

## Adult Social Care Mental Health Restructure

Did you use the EIA Screening Tool? (Delete as applicable)

No.

### 1. Explaining the matter being assessed

Is this a:

- Change to a service or function

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

The Section 75 joint working agreement with Surrey and Borders Partnership NHS Foundation Trust (SABP) formally came to an end in November 2019, when mental health social care staff and cases transferred back to Surrey County Council (SCC). The termination of the Section 75 agreement represented a significant change. Approximately 1,400 cases and around 190 members of staff moved from SABP to SCC. Whilst there were no changes to the terms and conditions of workers, it substantially changed the management of staff by re-assigning them to SCC and ensuring a (re) focus on Adult Social Care (ASC) statutory duties and strategic priorities. This was Phase 1 of this Mental Health transformation programme.

Phase 2 of the programme has as its focus the development of the longer-term structure and service model for the ASC mental health service. Caseloads have been rising steadily since April 2020, with an ongoing increase in demand across the Mental Health system. We need to ensure we are set up in the most effective way to deliver our services, with a management model that optimises efficient delivery of mental health social care services whilst improving the outcomes for people and carers accessing these services.

The new service model will put in place a strengthened, right-sized workforce structure with a clear professional identity and with opportunities for staff training and progression. The Covid 19 pandemic meant a pause to some of this developmental work but we have now been able to move forward with this work.

An EIA is necessary to ensure that any changes made in this phase 2 of the programme are assessed against the needs and requirements of all those with protected characteristics.

**Changes to the service model / workforce structure:** Whilst the number of posts within the ASC Mental Health Service establishment is decreasing due to a reduced staffing budget allocation and increased vacancy factor requirement, there is no planned reduction in the number of filled posts. In fact, the number of posts in the new structure will exceed the number of people currently in post as the service has for some time been carrying a high level of vacancies.

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However, there are proposed changes to the structure which will mean potential movement of staff between teams either as a result of opportunities for career progression / development or as the service moves from a locality to an area-based model which may mean changes in a person's line-management or contractual office base. Any change in the workforce environment can cause uncertainty and a level of anxiety for some.

## **People affected by the proposals outlined above:**

All workers employed within the ASC Mental Health service including those within the Mental Health specialist teams.

This is an internal re-organisation and people who use the ASC mental health services, carers and Surrey residents are therefore not expected to be impacted by the proposals outlined above. More generally speaking the service ambition, supported by the proposed new service model, is to improve the outcomes for people and carers accessing these services.

## **Evidence gathered on the impact of your proposals:**

Our internal analysis of performance highlights growing demand and increasing caseloads, with a rise in detentions in Surrey under the Mental Health Act. This reflects the national picture. The data analysis also highlights disparities between ASC Mental Health locality teams in terms of capacity v caseloads which then can impact on performance. This restructure will be an opportunity to right-size teams to meet increased demands and any imbalances in workloads.

People consulted and kept informed:

- a) The ASC Modernising Mental Health Programme Board and ASC leadership team
- b) All ASC Mental Health staff directly involved in the restructure have been kept informed of proposed changes through staff forums, newsletters, team meetings and involvement in discrete workstreams and have feedback on proposals / what is important to them.
- c) HR have been consulted during the preparation of the accompanying consultation document and in the determination of HR processes to be applied.
- d) Trades Unions will be consulted as part of the process.
- e) A formal 30-day consultation planned and conversations with individuals during that period in line with current HR legislation and SCC policies.

## **How does your service proposal support the outcomes in [the Community Vision for Surrey 2030](#)?**

- Everyone benefits from education, skills and employment opportunities that help them succeed in life.
- Everyone gets the health and social care support and information they need at the right time and place.
- Communities are welcoming and supportive 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** Direct input from ASC Senior Mental Health Service Managers and representatives from the ASC HR.

## 2. Service Users / Residents

### Who may be affected by this activity?

There are 9 protected characteristics (Equality Act 2010) to consider in your proposal. These are:

1. Age including younger and older people
2. Disability
3. Gender reassignment
4. Pregnancy and maternity
5. Race including ethnic or national origins, colour or nationality
6. Religion or belief including lack of belief
7. Sex
8. Sexual orientation
9. Marriage/civil partnerships

Though not included in the Equality Act 2010, Surrey County Council recognises that there are other vulnerable groups which significantly contribute to inequality across the county and therefore they should also be considered within EIAs. If relevant, you will need to include information on the following vulnerable groups (Please **refer to the EIA guidance** if you are unclear as to what this is).

- Members/Ex members of armed forces
- Adult and young carers\*
- Those experiencing digital exclusion\*
- Those experiencing domestic abuse\*
- Those with education/training (literacy) needs
- Those experiencing homelessness\*
- Looked after children/Care leavers\*
- Those living in rural/urban areas
- Those experiencing socioeconomic disadvantage\*
- Out of work young people)\*
- Adults with learning disabilities and/or autism\*
- People with drug or alcohol use issues\*
- People on probation
- People in prison
- Migrants, refugees, asylum seekers
- Sex workers
- Children with Special educational needs and disabilities\*
- Adults with long term health conditions, disabilities (including SMI) and/or sensory impairment(s)\*
- Older People in care homes\*
- Gypsy, Roma and Traveller communities\*
- Other (describe below)

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(\*as identified in the Surrey COVID Community Impact Assessment and the Surrey Health and Well-being Strategy)

Disability

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

Those who could be affected are people in Surrey with a lived experience of mental health in receipt of a service from Adult Social Care. In April 2022 there were 2,247 people with an open care case with the Mental Health service. The impact should be positive, with a smoother, more equitable service in place, with teams right-sized to meet demands.

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

Senior Managers within the service to work with colleagues to review and improve referral pathways for those needing to find out about / access the service.

**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?**

n/a

**Any negative impacts that cannot be mitigated?**

n/a

## Carers

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

Those who could be affected are people in Surrey who are unpaid carers (family and friends) of people with mental health conditions (including young carers) supported by Adult Social Care. The impact should be positive, with a smoother, more equitable service in place, with teams right-sized to meet demands.

Of the 2,244 individuals open to the ASC MH service (as of May 2022), 161 are identified as carers. Of the 2,083 cared for individuals, 132 also have caring responsibilities.

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

Senior Managers within the service to work with colleagues to review and improve referral pathways.

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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?**

n/a

**Any negative impacts that cannot be mitigated?**

n/a

## 3. Staff

### Age

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

34 percent of workers are aged between 50 and 59 years old and 14 percent are aged 60+ (Workforce data as of September 2021).

Positive impact: Whilst there may be a change to the contractual office base for some staff this may also provide the opportunity for staff of all ages to work more flexibly and optimise mobile working opportunities.

Positive impact: a strengthened organisational learning and development programme to give staff of all ages the skills to meet their needs, including access to mental health specific induction and ongoing training.

Negative impact: any change to contract can cause anxiety for some workers of any age.

Some staff may have protected characteristics they do not wish to disclose, and they could experience a negative impact which cannot be foreseen.

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

SCC has shifted towards agile working where “employees have the autonomy and empowerment to choose where and when they work, in line with the business need; employees and managers alike focus on results and performance based on outcomes”. SCC’s Agile Working policy provides more staff of all ages with the opportunity to work more flexibly. Mental Health teams have already moved towards more agile working – this has been necessitated by the current pandemic.

Senior Managers within the service will ensure that staff of all ages have the tools and training to maximise opportunities for agile working and to consider any specific challenges for individual members of staff re more agile ways of working.

Where there may be particular issues for individuals re changes to geographic / contractual base, decisions will be taken after individual consultation to understand individual

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circumstances, with continued application of Council policies to support agile working objectives.

Throughout the consultation and implementation process, the lead HR advisor and ASC MH managers will ensure staff of all ages are aware of the opportunities available to them and criteria for applying for new posts as well appropriate support. There will be on-going support through training and supervision once in post.

A workstream has been established to specifically focus on improving the training offer to ASC Mental Health workers of all ages. The service is working closely with Learning & Development team colleagues to plan and commission training to meet future training needs. Staff of all ages have already received critical training with other training (eg: Section 117 training) having now been commissioned /planned.

Individual consultation and wellbeing discussions with staff of all ages will help to identify any mitigation needed to avoid any adverse impact. HR advisors will be available and Council policies will be applied to support any staff affected.

**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?**

n/a

**Any negative impacts that cannot be mitigated?**

n/a

## Disability

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

5.6 percent of the ASC Mental Health workforce cohort identify as having a disability.

Some staff may experience a change in line manager. This may have a positive impact in terms of building new relationships for staff with a disability. This may also have a negative impact, in terms of creating a level of uncertainty and anxiety while adjusting to that change.

It may adversely impact more on those with a known disability and those who have chosen not to disclose one

Anyone on long term sick may feel remote from the communications and discussions taking place and may not adequately be consulted.

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

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The management team will continue to engage with affected staff regarding the proposed changes and to understand any impact on individuals with a disability. 1 to1 sessions will explore wellbeing to identify any transitional support needed and consider any positive reasonable adjustments that could be made. The service will use learning from staff feedback and from previous realignment processes.

Opportunities for agile working will be maximised for people with a disability.

A formal 30-day consultation and conversations with individuals during this period is planned. HR have been consulted during the preparation of the accompanying consultation document and in the determination of HR processes to be applied. Trades Unions will be consulted as part of the process. Senior Managers in the service will ensure that all their staff, including those on long term sick or maternity leave, are kept informed in a timely way throughout the process.

**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?**

n/a

**Any negative impacts that cannot be mitigated?**

n/a

## Pregnancy & maternity

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

A potential negative impact would be if staff on maternity leave are not kept informed in a timely way which may in turn impact on their ability to take advantage of any opportunities that arise. Staff may feel remote from the communications and discussions taking place.

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

Managers will ensure that all their staff, including those on long term sick or maternity leave, are kept informed in a timely way throughout the consultation and implementation phases.

**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?**

n/a

**Any negative impacts that cannot be mitigated?**

n/a

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## Sexual orientation

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

3 percent of the ASC Mental Health workforce cohort identified as LGBTQ. 42 percent either did not disclose or preferred not to say.

An employee may or may not choose to disclose their sexuality and / or may feel anxious about doing so with a new manager.

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

Individual consultation and wellbeing discussions with staff throughout the consultation and implementation phases will help to identify any mitigation needed to avoid any adverse impact. HR advisors will be available and Council policies will be applied to support any staff affected. There will be on-going support through supervision once in post. The service will use learning from staff feedback and from previous realignment processes.

**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?**

n/a

**Any negative impacts that cannot be mitigated?**

n/a

## Carers

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

Our workforce data system does not hold data on workers who identify as carers as caring records (and personal situations) can change over time and are not considered as “permanent” markers. The gender split within the service, at the time of writing this, is 79 percent female and 21 percent male.

Staff with caring responsibilities (of which the majority may be female) may feel adversely impacted by a move to a workplace further away from home than their current contractual base. At the same time, some staff may be advantaged by the ability to work nearer to their home address.



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

SCC has shifted towards agile working where “employees have the autonomy and empowerment to choose where and when they work, in line with the business need; employees and managers alike focus on results and performance based on outcomes”. SCC’s Agile Working policy provides more staff with the opportunity to work more flexibly. Mental Health teams have already moved towards more agile working – this has been necessitated by the Covid pandemic.

Senior Managers within the service will ensure that staff with a caring responsibility have the tools and training to maximise opportunities for agile working and to consider any specific challenges for individual members of staff re more agile ways of working.

Where there may be particular issues for individuals with a caring responsibility regarding changes to geographic / contractual base, decisions will be taken after individual consultation to understand individual circumstances, with continued application of Council policies to support agile working objectives.

Throughout the consultation and implementation process, the lead HR advisor and ASC MH managers will ensure staff are aware of the opportunities available to them and criteria for applying for new posts as well appropriate support. There will be on-going support through training and supervision once in post.

Individual consultation and wellbeing discussions with staff will help to identify any mitigation needed to avoid any adverse impact because of a caring responsibility. HR advisors will be available and Council policies will be applied to support any staff affected.

**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?**

n/a

**Any negative impacts that cannot be mitigated?**

n/a

## 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?

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- **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 One: No major change to the policy/service/function required.

## Explanation:

Whilst any change in the workforce environment can cause uncertainty and a level of anxiety for some, this proposed restructure involves no planned reduction in the number of filled posts and brings with it opportunities for career progression and development.

The proposed move from a locality to an area-based model may mean changes in a person's line-management or contractual office base but SCC's Agile Working policy provides more staff with the opportunity to work more flexibly.

Positive impacts have been identified, and where there are potential negative impacts, we plan to minimise / mitigate these as described in the content above.

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## 5. Action plan and monitoring arrangements

Insert your action plan here, based on the mitigations recommended.

Involve you Assessment Team in monitoring progress against the actions above.

Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/Notes	Open/ Closed
1	October 2021	Formal Staff Consultation	Senior Managers and HR	November 2022	Formal consultation process undertaken	Closed
2	October 2021	Access to HR and employee support & interview training	HR and Learning & Development	November 2022	Training sessions arranged and completed	Closed
3	September 2021	Access to all agile working information, training and updates	SCC and Senior MH Managers	Ongoing	Agile working information, training and updates continues to be well promoted by SCC and local managers	Ongoing

## 6a. Version control

Version Number	Purpose/Change	Author	Date
1	Version to go to Directorate Equalities Group 14 September 2021	Rosey Barker	18 <sup>th</sup> August 2021

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<b>Version Number</b>	<b>Purpose/Change</b>	<b>Author</b>	<b>Date</b>
2	Updates made following feedback from Directorate Equalities Group	Rosey Barker	30 <sup>th</sup> September 2021
3	To place into accessible format template	Rosey Barker	17 March 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 – Liz Uliasz	31 March 2022
Executive Director	n/a
Cabinet Member	n/a
Directorate Equality Group	29 April 2022

### Publish:

It is recommended that all EIAs are published on Surrey County Council's website.

Please send approved EIAs to: **INSERT SHARED EMAIL ACCOUNT ADDRESS**

### EIA author:

## 6c. EIA Team

Name	Job Title	Organisation	Team Role
Rosey Barker	Project Manager	SCC	EIA lead
Sandra Howard	Senior Manager Mental Health and Transformation, Adult Social Care	SCC	Programme transformation lead role and operational perspective
Chloe Stokes	Assistant People Business Partner, Human Resource (HR) Services	SCC	HR advisory role
Nick Sponder	People Consultant, Human Resource (HR) Services	SCC	HR advisory role
Christine Creasey	Business Support Manager, Mental Health Resource Team, Adult Social Care	SCC	Workforce data

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

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