

Addressing Inequalities

**Equalities Impact Assessment
Older Persons Public Value Review (OP PVR)
November 2010
Version 9.1**

Surrey County Council Equality Impact Assessment Template

Stage one – initial screening

What is being assessed?	Older People's PVR
Service	Adult Social Care - Older People's Services
Name of assessor/s	Matthew Lamburn
Head of service	Jean Boddy
Date	11th November 2010
Is this a new or existing function or policy?	New

Write a brief description of your service, policy or function. It is important to focus on the service or policy the project aims to review or improve.

On the 14th July 2009, as part of its consideration of the paper *Leading the Way: changing the way we do business*, the Cabinet agreed to undertake a three-year programme of Public Value reviews (PVRs) to look at all services/functions provided by the Council.

All PVRs share a primary objective, which reflects the Council's ambition to move from being a one star to world-class authority, by *delivering improved outcomes and value for money for the residents of Surrey*. The outcomes are expected to be services that place the Council in the top 25% of local authorities for performance and the lowest 25% for unit costs. Two specific outputs from each Review are a zero based budget and ensuring robust quality assurance systems are in place.

Aims:

- Deliver improved outcomes and value for money for the residents of Surrey by reviewing services for Older People.
- Enable Adult Services to commission and deliver world-class services for Older People in Surrey.

Objectives:

- Reduce costs, making recommendations for delivering savings of £32million by 2014.
- Improve performance making recommendations for moving to top quartile performance by 2014.
- Assess the adequacy of related quality assurance systems, and where appropriate make recommendations for improvements.

The Review will specifically examine how Surrey County Council:

- Commissions the services we need to enable older people to live the life they want in Surrey.
- Ensures value for money in the services we commission, paying particular attention to the range of community services, accommodation and residential/nursing home opportunities available.
- Designs and delivers services which will enable older people to access a personal budget and purchase the services they need.
- Builds the social capital we need in the local community, particularly with the voluntary sector, to ensure choice and value for money.
- Commissions services, which can meet the particular needs of people with dementia, isolation and depression.
- Commissions services that support carers in their role.
- Delivers value for money residential and day care services currently and how might services change to achieve this.
- Ensure equal access to and outcomes from the services provided across Surrey.

Service Summary:

Adult Social Care Older Persons Service is the largest service within the Adult Services Directorate of Surrey County Council, accounting for over £138million of the Directorates overall budget of £241million for 2009/2010. Surrey County Council directly helps more than 13,000 people; this figure can vary and is measured by counting the number of open cases at any one point in time. Open cases are defined as any case with an open referral status on SWIFT, and who have been assessed as meeting the eligibility criteria for services.

The service also indirectly supports older people in Surrey through the provision of grants to Borough and District Councils and to voluntary sector partners to deliver services on our behalf.

Many of the services provided to older people within the community are not structured solely to meet the needs of older people; they also meet the needs of people with disabilities and vulnerable adults. However, for the purposes of this EIA, older people are considered to be those who are 65 years of age or over.

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

Equality Group	Positive	Negative	No impact	Reason
Age	✓	✓		The OP PVR has the potential to impact across all minority strands in a positive and negative manner. Whilst Personalisation and Choice will impact in a positive way on people who use the services, the reduction in available funding has the potential to exclude some individuals from accessing the services on offer.
Gender Reassignment	✓	✓		See above
Disability	✓	✓		See above
Sex	✓	✓		See above
Religion and belief	✓	✓		See above
Pregnancy and maternity			✓	See above
Race	✓	✓		See above
Sexual orientation	✓	✓		See above
Carers	✓	✓		See above
Other equality issues – please state				
HR and workforce issues				It is recommended at this initial stage to determine if one single EIA is needed for the project as a whole, or if a separate EIA is needed to determine the impact on staffing.

Human Rights implications if relevant	✓	✓		See full EIA
--	---	---	--	--------------

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	
--------------------------------	------------	--

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 - please refer to [equality impact assessment](#) guidance available on Snet

Introduction and background

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

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

The aims of the OP PVR are:

- To deliver improved outcomes, value for money and world class commissioning by reviewing services for Older People.
- Provide an opportunity to assess the assumptions built into the Medium Term Financial Plan within the 1st Quarter of the financial year 2010/2011.

The Review will specifically examine how Surrey County Council:

- Commissions the services we need to enable older people to live the life they want in Surrey.
- Ensures value for money in the services we commission, paying particular attention to the range of community services, accommodation and residential/nursing home opportunities available.
- Designs and delivers services which will enable older people to access a personal budget and purchase the services they need.
- Builds the social capital we need in the local community, particularly with the voluntary sector, to ensure choice and value for money.
- Commission's services, which can meet the particular needs of people with dementia, isolation and depression.
- Commissions services that support carers in their role.
- Delivers value for money residential and day care services currently and how services might change to achieve this.
- Ensure equal access to and outcomes from the services provided across Surrey.

The main beneficiaries of the OP PVR are older people currently using the services provided by Surrey County Council; people that, as they age, may become users of the services available; and carers and families of older people.

There are many equality, accessibility and social exclusion issues to consider throughout this EIA, as well as potential barriers. The main issues relating to

the OP PVR, which is a high-level strategic process, are highlighted below. It is important to be mindful that there will be subsequent EIA's to follow on the specific areas that the OP PVR addresses.

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

The OP PVR is a major piece of work being undertaken by Surrey County Council, in a climate of anticipated reductions in public sector spending by central government. At a corporate level, the PVR dovetails with the Working Together Differently agenda taking place across the Council. At a service delivery level, the PVR will work hand-in-hand with the Supporting People Team's Older People Strategic Review; the evolving role of TeleCare and TeleHealth services; the emerging Surrey Dementia Strategy; as well as the pivotal role that Personalisation and Self-Directed Support will play with the future of all Adult Social Care services.

This EIA will seek to crossover with the EIA performed for the Resource Allocation System (RAS) for OP Services.

Where possible, the individual recommendations and projects stemming from this EIA must highlight the importance of reablement in its supporting role to the Preventative Agenda.

Ensuring value for money is a key priority of Surrey County Council for the coming years, with significant savings across the whole of Adult Social Care needing to be made. However, a key recommendation across the commissioning of services for older people is around 'Prevention' and the 'Preventative Agenda'. Commissioning key preventative services can delay an individual's journey along the Care Pathway, meaning less expenditure by the authority and savings to the relevant budget(s).

Evidence gathering and fact-finding

What evidence is available to support your views above? Please include a summary of the available evidence including identifying where there are gaps to be included in the action plan.

Remember to consider accessibility alongside the equality groups

In its journey towards 'excellence' on the Equalities Framework for Local Government, Surrey County Council is seeking to strengthen its existing arrangements concerning equality & diversity monitoring. However, records held on the Adult Social Care (SWIFT) provide a significant amount of available data, and can be used alongside other sources such as the 2001 Census Report, 2006 Mid-Census Report, POPPI data and other information

held on SWIFT. The Joint Strategic Needs Assessment highlights OP as a key client group in terms of need. This is supported by the estimates that the OP population is due to overtake that of the under 65s within 20 years.

Religion & Belief

Surrey is perceived as being a religiously homogenous county, with Census demographics stating a high proportion of White British Christians. However, Census data also show a significant number of people identifying with many of the other major faith groups. In total, around 20% of the Surrey population do not see themselves as Christian, but as coming from other faith groups, such as Muslim, Hindu, Buddhist, Jewish, Humanist and Baha'i. Approximately 140,000 people identify as Muslims.

Black and Minority Ethnic (BME) Origin

Census demographics also indicate that the BME population within Surrey stands at approximately 10-11%, meaning a population of approximately 100,000 people with a BME heritage. Other demographic data shows a high population of people identifying as Gypsies and/or Travellers, at around 10,000. There are 'pockets' of BME density – for example, isolated areas with a high number of people of a Chinese background, as well as a large Pakistani community in the borough of Woking – approximately 4% of the local population. It is interesting to note that with an increase in age, the number of people identifying as BME within the Council's services decreases

Sexual Orientation

There is currently no information showing the numbers of people within Surrey identifying as lesbian, gay, bisexual (LGB), but if the Central Government estimation of 5-6% of the general population is used, then this would mean approximately 55,000/66,000, people identifying as LGB within the county. However, it is likely this is a conservative estimate as to the true number of people identifying as LGB, with a more realistic estimate being 9-10%, meaning between 90,000 and 100,000 LGBT residents within Surrey. Research undertaken by the Supporting People Team has strengthened the County Council's knowledge in this area.

Disability & Ill Health

Census data from 2001 also shows approximately 143,000 people within the county that have a limiting long-term illness. While this does not give a breakdown of the type of illness, it would be fair assumption to suggest that this includes a good proportion of people who have a physical and/or learning disability and mental health issues.

Age

Surrey has a large population of adults over the age of 65 (approx' 176,900), and a large population of adults of over the age of 85 (approx' 26,000). National trends and indications show an increase in life expectancy, and as such, it follows that the older populations will continue to grow. If these trends are followed to their natural conclusions, it will mean a greatly increased client base seeking support from SCC Older Peoples Services in the future.

Gender

Based on Mid-Census projections, approximately 565,000 of the Surrey population are female. This is inline with the national trends of just over half of a population being female. This highlights the need for ongoing work to ensure that women are given equal status in support provision.

Pregnancy & Maternity

Whilst issues equality & diversity issues would not immediately be considered of relevance to the 65+ age group, there are isolated cases of pregnancy and maternity being successful past the age of 65. Whilst these are isolated cases, it is important to be aware of the complications pregnancy in later life can cause.

Gender Reassignment

Prevalence of individuals entering medical pathways to begin the process of Gender reassignment has risen year on year, at least since the 1970's. There is little data available on the number of Trans individuals in Surrey due to legal protections, it is a fair assumption that individuals who have transitioned between genders will rise in the coming years, and that OP services will need to be prepared for increasing contact with this group.

Human Rights

The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights individuals have in their everyday lives.

Carers

People providing unpaid for disabled people gained new rights under the Equality Act 2010, which will mean that they cannot be directly discriminated against or harassed because they are caring for someone who is disabled. The new rights also protect carers where they are provided with a worse service than someone who isn't caring for a disabled person. It also includes protection where carers are discouraged or prevented from using a service because they are caring for a disabled person. There are an estimated 100,000 carers in Surrey alone, with over 21,000 providing an average of 20 hours per week care. In line with the Carers Commissioning Strategy 2008-2011, securing active carer participation in all aspects of planning, delivering and monitoring services is seen as a key requirement.

Rural Isolation

It is recognised that in a large county, such as Surrey, rural isolation can be a large factor in preventing vulnerable older adults accessing services, regardless of which strand of diversity or vulnerability they may primarily identify with. Surrey has few large urban areas, with approximately 70% of the county given over as 'green belt' land. Understanding the needs of those living in isolated areas is vital to ensure that isolation and inequality of access due to location is not a factor for vulnerable older people accessing SCC Services.

All of this data indicates a significant population of people from differing backgrounds and with the potential for many differing needs and requirements

from ASC Older Peoples Services. This data also highlights the strong need for a wider view when looking at issues of equality and diversity within the Social Care framework; not just focusing on a person's ethnicity, but recognising the multiple ways in which a person could be discriminated against in their lives and their requirements for care and support.

There are inherent barriers contained with this EIA, as it relates to a high level strategic undertaking, where the future effects at an operational/service user level are difficult to determine. More specific work will need to be undertaken with the above-mentioned subsequent EIA's covering each of the recommendations of the OP PVR, which will focus the specific impacts of these recommendations.

For the purposes of this EIA, the focus will remain exclusively on the overarching themes emerging from the PVR, with mindfulness that additional, more specific work will follow.

Sources of evidence may include:

- Service monitoring reports including equality monitoring data
- User feedback
- Population data – census, 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?

- SCC Staff
- SCC Members Group
- ASC Select Committee
- PVR Steering Board
- All 11 Borough & District Councils of Surrey
- NHS Surrey
- Surrey & Borders NHS Trust
- Voluntary Sector / VCFS / BME Groups
- Private Sector via Surrey Care Association
- Care UK
- Anchor
- Surrey Coalition
- Surrey 50+ Group
- Age Concern / Age UK

- Surrey Crossroads
- Various Older People Forums across Surrey
- South West Carers Strategy Group
- Surrey Independent Living Council
- Links

A large number of internal and external stakeholders have been consulted on the OP PVR to seek feedback at various parts of the PVR process.

Feedback and comments from Members showed agreement with the direction of travel proposed by the OP PVR. Additional feedback gathered by means of a survey for older people to complete. This feedback contained the following 'headline' comments:

- Local consultation for and with local people
- Stronger voice for OP within coalition & partnership boards
- Recognition of the diverse needs and opinions of the future shape of services – not enough to define OP by age alone
- Agreement with principles of self directed support, but a desire for the 'traditional' services to remain too
- Help to keep OP safe and well

Analysis and assessment

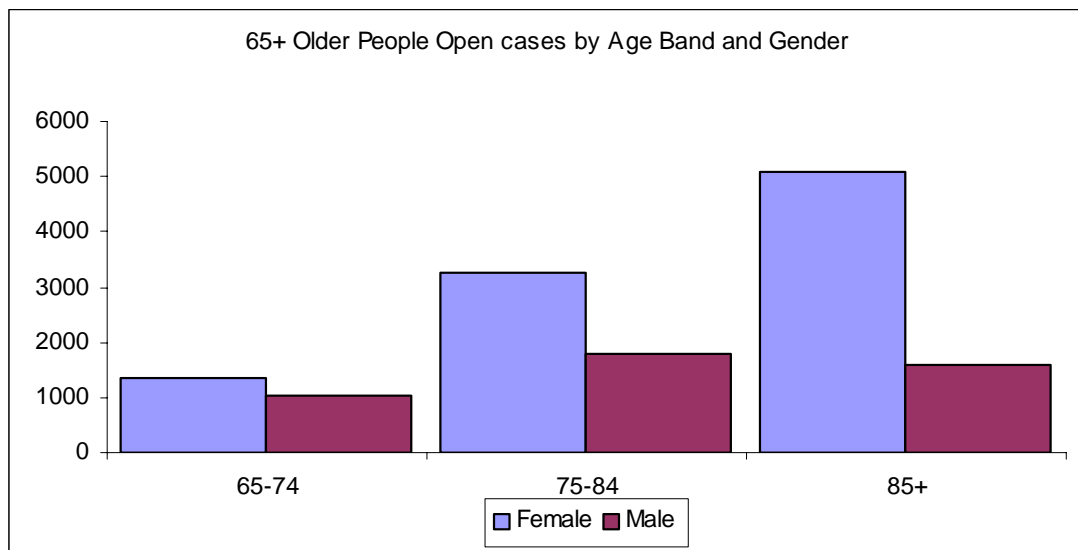
Given the available information, what is the actual or likely impact on minority, disadvantaged, vulnerable and socially excluded groups? Is this impact positive or negative or a mixture of both? (Refer to the EIA guidance for full list of issues to consider when making your analysis)

The impacts of the OP PVR will, in the main, have the greatest impact on older people that use, or may be about to use, SCC ASC Services. The accompanying Data Pack to the OP PVR provides a wealth of data that could be used to map future users to SCC's services; predict which services may need to be commissioned for the future; and provide a much needed breakdown of the current client profile for OP services, so current and future services can meet individual needs and be 'fit for purpose'.

However, a person's age does not categorise them as fitting into one, and only one, of the protected characteristics of Equality & Diversity law. It is clearly important to recognise that the OP PVR is being performed on services exclusively designed for older people, but this should in no way exclude the other characteristics that an older person have e.g. gender, BME heritage, an L, G or B sexual orientation, a disability, etc. The information below is currently available giving breakdowns of the current client population based on Gender, Age and BME heritage who use SCC ASC OP Services.

Age & Gender

Current information shows the following split in open cases by Age and Gender.



The data clearly shows a greater proportion of female clients against male across all three age bands from 65+. This may be a reflection of the greater life expectancy afforded to females, or can also be seen as a disproportionate uptake of services by female clients.

The possible impacts for these two characteristics are both positive and negative. Surrey has a rapidly ageing population; with the total number of people aged 60-74 set to increase by 39%, and those aged over 75 set to increase by 69%. In light of the reduction in ASC budgets, and the increase in potential clients to services, this has the potential to produce challenging situations as regards to an individual's eligibility to services, and ensuring services are targeted correctly. However, with the increased focus on Personalisation and Prevention, this has the potential to lead to greater choice by individuals on the type of care and support that they require as they age. There is a huge potential by accessing and providing sufficient levels of Telecare & TeleHealth equipment to save on higher cost services provided by SCC ASC.

BME Heritage

A recent report produced for the ASC Directorate Equalities Group looked at the Surrey population and the number of open cases with a view on ethnicity.

Surrey Population

- The size of the Black Minority Ethnic (BME) population in Surrey is 8% of the population aged 18+.
- The size of the BME population differs widely between the age groups. 8.8% of the 18-64 age band is from BME groups and for the 65+ age band the proportion is 2.3%.
- In the 65+ age bands the proportion of BME groups in the population

decreases with increasing age.

- The largest BME group is the Asian or Asian British at 3.7% (18-64) and 1.2% (65+).

In the 65+ age group, Epsom & Ewell has the largest BME population by proportion at 4% and Waverley the smallest at 1%.

In the 75+ age group, Epsom & Ewell and Woking have the largest BME population by proportion at 2.2% and Waverley the smallest at 0.8%. This is the first age range where all Surrey areas drop below the average for England.

The 75+ population represents the majority of our adult social care open cases and shows in particular that:

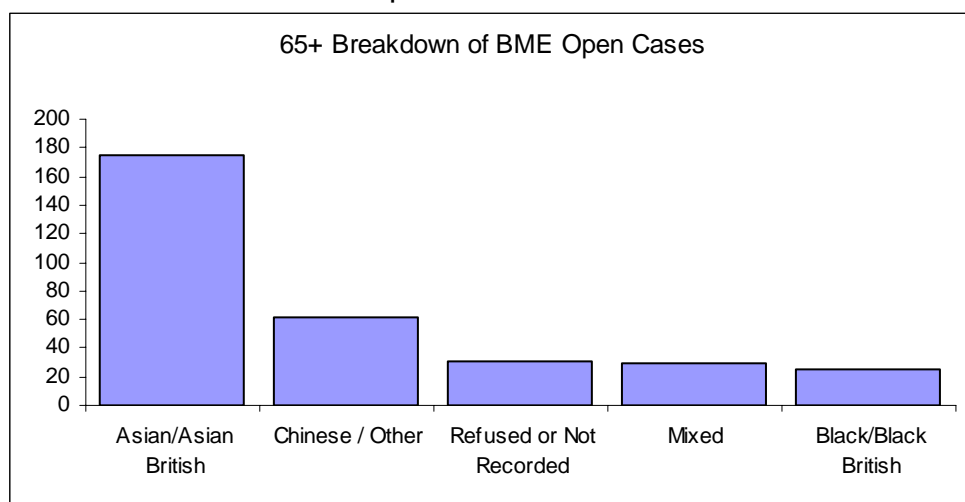
- Asian / Asian British is clearly the largest 75+ population, with population hotspots in Woking, Elmbridge and Epsom & Ewell.
- Epsom & Ewell is a relative hotspot for all four 75+ BME ethnic groups.
- Reigate & Banstead is a relative hotspot for the Black or Black British 75+ population.
- Elmbridge is a relative hotspot for the Chinese or Other ethnic population.

Adult Social Care Cases

Open cases as of the 17th February 2010 show the following ethnicity breakdown:

White/White British	97.72%
BME / Other	2.28%

The 2.28 % BME is made up as follows:



- The number of cases known to Adult Social Care was 21,133 with 7,537 in the 18-64 age group and 13,596 cases in the 65+ age band. (Ethnicity is known for 98.9% of the total cases.)
- The proportion of BME people in the open cases is 3.8% of the

caseload aged 18+ (796 out of 21,133 people).

- The largest BME group in the open cases is, as for the population, the Asian or Asian British at 2.7% in the 18-64 age group (207 people) and 1.3% in the 65+ age group (172 people).

However, the BME proportion differs widely between the open cases age groups. The graphs below (figures 10 and 11) show that the proportion of BME people in the 18-64 open cases age group is 6.9% (521 people) and for the 65+ the proportion is 2.0% (275 people).

It is clear from the above data that the percentage of clients using ASC OP services from a BME background is disproportionate to the percentage of the Surrey population that has a BME heritage.

Sexual Orientation

Whilst useable data relating to sexual orientation and need in Surrey is scarce, research undertaken by the Surrey Supporting People Team in 2010 identified the role of sexual orientation in older peoples needs and aspirations. Since 1968, with the decriminalisation of male homosexuality in the UK, many older lesbian, gay and bisexual (LGB) people have lived their adult lives in an open way. However, evidence has shown that a key issue for older LGB people is the fear of having to 'return to the closet' when seeking the care and support they require as they age, particularly for those who may need to enter a residential environment.

Many older LGB people have a fear and expectation of discrimination and prejudice from providers of services, and from other older people. Older LGB people fear that heterosexuality is assumed by care and support providers when entering services, either home-based or residential. Many older LGB people grew up in an age where, although being LGB was no longer a crime, prejudice and homophobia from the wider population, coupled with non of the legal protections that are enjoyed by the LGB community today, has led to a distrust of authority and a reluctance to be open.

In 2005, the LGB organisation Polari published a report entitled 'As We Grow Older' – A Study of the Housing & Support Needs of Older Lesbians & Gay Men.' This report has shown that many of the issues and concerns of older LGB people are broadly similar to older heterosexual people.

- There is a desire to stay in ones own home as long as possible, with support provided in a 'home help' format.
- There is a recognition that help and support will be needed, and should be available, as an individual ages.
- There is recognition that suitable accommodation and support is important to an individual's health and well-being.

However, more LGB-specific concerns were identified:

- Concerns about to having to 'come out' again or 'returning to the closet' in a care/residential setting.

- Concerns about accessing the LGB community and maintaining lifestyles and friendships.
- Fears about being isolated in a 'heterosexual environment'.

One aspect of the research done to inform the report was the production of a survey that was sent to 150 managers of care homes. The breakdown of results is as follows:

Care Home Managers (29 Surveys Returned)

- 57.1% believed that LGB people had specific needs when living in elderly accommodation.
- 50% believed that LGB residents could be open about their sexuality in their scheme, while 46.4% felt they could not.
- 42.3% would encourage LGB residents to be open about their sexuality, though 53.8% would not.
- 71.4% believed LGB people would be able to develop relationships in their scheme, while 25% did not.
- 64.3% would provide accommodation to a LGB couple in an established relationship – 28.6% would not.

Disability

Current data recorded on the ASC SWIFT system does not provide a breakdown by type of disability. However, Census data from 2001 also shows approximately 143,000 people within the county that have a limiting long-term illness. While this does not give a breakdown of the type of illness, it would be fair assumption to suggest that this includes a good proportion of people who have a physical and/or learning disability and mental health issues. Unfortunately, this figure is not broken down by age categories.

Faith/Belief

The predominate religion recorded on the ASC SWIFT system is Christian, which is then broken down by sub-categories of Christianity. The next significant grouping is 'Declined/Not Recorded/No Religion or Belief'. Whilst in small numbers, the other major world religions are present, such as Islam, Buddhism, Judaism, Hindu, Baha'i & Jehovah's Witnesses. Trends indicate older people are more likely to have an established faith and/or belief system. Faith/Belief is a very personal thing to many older people, with great significance placed on attending appropriate places of worship and having access to appropriate religious leaders within their faith, particularly towards the end of an individual's life.

Carers

In Surrey there are almost 100,000 carers. There were 21,538 carers identified in Surrey in the 2001 Census as providing over 20 hours of care a week. Of these, 14,119 were providing 50 hours a week or more. There were 56,211 carers reported as juggling work commitments and caring responsibilities – 56.70% of the total number of carers. Carers in Surrey save the nation an estimated £1.17 Billion a year in our county alone (University of Leeds, 2007). Carers providing care to people over the age of 65 provide a

valuable, and sometimes unrecognised service, often with little or no support from the local authorities.

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?

This assessment cannot ignore that the funding available to SCC ASC OP Services over the next 4 years will reduce significantly. Whilst it is easy to assume that a reduction of £32million pounds would mean fewer services available and less of a service being provided to individuals, it is important to remember that future plans for the remodelling of OP Service must include joint-commissioning work, both internal and external to SCC, thus having the ability to draw upon additional resources.

As mentioned, the OP PVR Recommendations are at a high strategic level. It is difficult to predict how subsequent pieces of work stemming from it will impact on the protected characteristics, and the older population of Surrey as a whole. SCC must ensure that all of the Recommendations have an EIA Initial Screening done at the same time as the individual projects to ensure issues can be identified quickly as each piece of work progresses. It is likely that each of the Recommendations/Projects will require a full EIA.

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

This PVR has the potential to bring many positive impacts across the full range of protected characteristics described in this EIA. As the PVR is still in the 'strategic' phase, a brief summary of positive impacts is listed below:

Age

People are living longer and ageing in different ways to previous generations. The number of older people in Surrey is expected to grow significantly over the next 30-50 years, which will potentially lead to greater demand for social care services. The PVR intends to restructure the Care Pathway for older people, making the possibility of staying at home for longer, with the appropriate care and support, a real option of choice for the majority of older people. This is in line with SCCs journey towards Personalisation, the commitment to preventative services, as well as regional and national agendas.

Gender

Although there is a clear gap between the number of females and males using Older Peoples Services through SCC, this should be seen as an opportunity for work streams coming from the PVR to identify why the difference exists, and whether the services currently being offered to older people are ones that

older males would want to use.

Disability

Data concerning disability is not available in a useable format currently, and while this is also stated under the Negative Impact section, it can also be seen as a starting point for work to commence to strengthen reporting on disability for clients currently in, or about to enter, Older Peoples Services at SCC. This will improve the commissioning of services based on need.

BME Heritage

As with Gender, the difference in the percentage of the population classed as BME in Surrey compared with the percentage of people using ASC OP Services is markedly different. This can also be seen as opportunity to identify the reasons why this is the case, and to ensure that current and future services are commissioned in way that is sensitive and appropriate to different cultural lifestyles and requirements.

Sexual Orientation

Sexual Orientation is one of the least understood protected characteristics in terms of need. As mentioned above, the LGB community have broadly similar needs from OP Services as the heterosexual community, but with unique differences in key areas. Any future commissioning work should take into account the needs of the older LGB population, with many of the expected strands of work expected to be 'cost-neutral' i.e. staff training, awareness raising, etc.

Faith/Belief

The predominate religion recorded on the ASC SWIFT system is Christian, which is then broken down by sub-categories of Christianity. The next significant grouping is 'Declined/Not Recorded/No Religion or Belief'. Whilst in small numbers, the other major world religions are present, such as Islam, Buddhism, Judaism, Hindu, Baha'i & Jehovah's Witnesses. It is reasonable to assume that, coupled with greater promotion of OP Services towards the BME communities in Surrey; there will come a greater proportion of individuals from different religions/belief systems.

Gender Reassignment

As with Sexual Orientation, Gender Reassignment is one of the least understood protected characteristics in terms of need. Any future commissioning work should take into account the needs of older Trans people, with many of the expected strands of work expected to be 'cost neutral' i.e. staff training, awareness raising, etc.

Carers

Carers provide a valuable service in terms of the older population of Surrey, and as such must be included, as per the Carers Commissioning Strategy 2008-2011, in all aspects of planning, delivering and monitoring services.

Human Rights

Surrey has advanced its agenda on Equality & Diversity significantly in the last

few years, with a mindfulness of the Human Rights Act 1998, and recognition of the proposed Bill of Rights by the current government. Further work will be needed in this area to determine the affect of any future legislation.

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.

- To identify the OP PVR Recommendations needing an EIA Initial Screening and to plan the work accordingly.
- To strengthen existing monitoring arrangements to provide a complete picture of who is using SCC ASC OP Services, and who is not.
- To begin scoping areas of possible Joint Commissioning with partners in Health.
- To identify current and future legislation regarding Human Rights that may impact on the OP PVR and subsequent recommendations.
- To work with older people in the design and delivery of future ASC OP Services.
- To ensure all shifts in direction of travel proposed by this PVR conform to SCC Anti-Discriminatory practices.
- To minimise the any negative impacts on allocation by the current RAS, and to continue and support the work towards a generic RAS.

Action Plan – actions needed to implement the EIA recommendations

Issue	Action	Expected outcome	Who	Deadline for action
To identify the OP PVR Recommendations needing an EIA Initial Screening and to plan the work accordingly.	Prepare final list of Recommendations.	Timetable for performing EIA Initial Screenings.	Jean Boddy	December 2010
To strengthen existing monitoring arrangements to	Speak to Performance colleagues on current data	More robust data on who is using ASC OP Services.	Jean Boddy	January 2011

provide a complete picture of who is using SCC ASC OP Services, and who is not.	collection methods, and identify areas for improvement.			
To begin scoping areas of possible Joint Commissioning with partners in Health.	Identification of projects happening with partners in Health, which share outcomes with the OP PVR Recommendations.	Jointly commissioned services with shared goals.	Jean Boddy	December 2010
Identification of current and future legislation regarding Human Rights that may impact on the OP PVR and subsequent recommendations.	Start discussions with Corporate Equalities Officers on the specifics of current & future legislation.	Greater understanding of the Human Rights agenda and the ability to future-proof services.	Matt Lamburn	April 2011
To ensure all shifts in direction of travel proposed by this PVR conform to SCC Anti-Discriminatory practices.	To highlight and ensure anti-discriminatory practices are followed in each EIA for the Recommendations.	A direction of travel which ensures no resident of Surrey is unfairly discriminated against when seeking services from SCC.	Jean Boddy	Ongoing
To minimise the any negative impacts on allocation by the current RAS, and to continue and support the work towards a generic RAS.	To continue monitoring the current RAS for weaknesses, and to continue to support the new generic RAS.	Fair allocation of funding according to need and best use of SCC resources.	Jean Boddy	Ongoing
Work with older people in the design and delivery of future ASC OP Services.	To continue to work with older people, carers and existing OP organisations within Surrey on	Development of greater understanding of the kind of services older people want	Jean Boddy	Ongoing

	the future of ASC OP Services.	now and in the future.		
--	---	-----------------------------------	--	--

- 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.

Date taken to Directorate Equality Group for challenge and feedback	24 th November 2010
Review date	1 st April 2010
Person responsible for review	TBC
Head of Service signed off	
Date completed	11 th November 2010
Date forwarded to EIA coordinator for publishing	

- **Signed off electronic version to be kept in your team for review**
- **Electronic copy to be forwarded to your service EIA coordinator to forward for publishing on the external website**

EIA publishing checklist

- Plain English – will your EIA make sense to the public?
- Acronyms – check that you have explained any specialist names or terminology
- Evidence – will your evidence stand up to scrutiny; can you justify your conclusions?
- Stakeholders and verification – have you included a range of views and perspectives to back up your analysis?
- Gaps and information – have you identified any gaps in services or information that need to be addressed in the action plan?
- Legal framework – have you identified any potential discrimination and included actions to address it?
- Success stories – have you included any positive impacts that have resulted in change for the better?
- Action plan – is your action plan SMART? Have you informed the relevant people to ensure the action plan is carried out?
- Review – have you included a review date and a named person to carry it out?
- Challenge – has your EIA been taken to your DEG for challenge
- Signing off – has your Head of Service signed off your EIA?
- Basics – have you signed and dated your EIA and named it for publishing?