EIA Title	Adult Social Care Transformational Savings 2020/21				
Did you use the EIA Screening Tool? (Please tick or specify)	Yes (Please attach upon submission)		No		

1. Explaining the matter being assessed

	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 £12.3m on 2020/21 will be:
What policy, function or service change are you assessing?	 Practice Improvement – This programme will equip practitioners to take a strength based approach, ensure they have the technology they need to work in an agile way; implement a rigorous approach to reviews; ensure direct payments are the default offer; and enhance the use of technology-enabled care. This programme has a savings target of £6.2m in 2020/21.
	2. Learning Disability & Autism – This programme will reshape services to increase the number of people living independently in their own homes, with access to employment, friendship groups or other worthwhile pastimes; it will reshape day services; and facilitate better access to health provision. This programme has a savings target of £4.6m in 2020/21.
	3. Accommodation with Care & Support – This programme will increase the availability of extra care accommodation for older people; expand the development of new independent living provision for people with a learning disability and/or autism; stimulate the mental health/substance misuse supported living market; and ensure provision of specialist residential and nursing care beds across the county. This programme has a savings target of £0.8m in 2020/21.
	 Mental Health – This programme will implement new service models for approved mental health professionals, older people services, working aged adult services,



	will be focused on pror	nd substance misuse, all of which noting services to enhance rogramme has a savings target of			
	new centralised proces making accountabilities savings target has bee	 This programme will introduce sses, governance and decision s for social care placements. No en set for this programme in s the savings planned across other 			
	reablement services an independence for all w digital solutions for rota target has been set for	ogramme will reshape how ASC's re used to promote greater ho would benefit; and implement a and care planning. No savings this programme in 2020/21 but it planned across other programmes.			
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 SCC 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 and to mitigate any potential negative impacts.				
	The EIA will help us meet our commitment to ensure "no one is left behind". Assessing the impact of these changes on different 'protected characteristic' groups is an important part of our compliance with duties under the Equality Act 2010.				
	The proposals will affect:				
Who is affected by the proposals outlined above?	 People who use services and their carers Adult Social Care staff Surrey Choices (SCC's Local Authority Trading Company) 				
How does your service proposal support the outcomes in <u>the Community</u> <u>Vision for Surrey 2030</u> ?	 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. 				
	County Wide	√ Runnymede			
Are there any specific	Elmbridge	Spelthorne			
geographies in Surrey where this will make an impact?	Epsom and Ewell	Surrey Heath			
(Please tick or specify)	Guildford Mole Valley	Tandridge Waverley			
		Woking			
	Reigate and Banstead				
	Not Applicable County Divisions (please s				

Briefly list what evidence you have gathered on the impact of your proposals?	 Feedback from chief executives of our strategic user and carer partners at the ASC Partner Update meeting (every 2-months) where updates on the ASC transformation programme are shared Quarterly meetings with Healthwatch Surrey to share feedback from residents On-going engagement with a wide range of networks: Disability groups/networks - including Local Valuing People Groups, Disability Empowerment Network Surrey, Learning Disability Partnership Board, Autism Partnership Board, Surrey Positive Behaviour Support, Spelthorne Access Network Independent Mental Health Network Older people groups Commissioning user groups - including Surrey Hard of Hearing Forum, Long Term Neurological Conditions group, Surrey Vision Action Group, Surrey Deaf Community Carers' commissioning group Seldom heard groups/equalities groups Clinical commissioning groups patient engagement forums ICS communications and engagement groups Surrey Heartlands Online Residents Panel
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2. Service Users / Residents

AGE What information (data) do you have on affected service users/residents with this characteristic? The number of individuals supported by Adult Social Care is shown below, broken down by age range: Open ASC cases (November 2019)¹ under 18 127 18-44 3,702 45-54 2,113 55-64 2,556 65-74 2,523 75-84 3,515 85-94 4,040 >95 935 not known 11 19,522 Grand total Impacts $\sqrt{}$ Negative Positive Both (Please tick or specify) How will you maximise When will this be Supporting evidence positive/minimise negative Impacts identified Owner implemented by? impacts? Changes which may impact Take a coordinated approach, + Create more age appropriate 31 March 2021 AD LD, Autism & services, including independent people who use services with provider by provider, introducing Transition

¹ ASC LAS system [accessed 25 November 2019]

living or residential age appropriate settings	 an age characteristic will be driven by the following programmes: Practice Improvement Learning Disability & Autism Market Management Reablement 	more specificity to support plans with clearer outcomes and finding creative solutions to deliver best value for money Work with the market to grow the provision of independent living accommodation, particularly for people with a learning disability		AD Commissioning
+ Offer family carers of 70yrs+ more effective support and engagement in early planning for their adult child's future wellbeing, support and financial arrangements etc		Identify family carers 70yrs+ and offer effective support and engagement using the family carers network to assist in conversations	31 March 2021	AD LD, Autism & Transition
+ Align our offer for young adults transitioning into adult services with the opportunities we will be creating for working age adults		Align work with Children's Services 'Next Steps - Preparing for Adulthood' programme Improve the flow of information and data from Children's Services	31 March 2021	AD LD, Autism & Transition
+ It will encourage a more creative and age appropriate response by care companies		Ensure commissioners and care companies co-design services with, and listen to the voices of, people who use services and their carers	31 March 2021	AD LD, Autism & Transition AD Commissioning
+ There will be a focus upon ensuring people have access to universal health care and screening at the right age/time in their lives		Work with health and community partners to deliver the LD Health/Complex Needs change programme	31 March 2021	AD LD, Autism & Transition

+ 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	Continue to secure personalised packages of care to meet the changing needs of people over 65 years of age	31 March 2021	AD LD, Autism & Transition
 Residents of all ages will be encouraged to explore what care and support their family, friends and local community can provide to meet their needs. This will encourage creativity, people to continue to play an active part in their community and to maintain their independence 	Continue to embed strengths based practice	31 March 2021	ADs
+ Skilled and trained staff will ensure residents of all ages experience earlier decision making, and provision of appropriate information and signposting	Train and support staff to have strengths based conversation with residents Continue to grow staff's knowledge of local community based resources Continue to work as part of Local Joint Commissioning Groups to expand the role of, the voluntary, community and faith sector	31 March 2021	ADs
+ The promotion of direct payments and Individual Service Funds will give residents of all ages more choice, control and independence	Put support mechanisms in place to enable people of all ages to use direct payments Ensure the Personal Assistant rate is adequate to enable people to recruit and retain staff	31 March 2021	AD LD, Autism & Transition AD Commissioning

+ Robust, timely and proportionate reviews will mean residents of all ages have services at a level and duration to meet their needs	Equip staff with the skills to undertake strengths based reviews and reassessments	31 March 2021	ADs
+ Reablement services will be reshaped to support more older people in a community setting, rather than simply on discharge from hospital	Develop a therapy led enablement service	31 March 2021	AD Service Delivery
+ Technology Enabled Care will support older people to continue to live independently in the community and to provide reassurance to family	Strengthen the range of Technology Enabled Care on offer to people	31 March 2021	Head of Resources
 Older residents may not have the same ability to access a menu of support services and/or community based support services 	Explore how family, friends and the local community can support older residents to access community based services	31 March 2021	ADs
- The shift towards more creative and informal care may generate some anxiety for people of all ages	Ensure staff take the time to listen to, and respond to, anxieties so that people feel reassured	31 March 2021	ADs
- Decisions around placements may mean older people needing residential/nursing care, are offered a setting at a distance from their family and networks	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 to extend choice	31 March 2021	ADs AD Commissioning

- There may be increasing demands placed upon the voluntary, community and faith sector from people of all ages, which may become overloaded and unable to support everyone who approaches them		Continue to work with partners to support and expand the role of the voluntary, community and faith sector	31 March 2021	ALT
- 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		Ensure staff are equipped to support people in taking proportionate risks and safeguarding procedures are adhered to	31 March 2021	ALT
 What other changes is the council p Are there any dependencies decision 'Next Steps – Preparing for Adulthood employment, using public transport effective 	ons makers need to be a	aware of	-	endent living,
Any negative impacts that cannot b	e mitigated? Please ide	ntify impact and explain why		
There are no negative impacts that canno	ot be mitigated			

DISABILITY

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

Individuals supported by Adult Social Care by primary reason for support are listed below.

Open ASC cases as at Nov 2019²

Learning Disabi	lity Support		3,933	
Mental Health S	Support		1,634	
Physical Support	rt - Access and Mobi	ility Only	1,507	
Physical Support	rt - Personal Care S	upport	7,571	
Sensory Suppor	rt - Support for Dual	Impairment	42	
Sensory Suppor	rt - Support for Heari	ing Impairment	181	
Sensory Suppor	rt - Support for Visua	al Impairment	137	
Short term supp	ort (unclassified)		902	
Social Support -	Short term support (unclassified)902Social Support - Asylum Seeker Support1			
Social Support - Substance Misuse Support57				
Social Support -	 Support for Social I 	solation / Other	190	
Social Support -	 Support to Carer 		2,311	
Support with Me	emory and Cognition		1,056	
Grand Total			19,522	
Impacts (Please tick or specify)	Positive		Negative	

Both

 $\sqrt{}$

² ASC LAS system [accessed 25 November 2019]

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
 Commissioners and care companies will co-design new services and listen to the voice of people with a disability in shaping services to meet need 	Changes which may impact people who use services with a disability characteristic will be driven by the following programmes:	Work to co-design and reshape services listening to the voice of people with a disability	31 March 2021	AD Commissioning MD Surrey Choices
 It will create opportunities for people with a disability to explore alternative community based solutions and different living arrangements 	 Practice Improvement Learning Disability & Autism Accommodation with Care & Support Market Management 	Continue to embed strengths based practice	31 March 2021	ADs AD Commissioning MD Surrey Choices
+ Residents with a disability will be encouraged to have a more detailed discussion, exploring what care and support their family, friends and local community can provide to meet their needs. This will encourage creativity, people to continue to play an active part in their community and to maintain their independence	 Market Management Reablement 	Continue to embed strengths based practice	31 March 2021	ADs
+ Skilled and trained staff will ensure residents with a disability experience earlier decision making, and provision of appropriate information and signposting		Train and support staff to have strengths based conversation with residents Continue to grow staff's knowledge of local community based resources Continue to work as part of Local Joint Commissioning Groups to expand the role of,	31 March 2021	ADs

	the voluntary, community and faith sector		
 The promotion of direct payments and Individual Service Funds will give residents with a 	Put support mechanisms in place to enable people with a disability to use direct payments	31 March 2021	AD LD, Autism & Transition AD Commissioning
disability more choice, control and independence	Ensure the Personal Assistant rate is adequate to enable people to recruit and retain staff		
+ Robust, timely and proportionate reviews will mean residents with a disability have services at a level and duration to meet their needs	Equip staff with the skills to undertake strengths based reviews and reassessments	31 March 2021	ADs
+ The transfer of mental health services into ASC will ensure a more holistic approach looking at all aspects of care and support	Ensure mental health staff are trained and able to implement the Care Act, strengths based practice etc	31 March 2021	AD, Mental Health
+ Technology Enabled Care will support people with a disability to live independently in the community and to provide reassurance to their family	Strengthen the range of Technology Enabled Care on offer to people	31 March 2021	Head of Resources
 Placing people with a disability in community settings may be perceived as a risk to 	Ensure people are equipped and their needs are suitable to access community resources	31 March 2021	AD, Learning Disabilities, Autism & Transition
themselves and the community	Ensure robust safeguarding arrangements are in place		MD Surrey Choices
	Use success stories to reassure families		

 The shift towards more creative and informal care may generate some initial anxiety for people with a disability 	Ensure staff take the time to listen to, and respond to, anxieties so that people feel reassured	31 March 2021	ADs
 Decisions around placements may mean people with disabilities are offered a setting at a distance from their family and networks 	Look for creative ways to make the setting on offer work Ensure staff offer families top-up arrangements to extend choice	31 March 2021	ADs AD Commissioning
 There may be increasing demands placed upon the voluntary, community and faith sector from people with a disability, which may become overloaded and unable to support everyone who approaches them 	Continue to work with partners to support and expand the role of the voluntary, community and faith sector	31 March 2021	ALT
- 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	Ensure staff are equipped to support people in taking proportionate risks and safeguarding procedures are adhered to	31 March 2021	ALT
What other changes is the council planning/all Are there any dependencies decisions makers • Changes introduced from April 2019 mean holders	need to be aware of		

time at the weekend and on public holidays.
'Next Steps – Preparing for Adulthood' programme will help to prepare young people with a disability in transition for independent living, employment, using public transport etc.

- Proposals to discontinue the Surrey Disability Register will be subject to a public consultation in January 2020. The Adults Leadership Team have discussed actions to mitigate/minimise any potential negative impacts, pending the outcome of the consultation.
- Termination of the Section 75 arrangement between Surrey County Council and Surrey and Borders Partnership NHS Foundation Trust will affect residents with a mental health problem. These changes have been subject to extensive co-production, joint communications, regular governance meetings, Data Protection Impact Analysis and an Equality Impact Assessment to maximise positive and minimise negative impacts.

Any negative impacts that cannot be mitigated? Please identify impact and explain why

There are no negative impacts 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?

Open ASC cases as at Nov 2019 by Ethnicity ³	
White	17165
English / Welsh / Scottish / Northern Irish /	
British	16320
Irish	226
Gypsy or Irish Traveller	19
Any other White background	600
Mixed / multiple ethnic groups	199
White and Black Caribbean	48
White and Black African	15
White and Asian	48
Any other mixed / multiple ethnic background	88
Asian / Asian British	617
Indian	173
Pakistani	200
Bangladeshi	32
Chinese	47
Any other Asian background	165
Black / African / Caribbean / Black British	195
African	74
Caribbean	78
Any other Black / African / Caribbean	10
background	43
Other ethnic group	219
Arab	19
Other	200
No data	1127

³ ASC LAS system [accessed 25 November 2019]

		Refused		61				
	Undeclare	d / Not known		66				
	1	Grand Total	19,5	22			1 1	
Impacts (Please tick or specify)	Positive		N		egative		Both	\checkmark
Impacts identified		Supporting evidence			u maximise nimise negative	When will this be implemented by?	Owner	
What impacts I identified?	have you	What are you on?	u basing	g this	Actions to m enhance im		Due date	Who is responsible for this?
 The offer of a direct payment may enable people to access services which cater for their race 		Changes which may impact people who use services with a race characteristic will be driven by the following		Put support mechanisms in place to enable people to use direct payments		31 March 2021	AD Commissioning	
encouraged	ferent races will be to explore support	programme:Practice Improvement		Continue to embed strengths based practice Continue to grow staff's knowledge of local community based resources		31 March 2021	ADs	
available fror community	available from within their community							
	anges is the cour dependencies de					ffect the same gr	oups of residents?	
Any negative	impacts that canr	not be mitigate	ed? Ple	ase ide	ntify impact	and explain why		
There are no n	egative impacts the	at cannot be m	nitigated					
	- 3			-				

RELIGION OR BELIEF INCLUDING LACK OF BELIEF

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

Baha'i	s as at Nov 2019						
Buddhist	39						
Christian	10747						
Declined/							
refused	1052						
Hindu	100						
Jain	2						
Jewish	59						
Muslim	324						
None	2744						
Other	419						
Pagan	15						
Sikh	34						
Unknown	3980						
Zoroastrian	6						
Grand Total	19522						
mpacts Please tick or	Positive		Negative			Both	\checkmark
specify)				- 9			
	fied	Supporting evider	nce	How will yo	u maximise nimise negative	When will this be implemented by?	l Ownor

⁴ ASC LAS system [accessed 25 November 2019]

+ People with a religion or belief system will be encouraged to	characteristic will be drivenby the following programme:Practice Improvement	Continue to embed strengths based practice	31 March 2021	ADs
access support from within their faith community		Continue to grow staff's knowledge of local community based resources		
What other changes is the coun Are there any dependencies dec			oups of residents?	
			oups of residents?	
	cisions makers need to be	aware of	·	

CARERS PROTECTED BY ASSOCIATION

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

	Number of carers known to ASC as at November 2019 I	oy age⁵	
	under 18	4	
	18-29	54	
	30-39	80	
	40-49	306	
	50-59	782	
	60-69	659	
	70-79	427	
	80-89	285	
	90+	50	
	not recorded	11	
I	Grand Total	2,658	

'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'⁶. Carers are the largest source of support for disabled and vulnerable 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 in 2016 there were 115,216 carers of all ages living in Surrey in 2016, this equates to 10% of the population⁷. 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 billion⁸. Support for carers in the community is an important factor in preventing emergency admission.

⁵ ASC LAS system [accessed 25 November 2019, includes Carers and Carers who also use services]

⁶ Action for Carers Surrey. Working definition of a carer. Available from: <u>http://www.actionforcarers.org.uk/what-we-do/</u>

⁷ Office for National Statistics. 2011 Census and population projections. Available from: <u>https://www.ons.gov.uk/census/2011census/2011censusdata</u>

⁸ Carers UK. Valuing Carers 2015 – The Rising Value of Carers' Support, 2015. Available from: <u>http://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015</u>

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 on the carer is partly dependent on the number of hours spent caring. Other factors might include whether or not a carer is in employment, and for older carers in particular there is an impact on health. Based on the 2011 Census and population projections, Surrey's 2016 projected BAME carers population is 18,817 (16.3% of the total carers population); this group has been identified as facing particular difficulties in accessing and using support services for carers for a number of reasons, such as language barriers and a lack of culturally-appropriate information.

Based on the 2011 Census and population projections, 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% in that age group where they are caring for 50 or more hours per week. The 85+ age group is an exception to this, however, as 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.

Impacts (Please tick or specify)	Positive		N	egative		Both	\checkmark
Impacts identified		Supporting evidence		How will you maximise positive/minimise negative impacts?		When will this be implemented by?	Ownor
+ Direct payme more choice a options	nts will offer carers and support	Changes which may upon carers will be d the following progran	riven by		upport mechanisms ers to use direct	31 March 2021	AD Commissioning
encourage an	ne adaptations to nd enable families heir adult family ome	 Practice Improvement Learning Disability & Autism 		Work with district and borough councils to ensure home adaptations are undertaken with pace		31 March 2021	ADs
	Carers may be resistant to, and feel anxious about, change		Involve carers in the co-design of new services		31 March 2021	ADs	
				help carers u	communication to nderstand why and are changing		
					rs concerns and nto service design		

- Carers may feel obliged to take on more of a caring role		Continue to support carers in their caring role	31 March 2021	ADs
		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		
What other changes is the coun Are there any dependencies dec			oups of residents?	
-				
Any negative impacts that cann	ot be mitigated? Please ide	ntify impact and explain why		
There are no negative impacts that	at cannot be mitigated			

3. Staff

AGE

What information do you have on the affected staff with this characteristic?

9% of the HW & ASC workforce are under 30 years old compared to 13% countywide. 43% of the HW & ASC workforce are over 50 years old compared to 36% countywide.

Impacts	Positive		N	legative		Both	\checkmark
Impacts identified		Supporting evidence posit		How will yo positive/mir impacts?	u maximise nimise negative	When will this be implemented by?	Owner
structure and may create o of all ages to	f organisational l accountabilities pportunities for staff develop new skills n new roles and es.	Review of the organisat structure and accountal in ASC and the rollout of hybrid technology which both part of the Practice Improvement programm	bilities of h are e	accountabilitie	eview of I structure and es is supported by nal consultation	31 March 2021	ADs
 The review of organisational structure may create new entry level roles to support young people to join the workforce. 				Consider opportunities for Apprentice and entry level roles across the service open to all candidates.		31 March 2021	ADs
 The roll out of hybrid technology to frontline staff may be more challenging for mature members of staff to adopt 				ng to support the rid technology to	31 March 2021	ADs	

Any negative impacts that cannot be mitigated? Please identify impact and explain why

There are no negative impacts that cannot be mitigated

DISABILITY

What information do you have on the affected staff with this characteristic?

2.35% of the HW and ASC workforce have declared a disability compared to SCC at 2.83% of the countywide workforce.

Impacts	Positive		N	legative	\checkmark	Both	
Impacts identif	ied	Supporting evidence		How will you maximise positive/minimise negative impacts?		When will this be implemented by?	Owner
structure or location could mean stru staff with a disability find in A		Review of the organisational structure and accountabilities in ASC as part of the Practice Improvement programme		Ensure any review of organisational structure and accountabilities is supported by HR and a formal consultation process		31 March 2021	ADs
		cil planning that may sisions makers need t			oups of staff?		
county.					-	king and a redistribution	
		e with the tools to work from e do not somewhere we		iocation. It will	not apply to every ro	le and every individual b	ut tocuses on the
Any negative in	mpacts that canno	ot be mitigated? Plea	se ider	ntify impact a	nd explain why		
There are no neg	ative impacts that ca	annot be mitigated					

CARERS PROTECTED BY ASSOCIATION

What information do you have on the affected staff with this characteristic?

We do not collect data on carers within the workforce.

Impacts	Positive		Negative		Both	\checkmark
Impacts identified		Supporting evidence	How will you maximise positive/minimise negative impacts?		e/minimise negative	
 Introduction of hybrid devices will enable staff to be more flexible so they can accommodate caring responsibilities 		Review of the organisation structure and accountabilit in ASC as part of the Prac Improvement programme	ties roll out of hy	ning to support the brid technology to	31 March 2021	ADs
 Any change to organisation structure or location could mean staff with a caring responsibility find travelling to carry out their duties more challenging 			accountabili	review of al structure and ties is supported by rmal consultation	31 March 2021	ADs
			Ensure reas	onable adjustments be made		

Are there any dependencies decisions makers need to be aware of

- Moving closer to Residents (MCTR), this will involve the relocation of the civic hub from County Hall to Woking and a redistribution of staff within the county.
- Agile working will provide people with the tools to work from any location. It will not apply to every role and every individual but focuses on the principle that work is something we do not somewhere we go.

Any negative impacts that cannot be mitigated? Please identify impact and explain why

There are no negative impacts that cannot be mitigated

4. Amendments to the proposals

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

5. Recommendation

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

Outcome Number	Description	Tick
	No major change to the policy/service/function required. This EIA has not identified any potential for discrimination or	
Outcome One	negative impact, and all opportunities to promote equality	
	have been undertakenAdjust the policy/service/function to remove barriers	
Outcome Two	identified by the EIA or better advance equality. Are you	
	satisfied that the proposed adjustments will remove the barriers you identified?	
	Continue the policy/service/function despite potential for	\checkmark
Outcome Three	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 impac. 	
	Stop and rethink the policy when the EIA shows actual or	
Outcome Four	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, available <u>here</u>).	
	The ASC transformation programme is evolutionary in approach, buil upon changes to the way care and support services are delivered that been underway for a number of years.	
Please use the box on the right to explain the rationale for your recommendation	There will be many positive impacts for people who use services and carers arising from the ASC transformational changes in 2020/21. For example, we will build upon people's strengths and help them stay connected to their community, extend reablement to all client groups community setting; reshape our learning disability services to offer material creative, community based options; extend the use of direct payment give more choice and control etc.	or in a ore
	However, the 'easy wins' to deliver savings have long since been implemented. With the need to save a further £12.3m in 2020/21, it is acknowledged that whilst actions are in place to mitigate and minimis negative impacts it will be difficult to do so in all cases. For example:	e n

SI

KEY

COUNTY COUNCIL

	 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. 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.
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6a. Version Control

Version Number	Purpose/Change	Author	Date
v1	Initial draft	Kathryn Pyper	22 November 2019
v2	Incorporate data, and HR input	Kathryn Pyper	13 December 2019
v3	Incorporate feedback from Finance and ASC Directorate Equality Group	Kathryn Pyper	19 December 2019
v4	Signed-off by Executive Director	Kathryn Pyper	7 January 2020
v5	Signed-off by Cabinet Member	Kathryn Pyper	23 January 2020

6b. Approval

	Name	Date approved
	Simon White, Executive Director, Adult Social Care	7 January 2019
	Sinead Mooney, Cabinet Member for Adult Social Care	23 January 2020
	ASC Directorate Equality Group	16 December 2019

EIA Author	Kathryn Pyper
EIA Author	Kathryn Pyper
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6c. EIA Team

Name	Job Title	Organisation	Team Role
Kathryn Pyper	Senior Programme Manager	Adult Social Care	Equalities and diversity lead for Adult Social Care
Hannah Dwight	HR Business Partner	Surrey County Council	HR&OD
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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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