

Equality Impact Assessment

Right Care Right Person

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

Yes

1. Explaining the matter being assessed

Is this a:

(Delete the ones that don't apply)

- A new strategy or policy

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

The 'Right Care Right Person' (RCRP) approach aims to ensure that persons who need help get the best possible care from the most appropriate service by reducing the reliance on the police as the first responders. For example, first responders to reports of welfare, absence without leave (AWOL), walkouts, and mental health situations where there is not a risk to life or risk of serious harm, and where core policing duties do not apply.

This policy is owned by the Home Office and being rolled out nationally by the Police. Surrey County Council would be a partner in this process.

Guidance is being reviewed for the impact to children, this policy may change depending on the outcome of the review.

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

- Everyone gets the health and social care support and information they need at the right time and place

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

- County-wide

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

Equality Impact Assessment

Detail here who you have involved with completing this EIA. For each include:

- Liz Uliasz
- Adults, Wellbeing and Health Partnerships
- ASC Chief Operating Officer

- Julia Groom
- Adults, Wellbeing and Health Partnerships
- Public Health Consultant

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 and relevant family members (in line with the Armed Forces Act 2021 and [Statutory Guidance on the Armed Forces Covenant Duty](#))
- 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*

Equality Impact Assessment

- 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)

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

Equality Impact Assessment

Age

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

The usually resident population of Surrey, counted by the 2021 Census, was 1,203,108. There are 23,000 Children aged 5-17 years estimated with mental disorder. 121,500 people aged 16 and over, estimated with common mental health disorder. 115,000 people aged 18 and over with depression. 9,500 Severe mental illness, all ages.

Currently in Adult Social Care, there are 3023 cases open to the Mental Health Teams, 2450 same time last year. AMHP teams receive, on average, 240 contacts for MHA assessment each month.

According to the Mental Health Act (MHA) data for 2023, Age breakdown shows working age adults higher assessments and outcomes than older people, with ages 18 – 27 the highest overall. Outcomes where a person is detained under Section 2,3 or informal patient legal status increased with age with the 68+ group at 86% according to legal status compared to only 55.4% of 18-27 age group.

2023 MHA assessments by Age Group and outcome

Age current as at 6th Feb 24

Legal status post assessment	<18	18-27	28-37	38-47	48-57	58-67	>68	Average by outcome type
Any other legal status	46.6%	33.6%	26.1%	23.6%	22.6%	17.1%	7.5%	24.3%
Section 2, 3 or informal patient	36.9%	55.4%	60.0%	63.1%	65.4%	75.6%	86.0%	64.4%
None	16.5%	11.1%	13.9%	13.3%	11.9%	7.3%	6.5%	11.3%
2023 total by age group	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

- Might not be able to gain access to homes of frail and elderly residents if the council is unable to make contact to carry out a welfare check.

- Disabled young adults (from 16 years old) who have mental health disorder may not be easily understood.

+ Helping vulnerable people access the right professionals.

+ Protecting vulnerable people from feeling criminalised by the police.

Equality Impact Assessment

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

How will you maximise positive/minimise negative impacts (actions to mitigate or enhance impacts)? When will this be implemented by? Who is responsible for this? Include additional details in the "Actions & Decisions Tracker" (Section 5) and refer to the relevant item here.

- **Participate in governance structures (Gold, Silver, Bronze) to have oversight and participate in incident escalation reviews within the bronze group.**
- **Monitor police tags on RCRP cases and reviews on the impact in the bronze meetings.**
- **Practitioners will ensure that they have expended all possible support before the police is called.**
- **Review SCC escalations at a senior level (Executive Director).**

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

- Ensure proper communication across the organisation.
- Review the relevant policies to ensure they reflect the implications of RCRP.
- Guidance and training of all practitioners; staff briefing sessions.

Any negative impacts that cannot be mitigated?

Identify negative impacts that can't be mitigated and explain why, together with evidence.

None

Disability

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

The usually resident population of Surrey, counted by the 2021 Census, was 1,203,108. There are 23,000 Children aged 5-17 years estimated with mental disorder. 121,500 people aged 16 and over, estimated with common mental health disorder. 115,000 people aged 18 and over with depression. 9,500 people with severe mental illness, all ages.

Currently in Adult Social Care, there are 3,023 cases open to the Mental Health Teams, 2,450 same time last year. AMHP teams receive, on average, 240 contacts for MHA assessment each month.

Equality Impact Assessment

- There is a potential increased risk for residents with significant mental health disorder as they would be vulnerable.
- Disabled young adults (from 16 years old) who have mental health disorder may not be easily understood. Some people might communicate non-verbally whereas others may need supported communication.
- People with multiple disadvantages, for example a dual diagnosis of mental health and substance misuse and/or homelessness maybe disproportionately impacted.
- + Helping vulnerable people access the right professionals
- + Protecting vulnerable people from feeling criminalised by the police.

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

How will you maximise positive/minimise negative impacts (actions to mitigate or enhance impacts)? When will this be implemented by? Who is responsible for this? Include additional details in the "Actions & Decisions Tracker" (Section 5) and refer to the relevant item here.

- **Participate in governance structures (Gold, Silver, Bronze) to have oversight and participate in incident escalation reviews within the bronze group.**
- **Monitor police tags on RCRP cases and reviews on the impact in the bronze meetings.**
- **Practitioners will ensure that they have expended all possible support before the police is called.**
- **Review SCC escalations at a senior level (Executive Director).**
- **Promote the Pegasus card scheme to all service users who have learning disabilities and autism.**

Please note: The Police have representatives on both the LDA Partnership Board and the Autism Partnership Board

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

- Ensure proper communication across the organisation
- Review the relevant policies to ensure they reflect the implications of RCRP.
- Guidance and training of all practitioners; staff briefing sessions.

Any negative impacts that cannot be mitigated?

Identify negative impacts that can't be mitigated and explain why, together with evidence.

Equality Impact Assessment

None

Pregnancy/Maternity

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

- There is a potential increased risk for pregnant women in domestic abusive relationship.
- Pregnant disabled women (mental health disorder) could be at risk as pregnancy hormones may heighten stress impact.
- Women with post-natal depression could be vulnerable
- + Helping vulnerable people access the right professionals
- + Protecting vulnerable people from feeling criminalised by the police.

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

How will you maximise positive/minimise negative impacts (actions to mitigate or enhance impacts)? When will this be implemented by? Who is responsible for this? Include additional details in the "Actions & Decisions Tracker" (Section 5) and refer to the relevant item here.

- **Participate in governance structures (Gold, Silver, Bronze) to have oversight and participate in incident escalation reviews within the bronze group.**
- **Monitor police tags on RCRP cases and reviews on the impact in the bronze meetings.**
- **Practitioners will ensure that they have expended all possible support before the police is called.**
- **Review SCC escalations at a senior level (Executive Director).**
- **Proactive referral process to perinatal mental health services.**

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

- Ensure proper communication across the organisation
- Review the relevant policies to ensure they reflect the implications of RCRP.
- Guidance and training of all practitioners; staff briefing sessions.

Any negative impacts that cannot be mitigated?

Equality Impact Assessment

Identify negative impacts that can't be mitigated and explain why, together with evidence.

Race including ethnic or national origins, colour or nationality.

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

According to the MHA data for 2023, Ethnicity breakdown shows 59% assessments were classed as white British, 16% other, 24% not stated. Outcome of assessments show 61% of white British, 68% other and 69% of not stated detained.

The January 2023 Traveller caravan count from the Department for Levelling Up, Housing and Communities, reported an estimated 887 caravans in Surrey.

2023 MHA assessments by Ethnicity category and outcome

Legal status post assessment	White British	Any Other Ethnicity	Information Refused	Undeclared / not recorded / not stated	Average by outcome type
Any other legal status	27.8%	21.2%	0.0%	18.1%	24.3%
Section 2, 3 or informal patient	61.0%	68.1%	100.0%	69.9%	64.4%
None	11.2%	10.7%	0.0%	12.0%	11.3%
Grand total	100.0%	100.0%	100.0%	100.0%	100.0%

- People from ethnic minority groups may be disproportionately impacted by RCRP because they have a higher involvement of police in MHA assessments.

- Without the support of the police, it would be extremely difficult for practitioners to access individuals within the Gypsy, Roma community to engage and provide support.

+ Helping vulnerable people access the right professionals

+ Protecting vulnerable people from feeling criminalised by police involvement.

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

Equality Impact Assessment

How will you maximise positive/minimise negative impacts (actions to mitigate or enhance impacts)? When will this be implemented by? Who is responsible for this? Include additional details in the “Actions & Decisions Tracker” (Section 5) and refer to the relevant item here.

- **Participate in governance structures (Gold, Silver, Bronze) to have oversight and participate in incident escalation reviews within the bronze group.**
- **Monitor police tags on RCRP cases and reviews on the impact in the bronze meetings.**
- **Practitioners will ensure that they have expended all possible support before the police is called.**
- **Review SCC escalations at a senior level (Executive Director).**

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

- Ensure proper communication across the organisation
- Review the relevant policies to ensure they reflect the implications of RCRP.
- Guidance and training of all practitioners; staff briefing sessions.

Any negative impacts that cannot be mitigated?

Identify negative impacts that can't be mitigated and explain why, together with evidence.

Marriage/civil partnerships

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

- There is a potential increased risk for residents in domestic abusive relationship.

+ Helping vulnerable people access the right professionals

+ Protecting vulnerable people from feeling criminalised by police involvement.

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

How will you maximise positive/minimise negative impacts (actions to mitigate or enhance impacts)? When will this be implemented by? Who is responsible for this? Include additional details in the “Actions & Decisions Tracker” (Section 5) and refer to the relevant item here.

Equality Impact Assessment

- **Participate in governance structures (Gold, Silver, Bronze) to have oversight and participate in incident escalation reviews within the bronze group.**
- **Monitor police tags on RCRP cases and reviews on the impact in the bronze meetings.**
- **Practitioners will ensure that they have expended all possible support before the police is called.**
- **Review SCC escalations at a senior level (Executive Director).**

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

- Ensure proper communication across the organisation
- Review the relevant policies to ensure they reflect the implications of RCRP.
- Guidance and training of all practitioners; staff briefing sessions.

Any negative impacts that cannot be mitigated?

Identify negative impacts that can't be mitigated and explain why, together with evidence.

Carers

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

- Without police support, a carer may be left trying to deal with a challenging situation with no other support.

+ Helping vulnerable people access the right professionals

+ Protecting vulnerable people from feeling criminalised by police involvement.

+ incidences could be used to ensure that carers are linked up with carer support services.

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

Equality Impact Assessment

- Participate in governance structures (Gold, Silver, Bronze) to have oversight and participate in incident escalation reviews within the bronze group.
- Monitor police tags on RCRP cases and reviews on the impact in the bronze meetings.
- Practitioners will ensure that they have expended all possible support before the police is called.
- Review SCC escalations at a senior level (Executive Director)

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?

Any negative impacts that cannot be mitigated?

None.

3. Staff

No impact

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

Details on the service users/residents that could be affected. What information (data) do you have about them? How might they be impacted in a positive or negative way? (try to be as specific as possible)

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

How will you maximise positive/minimise negative impacts (actions to mitigate or enhance impacts)? When will this be implemented by? Who is responsible for this? Include additional details in the "Actions & Decisions Tracker" (Section 5) and refer to the relevant item here.

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

Any negative impacts that cannot be mitigated?

Identify negative impacts that can't be mitigated and explain why, together with evidence.

4. Recommendation

Equality Impact Assessment

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

Recommended outcome:

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 would remove the barriers you identified?

The proposed adjustments by SCC will mitigate potential negative impacts of RCRP for people with protected characteristics, However, as this is a policy change led by the Police there may be limits to this.

Explanation:

Explain the reasons for your recommendation

This policy was introduced by the Home Office and implementation is led by Surrey Police. Surrey County Council would continue to work with the Police and other partners.

Equality Impact Assessment

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	February 2024	Staff guidance	Liz Uliasz	1 April 2024	Final draft to go through governance for sign off	open
2	27 March 24	Staff sessions	Liz Uliasz	22 April	Sessions for all staff briefings booked	open
3	22 April 24	Monitoring	Liz Uliasz/Julia Groom	Long term	Continue attendance at cells Agree data set for monitoring	open

Equality Impact Assessment

6a. Version control

Version Number	Purpose/Change	Author	Date
1	Initial Draft	Barbara Anu Liz Uliasz Julia Groom Kathryn Pyper Augustine Blankson Hanne Rasmussen	11/03/2024
2	Review and edits	Liz Uliasz Julia Groom Barbara Anu	22/03/2024 22/03/2024 05/04/2024 07/05/2024

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
Head of Service	07/05/2024
Executive Director	07/05/2024
Cabinet Member	
Directorate Equality Group/ EDI Group (If Applicable) (arrangements will differ depending on your Directorate. Please enquire with your Head of Service or the CSP Team if unsure)	24/05/2024

Publish:

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

Please send approved EIAs to: equalityimpactassessments@surreycc.gov.uk

EIA author:

6c. EIA Team

Name	Job Title	Organisation	Team Role
Liz Uliasz	Director - Mental Health, Prisons & EDT	SCC	Project Owner
Julia Groom	Public Health Consultant	SCC	Project Team
Kathryn Pyper	Chief of staff	SCC	Reference group
Augustine Blankson	Senior Manager - Mental Health	SCC	Project Team
Hanne Rasmussen	Team Manager - Mental Health Duty	SCC	Project Team
Barbara Anu	EDI Manager	SCC	Reference group

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

Equality Impact Assessment

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