing. Delivering this vision will mean people:</p> <ul style="list-style-type: none"> • Have access to information, advice and support in the community to help themselves and each other. • Build upon their strengths, with the same hopes and aspirations as everyone to work and to live independently. • Are supported to regain their skills and confidence after an illness or injury, so they can do things for themselves and stay independent. • Feel safe and experience health, social care and community partners working together to meet their needs. <p>This vision for a modern service will be delivered through the ASC transformation programme. The key elements of this programme, which will deliver savings of £8.7m (of the total £11.9m) of ASC efficiency savings in 2021/22 will be:</p> <ol style="list-style-type: none"> 1. Care Pathway – This programme will redesign the ASC front door where people are supported quickly, embed discharge to assess and provide short term reablement interventions for all – enabled by a skilled workforce and community prevention. This programme has a savings target of £3.0m in 2021/22. 2. Learning Disability & Autism – This programme will reshape services to increase the number of people with learning disabilities and autism that live more independently in their communities, with higher quality and integrated care and support, access to employment, travel training, life skills and friendship groups. This programme has a savings target of £2.6m in 2021/22. 3. Accommodation with Care & Support – This programme will increase the availability of different types of accommodation with care and support. Residents with care and support needs will have an improved quality of life and retain independence for longer. This programme has a savings target of £1.5m in 2021/22.

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Question	Answer
	<p>4. Mental Health – This programme will improve services for people with mental health needs. It will implement new service models for approved mental health professionals, older people services, working aged adult services, prisons, forensics and substance misuse, all of which will be focused on enhancing independence. This programme has a savings target of £0.2m in 2021/22.</p> <p>5. Market Management – This programme will strengthen market management and the purchasing of care packages, resulting in increased cost predictability and value for money with stronger relationships. This programme has a savings target of £1.4m in 2021/22.</p> <p>6. Review In-House Services – This programme will evaluate the future of in-house provision in line with Surrey County Council’s strategy for accommodation with care and support, better meeting needs, complexity and improving value for money. No savings target has been set for this programme in 2021/22 but it is expected deliver savings in future years.</p> <p>7. Enabling You With Technology – This programme will develop a universal digital telehealth and technology enabled care offer for people with eligible social care needs and self-funding Surrey residents, including a responder service. No savings target has been set for this programme in 2021/22 but it facilitates the savings planned across other programmes.</p> <p>There are also £3.2m of efficiencies planned outside of ASC’s transformation programmes:</p> <ul style="list-style-type: none"> • £2.7m relates to planned resolution of the funding of people’s care where the Council believes individuals have a primary health need and so should qualify for Continuing Health Care funding, but this is disputed by the relevant Clinical Commissioning Groups. • £0.5m relates to the development and implementation of a new strategy for adults with Physical or Sensory Disabilities. ASC recognises that this cohort of people requires a new focus to ensure care and support is being delivered in the most appropriate, strength based and cost-effective ways.

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Question	Answer
<p>Why does this EIA need to be completed?</p>	<p>The ASC transformation programme will mean wide ranging changes to policy, function and services affecting people who use services, their carers and our staff. This EIA will help us build up a profile of residents and staff with protected characteristics who may be affected by these changes. It will provide insight to help break down any barriers to accessing services, mitigate any potential negative impacts and maximise positive impacts.</p> <p>The EIA will help us meet our commitment in the Community Vision 2030 to “tackling inequality and ensuring no-one is left behind”. Assessing the impact of these changes on different ‘protected characteristic’ groups is an important part of our compliance with duties under the Equality Act 2010.</p> <p>This EIA is not intended to support individual decisions around changes to service provision. To the extent that changes are proposed that require consultation and Cabinet approval, individual EIAs will be produced.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>The proposals will affect:</p> <ul style="list-style-type: none"> • People who use services and their carers • Adult Social Care staff • Surrey Choices (SCC’s Local Authority Trading Company) • Independent Adult Social Care providers
<p>How does your service proposal support the outcomes in <u>the Community Vision for Surrey 2030</u>?</p>	<ul style="list-style-type: none"> • Everyone gets the health and social care support and information they need at the right time and place. • Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life.
<p>Are there any specific geographies in Surrey where this will make an impact?</p>	<ul style="list-style-type: none"> • County-wide

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Question	Answer
<p>Briefly list what evidence you have gathered on the impact of your proposals</p>	<ul style="list-style-type: none"> • Feedback from chief executives of our strategic user and carer partners at the ASC Partner Update meeting (every 2-months) where updates on the ASC transformation programme are shared • Meetings with Healthwatch Surrey (quarterly) to share feedback from residents • Provider Network meetings with representatives from Surrey Care Association and social care providers • Annual Adult Social Care service user survey • Biennial Adult Social Care carers survey • Quarterly analysis of complaints and compliments • On-going engagement with a wide range of networks: <ul style="list-style-type: none"> • <u>Disability groups/networks</u> - including <u>Local Valuing People Groups</u>, Learning Disability Partnership Board, Autism Partnership Board, Surrey Positive Behaviour Support, Spelthorne Access Network, Surrey People's Group • Older people groups - including Voluntary Action South West Surrey's Older People's Forum • Commissioning user groups - including Surrey Hard of Hearing Forum, Long Term Neurological Conditions group, Surrey Vision Action Group, Surrey Deaf Community, Independent Mental Health Network, <u>Disability Empowerment Network Surrey</u>, • Carers' commissioning group • Seldom heard groups/equalities groups including Surrey Minority Ethnic Forum (SMEF), Surrey Faith Links • Clinical commissioning groups patient engagement forums • Integrated Care System communications and engagement groups <ul style="list-style-type: none"> • Surrey Heartlands Online Residents Panel • Staff sessions delivered by the Executive Director and members of Adults Leadership Team • Operational Managers Group meeting where senior managers meet with the Executive Director and members of Adults Leadership Team • Consultation on management changes in the reablement service • Adult Social Care & Public Health Directorate Equalities Group

2. Service Users / Residents

Age

Question	Answer
<p>What information (data) do you have on affected service users/residents with this characteristic?</p>	<p>According to current projections, the population size for Surrey in 2020 is 1,208,400. This population is comprised of 954,100 people aged 17+ (79% of the total population). People aged 65+ represent 19.2% of the total Surrey population. It is estimated people aged 65+ will represent 20.1% of the Surrey population by 2024 and 22.2% by 2030. The overall effect of this is that Surrey's population is made up of a large and growing proportion of people aged over 65s, with the proportion of the over 85s growing at an even faster rate. Specifically, from 2020 to 2024, the population growth rate for over 65s is projected to be approximately 7% and the population growth rate for over 85s is projected to be 11%.</p> <p>During 2016-2018, men in Surrey had an average life expectancy at birth of 82 years and women 85 years old. The average life expectancy at birth for both sexes is higher than the national average, 80 and 83 years respectively. This suggests people, on average, live longer in Surrey compared to other parts of the country. However, life expectancy varies quite widely across wards within Surrey, mainly due to differences in level of deprivation. Between the most and least deprived wards in Surrey, there is a 10-year gap between men and a 14-year gap for women (Source - Surrey Health and Wellbeing Strategy, 2019)</p> <p>The Rapid Needs Assessment conducted in the aftermath of the first major coronavirus lockdown, identified reduced access to services particularly for digitally excluded individuals who do not have access to equipment or are unable to receive support remotely. Concerns about loss of contact with mental health services are especially serious for older adults with mental health disabilities such as dementia. According to most recent estimates there are 15,400 with dementia in Surrey although only 64% of these (10,000) have been officially diagnosed. This could rise as the population ages (Source - Surrey Covid-19 Community Impact Assessment 2020).</p>

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Question	Answer		
	The number of people supported by Adult Social Care by age range:		
	Age Band	Number of open cases (17 Nov 2020)	% of open cases (17 Nov 2020)
	Under 18	211	1.0%
	18-44	3,939	19.4%
	45-54	2,134	10.5%
	55-64	2,747	13.5%
	65-74	2,619	12.9%
	75-84	3,598	17.7%
	85-94	4,138	20.4%
	95+	929	4.6%
	Not Known	3	0.0%
	Grand Total	20,318	100.0%
Impacts	Both		

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ Offer family carers of 70yrs+ more effective support and engagement in early planning for their adult child's future wellbeing, support and financial arrangements etc	On-going discussion with people who use services and carers in networks; co-design events; dialogue with Healthwatch, chief executives of our strategic user and carer partners and Surrey Care Association	Identify family carers 70yrs+ and offer effective support and engagement using the family carers network to assist in conversations	31 March 2022	Assistant Director LD, Autism & Transition

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Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>+ Align our offer for young adults transitioning into adult services with the opportunities we are creating for working age adults eg travel training, support into employment, independent living</p>	<p>As above</p>	<p>Align work with the 'Preparing for Adulthood - Next Steps' programme Improve the flow of information and data from Children's Services about children and young people expected to transition into Adult Social Care</p>	<p>31 March 2022</p>	<p>Assistant Director LD, Autism & Transition</p>
<p>+ It will encourage a more creative and age appropriate response by care providers in the services and opportunities they offer</p>	<p>As above</p>	<p>Introduce more specificity to support plans with clearer outcomes and creative solutions to deliver best value for money Work with the market to grow the provision of independent living accommodation Ensure commissioners and care providers continue to co-design services with, and listen to the voices of, people who use services and their carers</p>	<p>31 March 2022</p>	<p>Assistant Director LD, Autism & Transition Assistant Director Commissioning</p>
<p>+ There may be opportunities for people with a learning disability over 65 years of age to move to more age appropriate services with their peer age group</p>	<p>As above</p>	<p>Continue to secure personalised packages of care to meet the changing needs of people over 65 years of age</p>	<p>31 March 2022</p>	<p>Assistant Director LD, Autism & Transition</p>

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Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ Residents of all ages will be encouraged to explore the care and support their family, friends and local community can provide to meet their needs, encouraging creativity and people to continue to play an active part in their community	As above	Continue to embed strengths-based practice - a collaborative approach between the person and those supporting them, to determine an outcome that draws on the person's strengths and assets	31 March 2022	Area Directors and Assistant Directors
+ Reablement services will support more older people in a community setting, rather than simply on discharge from hospital	As above	On-going development of a therapy led reablement service	31 March 2022	Assistant Director Service Delivery
+ Technology Enabled Care (telehealth and telecare) will support people of all ages to live independently in the community and provide reassurance to their family/carer	As above	Strengthen the range of Technology Enabled Care on offer to people	31 March 2022	Head of Resources
- Older residents may not have the same ability to access community-based support services because of their mobility, cognition etc	As above	Explore how family, friends and the local community can support older residents to access community-based services	31 March 2022	Area Directors
- The shift towards more creative and informal care may generate anxiety for people of all ages	As above	Ensure staff take the time to listen to, and respond to, anxieties so that people of all ages feel reassured	31 March 2022	Area Directors

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Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
- Decisions around placements may mean older people needing residential/nursing care, are offered a setting at a distance from their family and networks	As above	Look for creative ways to make the setting on offer work for families Facilitate a broad discussion with families including the option of top-up arrangements ('additional cost' of providing preferred accommodation, over and above the amount in a person's personal budget) to extend choice	31 March 2022	Area Directors Assistant Director Commissioning Head of Resources
- There may be increasing demands placed upon the voluntary, community and faith sector from people of all ages	As above	Continue to work with partners to support and expand the role of the voluntary, community and faith sector	31 March 2022	Assistant Director Commissioning
- There may be quality assurance and safeguarding issues around the care provided by family, friends and community networks for people of all ages, how this is assured and to whom concerns should be raised	As above	Ensure staff are equipped to support people in taking proportionate risks and safeguarding procedures are adhered to	31 March 2022	Area Directors Assistant Director Commissioning

Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of residents?</p> <p>Are there any dependencies decisions makers need to be aware of</p>	<p>'Preparing for Adulthood - Next Steps' programme will help to prepare young people with a disability in transition for independent living, employment, using public transport etc</p>

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Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	There are no negative impacts that cannot be mitigated

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Disability

Question	Answer
<p>What information (data) do you have on affected service users/residents with this characteristic?</p>	<p>In the 2011 census, 13.5% of the population in Surrey declared they had a disability or life-limiting long-term illness.</p> <p>0.9% of the population aged 18-64 years old in Surrey in 2019, were recipients of Disability Living Allowance (DLA). This follows a three-year trend of reduced numbers of people receiving DVL in Surrey. DVA provides a contribution towards the disability-related extra costs of severely disabled people before the age of 65.</p> <p>4.1% of the population aged 65+ in Surrey in 2019, were recipients of Attendance Allowance (AA). AA provides a contribution towards the disability-related extra costs of severely disabled people who are aged 65+. To qualify, people must have needed help with personal care for at least 6 months (Source - Surrey-i, 2020)</p> <p>66% of adults with learning disabilities in Surrey in 2017/18, lived in settled accommodation. This is below the national average which shows approximately 77% of adults with learning disabilities live in settled accommodation (Source - Surrey Health and Wellbeing Strategy, 2019)</p> <p>Analysis of data from the Understanding Society study found that, taking account of pre-pandemic trajectories, mental health has worsened substantially (by 8.1% on average) as a result of the pandemic. Groups have not been equally impacted; young adults and women – groups with worse mental health pre-pandemic – have been hit hardest. There may also be a greater impact on people with pre-existing long-term conditions and those are clinically vulnerable (shielding) as well as those with drug and alcohol dependencies. In Surrey there are currently 40,164 people on the NHS shielding list and 161,492 reported as to have one or more long-term conditions (Source - Surrey Covid-19 Community Impact Assessment, 2020)</p> <p>Whilst the percentage of disabled adults not using the internet has been declining, in 2018, it was 23.3% compared with only 6.0% of those without a disability (Source - Exploring the UK's digital divide, ONS, 4 March 2019).</p>

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	Number of people supported by Adult Social Care by primary reason for support:																																															
	<table border="1"> <thead> <tr> <th data-bbox="571 264 1245 360">Primary Support Reason</th> <th data-bbox="1272 264 1615 360">Number of open cases (17 Nov 2020)</th> <th data-bbox="1626 264 1877 360">% of open cases (17 Nov 2020)</th> </tr> </thead> <tbody> <tr> <td data-bbox="571 376 1245 408">Physical Support - Personal Care Support</td> <td data-bbox="1272 376 1615 408">7,946</td> <td data-bbox="1626 376 1877 408">39.1%</td> </tr> <tr> <td data-bbox="571 416 1245 448">Learning Disability Support</td> <td data-bbox="1272 416 1615 448">3,900</td> <td data-bbox="1626 416 1877 448">19.2%</td> </tr> <tr> <td data-bbox="571 456 1245 488">Social Support - Support to Carer</td> <td data-bbox="1272 456 1615 488">2,331</td> <td data-bbox="1626 456 1877 488">11.5%</td> </tr> <tr> <td data-bbox="571 496 1245 528">Mental Health Support</td> <td data-bbox="1272 496 1615 528">1,968</td> <td data-bbox="1626 496 1877 528">9.7%</td> </tr> <tr> <td data-bbox="571 536 1245 568">Physical Support - Access and Mobility Only</td> <td data-bbox="1272 536 1615 568">1,290</td> <td data-bbox="1626 536 1877 568">6.3%</td> </tr> <tr> <td data-bbox="571 576 1245 608">Short term support (unclassified)</td> <td data-bbox="1272 576 1615 608">1,357</td> <td data-bbox="1626 576 1877 608">6.7%</td> </tr> <tr> <td data-bbox="571 616 1245 647">Support with Memory and Cognition</td> <td data-bbox="1272 616 1615 647">927</td> <td data-bbox="1626 616 1877 647">4.6%</td> </tr> <tr> <td data-bbox="571 655 1245 727">Sensory Support - Support for Visual Impairment</td> <td data-bbox="1272 655 1615 727">172</td> <td data-bbox="1626 655 1877 727">0.8%</td> </tr> <tr> <td data-bbox="571 735 1245 807">Social Support - Support for Social Isolation / Other</td> <td data-bbox="1272 735 1615 807">171</td> <td data-bbox="1626 735 1877 807">0.8%</td> </tr> <tr> <td data-bbox="571 815 1245 887">Sensory Support - Support for Hearing Impairment</td> <td data-bbox="1272 815 1615 887">117</td> <td data-bbox="1626 815 1877 887">0.6%</td> </tr> <tr> <td data-bbox="571 895 1245 927">Social Support - Substance Misuse Support</td> <td data-bbox="1272 895 1615 927">70</td> <td data-bbox="1626 895 1877 927">0.3%</td> </tr> <tr> <td data-bbox="571 935 1245 967">Sensory Support - Support for Dual Impairment</td> <td data-bbox="1272 935 1615 967">68</td> <td data-bbox="1626 935 1877 967">0.3%</td> </tr> <tr> <td data-bbox="571 975 1245 1007">Social Support - Asylum Seeker Support</td> <td data-bbox="1272 975 1615 1007">1</td> <td data-bbox="1626 975 1877 1007">0.0%</td> </tr> <tr> <td data-bbox="571 1015 1245 1038">Grand Total</td> <td data-bbox="1272 1015 1615 1038">20,318</td> <td data-bbox="1626 1015 1877 1038">100.0%</td> </tr> </tbody> </table>	Primary Support Reason	Number of open cases (17 Nov 2020)	% of open cases (17 Nov 2020)	Physical Support - Personal Care Support	7,946	39.1%	Learning Disability Support	3,900	19.2%	Social Support - Support to Carer	2,331	11.5%	Mental Health Support	1,968	9.7%	Physical Support - Access and Mobility Only	1,290	6.3%	Short term support (unclassified)	1,357	6.7%	Support with Memory and Cognition	927	4.6%	Sensory Support - Support for Visual Impairment	172	0.8%	Social Support - Support for Social Isolation / Other	171	0.8%	Sensory Support - Support for Hearing Impairment	117	0.6%	Social Support - Substance Misuse Support	70	0.3%	Sensory Support - Support for Dual Impairment	68	0.3%	Social Support - Asylum Seeker Support	1	0.0%	Grand Total	20,318	100.0%		
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Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ Commissioners and care providers will continue to co-design new services and listen to the voice of people with a disability in shaping services to meet need	On-going discussion with people who use services and carers in networks; co-design events; dialogue with Healthwatch, chief executives of our strategic user and carer partners and Surrey Care Association	Work to co-design and reshape services by listening to the voice of people with a disability through our user and carer partners and networks	31 March 2022	Assistant Director Commissioning Managing Director Surrey Choices
+ It will create opportunities for people with a disability to explore alternative community-based solutions and different living arrangements	As above	Continue to embed strengths-based practice On-going implementation of the Surrey Choices 'changing days' programme	31 March 2022	Area Directors Assistant Director Commissioning Managing Director Surrey Choices
+ Residents with a disability will be encouraged to have a more detailed discussion, exploring what care and support their family, friends and local community can provide to meet their needs, encouraging creativity and people to continue to play an active part in their community	As above	Continue to embed strengths-based practice Continue to grow staff's knowledge of local community-based resources	31 March 2022	Area Directors
+ There will be a focus upon ensuring people with a disability have access to universal health care and screening at the right age/time in their lives	As above	Work with health and community partners to deliver the LD Health/Complex Needs change programme	31 March 2022	Assistant Director LD, Autism & Transition

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Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ Reablement services are being reshaped to support more people with a disability in a community setting, rather than simply on discharge from hospital	As above	On-going development of a therapy led reablement service	31 March 2022	Assistant Director Service Delivery
+ A more holistic approach to all aspects of people's mental health care and support	As above	On-going work across the system to combine services and integrate the approach to mental health with physical health and social wellbeing Continued professional development of mental health staff including Care Act, strengths-based practice, motivational interviewing etc	31 March 2022	Deputy Director
+ Technology Enabled Care (telehealth and telecare) will support people with a disability to live independently in the community and provide reassurance to their family/carer	As above	Strengthen the range of Technology Enabled Care on offer to people	31 March 2022	Head of Resources

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Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ Expanding the development of new supported independent living provision will mean people with disabilities are offered a setting closer to their family and support network	As above	Continue delivering the 'Move On' project to support people to move from residential to independent living Continue delivering the programme of deregistration to support providers shift from residential to independent living	31 March 2022	Assistant Director, Learning Disabilities, Autism & Transition Assistant Director Commissioning
- Placing people with a disability in community (rather than residential) settings may be perceived by families/local residents as a risk to the individual and the community	As above	Ensure people are equipped and their needs are suitable to access community resources Ensure robust safeguarding arrangements are in place Use success stories to reassure families/local residents	31 March 2022	Assistant Director Learning Disabilities, Autism & Transition Managing Director Surrey Choices
- The shift towards more creative and informal care may generate some initial anxiety for people with a disability	As above	Ensure staff take the time to listen to, and respond to, anxieties so that people and their families feel reassured	31 March 2022	Area Directors
- There may be increasing demands placed upon the voluntary, community and faith sector from people with a disability	As above	Continue to work as part of Local Joint Commissioning Groups to support and expand the role of the voluntary, community and faith sector	31 March 2022	Assistant Director Commissioning

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Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
- There may be quality assurance and safeguarding issues around the care provided by family, friends and community networks for people with a disability, how this is assured and to whom concerns should be raised	As above	Ensure staff are equipped to support people in taking proportionate risks and safeguarding procedures are adhered to	31 March 2022	Area Directors
- Any shift towards digital could disadvantage people with a disability who are less likely to use the internet, encounter more physical difficulties using digital etc	As above	Ensure people with a disability are able to access information and advice and have options in how they contact ASC Continue to promote programmes to develop digital skills and inclusion amongst our client group	31 March 2022	Deputy Director Head of Resources

Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of residents?</p> <p>Are there any dependencies decisions makers need to be aware of</p>	<p>'Preparing for Adulthood - Next Steps' programme will help to prepare young people with a disability in transition for independent living, employment, using public transport etc.</p>

Question	Answer
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p>	<p>There are no negative impacts that cannot be mitigated</p>

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Race including ethnic or national origins, colour or nationality

Question	Answer																		
<p>What information (data) do you have on affected service users/residents with this characteristic?</p>	<p>According to the 2011 Census data, Surrey is less diverse than England as a whole with 83.5% of the population reporting their ethnic group as White British compared with 79.8% in England. Generally, the Black, Asian and Minority Ethnic (BAME) population in Surrey is rather disperse across the county.</p> <p>Woking is the most diverse local authority in Surrey with 16.4% of its population from non-white ethnic groups. Waverley is the least diverse with 90.6% White British. Spelthorne has the highest proportion of Indian ethnic group (4.2%) and Woking has the highest proportion of Pakistani ethnic group (5.7%).</p> <p>Black and minority ethnic men tend to have poorer access to healthcare for a range of services, including mental health, screening and testing. Some groups of international migrants in the UK avoid the use of the NHS because of the current NHS charging regime for migrants or through fear of their data being shared with the Home Office for immigration enforcement purposes. Maternal and infant outcomes remain very poor for many women from BAME groups, particularly among those women who have recently migrated to the UK. Women from Asian and Black African communities, women living in poverty, and women seeking refuge and asylum are significantly more likely to die in childbirth compared to their White British counterparts (Source - Surrey Covid-19 Community Impact Assessment 2020).</p> <p>Number of people supported by ASC cases as at 17 Nov 2020 by Ethnicity</p> <table border="1" data-bbox="562 963 1865 1249"> <thead> <tr> <th data-bbox="562 963 1218 1038">Ethnicity - Asian / Asian British</th> <th data-bbox="1218 963 1583 1038">Number of open cases (17 Nov 2020)</th> <th data-bbox="1583 963 1865 1038">% of open cases (17 Nov 2020)</th> </tr> </thead> <tbody> <tr> <td data-bbox="562 1038 1218 1082">Indian</td> <td data-bbox="1218 1038 1583 1082">201</td> <td data-bbox="1583 1038 1865 1082">1.0%</td> </tr> <tr> <td data-bbox="562 1082 1218 1125">Pakistani</td> <td data-bbox="1218 1082 1583 1125">204</td> <td data-bbox="1583 1082 1865 1125">1.0%</td> </tr> <tr> <td data-bbox="562 1125 1218 1168">Bangladeshi</td> <td data-bbox="1218 1125 1583 1168">41</td> <td data-bbox="1583 1125 1865 1168">0.2%</td> </tr> <tr> <td data-bbox="562 1168 1218 1211">Chinese</td> <td data-bbox="1218 1168 1583 1211">49</td> <td data-bbox="1583 1168 1865 1211">0.2%</td> </tr> <tr> <td data-bbox="562 1211 1218 1249">Any other Asian background</td> <td data-bbox="1218 1211 1583 1249">183</td> <td data-bbox="1583 1211 1865 1249">0.9%</td> </tr> </tbody> </table>	Ethnicity - Asian / Asian British	Number of open cases (17 Nov 2020)	% of open cases (17 Nov 2020)	Indian	201	1.0%	Pakistani	204	1.0%	Bangladeshi	41	0.2%	Chinese	49	0.2%	Any other Asian background	183	0.9%
Ethnicity - Asian / Asian British	Number of open cases (17 Nov 2020)	% of open cases (17 Nov 2020)																	
Indian	201	1.0%																	
Pakistani	204	1.0%																	
Bangladeshi	41	0.2%																	
Chinese	49	0.2%																	
Any other Asian background	183	0.9%																	

Equality Impact Assessment

Question	Answer		
	Ethnicity - Black / African / Caribbean / Black British	Number of open cases (17 Nov 2020)	% of open cases (17 Nov 2020)
	African	89	0.4%
	Caribbean	86	0.4%
	Any other Black / African / Caribbean background	43	0.2%
	Ethnicity - Other ethnic group	Number of open cases (17 Nov 2020)	% of open cases (17 Nov 2020)
	Arab	29	0.1%
	Other	109	0.5%
	Ethnicity - White	Number of open cases (17 Nov 2020)	% of open cases (17 Nov 2020)
	English / Welsh / Scottish / Northern Irish / British	16,462	81.0%
	Irish	207	1.0%
	Gypsy or Irish Traveller	19	0.1%
	Any other White background	604	3.0%
	Ethnicity - Mixed / multiple ethnic groups	Number of open cases (17 Nov 2020)	% of open cases (17 Nov 2020)
	White and Black Caribbean	52	0.3%
	White and Black African	21	0.1%
	White and Asian	49	0.2%
	Any other mixed / multiple ethnic background	204	1.0%
	Ethnicity - No data	Number of open cases (17 Nov 2020)	% of open cases (17 Nov 2020)
	Refused	66	0.3%
	Un-declared / Not known	1,600	7.9%

Equality Impact Assessment

Question	Answer			
	<table border="1"> <tr> <td style="text-align: center;">Ethnicity - Grand Total</td> <td style="text-align: center;">20,318</td> <td style="text-align: center;">100.0%</td> </tr> </table> <p>(Source - ASC LAS system 17 November 2020)</p>	Ethnicity - Grand Total	20,318	100.0%
Ethnicity - Grand Total	20,318	100.0%		
Impacts	Both			

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ People of different races will be encouraged to explore support available from within their community	On-going discussion with people who use services and carers in networks; co-design events; dialogue with Healthwatch, chief executives of our strategic user and carer partners and Surrey Care Association	Continue to embed strengths-based practice Continue to grow staff's knowledge of local community-based resources	31 March 2022	Area Directors
- People for whom English is a second language may find it difficult to communicate with Adult Social Care	As above	Continue to ensure information and advice is accessible Ensure translation is arranged to enable people to make their voice heard	31 March 2022	Deputy Director

Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of residents?</p> <p>Are there any dependencies decisions makers need to be aware of</p>	-

Equality Impact Assessment

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	There are no negative impacts that cannot be mitigated

Equality Impact Assessment

Religion or belief including lack of belief

Question	Answer																																														
<p>What information (data) do you have on affected service users/residents with this characteristic?</p>	The number of people supported by Adult Social Care by religion																																														
	<table border="1"> <thead> <tr> <th data-bbox="544 347 996 427">Religion</th> <th data-bbox="996 347 1563 427">Number of open cases (17 Nov 2020)</th> <th data-bbox="1563 347 2110 427">% of open cases (17 Nov 2020)</th> </tr> </thead> <tbody> <tr> <td data-bbox="544 427 996 467">Buddhist</td> <td data-bbox="996 427 1563 467">39</td> <td data-bbox="1563 427 2110 467">0.2%</td> </tr> <tr> <td data-bbox="544 467 996 507">Christian</td> <td data-bbox="996 467 1563 507">10,110</td> <td data-bbox="1563 467 2110 507">49.8%</td> </tr> <tr> <td data-bbox="544 507 996 547">Hindu</td> <td data-bbox="996 507 1563 547">108</td> <td data-bbox="1563 507 2110 547">0.5%</td> </tr> <tr> <td data-bbox="544 547 996 587">Jehovah Witness</td> <td data-bbox="996 547 1563 587">67</td> <td data-bbox="1563 547 2110 587">0.3%</td> </tr> <tr> <td data-bbox="544 587 996 627">Jewish</td> <td data-bbox="996 587 1563 627">60</td> <td data-bbox="1563 587 2110 627">0.3%</td> </tr> <tr> <td data-bbox="544 627 996 667">Muslim</td> <td data-bbox="996 627 1563 667">330</td> <td data-bbox="1563 627 2110 667">1.6%</td> </tr> <tr> <td data-bbox="544 667 996 707">Sikh</td> <td data-bbox="996 667 1563 707">37</td> <td data-bbox="1563 667 2110 707">0.2%</td> </tr> <tr> <td data-bbox="544 707 996 746">Other</td> <td data-bbox="996 707 1563 746">469</td> <td data-bbox="1563 707 2110 746">2.3%</td> </tr> <tr> <td data-bbox="544 746 996 786">Declined / Refused</td> <td data-bbox="996 746 1563 786">1,059</td> <td data-bbox="1563 746 2110 786">5.2%</td> </tr> <tr> <td data-bbox="544 786 996 826">No Religion or Belief / None</td> <td data-bbox="996 786 1563 826">2,663</td> <td data-bbox="1563 786 2110 826">13.1%</td> </tr> <tr> <td data-bbox="544 826 996 866">Un-declared / Not known</td> <td data-bbox="996 826 1563 866">5,376</td> <td data-bbox="1563 826 2110 866">26.5%</td> </tr> <tr> <td data-bbox="544 866 996 906"> <p>Grand Total</p> </td> <td data-bbox="996 866 1563 906"> <p>20,318</p> </td> <td data-bbox="1563 866 2110 906"> <p>100.0%</p> </td> </tr> <tr> <td colspan="3" data-bbox="544 906 2110 983">(Source - ASC LAS system 17 November 2020)</td> </tr> <tr> <td data-bbox="152 983 544 1059"> <p>Impacts</p> </td> <td colspan="3" data-bbox="544 983 2110 1059">Both</td> </tr> </tbody> </table>	Religion	Number of open cases (17 Nov 2020)	% of open cases (17 Nov 2020)	Buddhist	39	0.2%	Christian	10,110	49.8%	Hindu	108	0.5%	Jehovah Witness	67	0.3%	Jewish	60	0.3%	Muslim	330	1.6%	Sikh	37	0.2%	Other	469	2.3%	Declined / Refused	1,059	5.2%	No Religion or Belief / None	2,663	13.1%	Un-declared / Not known	5,376	26.5%	<p>Grand Total</p>	<p>20,318</p>	<p>100.0%</p>	(Source - ASC LAS system 17 November 2020)			<p>Impacts</p>	Both		
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Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ People with a religion or belief system will be encouraged to access support from within their faith community	On-going discussion with people who use services and carers in networks; co-design events; dialogue with Healthwatch, chief executives of our strategic user and carer partners and Surrey Care Association	Continue to embed strengths-based practice Continue to grow staff's knowledge of local community- based resources	31 March 2022	Area Directors

Question	Answer
What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of	-

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	There are no negative impacts that cannot be mitigated

Equality Impact Assessment

Carers protected by association

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	<p>Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. Carers are the largest source of support for disabled and vulnerable people and the most significant form of 'social capital' in our communities. Effective support for carers is therefore critical for the effective delivery of both health and social care services.</p> <p>Based on the 2011 Census and population projections we can estimate that there were 115,216 carers of all ages living in Surrey in 2016, this equates to 10% of the population. Based on the Valuing Carers 2015 research, these carers save the public purse an estimated £1.8 billion a year in Surrey. The figure for the UK is estimated at £132 billion (Source - Office for National Statistics). Support for carers in the community is an important factor in preventing emergency admission.</p> <p>Taking the number of carers from the 2011 census, it is estimated there will be 124,176 carers in Surrey (8% growth) by 2025. This equates to 10% of the Surrey population, which although large, is lower than the 13% of the UK population to have some sort of a caring responsibility.</p> <p>The impact of caring can be detrimental to carers' health owing to a number of factors, including stress related illness or physical injury. Carers may experience financial hardship as a result of their caring role. The impact of caring is partly dependent on the number of hours spent caring. Other factors might include whether a carer is in employment, and for older carers there is an impact on health.</p> <p>Surrey's ageing population means that more 65+ are caring for the 'older-old'. Many are also still in paid employment or grandparents juggling caring responsibilities with looking after grandchildren. There are currently about 30,740 carers aged 65+ in Surrey, of whom 1 in 10 are 85+. The number of older carers is expected to grow to 36,000 by 2025 and indeed older carers account for about 60% of the projected increase in carers of all ages. Older carers spend substantially more hours per week caring, which has consequences for their physical and mental health. Health outcomes generally worsen with the number of hours spent caring or in those experiencing strain caused by their responsibilities. Carers report mental health problems including depression and may also risk physical injuries such as back strain. Carers are also at higher risk of death or life-changing impacts from heart attacks and strokes (Source - The Independent Annual Report of the Director of Public Health Surrey County Council, 2018).</p>

Equality Impact Assessment

Question	Answer
	<p>The 'Kids Who Care' survey of over 4,000 school children showed that one in twelve (8%) had caring responsibilities, equating to some 700,000 young carers in the UK – four times the number identified in the 2001 Census (175,000) (Source - Conducted for the BBC by the University of Nottingham in 2010). Based on the projected population of young people aged 5-17 years, this suggests that in 2016 there may be approximately 14,750 young carers aged 5-17 living in Surrey (Source - SCC Joint Strategic Needs Assessment, 2017).</p> <p>Based on the 2011 Census, Surrey's 2016 projected BAME carers population was 18,817 (16.3% of the total carers population); this group has been identified as facing difficulties in accessing and using support services for carers for several reasons, such as language barriers and a lack of culturally-appropriate information (Source - Surrey Carers Commissioning Group: 2016 review of support offered to BAME carers reported to Integrated Care Partnership (ICP) Board)</p> <p>Based on the 2011 Census, it is estimated that there are higher numbers of female carers in Surrey. The proportion is the highest in the 16-64 age group, where 60% of carers are female - this increases to 67% where caring for 50+ hours per week. The 85+ age group is an exception to this where the majority of carers (57%) are male. This increases to 58% for carers aged 85 and over who are caring for more than 20 hours per week (Source – SCC Joint Strategic Needs Assessment, 2017).</p> <p>Surrey has higher expected numbers of carers of people with a learning disability than in other parts of the country, due to a historic, disproportionately high learning disability population.</p>

Equality Impact Assessment

Question	Answer																																			
	Number of Carers known to ASC as at 17 November 2020 by age: <table border="1" data-bbox="562 276 1395 751"> <thead> <tr> <th data-bbox="562 276 831 347">Carers Age Band</th> <th data-bbox="831 276 1111 347">Number of Carers</th> <th data-bbox="1111 276 1395 347">% of carers</th> </tr> </thead> <tbody> <tr> <td data-bbox="562 347 831 387">Under 18</td> <td data-bbox="831 347 1111 387">2</td> <td data-bbox="1111 347 1395 387">0.1%</td> </tr> <tr> <td data-bbox="562 387 831 427">18-44</td> <td data-bbox="831 387 1111 427">239</td> <td data-bbox="1111 387 1395 427">8.8%</td> </tr> <tr> <td data-bbox="562 427 831 467">45-54</td> <td data-bbox="831 427 1111 467">595</td> <td data-bbox="1111 427 1395 467">21.9%</td> </tr> <tr> <td data-bbox="562 467 831 507">55-64</td> <td data-bbox="831 467 1111 507">803</td> <td data-bbox="1111 467 1395 507">29.5%</td> </tr> <tr> <td data-bbox="562 507 831 547">65-74</td> <td data-bbox="831 507 1111 547">524</td> <td data-bbox="1111 507 1395 547">19.3%</td> </tr> <tr> <td data-bbox="562 547 831 587">75-84</td> <td data-bbox="831 547 1111 587">374</td> <td data-bbox="1111 547 1395 587">13.8%</td> </tr> <tr> <td data-bbox="562 587 831 627">85-94</td> <td data-bbox="831 587 1111 627">165</td> <td data-bbox="1111 587 1395 627">6.1%</td> </tr> <tr> <td data-bbox="562 627 831 667">95+</td> <td data-bbox="831 627 1111 667">14</td> <td data-bbox="1111 627 1395 667">0.5%</td> </tr> <tr> <td data-bbox="562 667 831 707">Not Known</td> <td data-bbox="831 667 1111 707">3</td> <td data-bbox="1111 667 1395 707">0.1%</td> </tr> <tr> <td data-bbox="562 707 831 751">Grand Total</td> <td data-bbox="831 707 1111 751">2,719</td> <td data-bbox="1111 707 1395 751">100.0%</td> </tr> </tbody> </table>			Carers Age Band	Number of Carers	% of carers	Under 18	2	0.1%	18-44	239	8.8%	45-54	595	21.9%	55-64	803	29.5%	65-74	524	19.3%	75-84	374	13.8%	85-94	165	6.1%	95+	14	0.5%	Not Known	3	0.1%	Grand Total	2,719	100.0%
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Grand Total	2,719	100.0%																																		
Impacts	Both																																			

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ Direct payments will offer carers more choice and support options	On-going discussion with people who use services and carers in networks; co-design events; dialogue with Healthwatch, chief executives of our strategic user and carer partners and Surrey Care Association	Strengthen support mechanisms to enable carers to use direct payments	31 March 2022	Assistant Director Commissioning

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ Increase home adaptations to encourage and enable families to look after their adult family member at home	As above	Work with district and borough councils to ensure home adaptations are undertaken with pace	31 March 2022	Area Directors
+ Carers may benefit from the reassurance offered by Technology Enabled Care, whereby the person they care for is being supported by a monitoring and responder service	As above	Strengthen the range of Technology Enabled Care on offer to people Ensure carers understand the benefits of Technology Enabled Care	31 March 2022	Head of Resources
+ Continue to offer carers of people with disabilities effective support and engagement in planning for their loved one's future wellbeing and support	As above	Continue to embed strengths-based practice Continue to ensure carers are offered an assessment in their own right	31 March 2022	Area Directors
- Carers may be resistant to, and feel anxious about, change	As above	Continue to involve carers in the co-design of new services Provide clear communication to help carers understand why and how services are changing Listen to carers concerns and reflect these into service design	31 March 2022	Assistant Director Commissioning Area Directors

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
- Carers may feel obliged to take on more of a caring role	As above	Continue to support carers in their caring role Monitor the use of carers' services to ensure equitable access Ensure carers are assessed in their own right and have a support plan Ensure any young carers are identified and given support	31 March 2022	Area Directors

Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of</p>	-

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	There are no negative impacts that cannot be mitigated

Equality Impact Assessment

3. Staff

Age

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	11% of the HW & ASC workforce are under 30 years old compared to 13% council wide. 46% of the HW & ASC workforce are over 50 years old, rising to 56% in Service Delivery. This compares to 41% of the council wide workforce. (Source - SAP, Nov 2020)
Impacts	Both

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ The review of organisational structure and accountabilities may create opportunities for staff of all ages to develop new skills and to take on new roles and responsibilities	These impacts were identified through on-going discussion with staff in Staff Sessions and at Operational Managers Group meetings Further supporting evidence will be gathered as we co-design the establishment review in the Care Pathway programme; and as part of Review In-House Services programme in 2021/22	Ensure any review of organisational structure and accountabilities is supported by HR and formal consultation SCC change management policies and processes followed A variety of communication and engagement methods will be used to ensure all staff are able to access information and respond to it Support in place to facilitate redeployment opportunities	31 March 2022	Area Directors Assistant Director Service Delivery Head of Resource

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ The review of organisational structure may create new entry level roles to support young people/or people of any age to join the workforce and benefit from professional development through the apprenticeship programme	As above	Consider opportunities for apprentice and entry level roles across the service open to all candidates Consider the potential for positive action for young people	31 March 2022	Area Directors Assistant Director Service Delivery Head of Resource

Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of residents?</p> <p>Are there any dependencies decisions makers need to be aware of</p>	<p>Subject to the collective bargaining process and committee agreement, the 2021 Pay award will impact staff positively by increased pay for those with headroom in their grade. The current pay offer also includes proposals for unsociable working payments for staff up to PS8.</p> <p>There is a £95k cap on exit payment for public sector staff from 4 November 2020. In addition, there are further changes under consultation regarding the Local Government Pension Scheme the impact of which is that severance benefits for longer serving and staff aged 55+ may be negatively impacted</p>

Question	Answer
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p>	<p>There are no negative impacts that cannot be mitigated</p>

Equality Impact Assessment

Disability

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	2.22% of the HW and ASC workforce have declared a disability compared to 2.51% of the council wide workforce. (Source - SAP, Nov 2020)
Impacts	Both

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ The property portfolio review, which includes the closure of County Hall will enable staff with a disability to work in a more flexible and agile way in more accessible and modern buildings	On-going discussion with staff in Staff Sessions and at Operational Managers Group meetings Further supporting evidence will be gathered as we co-design the establishment review in the Care Pathway programme; and as part of Review In-House Services programme in 2021/22	Move towards a more flexible and agile way of working as part of the Council's agile working programme	31 March 2022	Area Directors Head of Resource

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>- Any change to organisation structure or location could mean staff with a disability may find travelling to carry out their duties more challenging</p>	<p>As above</p>	<p>Ensure any review of organisational structure and accountabilities is supported by HR and a formal consultation process Ensure staff are engaged and consulted regarding changes to location, reasonable adjustment and Work Base Relocation Grant etc Move towards a more flexible and agile way of working as part of the Council's agile working programme</p>	<p>31 March 2022</p>	<p>Area Directors Assistant Director Service Delivery Head of Resource</p>
<p>- Any shift to more remote working may disadvantage disabled staff</p>	<p>As above</p>	<p>Reasonable adjustment will continue to be made to support disabled staff to work remotely and have easy access to digital equipment</p>	<p>31 March 2022</p>	<p>Area Directors Assistant Director Service Delivery Head of Resource</p>

Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of</p>	<p>Moving out of County Hall (MOOCH) will involve the relocation of the civic hub to Woodhatch near Reigate and a redistribution of staff within the county Agile working – will provide people with the tools to work from any location. It will not apply to every role and every individual but focuses on the principle that work is something we do not somewhere we go</p>

Equality Impact Assessment

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	There are no negative impacts that cannot be mitigated

Equality Impact Assessment

Sex

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	84% of the HW and ASC workforce are female, and this rises to 87% of the workforce in Service Delivery (Source - SAP, Nov 2020)
Impacts	Both

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
- Any change to organisation structure or location could mean female staff are disproportionately impacted	These impacts were identified through on-going discussion with staff in Staff Sessions and at Operational Managers Group meetings Further supporting evidence will be gathered as we co-design the establishment review in the Care Pathway programme; and as part of Review In-House Services programme in 2021/22	Ensure any review of organisational structure and accountabilities is supported by HR and a formal consultation process SCC change management policies and processes will be followed A variety of communication and engagement methods will be used to ensure all staff are able to access information and respond to it Support in place to facilitate redeployment opportunities.	31 March 2022	Area Directors Assistant Director Service Delivery Head of Resource

Question	Answer
What other changes is the council planning/already in place that may affect the same groups of residents?	Moving out of County Hall (MOOCH) will involve the relocation of the civic hub to Woodhatch near Reigate and a redistribution of staff within the county

Equality Impact Assessment

Question	Answer
Are there any dependencies decisions makers need to be aware of	Agile working – will provide people with the tools to work from any location. It will not apply to every role and every individual but focuses on the principle that work is something we do not somewhere we go

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	There are no negative impacts that cannot be mitigated

Equality Impact Assessment

Carers protected by association

Question	Answer
<p>What information (data) do you have on affected service users/residents with this characteristic?</p>	<p>The following data is taken from a Council wide survey for carers completed in 2019. Due to the way data was gathered it is not possible to extrapolate data specifically related to the HW & ASC workforce.</p> <ul style="list-style-type: none"> • 68.3% of participants are managing a fulltime job on top of their caring role. • 76.7% were in the age range of 40-69, this is in contrast to the national peak age for caring which is between 45-64 years. • 84.41% were female, this does not represent the national picture of 48% male. • 57.44% of staff said that their line manager knew of their caring role
<p>Impacts</p>	<p>Both</p>

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>+ Cultural shift towards more agile and flexible way of working will enable staff to better balance work and accommodate caring responsibilities</p>	<p>On-going discussion with staff in Staff Sessions and at Operational Managers Group meetings Further supporting evidence will be gathered as we co-design the establishment review in the Care Pathway programme; and as part of Review In-House Services programme in 2021/22</p>	<p>Move towards a more flexible and agile way of working as part of the Council's agile working programme</p>	<p>31 March 2022</p>	<p>Area Directors Assistant Director Service Delivery Head of Resource</p>
<p>- Any change to organisation structure or location could mean staff with a caring</p>	<p>As above</p>	<p>Ensure any review of organisational structure and accountabilities is supported</p>	<p>31 March 2022</p>	<p>Area Directors Assistant Director Service Delivery</p>

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
responsibility find travelling to carry out their duties more challenging		by HR, a formal consultation process, Work Base Relocation Grant etc Ensure reasonable adjustments continue to be made		Head of Resource

Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of residents?</p> <p>Are there any dependencies decisions makers need to be aware of</p>	<p>Moving out of County Hall (MOOCH), this will involve the relocation of the civic hub to Woodhatch near Reigate and a redistribution of staff within the county.</p> <p>Agile working – will provide people with the tools to work from any location. It will not apply to every role and every individual but focuses on the principle that work is something we do not somewhere we go.</p>

Question	Answer
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p>	<p>There are no negative impacts that cannot be mitigated</p>

4. Amendments to the proposals

CHANGE	REASON FOR CHANGE
No changes have been made as a result of this EIA	-

5. Recommendation

Based your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation below.

Outcome Number	Description	Tick
Outcome One	No major change to the policy/service/function required. This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken	-
Outcome Two	Adjust the policy/service/function to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?	-
Outcome Three	Continue the policy/service/function despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are: <ul style="list-style-type: none"> • Sufficient plans to stop or minimise the negative impact • Mitigating actions for any remaining negative impacts plans to monitor the actual impact. 	Yes
Outcome Four	Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination (For guidance on what is unlawful discrimination, refer to the <u>Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act</u> concerning employment, goods and services and equal pay).	-

Equality Impact Assessment

Question	Answer
<p>Confirmation and explanation of recommended outcome</p>	<p>The ASC transformation programme is evolutionary in approach, building upon changes to the way care and support services are delivered that have been underway for a number of years.</p> <p>There will be many positive impacts for people who use services and their carers arising from the ASC transformational changes in 2021/22. For example, we will build upon people’s strengths and help them stay connected to their community, extend reablement to all client groups in a community setting; continue to reshape our learning disability services to offer more creative, community-based options; continue to improve mental health and care in Surrey etc.</p> <p>However, the ‘easy wins’ to deliver savings have long since been implemented. With the need to save a further £11.5m in 2021/22, it is acknowledged that whilst actions are in place to mitigate and minimise negative impacts it will be difficult to do so in all cases. For example:</p> <ul style="list-style-type: none"> • Decisions around placements may mean people needing residential and nursing care, are offered settings at a distance from their family. • Tough conversations with people, their families and carers about what ASC can do and what they need to do. • Increasing demands upon the voluntary, community and faith sector to support people in the community. • Quality assurance and safeguarding issues around the care provided by family, friends and community networks. • Carers may feel obliged to take on more of a caring role and anxious about change. <p>ASC is absolutely committed to providing a consistent and good quality service where it is needed most, but also has to do so within the financial and other resources available to the Council.</p>

6a. Version control

Version Number	Purpose/Change	Author	Date
v1	Initial draft	Kathryn Pyper	23 November 2020
v2	Inclusion of staff data from HR	Kathryn Pyper	27 November 2020
v3	Changes to descriptions of savings	Kathryn Pyper	27 November 2020
v4	Amendments in response to corporate feedback	Kathryn Pyper	8 December 2020
v5	Feedback from Directorate Equalities Group (DEG) and ASC’s final 2021-26 MTFS budget submission	Kathryn Pyper & Wil House	16 December 2020

Equality Impact Assessment

The above provides historical data about each update made to the Equality Impact Assessment. Please do include the name of the author, date and notes about changes made – so that you are able to refer back to what changes have been made throughout this iterative process. For further information, please see the EIA Guidance document on version control.

6b. Approval

Approved by*	Date approved
Simon White, Executive Director, Adult Social Care	14 December 2020
Sinead Mooney, Cabinet Member for Adult Social Care	14 December 2020
Directorate Equality Group	14 December 2020

EIA Author	Kathryn Pyper
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*Secure approval from the appropriate level of management based on nature of issue and scale of change being assessed.

6c. EIA Team

Name	Job Title	Organisation	Team Role
Kathryn Pyper	Senior Programme Manager	Adult Social Care, SCC	Equalities and Diversity lead for Adult Social Care
Hannah Dwight	HR Business Partner	HR & OD, SCC	Workforce
Linda Fernandez	Information Analyst	Adult Social Care, SCC	Information Analyst
Wil House	Strategic Finance Business Partner for ASC	Resources, SCC	Finance
Deborah Chantler	Senior Principal Solicitor	Legal Services, SCC	Legal

If you would like this information in large print, Braille, on CD or in another language please contact us on:

Tel: 03456 009 009

Textphone (via Text Relay): 18001 03456 009 009

SMS: 07860 053 465

Email: contactcentre@surreycc.gov.uk