

Equality Impact Assessment

Equality Impact Assessment - Adult Social Care Medium-Term Financial Strategy 2023/24

Did you use the EIA Screening Tool?

No

1. Explaining the matter being assessed

Summarise the strategy, policy, service(s), or function(s) being assessed. Describe current status followed by any changes that stakeholders would experience.

This Equality Impact Assessment (EIA) evaluates the potential impact upon people and staff with protected characteristics of the 2023/24 Adult Social Care (ASC) Medium-Term Financial Strategy (MTFS). Transformational changes are being made to policy, function and services across the Directorate to drive through the efficiencies needed.

This assessment 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. It 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 people with protected characteristics is an important part of our compliance with duties under the Equality Act 2010.

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. The efficiency savings identified for 2023/24 in ASC are as follows:

Efficiency	Description	23/24 £m
Front door redesign and strength based Discharge to Assess model to reduce long term care in the community and arising from hospital discharge	Redesign of ASC's front door to ensure a more streamlined and consistent offer to residents, improve signposting and triaging of demand, increase the use of technology enabled care and a strength based approach to support people's independence. To review and adapt how reablement supports the front door. Embed an enhanced strengths based Discharge to Assess model across Surrey to ensure people receive targeted support following hospital discharge to reduce their long term care needs. These measures combined will mitigate demand pressures that would otherwise be incurred.	(2.9)
Strength based care package reviews - Older People	Ensuring as part of scheduled reviews of people's existing care packages that the current commissioned care and support remains appropriate and is strengths based to promote people's independence and reduce the need for long term support.	(0.4)

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Efficiency	Description	23/24 £m
Strength based care package reviews - Physical & Sensory Disabilities	As above	(0.3)
Strength based care package reviews - Learning Disabilities & Autism	As above	(0.4)
Strength based care package reviews - Mental Health	As above	(0.1)
Consistent practice for supporting people with more complex needs	In line with Surrey's home first principle, ensure practice for commissioning care to support people at home is consistent across the county, whilst also recognising that it is not always possible to meet people's needs most appropriately and affordably at home.	(0.3)
Remodel Learning Disabilities & Autism day support services	Continue to move towards a more personalised approach to supporting people during the day, including reducing reliance on institutionalised building based services. This will involve the implementation of the Surrey Choices Changing Days programme which includes a greater level of engagement with existing community services and vocational opportunities.	(0.8)
Strategic shift from Learning Disability / Autism residential care to independent living	Where appropriate and subject to review of people's needs, support people to move from institutionalised residential care to supported independent living services in the community. This will be facilitated through delivering SCC's ambition to drive the development of 500 new supported independent living units, including some on Council owned land.	(0.4)
Expand affordable Extra Care Housing county-wide offer for Older People	Develop new affordable Extra Care Housing schemes on SCC owned land and secure nomination rights for ASC funded clients. SCC has an ambition to create 725 new affordable Extra Care Housing units by 2030.	0.0
Review and remodel transport arrangements to and from ASC care settings	Reduce the scale of transport to institutionalised building based day services in line with the approach to move towards a more personalised approach to supporting people during the day.	(0.1)
Improved purchasing of Older People nursing/residential placements	Purchase a greater proportion of Older People nursing & residential care placements at SCC's affordable guide prices through effective management of the new Dynamic Purchasing System which went live in 2022/23. The target is to buy 80% of beds at guide prices in 2023/24 rising to 85% from 2024/25.	(1.2)
Maximise usage of block contract residential beds	Increase and maintain average occupancy of the Older People residential care beds that SCC purchases on a block basis to 90%.	(0.8)

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Efficiency	Description	23/24 £m
Improved purchasing of Home Based Care packages	Improve the average price at which ASC purchases home based care services by maximising usage of more affordable capacity in the market based on continued development of the Approved Provider List framework that went live in October 2022.	(0.5)
Improved purchasing of Learning Disability & Autism 65+ residential care	Ensure the amount ASC pays for appropriately supporting people with a Learning Disability and/or Autism who are aged 65 or over reflects the changes to their support requirements in older age.	(0.2)
Review of Older People in-house services	This reflects the decision made by Cabinet in February 2022 to close the 8 Older People residential care homes operated in-house by the Council. This work is in progress with the closure of 3 homes.	(7.6)
Review of Learning Disability in-house services	Efficiencies through transitioning some of the Learning Disability care homes operated in-house by the Council to supported independent living services.	(0.5)
Maximise cost effectiveness of in-house provided Reablement services	Efficiencies planned to be achieved through increasing the volume of client contact hours for the current in-house reablement resources through the implementation of a new rostering system that will reduce deficit hours (contractual hours for which the staff member has not had any specific work assigned to them) and increase numbers of people through the service.	(0.8)
Apply joint S117 funding policy to all ASC funded clients with S117 Aftercare	Ensuring that everyone who ASC supports with an active Section 117 Aftercare status is appropriately joint funded across health and social care as agreed in the Section 117 Aftercare joint funding policy thus ensuring additional income.	(1.3)
Ensure appropriate Continuing Health Care funding	Agree with health partners and then implement a new joint funding policy under the Continuing Health Care framework dictating how people with combined health and social care needs in Surrey are appropriately funded and ensure anyone with a primary health need is fully funded under Continuing Health Care.	(0.8)
Making the most of our contracts	A new contract management team in Procurement will be leading a review of contracts across the Council to identify opportunities for efficiency and then progressing these with services. The current efficiency targets are indicative at this stage and will be updated as the contract management team's work progresses.	(0.5)
Maximising our income	Maximise cost recovery for the small proportion of ASC's total charging income where the Council has full discretion about the charges it sets.	(0.1)
Total Efficiencies		(19.8)

How does your service proposal support the outcomes in the Community Vision for Surrey 2030?

- 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.

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Are there any specific geographies in Surrey where this will make an impact?

- County-wide

Assessment team – A key principle for completing impact assessments is that they should not be done in isolation. Consultation with affected groups and stakeholders needs to be built in from the start, to enrich the assessment and develop relevant mitigation.

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2. Service Users / Residents

AGE

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

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%.

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, 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 women¹.

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

¹ Surrey Health and Wellbeing Strategy, 2019

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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 ages².

The number of people supported by Adult Social Care by age range:

Age Band	User number of people	User % of total	Carer number of people	Carer % of total	Total open cases number of people	Total open cases % of total
Age Not Recorded			2	0.1%	2	0.0%
Under 16	74	0.4%			74	0.3%
16-17	216	1.2%	2	0.1%	218	1.0%
18-24	1,166	6.3%	22	0.8%	1,188	5.6%
25-34	1,583	8.6%	63	2.2%	1,646	7.7%
35-44	1,382	7.5%	149	5.2%	1,531	7.2%
45-54	1,594	8.7%	583	20.3%	2,177	10.2%
55-64	2,172	11.8%	913	31.8%	3,085	14.5%
65-74	2,201	12.0%	554	19.3%	2,755	12.9%
75-84	3,420	18.6%	420	14.6%	3,840	18.0%
85-94	3,776	20.5%	157	5.5%	3,933	18.5%
95+	827	4.5%	8	0.3%	835	3.9%
Grand Total	18,411	100.0%	2,873	100.0%	21,284	100.0%

Source - LAS 21 November 2022

Service users and residents could be **impacted in a positive or negative way** as follows:

- + People of all ages will have a more seamless and consistent experience when they contact ASC, with improved signposting and triaging of their needs
- + Older people will receive targeted support following hospital discharge to reduce their long term care needs
- + Family carers of 70yrs+ will be offered more effective support and engagement in early planning for the future wellbeing, support and financial arrangements etc of their adult child with learning disability and/or autism
- + 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
- + It will encourage a more creative and age-appropriate response by care providers in the services and opportunities they offer
- + 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

² Surrey Covid-19 Community Impact Assessment “Older people ... Rapid Needs Assessment”, 2020

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- + 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
- + Reablement services will support more older people and working age adults with a disability in a community setting, rather than simply on discharge from hospital
- + 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
- + In the long term there will be an increase in the availability and range of Extra Care Housing to enable older people to remain independent, in their own homes and in their local community for longer
- Some older people may struggle with the shift to a 'digital first' approach although provision will always be made for those who are digitally excluded
- Older residents may not have the same ability to access community-based support services because of their mobility, cognition etc
- The shift towards more creative and informal care may generate anxiety for people of all ages
- Decisions around placements may mean older people needing residential/nursing care, are offered a setting in any part of the county which may be at a distance from their family and current community networks
- There may be increasing demands placed upon the voluntary, community and faith sector from people of all ages
- 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
- Consultation on the future of the residential care homes owned and operated by the Council may cause anxiety for the older people living in those settings

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Ensure access and on-going communication channels are available for people of all ages who are digitally excluded
- Identify family carers 70yrs+ and offer effective support and engagement using the family carers network to assist in conversations
- Improve the flow of information and data from Children's Services about children and young people expected to transition into Adult Social Care
- Introduce more specificity to support plans with clearer personalised outcomes that fully explore the use of universal services and creative solutions that deliver these outcomes and 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
- Continue to secure personalised packages of care to meet the changing needs of people over 65 years of age
- 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

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- On-going development of a therapy led reablement service
- Strengthen the range of Technology Enabled Care on offer to people of all ages
- Continue work to deliver 725 units of affordable Extra Care Housing by 2030 for older people
- Explore how family, friends and the local community can support older and working age residents to access community-based services
- Ensure staff take the time to listen to, and respond to, anxieties so that people of all ages feel reassured
- 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
- Continue to collaborate with partners to support and expand the role of the voluntary, community and faith sector
- Ensure staff are equipped to support people in taking proportionate risks and safeguarding procedures are adhered to.
- Ensure Surrey residents, carers, community groups and all other stakeholders are clear about how quality and/or safeguarding concerns can be raised and with whom
- On-going engagement with a range of stakeholders, including residents, their families and advocates

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

None

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

DISABILITY

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

In the 2011 census, 13.5% of the population in Surrey declared they had a disability or life-limiting long-term illness.

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 DLA in Surrey. DLA provides a contribution towards the disability-related extra costs of severely disabled people before the age of 65.

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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 months³.

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 accommodation⁴.

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 as well as those with drug and alcohol dependencies.

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 disability⁵.

Number of people supported by Adult Social Care by primary reason for support:

Latest Primary Support Reason	User number of people	User % of total	Carer number of people	Carer % of total	Total open cases number of people	Total open cases % of total
Learning Disability Support	3,882	21.1%			3,882	18.2%
Mental Health Support	2,418	13.1%	7	0.2%	2,425	11.4%
Missing data	1,548	8.4%	205	7.1%	1,753	8.2%
Physical Support - Access and Mobility Only	1,473	8.0%	4	0.1%	1,477	6.9%
Physical Support - Personal Care Support	7,605	41.3%	13	0.5%	7,618	35.8%
Sensory Support - Support for Dual Impairment	66	0.4%			66	0.3%
Sensory Support - Support for Hearing Impairment	112	0.6%	3	0.1%	115	0.5%

³ Surrey-i, 2020

⁴ Surrey Health and Wellbeing Strategy, 2019

⁵ Exploring the UK's digital divide, ONS, 4 March 2019

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Latest Primary Support Reason	User number of people	User % of total	Carer number of people	Carer % of total	Total open cases number of people	Total open cases % of total
Sensory Support - Support for Visual Impairment	143	0.8%	2	0.1%	145	0.7%
Social Support - Asylum Seeker Support	2	0.0%	1	0.0%	3	0.0%
Social Support - Substance Misuse Support	89	0.5%			89	0.4%
Social Support - Support for Social Isolation / Other	137	0.7%	2	0.1%	139	0.7%
Social Support - Support to Carer	91	0.5%	2,636	91.8%	2,727	12.8%
Support with Memory and Cognition	845	4.6%			845	4.0%
Grand Total	18,411	100.0%	2,873	100.0%	21,284	100.0%

Source - LAS 21 November 2022

Service users and residents could be **impacted in a positive or negative way** as follows:

- + The move to more independent travel arrangements will mean people with disabilities will be encouraged to learn new skills and to grow their independence.
- + 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
- + More opportunities for people with a disability to explore alternative community-based solutions and different living arrangements
- + 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
- + 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
- + Reablement services are being reshaped to support more people with a disability in a community setting, rather than simply on discharge from hospital
- + A more holistic approach to all aspects of people's mental health care and support
- + 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
- + 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
- 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

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- The move to more independent travel arrangements may cause some initial anxiety for people who use services and their carers
- The shift towards more creative and informal care may generate some initial anxiety for people with a disability
- There may be increasing demands placed upon the voluntary, community and faith sector from people with a disability
- 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
- 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

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- 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
- Continue to embed strengths-based practice
- Continue to grow staff's knowledge of local community-based resources
- Embedding the Surrey Choices 'changing days' programme and expansion of the 'shared lives' offer
- Work with health and community partners to deliver the LD Health/Complex Needs change programme
- On-going development of a therapy led reablement service
- On-going work across the system to align 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
- Strengthen the range of Technology Enabled Care on offer to people with a disability
- 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
- Continue to collaborate with provider partners to develop new supported independent living provision to complement any additional capacity developed by SCC
- 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
- Ensure staff take the time to listen to, and respond to, anxieties so that people and their families feel reassured
- Continue to work as place leaders to support and expand the role of the voluntary, community and faith sector

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- Continue to work corporately to ensure effective strategic co-ordination of investment in prevention and early intervention services.
- Ensure staff are equipped to support people in taking proportionate risks and safeguarding procedures are adhered to
- 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

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

- '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.

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

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RACE INCLUDING ETHNIC OR NATIONAL ORIGINS, COLOUR OR NATIONALITY

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

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 ethnic minority population in Surrey is rather disperse across the county.

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%).

Black and minority ethnic men tend to have poorer access to, and uptake of, 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 ethnic minority 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 counterparts⁶.

The number of people supported by Adult Social Care by ethnicity:

⁶ Surrey Covid-19 Community Impact Assessment “Ethnic Minority Rapid Needs Assessment”, 2020

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Ethnicity grouped (wider)	Ethnicity grouped	User number of people	User % of total	Carer number of people	Carer % of total	Total open cases number of people	Total open cases % of total
Asian / Asian British	Any other Asian background	160	0.9%	56	1.9%	216	1.0%
Asian / Asian British	Bangladeshi	34	0.2%	9	0.3%	43	0.2%
Asian / Asian British	Chinese	41	0.2%	7	0.2%	48	0.2%
Asian / Asian British	Indian	181	1.0%	60	2.1%	241	1.1%
Asian / Asian British	Pakistani	168	0.9%	54	1.9%	222	1.0%
Black / African / Caribbean / Black British	African	99	0.5%	12	0.4%	111	0.5%
Black / African / Caribbean / Black British	Any other Black / African / Caribbean background	48	0.3%	9	0.3%	57	0.3%
Black / African / Caribbean / Black British	Caribbean	83	0.5%	8	0.3%	91	0.4%
Mixed / multiple ethnic groups	Any other Mixed / Multiple background	118	0.6%	16	0.6%	134	0.6%
Mixed / multiple ethnic groups	White and Asian	62	0.3%	3	0.1%	65	0.3%

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Ethnicity grouped (wider)	Ethnicity grouped	User number of people	User % of total	Carer number of people	Carer % of total	Total open cases number of people	Total open cases % of total
Mixed / multiple ethnic groups	White and Black African	29	0.2%	3	0.1%	32	0.2%
Mixed / multiple ethnic groups	White and Black Caribbean	58	0.3%	3	0.1%	61	0.3%
Refused/Not recorded	Refused	60	0.3%	10	0.3%	70	0.3%
Refused/Not recorded	Undeclared / not recorded	2,111	11.5%	374	13.0%	2,485	11.7%
Other ethnic group	Any other background	190	1.0%	30	1.0%	220	1.0%
Other ethnic group	Arab	26	0.1%	4	0.1%	30	0.1%
White	Any other White background	546	3.0%	104	3.6%	650	3.1%
White	English / Welsh / Scottish / Northern Irish / British	14,195	77.1%	2,085	72.6%	16,280	76.5%
White	Gypsy or Irish Traveller	21	0.1%	4	0.1%	25	0.1%
White	Irish	181	1.0%	22	0.8%	203	1.0%
Grand Total		18,411	100.0%	2,873	100.0%	21,284	100.0%

Source - LAS 21 November 2022

Service users and residents could be **impacted in a positive or negative way** as follows:

- + People of different races will be encouraged to explore support available from within their community
- + Online information will be more accessible with better automated translation from computer browsers
- People for whom English is a second language may find it difficult to communicate with Adult Social Care

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Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Continue to embed strengths-based practice
- Continue to grow staff's knowledge of local community-based resources
- Continue work to improve our digital information and advice offer
- Continue to ensure information and advice is accessible
- Ensure translation is arranged to enable people to make their voice heard

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

None

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

RELIGION OR BELIEF INCLUDING LACK OF BELIEF

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The number of people supported by Adult Social Care by religion:

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Religion grouped	User number of people	User % of total	Carer number of people	Carer % of total	Total open cases number of people	Total open cases % of total
Buddhist	29	0.2%	10	0.3%	39	0.2%
Christian	8,139	44.2%	938	32.6%	9,077	42.6%
Declined/ refused	866	4.7%	113	3.9%	979	4.6%
Hindu	88	0.5%	19	0.7%	107	0.5%
Jewish	52	0.3%	2	0.1%	54	0.3%
Muslim	278	1.5%	59	2.1%	337	1.6%
None	2,204	12.0%	277	9.6%	2,481	11.7%
Other	431	2.3%	38	1.3%	469	2.2%
Sikh	33	0.2%	11	0.4%	44	0.2%
Not recorded	6,291	34.2%	1,406	48.9%	7,697	36.2%
Grand Total	18,411	100.0%	2,873	100.0%	21,284	100.0%

Source - LAS 21 November 2022

Service users and residents could be **impacted in a positive or negative way** as follows:

- + People with a religion or belief system will be encouraged to access support from within their faith community

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Continue to embed strengths-based practice
- Continue to grow staff's knowledge of local community- based resources

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

None

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

CARERS PROTECTED BY ASSOCIATION

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

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 unpaid⁷. 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.

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 population⁸. 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 billion⁹. Support for carers in the community is a crucial factor in preventing emergency admission.

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.

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.

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 more hours per week caring, which has consequences for their physical and mental health. Health outcomes 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 strokes¹⁰.

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)¹¹. 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 Surrey¹².

Based on the 2011 Census, Surrey's 2016 projected ethnic minority carers population was 18,817 (16.3% of the total carers population); this group has been identified as facing difficulties in accessing

⁷ [Action for Carers Surrey - What We Do](#) - Working definition of a carer

⁸ [ONS 2011 Census Data](#) - Census and population projections

⁹ [Carers UK Valuing Carers 2015](#) – The Rising Value of Carers' Support, 2015

¹⁰ The Independent Annual Report of the Director of Public Health Surrey County Council, 2018

¹¹ Conducted for the BBC by the University of Nottingham in 2010

¹² Surrey CC Joint Strategic Needs Assessment, 2017

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and using support services for carers for several reasons, such as language barriers and a lack of culturally appropriate information¹³.

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 week¹⁴.

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.

The profile of carers known to ASC by age, disability, race and religion is incorporated in the data tables in section 2 of this Equality Impact Assessment.

Carers could be **impacted in a positive or negative way** as follows:

- + 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
- + Carers, particularly working age and young carers, will have access to information, advice and support at times which are convenient for them, with the on-going development of our digital front door information and advice offer
- + Continue to offer carers of people with disabilities effective support and engagement in planning for their loved one's future wellbeing and support
- Carers may be resistant to, and feel anxious about, change
- Carers may feel obliged to take on more of a caring role

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Strengthen the range of Technology Enabled Care on offer to people and ensure carers understand the benefits
- Strengthen the range and accessibility of information and advice and support available to carers
- Continue to embed strengths-based practice
- Ensure carers are assessed in their own right and have a support plan
- 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
- Continue to support carers in their caring role
- Monitor the use of carers' services to ensure equitable access

¹³ Surrey Carers Commissioning Group: 2016 review of support offered to ethnic minority carers reported to Integrated Care Partnership (ICP) Board

¹⁴ Surrey CC Joint Strategic Needs Assessment, 2017

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- Ensure any young carers are identified and given support

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

None

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

3. Staff

AGE

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

10.13% of the ASC workforce are under 30 years old compared to 12.70% council wide.

44.5% of the ASC workforce are over 50 years old, rising to 51.47% in Service Delivery. This compares to 41.22% of the council wide workforce¹⁵.

Staff could be **impacted in a positive or negative way** as follows:

- + 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
- + 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
- + The focus on growing our future pipeline through the workforce strategy will support initiatives that will increase opportunities to support young people/or people of any age to join the workforce

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- 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 of all ages are able to access information and respond to it
- Support in place to facilitate redeployment opportunities for staff of all ages
- Consider opportunities for apprentice and entry level roles across the service open to all candidates
- Consider the potential for positive action for young people
- Consider opportunities to support early careers including trainee roles, apprentices and the Kick starter scheme alongside opportunities to partner with health on entry level careers across health and social care

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

¹⁵ Tableau, 23 November 2022

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Subject to the collective bargaining process and committee agreement, the 2023 pay award will impact staff positively by increased pay for those with headroom in their grade. The current pay offer also includes a new scheme for staff who work unsociable hours up to PS8.

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated.

DISABILITY

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

3.63% of the ASC workforce have declared a disability compared to 3.83% of the council wide workforce¹⁶.

Staff could be **impacted in a positive or negative way** as follows:

- + The property portfolio review, will enable staff with a disability to work in a more flexible and agile way in more accessible and modern buildings
- Any change to organisation structure or location could mean staff with a disability may find travelling to perform their duties more challenging

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Move towards a more flexible and agile way of working as part of the Council's agile working programme
- 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

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision 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

¹⁶ Tableau, 23 November 2022

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Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

SEX

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

83.69% of the ASC workforce are female. This compares to 72.77% of the council wide workforce and this rises to 85.31% of the workforce in Service Delivery¹⁷.

Staff could be **impacted in a positive or negative way** as follows:

- Any change to organisation structure or location is likely to mean female staff are disproportionately impacted.
- The higher proportion of women in the workforce would suggest they are more likely to have caring responsibilities which may be impacted by changes in workplace.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- 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

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision 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

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

¹⁷ Tableau, 23 November 2022

CARERS PROTECTED BY ASSOCIATION

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The following data is taken from a Council wide survey for carers completed in 2019¹⁸. Due to the way data was gathered it is not possible to extrapolate data specifically related to the HW & ASC workforce.

- 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

This survey has not been repeated so newer data is not available.

Staff could be **impacted in a positive or negative way** as follows:

- + Cultural shift towards more agile and flexible ways of working will enable staff to better balance work and accommodate caring responsibilities
- Any change to organisation structure or location could mean staff with a caring responsibility find travelling to perform their duties more challenging
- Many staff worked from home during Covid in response to the government directive. This has resulted in more flexible approaches to managing dependent responsibilities alongside work. As more typical working patterns resume in 2023/24, some staff may find it difficult to organise their caring responsibilities

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Move towards a more flexible and agile way of working as part of the Council's agile working programme
- Ensure any review of organisational structure and accountabilities is supported by HR, a formal consultation process, Work Base Relocation Grant etc
- Ensure reasonable adjustments continue to be made
- Agile working conversations will be used to ensure services and work optimise flexible and agile working where it fits with business need.

¹⁸ Surrey County Council Supporting Staff Carers' Survey Report 2020

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What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision 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

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

4. Recommendation

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

- **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:
 - Sufficient plans to stop or minimise the negative impact
 - Mitigating actions for any remaining negative impacts plans to monitor the actual impact.
- **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 [Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act](#) concerning employment, goods and services and equal pay).

Recommended outcome:

Outcome Three: Continue the policy/service/function

Explanation:

There will be many positive impacts for people who use services and their carers arising from the on-going transformational changes being implemented across Adult Social Care to drive through the efficiencies in the 2023/24 MTFS. We will build upon people's strengths and help them stay connected to their community; review and adapt our therapy-led reablement offer; and continue to reshape our learning disability services to be more creative, vocational and community-based. We will continue to improve mental health services and embed technology enabled care to enable people to remain independent at home with the reassurance they and their family need. There will also be positive impacts as we redesign our front door to provide a seamless and consistent offer and embed a strengths-based hospital discharge-to-assess model so people receive targeted support following their discharge to reduce their long term care needs etc.

However, with the need to save a further £19.8m in 2023/24, 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. Potential negative impacts will affect people with age, disability, race and carers protected characteristics. For example:

- Some decisions on placements for older people needing residential and nursing care may mean they are offered settings at a distance from their family and support network.
- Tough conversations with people, their families and carers about what ASC can do and what they need to do for themselves.

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- Increasing demands upon the voluntary, community and faith sector to support people in the community putting them under further pressure at a time when they are recovering from the pandemic and struggling with the demands arising from the cost of living crisis.
- Quality assurance and safeguarding issues around the care provided by family, friends and community networks.
- Carers may be anxious about what changes will mean for them and for the wellbeing of the people they care for. They may feel obliged to take on more of a caring role, leading to issues in their own work-life balance if they are employed, or a detrimental impact on their health if they are an older carer.
- Risk of reduced access to information, advice and services for digitally excluded residents who do not have access to equipment or are unable to receive support remotely.

Mitigations for the potential negative impacts include embedding strengths-based practice, on-going investment in prevention and early intervention and continuous improvement of models of care. Adult Social Care will also be working to improve our information and advice offer, to use technology to enhance service delivery and deliver on our commitment to co-design. We will also continue the on-going strategic shift to independent living, as well as support for carers and our staff who continue to deliver vital support to our residents in an increasingly challenging environment as we continue to recover from the pandemic and face a cost of living crisis this winter.

Adult Social Care 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. This means at times some difficult decisions have to be taken, but the leadership team believes there are sufficient plans in place to minimise the negative impacts for services users and residents.

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5. Action plan and monitoring arrangements

Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
1.	On-going	<p>Continue to embed strengths-based practice by:</p> <ul style="list-style-type: none"> • Securing an outcome that draws on the person’s strengths and assets and which reflects their changing needs • Introducing more specificity to support plans with clearer personalised outcomes that fully explore the use of universal services and creative solutions that deliver these outcomes and best value for money • Ensuring staff take the time to listen to, and respond to, anxieties so that people and their families feel reassured • Using success stories to reassure families/ local residents • Exploring how family, friends and the local community can support older and working age residents to access community-based services • Ensuring people are equipped and their needs are suitable to access community resources • Growing staff’s knowledge of local community- based resources • Equipping staff to support people in taking proportionate risks and adhere to safeguarding procedures • Ensuring robust safeguarding arrangements are in place 	<p>Bal Kaur Director of Integration, Health and Care & DASS</p> <p>Director of Disabilities and Health Partnerships</p> <p>Liz Uliasz, Chief Operating Officer (ASC workforce lead)</p>	31 March 2024 and beyond		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
	On-going	Continue to improve models of care by: <ul style="list-style-type: none"> • Embedding the Surrey Choices ‘changing days’ programme and expanding the ‘shared lives’ offer • Ensuring Surrey residents, carers, community groups and all other stakeholders are clear about how quality and/or safeguarding concerns can be raised and with whom • Improving the flow of information and data from Children’s Services about children and young people expected to transition into Adult Social Care • On-going development of a therapy led reablement service • On-going work to align services and integrate the approach to mental health with physical health and social wellbeing • Working with health and community partners to deliver the LD Health/Complex Needs change programme • Facilitating a broad discussion with families including the option of top-up arrangements to extend choice • Looking for creative ways to make the setting on offer work for families 	2.	31 March 2024 and beyond		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
3.	On-going	Continue our commitment to co-design by: <ul style="list-style-type: none"> Listening to the voices of people who use services, their carers and networks to co-design and reshape services Engaging with a range of stakeholders, including residents, their families and advocates 	Jonathan Lillistone, Director Integrated Commissioning	31 March 2024 and beyond		
4.	On-going	Continue to invest in prevention and early intervention by: <ul style="list-style-type: none"> Working corporately to ensure effective strategic co-ordination of investment in prevention and early intervention services Collaborating with partners to support and expand the role of the voluntary, community and faith sector 	Liz Uliasz, Chief Operating Officer (ASC communities and prevention lead)	31 March 2024 and beyond		
5.	On-going	Continue to improve our information and advice offer by: <ul style="list-style-type: none"> Ensuring information and advice is accessible Ensuring people with a disability are able to access information and advice and have options in how they contact ASC Arranging translation to enable people to make their voice heard 	Liz Uliasz, Chief Operating Officer (ASC information and advice lead)	31 March 2024 and beyond		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
6.	On-going	Continue to use technology to improve service delivery by: <ul style="list-style-type: none"> • Promoting programmes to develop digital skills and inclusion amongst our client group • Improving our digital information and advice offer • Strengthening the range of Technology Enabled Care on offer to people and ensure carers understand the benefits 	Toni Carney, Head of Resources	31 March 2024 and beyond		
7.	On-going	Continue to make the strategic shift to independent living by: <ul style="list-style-type: none"> • Delivering the ‘move on’ project to support people with learning disabilities and autism move from residential to independent living • Continue work to deliver 725 units of affordable Extra Care Housing by 2030 • Delivering the programme of deregistration to support providers shift from residential to independent living • Collaborating with provider partners to develop new supported independent living provision to complement any additional capacity developed by SCC • Identifying family carers 70yrs+ and offering effective support and engagement using the family carers network to assist in conversations 	Jonathan Lillistone, Director Integrated Commissioning Director of Disabilities and Health Partnerships	31 March 2024 and beyond		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
8.	On-going	Continue to support carers by: <ul style="list-style-type: none"> • Ensuring they are assessed in their own right and have a support plan • Involving carers in the co-design of new services • Listening to their concerns and reflecting these into service design • Ensuring young carers are identified and given support • Monitoring the use of carers' services to ensure equitable access • Providing clear communication to help carers understand why and how services are changing • Strengthening the range and accessibility of information and advice and support available 	Avril Mayhew, AD East (operational carers lead) Anna Waterman, Head of Commissioning (Carers)	31 March 2024 and beyond		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
9.		Continue to support staff by: <ul style="list-style-type: none"> • Ensuring a variety of communication and engagement methods are used to ensure all staff are able to access information and respond to it • Moving towards a more flexible and agile way of working as part of the Council’s agile working programme where it fits with business need. • Considering positive action for young people, including trainee roles, apprentices and the Kick starter scheme alongside opportunities to partner with health on entry level careers across health and social care • Ensuring any review of organisational structure and accountabilities is supported by HR, so that staff are engaged and consulted, reasonable adjustments are made, we facilitate redeployment opportunities, Work Base Relocation Grant is offered and change management policies and processes are followed • Ensuring reasonable adjustments continue to be made where appropriate for people with protected characteristics • Continuing professional development of mental health staff including Care Act, strengths-based practice, motivational interviewing etc 	Liz Uliasz, Chief Operating Officer (ASC workforce lead) Chloe Stokes, People Business Partner	31 March 2024 and beyond		

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6a. Version control

Version Number	Purpose/Change	Author	Date
1	Initial draft	Kathryn Pyper	18 November 2022
2	Input from Finance, People and Business Intelligence	Kathryn Pyper	23 November 2022
3	Incorporate carers data	Kathryn Pyper	25 November 2022

The above provides historical data about each update made to the Equality Impact Assessment.

Please include the name of the author, date and notes about changes made – so that you can refer to what changes have been made throughout this iterative process.

For further information, please see the EIA Guidance document on version control.

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6b. Approval

Secure approval from the appropriate level of management based on nature of issue and scale of change being assessed.

Approved by	Date approved
Head of Service	
Executive Director	24 November 2022
Cabinet Member	25 November 2022
Directorate Equality Group	23 November 2022

6c. EIA Team

Name	Job Title	Organisation	Team Role
Kathryn Pyper	Chief of Staff	Adult Social Care, SCC	Equalities and Diversity lead for Adult Social Care
Chloe Stokes	People Business Partner	HR & OD, SCC	Workforce
Charlotte Langridge	Business Intelligence Lead	Adult Social Care, SCC	Business Intelligence
Wil House	Strategic Finance Business Partner for ASC	Resources, SCC	Finance

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