

Addressing Inequalities

**Equalities Impact Assessment
Sustainable Community Strategy November 2009**

Surrey County Council Equality Impact Assessment Template

Stage one – initial screening

What is being assessed?	The Sustainable Community Strategy
Service	Corporate Policy
Name of assessor/s	Tim Nimmons
Head of service	Neelam Devesher
Date	August 2009
Is this a new or existing function or policy?	New Policy

Write a brief description of your service, policy or function. If this screening is part of a project it is important to focus on the service or policy the project aims to review or improve.

The Sustainable Community Strategy is the Surrey Strategic Partnership's Plan for a better Surrey. It brings together the public and private sectors along with the Voluntary Community and Faith sectors to identify ways in which they can work together better to improve the quality of life and well-being of everyone living, working or visiting Surrey.

The Local Area Agreement is a set of targets negotiated between the Surrey Strategic Partnership and government to help deliver the community strategy.

Indicate for each equality strand whether there may be a positive impact, negative impact, or no impact.

Equality Strand	Positive	Negative	No impact	Reason
Age	x			Priorities and targets to: <ul style="list-style-type: none"> • Improve life chances for children and young people (health education, safety, crime, employment, accommodation) • Improve the support for older people to live independently • Improve satisfaction with the local area and to increase confidence of community safety • Improve perception of influence over local decisions

Race	x			<p>Priorities and targets to:</p> <ul style="list-style-type: none"> • Remove barriers to academic success and employment • Reduce bullying and hate crimes • Improve satisfaction with the local area and to increase confidence of community safety • Improve perception of influence over local decisions
Disability	x			<p>Priorities and targets to</p> <ul style="list-style-type: none"> • Remove barriers to education achievement, employment and leisure • Reduce bullying and hate crimes and to increase confidence of community safety • Support independent living • Improve satisfaction with the local area • Improve perception of influence over local decisions
Gender	x			<p>Priorities and targets to</p> <ul style="list-style-type: none"> • Remove barriers to academic success and employment • Reduce domestic violence
Belief / Faith	x			<p>Priorities and targets to</p> <ul style="list-style-type: none"> • Remove barriers to academic success and employment • Reduce bullying and hate crimes to increase confidence of community safety • Improve satisfaction with the local area • Improve perception of influence over local decisions
Sexual Orientation	x			<p>Priorities and targets to</p> <ul style="list-style-type: none"> • Remove barriers to academic success and employment • Reduce bullying and hate crimes and to increase confidence of community safety • Improve satisfaction with the local area • Improve perception of influence over local decisions
Other equality issues – please state	x			<p>Priorities and targets to reduce the gap in life expectancy and other outcomes between the most deprived areas of the county and the least deprived. Recognition of rural inequalities</p>
HR issues				

If you find a negative impact on any equality group you will need to complete stage one and move on to stage two and carry out a full EIA.

A full EIA will also need to be carried out if this is a high profile or major policy that will either effect many people or have a severe effect on some people.

Is a full EIA required?	Yes (go to stage two)	No
If no briefly summarise reasons why you have reached this conclusion, the evidence for this and the nature of any stakeholder verification of your conclusion.		
Briefly describe any positive impacts identified that have resulted in improved access or services		

For screenings only:

Review date	
Person responsible for review	
Head of Service signed off	
Date completed	

- Signed off electronic version to be kept in your team for review
- Electronic copy to be forwarded to Equality and Diversity Manager for publishing

Stage 2 – Full Equality Impact Assessment

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Introduction and background

Using the information from your screening please describe your service or function. This should include:

- The aims and scope
- The main beneficiaries or users
- The main equality, accessibility, social exclusion issues and barriers, and the equality strands they relate to (not all assessments will encounter issues relating to every strand)

If this EIA is part of a project it is important to focus on the service or policy the project aims to review or improve.

The Sustainable Community Strategy is the Surrey Strategic Partnership's Plan for a better Surrey. It brings together the public and private sectors along with the Voluntary Community and Faith sectors to identify ways in which they can work together better to improve the quality of life and well-being of everyone living in, working in or visiting Surrey. The Local Area Agreement is a set of targets negotiated between the Surrey Strategic Partnership and government to help deliver the community strategy.

The Sustainable Community Strategy identifies a range of things that are good about Surrey that should be enhanced and enriched for future generations. It also recognises that some people in Surrey do not experience the quality of life enjoyed by the majority across a range of key outcomes and commits to address these inequalities by providing targeted support for disadvantaged and vulnerable people and by promoting independence. For example, by supporting people to acquire skills and employment, and to live healthy sustainable lifestyles; by supporting vulnerable people to live independently; and by supporting communities to develop local solutions to local needs.

Surrey's Local Area Agreement contains targets to improve support for specific groups such as carers, people with learning disabilities, older people, along with targets to address broader inequalities in health, education and employment. In the latter case, it is the responsibility of the lead partners for each target to identify the specific groups to be targeted within their delivery plans.

The strategy recognises the challenges of an aging population and also the value of early intervention and prevention, particularly with children and families.

This EIA builds upon the EIA 9/9/08 that was developed alongside the Interim Community Strategy 17/11/08 and the Local Area Agreement 2008-11.

Now describe how this fits into ‘the bigger picture’ including other council or local plans and priorities.

The Sustainable Community Strategy describes the shared aspirations and objectives for a better Surrey as agreed by partners. It is informed by all partners’ understanding of community needs and in turn is intended to influence and guide the corporate plans and policies of partners and others that can help deliver the partnership goals for Surrey.

Evidence gathering and fact-finding

(Page 15 of the guidance)

What evidence is available to support your views above? Please include:

- A summary of the available evidence
- Identification of where there are gaps in the evidence (this may identify a need for more evidence in the action plan)
- Information on contributing factors to inequality.
- What information is currently captured with respect to usage and take up of services.
- What the current situation is in relation to equality and diversity monitoring (where relevant)

The **2008 EIA** of the Interim Sustainable Community Strategy 17/11/08 and Local Area Agreement 2008-11, in consultation with stakeholders from the 7 equality strands identified the following as equality and diversity priorities:

- health inequalities
- hate-crimes, domestic violence, harassment and bullying in the work-place and schools, all of which impact on health, educational achievement, safety, employment and community cohesion
- accessible towns, buildings, housing, and transport – important for older people, disabled people and parents
- affordable, accessible and credible leisure facilities – a priority for children and young people
- raising expectations and educational achievement, particularly for Pakistani and Traveller communities
- culturally appropriate services
- equal pay, opportunities for promotion, and flexible working
- relevant, timely information in accessible formats
- participation, engagement and influence
- rural issues include aggravation of other equality issues often related to access to: services, employment, affordable housing leisure and opportunities for engagement, participation and influence.

References from EIA 2008:

Consulting with Young People May June 2005
50+ Strategy 2007
Surrey County Council Equality Scheme 2006
Surrey County Council Equality & Diversity Staff Network
State of the County – British Crime Survey
A Strategy for Minority Ethnic Children & Young People in Surrey
Disability Engagement 2006
Surrey Change Up Consortium Report of the Additional Support Programme
Communicating & Consulting with Minority Ethnic People in Surrey
A Strategy for Minority Ethnic Children & Young People in Surrey
Gay Surrey – Lifestyle Surveys 2007
Gender Identity Research Education Society – Annual Report 2007
Surrey Rural Strategy

Accessibility (Local Transport Plan 2)

A pilot partnership has been initiated in North West Surrey, to gain an early understanding of the accessibility planning process. The pilot study identified the most important issues as being:

- access to health facilities for patients, visitors and staff, in both rural and urban areas
- access to post-16 education for students in both rural and urban areas
- access to employment specifically for enabling people with mobility impairments and learning difficulties to get back into work
- general access issues for the elderly, particularly in rural areas

The initial accessibility modelling analysis indicates that 55% of Surrey's population lives within 30 minutes travel by public transport of a major hospital with either an accident and emergency department or a walk in centre. A further 36% of people live within 60 minutes, therefore 9% of people live over 60 minutes from their nearest major hospital.

The initial accessibility modelling analysis indicates that 86% of the population live within 30 minutes of an education facility that caters for 16 to 19 year old students, and a further 13% live within 60 minutes. Therefore only 1% of the population of Surrey live more than 60 minutes from a facility.

The initial accessibility modelling analysis indicates that 61% of Surrey's population lives within 20 minutes travel by public transport of a major town centre, a further 35% of people live within 40 minutes, therefore less than 4% of people live over 60 minutes from their nearest major town centre.

Deprivation

An analysis of the Indices of Multiple Deprivation (IMD) 2007 demonstrates that Surrey is the third most affluent county after Wokingham and Rutland. Over 60% of Surrey's population falls in the least deprived English quintile and there are no Surrey Lower Super Output Areas (LSOA) in the most deprived national decile. However, there are relative pockets of deprivation in Surrey.

- One LSOA in Maybury and Sheerwater (Woking) is in the most deprived national quintile.
- The local authority with the highest proportion of LSOAs found in the most deprived half of England is Spelthorne (21.6% of its population) followed by Woking (14.7% of its population).

Analysis of the individual IMD 2007 domains demonstrates that Surrey is relatively affluent in terms of income, employment, health and education; it is less so in some of the other domains. Surrey has comparable levels of deprivation with England in terms of barriers to housing and services. 10.8% of its population falls within the most deprived quintile for this IMD domain. The top twenty wards, which have the highest scores for this domain are in predominately rural areas, some of which are relatively wealthy.

Over 18,000 (8.8%) children in Surrey live in income-deprived households. Guildford, Reigate and Banstead, and Spelthorne have the most income deprivation relating to children; Mole Valley, Surrey Heath, and Epsom and Ewell have the least.

The wards with the highest numbers of Children in Need are all in Surrey's fifty most deprived wards for the Index of income deprivation relating to children, suggesting local areas which are a priority for action (JSNA).

9.7% (21150) of people over 60 in Surrey live in low income households with the largest proportion of those in Woking (11.2%) and Runnymede (10.9%).
(Joint Strategic Needs Assessment -JSNA)

Salaries of top 25% of earners is more than double that of the bottom 25%

High house prices make Surrey unaffordable for key workers, lower earners, young people and migrant workers.

About 180,000 people in Surrey are without level 2 qualifications

Health Inequalities

Most Surrey residents enjoy good health and have a relatively high average life expectancy (79.6 years for males, 83 years for females). Within this there are some significant health inequalities, including an average 5.4-year difference in life expectancy between the most affluent fifth of wards (83.2 years) and the least affluent fifth of wards (77.8 years). Across Surrey the gap between the ward with the highest life expectancy and that with the lowest is over 10 years.

The county's biggest health inequality issues include:

- Smoking: 1,600 deaths a year result from smoking – the biggest single preventable cause of ill-health and death. Although the prevalence of smoking in Surrey is relatively low, in some part of the county as much as 40% of the population smokes.
- Alcohol abuse: alcohol-related illness and deaths are increasing. The South East has higher rates of drinking compared to other regions and Surrey has seven of the worst ten districts in England for hazardous drinking.

- Obesity: it is estimated that nearly one in five adults in Surrey is obese and is therefore significantly more likely to experience chronic illness early in life and be unable to contribute towards the economy. Obesity reduces life expectancy by as much as nine years.

13.2% of Surrey's children were obese in 2007/8 when weighed in their last year of Primary School (year 6), which represents a significant and growing challenge. The National Child Measurement Programme showed substantial differences in prevalence of childhood obesity by ethnic group, especially for Year 6. Differences in the ethnic breakdown of Primary Care Trust (PCT) populations can explain a significant proportion of the variation in prevalence between PCTs. (JSNA)

There is a strong association between high teenage conception rates and deprivation and social exclusion. Poor family relationships, low self-esteem and unhappiness at school for example can also put teenagers at greater risk. Having children at a young age can be harmful for a woman's (and her child's) health and wellbeing and limit her education and career prospects. (JSNA)

There is significant variation across Surrey in numbers of households that have been accepted as homeless. Reigate and Banstead has the most with 206, closely followed by Elmbridge with 196. Spelthorne follows with 112 and all other boroughs and districts have less than 100, with Epsom and Ewell reporting none in 2004-05.

The links between homelessness and poor health are well established. Research into the health of the single homeless rough sleeper population has shown that:

- 30-50 per cent of homeless people experience mental health problems
- about 70 per cent of homeless people misuse drugs
- rough sleepers have an average life expectancy of 42 years
- there are high rates of TB, respiratory problems and skin diseases.
- In spite of this level of poor health, street homeless people are 40 times more likely than the general population not to be registered with a GP.

Families living in temporary accommodation experience significantly more health problems than the general population:

- homeless children are twice as likely to be admitted to hospital for accidents and infectious diseases
- behavioural problems have been found to be higher among homeless children
- mental health problems are significantly higher among homeless mothers and children.

(JSNA)

Age

The number of over 85s is projected to increase by 120% between 2006 and 2031 with a 68% increase in the 80-84% age group. Currently 28% of households contain one person and about half are lone pensioners. It is projected that 38% of households will contain one person by 2026. (State of the County)

Concerns that may arise for older people living alone include how to address social exclusion, isolation, a lack of support, inability to access services. Vulnerability to loneliness is associated with poor mental health, low ratings for current health and

expected future health. Reduced social contact, being alone, isolation and feelings of loneliness are consistently associated with reduced quality of life at all ages, including older people. (JSNA)

In 2007/08 Surrey County Council was helping around 9,500 older people to live at home. According to the most widely accepted model, this should be at least 13,000 for a county like Surrey.

Surrey has 262,000 children and young people aged up to 19, representing 23% of the population. There are 125,000 households with dependent children in Surrey, which equates to 29% of all households and there are 17,000 lone-parent households. The proportion of lone-parent households in Surrey is lower than the national average (four per cent compared with 6.5%).

In 2007, 12.5% of Surrey's looked-after children achieved five or more GCSEs, compared with 65% of all young people

Three per cent of Surrey's young people are not in education or employment, yet Surrey has one of the strongest economies in the UK.

2,400 young people have not achieved a level 2 qualification or its equivalent by the age of 19.

Most children and young people in Surrey consider it to be a safe place to live: according to the TellUs2 survey, 78% said they felt safe or very safe in their local area. Nearly a quarter of children and young people responding to the survey reported that they were worried about bullying. While this is comparable to national levels, it is not acceptable.

In March 2009 there were 539 children subject to a Child Protection Plan. Repeat registrations, where children had been on a Plan in the previous 12 months, had fallen to about ten per cent from the high levels of nearly 20% which had raised concerns and led to this being a target in the Local Area Agreement.

The most vulnerable road users include the elderly, children, motorcyclists, pedestrians and cyclists. Pedestrian and cyclist casualties have fallen consistently during the last decade with pedestrian casualties reaching the lowest level on record by 2003. There has been a 44.5% decrease from the 1994–1998 baseline average of 84, this has by no means been a smooth downward trend, but the decrease still compares favourably with the national and regional picture, where there has been a much smaller decrease over the same period (43.1% and 33.8% respectively).

(Local Transport Plan 2)

A potential problem, identified in some areas of the country, is that the incidence of child casualties is higher in disadvantaged areas. Few of the 207 wards in Surrey are seriously disadvantaged by national standards and analysis of casualty rates for each ward currently shows no evidence of correlation with disadvantage.

(Local Transport Plan 2)

Disability

According to national statistics approximately one in five people are or will become disabled. This might increase as the population ages.

Some vulnerable adults receive housing-related support through the Supporting People programme. Mapping of need in Surrey has demonstrated an under-supply of services for all client groups, particularly:

- elderly people with dementia;
- frail elderly people;
- people with learning disabilities;
- young people and people facing complex problems, including substance abuse and mental health issues.

Mental ill health accounts for over a third of all illness in Britain and 40% of all disability.

- At any one time one adult in six suffers from some sort of mental illness.
- Unemployed people are twice as likely to have depression than people in work.
- Half of all women and a quarter of all men will be affected by depression at some time in their life and 15% experience a disabling depression.
- People who have been abused or been victims of domestic violence have higher rates of mental health problems.
- Up to 1 in 4 consultations with a GP concern mental health problems.
- 10-15% of new mothers suffer from post-natal depression

(JSNA)

All boroughs and districts in Surrey show a lower proportion of long-term illness in the economically active population compared to the England average (JSNA).

The relationship between unemployment and poor health is well documented.

Unemployment can lead to increased:

- consumption of tobacco
- consumption of alcohol
- use of GP services
- use of medication
- increased risk of suicide

Unemployed people have:

- twice the rate of depression and three times the rate of anxiety than the general population
- increased rates of obesity
- reduced rates of activity

(JSNA)

Race

The 2001 census shows that about ten per cent of Surrey's population belongs to a minority ethnic group, just under half of whom can be described as "white other".

Office for National Statistics estimates for 2006 suggest increasing ethnic diversity with Surrey's non-white population having risen to 7.9% by 2006 and the "other white" groups having risen to 5.5%.

Gypsies and Travellers were not identified as a distinct ethnic group in the 2001 census but it is estimated that Surrey has the second largest population in the south east and there are Gypsy and Traveller sites in all of Surrey's districts and boroughs. Gypsies and travellers have the poorest life chances of any ethnic group. For example, life expectancy is approximately 10 years below the national average.

Gypsy travellers have significantly poorer health status and greater chance of dying at all ages than England in general and than other minority groups. They are more likely to suffer from general poor health including chest pain, respiratory problems, and heart disease. Reported health problems are between twice and five times more common. (JSNA)

Approximately 150 different languages are identified as the first language of the children in Surrey's schools in 2009.

Woking has the highest percentage of Surrey pupils whose first language is not English – 20.1%, which is almost double that of the next highest borough, Epsom and Ewell with 10.4%. But more than half of Surrey local authorities have wards where schools have more than 9% of children with English as a second language. Panjabi and Urdu are the most widely spoken additional languages, especially in the Asian communities in Woking (JSNA).

Analysis of the ethnicity of the children in need in 2005 reveals that white and Asian children in need are under-represented in relation to the proportion of white and Asian children aged 0-17 in Surrey at that time but that all other ethnic groups are over-represented. (JSNA)

Gender

Surrey has the highest levels of domestic abuse in the south east. Domestic violence accounts for a fifth of violent crime in the county – about 1,000 incidents are reported to Surrey Police each month – and it is the cause of nearly all homicides of women in Surrey.

Hate Crime

Nationally, there were a total of 10,681 race-hate crimes recorded as committed during the second quarter of the 2008/09 year. During the same period there were 383 faith-hate crimes, 1155 sexual-orientation hate, 39 transphobic and 206 disablist offences recorded. Surrey's figures for the same period are 200 race-hate crimes; 9 faith-hate; 16 sexual-orientation hate, 0 transphobic and 16 disablist.

The vast majority of all hate crimes fell into the category of "violence against the person" (VAP). Violence against the person was most likely to take the form of "harassment". Disabled victims were significantly more likely than victims of other hate crimes to be victimised by way of criminal damage or theft. Disabled victims were significantly more likely than victims of other hate crimes to be exposed to some form of physical assault. There were 4 hate-related murders recorded during the

period, of which 3 were attributed to race and 1 to sexual-orientation. All incidents of hate crime peak over the weekend.

Abuse of Vulnerable Adults

At least one adult abuse case is reported every six hours in Surrey, according to the latest figures. There were 1,541 referrals or alerts in the county in 2008/09, which equates to four a day. Physical abuse accounted for 34% of the figures, financial abuse 19%, neglect 16%, emotional or psychological 10% and sexual abuse 10%.

The incidence of crime in Surrey is relatively low but research indicates reluctance by vulnerable groups to use public transport services after dark because of the fear of crime or anti-social behaviour.

Road safety (Local Transport Plan 2)

Surrey Prisons

There are five prisons in Surrey, four of which are state run and one of which is privately owned and run. In general prisoners have poorer health than the population at large, and many have lifestyles that put them at risk of ill health.

Major health issues in prisons include:

- 90% of all prisoners have a diagnosable mental health problem, substance misuse problem or both.
- The rate of suicide in prisons is greater than that in the general population.
- 80% of prisoners smoke.
- 24% of prisoners have injected drugs – of these 20% are infected with Hepatitis B, and 30% with Hepatitis C.
- A recent survey showed 8% tested positive for Hepatitis B and 7% for Hepatitis C; by contrast only 0.3% of the male prisoners and 1.2% of females are HIV positive.
- 20% of women in prison ask to see a doctor or nurse each day.

(JSNA)

Drug Misusers

2225 opiate and/or crack users living in Surrey have not been in treatment during the last 2 years

(JSNA)

Sources of evidence may include:

- Service monitoring reports including equality monitoring data
- User feedback
- Population data – census, state of the county, Mosaic
- Complaints data
- Published research, local or national.
- Feedback from consultations and focus groups
- Feedback from individuals or organisations representing the interests of key target groups
- Evidence from partner organisations, other council departments, district or borough councils and other local authorities

How have stakeholders been involved in this assessment? Who are they, and what is their view?

Stakeholders from the 7 equality strands were consulted during the development of the 2008 EIA of the interim strategy and Local Area Agreement 2008-11. The current strategy and EIA have been developed from the work in 2008.

A wide range of partners have contributed to the development of the strategy through workshops, the Surrey Strategic Partnership annual conferences in 2007 and 2008 and through responding to the consultation. 150-200 people from over 50 organisations attended the conferences. Groups representing age, faith, disability and rural stakeholders were represented. 40 organisations responded to the 2008 consultation and all equality strands were represented. 35 partner organisations responded to the 2009 consultation.

Partners and delivery partnerships undertake a wealth of engagement and consultation. They bring this understanding of residents and users needs to the strategic planning process.

For example, Surrey County Council has conducted a Community Survey every two years. This is a large scale face-to-face survey of residents that collects information on public satisfaction with the county council and the services it provides, gauges the public's priorities in order to inform policy development and gathers views on current issues facing the council. A community survey has been run in Surrey for 18 years. In 2007, eight focus groups were undertaken and 1,107 household interviews completed with residents across the county.

Surrey County Council has established an Equality Advisory Group to advise the council and contributes to initiatives to address inequality and discrimination and promote positive relations between people of different backgrounds in Surrey. Meetings are held every other month and the current membership includes representatives from:

- Surrey Coalition of Disabled People
- 50+ Network
- Age Concern
- Bridging the Gap Project - Black and Minority Ethnic Forum
- The Council's Corporate Equality Group
- Gay Surrey
- Guildford and Southwark Dioceses and Inter Faith
- Surrey Youth Focus
- Farnham Humanists
- GIRES - Gender Identity Research and Education Society

Surrey PCT with partners has undertaken some widespread public campaigns to ask people their views on alcohol, through the Big Drink Debate, and on sexual health, through the *It takes you to tango* questionnaire. The PCT website actively encourages feedback and debate on a variety of health subjects and through PALS (patient advice and liaison service)

The following groups exist in Surrey to support the participation and engagement of young people with the development and delivery of Surrey's Children and Young People's Plan and related service development.

- [Surrey Youth Parliament](#)
 - Meets regularly to capture young people's views
 - Promotes Every Child Matters
 - Arranges events for young people at a county level
- [Linking Young People](#)
 - Group of around 30 young people aged 15-18
 - Feed views back into Connexions service
- Surrey Participation Network
- Care Council for Children in Care
- [Surrey Young Carers](#)
 - Provide an advocacy service for young carers
 - Raise awareness and promote their needs
- Forum for Disabled Children
- [Partnership with Parents](#)
 - Aims to ensure that parents are able to play an informed part in any decisions about the educational provision for their child's special educational needs
- Children & Young People's Forum and annual [Children & Young People's Assembly](#)
 - Engaging children and young people to shape the Children and Young People Plan
- [Hear by Right](#)
 - Provides framework for organisations to assess and improve practice and policy on the active involvement of children and young people – Surrey County Council is in the [early stages](#) of development
- [Children & Young People Participation Strategy](#)
 - Aims to develop a culture of involving children and young people across all partnership agencies.
- Parent Carer Advisory Board's (PCAB)

Surrey County Council submitted a joint response to the Big Care Debate on the governments green paper on behalf of the Surrey Coalition For Disabled People, Action for Carers Surrey and other stakeholders that contributed to the consultation

The Health and Wellbeing Partnership includes as part of it's terms of reference, the following core members:

- 2 nominees as Voluntary/Community Sector representatives:
- 2 nominees as service user/patient representatives;
- 1 nominee as carer representative.

Analysis and assessment

Given the available information, what is the actual or likely impact on minority, disadvantaged, vulnerable and socially excluded groups? Is this impact positive or negative or a mixture of both? (Refer to page 17 of the EIA guidance for full list of issues to consider when making your analysis)

The Sustainable Community Strategy commits partners to Sharing Success and Promoting Independence alongside Sustaining Success. It broadly aims to address issues where certain individuals or groups experience significantly worse outcomes than the majority in Surrey. The strategy does not specify the target groups as these will differ from issue to issue. The delivery partnerships identify these as part of their delivery plans. It is expected that the relevant delivery partnership or lead partner will undertake EIA of service delivery to determine whether any groups are failing to benefit from interventions.

The Strategic Partnership has recognised that poor outcomes across a range of outcomes cluster geographically. Four priority places with high levels of deprivation have been chosen for the Surrey Strategic Partnership to develop more joined up approaches to improving quality of life in these areas.

The main areas for reducing inequalities are set out below:

* target set in the Local Area Agreement 2008-11

Create better, more sustainable developments that deliver more social, environmental, and economic benefit - We will judge our progress against reducing inequality for this priority by monitoring:

- Overall general satisfaction with the local area as measured by the biennial place survey (NI 5)*
- The provision of affordable homes (NI 155)*

Improve learning, health and employment outcomes for children and young people, particularly for the vulnerable and disadvantaged. We will judge our progress against reducing inequality for this priority by monitoring:

- The achievement of Level 2 qualifications by age 19 (NI 79)*
- Obesity in primary school children (NI 56)*
- Under 18 conceptions (NI 112)*
- First time entrants to the criminal justice system (NI 111)*
- 16-18 year olds not in education, training or employment (NEET) (NI 117)*

+ 10 statutory indicators across education outcomes / narrowing the gap / children in care*

Improve the safeguarding of Surrey's most vulnerable children and young people. We will judge our progress against reducing inequality for this priority by monitoring:

- The number of children becoming subject of a child protection plan for a second or subsequent time (NI 65) *

Promote healthy lifestyles, particularly targeting the most vulnerable.

We will judge our progress against reducing inequality for this priority by monitoring:

- The gap in life expectancy between the bottom fifth most deprived wards and the top fifth least deprived wards*
- Alcohol related hospital admissions (NI 39)*
- Prevalence of smoking among adults (NI 123)*

Support more people to live independently and to exercise greater choice and control over their health and support arrangements.

We will judge our progress against reducing inequality for this priority by monitoring:

- The proportion of all those receiving adult social care services who are supported to live independently*
- Social care clients receiving self directed support (NI 130)*
- Older people achieving or regaining independence through rehabilitation or intermediate care (NI 125)*
- Support for carers (NI 135)*
- Adults with a learning disability in settled accommodation (NI 145)*

Make Surrey's economy more inclusive. We will judge our progress against reducing inequality for this priority by monitoring:

- The number of people claiming key out-of-work benefits (NI 152) *
- Working age people with level 2 skills (NI 163)*
- Working age people with level 3 skills (NI 164)*

Improve public confidence in the ability of public services to keep Surrey safe, prepare for emergencies, and reduce crime and anti-social behaviour. We will judge our progress against reducing inequality for this priority by monitoring:

- The level of public satisfaction with the local council and the police in dealing with local concerns about antisocial behaviour & crime (NI 21) *
- Re-offending rate of prolific & priority offenders (NI 30)*
- Repeat incidents of domestic violence (NI 32)*

Strengthen local communities through targeted public and voluntary sector activity, active citizenship and work to tackle inequalities.

We will judge our progress against reducing inequality for this priority by monitoring:

- Number of vulnerable people achieving independent living (NI 141)*
- Perceived influence over local decisions (NI 4)*
- Overall / general satisfaction with the local area (NI 5) *

* target set in the Local Area Agreement 2008-11

No negative impact was identified to arise directly from the strategy. This does not mean that there could not be any negative impact resulting from its implementation. It is also important when planning interventions to improving a particular outcome, to think about how to ensure impact is proportional across relevant groups from the seven equality strands. For example, do any particular groups such as looked after children or particular minority ethnic groups need help with respect to reducing teenage pregnancy or domestic violence and are we reaching them.

The process for assessing the impact of delivery plans is not robust.

Partners have a wealth of knowledge related to their client groups and wider communities, but this does not always result in clearly articulated priorities with respect to equality and diversity

Monitoring of impact of interventions in reducing inequalities is underdeveloped. Performance against many relevant national indicators, for example NI 4, NI 5 NI 21, cannot currently be broken down across the equality strands.

What can be done to reduce the effects of any negative impacts? Where negative impact cannot be completely diminished, can this be justified, and is it lawful?

N/A

Where there are positive impacts, what changes have been or will be Made, who are the beneficiaries and how have they benefited?

Surrey Supporting Vulnerable People and the Seldom Heard
[Sample case studies of work to reduce inequalities in Surrey](#)

The **EIA of the Children and Young People's Plan 09-10** reports that the plan has had the following results:

- improved monitoring of the mental health of Looked After Children;
- improved participation rates in a programme to reduce obesity in primary school children;
- reduced conceptions in 15-17 year olds;
- audit of child protection plans and multi-agency working;
- reduced numbers of children becoming the subject of a child protection plan for a second or subsequent time;
- maintained the level of 16-18 year olds not in employment, education or training at one of the lowest levels in the country;
- increased the numbers of looked after children at 17 who were engaged in education, training or employment at 19;

- a plan to survey children about how informed they are about available activities;
- increase in children and young people's participation in sporting activities;
- increase in the numbers of children aged 3-5 performing well in social development and communication skills;
- significant reduction of the numbers of first time entrants to the Youth Justice system.

Teenage Pregnancy Strategy 2009

This strategy has been reviewed and revised to address a slowing in the rate of improvement. In order to achieve the strategic objectives

- 40% reduction in under-18 conceptions based on the 1998 baseline of 27.7 per 1000 by 2010 and continue for the further two years;
- Establish a downward trend in under 16 conceptions;
- Improve outcomes for teenage parents with 60% of 16-19 mothers in employment, education or training by 2012.

The Strategy has identified the most vulnerable groups including Looked After Children, young offenders and specific identified geographic areas and schools.

Looked After Children Strategy

Looked after children are performing better at school.

- 13% looked after children achieved five or more A*-C GCSEs in December 2007, up from 6% in 2006
- The percentage achieving five or more GCSEs A*-G also improved, now standing at 44%
- As of January 2008, 63% of looked after children left the council's care with one or more GCSE – a big improvement on 2006/07 performance of 47%.

All looked after children are now offered additional tuition if this is identified as a need in their personal education plan.

Looked after children are increasingly engaged in their care and services and feel they have a voice. 91.4% of looked after children aged four and above have communicated their views as part of the regular statutory reviews of their care and support – an increase of 15.1% from last year.

Using experience and ideas from co-training on the course, 'The Rights of Looked After Children and Young People', three of Surrey's looked after children won the prestigious BT Seen and Heard Award for the 'Child's Right To Be Heard' Project, for making a song to highlight an issue important to them.

Surrey Stop Smoking Service has developed following specialist services for particular target groups

- Pregnancy, service for pregnant mums
- Mental Health, service to support those who wish to quit. Works in partnership with patient's GP or health professional who prescribes medication.
- Prison Service - to support inmates who wish to quit. Also work with prison staff and train them to Level 2 Stop Smoking intervention.

- Hospital in-patient service - provide Stop Smoking Advisers to assess patients' readiness to quit and to sign-post to stop smoking support in the community.
- Young People Service - aimed at 16 year olds and younger. Specially trained Stop Smoking Advisers to work with schools and school nurses to provide educational advice and stop smoking support.

Using the latest MOSAIC data analysis on Surrey population we are starting the scoping phase of a Social Marketing project for 2008/09. The project's ultimate aim is to increase the number of quitters from the two largest groups of heavy smokers, namely Original Suburbs and White Van Culture.

For detailed up to date information on the success rates of the Surrey Stop Smoking Service please see the Information Centre web site

<http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services/statistics-on-stopsmoking-services-in-england-april-2008-to-june-2008-q1--quarterly-report>

Surrey Harm Reduction Outreach Team

In Surrey there is no “street scene” where the sex workers are on the street, the sex work is mainly visiting or flat-based. The Surrey Harm Reduction Outreach Team provide an outreach service to men and women in the sex industry to provide safer sex advice, supplies and point of contact screening for some STIs and blood borne viruses. From April 2007 to March 2008, the Harm Reduction Outreach Service made 400 visits to sex worker clients. The transient nature of many of the women working in flats can make repeat contact challenging. Engaging women with services is not easy due to the legal issues associated with prostitution. This can lead to women being marginalised, leaving them vulnerable. The Outreach Team is developing further projects, services and resources to meet the needs of sex work clients. This includes working with Downview and Bronzefield prisons.

Business Link

- 21,900 businesses assisted
- 28% women led
- 3% social enterprises
- 5% BME
- 2% disabled
- 22% rural

Progress to increase the breath of young people achieving qualifications is being made through broadening the qualifications available: between 2007 and 2008 there has been a nine per cent increase in the take-up of vocational and alternative qualifications – more than one in three Key Stage 4 students is now taking up vocational provision.

Recommendations

Please summarise the main recommendations arising from the assessment. If it is impossible to diminish negative impacts to an acceptable or even lawful level the recommendation should be that the proposal or the relevant part of it should not proceed.

1. Raise awareness of equality data and performance for Surrey's places and communities with services and partners. Incorporate into planned data observatory for Surrey
2. This EIA considers the strategy and agreed targets. Changes made to services aimed at achieving any of the objectives and targets within the SCS and LAA should also be assessed for impact on equality. It is the responsibility of organisation delivering the service to assess proposed changes for equality impact.
3. Delivery plans should flag up affected groups and places and gaps in knowledge and include steps to engage with relevant stakeholders and

Action Plan – actions needed to implement the EIA recommendations

Issue	Action	Expected outcome	Who	Deadline for action
1. Shared E&D intelligence & priorities	Engage partners in revision of SCC single Equality Scheme	Raised profile and more shared understanding of E&D issues in Surrey	E&D team	Apr 2010
	Explore options for building on SuDEN to develop a One Surrey approach to addressing E&D			Dec 2010
	Ensure understanding of E&D issues for Surrey's communities and places is adequately planned for in development of LIS and needs analysis that will feed it (JSNA etc)			Raised profile of agreed priorities for reducing inequality

Issue	Action	Expected outcome	Who	Deadline for action
2. EIA of Delivery plans	New delivery plans to require identification of: <ul style="list-style-type: none"> • key groups and places • any specific engagement or delivery mechanisms • Responsibility for impact assessment • How impact will be monitored 	Comply with duties Avoid negative impact and maximise impact on reducing inequality Necessary developments in data collection established	Leads for delivery programmes (eg LAA targets)	Dec 2010

- Actions should have SMART Targets
- Actions should be reported to the Directorate Equality Group (DEG) and incorporated into the Equality and Diversity Action Plan, Service Plans and/or personal objectives of key staff.

Review date	April 2011
Person responsible for review	Paul Sanderson
Head of Service signed off	Neelam Deveshar
Date completed	July 2010
Date forwarded to EIA coordinator for publishing	July 2010

- **Signed off electronic version to be kept in your team for review**
- **Electronic copy to be forwarded to your service EIA coordinator**