Equality Impact Assessment

Equality Impact Assessment - Adult Social Care Medium-Term Financial Strategy 2022/23

Did you use the EIA Screening Tool?

No

1. Explaining the matter being assessed

Is this a:

- Change to an existing strategy or policy
- 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.

Adult Social Care's vision is to promote people's independence and wellbeing. Delivering this vision will mean people:

- 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.

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 £13.8m (of the total £19.4m) of ASC efficiency savings in 2022/23 will be:

1. Care pathways will reshape our front door with short term reablement interventions and a robust community and prevention offer, supported across the directorate by a well-structured and skilled workforce supported by digital tools. This programme has a savings target of £1.6m in 2022/23.
2. Learning disability and autism will continue to transform services through strengths-based reviews, the strategic shift to independent living, modernising day services and transforming care offer with an OT service, reablement and health facilitation. This programme has a savings target of £3.6m in 2022/23.
3. Accommodation with care and support will increase the availability and range of accommodation so residents remain independent for longer, with 725 units of

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affordable Extra Care Housing by 2030 and 500 units of Supported Independent Living by 2025. This programme has a savings target of £0.7m in 2022/23.

4. Mental health will embed a high-level operating model and structure, continue working with partners to improve hospital pathways and is leading a S117 joint review programme with health partners to ensure compliance with statutory duties under the Mental Health Act and better outcomes for individuals. This programme has a savings target of £1.4m in 2022/23.

5. Market management will develop a market management and a residential and nursing strategy, will deliver a market management system together with a redesigned brokerage function. This programme has a savings target of £4.2m in 2022/23.

6. Evaluate In-House Services will assess the future of the Council's in-house residential care homes for older people and for adults with a learning disability, as well as reviewing care provision to our extra care services. This programme has a savings target of £1.6m in 2022/23.

7. Enabling you with Technology will design and deliver a universal digital health and care monitoring offer to support people with eligible social care needs that can also be purchased by self-funding Surrey residents. This programme has a savings target of £0.8m in 2022/23.

There are also £5.6m of efficiencies planned outside of ASC's transformation programmes:

1. £2.5m 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.

2. £1m relates to the planned introduction of a new policy to govern arrangements where individuals are determined as having needs that require their care to be funded jointly by ASC and Clinical Commissioning Groups under the Continuing Health Care framework.

3. £1.0m relates to strengths-based reviews for Older People. Strengths-based practice is a collaborative process drawing on the person's strengths and assets, by for example promoting the use of informal supportive networks and connecting them to their community, to achieve the outcomes which are matter to them.

4. £1.1m relates to strengths-based reviews for people with Physical or Sensory Disabilities.

Why does this EIA need to be completed?

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.

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

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'protected characteristic' groups 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.

Who is affected by the proposals outlined above?

The proposals will affect:

- People who use services, their families and carers
- Surrey residents contacting our front door
- Professional and partners who refer people to Adult Social Care
- Adult Social Care staff
- Surrey Choices (SCC's Local Authority Trading Company)
- Independent Adult Social Care providers

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

This programme supports the following aspirations in the Community Vision:

- 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.

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

- County-wide

Assessment team

- 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
- Charlotte Langridge - Business Intelligence Lead, Adult Social Care, SCC, Business Intelligence
- Wil House - Strategic Finance Business Partner, Resources, SCC, Finance

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2. Service Users / Residents

Age

What information (data) do you have on affected service users/residents with this characteristic?

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, 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.

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.

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

Age Band	Number of open cases (14 Dec 2021)	% of open cases (14 Dec 2021)
Under 18	323	1.6%
18-44	4,173	20.0%
45-54	2,136	10.3%

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55-64	2,923	14.0%
65-74	2,652	12.7%
75-84	3,756	18.0%
85-94	4,012	19.3%
95+	839	4.0%
Not Known	0	0.0%
Total	**20,815**	100.0%

Positive Impacts

- Offer family carers of 70yrs+ 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
- 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

Negative Impacts

- 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

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- 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

Mitigations

- Identify family carers 70yrs+ and offer effective support and engagement using the family carers network to assist in conversations
- 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
- 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
- On-going development of a therapy led reablement service
- Strengthen the range of Technology Enabled Care on offer to people
- Continue work to deliver 725 units of affordable Extra Care Housing by 2030
- Explore how family, friends and the local community can support older 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 work 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 that 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

Changes to be implemented by 31 March 2023

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Lead Officers

- Area Directors and Assistant Director
- Assistant Director, Commissioning
- Assistant Director, Learning Disabilities, Autism & Transition
- Head of Resources
- Assistant Director, Service Delivery

There are no negative impacts identified that cannot be mitigated

Disability

What information (data) do you have on affected service users/residents with this characteristic?

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.

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.

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.

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. 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. 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.

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

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Primary Support Reason	Number of open cases (14 Dec 2021)	% of open cases (14 Dec 2021)
Learning Disability Support	3,853	18.5%
Mental Health Support	2,243	10.8%
Physical Support - Access and Mobility Only	1,374	6.6%
Physical Support - Personal Care Support	7,669	36.8%
Sensory Support - Support for Dual Impairment	56	0.3%
Sensory Support - Support for Hearing Impairment	111	0.5%
Sensory Support - Support for Visual Impairment	139	0.7%
Short Term Support (Unclassified)	1,665	8.0%
Social Support - Asylum Seeker Support	0	0.0%
Social Support - Substance Misuse Support	82	0.4%
Social Support - Support for Social Isolation/Other	158	0.8%
Social Support - Support to Carer	2,591	12.4%
Support with Memory and Cognition	874	4.2%
Total	20,815	100.0%

Positive Impacts

- 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
- It will create 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

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- 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

Negative Impacts

- 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
- 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

Mitigations

- 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
- On-going implementation of the Surrey Choices 'changing days' programme including an expansion of the 'shared lives' offer
- Continue to embed strengths-based practice
- Continue to grow staff's knowledge of local community-based resources
- 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 work 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 part of Local Joint Commissioning Groups to support and expand the role of the voluntary, community and faith sector
- Continue to work corporately to ensure effective strategic co-ordination of investment in prevention and early intervention services.

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- • 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

Changes to be implemented by 31 March 2023

Lead Officers

- • Area Directors and Assistant Director
- • Assistant Director, Commissioning
- • Assistant Director, Learning Disabilities, Autism & Transition
- • Head of Resources
- • Assistant Director, Service Delivery
- • Managing Director, Surrey Choices
- • Deputy Director for Adult Social Care

There are no negative impacts identified that cannot be mitigated

Race including ethnic or national origins, colour or nationality

What information (data) do you have on affected service users/residents with this characteristic?

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.

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 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

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and asylum are significantly more likely to die in childbirth compared to their White British counterparts.

The number of people supported by Adult Social Care by ethnicity (14 Dec 2021):

Ethnicity	Number of open cases	% of open cases
Asian / Asian British		
Indian	224	1.1%
Pakistani	220	1.1%
Bangladeshi	43	0.2%
Chinese	50	0.2%
Any other Asian background	198	1.0%
Black / African / Caribbean / Black British		
African	102	0.5%
Caribbean	79	0.4%
Any other Black / African / Caribbean background	46	0.2%
Other ethnic group		
Arab	31	0.1%
Other	222	1.1%
White		
English / Welsh / Scottish / Northern Irish / British	16,276	78.2%
Irish	202	1.0%
Gypsy or Irish Traveller	20	0.1%
Any other White background	618	3.0%
Mixed / multiple ethnic groups		
White and Black Caribbean	55	0.3%
White and Black African	23	0.1%
White and Asian	57	0.3%
Any other mixed / multiple ethnic background	119	0.6%

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No data		
Refused	69	0.3%
Un-declared / Not known	2,161	10.3%
Grand Total	**20,815**	**100.0%**

Positive Impacts

- 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

Negative Impacts

- People for whom English is a second language may find it difficult to communicate with Adult Social Care

Mitigations

- 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

Changes to be implemented by 31 March 2023

Lead Officers

- Area Directors
- Deputy Director, Adult Social Care

There are no negative impacts identified that cannot be mitigated

Religion or belief including lack of belief

What information (data) do you have on affected service users/residents with this characteristic?

Number of people in supported care by religion:

Religion	Number of open cases (14 Dec 2021)	% of open cases (14 Dec 2021)

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Buddhist	41	0.2%
Christian	9,402	45.2%
Hindu	101	0.5%
Jehovah Witness	69	0.3%
Jewish	55	0.3%
Muslim	343	1.6%
Sikh	44	0.2%
Other	444	2.1%
Declined / Refused	995	4.8%
No Religion or Belief / None	2,546	12.2%
Undeclared / Not known	6,775	32.6%
Total	**20,815**	**100.0%**

Positive Impacts

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

Negative Impacts

- None identified

Mitigations

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

Changes to be implemented by 31 March 2023

Lead Officers

- Area Directors

There are no negative impacts identified that cannot be mitigated

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Carers protected by association

What information (data) do you have on affected service users/residents with this characteristic?

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.

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. Support for carers in the community is an important 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 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.

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) . 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.

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.

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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.

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.

Number of Carers known to ASC by age:

Age Band	Number of Carers (14 Dec 2021)	% of carers (14 Dec 2021)
Under 18	0	0.0%
18-44	268	9.0%
45-54	614	20.6%
55-64	904	30.3%
65-74	553	18.6%
75-84	448	15.0%
85-94	181	6.1%
95+	10	0.3%
Not Known	0	0.0%
Total	2,980	100.0%

Positive Impacts

• 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

Negative Impacts

• Carers may be resistant to, and feel anxious about change
• Carers may feel obliged to take on more of a caring role

Mitigations

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- Strengthen the range of Technology Enabled Care on offer to people
- Ensure carers understand the benefits of Technology Enabled Care
- Strengthen the range and accessibility of information and advice and support available to carers
- Continue to embed strengths-based practice
- Continue to ensure carers are offered an assessment in their own right
- 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
- Ensure carers are assessed in their own right and have a support plan
- Ensure any young carers are identified and given support

Changes to be implemented by 31 March 2023

Lead Officers

- Head of Resources
- Area Directors

There are no negative impacts identified that cannot be mitigated

3. Staff

Age

What information (data) do you have on affected service users/residents with this characteristic?

10.2% of the HW & ASC workforce are under 30 years old compared to 12.7% council wide.

47.1% of the HW & ASC workforce are over 50 years old, rising to 51.9% in Service Delivery. This compares to 41.4% of the council wide workforce.

Lead Officers

- Head of Resources
- Area Directors
- Assistant Director, Service Delivery
- Assistant Director, Learning Disabilities & Autism

Positive Impacts

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- 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 the number of opportunities to support young people/or people of any age to join the workforce

Negative Impacts

- None identified

Mitigations

- 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
- 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

Changes to be implemented by 31 March 2023

Lead Officers

- Head of Resources
- Area Directors
- Assistant Director, Service Delivery
- Assistant Director, Learning Disabilities & Autism

There are no negative impacts identified that cannot be mitigated

Disability

What information (data) do you have on affected service users/residents with this characteristic?

3.3% of the HW and ASC workforce have declared a disability compared to 2.91% of the council wide workforce.

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Positive Impacts

- 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

Negative Impacts

- Any change to organisation structure or location could mean staff with a disability may find travelling to carry out their duties more challenging

Mitigations

- 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

Changes to be implemented by 31 March 2023

Lead Officers

- Head of Resources
- Area Directors
- Assistant Director, Service Delivery

There are no negative impacts identified that cannot be mitigated

Sex

What information (data) do you have on affected service users/residents with this characteristic?

83.4% of the HW and ASC workforce are female, and this rises to 86% of the workforce in Service Delivery

Positive Impacts

- None identified

Negative Impacts

- 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.

Equality Impact Assessment

Mitigations

- 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.

Changes to be implemented by 31 March 2023

Lead Officers

- Head of Resources
- Area Directors
- Assistant Director, Service Delivery

There are no negative impacts identified that cannot be mitigated

Carers protected by association

What information (data) do you have on affected service users/residents with this characteristic?

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.

- 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 during Covid so newer data is not available.

Positive Impacts

- Cultural shift towards more agile and flexible way of working will enable staff to better balance work and accommodate caring responsibilities

Negative Impacts

- Any change to organisation structure or location could mean staff with a caring responsibility find travelling to carry out their duties more challenging
- Many staff have worked from home during Covid in response to the government directive. This has resulted in more flexible approaches to managing dependent responsibilities alongside work. If/ when more typical working patterns resume, some staff may find it difficult to organise their caring responsibilities.

Equality Impact Assessment

Mitigations

- 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.

Changes to be implemented by 31 March 2023, except changes around agile working, due to be implemented by 31 December 2022

Lead Officers

- Head of Resources
- ADs
- AD Service Delivery

There are no negative impacts identified 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:

Equality Impact Assessment

Outcome Three

Explanation:

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.

There will be many positive impacts for people who use services and their carers arising from the ASC transformational changes in 2022/23. 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, roll out technology enabled care etc.

However, the 'easy wins' to deliver savings have long since been implemented. With the need to save a further £19.4m in 2022/23, 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:

- 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.

- Risk of reduced access to information, advice and services for digitally excluded individuals who do not have access to equipment or are unable to receive support remotely.

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.

Equality Impact Assessment

6a. Version control

Version Number	Purpose/Change	Author	Date
v1	Initial draft	Kathryn Pyper	10 December 2021
v2	Updated with HR data	Kathryn Pyper	17 December 2021
v3	Updated with Finance data	Kathryn Pyper	24 December 2021
v4	Feedback from DEG and ASC transformation programmes	Kathryn Pyper	7 January 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.

Equality Impact Assessment

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
Simon White, Executive Director, Adult Social Care	11 January 2022
Sinead Mooney, Cabinet Member for Adult Social Care	11 January 2022
Directorate Equality Group	5 January 2022

EIA author: Kathryn Pyper

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
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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