

Annex 3

Equalities Impact Analysis

This Annex provides a summary of the equalities analysis for savings proposals that appear in the MTFP for 2015-20 set out by Directorate. Where there are new savings proposals which have been assessed as having potential equality implications, analysis has been completed and is included as part of this Annex. For savings which are ongoing and analysis was undertaken, copies are available on the Council's website.

1. DIRECTORATE SUMMARIES

- a. Adult Social Care
- b. Business Services
- c. Chief Executive's Office
- d. Children, Schools and Families
- e. Customer and Communities
- f. Environment and Infrastructure
- g. Surrey Fire and Rescue Service

a. Adult Social Care

As part of the development of the Council's Medium Term Financial Plan (MTFP) 2015/2020, Adult Social Care has undertaken an equalities analysis of the savings planned for 2015/16. The Directorate has identified 27 planned savings for 2015/16, a significant number of which are a continuation of those in the 2014/15 MTFP. The savings have been grouped into five themes and an equality impact assessment undertaken for each of the five themes. Each assessment includes a description of the individual savings and a clear indication of which of the positive and negative impacts relates to which saving. The five themes are:

- **Family, Friends & Communities** - recognising the positive contribution people in local communities can make towards the provision of social care and support and how it can bring about positive outcomes for the individual and their community.
- **Demand Management** - working with health, borough and district councils, families and friends, the voluntary, community and faith sector and other partners to support people to maintain their independence, so as to improve their wellbeing and to manage down the level of demand in the Surrey health and social care system.
- **Procurement & Commissioning** - focussing on negotiating to achieve the most favourable price at the right quality and maximising the whole system benefits of the contracts and grants commissioned with external providers and the voluntary sector.
- **New Models of Delivery** – looking for new ways to deliver services, a refocus of available resources and a collaborative approach with health partners to deliver integrated care and support services.
- **Establishment Management** - managing the Adult Social Care staffing establishment to ensure the organisation structure is fit for the future and to ensure the efficient and effective deployment of staff at all levels.

Analysis has shown that the majority of the proposals will have a neutral or positive impact on people who use services and their carers as a result of the mitigating actions identified throughout the business planning process. These impacts include:

- Empowering people to shape their own lives using their family, friends and community support network, so they can continue to play an active part in their community, sustain their social networks and access services which reflect protected characteristics.
- Personal budgets for young people in transition, together with earlier identification, joint assessment and personalisation will give young people more choice and control, enable them to maximise their independence and to potentially live closer to family and friends.
- People with learning disabilities currently in residential care, for whom supported living is considered a viable option, will have the opportunity to live more independently, with support from family, friends and their community network.

- The growth of local community-based health and social care services will enable people to remain independent in their own homes for longer; benefit from more joined up services; and the growth of preventative services will enable people to stay fit and well for longer.
- Working with providers to secure better value for money, to encourage a more creative response to meeting assessed need and to stimulate a more diverse range of community based services to cater for the needs of Surrey people.
- Exploring new models for delivering service to improve quality of service which is more targeted at need.
- Local social care staff and services being more closely aligned with health and delivering more joined up, efficient and effective services for people.

A number of the savings may potentially have a negative impact on people who use services and their carers across one or more of the nine protected characteristics. A range of mitigating actions has therefore been developed and includes:

- Where care and support options involving family, friends and the local community do not prove possible, the local authority has a continuing duty to meet eligible assessed needs and will continue to do so.
- Ensuring practice continues to focus on the outcomes for the individual and that monitoring of outcomes, quality and equity continues to ensure this is happening.
- Continuing to promote carers assessments to ensure carers have adequate support.
- Ensuring friendship groups are considered as part of the re-assessment process and that individual's views are at the heart of any decisions around the viability of supported living
- Ensuring individuals, their family and carers are engaged and consulted throughout the process of change.
- Continuing to work as part of Local Joint Commissioning Groups to plan for the seamless implementation of local integrated community-based health and social care services.
- Continuing to work with providers and Surrey Care Association (SCA) to explore creative ways to optimise the rates paid for care whilst maintaining quality and choice of service
- Continuing to take a person centred approach to quality assurance eg regular visits and following up on any issues
- Targeting recruitment, by implementing an attraction strategy, maximising the pace and flexibility of recruitment, adopting a range of options to fill vacancies, exploring ways to attract back experienced staff etc.

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The table below summarised the equality assessment associated with each saving proposal.

Family, Friends & Communities		2015/16 £000	Impact	Rationale	Page
1.	Family, Friends and Communities	10,000	+/- impact	A development of our on-going commitment to personalisation which gives people choice and control over their lives. This is an on-going efficiency	28-66
2.	FFC direct payment reclaims	4,000	+/- impact	This efficiency saving is associated with the administration of the direct payment scheme	28-66
Demand Management					
3.	Section 256 client group savings	2,000	No impact	Decreasing care costs associated with a reducing Section 256 client	67-100

				cohort. This is an on-going efficiency	
4.	Optimisation of Transition pathways	750	+/- impact	Optimising the way services are planned and delivered for young people will mean services can be delivered more efficiently. This is an on-going efficiency	67-100
5.	Targeted strategic shift from residential to community based provision	1,500	+/- impact	Identifying individuals who would benefit from moving from residential services to supported living, in line with the focus on friends, family and community, to maximise independence and wellbeing	67-100
6.	Over projection due to breaks / one-off reductions in care services	2,000	No impact	An accounting adjustment and thus will have no impacts for people who use services, carers or staff	67-100
7.	Under usage of call offs	1,000	No impact	An accounting adjustment and thus will have no impacts for people who use services, carers or staff	67-100
8.	Whole Systems Demand Management - New Demand	797	+/- impact	Collaborating with health, voluntary sector and other partners to promote wellbeing across local health and social care systems to prevent individuals developing long term substantial and critical care needs. This is an on-going efficiency	67-100
9.	Whole Systems Demand Management - Shift in Older People care pathway	441	+/- impact	Working with all partners across the health and social care system to promote wellbeing amongst older people so individuals are more able to stay in community services for longer thus leading to a shift in the care pathway. This is an on-going efficiency	67-100
Procurement/Commissioning					
10.	Optimisation of spot care rates	927	+/- impact	Negotiate effectively with suppliers to minimise price increases	101-128
11.	Learning Disabilities Public Value Review	2,000	+/- impact	Concluding the Learning Disabilities Public Value Review to transfer financial responsibilities to other local authorities for clients that are ordinarily resident outside Surrey	101-128

12.	Other commissioning strategies	900	+/- impact	Efficiencies achieved through renegotiation of specific contracts and grants. This is an on-going efficiency	101-128
13.	Optimisation of main block contracts	419	+/- impact	Negotiate with providers to achieve maximise value from main block contracts. This is an on-going efficiency	101-128
14.	Optimisation of other block contract & grant rates	247	+/- impact	Negotiate with other block contract suppliers and grant beneficiaries to agree optimised inflationary contract terms. This is an on-going efficiency	101-128
15.	Strategic supplier review rebates	1,000	+/- impact	Procurement led supplier negotiations aimed at volume based rebates - predominantly related to learning disabilities.	101-128
16.	Commissioning for Older people with Disabilities	150	+/- impact	Needs based reassessments of individual care packages for older people with disabilities	101-128
17.	Improved sourcing of residential care	250	+/- impact	Review the sourcing approach to commissioning new residential care packages.	101-128
18.	Better value care	500	+/- impact	Partnership working with suppliers aimed at yielding service delivery efficiencies and negotiating reduced rates accordingly.	101-128
19.	Commissioning approach to fee exception avoidance	125	+/- impact	A personalised approach to encouraging providers to accept fee guidance rates as older people who fund their own care until such time as their assets deplete below the Capital Threshold.	101-128
New Models of Delivery					
20.	Strategic review of service delivery	500	+/- impact	Review of service delivery across the Directorate to identify new models of delivery yielding efficiencies for the long term. Planning is currently at an early stage – as clear plans are developed a more comprehensive equalities analysis will be completed	129-152
21.	Ensure correct application of National CHC	1,735	+/- impact	Continue to pursue Continuing Healthcare (CHC) funding for historic cases and implement	129-152

	framework			agreed CHC processes based on the national framework. This is an on-going efficiency	
22.	Public Sector Transformation Network / Health Collaboration	1,000	+/- impact	Continued implementation of local joint plans with health partners. Planning is currently at an early stage – as clear plans are developed a more comprehensive equalities analysis will be completed. This is an on-going efficiency	129-152
23.	Maximising potential of Local Authority Trading Company (LATC)	300	+/- impact	Renegotiation of the contract value for 2015/16 following transfer to Surrey Choices	129-152
Establishment Management					
24.	Staff turnover	4,000	+/- impact	A combination of staff turnover and difficulty in recruiting for certain grades of staff will result in expenditure at a lower level than budgeted. This has been the case in previous years, so the proposal merely formalises this position within the budget as an expectation. There may be other aspects which will contribute towards this area of saving	153-180
25.	General Service Delivery efficiencies	400	+/- impact	Unplanned savings arising from expected Service Delivery staff vacancy levels	153-180
26.	ASC Realignment	200	+/- impact	Residual additional savings arising from the 'realignment' of Adult Social Care staffing establishment	153-180
27.	Reablement service improvements	200	+/- impact	Further work to ensure the efficient and effective deployment of reablement staff. Planning is currently at an early stage – as clear plans are developed a more comprehensive equalities analysis will be completed.	153-180
	Total Saving	37,340			

b. Business Services

As part of the development of the Council's budget an equalities analysis of savings proposals has been undertaken.

This document sets out the equality analysis for savings proposals for Business Services Directorate and comprises:

- A summary analysis of the overarching equalities implications of the savings proposals from those services
- Detailed equalities analysis for each savings proposal

Analysis for each savings proposal is presented as follows:

- For savings proposals linked to existing service improvement or transformation programmes, pre-existing Equality Impact Assessments have been reviewed and updated
- For new savings proposals, or where there has been material change to the proposal, a new Equalities Impact Assessment has undertaken

Equality Analysis Summary

The Business Services Directorate has submitted 19 savings proposals, of which 10 relate to the 2015/16 financial year. The remaining savings are continuations of those that begun in either 2012/13, 2013/14 or 2014/15 and as such already have EIAs carried out.¹

In 2015/16 there is one budget proposal line that has been assessed as requiring an analysis of the equalities implications, which is attributed to building running costs. This is part of the Making a Difference project and as such the EIA for this project has been reviewed and it sufficiently analyses the equalities implications for the 2015/16 budget proposals on building running costs. In addition the EIA for the Managed Print Service has been updated due to changes to the project.

Below is a short summary of the positive and negative impacts identified from the above two EIAs, and any mitigating action considered and adopted:

EIA	Positive impact	Negative impact	Mitigating action
Making a difference	<p>Disability: office floor plans are now more accessible for wheelchair users. New fully-rotational display screens means that VDU can be adjusted according to need.</p> <p>Maternity: new commitment to provide nursing rooms</p> <p>Carers: high level of flexible working will enable carers greater flexibility in managing their work</p>	N/A	
Managed Print service	<p>Disability: Modern displays on the equipment may be more effective than current devices. There is likely to be more flexibility and adaptability with the</p>	<p>Disability: usability issues with interface for those with physical and learning difficulties as well as the reduction in device numbers across the estate.</p>	<p>Increased focus on communications. Increased focus on training for individuals who will need to use the devices.</p>

¹ These EIAs can be found as part of previous [MTFP equalities analyses](#)

	modern technology. The engagement that will be undertaken as part of the rollout will provide an opportunity for individuals who may have additional needs to shape the new technology.	Age: difficulty adapting to the new technology (any age)	
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The assessments show possible positive impacts for the protected characteristics of age, maternity, carers and disability. The most significant possible negative implications were identified for disabled staff. A range of mitigating actions has been developed alongside the savings proposals to reduce the potential negative impact. These include:

- Increased focus on communications.
- Increased focus on training for individuals who will need to use new or different devices.

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	Previous Savings Line	Amount £'000	Decision	Rationale	p.
1	Organisational design from Public Value Review	75	Ongoing, previous EIA and no material change	Savings identified from service redesign, which took place in 2012/13 and already an EIA on the original proposals – savings fall between 2013/14 – 2015/16.	
2	Making a Difference	532	+ impacts	The final, full year, property savings from the recent office rationalization.	
3	Responsive maintenance	480	No impact	Savings have been identified in the responsive maintenance budget by delivering more effect planned maintenance reducing the need for reactive delivery.	
4	Property Income	140	No impact	This relates to income generated from revenue generated from the SCC property portfolio	
5	Public Sector Offer Income – Data Centre	175	No impact	This relates to income generated from the provision of services through the Surrey Primary Data centre	
6	Public Sector Offer – Other income	50	No impact	This relates to income generated from the provision of Treasury Management and transactional services.	

7	Productivity – Staffing	855	No impact	Savings on this line relate to either a reduction in staffing budget either via natural wastage, deletion of vacant posts or a reduction in FTE.	
8	Managed Print Service	110	+/- impacts - Ongoing, previous EIA updated	This project is to replace the existing printer/scanner/copier estate with a managed solution by an external supplier. As well as an overarching EIA, this project has also ensured that the solution procured is DDA compliant and the rollout will be managed on a site by site basis taking into account the needs of individuals.	
9	Public Sector Offer – Shared services income	70	No impact	Additional income for pensions services	

New In 2015/16

	Savings Line 2015/16	Amount £'000	Decision	Rationale	p.
10	One-off Property	420	No impact	Lower costs associated returning properties to their start of lease state once the lease expires	
11	Building Running Costs	190	+ impacts - Part of EIA for Making a Difference Programme attached	Savings on Property running costs	
12	Utilities	800	No impact	Savings from reducing estimated use from high to medium & savings from lower inflation rates.	
13	One-off contract negotiations	200	No impact	Property contracts that included rebates once the work is completed, these are one-offs	
14	Postal	50	No impact	Savings from centrally managed postal costs	
15	IMT Networks	200	No impact	Savings from Unicorn contract	

16	Reduce IMT Equipment Replacement Reserve	130	No impact	Replace 25% of laptops with thin devices	
17	Training	250	No impact	HR Training budget, £50k is leadership training	
18	Insurance Self Fund	500	No impact	Reduce contribution to insurance self fund	
19	Procurement partnerships	110	No impact	Procurement team savings from joint working with ESCC - Savings on this line relate to either a reduction in staffing budget either via natural wastage, deletion of vacant posts.	

c. Chief Executive's Office

Four savings proposals within the Chief Executive's Office have been identified as requiring an Equality Impact Assessment:

- Additional communications savings required through greater use of digital technology and reducing traditional advertising
- A restructure of libraries' staff
- Reduction in the contingency budget for by-elections
- 5% reduction in the Policy and Performance Service

The first of these is the **cross-cutting communications review**, which aims to reduce the amount of spending on printed communications through greater use of digital technology. An EIA was originally completed for the 2014-19 Medium Term Financial Plan. To be applicable for 2015/16 the original EIA has been updated to reflect the additional savings required through greater use of digital technology and reducing traditional advertising. These proposals could have a negative impact on those who are less able to access online information, a higher proportion of whom are older people, in particular older women, and people with physical and learning disabilities. There could also be negative impacts for staff who are less able to access digital technology. However, these impacts will be minimal as the Council will continue to meet its statutory duties to provide accessible material and information will continue to be made available in paper format where appropriate. Translation and interpreting services are not in scope for the purposes of this review.

The second of these is for a restructure of libraries' staff. To reflect the decline in library visits and book issues since 2008 the service is introducing a 'Cluster Model' whereby individual libraries within a certain geographical area can be joined together as a group or cluster. This will enable the sharing of skills, knowledge, practices and staff as well as giving better coverage and flexibility across libraries.

The pattern of opening hours has changed at some branches however no library opening hours have been reduced. Working age people may be disadvantaged by a reduction in evening opening hours at some libraries but this change reflects changes in the pattern of visits and lack of use during evening opening hours. The potential negative impacts of the change in pattern of opening hours will be mitigated by ensuring that where these have changed, another library is open nearby. In terms of potential positive impacts for residents, additional day time opening hours will allow for more people reliant on care services to access the service.

For staff this proposal could have negative impacts as the change in shift patterns for employees could adversely affect employees with caring and childcare responsibilities. In addition a cluster model has impacts for travel and parking costs. The current age and gender balance of staff in the library service does not reflect the Surrey community. The service particularly wishes to recruit more men, younger staff and a more diverse work force. The review offers opportunities by allowing greater flexibility and variety in job roles, shift patterns and the potential to reduce hours or job share. This is likely to be positive for all staff and in particular staff with disabilities and women returning to work after caring responsibilities. Focussing recruitment and training to ensure the workforce is diverse and understand the individual needs of service users (particularly around race, religion and gender) will have a potential positive impact for ensuring service users feel comfortable using libraries.

The third of these, a reduction in the **contingency budget for by-elections**, has been assessed as having no impact on groups with protected characteristics and staff. Trend data shows that on average a budget only needs to be held for one by-election per year. The fourth of these is the **5% reduction in the Policy and Performance Service budget**, which will be achieved through planned utilisation of vacancies and cost reductions. This has been assessed as having no impact on groups with protected characteristics and staff; and rigorous prioritisation of work across the service will ensure this.

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Description of Efficiency	£000 2015-20	Impact	Rationale	Page
Communications One Team Communications Review – realising savings on communications spending across the council	100	+/- impact Previous EIA with material change	EIA complete – Additional savings for 2015/16 through reducing spending on printed materials and traditional advertising.	181-195
Cultural Services – Registration Service Income to increase through holding more ceremonies.	27	No impact	Increased income will be achieved through conducting more ceremonies. There is no proposal to increase charges. Most ceremonies are delivered by bank staff (staff that have a contract with the county council and are paid an hourly rate for the hours of work they complete. The amount of hours of work depends on the number of hours available and staffs' availability) and the cost is included in the ceremony charge.	
Cultural Services – Surrey Arts Decision to agree to a request for flexible working and not to fill	24.5 20	No impact	Work will be covered in another way - most likely through Surrey Music Hub and/or its partners.	

vacant hours Reduction in grants	4.5		<p>StopGAP is a professional dance company who have both able bodied and disabled dancers. They are a National Portfolio Organisation of Arts Council England and therefore receive funding through this route and others. SCC has already extended the funding beyond the original expectation and does not believe the removal of funding will have a significant impact on the work. StopGAP will continue to benefit from their involvement with other programmes to which SCC contribute e.g. Disability Arts in Surrey (DAISY)</p> <p>Arts Partnership Surrey is the partnership between Districts and Boroughs and SCC. This group pools some funds to support a variety of arts programmes across the county. The Partnership is aware of the proposed 5% reduction in grant from SCC. This reduction should not have a significant impact overall and the partners are able to secure other sources of funding.</p>	
Cultural Services – Heritage Service Decision not to recruit an apprentice Agree to requests for flexible working and not to fill vacant parts of roles Retirement of conservation officer and decision not to fill role.	61	No impact	The decision to agree to requests for flexible working is unlikely to reduce capacity in the service. The reduction in the conservation officer post will reduce capacity and will increase the time taken for work to be done.	
Cultural Services – Library Services Savings will be delivered in three ways.	757			
1. Staffing restructure	207	Impact	Full EIA complete – to be	196-

from April 2015			updated following close of staff consultation (28 Jan)	214
2. Removal of library investment fund (CPL)	300	No impact	This budget was set up following the creation of community partnered libraries to fund investments required to facilitate CPLs. There is no planned expenditure against the fund and therefore no service reduction following its withdrawal.	
3. Reconfiguration of Libraries	250 in 2015/16 (500 in 2016/17)	Potential future impact	Proposed savings for libraries will involve consultation with service users and key stakeholders before any final decisions are made by Cabinet in early 2016. The service is aiming for Summer 2015 to commence consultation. An EIA will be completed alongside the consultation to enable the full equality impacts of any potential decision to be given due regard. Please note timescales are subject to approval by Lead member and Cabinet.	
Democratic Services Reduction in contingency budget for by-elections	15	No impact	Robust trend data highlights that only need to hold a contingency for one by election per year, not two as currently. EIA complete	215-221
Democratic Services – Increased income from school appeals	30	No impact	Increased income will be achieved through conducting more school appeals. This is supported by the trend in activity and 2014/15 income increases. There is no proposal to increase charges. Appeals are delivered by bank staff (staff that have a contract with the county council and are paid an hourly rate for the hours of work they complete. The amount of hours of work depends on the number of hours available and staffs'	

			availability) and the cost is included in the appeals charge.	
Democratic Services – Reduction in staffing budget	35	No impact	The staffing budget reduced during 2014/15 due to efficiencies in the structure and roles of the service. These changes were subject to an EIA. Therefore the withdrawal of this budget in 2015/16 will have no further equalities impact.	
Democratic Services – 5% reduction in the VCFS infrastructure budget	27	No impact	Budget will cover the grants anticipated for the infrastructure organisations, including an additional grant in 2015/16 for Surrey Minority Ethnic Forum (SMEF). Reduction in the budget means there is no additional capacity to support any one-off or capacity building projects which often provide targeted support to groups with protected characteristics (for example, expanding the supported volunteering schemes).	
Legal Services Budget reduction (increasing in house advocacy and increasing income)	220	No impact	The savings will be made from a combination of measures including: 1. The appointment of an additional in-house advocate to reduce the money spent on external lawyers- overall this presents a more efficient and cost effective way of working 2. Reviewing and rationalising resources in the light of any vacancies taking account of the particular needs for legal support from other services 3. Maximising opportunities to increase income generation during the year There are no obvious impacts of these measures on groups with protected characteristics. Legal Services will continue to	

			provide a resource that supports the council in meeting its duties including those that relate to vulnerable children and adults and individuals with disabilities. Any in-year changes that are identified will give consideration to the public sector equality duty and whether an equality impact assessment is needed.	
Policy and Performance 5% budget reduction across the Policy and Performance Service (this will be delivered by planned utilisation of vacancies and cost reductions)	135	No impact	Any potential impact will be mitigated through rigorous prioritisation of work across the Service. EIA complete.	222-229
Public Health Reduction in budget and 5% reductions both being achieved through shadow funding.	2,900	No impact	There will be no cut or reduction in the provision of public health services, or advice functions for 2015/16 – there will be no impact on these services to assess within an EIA. The savings are being achieved by supporting the funding of other council services (shadow funding) that support public health priorities. This results in no actual public health services being cut or reduced.	

d. Children, Schools and Families

The Children, Schools and Families directorate has seven savings proposals for 2015/16 of which two savings have been identified as requiring an Equality Impact Assessment:

- Services for Young People
- ESG reduction – contract reduction

For the first saving from Services for Young People, young people may be negatively affected by the reduction in funding, which will be achieved through a reduction in qualified and experienced frontline posts, the withdrawal of Individual Prevention Grants and funding allocated to the VCFS. Therefore there is a risk that bespoke provision for groups who have protected characteristics will also be reduced. To mitigate against the potential negative impacts the service will ensure that the impacts of the savings are actively monitored through management information, engagement with staff, partner organisations, service users, potential service users and their families. Any feedback which shows that individuals and groups who possess protected characteristics are experiencing negative impacts will be used to inform potential changes to the plan.

The second saving is a proposed reduction of commissioned services for Surrey schools, which are currently contracted to a provider organisation to deliver. The contracted provider delivers tasks for programmes previously financed by government grants that have since been discontinued; some tasks can be delivered 'in-house' by SCC. In addition the increase in academy schools has influenced the nature of uptake of Surrey and the contracted services. The contracted services are contracted to continue to deliver the same outcomes for schools as such there is no identified negative impact for school pupils, staff in SCC maintained schools, residents or the contracted staff.

There are two savings around Early Years and additional income target from Commercial Services where proposals are still to be determined and therefore equalities analysis will be taken at an appropriate time in 2015/16.

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	Budget proposal	£000	Impact	Rationale	p.
1	Funding transfer (DSG high needs block)	1,000	No impact	Previous EIA with no material change. Transfer of funding to come from Dedicated Schools Grant. This will result in no overall reduction in existing budget or material impact on services delivered.	
2	Zero inflation on most commissioned services	1,500	No impact	Previous EIA found no impact. No material change - this is a continuation of successful implementation in previous years.	
3	Schools and Learning uncommitted budget	2,500	No impact	Uncommitted budgets in Schools & Learning for 2015/16	
4	Additional income target for Commercial Services	500	EIA once plans developed	Plans in development with Commercial Services.	
5	Early Years	2,700	Potential - impacts, EIA to be completed in 2015/16	Proposed savings on children's centres will involve consultation with service users and key stakeholders before any final decisions are made by Cabinet in Autumn 2015. The Service is planning to agree the process and content of consultation at Cabinet in April 2015. The service is aiming for May to commence consultation. An EIA will be completed during this process to enable the full equality impacts of any potential decision to be given due regard. Please note timescales are subject to approval by Lead member and Cabinet.	
6	Services for young people	1,900	Negative impacts	EIA identifies that the proposed savings will have an adverse impact on young people with protected characteristics including age; disability; gender reassignment;	230-268

				pregnancy/maternity; race; religion/belief and sexual orientation. EIA identifies potential negative impacts on staff including with protected characteristics. EIA proposes actions for mitigation and monitoring of impacts and recognises that some negative impacts as a result of budget proposals cannot be mitigated. (EIA savings total at £2.6m also includes savings required for funding which has ceased. This is over and above the £1.9m agreed MTFP savings.)	
7	ESG reduction – contract reduction	2,000	No impact	The proposed reduction of budget for commissioned services for Surrey schools is contractually provided and reflects the number of Surrey schools that have converted to academies, who now receive their own funding to purchase services. There is no identified impact for SCC staff (including staff in SCC maintained schools), residents or contracted staff, as the service is being re-aligned rather than cut. The contracted services will continue to deliver the same outcomes for schools, so there should be no impact for school pupils or local residents.	269-273

e. Customer and Communities

Two savings proposals within the Customer and Communities Directorate have been identified as requiring an Equality Impact Assessment:

- Reduction in Directorate Support Staff
- Removal of Local Committee Capital Allocations

The first of these will see a reduction in the Directorate Support Team's budget. Work prioritisation and efficiencies mean that the savings will mostly be achieved through careful management of vacancies as they arise. As the savings will mostly be achieved by not filling vacancies there are very few negative impacts, however there is a potential negative impact that could occur as a result of moving office or change in work hours with disability, pregnancy and maternity and carers being the groups that could be effected. Mitigating actions include following SCC policy around employment rights, flexible working and taking a case by case approach with the needs of staff.

The second of these is for the removal of the Local Committee Capital Allocations budget. This will result in reduced opportunity for investment in more disadvantaged communities, which has particular potential for impact on Age and Disability characteristics. However to mitigate this joint training with Surrey Community Foundation and others is being delivered, enhancing the skills of Officers in advising and signposting potential applicants on other sources of funding. Initial training has been delivered and this will be continuously refreshed and improved.

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	Savings Line 2015/16	Amount £'000	Decision	Rationale	p.
1.	Reduction in Directorate Support Staff Largely achieved through management of vacancies.	200	- impact	EIA attached	274-281
2	Removal of Local Committee Capital Allocations	385	- impact	EIA attached	282-294
3	Restructure Community Safety Team	50	- impact Future EIA	The team will be restructured over 2015/16 and is likely to have a negative impact on staff with protected characteristics. A full EIA will be completed when the proposals have been set out in more detail.	

f. Environment and Infrastructure

Of the nine confirmed savings for 2015/16, three have been deemed as requiring an EIA:

- “One Team” organisation review: remainder of savings achieved in earlier restructurings.
- Support services
- Transport Review

The first (One Team organization review) and second (support services) savings have equality implications, though these are continuations of savings from the Directorate’s restructure. The original EIA applies and an overview of the impacts analysed in this EIA is included in the table below.

The third is the Transport Review, which will impact on bus subsidy support to operators. An EIA for this saving will be completed in May 2015, following the conclusion and analysis of a public consultation. This process will involve consultation with various user groups and individuals with protected characteristics to ensure any potential negative impacts are identified and mitigating actions put in place. The resulting EIA will be included in a report to Cabinet, where a final decision will be taken.

Environment & Infrastructure Restructure			
Equality group	Positive impacts	Negative impacts	Mitigating actions
Age	<ul style="list-style-type: none"> • Improved training and performance. management for all staff • Job profiles that consider both experience and 	A structure that could limit progression or not have appropriate ‘entry level’ roles.	<ul style="list-style-type: none"> • Any recruitment or progression will be based on merit and not age-related criteria. • The restructure process will consider the number of potential

	qualifications.		'entry level' roles, to ensure that younger members of staff are not disadvantaged.
Gender	Continuation of flexible working arrangements for part-time staff, the majority of which are female.	A structure that may not reflect the current composition of full-time and part-time staff.	<ul style="list-style-type: none"> Recruitment or progression is based on merit, and is not gender-related. The restructure will ensure that both men and women are given equal opportunities at all stages of the process.
Disability	<ul style="list-style-type: none"> Application of the current 'two ticks' recruitment policy applied in the restructure process. If staff are required to work flexibly, the access needs of disabled staff will be prioritised. 	<ul style="list-style-type: none"> Staff could be unable to fully transfer their reasonable adjustments into new roles, offices and ways of working. Information used in the restructure could be inaccessible to people with disabilities if reasonable adjustments are not made in the restructuring process. Systems/processes could be introduced that are inaccessible to staff with disabilities. 	<ul style="list-style-type: none"> Essential criteria is the only factor in recruitment decisions, and decisions are made objectively. The needs of staff with disabilities will be considered at all stages of the process.
Ethnicity		A structure that may limit progression or not have the appropriate 'entry level' roles.	<ul style="list-style-type: none"> Any recruitment decision will be based on merit and not race-related criteria. The restructure will give equal opportunities to staff from minority groups at all stages of the process.
Carers	Continuation of flexible working practices for part-time staff.	A structure that may not reflect the current composition of full-time and part-time staff in the Directorate.	The needs of part-time staff and staff with caring responsibilities will be considered at all stages of the process, to ensure there is proportionate recruitment.
Additional mitigating actions for all groups:			
<ul style="list-style-type: none"> The recruitment process will be objective, inclusive and transparent. Essential training will be available to all staff. All staff will receive support in the form of the Employee Assistance Programme, meetings with senior E&I managers and meetings with HR. All staff will be offered time off for interviews and the opportunity to take part in a redeployment process. 			

Additional savings:

Of the 23 additional savings for 2015/16, eight have been deemed as potentially requiring EIAs. There is one further saving in relation to the Directorate's restructure, which has equalities implications and the original EIA still applies (see summary above). There are also two further savings, which are in relation to the Transport Review (bus subsidy support and reduction of concessionary fares), which will have EIAs completed for them in May 2015 (as detailed above).

A saving concerning Highway Winter Maintenance will have an EIA completed following the annual review of the Winter Service Plan, which will involve consultation with Members. The EIA will be included in a report to Cabinet in September 2015 where a final decision will be taken. A saving in relation to Planning & Development will also require an EIA and this will be completed and shared with the relevant Cabinet portfolio holder once the proposals have been fully analysed.

There are 3 remaining savings related are from Waste Services and they are:

- Waste Kerbside Improvement Programme
- Joint Healthcare Waste Collection and Disposal Contract
- Review of the Third Party Recycling and Furniture Reuse Credits Policy

The table below summarises the positive and negative impacts, and the mitigating actions of these 3 EIAs.

Waste Kerbside Improvement Programme			
Equality group	Positive impacts	Negative impacts	Mitigating actions
Disability		<p>Due to disabilities some residents may not have the same access to information</p> <p>Residents who wish to volunteer with the Surrey Green Network may be limited in the volunteering they would be able to carry out due to a disability.</p>	<p>Communication and material will be made accessible where appropriate and possible e.g.</p> <ul style="list-style-type: none"> • Campaign creatives will be assessed for legibility for partially sighted residents and communications will be made as visual as possible. • Surrey Matters will be used as a communication channel and is available in an audio format, large print and other languages. • The Surrey Waste Partnership website will continue to have an audio option. <p>Appropriate adjustments will be made where possible to allow residents with a disability to volunteer.</p>
Race/Nationality		<p>Residents who do not have English as their first language may not have the same access to information</p>	
Joint Healthcare Waste Collection and Disposal Contract			
Equality group	Positive impacts	Negative impacts	Mitigating actions
Carers (and those they look after with)	Residents who currently use a healthcare waste	Residents may require additional general waste	Processes will be put in place to provide residents with

protected characteristics e.g. age and disability)	<p>collection service will be advised that they can dispose of this with their general household waste.</p> <p>The consistent service across the county should be more straightforward for healthcare professionals to communicate to patients</p> <p>Outsourcing the customer service to professionals in healthcare waste will allow better assessments of residents'.</p>	<p>capacity.</p> <p>Residents who receive an existing healthcare waste collection may have changes to their service and it may be more difficult to communicate with some residents.</p>	<p>additional or larger general waste bins where required.</p> <p>Communications will take into account the needs of elderly or disabled service users by providing accessible variants.</p> <p>Customer service will also be sensitive to take account of residents who may have difficulty in remembering or understanding the changes to their collection service. The customer service will also allow carers to arrange a collection on behalf of the service user.</p>
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Review of the Third Party Recycling and Furniture Reuse Credits Policy			
Equality group	Positive impacts	Negative impacts	Mitigating actions
Age		Some of the organisations receiving recycling and furniture reuse credits work with young, elderly, ill and vulnerable people, who might be indirectly, negatively impacted by this change.	<p>The organisations affected will be communicated to and consulted with.</p> <p>They will also be given a year's notice before the changes are implemented.</p>

Environment & Infrastructure savings – 2015/16

Confirmed savings for 2015/16					
No.	Description of efficiency	Saving (£) 2015-16	Impact	Rationale	p.
1	Transport review: reduction in bus subsidy support to operators.	400 (750 aspirational target)	Future potential impact	EIA to be completed in May 2015 once consultation phase of review has been concluded and exact source of reductions have been confirmed. This will be included in a separate report to Cabinet when a final decision is required later in the year.	
2	Highways MORPH project: proposal to	250	No impact	EIA not required as saving comes from process efficiencies with no	

	create a supply of sustainable recycled construction material for SE7, which will enable cheaper procurement of construction materials and sale of surplus to third parties.			impact on the public.	
3	“One Team” organisation review: remainder of savings achieved in earlier restructurings.	229	- impact	This saving forms part of the E&I staff restructure, for which an EIA has already been completed.	295-313
4	Sustainability: recharge of staff costs to Local Sustainable Transport Fund grant.	144	No impact	EIA not required as saving comes from recharging staff costs from external source and no change in service is proposed.	
5	Countryside review phase 2: reduction in payments to Surrey Wildlife Trust and the introduction of charges for access work.	100	No impact	EIA not required as savings come from contract efficiencies and income generation initiatives with no impact on the public.	
6	Highways income: fees and sponsorship.	90	No impact	EIA not required as savings come from income generation initiatives with no impact on the public.	
7	Waste: reduced reliance on specialist advisers for waste disposal.	50	No impact	EIA not required as no change in service is proposed as part of this measure.	
8	Support services.	18	- impact	This saving forms part of the E&I staff restructure, for which an EIA has already been completed.	295-313
9	Sustainability.	7	No impact	EIA not required as the modest scale and indirect nature of the saving means individual groups will not be affected.	
Additional savings for 2015/16 (to be confirmed)					
No.	Description of efficiency	Saving (£) 2015-16	Impact	Rationale	
10	Local highway schemes: reduce budget for local committees.	1000	N/A	This saving comes from a budget allocation that is granted to Local Members/Committees, which is used at the Committee’s discretion to carry out non-essential works. Each scheme that goes through the Committee will have its own EIA.	
11	Transport review: reduce bus subsidy	1000	- impact	EIA to be completed in May 2015, once consultation phase of review	

	support including boundary routes operated by Transport for London.			has been concluded and exact source of reductions have been confirmed. This will be included in a separate report to Cabinet when a final decision is required later in the year.	
12	Highway maintenance: winter - reduce precautionary gritting and no filling of grit bins.	200	- impact	EIA to be completed in September 2015 following consultation with Members and when proposals are fully developed. This will be included in a separate report to Cabinet when a final decision is required later in the year	
13	Highway maintenance: signs and lines - only replace stop/safety markings.	200	TBC	This saving comes from a pre-existing flexibility in the work programme which enables work to be carried out on a priority basis. Should this saving be approved, and any equalities implications identified, an EIA will be carried out where necessary.	
14	Transport review: exclude concessionary fares passes from Guildford park & ride services.	200	- impact	EIA to be completed in May 2015 once consultation phase of review has been concluded and exact source of reductions have been confirmed. This will be included in a separate report to Cabinet when a final decision is required later in the year.	
15	Planning & Development: reduced enforcement at minerals & waste sites and reduced response/increased timescales for transport work.	200	TBC	EIA to be completed and shared with the relevant portfolio holder when proposals are fully analysed.	
16	Countryside: rights of way and fundraising.	100	No impact	EIA not required as saving comes from process efficiencies and income generation with no impact on the public.	
17	Sustainability: carbon reduction, cycling.	100	No impact	EIA not required as the modest scale and indirect nature of the saving means individual groups will not be affected.	
18	Support services.	100	- impact	This saving forms part of the E&I staff restructure, for which an EIA has already been completed.	295-313
	Waste	Total: 34000	+ impact - impact		
19	Community Recycling Centres (CRCs) – black bag splitting	1000	No impact	This is a service change that does not disproportionately affect any protected group of service users. SCC's contractor will carry out a full assessment if any impact on site	

				staff is anticipated (e.g. manual handling)	
20	CRCs – mattresses		No impact	This activity is about getting better prices for waste materials through a change in recycling/disposal outlet. No equality impact anticipated as no change in service is proposed as part of this measure.	
21	CRCs – rigid plastics		No impact	This activity is about getting better prices for waste materials through a change in recycling/disposal outlet. No equality impact anticipated as no change in service is proposed as part of this measure.	
22	CRCs – charging		No impact	An initial assessment of the proposed policy to charge for non-household materials at CRCs would indicate that there should be no equalities impact on residents or staff, particularly people sharing protected characteristics, however this will be tested further as part of the consultation prior to implementation.	
23	CRCs – Haslemere dustcart		Potential impact	Will be developed as part of project (plan to close service in Summer 2015)	
24	CRCs – opening hours and days		Potential impact	Will be developed once outline project proposals have been agreed	
25	Value of contract materials	1100	No impact	This activity is about getting better prices for waste materials through a change in recycling/disposal outlet. No equality impact anticipated as no change in service is proposed as part of this measure.	
26	Tipping away	30	No impact	This project will look at revising a payment transfer mechanism between SCC and the districts and boroughs. No equality impact is anticipated as a result of this.	
27	Ash Vale	TBC	No impact	Project not initiated yet, EIA to be developed at a later date if required.	
28	Britaniacrest & Dunbrik	231	No impact	This is an operational change which has reduced the need to use third party waste transfer/disposal sites. No impact on public or staff is anticipated.	
29	Trade waste (chargeback)	TBC	No impact	This project will look at revising a payment transfer mechanism between SCC and the districts and boroughs. No equality impact is anticipated as a result of this.	
30	Kerbside capture	803	- impacts	EIA complete and attached	314-

					323
31	Healthcare waste	10	+/- impacts	EIA complete and attached	324-333
32	Third party recycling credits				334-343

g. Surrey Fire and Rescue Service

Five separate initiatives will deliver budget savings in 2015/16. None of these require EIAs at this stage as many of the savings are continuations from 2014-19 MTFP or previous and therefore EIAs have already been completed. These have been reviewed and remain applicable to budget proposals over 2015/16. The table below provides more detail on the savings and the assessments undertaken for each saving stream. Two projects (the Income generation work streams and Reconfiguring Fire Stations) are known to require EIA assessments in the future and as such an equality analysis will be completed at an appropriate developmental stage.

Furthermore, two previous projects have been amalgamated into a new work area termed 'Workforce Reform'. These are: *Reform wholetime system- Flexible Duty Officers and Strategic Managers and Reform wholetime system- Station based*. There are no impacts identified at this stage for these projects however any equality implications will be taken into consideration and specific EIAs will be created if needed at appropriate project phases as projects are being developed.

It has also been determined that for the reduction in management numbers and support costs saving, which relate primarily to planned and agreed budget reductions, EIA assessments are not needed at this stage. Specific EIAs will be created if needed as proposals are developed further.

The 2015-20 MTFP figures have also taken account of the earlier achievement of savings resulting from the decision to reschedule the dates for progressing the Spelthorne on-call unit. The Service is committed to reviewing its position once we are in receipt of confirmation that all factors in relation to the proposed site are addressed or an alternative solution is in place. An EIA on Spelthorne was carried out previously.

Content

	Savings Line 2015/16	Amount £'000	Decision	Rationale
1.	Reduce vehicle & equipment reserve contribution	200 (this is a one year only reduction in contributions into the fund)	No impact	No equalities impacts identified
2.	Income Generation/ Optimising Income	+74	No impact	MTFP target for the period reflects current opportunities and Public Sector Transformation Network – Blue Light project. Future income generation initiatives will be assessed once defined for equalities impacts.
3.	Reconfigure fire stations	+200 (this is a small	Potential future +/-	EIAs have already been produced for the reconfigurations in Spelthorne, and in Horley and Reigate and Banstead. Any future

		<p>budget increase to reflect the timing of the overall fire stations reconfiguration programme)</p>	<p>impacts.</p> <p>EIAs to be created as part of project development</p> <p>EIA on continuity of emergency response cover for Horley and Reigate and Banstead was published on 26/03/2013</p> <p>EIA - FRS Changes to emergency response cover for Spelthorne</p> <p>EIA - FRS Continuity of emergency response cover for Horley and Reigate and Banstead</p>	<p>reconfigurations will be the subject of separate EIAs to be produced at the time that proposals are put forward.</p>
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<p>4.</p>	<p>Workforce Reform:</p> <p>a.Reform wholetime system - Station based</p> <p>b.Reform wholetime system - Flexible Duty Officers and Strategic Managers</p>	<p>1,473</p>	<p>No impacts</p>	<p>At this stage, and following discussions with the project teams and review of the service personnel's comments during the online engagement/comms exercise in surreyfire.net (about the proposals presented in the current PIDs) there are no equality implications identified.</p> <p>Both projects will be reviewed continuously during their implementation stages to ensure that they reflect and are in line with any new changes/developments of the equalities legislation and any equality implications will be taken into consideration and will be captured in specific EIAs.</p>
<p>5.</p>	<p>Reduction in management and support costs:</p> <p>Vacancy management and re evaluation of support functions</p>	<p>200</p>	<p>No impacts known at this stage</p>	<p>Specific EIAs will be created if needed as proposals are developed.</p> <p>This will be reflected in the refreshed Public Safety Plan (2015 – 2025) which is under development for adoption and implementation by April 2016. The current aim is to achieve savings through vacancy management</p>

2. NEW EQUALITY ANALYSIS FOR 2015/16

This section provides the equality analysis for new savings proposals in 2015/16. The table below provides a summary of these by directorate:

Directorate	Equality Impact Assessment	Page
Adult Social Care	<ol style="list-style-type: none"> 1. Family, Friends and Communities 2. Demand Management 3. Procurement and Commissioning 4. New Models of Delivery 5. Establishment management 	28-66 67-100 101-128 129-152 153-179
Business Services	N/A	
Chief Executive's Office	<ol style="list-style-type: none"> 1. Cross Cutting Communications Review 2. Restructure of libraries' staff 3. Reduction in the contingency budget for by-elections 4. 5% reduction in the Policy and Performance Service 	180-194 195-213 214-220 221-228
Children, Schools and Families	<ol style="list-style-type: none"> 1. Services for Young People 2. ESG reduction – Contracted provider 	229-267 268-272
Customers and Communities	<ol style="list-style-type: none"> 1. Reduction in Directorate Support Staff 2. Removal of Local Committee Capital Allocations 	273-280 281-293
Environment and Infrastructure	<ol style="list-style-type: none"> 1. E&I Future staff restructure 2. Waste Kerbside Improvement Programme 3. Joint Healthcare Waste Collection and Disposal Contract 4. Review of the Third Party Recycling and Furniture Reuse Credits Policy 	294-312 313-322 323-332 333-342
Surrey Fire and Rescue Service	N/A	

1. Topic of assessment

EIA title:	Medium Term Financial Plan (MTFP) 2015-20 efficiency savings Family, Friends and Communities: <ul style="list-style-type: none"> • Family, Friends and Communities • FFC Direct payment reclaims
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MTFP efficiency saving (£000s)	15/16	16/17	17/18	18/19	19/20
Family, Friends and Communities	10,000	10,000	5,000	0	0
FFC Direct payment reclaims	4,000	0	0	0	0
Total	14,000	10,000	5,000	0	0

EIA author:	Kathryn Pyper
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2. Approval

	Name	Date approved
Approved by	Mel Few, Cabinet Member Adult Social Care, Surrey County Councillor	6 February 2015
Approved by	Dave Sargeant, Strategic Director, Adult Social Care	6 February 2015
Approved by	Will House, Strategic Finance Manager - Adult Social Care	6 February 2015
Approved by	Adult Social Care, Directorate Equality Group (DEG)	

3. Quality control

Version number	9	EIA completed	5 March 2015
Date saved	6 February 2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Kathryn Pyper	Programme Manager	Surrey County Council	Business Planning
Rebecca Brooker	Project Manager	Surrey County Council	Family, Friends & Communities
Lyndon Edwards	Communications and Engagement	Surrey County Council	Equality and Diversity
Andre Lotz	Information Analyst	Surrey County Council	Business Intelligence
Paul Goodwin	Senior Principal Accountant	Surrey County Council	Finance
Allan Wells	Lead Manager Legal Services	Surrey County Council	Legal advice

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Through 'Family, Friends and Communities', Adult Social Care is making a shift to an asset based approach. This values the capacity, skills, knowledge, connections and potential – the social capital - in a community. It recognises the positive contribution people in local communities can make towards the provision of social care and support and how it can bring about positive outcomes for the individual and their community.</p> <p>'Family, Friends and Communities' is a development of our on-going commitment to personalisation which gives people choice and control over their lives.</p>
<p>What proposals are you assessing?</p>	<p>Family, Friends and Communities - The demand for adult social care, without offsetting action, is estimated to exceed the available budget provision. In order to offset these potential pressures, Adult Social Care will encourage people to address their care and support needs by first looking towards the care and support their family, friends and local community network may be able to offer, and to paid services where there are gaps. It is thus hoped to reduce the cost of care packages whilst continuing to meet assessed need. It is hoped this will deliver efficiency savings, whilst ensuring better outcomes for individuals and improved value for money.</p> <p>The Family, Friends and Communities approach was first approved by Cabinet as part of the Medium Term Financial Plan (MTFP) for 2013/14. The report allocated £15.5m in savings to "actions to offset increased demand" which it went on to describe as "encouraging people to address</p>

their care and support needs by first looking towards the social capital available in their communities". The Family, Friends and Communities approach was again approved as part of the 2014/15 MTFP and the detail of the programme has also been scrutinised on two occasions by Adult Social Care Select Committee.

The four main areas of work are:

1. Improving Access

- Empowering communities and individuals to help themselves. This is being addressed through the Surrey Information Point Portal, the Referral and Assessment review and the introduction of an online self-assessment tool.
- Ensuring access to information and advice.

2. Empowering Staff

- Reducing assessment time, which frees up staff time, so they can spend more time 'face to face', talking with the individual and how their needs can best be met.
- Having asset-based conversations encouraging practitioners and individuals to look at existing assets in an individual's life and how they could build on these, rather than replace them with local authority services. These conversations provide the opportunity for the individual to take control of their care support plan and implement choice and personalisation in the provision of their care support – an approach which user representatives have asked us to promote in our practice. Staff training in this approach is underway.

3. Developing Providers

- Understanding and stimulating the wider marketplace, particularly the community support services available to people.
- Developing local networks, including district and borough, locality team and commissioning staff to better understand the local context and community assets.
- Revising the Joint Strategic Needs Assessment (JSNA) to take an asset based approach.
- Taking an asset based approach to commissioning, increasing the co-production of services and development of existing assets.

4. Monitoring and Evaluating

- Developing a monitoring framework to measure the impact and value of family, friends and communities in Surrey. This will include financial savings, added value for residents and the impact on communities as a whole.

It is recognised that delivery of this will require the wide involvement of a range of teams and projects, including Members, to enable the development of a vibrant market and sustainable networks and services. It is dependent upon the whole health and social care system working seamlessly and the growing availability and effective use of social capital within communities. A key component of the project will be securing culture

	<p>change across the public, voluntary, community and faith sector and within Surrey County Council itself. It is part of moving towards a sustainable future model.</p> <p>Direct Payments – Direct Payments allow people who use services to make more of the decisions that affect their life. Direct Payments give more flexibility and choice, by enabling support to be more tailored around individual needs.</p> <p>If an individual receives a Direct Payment they are responsible for managing and accounting for how they spend the money. The money received as a Direct Payment is given only to pay for support or services to meet assessed social care needs. For this reason, records need to be kept which will help to ensure that the Direct Payment is working well. An agreement is signed between Surrey County Council and the person receiving the money. The agreement outlines the conditions to be followed.</p> <p>This efficiency saving is associated with the administration of the direct payment scheme. In some cases individuals may not require all of the Direct Payment they receive. Where this is identified through reconciliation of their account, surpluses are reclaimed subject to confirmation with the individual that they are not required to meet assessed need.</p> <p>The services is launching a new Direct Payment on-line account to assist with the administration of Direct Payments and it is expected that manual reclaims of this nature will diminish in future years.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>The proposals will affect:</p> <ul style="list-style-type: none"> • People who use services and their carers • Surrey County Council staff, particularly those involved in care planning • External organisations we commission to deliver services on behalf of the Council or in partnership

The policy line table below shows how this group of savings have been budgeted across Adult Social Care. This merely represents the initial budgeted plan and whilst it gives some indication of the areas likely to be most affected, actual savings may be achieved differently in practice.

FFC Savings	2015/16	2016/17	2017/18	2018/19	2019/20
	£'000	£'000	£'000	£'000	£'000
Older People					
Home Care - External	-3,044	-3,044	-1,522	0	0
Direct Payments	-3,235	-770	-385	0	0
Day Care - External	-101	-101	-50	0	0
Respite Care	-19	-19	-10	0	0
Transport Services	-19	-19	-9	0	0
Other Care	-74	-74	-37	0	0
Total Older People	-6,491	-4,026	-2,013	0	0
Physical & Sensory Disabilities					
Supported Living / Home Care	-562	-562	-281	0	0
Direct Payments	-1,109	-1,109	-554	0	0
Day Care - External	-39	-39	-20	0	0
Respite Care	-11	-11	-6	0	0
Transport Services	-16	-16	-8	0	0
Other Care - External	-58	-58	-29	0	0
Total Physical & Sensory Disabilities	-1,796	-1,796	-898	0	0
People with Learning Disabilities					
Supported Living / Home Care - External	-2,133	-2,133	-1,067	0	0
Direct Payments	-2,570	-1,112	-556	0	0
Day Care - External	-280	-280	-140	0	0
Respite Care	-108	-108	-54	0	0
Transport Services	-112	-112	-56	0	0
Other Care - External	-150	-150	-75	0	0
Total People with Learning Disabilities	-5,354	-3,896	-1,948	0	0
Mental Health & Substance Misuse					
Supported Living / Home Care	-205	-205	-103	0	0
Direct Payments	-135	-58	-29	0	0
Day Care	-3	-3	-1	0	0
Respite Care	-0	-0	-0	0	0
Transport Services	-1	-1	-0	0	0
Other Care	-15	-15	-8	0	0
Total Mental Health & Substance Misuse	-359	-283	-141	0	0
Gross Expenditure	-14,000	-10,000	-5,000	0	0
Total Income	0	0	0	0	0
Net Expenditure	-14,000	-10,000	-5,000	0	0

6. Sources of information

Engagement carried out

The following engagement has been undertaken:

Staff:

- Staff events - May 2013
- Senior manager's workshop - Sept 2013
- Visits to all locality teams including HR training rep - Jan/Feb 2014
- Seminar for lead staff with Professor Jon Glasby - Jan 2014
- Ongoing weekly articles in e-brief.

Members:

- Select Committee - Nov 2013
- Overview and Scrutiny Committee - Dec 2013
- Member Briefing - Jan 2014
- Local Committees - Jan/Feb 2014
- Two representatives from Select Committee sit on the Project Board

Providers:

- Provider Network - Nov 2013
- Information Summit - Jan 2014

Other Stakeholders:

- Surrey Officers' Group (borough and district representatives) - Jan 2014

The Project Board includes representatives from corporate partnerships teams, Chief Executive's Office, Children, Schools & Families (CSF) and Surrey Community Action (voluntary sector representative).

Adult Social Care Directorate Strategy makes a commitment to "...work with partners to co-design and deliver services which are local, universal and preventative ...". Co-design is at the heart of all we do in Adult Social Care and is part of the approach we have taken to shaping the Medium Term Financial Plan (MTFP) savings proposals.

The Adult Social Care Implementation Programme Board is a co-design Board, which oversees our change programme. The Board is attended by our strategic partners and chaired by the Cabinet Member for Adult Social Care and the Chair of the Surrey Coalition of Disabled People. As part of the budget setting process we asked the Board to help us undertake an equality assessment on our Medium Term Financial Plan (MTFP). The Board reviewed the Family, Friends and Communities proposed savings on 27 January 2014 and again on 21 January 2015 and assessed its impact on the protected characteristics of residents, people who use services and their carers and our staff.

The 2012-13 budget public survey using SIMALTO has enabled residents to engage in the

budget setting process by providing their views on different investment scenarios. The four key headline findings have particular relevance to Adult Social Care:

- Our current spending closely reflects the spending priorities of Surrey's residents.
- We understand our residents with a notable similarity between our current spending and residents' preferences.
- A majority of residents (58%) would be willing to see a slight increase in council spending and their council tax in return for current service levels being maintained and specific investments and improvements being made in supporting more older people to live independently.
- Residents attach value to our services and reductions will cause dissatisfaction – 'residential care for dementia sufferers' and 'independent living for older people' were two of the four areas that should be protected even if savings have to be made.

Data used

- This assessment draws upon local data from engagement with people who use services, carers, representatives from user-led organisations and adult social care staff from 2012/13 undertaken as part of the Surrey Referral and Assessment Rapid Improvement Event (RIE)
- Data from Surrey (www.surreyi.gov.uk), including the Surrey Joint Strategic Needs Assessment (2013)
- Surrey County Council Adult Social Care Directorate Data Pack – Progressing the Workforce Priority in the Fairness and Respect Strategy 2013-2018
- Mini Employee Survey, September 2012, Directorate Results – Adult Social Care
- Summary of staff feedback from the Staff Briefing Events on Social Capital led by the Strategic Director Adult Social Care in May 2013
- Research by CIRCLE, University of Leeds 2013 to evaluate Carer Demonstration Projects funded through the National Carers Strategy
- Gender Variance In the UK: Prevalence, Incidence, Growth and Geographic Distribution - June 2009
- As We Grow Older – A Study of the Housing and Support Needs of Older Lesbians and Gay Men - Polari – 2005
- Gender Identity Research and Education Society (GIRES) literature
- Surrey County Council RIE Project Team (June 2013) Engagement findings from ASC staff and user-led organisations
- Carers UK's analysis of the 2001 Census findings, 'In Poor Health'
- Healthy Lives Healthy People 2010 report
- Surrey Carers' Health Survey, 2011

7a. Impact of the proposals on residents, service users and carers with protected characteristics

**Please note: Potential positive and negative impacts which relate to all protected characteristics are listed under age; those which then relate to each specific protected characteristic are then listed against that characteristic

**Please note: Potential positive and negative impacts relate to Family, Friends and Communities, other than where the impact statement is followed by (FFC Direct Payment Reclaims) to indicate it is aligned with Direct Payment Reclaims

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence								
Age**	<ol style="list-style-type: none"> 1. People will be encouraged to have a more detailed discussion, exploring what care and support options their family, friends and local community might be able to provide. It will encourage creativity and a more varied and interesting support package including a mix of formal and informal support options. 2. It will enable and encourage people to continue to play an active part in their community and to sustain their social networks, thus avoiding the risk of social isolation. 	<ol style="list-style-type: none"> 1. The efficiency saving of £10m means there is a potential for a lower level of funding to be available to meet people's assessed needs. 2. The shift towards more creative and informal care packages utilising family, friends and community networks will mean a move away from traditional services. This may generate some initial anxiety for people who use services and their carers. 3. Care packages utilising family, friends and community support networks may be perceived as lower cost and thus providing a lower quality of care. 4. There is a potential 	<ul style="list-style-type: none"> • In 2014, there were 214,300 people over 65 living in Surrey – approximately 18.45% of the county's population. Of these 14,842 (as at 5 Jan 2015) were in receipt of support from Adult Social Care. • By 2020 the number of older people living in Surrey will rise to 238,600 - a project rise of 11%. The population of over 85 will increase by 62% by 2030. • 18% of Surrey households consisted of only people over 65 years old. 7% were single person households over the age of 65. • In 2014 51,308 people aged over 75 live alone². <p>Open ASC cases as at 5 Jan 2015³</p> <table border="1"> <tbody> <tr> <td>18 to 54</td> <td>6,706</td> </tr> <tr> <td>55 to 64</td> <td>2,100</td> </tr> <tr> <td>65 to 74</td> <td>2,721</td> </tr> <tr> <td>75 to 84</td> <td>4,918</td> </tr> </tbody> </table>	18 to 54	6,706	55 to 64	2,100	65 to 74	2,721	75 to 84	4,918
18 to 54	6,706										
55 to 64	2,100										
65 to 74	2,721										
75 to 84	4,918										

² POPPI 2014, RAPP2S 2013-14 and ASCCAR 2013-14

³ AIS 01-2015

	<p>3. People will be empowered to shape their own lives and the services they receive. The approach will enable people who wish to do so, to access services in their local community, which reflect their protected characteristics.</p> <p>4. Having a network of friends, family and community support around an individual may enable them to identify any issues at an early stage, so appropriate early interventions can be put in place.</p> <p>5. An increasing reliance upon family, friends and community networks will enable Adult Social Care to support more people whilst delivering efficiency savings.</p> <p>6. The discussion with a social care practitioner about the unused monies may identify new and more relevant support option (FFC Direct Payment Reclaims)</p> <p>7. Increased efficiency in the administration of</p>	<p>quality assurance issue around the quality and consistency of care provided by family, friends and community networks, how quality is assured and to whom an individual should raise any concerns. This may present a risk of challenge from people who feel disadvantaged by the Family, Friends and Communities approach.</p> <p>5. People will have access to varying levels of support from their family, friends and local community networks, creating a disparity, perceived inequality and lack of choice.</p> <p>6. It may be quite difficult for people with established packages of care who are accustomed to particular services being funded, to instead have to look towards their family, friends and community networks to provide these services in the future.</p> <p>7. There may be a cumulative impact of change with a move towards 'Family, Friends and Communities' in</p>	85 to 99	7,000
			100+	202
			23,648	

	<p>direct payments will enable Adult Social Care to support more people whilst delivering efficiency savings (FFC Direct Payment Reclaims)</p>	<p>Adult Social Care and Children's Services, welfare benefit reform and pressure upon public services. This may have a negative impact upon people who use services and their carers who are may have to cope with changes at the same time and pressure upon their finances.</p> <p>8. Some people who were previously using their personal budget to pay family or friends to provide care and support, may feel they can no longer do so and now have to ask their family and friends to continue to do so at no or low cost. This may have a knock on effect on the willingness or ability of those family members and friends to provide care, for example, they may not be able to afford it.</p> <p>9. Safeguarding concerns arising from the breakdown of care and support provided by friends, family and community support, that may mean people do not get the care they need.</p>	
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		<p>10. Family, friends and communities may place additional pressure on older people, who already provide most care and support to their family, friends and local community</p> <p>11. People may have been relying upon the unused monies for the future (FFC Direct Payment Reclaims)</p> <p>12. People may perceive the local authority is taking something away (FFC Direct Payment Reclaims)</p>									
<p>Disability**</p> <p>Page 227</p>	<p>8. People with particular disabilities may be well placed to access friends, family and community support. There may for example, be more opportunities for people with a learning disability who are readily accepted within society and who are encouraged to get involved in delivering local community support eg helping at lunch club, gardening etc</p>	<p>13. It will be more difficult for people with some particular disabilities to access community networks as their disabilities are less well understood and are more challenging to support eg mental health</p> <p>14. Safeguarding issues need to be considered, particularly perhaps for people with learning disabilities or mental health needs, who may be more vulnerable in some community</p>	<p>In Surrey the predictions for the 18-64 years population in 2015 are as follows:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">18-64⁴</th> <th style="text-align: right;">2015</th> </tr> </thead> <tbody> <tr> <td>Total population aged 18-64 predicted to have a learning disability</td> <td style="text-align: right;">16,894</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a moderate physical disability</td> <td style="text-align: right;">55,442</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a serious physical disability</td> <td style="text-align: right;">16,550</td> </tr> </tbody> </table>	18-64⁴	2015	Total population aged 18-64 predicted to have a learning disability	16,894	Total population aged 18-64 predicted to have a moderate physical disability	55,442	Total population aged 18-64 predicted to have a serious physical disability	16,550
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⁴ PANSI 2015

situations

Total population aged 18-64 predicted to have a serious visual impairment	452
Total population aged 18-64 predicted to have a moderate or severe hearing impairment	28,341
Total population aged 18-64 predicted to have a profound hearing impairment	247
People aged 18-64 predicted to have a borderline personality disorder	3,140
People aged 18-64 predicted to have an antisocial personality disorder	2,419
People aged 18-64 predicted to have psychotic disorder	2,789
Total people aged 30-64 predicted to have early onset dementia	299
Open ASC cases as at 5 Jan 2015⁵	
AD: Access and Mobility Only	89
AD: Dual Sensory Loss	76
AD: Frailty and/or Temporary Illness	6,329

⁵ AIS 01-2015

			<table> <tbody> <tr> <td>AD: Hearing Impairment</td> <td>408</td> </tr> <tr> <td>AD: Learning Disability</td> <td>4,356</td> </tr> <tr> <td>AD: Mental Health - Dementia</td> <td>1,764</td> </tr> <tr> <td>AD: Mental Health - Non Dementia</td> <td>2,143</td> </tr> <tr> <td>AD: Other Vulnerable People</td> <td>572</td> </tr> <tr> <td>AD: Physical Personal Care</td> <td>5,595</td> </tr> <tr> <td>AD: Substance Misuse</td> <td>52</td> </tr> <tr> <td>AD: Support for Social Isolation/Other</td> <td>10</td> </tr> <tr> <td>AD: Visual Impairment</td> <td>207</td> </tr> <tr> <td>Asylum Seekers</td> <td>1</td> </tr> <tr> <td>Physical & Sensory Disability & Frailty</td> <td>2,045</td> </tr> <tr> <td></td> <td style="border-top: 1px solid black;">23,648</td> </tr> </tbody> </table>	AD: Hearing Impairment	408	AD: Learning Disability	4,356	AD: Mental Health - Dementia	1,764	AD: Mental Health - Non Dementia	2,143	AD: Other Vulnerable People	572	AD: Physical Personal Care	5,595	AD: Substance Misuse	52	AD: Support for Social Isolation/Other	10	AD: Visual Impairment	207	Asylum Seekers	1	Physical & Sensory Disability & Frailty	2,045		23,648
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Gender reassignment**	<p>9. People will be empowered to shape their own lives and the services they receive. This approach will enable people who wish to do so, to access support from their friends, family and</p>	<p>15. There is limited specialist community provision for gender reassignment. Individuals may be isolated or estranged from their families, limiting their opportunity to ask family to help with their care and support needs.</p>	<ul style="list-style-type: none"> The report “Gender Variance In the UK: Prevalence, Incidence, Growth and Geographic Distribution (June 2009)” includes information on the geographical distribution of the transsexual community. This distribution is based on an estimation of the implied prevalence of people who have presented with gender dysphoria (a condition where a person feels that they are trapped within a body of the wrong sex) in individual police authorities. For Surrey, the estimation is 37 per 100,000 persons 16 and over. If this figure is applied to the current estimate of Surrey’s 16+ population then the 																								

	<p>community which reflect their gender reassignment choice.</p>		<p>estimated number is 337.</p> <ul style="list-style-type: none"> On the matter of issues faced by trans people Gender Identity Research and Education Society (GIRES) state in their literature⁶ that: <ul style="list-style-type: none"> Many find that their families reject them. Sometimes, despite being protected by employment law, they are made to feel very uncomfortable at work, as well as elsewhere. It takes great courage for trans people to reveal their true gender identities.
<p>Pregnancy and maternity**</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 230</p>	<p>10. People will be encouraged to explore care and support options from amongst their family, friends and local community which help build an ongoing support network and to meet others experiencing pregnancy and maternity</p>	<p>-</p>	<ul style="list-style-type: none"> In Surrey, based on national data, we can expect between 900 and 2,000 mothers to experience postnatal mental health problems (PNMH) problems. In south east Surrey in 2007-8, health visitors identified 270 (15%) mothers with postnatal mental health problems and offered them support. Of these mothers, 150 accepted the offer. Surrey has a large proportion of women that give birth later in life. A few studies on the outcomes in pregnancy of healthy, older mothers suggest some health problems that increase with age. For instance, diabetes mellitus may increase the chances of complications in pregnancy. In addition, older women have a greater risk of endometriosis, pelvic infections, leiomyomas (fibroids), all of which may lead to decreased fertility. Therefore more women may be reliant on In Vitro Fertilisation (IVF). Teenage parents come from all social classes, religious backgrounds and ethnic groups. However, rates of teenage pregnancy are highest among deprived communities, so the negative consequences of teenage pregnancy are disproportionately concentrated among those who are already disadvantaged. ONS figures for teen pregnancy in 2012 in Surrey was 18/1,000 women aged 15-17, which is below the SE average of 23.2 and 27.7 for England. Spelthorne is the highest borough in Surrey at 34.2, and Mole Valley the lowest at 8.8⁷

⁶ <http://www.gires.org.uk/assets/supporting-families.pdf>

⁷ ONS data 2012

<p>Race**</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 231</p>	<p>11. People will be empowered to shape their own lives and the services they receive. The approach will enable people who wish to do so, to access services in their local community, which reflect their race and culture.</p>	<p>16. There are relatively small concentrations of people of particular races in Surrey. This makes it more difficult to reach the critical mass needed to provide a range of community support networks.</p>	<ul style="list-style-type: none"> • In the 2011 census, the proportion of the Surrey population who do not describe themselves as white was 8.6%. This proportion is currently concentrated amongst those below the age of 65. 97.3% of the population in Surrey 65 years or over are classified as white - though this will inevitably change as the population ages.⁸ • There are significant pockets of black and minority ethnic groups, for example in Elmbridge and Woking. Access to services for black and minority ethnic older people and their carers may be challenging. Barriers might include language, knowledge of what services are available, attitudes and practices of service providers and cultural factors in perceiving and understanding mental illness. • Gypsies Roma and Travellers (GRT) are some of the most disadvantaged and excluded communities in our society. Historically, GRT needs have often not been fully considered when developing the services intended to support them. This has the effect of making universal services 'hard to reach' for the GRT community, compounding poor outcomes and perpetuating intergenerational patterns of exclusion and deprivation. • A number of barriers exist for the GRT community in accessing universal health provision. These include a lack of cultural sensitivity by service providers, for example use of inappropriate written communication. For some sectors of the GRT population difficulties in maintaining contact with health services are compounded due to their transient lifestyles. If someone is labelled as No Fixed Abode, they are often denied services. • A number of BME outreach groups exist in Surrey to bring support services to minority groups, such as Friends of the Elderly BME outreach, Friends with Dementia BME outreach
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⁸ POPPI/PANSI 2011

and BME Carers' Support.

Open ASC cases as at 5 Jan 2015⁹

Asian / Asian British	482
Black / Black British	183
Chinese	45
Mixed	164
Other	242
Unknown / Not Recorded / Information Refused	642
White British	20,919
White Other	971
Total	23,648

Religion and belief**

12. People who share a religion or belief system will be encouraged to access support from within their local faith community

17. People who don't share a religion or belief system may feel excluded or unwilling to ask for help and support from that community.

- Over the last decade the proportion of Christians in Surrey has decreased from 74.6% in 2001 to 62.8% in 2011. The proportion of people reporting "No religion" increased from 15.2% to 24.8%. There was an increase in all other main religions. The number of Muslims increased the most from 1.3% in 2001 to 2.2% in 2011.
- Surrey County Council has compiled an online database showing over 250 places of worship in the county at www.surreyplacesofworship.org.uk.
- In Surrey there are 112 maintained primary schools with a Religious Character and 188 of No Religious Character, while there are 11 maintained secondary schools with a Religious

⁹ AIS 01-2015

			<p>Character and 42 of No Religious Character.</p> <p>Open ASC cases as at 5 Jan 2015¹⁰</p> <table border="1"> <tr> <td>Christian (all types)</td> <td>16,457</td> </tr> <tr> <td>Other</td> <td>1,503</td> </tr> <tr> <td>Declined</td> <td>1,626</td> </tr> <tr> <td>Non-religious</td> <td>4,061</td> </tr> <tr> <td></td> <td>23,648</td> </tr> </table>	Christian (all types)	16,457	Other	1,503	Declined	1,626	Non-religious	4,061		23,648
Christian (all types)	16,457												
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	23,648												
<p>Sex**</p> <p>Page 233</p>	<p>13. Community networks tend to be well established to involve and support women eg WI, WRVS, Mothers Union etc.</p> <p>14. Women may feel more comfortable asking for help and support and taking part in community based activities.</p>	<p>18. Men may feel uncomfortable asking for help and support, as they have traditionally been the 'provider' and may have fewer community networks upon which to draw.</p> <p>19. Caring responsibilities may fall disproportionately on women who are traditionally perceived as taking on a caring role within the family or community</p>	<ul style="list-style-type: none"> 49% of Surrey residents are male, while 51% are female. This is aligned with the UK as a whole. 80% of Surrey males are economically active compared to 68% of women. <p>Open ASC cases as at 5 Jan 2015¹¹</p> <table border="1"> <tr> <td>Female</td> <td>14,079</td> </tr> <tr> <td>Male</td> <td>9,569</td> </tr> <tr> <td></td> <td>23,648</td> </tr> </table>	Female	14,079	Male	9,569		23,648				
Female	14,079												
Male	9,569												
	23,648												
<p>Sexual orientation**</p>	<p>15. The approach will enable people who wish to do so, to access services in their local</p>	<p>20. There is an ageing lesbian, gay and bi-sexual community in Surrey for whom there is limited community</p>	<ul style="list-style-type: none"> The UK Government estimates that 7% of the population are lesbian, gay, bisexual, transgender or questioning (LGBTQ). It is likely this is a conservative estimate as the true number of people identifying themselves as lesbian, gay or bisexual, is 										

¹⁰ AIS 01-2015

¹¹ AIS 01-2015

	<p>community, reflecting their sexual orientation.</p> <p>16. They will have an opportunity to explore the support a family member or friend who is supportive of their sexual orientation, may be able to offer.</p>	<p>provision.</p> <p>21. Lesbian, gay and bisexuals may be isolated or estranged from their families, thus limiting their opportunities to ask family, for help with their care and support</p>	<p>more realistically estimated as being 9-10% of the population.</p> <ul style="list-style-type: none"> • 0.7% of Surrey residents identified themselves as same sex couples. • LGBTQ face barriers to accessing health care – many young people feel that health care professionals treated LGBTQ people differently which has prevented them from visiting regularly. Specific services for transgender young people are particularly oversubscribed. • LGBTQ experience poorer health outcomes than their peers – through the effects of bullying and social stigma associated with their sexuality, and through adoption of risky behaviours that are often used as a coping strategy¹². • The lesbian, gay and bisexual organisation Polari, published a report¹³ showing that many of the issues and concerns of older lesbian, gay and bisexual people are broadly similar to older heterosexual people: <ul style="list-style-type: none"> • There is a desire to stay in one’s 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. <p>However, more lesbian, gay and bisexual-specific concerns were identified:</p> <ul style="list-style-type: none"> • Concerns about to having to ‘come out’ again or ‘returning to the closet’ in a care/ residential setting. • Concerns about accessing the lesbian, gay and bisexual community and maintaining lifestyles and friendships. • Fears about being isolated in a ‘heterosexual environment’.
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¹² JSNA Chapter: Lesbian, gay, bisexual and transgender, 2001

¹³ ‘As We Grow Older’ – A Study of the Housing and Support Needs of Older Lesbians and Gay Men (source Polari – 2005)

Marriage and civil partnerships**			<ul style="list-style-type: none"> • According to census data from 2011 there are 482,257 people in Surrey who are married or in a civil partnership 1,602 of whom are in same-sex civil partnerships¹⁴.
Carers ^{15**} Page 235	<p>17. Carers needs will be considered as part of the assessment process and their input valued to ensure the friends, family and community support elements of a package are realistic and sustainable</p>	<p>22. Carers may feel an obligation to provide more care and support than they feel able to cope with, as the focus will be to look first towards what their family, friends and local community networks may be able to provide and only to paid services where there are gaps.</p>	<ul style="list-style-type: none"> • In Surrey, 10% of Surrey residents were providing unpaid care. Of these, 2 % provided more than 50 hours unpaid care per week¹⁶ • There are 188,433 carers in Surrey who look after family, partners or friends in need of help because they are ill, frail or disabled - the care they provide is unpaid. • There are believed to be about 14,000 young carers living in Surrey. • In Surrey, in the first two quarters of 2013/14, there were about 18,700 adult carers getting some form of information advice or support from social care through services commissioned from the voluntary sector. • This compares to over 29,000 people caring for more than 20 hours a week of whom over 18,000 are caring for more than 50 hours a week¹⁷ • Those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring (21% against 11%). This can be due to a range of factors including stress related illness and physical injury¹⁸ • A total of 1 in 10 people are carers, and analysis of census data shows that 1 in 5 carers providing over 50 hours of care a

¹⁴ Surrey-i Census 2011 dataset

¹⁵ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (ie discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

¹⁶ Surrey (Jan 2014) Census 2011

¹⁷ JSNA Chapter: Carers

¹⁸ Carers UK's analysis of the 2001 Census findings, 'In Poor Health',

week say they are in poor health, compared with 1 in 9 non-carers¹⁹

Headlines from the Carers Health Survey 2011²⁰

- Nearly 2000 responses were received in total.
- 70% of respondents were woman and 30% men.
- 60% said they were caring over 50 hours a week
- Almost 100% identified a health condition they suffered from.
- 35% said they thought their condition had worsened due to their caring role
- Over half were caring for someone with a physical disability. 40% were caring for people with mental health issues including dementia.
- 75% lived with the person they were caring for
- 45% had not registered with their GP as a carer although over 65% had told their GP they were caring
- 50% did not complete the section asking them what help their GP had provided
- Over 30% had not had a carer's assessment and a further 20% were not sure.

Open ASC carers as at 5 Jan 2015²¹

7,568

¹⁹ The "Healthy Lives Healthy People 2010" report

²⁰ Carers Health Survey 2011

²¹ AIS 01-2015

			<ul style="list-style-type: none">• The Department of Health commissioned research by CIRCLE, University of Leeds 2013 to evaluate Carer Demonstration Projects funded through the National Carers Strategy. This found that each £1 invested in carers support/breaks saved £2.23 care costs and benefitted the wider community by £7.66.
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7b. Impact of the proposals on staff with protected characteristics

****Please note:** Potential positive and negative impacts which relate to all protected characteristics are listed under age; those which then relate to each specific protected characteristic are then listed against that characteristic

****Please note:** Potential positive and negative impacts relate to Family, Friends and Communities, other than where the impact statement is followed by (FFC Direct Payment Reclaims) to indicate it is aligned with Direct Payment Reclaims

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence ²²
Age**	<ol style="list-style-type: none"> Staff will have the opportunity to spend more time understanding people's situations and the options available to them. They will be able to support people in generating a more varied support package, combining both informal and formal care and support. Staff will be encouraged to find out more about the community support options available within their locality and to help develop these, all of which will enrich their job and be more rewarding. There may be more opportunities for people to volunteer to provide community support services. 	<ol style="list-style-type: none"> The shift towards family, friends and community networks providing care and support will continue to drive significant changes in operational processes, systems and the organisation structure. Some staff may struggle to adapt to the pace and scale of change. Some staff may find it challenging to work in a culture which encourages people to look to their family, friends and local community to provider services. They may for example, have concerns about reliability, quality, safeguarding etc. It may be quite challenging for staff to have conversations with people with established packages of care who have been used to particular services being funded and who are now 	<ul style="list-style-type: none"> 5.08% of the Surrey County Council workforce is aged 15 to 24-years, compared to 4.02% in Adult Social Care and 11.4% in the wider Surrey population. Adult Social Care has a higher profile of mature workers than the Surrey wide population, with 31.21% 45-54-years (compared to 14.68%) and 20.70% 55-64-years (compared to 11.92%). 52.41% of employees in Adult Social Care are part time compared with 54.05% in SCC. 46.34% of the Adult Social Care workforce are women working part-time 97.3% of the 880 Adult Social Care staff who attended briefings by the Strategic Director on family, friends and community support in May 2013, agreed with the statement "Do you understand what social capital is". 81.8% of staff attending agreed with the statement "Do you feel equipped and confident to have those brave conversations to enable people to use social capital to meet their needs and those of their family?" In the 2012 staff survey, 74% of staff agreed with the statement that "My immediate line manager/supervisor creates an environment where I feel supported". 74% of staff also agreed that "My immediate line manager/supervisor encourages us to share good ideas and

²² SCC:HR - Workforce Planning Data Sheet Dec 2014 and 2011 Census

		<p>being encouraged to look towards their family, friends and community networks to provide these services.</p> <p>4. There may be increasing demands placed upon staff working in the community and voluntary sectors.</p> <p>5. It may be challenging for staff to have difficult conversations with people and their carers with a certain level of expectation or misunderstanding around unspent direct payment monies (FFC direct payment reclaims)</p>	<p>create innovative solutions". These responses indicated how staff will be supported to implement new approaches such as family, friends and community support.</p>
<p>Disability**</p> <p>age 239</p>	As above	As above	<ul style="list-style-type: none"> The disability workforce profile in Adult Social Care is 3.04% and broadly the same as Surrey County Council, although at a senior level it is lower.
<p>Gender reassignment**</p>	As above	As above	-
<p>Pregnancy and maternity**</p>	As above	<p>6. Women away on maternity leave may return to work untrained and unprepared for the new way of working</p>	-
<p>Race**</p>	As above	As above	<ul style="list-style-type: none"> The Black, Minority, Ethnic (BME) profile of the Adult Social Care workforce (12.48%) is higher than the Surrey County Council workforce (7.82%) and the Surrey population (approx 8%). However, there is a significant drop from team leader (13.12%) to middle (9%) and senior (3.77%) managers compared with SCC.

Religion and belief**	As above	As above	<ul style="list-style-type: none"> Approximately 50% of staff in Adult Social Care did not state their religion and belief – in line with Surrey County Council. In Adult Social Care nearly 29% of staff said they were Christian, approximately 20% have no religion or belief, approximately 50% of staff did not state their religion and belief – all in line with Surrey County Council.
Sex**	As above	As above	<ul style="list-style-type: none"> There is a higher proportion of female workers in Adult Social Care (83%) than in Surrey County Council (73%) though both are higher than females in the Surrey population (51%). 17% of the Adult Social Care workforce is male compared with 27% in the Council. 46.34% of the Adult Social Care workforce are women working part-time. 78.5% of middle managers in Adult Social Care are women and 69.8% at senior level again both higher than in SCC.
Sexual orientation**	As above	As above	<ul style="list-style-type: none"> 60% of staff in ASC of staff undeclared compared to 57% in SCC
Marriage and civil partnerships**	As above	As above	-
Carers^{23**}	As above	As above	-

²³ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

8. Amendments to the proposals

Change	Reason for change
No amendments to the efficiency saving are proposed as a result of the Equality Impact Assessment	-

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Potential negative impacts on residents, service users and carers			
1. The efficiency saving of £10m means there is a potential for a lower level of funding to be available to meet people's assessed needs.	Where care and support options involving family, friends and the local community do not prove possible, the local authority has a continuing duty to meet those eligible assessed needs and will continue to do so.	2015/16	Area Directors
2. The shift towards more creative and informal care packages utilising family, friends and community networks will mean a move away from traditional services. This may generate some initial anxiety for people who use services and their carers.	Culture change will be addressed through one to one conversations with their practitioner as part of the natural review process. Training staff to approach these conversations in a positive and empowering way has begun. Continue to support services already in place to support particular groups in accessing information including translations, Easy Read documents and multiple media forms.	2015/16	Area Directors
3. Care packages utilising family, friends and community support networks may	Continue to ensure that practice is focused on the outcomes for the individual and	2015/16	Area Directors

<p>be perceived as lower cost and thus providing a lower quality of care.</p>	<p>that any conversation that leads to the inclusion of family, friends or community support services within a support plan will ensure that this service meets the needs of the individual.</p> <p>Under the monitoring of outcomes, quality and equity we will continue to ensure this is happening.</p>		
<p>4. There is a potential quality assurance issue around the quality and consistency of care provided by family, friends and community networks, how quality is assured and to whom an individual should raise any concerns. This may present a risk of challenge from people who feel disadvantaged by the Family, Friends and Communities approach.</p>	<p>Put in place a robust monitoring framework to assess outcomes and equity.</p> <p>Continue to monitor outcomes on an individual basis via established social work practice.</p> <p>Continue to monitor complaints in line with existing practice.</p> <p>Surrey's programme of grants and contracts will continue to support the wide range of existing training options already provided by organisations across Surrey.</p>	<p>2015/16</p>	<p>Family, Friends & Communities Project</p> <p>Area Directors</p>
<p>5. People will have access to varying levels of support from their family, friends and local community networks, creating a disparity and perceived inequality and lack of choice.</p>	<p>Adult Social Care has a continuing duty of care to meet eligible assessed need.</p> <p>Review local profiles and begin work to ensure the JSNA looks at the 'assets' available.</p> <p>Continue strategic commissioning to provide services that meet the needs of residents.</p> <p>Continue to invest in preventative services through, for example:</p> <ul style="list-style-type: none"> • Borough and district investment in preventative services through the PPP • Joint health and social care investment in community 	<p>2015/16</p>	<p>Area Directors</p>

	<p>preventative services through Better Care Fund</p> <ul style="list-style-type: none"> • Investment in housing support • Public Health investment in early preventative services 		
6.	<p>It may be quite difficult for people with established packages of care who are used to particular services being funded, to instead have to look towards their family, friends and community networks to provide these services in the future.</p>	<p>Continue to take a personalised approach, reflecting people's access to and preferences for using their family, friends and community networks for the provision of social care and support.</p> <p>Continue working with staff to review support plans with the individual and focus on the outcomes desired, not the services desired.</p>	<p>2015/16</p> <p>Area Directors</p>
7.	<p>There may be a cumulative impact of change with a move towards 'Family, Friends and Communities' in both Adult Social Care and Children's Services, welfare benefit reform and pressure upon public services. This may have a negative impact upon people who use services and their carers who are may have to cope with changes at the same time and pressure upon their finances.</p>	<p>Continue to plan a phased roll out of the use of family, friends and community support services, as individuals are assessed and then reviewed, remembering it is an option and Surrey County Council still has a statutory duty of care.</p> <p>Continue review of areas for targeted effort and development, considering protected characteristic groups within that. This will also provide opportunities for inclusion of a protected community.</p>	<p>2015/16</p> <p>Area Directors</p> <p>Family, Friends and Communities Project</p>
8.	<p>Some people who were previously using their personal budget to pay family or friends to provide care and support, may feel they can no longer do so and now have to ask their family and friends to continue to do so at no or low cost. This may have a knock on effect on the</p>	<p>Continue promoting carers assessments to ensure they have adequate support.</p> <p>Continue duty to meet eligible assessed need.</p> <p>Continue to promote Family, Friends and Communities as optional.</p> <p>Adult Social Care has a duty to provide care to those meeting</p>	<p>2015/16</p> <p>Area Directors</p>

	willingness or ability of those family members and friends to provide care, for example, they may not be able to afford it.	our eligibility criteria. The use of family, friends and community support services is promoted, but optional.		
9.	Safeguarding concerns arising from the breakdown of care and support provided by friends, family and communities.	<p>Continue to ensure robust back-up arrangements for people are in place for situations where there is a breakdown of care and support provided by their friends, family and community network. For example through the duty teams, Emergency Duty Team, provider failure protocol.</p> <p>Continue with established safeguarding and crisis response services in line with our duty of care.</p>	2015/16	<p>Area Directors</p> <p>Head of Quality Assurance & Adult Strategic Safeguarding</p>
10.	Family, friends and communities may place additional pressure on older people, who already provide most care and support to their family, friends and local community	<p>Family, friends and communities is an additional option for individuals to consider in meeting their care needs. The suitability of the support service will continue to be assessed as part of the social care practice.</p> <p>Continue promoting carers assessments to ensure they have adequate support.</p> <p>Family, friends and communities will develop further preventative services, and access to these services by older people will be improved.</p>	2015/16	Area Directors
11.	People may have been relying upon the unused monies for the future (FFC Direct Payment Reclaims)	<p>Where the care and support needs changes and unused monies are subsequently needed, the local authority has a continuing duty to meet those eligible assessed needs and will continue to do so</p> <p>Unused monies would only be reclaimed after a practitioner</p>	2015/16	Area Directors

	has discussed the issue with the individual and only once it is clear that the monies are no longer needed to meet assessed needs		
12. People may perceive the local authority is taking something away (FFC Direct Payment Reclaims	<p>Ensure a clear explanation of the conditions in the Direct Payment agreement between Surrey County Council and the person receiving the Direct Payment money</p> <p>Change to the direct payment process in the local authority should make this a more efficient process in the future reducing the need for reclaims of amounts not needed by individuals</p>	2015/16	<p>Area Directors</p> <p><i>Finance (Who? Job Title? Senior Accountant</i></p>
13. It will be more difficult for people with some particular disabilities to access community networks as their disabilities are less well understood and are more challenging to support eg mental health	<p>Continue to include family, friends and communities in support plans as it meets the needs of the individual.</p> <p>Continue duty of care for those with eligible needs.</p>	2015/16	Area Directors
14. Safeguarding issues need to be considered, particularly perhaps for people with learning disabilities or mental health needs, who may be more vulnerable in some community situations	Safeguarding is a legal duty and safeguarding mechanisms for individuals will continue.	2015/16	<p>Area Directors</p> <p>Head of Quality Assurance & Adult Strategic Safeguarding</p>
15. There is limited specialist community provision for gender reassignment. Individuals may be isolated or estranged from their families, limiting their opportunity to ask family to help with their care and support	Explore ways to stimulate community support networks for Surrey's gender reassignment community, which will also provide opportunities for inclusion of a protected communities	2015/16	Area Directors

needs.			
16. There are relatively small concentrations of people of particular races in Surrey. This makes it more difficult to reach the critical mass needed to provide a range of community support networks.	Continue review of areas for targeted effort and development, considering protected characteristic groups within that. This will also provide opportunities for inclusion of a protected community.	2015/16	Area Directors
17. People who don't share a religion or belief system may feel excluded or unwilling to ask for help and support from that community.	Continue to ensure that practice is focused on the outcomes for the individual and that any conversation that leads to the inclusion of family, friends or community services within a support plan will ensure that this service meets the needs of the individual. Under the monitoring of outcomes, quality and equity we will continue to ensure this is happening.	2015/16	Area Directors
18. Men may feel uncomfortable asking for help and support, as they have traditionally been the 'provider' and may have fewer community networks upon which to draw.	Engage with men in a different way and look for the right mechanism to enable them to benefit from friends, family and community support. These routes might include encouraging them to volunteer, 'men in sheds' initiative, tackling isolation amongst men who are single and without housing.	2015/16	Area Directors
19. Caring responsibilities may fall disproportionately on women who are traditionally perceived as taking on a caring role within the family or community	Family, friends and communities is an option for individuals to consider in meeting their care needs. The suitability of the support service will continue to be assessed as part of the social care practice. Continue promoting carers assessments to ensure they	2015/16	Area Directors

	have adequate support.		
20. There is an ageing lesbian, gay and bisexual community in Surrey for whom there is limited community provision.	Continue review of areas for targeted effort and development, considering protected characteristic groups within that. This will also provide opportunities for inclusion of a protected community.	2015/16	Area Directors
21. Lesbian, gay and bisexual may be isolated or estranged from their families, thus limiting their opportunities to ask family, for help with their care and support	Continue review of areas for targeted effort and development, considering protected characteristic groups within that. This will also provide opportunities for inclusion of a protected community.	2015/16	Area Directors
22. Carers may feel an obligation to provide more care and support than they feel able to cope with, as the focus will be to look first towards what their family, friends and local community networks may be able to provide and only to paid services where there are gaps.	<p>The Care Act creates new duties for local authorities to support carers including new statutory eligibility criteria. It will therefore be important for assessors to identify where carers can benefit from community based support available within their area. There will also be circumstances where smaller scale support for carers can provide more family friendly, cost effective solutions than more intrusive care packages for the individuals.</p> <p>Family, friends and communities is an option for individuals to consider in meeting their care needs. The suitability of the support service will continue to be assessed as part of the social care practice.</p> <p>Continue promoting carers assessments to ensure they have adequate support.</p> <p>The Care Act project will</p>	2015/16	Area Directors

	explore the projected increase in demand for carers services and assessment and how we need to respond. The Care Act project will build carers assessments into proposals for on-line assessment and trusted assessors		Care Act Project
Potential negative impacts on staff			
1. The shift towards family, friends and community networks providing care and support will continue to drive significant changes in operational processes, systems and the organisation structure. Some staff may struggle to adapt to the pace and scale of change.	A cultural change programme for staff to equip them to have those challenging conversations ASC HR training representative has been included in work with front line teams.	2015/16	Area Directors Family, Friends and Communities Project
2. Some staff may find it challenging to work in a culture which encourages people to look to their family, friends and local community to provider services. They may for example, have concerns about reliability, quality, safeguarding etc.	Continue staff training in asset based approach and the use of the family, friends and communities and the associated risks and safeguarding concerns.	2015/16	Area Directors Family, Friends and Communities Project
3. It may be quite challenging for staff to have conversations with people with established packages of care who have been used to particular services being funded and who are now being encouraged to look towards their family, friends and community networks to provide these services.	Continue staff training in asset based approached and the use of the family, friends and communities, to provide a personalised approach, reflecting people's access to and preferences for using their family, friends and community networks for the provision of social care and support. Continue promoting carers assessments to ensure they have adequate support. Continue working with staff to	2015/16	Area Directors Family, Friends and Communities Project

	review support plans with the individual and focus on the outcomes desired, not the services desired.		
4. There may be increasing demands placed upon staff working in the community and voluntary sectors.	Develop a Surrey-wide workforce development strategy.	2015/16	Workforce Strategy project
5. It may be challenging for staff to have difficult conversations with people and their carers with a certain level of expectation or misunderstanding around unspent direct payment monies (FFC direct payment reclaims)	Training to support members of staff to have difficult conversations and to ensure they have a clear understanding of the local authorities Direct Payment policy.	2015/16	Area Directors Finance (Who? Job Title? Senior Accountant?)
6. Women away on maternity leave may return to work untrained and unprepared for the new way of working	Continue staff training in asset based approached and the use of the family, friends and communities, to provide a personalised approach, reflecting people's access to and preferences for using their family, friends and community networks for the provision of social care and support.	2015/16	Area Directors Family, Friends and Communities Project

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
There are no potential negative impacts that cannot be mitigated	-

11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<ul style="list-style-type: none"> • The Adult Social Care Implementation Programme Board, reviewed the 'Family, Friends and Communities' proposed saving and assessed its impact on the protected characteristics of residents, people who use services and their carers and staff. • The budget public survey using SIMALTO has enabled residents to engage in the budget setting process by providing their views on different investment scenarios. • A range of engagement has been undertaken with staff, Members, providers and other stakeholders. • A range of data was used to support the equalities analysis, including Surrey, Workforce Fairness and Respect Data Pack, Employee Survey, independent research and literature, Surrey Carers' Health Survey etc
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>Potential negative impacts on residents, service users and carers</p> <ol style="list-style-type: none"> 1. The efficiency saving of £10m means there is a potential for a lower level of funding to be available to meet people's assessed needs. 2. The shift towards more creative and informal care packages utilising family, friends and community networks will mean a move away from traditional services. This may generate some initial anxiety for people who use services and their carers. 3. Care packages utilising family, friends and community support networks may be perceived as lower cost and thus providing a lower quality of care. 4. There is a potential quality assurance issue around the quality and consistency of care provided by family, friends and community networks, how quality is assured and to whom an individual should raise any concerns. This may present a risk of challenge from people who feel disadvantaged by the Family, Friends and Communities approach. 5. People will have access to varying levels of support from their family, friends and local community networks, creating a disparity and perceived inequality and lack of choice. 6. It may be quite difficult for people with established packages of care who are used to particular services being funded, to instead have to look towards their family, friends and community networks to provide these services in the future. 7. There may be a cumulative impact of change with a move towards 'Family, Friends and Communities' in both Adult Social Care and Children's Services, welfare benefit reform and pressure upon public services. This may have a negative impact upon people who use services and their carers who are may have to cope with changes at the same time and pressure upon their finances. 8. Some people who were previously using their personal budget to pay family or friends to provide care and support, may feel they can no longer do so and now have to ask their family and friends to continue to do so at no or low cost. This may have a knock on effect on the willingness or ability of those family members and friends to provide care, for example, they may not be able to afford it.

9. Safeguarding concerns arising from the breakdown of care and support provided by friends, family and communities.
10. Family, friends and communities may place additional pressure on older people, who already provide most care and support to their family, friends and local community
11. People may have been relying upon the unused monies for the future (FFC Direct Payment Reclaims)
12. People may perceive the local authority is taking something away (FFC Direct Payment Reclaims)
13. It will be more difficult for people with some particular disabilities to access community networks as their disabilities are less well understood and are more challenging to support eg mental health
14. Safeguarding issues need to be considered, particularly perhaps for people with learning disabilities or mental health needs, who may be more vulnerable in some community situations
15. There is limited specialist community provision for gender reassignment. Individuals may be isolated or estranged from their families, limiting their opportunity to ask family to help with their care and support needs.
16. There are relatively small concentrations of people of particular races in Surrey. This makes it more difficult to reach the critical mass needed to provide a range of community support networks.
17. People who don't share a religion or belief system may feel excluded or unwilling to ask for help and support from that community.
18. Men may feel uncomfortable asking for help and support, as they have traditionally been the 'provider' and may have fewer community networks upon which to draw.
19. Caring responsibilities may fall disproportionately on women who are traditionally perceived as taking on a caring role within the family or community
20. There is an ageing lesbian, gay and bi-sexual community in Surrey for whom there is limited community provision.
21. Lesbian, gay and bi-sexual may be isolated or estranged from their families, thus limiting their opportunities to ask family, for help with their care and support
22. Carers may feel an obligation to provide more care and support than they feel able to cope with, as the focus will be to look first towards what their family, friends and local community networks may be able to provide and only to paid services where there are gaps.

Potential negative impacts on staff

1. The shift towards family, friends and community networks providing care and support will continue to drive significant changes in operational processes, systems and the organisation structure. Some staff may struggle to adapt to the pace and scale of change.
2. Some staff may find it challenging to work in a culture which encourages people to look to their family, friends and local community to provider services. They may for example, have concerns about reliability, quality, safeguarding etc.

	<ol style="list-style-type: none"> 3. It may be quite challenging for staff to have conversations with people with established packages of care who have been used to particular services being funded and who are now being encouraged to look towards their family, friends and community networks to provide these services. 4. There may be increasing demands placed upon staff working in the community and voluntary sectors. 5. It may be challenging for staff to have difficult conversations with people and their carers with a certain level of expectation or misunderstanding around unspent direct payment monies 6. Women away on maternity leave may return to work untrained and unprepared for the new way of working
Changes you have made to the proposal as a result of the EIA	No amendments to the efficiency saving are proposed as a result of the Equality Impact Assessment
Key mitigating actions planned to address any outstanding negative impacts	<p>Potential negative impacts on residents, service users and carers</p> <ul style="list-style-type: none"> • Where care and support options involving family, friends and the local community do not prove possible, the local authority has a continuing duty to meet those eligible assessed needs and will continue to do so. • Culture change will be addressed through one to one conversations with their practitioner as part of the natural review process. Training staff to approach these conversations in a positive and empowering way has begun. • Continue to support services already in place to support particular groups in accessing information including translations, Easy Read documents and multiple media forms. • Continue to ensure that practice is focused on the outcomes for the individual and that any conversation that leads to the inclusion of family, friends or community support services within a support plan will ensure that this service meets the needs of the individual. • Under the monitoring of outcomes, quality and equity we will continue to ensure this is happening. • Put in place a robust monitoring framework to assess outcomes and equity. • Continue to monitor outcomes on an individual basis via established social work practice. • Continue to monitor complaints in line with existing practice. • Surrey's programme of grants and contracts will continue to support the wide range of existing training options are already provided by organisations across Surrey. • Review local profiles and begin work to ensure the JSNA looks at the 'assets' available. • Continue strategic commissioning to provide services that meet the needs of residents. • Continue to invest in preventative services • Continue to take a personalised approach, reflecting people's access to and preferences for using their family, friends and community networks for the provision of social care and support.

- Continue working with staff to review support plans with the individual and focus on the outcomes desired, not the services desired.
- Continue to plan a phased roll out of the use of family, friends and community support services, as individuals are assessed and then reviewed, remembering it is an option and Surrey County Council still has a statutory duty of care.
- Continue review of areas for targeted effort and development, considering protected characteristic groups within that. This will also provide opportunities for inclusion of a protected community.
- Continue promoting carers assessments to ensure they have adequate support.
- Continue duty to meet eligible assessed need.
- Continue to promote Family, Friends and Communities as optional.
- Adult Social Care has a duty to provide care to those meeting our eligibility criteria. The use of family, friends and community support services is promoted, but optional.
- Continue to ensure robust back-up arrangements for people are in place for situations where there is a breakdown of care and support provided by their friends, family and community network.
- Continue with established safeguarding and crisis response services in line with our duty of care.
- Family, friends and communities is an additional option for individuals to consider in meeting their care needs. The suitability of the support service will continue to be assessed as part of the social care practice.
- Continue promoting carers assessments to ensure they have adequate support.
- Family, friends and communities will develop further preventative services, and access to these services by older people will be improved.
- Where the care and support needs changes and unused monies are subsequently needed, the local authority has a continuing duty to meet those eligible assessed needs and will continue to do so
- Unused monies would only be reclaimed after a practitioner has discussed the issue with the individual
- Ensure a clear explanation of the conditions in the Direct Payment agreement between Surrey County Council and the person receiving the Direct Payment money
- Change to the direct payment process in the local authority should make this a more efficient process in the future reducing the need for reclaims of amounts not needed by individuals
- Continue to include family, friends and communities in support plans as it meets the needs of the individual.
- Safeguarding is a legal duty and safeguarding mechanisms for individuals will continue.
- Explore ways to stimulate community support networks for Surrey's gender reassignment community, which will also provide opportunities for inclusion of a protected communities
- Continue review of areas for targeted effort and development,

considering protected characteristic groups within that. This will also provide opportunities for inclusion of a protected community.

- Continue to ensure that practice is focused on the outcomes for the individual and that any conversation that leads to the inclusion of family, friends or community services within a support plan will ensure that this service meets the needs of the individual.
- Under the monitoring of outcomes, quality and equity we will continue to ensure this is happening.
- Engage with men in a different way and look for the right mechanism to enable them to benefit from friends, family and community support.
- Family, friends and communities is an option for individuals to consider in meeting their care needs. The suitability of the support service will continue to be assessed as part of the social care practice.
- Continue promoting carers assessments to ensure they have adequate support.
- Continue review of areas for targeted effort and development, considering protected characteristic groups within that. This will also provide opportunities for inclusion of a protected community.
- The Care Act creates new duties for local authorities to support carers including new statutory eligibility criteria. It will therefore be important for assessors to identify where carers can benefit from community based support available within their area.
- Family, friends and communities is an option for individuals to consider in meeting their care needs. The suitability of the support service will continue to be assessed as part of the social care practice.
- Continue promoting carers assessments to ensure they have adequate support.
- The Care Act project will explore the projected increase in demand for carers services and assessment and how we need to respond. The Care Act project will build carers assessments into proposals for on-line assessment and trusted assessors

Potential negative impacts on staff

- A cultural change programme for staff to equip them to have those challenging conversations
- ASC HR training representative has been included in work with front line teams.
- Continue staff training in asset based approach and the use of the family, friends and communities and the associated risks and safeguarding concerns.
- Continue staff training in asset based approach and the use of the family, friends and communities, to provide a personalised approach, reflecting people's access to and preferences for using their family, friends and community networks for the provision of social care and support.
- Continue promoting carers assessments to ensure they have adequate support.
- Continue working with staff to review support plans with the

	<p>individual and focus on the outcomes desired, not the services desired.</p> <ul style="list-style-type: none">• Develop a Surrey-wide workforce development strategy.• Training to support members of staff to have difficult conversations and to ensure they have a clear understanding of the local authorities Direct Payment policy.
Potential negative impacts that cannot be mitigated	There are no potential negative impacts that cannot be mitigated

1. Topic of assessment

EIA title:	<p>Medium Term Financial Plan (MTFP) 2015-20 efficiency savings Demand Management:</p> <ul style="list-style-type: none"> • Section 256 client group savings • Optimisation of Transition pathways • Targeted strategic shift from residential to community based provision • Over projection due to breaks/one-off reductions in care services • Under usage of call offs • Whole Systems Demand - New demand • Whole Systems Demand - Shift in Older People care pathway
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MTFP efficiency saving (£000s)	15/16	16/17	17/18	18/19	19/20
Section 256 client group savings	2,000	1,750	1,750	1,500	1,500
Optimisation of Transition pathways	750	1,000	1,000	1,000	1,000
Targeted strategic shift from residential to community based provision	1,500	1,300	0	0	0
Over projection due to breaks / one-off reductions in care services	2,000	0	0	0	0
Under usage of call offs	1,000	0	0	0	0
Whole Systems Demand - New demand	797	1,594	2,152	0	0
Whole Systems Demand - Shift in Older People care pathway	441	2,644	1,322	0	0
Total	8,488	8,288	6,224	2,500	2,500

EIA author:	Kathryn Pyper
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2. Approval

	Name	Date approved
Approved by	Mel Few, Cabinet Member Adult Social Care, Surrey County Councillor	6 February 2015
Approved by	Dave Sargeant, Strategic Director, Adult Social Care	6 February 2015
Approved by	Will House, Strategic Finance Manager - Adult Social Care	6 February 2015
Approved by	Adult Social Care, Directorate Equality Group (DEG)	

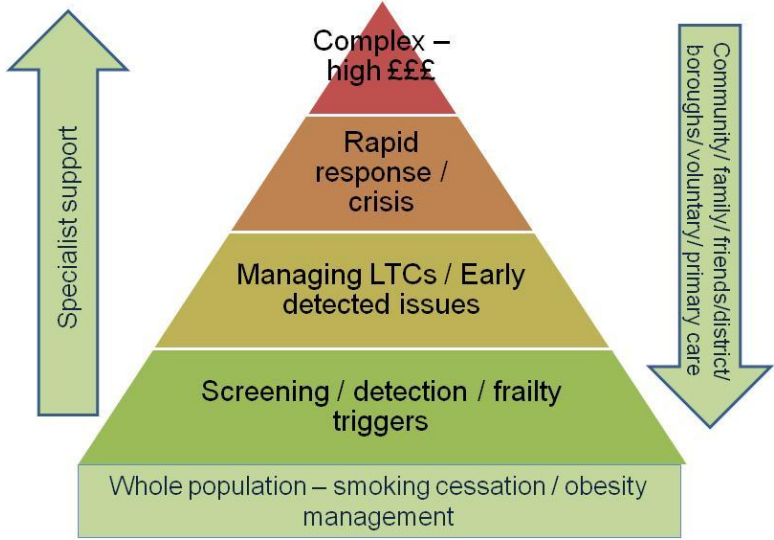
3. Quality control

Version number	9	EIA completed	5 March 2015
Date saved	6 February 2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Kathryn Pyper	Programme Manager	Surrey County Council	Business Planning
Lyndon Edwards	Communications and Engagement	Surrey County Council	Equality and Diversity
Andre Lotz	Information Analyst	Surrey County Council	Business Intelligence
Paul Goodwin	Senior Principal Accountant	Surrey County Council	Finance
Allan Wells	Lead Manager Legal Services	Surrey County Council	Legal advice

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>To work with health, borough and district councils, families and friends, the voluntary, community and faith sector and other partners to support people to maintain their independence and remain as low down the acuity model as they can for as long as possible, so as to improve their wellbeing and to manage down the level of demand in the Surrey system.</p> <p>This will have two important benefits. Firstly, it should prevent or delay substantial and critical care needs developing meaning that individuals remain healthier for longer and as a result a lower proportion require local authority support than has been the case in the past. Secondly, when individuals do develop substantial or critical care needs, more of these needs should be able to be met in community care settings. This will enable people to maintain their independence, delivering better outcomes at lower cost.</p> <p>Figure 1 – Health and social care acuity model</p> 
<p>What proposals are you assessing?</p>	<p>Section 256 client group savings* - Decreasing care costs associated with a reducing Section 256 client cohort.</p> <p>Optimisation of Transition pathways - Involve Adults' practitioners with Year 9 (age 14) reviews, develop Surrey's market place for individuals with complex needs and embrace new models of delivery to optimise the pathway for individuals who transfer from Children's Schools and Families to Adult Social Care.</p> <p>Targeted strategic shift from residential to community based provision - Identify individuals who would benefit from moving to supported living from residential services. This aligns with the focus on friends, family and community to maximise people's independence and wellbeing</p> <p>Over projection due to breaks / one-off reductions in care services* - The cost of home care and supported living care packages recorded on Adults Integrated System (AIS) is typically overstated because breaks or reductions in care are not entered on the system. This efficiency measure accounts for the likely over projection of care costs due to these factors, which is identified by close monitoring throughout the year.</p>

	<p>Under usage of call offs* – ‘Call offs’ are used to allocate money for ad-hoc services that do not have a regular weekly cost. History shows that the cost of call offs are over projected because they are not fully used.</p> <p>Whole Systems Demand - New demand - Collaborate effectively with health, voluntary sector and other partners to promote wellbeing across local health and social care systems to prevent individuals developing long term substantial and critical care needs</p> <p>Whole Systems Demand - Shift in Older People care pathway - Work with all partners across the health and social care system to promote wellbeing amongst older people such that individuals are more able to stay in community services for longer thus leading to a shift in the care pathway</p> <p>* These efficiency savings are accounting adjustments and thus have no impacts for people who use services, carers or staff</p>
<p>Who is affected by the proposals outlined above?</p>	<p>The proposals will affect:</p> <ul style="list-style-type: none"> • People who use services and their carers • Surrey County Council staff, particularly those involved in care planning • External organisations we commission to deliver services on behalf of the Council or in partnership

The policy line table below shows how this group of savings have been budgeted across Adult Social Care. This merely represents the initial budgeted plan and whilst it gives some indication of the areas likely to be most affected, actual savings may be achieved differently in practice.

Demand Management Savings	2015/16	2016/17	2017/18	2018/19	2019/20
	£'000	£'000	£'000	£'000	£'000
Older People					
Nursing General	-356	-618	-808	-63	-63
Residential General - External	-826	-657	-616	-663	-663
Residential Dementia - External	-77	-67	-67	-58	-58
Home Care - External	-1,393	-597	-767	-94	-94
Direct Payments	80	160	217	0	0
Day Care - External	-100	-15	-15	-13	-13
Respite Care	-16	0	0	0	0
Transport Services	-25	-9	-9	-8	-8
Other Care	-41	-83	-112	0	0
Total Older People	-2,754	-1,884	-2,177	-898	-898
Physical & Sensory Disabilities					
Nursing General	23	46	62	0	0
Residential General - External	-35	-64	-82	-11	-11
Supported Living / Home Care	-275	-170	-228	-5	-5
Direct Payments	-60	-111	-144	-17	-17
Day Care - External	-33	0	0	0	0
Respite Care	-9	0	0	0	0
Transport Services	-13	0	0	0	0
Other Care - External	-35	-67	-88	-7	-7
Total Physical & Sensory Disabilities	-437	-366	-480	-40	-40
People with Learning Disabilities					
Nursing General	-33	-65	-88	0	0
Residential General - External	-3,835	-3,257	-451	-812	-812
Residential Dementia - External	-7	-6	0	0	0
Supported Living / Home Care - External	366	619	-919	-360	-360
Direct Payments	-245	-369	-414	-241	-241
Day Care - External	-508	-52	-52	-50	-50
Respite Care	-203	-32	-32	-32	-32
Transport Services	-207	-27	-27	-26	-26
Other Care - External	-80	-140	-175	-40	-40
Total People with Learning Disabilities	-4,751	-3,329	-2,158	-1,562	-1,562
Mental Health & Substance Misuse					
Nursing General	19	37	50	0	0
Residential General	-17	-33	-45	0	0
Supported Living / Home Care	-97	-56	-75	0	0
Direct Payments	-7	-15	-20	0	0
Day Care	-2	0	0	0	0
Other Care	1	3	4	0	0
Total Mental Health & Substance Misuse	-104	-64	-86	0	0
Gross Expenditure	-8,047	-5,644	-4,902	-2,500	-2,500
Total Income	0	0	0	0	0
Net Expenditure	-8,047	-5,644	-4,902	-2,500	-2,500

6. Sources of information

Engagement carried out
<p>The Adult Social Care Directorate Strategy makes a commitment to “...work with partners to co-design and deliver services which are local, universal and preventative ...”. Co-design is at the heart of all we do in Adult Social Care and is part of the approach we have taken to shaping the Medium Term Financial Plan (MTFP) savings proposals.</p> <p>The Adult Social Care Implementation Programme Board is a co-design Board, which oversees our change programme. The Board is attended by our strategic partners and chaired by the Cabinet Member for Adult Social Care and the Chair of the Surrey Coalition of Disabled People. As part of the budget setting process we asked the Board to help us undertake an equality assessment on our Medium Term Financial Plan (MTFP). The Board reviewed proposed savings on 21 January 2015 and assessed their impact on the protected characteristics of residents, people who use services and their carers and our staff.</p> <p>Extensive engagement on the development of local integrated health and social care teams has been lead by Clinical Commissioning Groups over the last 18-months. This engagement is summarised in the Surrey Better Care Fund plan and was undertaken with:</p> <ul style="list-style-type: none"> • Patients, people who use services and the public • Service providers including NHS Foundation Trusts and NHS Trusts, primary care providers, social care and providers from the voluntary and community <p>A week-long 'hot house' workshop was held in September 2014 with participants from Surrey County Council and Surrey's six Clinical Commissioning Groups. The 'hot house' looked for opportunities to go beyond the existing local joint Better Care Fund plans to join up local health and social care services in Surrey, it focussed on prevention and how we can better engage the voluntary sector to help meet the demand on our health and social care services</p>
Data used
<ul style="list-style-type: none"> • Projecting Older People Population Information (POPPI) 2014 • Projecting Adult Needs and Service Information (PANSI) 2015 • Referrals, Assessments and Packages of Care (RAP) 2013-14 • Adult Social Care Combined Activity Return (ASC-CAR) 2013-14 • Adults Integrated System (AIS) January 2015 • ALT monthly priority report January 2015 • Gender Identity Research and Education Society (GIRES) literature • Office for National Statistics (ONS) 2012 • 'As We Grow Older' – A Study of the Housing and Support Needs of Older Lesbians and Gay Men (source Polari – 2005) • Surrey-i Census 2011 dataset • Data from Surrey (www.surreyi.gov.uk) • Census 2011 • Surrey Joint Strategic Needs Assessment (JSNA) Chapter: Carers • Carers UK's analysis of the 2001 Census findings, 'In Poor Health' • The “Healthy Lives Healthy People 2010” report • Carers Health Survey 2011

- Surrey County Council HR - Workforce Planning Data Sheet Dec 2014
- Ref LGA – John Bolton

7a. Impact of the proposals on residents and service users with protected characteristics

** Please note: Potential positive and negative impacts which relate to all protected characteristics are listed under age; those which then relate to each specific protected characteristic are then listed against that characteristic

Protected characteristic ²⁴	Potential positive impacts	Potential negative impacts	Evidence												
Age**	<ol style="list-style-type: none"> 1. Personal budgets for young people in transition, together with earlier identification, joint assessment and personalisation will give young people and their carers more choice and control, will enable young people to maximise their independence and to potentially live closer to family and friends (Optimisation of Transition pathways) 2. People with learning disabilities who are currently in residential care, but for whom Supported Living is considered a viable option during their reassessment process, will have the opportunity to live more independently, with support from family, 	<ol style="list-style-type: none"> 1. There may be increasing demands placed upon the voluntary, community and faith sector which may become overloaded (Strategic shift to community based provision) 2. People may have to move away from established friendship groups (Strategic shift to community based provision) 3. Individuals and their families may experience uncertainty and anxiety with change (Optimisation of Transition pathways) (Strategic shift to community based provision) 4. The process of integrating local health and social care services may result in a slight delay in the 	<p>In 2014, there were 214,300 people over 65 living in Surrey – approximately 18.45% of the county’s population. Of these 14,842 (as at 5 Jan 2015) were in receipt of support from Adult Social Care.</p> <p>By 2020 the number of older people living in Surrey will rise to 238,600 - a project rise of 11%. The population of over 85 will increase by 62% by 2030.</p> <p>18% of Surrey households consisted of only people over 65 years old. 7% were single person households over the age of 65.</p> <p>In 2014 51,308 people aged over 75 live alone²⁵.</p> <p>Open ASC cases as at 5 Jan 2015²⁶</p> <table border="1"> <tbody> <tr> <td>18 to 54</td> <td>6,706</td> </tr> <tr> <td>55 to 64</td> <td>2,100</td> </tr> <tr> <td>65 to 74</td> <td>2,721</td> </tr> <tr> <td>75 to 84</td> <td>4,918</td> </tr> <tr> <td>85 to 99</td> <td>7,000</td> </tr> <tr> <td>100+</td> <td>202</td> </tr> </tbody> </table>	18 to 54	6,706	55 to 64	2,100	65 to 74	2,721	75 to 84	4,918	85 to 99	7,000	100+	202
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²⁵ POPPI 2014, RAPP2S 2013-14 and ASCCAR 2013-14

²⁶ AIS 01-2015

	<p>friends and their community network (Strategic shift to community based provision)</p> <p>3. The development of local integrated community-based health and social care services will enable people to received more care and support, particularly for long term conditions, in their local community thus reducing the need attend appointments in an acute hospital or to be admitted (Whole System Demand)</p> <p>4. The development of local integrated community-based health and social care services will enable people to remain independent in their own homes for longer (Whole System Demand)</p> <p>5. The development of local integrated community-based health and social care services will mean people will receive more joined up health and social care services to meet their needs (Whole System Demand)</p>	<p>assessment of some people and their carers and thus a delay in the provision of services. There is also a risk that the longer someone waits then the more complex their needs may become. This may have a disproportionate impact upon older people and disabled people as they represent one of the largest client groups. (Whole System Demand)</p> <p>5. The shift towards community based provision may mean a decline in residential provision and consequently less choice for those individuals who want and need to be in a residential setting (Strategic shift to community based provision)</p>	<p style="text-align: right;">23,648</p> <p>ASC Transition Team 18+ caseload 5 Jan 2015²⁷ 813</p> <hr/> <p>Transition team also support 224 under 18 service users</p> <p>Surrey Information Point is currently being developed and from the end of Feb 2015 we will monitor the usage through Google Analytics. Target 2014/15 - increase the number of unique visitors by 25% from current baseline of 12,500 (increase of 3,125 by end March 2015). December 2014 there were 12,183 unique visitors to Surrey Information Point²⁸</p> <p>Since the first of April 2014 a total of 7,594 people accessed the ULO Hubs across Surrey. As a result of these enquires, the hubs have supported these visitors to achieve a total of 16,033 individual outcomes.</p>
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²⁷ AIS 01-2015

²⁸ ALT monthly priority report January 2015

	<p>6. The growth of preventative services will promote wellbeing and enable people to be supported lower down the acuity model and will help prevent their needs increasing (Whole System Demand)</p> <p>7. The expansion of the role of the voluntary, community and faith sector will grow the range of services available to people within their community and increase capacity in the system (Whole System Demand)</p>										
<p>Page 265</p> <p>Disability**</p>	<p>As above</p>	<p>6. Safeguarding issues need to be considered, particularly for people with learning disabilities, who may be more vulnerable in some community situations (Optimisation of Transition pathways) (Strategic shift to community based provision)</p>	<p>In Surrey the predictions for the 18-64 years population in 2015 are as follows:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">18-64²⁹</th> <th style="text-align: right;">2015</th> </tr> </thead> <tbody> <tr> <td>Total population aged 18-64 predicted to have a learning disability</td> <td style="text-align: right;">16,894</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a moderate physical disability</td> <td style="text-align: right;">55,442</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a serious physical disability</td> <td style="text-align: right;">16,550</td> </tr> </tbody> </table>	18-64²⁹	2015	Total population aged 18-64 predicted to have a learning disability	16,894	Total population aged 18-64 predicted to have a moderate physical disability	55,442	Total population aged 18-64 predicted to have a serious physical disability	16,550
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²⁹ PANSI 2015

			Total population aged 18-64 predicted to have a serious visual impairment	452
			Total population aged 18-64 predicted to have a moderate or severe hearing impairment	28,341
			Total population aged 18-64 predicted to have a profound hearing impairment	247
			People aged 18-64 predicted to have a borderline personality disorder	3,140
			People aged 18-64 predicted to have an antisocial personality disorder	2,419
			People aged 18-64 predicted to have psychotic disorder	2,789
			Total people aged 30-64 predicted to have early onset dementia	299
			Open ASC cases as at 5 Jan 2015³⁰	
			AD: Access and Mobility Only	89
			AD: Dual Sensory Loss	76
			AD: Frailty and/or Temporary Illness	6,329
			AD: Hearing Impairment	408

³⁰ AIS 01-2015

			<p>AD: Learning Disability 4,356</p> <p>AD: Mental Health - Dementia 1,764</p> <p>AD: Mental Health - Non Dementia 2,143</p> <p>AD: Other Vulnerable People 572</p> <p>AD: Physical Personal Care 5,595</p> <p>AD: Substance Misuse 52</p> <p>AD: Support for Social Isolation/Other 10</p> <p>AD: Visual Impairment 207</p> <p>Asylum Seekers 1</p> <p>Physical & Sensory Disability & Frailty 2,045</p> <hr/> <p>23,648</p>
Gender reassignment**	8. The expansion of the role of the voluntary, community and faith sector may grow the range of services available to people within their community, which reflect their choices around gender reassignment (Optimisation of Transition pathways) (Strategic shift to community based provision) (Whole System	As above	<p>The report “Gender Variance In the UK: Prevalence, Incidence, Growth and Geographic Distribution (June 2009)” includes information on the geographical distribution of the transsexual community. This distribution is based on an estimation of the implied prevalence of people who have presented with gender dysphoria (a condition where a person feels that they are trapped within a body of the wrong sex) in individual police authorities. For Surrey, the estimation is 37 per 100,000 persons 16 and over. If this figure is applied to the current estimate of Surrey’s 16+ population, then the estimated number is 338 (based on current population figures).</p> <p>On the matter of issues faced by trans people Gender Identity</p>

	Demand)		<p>Research and Education Society (GIRES) state in their 2007 literature that:³¹</p> <ul style="list-style-type: none"> • Many find that their families reject them. • Sometimes, despite being protected by employment law, they are made to feel very uncomfortable at work, as well as elsewhere. • It takes great courage for trans people to reveal their true gender identities.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 268</p> <p>Pregnancy and maternity**</p>	As above	<p>7. Planned or actual changes in service provision for people who use services, who are pregnant or have a young child, may cause anxiety</p>	<p>In Surrey, based on national data, we can expect between 900 and 2,000 mothers to experience postnatal mental health problems (PNMH) problems. In south east Surrey in 2007-8, health visitors identified 270 (15%) mothers with postnatal mental health problems and offered them support. Of these mothers, 150 accepted the offer.</p> <p>Surrey has a large proportion of women that give birth later in life. A few studies on the outcomes in pregnancy of healthy, older mothers suggest some health problems that increase with age. For instance, diabetes mellitus may increase the chances of complications in pregnancy. In addition, older women have a greater risk of endometriosis, pelvic infections, leiomyomas (fibroids), all of which may lead to decreased fertility. Therefore more women may be reliant on In Vitro Fertilisation (IVF).</p> <p>Teenage parents come from all social classes, religious backgrounds and ethnic groups. However, rates of teenage pregnancy are highest among deprived communities, so the negative consequences of teenage pregnancy are disproportionately concentrated among those who are already disadvantaged.</p> <p>ONS figures for teen pregnancy in 2012 in Surrey was 18/1,000 women aged 15-17, which is below the SE average of 23.2 and</p>

³¹ <http://www.gires.org.uk/assets/supporting-families.pdf> (2007)

Race**

			27.7 for England. Spelthorne is the highest borough in Surrey at 34.2, and Mole Valley the lowest at 8.8 ³²
	9. The expansion of the role of the voluntary, community and faith sector may grow the range of services available to people within their community, which reflect their race and culture. (Optimisation of Transition pathways) (Strategic shift to community based provision) (Whole System Demand)	As above	<p>In the 2011 census, the proportion of the Surrey population who do not describe themselves as white was 8.6%. This proportion is currently concentrated amongst those below the age of 65. 97.3% of the population in Surrey 65 years or over are classified as white - though this will inevitably change as the population ages.³³</p> <p>There are significant pockets of black and minority ethnic groups, for example in Elmbridge and Woking. Access to services for black and minority ethnic older people and their carers may be challenging. Barriers might include language, knowledge of what services are available, attitudes and practices of service providers and cultural factors in perceiving and understanding mental illness.</p> <p>Gypsies Roma and Travellers (GRT) are some of the most disadvantaged and excluded communities in our society. Historically, GRT needs have often not been fully considered when developing the services intended to support them. This has the effect of making universal services 'hard to reach' for the GRT community, compounding poor outcomes and perpetuating intergenerational patterns of exclusion and deprivation.</p> <p>A number of barriers exist for the GRT community in accessing universal health provision. These include a lack of cultural sensitivity by service providers, for example use of inappropriate written communication. For some sectors of the GRT population difficulties in maintaining contact with health services are compounded due to their transient lifestyles. If someone is labelled as No Fixed Abode, they are often denied services.</p> <p>A number of BME outreach groups exist in Surrey to bring support</p>

³² ONS data 2012

³³ POPPI/PANSI 2011

			<p>services to minority groups, such as Friends of the Elderly BME outreach, Friends with Dementia BME outreach and BME Carers' Support.</p> <p>Open ASC cases as at 5 Jan 2015³⁴</p> <table border="1"> <tr><td>Asian / Asian British</td><td>482</td></tr> <tr><td>Black / Black British</td><td>183</td></tr> <tr><td>Chinese</td><td>45</td></tr> <tr><td>Mixed</td><td>164</td></tr> <tr><td>Other</td><td>242</td></tr> <tr><td>Unknown / Not Recorded / Information Refused</td><td>642</td></tr> <tr><td>White British</td><td>20,919</td></tr> <tr><td>White Other</td><td>971</td></tr> <tr><td>Total</td><td>23,648</td></tr> </table>	Asian / Asian British	482	Black / Black British	183	Chinese	45	Mixed	164	Other	242	Unknown / Not Recorded / Information Refused	642	White British	20,919	White Other	971	Total	23,648
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<p>Religion and belief**</p>	<p>10. The expansion of the role of the voluntary, community and faith sector may grow the range of services available to people within their community, which reflect their religion and belief (Optimisation of Transition pathways) (Strategic shift to community based provision) (Whole System</p>	<p>As above</p>	<p>Over the last decade the proportion of Christians in Surrey has decreased from 74.6% in 2001 to 62.8% in 2011. The proportion of people reporting "No religion" increased from 15.2% to 24.8%. There was an increase in all other main religions. The number of Muslims increased the most from 1.3% in 2001 to 2.2% in 2011.</p> <p>Surrey County Council has compiled an online database showing over 250 places of worship in the county at www.surreyplacesofworship.org.uk.</p>																		

³⁴ AIS 01-2015

	Demand)		<p>In Surrey there are 112 maintained primary schools with a Religious Character and 188 of No Religious Character, while there are 11 maintained secondary schools with a Religious Character and 42 of No Religious Character.</p> <p>Open ASC cases as at 5 Jan 2015³⁵</p> <table border="1"> <tr> <td>Christian (all types)</td> <td>16,457</td> </tr> <tr> <td>Other</td> <td>1,503</td> </tr> <tr> <td>Declined</td> <td>1,626</td> </tr> <tr> <td>Non-religious</td> <td>4,061</td> </tr> <tr> <td></td> <td>23,648</td> </tr> </table>	Christian (all types)	16,457	Other	1,503	Declined	1,626	Non-religious	4,061		23,648
Christian (all types)	16,457												
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Sex**	As above	As above	<p>49% of Surrey residents are male, while 51% are female.</p> <p>This is aligned with the UK as a whole.</p> <p>80% of Surrey males are economically active compared to 68% of women.</p> <p>Open ASC cases as at 5 Jan 2015³⁶</p>										

³⁵ AIS 01-2015

³⁶ AIS 01-2015

			Female 14,079 Male 9,569 <hr/> 23,648
Page 272 Sexual orientation**	As above	As above	<p>The lesbian, gay and bisexual organisation Polari, published a report showing that many of the issues and concerns of older lesbian, gay and bisexual people are broadly similar to older heterosexual people³⁷ :</p> <ul style="list-style-type: none"> • There is a desire to stay in one's 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 wellbeing. <p>However, more lesbian, gay and bisexual-specific concerns were identified:</p> <ul style="list-style-type: none"> • Concerns about to having to 'come out' again or 'returning to the closet' in a care/ residential setting. • Concerns about accessing the lesbian, gay and bisexual community and maintaining lifestyles and friendships. • Fears about being isolated in a 'heterosexual environment'.
Marriage and civil partnerships**	As above	As above	According to census data from 2011 there are 482,257 people in Surrey who are married or in a civil partnership 1,602 of whom are in same-sex civil partnerships ³⁸ .
Carers^{39**}	As above	8. Carers and families may	In Surrey, 10% of Surrey residents were providing unpaid care. Of

³⁷ 'As We Grow Older' – A Study of the Housing and Support Needs of Older Lesbians and Gay Men (source Polari – 2005)

³⁸ Surrey-i Census 2011 dataset

³⁹ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of

feel an obligation to provide more care and support than they feel able to cope with, to continue to care at home (Whole System Demand) (Optimisation of Transition pathways)

these, 2 % provided more than 50 hours unpaid care per week⁴⁰

There are 188,433 carers in Surrey who look after family, partners or friends in need of help because they are ill, frail or disabled - the care they provide is unpaid.

There are believed to be about 14,000 young carers living in Surrey.

In Surrey, in the first two quarters of 2013/14, there were about 18,700 adult carers getting some form of information advice or support from social care through services commissioned from the voluntary sector.

This compares to over 29,000 people caring for more than 20 hours a week of whom over 18,000 are caring for more than 50 hours a week⁴¹

Those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring (21% against 11%). This can be

carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

⁴⁰ Surrey (Jan 2014) Census 2011

⁴¹ JSNA Chapter: Carers

due to a range of factors including stress related illness and physical injury⁴²

A total of 1 in 10 people are carers, and analysis of census data shows that 1 in 5 carers providing over 50 hours of care a week say they are in poor health, compared with 1 in 9 non-carers⁴³

Headlines from the Carers Health Survey 2011⁴⁴

- Nearly 2000 responses were received in total.
- 70% of respondents were woman and 30% men.
- 60% said they were caring over 50 hours a week
- Almost 100% identified a health condition they suffered from.
- 35% said they thought their condition had worsened due to their caring role
- Over half were caring for someone with a physical disability. 40% were caring for people with mental health issues including dementia.
- 75% lived with the person they were caring for
- 45% had not registered with their GP as a carer although over 65% had told their GP they were caring
- 50% did not complete the section asking them what help their GP had provided

⁴² Carers UK's analysis of the 2001 Census findings, 'In Poor Health',

⁴³ The "Healthy Lives Healthy People 2010" report

⁴⁴ Carers Health Survey 2011

			<ul style="list-style-type: none"> Over 30% had not had a carer's assessment and a further 20% were not sure. <p>Open ASC carers as at 5 Jan 2015⁴⁵ 7,568</p>
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⁴⁵ AIS 01-2015

7b. Impact of the proposals on staff with protected characteristics

** Please note: Potential positive and negative impacts which relate to all protected characteristics are listed under age; those which then relate to each specific protected characteristic are then listed against that characteristic

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence ⁴⁶
<p style="text-align: center;">Age**</p>	<ol style="list-style-type: none"> 1. The development of local integrated community-based health and social care services will create new opportunities for staff to work in as part of an integrated team, to develop new skills and to take on new roles and responsibilities (Whole System Demand) 2. Staff will have the opportunity to spend more time understanding people's situations and the options available to them. They will be able to support people in generating a more varied support package, combining both information and formal care and support. This will provide job satisfaction (Whole System Demand) (Optimisation of Transition pathways) 	<ol style="list-style-type: none"> 1. The shift towards more integrated local health and social care services may drive significant changes in operational processes, systems and the organisation structure. Some staff may struggle to adapt to the pace and scale of change (Whole System Demand) 2. There may be increasing demands placed upon staff working in the integrated local health and social care services as the scope of their roles may change (Whole System Demand) 3. It may be challenging for staff to have difficult conversations with young people and their families who may have a certain level of expectation and anxiety around their transition arrangements (Optimisation of Transition pathways) 	<ul style="list-style-type: none"> • 5.08% of the Surrey County Council workforce is aged 15 to 24-years, compared to 4.02% in Adult Social Care and 11.4% in the wider Surrey population. • Adult Social Care has a higher profile of mature workers than the Surrey wide population, with 31.21% 45-54-years (compared to 14.68%) and 20.70% 55-64-years (compared to 11.92%). • 52.41% of employees in Adult Social Care are part time compared with 54.05% in SCC. • 46.34% of the Adult Social Care workforce are women working part-time

⁴⁶ SCC:HR - Workforce Planning Data Sheet Dec 2014 and 2011 Census

Disability**	As above	As above	<ul style="list-style-type: none"> The disability workforce profile in Adult Social Care is 3.04% and broadly the same as Surrey County Council, although at a senior level it is lower.
Gender reassignment**	As above	As above	-
Pregnancy and maternity**	As above	4. Women away on maternity leave may return to work untrained and unprepared for the new way of working	-
Race**	As above	As above	<ul style="list-style-type: none"> The Black, Minority, Ethnic (BME) profile of the Adult Social Care workforce (12.48%) is higher than the Surrey County Council workforce (7.82%) and the Surrey population (approx 8%). However, there is a significant drop from team leader (13.12%) to middle (9%) and senior (3.77%) managers compared with Surrey County Council.
Religion and belief**	As above	As above	<ul style="list-style-type: none"> Approximately 50% of staff in Adult Social Care did not state their religion and belief – in line with Surrey County Council. In Adult Social Care nearly 29% of staff said they were Christian, approximately 20% have no religion or belief, approximately 50% of staff did not state their religion and belief – all in line with Surrey County Council.
Sex**	As above	As above	<ul style="list-style-type: none"> There is a higher proportion of female workers in Adult Social Care (83%) than in Surrey County Council (73%) though both are higher than females in the Surrey population (51%). 17% of the Adult Social Care workforce is male compared with 27% in the Council. 46.34% of the Adult Social Care workforce are women working part-time. 78.5% of middle managers in Adult Social Care are

			women and 69.8% at senior level again both higher than in SCC.
Sexual orientation**	As above	As above	<ul style="list-style-type: none"> 60% of staff in ASC of staff undeclared compared to 57% in SCC
Marriage and civil partnerships**	As above	As above	-
Carers**	As above	As above	-

8. Amendments to the proposals

Change	Reason for change
No amendments to the efficiency saving are proposed as a result of the Equality Impact Assessment	-

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Potential positive impacts on residents, service users and carers			
1. Personal budgets for young people in transition, together with earlier identification, joint assessment and personalisation will give young people and their carers more choice and control, will enable young people to maximise their independence and to potentially live closer to family and friends (Optimisation of Transition pathways)	Continue to provide appropriate training for staff to support the transition pathway	2015/16	Area Directors Principal Social Worker/Senior Practice Development Manager
2. People with learning disabilities who are currently in residential care, but for whom Supported Living is considered a viable option during their reassessment process, will have the opportunity to live more independently, with support from family, friends and their community network	Locality teams to re-assess individuals to confirm if supported living would be a viable option	2015/16	Area Directors

(Strategic shift to community based provision)			
3. The development of local integrated community-based health and social care services will enable people to received more care and support, particularly for long term conditions, in their local community thus reducing the need attend appointments in an acute hospital or to be admitted (Whole System Demand)	Continue to work as part of the Local Joint Commissioning Group to establish local integrated community-based health and social care services	2015/16	Area Directors
4. The development of local integrated community-based health and social care services will enable people to remain independent in their own homes for longer (Whole System Demand)	Continue to work as part of the Local Joint Commissioning Group to establish local integrated community-based health and social care services	2015/16	Area Directors
5. The development of local integrated community-based health and social care services will mean people will receive more joined up health and social care services to meet their needs (Whole System Demand)	Continue to work as part of the Local Joint Commissioning Group to establish local integrated community-based health and social care services	2015/16	Area Directors
6. The growth of preventative services will promote wellbeing and enable people to be supported lower down the acuity model (Whole System Demand)	Continue to work as part of the Local Joint Commissioning Group to grow local preventative services	2015/16	Area Directors
7. The growth of preventative services will promote wellbeing and enable people to be supported lower down	Continue to work as part of the Local Joint Commissioning Group to grow local preventative services	2015/16	Area Directors

the acuity model and will help prevent their needs increasing (Whole System Demand)			
8. The expansion of the role of the voluntary, community and faith sector will grow the range of services available to people within their community and increase capacity in the system (Whole System Demand)	Continue to work as part of the Local Joint Commissioning Group to expand the role of the voluntary, community and faith sector	2015/16	Area Directors
9. The expansion of the role of the voluntary, community and faith sector may grow the range of services available to people within their community, which reflect their race and culture. (Optimisation of Transition pathways) (Strategic shift to community based provision) (Whole System Demand)	Continue to work as part of the Local Joint Commissioning Group to expand the role of the voluntary, community and faith sector	2015/16	Area Directors
10. The expansion of the role of the voluntary, community and faith sector may grow the range of services available to people within their community, which reflect their religion and belief (Optimisation of Transition pathways) (Strategic shift to community based provision) (Whole System Demand)	Continue to work as part of the Local Joint Commissioning Group to expand the role of the voluntary, community and faith sector	2015/16	Area Directors
Potential negative impacts on residents, service users and carers			
1. There may be increasing demands placed upon the voluntary, community	Continue to work as part of the Local Joint Commissioning Group to expand the role of, and support	2015/16	Area Directors

and faith sector which may become overloaded	available to, the voluntary, community and faith sector		
2. People may have to move away from established friendship groups	Ensure friendship groups are considered as part of the re-assessment process and the individuals views are at the heart of any decisions around the viability of supported living	2015/16	Area Directors
3. Individuals and their families may experience uncertainty and anxiety with change	Ensure individuals, their family and carers are engaged and consulted throughout the process of change	2015/16	Area Directors
4. The process of integrating local health and social care services may result in a slight delay in the assessment of some people and their carers and thus a delay in the provision of services. There is also a risk that the longer someone waits then the more complex their needs may become. This may have a disproportionate impact upon older people and disabled people as they represent one of the largest client groups	Continue to work as part of the Local Joint Commissioning Group to plan for the seamless implementation of local integrated community-based health and social care services	2015/16	Area Directors
5. The shift towards community based provision may mean a decline in residential provision and consequently less choice for those individuals who want and need to be in a residential setting	Work with individuals to explore all the options available to them as part of their support plan	2015/16	Area Directors
6. Safeguarding issues need to be considered, particularly for people with learning disabilities, who may be more	Safeguarding is a legal duty and safeguarding mechanisms for individuals will continue.	2015/16	Area Directors Head of Quality

vulnerable in some community situations (Optimisation of Transition pathways) (Strategic shift to community based provision)			Assurance & Adult Strategic Safeguarding
7. Planned or actual changes in service provision for people who use services, who are pregnant or have a young child, may cause anxiety	Practitioners will continue to take all aspects of an individual's social care needs into account when support planning.	2015/16	Area Directors
8. Carers and families may feel an obligation to provide more care and support than they feel able to cope with, to continue to care at home	The Care Act 2014 creates new duties for local authorities to support carers including new statutory eligibility criteria. It will therefore be important for assessors to identify where carers can benefit from support. There will also be circumstances where smaller scale support for carers can provide more family friendly, cost effective solutions than more intrusive care packages for the individuals.	2015/16	Area Directors
	Continue promoting carers assessments to ensure they have adequate support.	2015/16	Area Directors
	The Care Act project will explore the projected increase in demand for carers services and assessment and how we need to respond. The Care Act project will build carers assessments into proposals for on-line assessment and trusted assessors	2015/16	Care Act Project Team
Potential positive impacts on staff			
1. The development of local integrated community-based health and social care services will create new opportunities for staff to work in as part of an integrated team, to	Continue to work as part of the Local Joint Commissioning Group to co-design local integrated community-based health and social care services Work with HR lead appointed to	2015/16	Area Directors

	develop new skills and to take on new roles and responsibilities.	support the workforce element of the Better Care Fund		
2.	Staff will have the opportunity to spend more time understanding people's situations and the options available to them. They will be able to support people in generating a more varied support package, combining both information and formal care and support. This will provide job satisfaction.	Practitioners will continue to take all aspects of an individual's social care needs and assets into account when support planning	2015/16	Area Directors
Potential negative impacts on staff				
1.	The shift towards more integrated local health and social care services may drive significant changes in operational processes, systems and the organisation structure. Some staff may struggle to adapt to the pace and scale of change	On-going cultural change programme for staff to equip them to have those challenging conversations ASC HR training representative has been included in work with front line teams	2015/16	Area Directors
2.	There may be increasing demands placed upon staff working in the integrated local health and social care services as the scope of their roles may change demands placed upon staff working in the integrated local health and social care services as the scope of their roles may change (Whole System Demand)	Work with HR lead appointed to support the workforce element of the Better Care Fund	2015/16	Area Directors
3.	It may be challenging for staff to have difficult	Training to support members of	2015/16	Area Directors

conversations with young people and their families who may have a certain level of expectation and anxiety around their transition arrangements	staff to have difficult conversations		
4. Women away on maternity leave may return to work untrained and unprepared for the new way of working	Ensure staff are briefed on their return from maternity leave on current Adult Social Care policy and practice	2015/16	Area Directors

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
There are no potential negative impacts that cannot be mitigated	-

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	<ul style="list-style-type: none"> The Adult Social Care Implementation Programme Board reviewed the 2015/16 proposed saving and assessed their impact on the protected characteristics of residents, people who use services and their carers and our staff. A range of data was used to support the equalities analysis, including Surrey, Workforce Fairness and Respect Data Pack, Employee Survey, independent research and literature, Surrey Carers' Health Survey etc. Extensive engagement on the development of local integrated health and social care teams has been lead by Clinical Commissioning Groups over the last 18-months. A week-long 'hot house' workshop was held in September 2014 with participants from Surrey County Council and Surrey's six Clinical Commissioning Groups.
Key impacts (positive and/or negative) on people with protected characteristics	<p>Potential positive impacts on residents, service users and carers</p> <ol style="list-style-type: none"> Personal budgets for young people in transition, together with earlier identification, joint assessment and personalisation will

- give young people and their carers more choice and control, will enable young people to maximise their independence and to potentially live closer to family and friends (Optimisation of Transition pathways)
2. People with learning disabilities who are currently in residential care, but for whom Supported Living is considered a viable option during their reassessment process, will have the opportunity to live more independently, with support from family, friends and their community network (Strategic shift to community based provision)
 3. The development of local integrated community-based health and social care services will enable people to receive more care and support, particularly for long term conditions, in their local community thus reducing the need attend appointments in an acute hospital or to be admitted (Whole System Demand)
 4. The development of local integrated community-based health and social care services will enable people to remain independent in their own homes for longer (Whole System Demand)
 5. The development of local integrated community-based health and social care services will mean people will receive more joined up health and social care services to meet their needs (Whole System Demand)
 6. The growth of preventative services will promote wellbeing and enable people to be supported lower down the acuity model (Whole System Demand)
 7. The growth of preventative services will promote wellbeing and enable people to be supported lower down the acuity model and will help prevent their needs increasing (Whole System Demand)
 8. The expansion of the role of the voluntary, community and faith sector will grow the range of services available to people within their community and increase capacity in the system (Whole System Demand)
 9. The expansion of the role of the voluntary, community and faith sector may grow the range of services available to people within their community, which reflect their race and culture. (Optimisation of Transition pathways) (Strategic shift to community based provision) (Whole System Demand)
 10. The expansion of the role of the voluntary, community and faith sector may grow the range of services available to people within their community, which reflect their religion and belief (Optimisation of Transition pathways) (Strategic shift to community based provision) (Whole System Demand)

Potential negative impacts on residents, service users and carers

1. There may be increasing demands placed upon the voluntary, community and faith sector which may become overloaded
2. People may have to move away from established friendship groups
3. Individuals and their families may experience uncertainty and anxiety with change
4. The process of integrating local health and social care services may result in a slight delay in the assessment of some people and their carers and thus a delay in the provision of services. There is also a risk that the longer someone waits then the more complex their needs may become. This may have a disproportionate impact upon older people and disabled people as they represent one of the largest client groups
5. The shift towards community based provision may mean a decline in residential provision and consequently less choice for those individuals who want and need to be in a residential setting
6. Safeguarding issues need to be considered, particularly for people with learning disabilities, who may be more vulnerable in some community situations (Optimisation of Transition pathways) (Strategic shift to community based provision)
7. Planned or actual changes in service provision for people who use services, who are pregnant or have a young child, may cause anxiety
8. Carers and families may feel an obligation to provide more care and support than they feel able to cope with, to continue to care at home

Potential positive impacts on staff

1. The development of local integrated community-based health and social care services will create new opportunities for staff to work in as part of an integrated team, to develop new skills and to take on new roles and responsibilities.
2. Staff will have the opportunity to spend more time understanding people's situations and the options available to them. They will be able to support people in generating a more varied support package, combining both information and formal care and support. This will provide job satisfaction.

Potential negative impacts on staff

1. The shift towards more integrated local health and social care services may drive significant changes in operational processes, systems and the organisation structure. Some

	<p>staff may struggle to adapt to the pace and scale of change</p> <ol style="list-style-type: none"> 2. There may be increasing demands placed upon staff working in the integrated local health and social care services as the scope of their roles may change demands placed upon staff working in the integrated local health and social care services as the scope of their roles may change (Whole System Demand) 3. It may be challenging for staff to have difficult conversations with young people and their families who may have a certain level of expectation and anxiety around their transition arrangements 4. Women away on maternity leave may return to work untrained and unprepared for the new way of working
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>No amendments to the efficiency saving are proposed as a result of the Equality Impact Assessment</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>Potential positive impacts on residents, service users and carers</p> <ul style="list-style-type: none"> • Continue to provide appropriate training for staff to support the transition pathway • Locality teams to re-assess individuals to confirm if supported living would be a viable option • Continue to work as part of the Local Joint Commissioning Group to establish local integrated community-based health and social care services • Continue to work as part of the Local Joint Commissioning Group to grow local preventative services • Continue to work as part of the Local Joint Commissioning Group to expand the role of the voluntary, community and faith sector <p>Potential negative impacts on residents, service users and carers</p> <ul style="list-style-type: none"> • Continue to work as part of the Local Joint Commissioning Group to expand the role of, and support available to, the voluntary, community and faith sector • Ensure friendship groups are considered as part of the re-assessment process and the individuals views are at the heart of any decisions around the viability of supported living • Ensure individuals, their family and carers are engaged and consulted throughout the process of change • Continue to work as part of the Local Joint Commissioning Group to plan for the seamless implementation of local integrated community-based health and social care services • Work with individuals to explore all the options available to them as part of their support plan • Safeguarding is a legal duty and safeguarding mechanisms for individuals will continue. • Practitioners will continue to take all aspects of an individual's

	<p>social care needs into account when support planning.</p> <ul style="list-style-type: none"> • The Care Act 2014 creates new duties for local authorities to support carers including new statutory eligibility criteria. It will therefore be important for assessors to identify where carers can benefit from support. There will also be circumstances where smaller scale support for carers can provide more family friendly, cost effective solutions than more intrusive care packages for the individuals. • Continue promoting carers assessments to ensure they have adequate support. • The Care Act project will explore the projected increase in demand for carers services and assessment and how we need to respond. The Care Act project will build carers assessments into proposals for on-line assessment and trusted assessors <p>Potential positive impacts on staff</p> <ul style="list-style-type: none"> • Continue to work as part of the Local Joint Commissioning Group to co-design local integrated community-based health and social care services • Work with HR lead appointed to support the workforce element of the Better Care Fund • Practitioners will continue to take all aspects of an individual's social care needs and assets into account when support planning <p>Potential negative impacts on staff</p> <ul style="list-style-type: none"> • On-going cultural change programme for staff to equip them to have those challenging conversations • ASC HR training representative has been included in work with front line teams • Work with HR lead appointed to support the workforce element of the Better Care Fund • Training to support members of staff to have difficult conversations • Ensure staff are briefed on their return from maternity leave on current Adult Social Care policy and practice
<p>Potential negative impacts that cannot be mitigated</p>	<p>There are no potential negative impacts that cannot be mitigated</p>

1. Topic of assessment

EIA title:	<p>Med Medium Term Financial Plan (MTFP) 2015-20 efficiency savings Procurement/Commissioning:</p> <ul style="list-style-type: none"> • Optimisation of spot care rates • Learning Disabilities Public Value Review • Other commissioning strategies • Optimisation of main block contracts • Optimisation of other block contract & grant rates • Strategic supplier review rebates • Commissioning for Older people with Disabilities • Improved sourcing for residential care • Better Value Care • Commissioning approach to fee exception avoidance
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MTFP efficiency saving (£000s)	15/16	16/17	17/18	18/19	19/20
Optimisation of spot care rates	927	0	0	1,618	1,763
Learning Disabilities Public Value Review	2,000	0	0	0	0
Other commissioning strategies	900	500	500	500	500
Optimisation of main block contracts	419	426	434	442	450
Optimisation of other block contract & grant rates	247	330	357	347	337
Strategic supplier review rebates	1,000	0	0	0	0
Commissioning for Older people with Disabilities	150	150	0	0	0
Improved sourcing for residential care	250	250	0	0	0
Better Value Care	500	500	0	0	0
Commissioning approach to fee exception avoidance	125	125	0	0	0
Total	6,518	2,282	1,291	2,907	3,051

EIA author:	Kathryn Pyper
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2. Approval

	Name	Date approved
Approved by	Mel Few, Cabinet Member Adult Social Care, Surrey County Councillor	6 February 2015
Approved by	Dave Sargeant, Strategic Director, Adult Social Care	6 February 2015
Approved by	Will House, Strategic Finance Manager - Adult Social Care	6 February 2015
Approved by	Adult Social Care, Directorate Equality Group (DEG)	

3. Quality control

Version number	9	EIA completed	5 March 2015
Date saved	6 February 2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Kathryn Pyper	Programme Manager	Surrey County Council	Business Planning
Lyndon Edwards	Communications and Engagement	Surrey County Council	Equality and Diversity
Andre Lotz	Information Analyst	Surrey County Council	Business Intelligence
Paul Goodwin	Senior Principal Accountant	Surrey County Council	Finance
Allan Wells	Lead Manager Legal Services	Surrey County Council	Legal advice

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>In the context of the mounting financial pressures the County Council faces, it is paramount that Adult Social Care achieves maximum value for money for the services it commissions on behalf of individuals who are assessed as having substantial or critical care needs. This group of savings are focused on negotiating to achieve the most favourable price at the right quality and maximising the whole system benefits of the contracts and grants commissioned with external providers and the voluntary sector.</p> <p>These measures should not have a significant impact on people who receive care services or their carers, as for the most part they are focused on the price paid for services and not the type of care being delivered.</p>
<p>What proposals are you assessing?</p>	<p>The 2015/16 efficiency savings associated with procurement and commissioning include:</p> <p>Optimisation of spot care rates - Negotiate effectively with suppliers to minimise price increases</p> <p>Learning Disabilities Public Value Review - Concluding the Learning Disabilities Public Value Review (PVR) work to transfer financial responsibilities to other local authorities for clients that are ordinarily resident outside Surrey.</p> <p>Other commissioning strategies - Efficiencies achieved through renegotiation of specific contracts and grants.</p> <p>Optimisation of main block contracts - Negotiate with providers to achieve maximise value from the Directorate's main block contracts.</p> <p>Optimisation of other block contract & grant rates - Negotiate with other block contract suppliers and grant beneficiaries to agree optimised inflationary contract terms.</p> <p>Strategic supplier review rebates - Procurement led supplier negotiations aimed at volume based rebates. Predominantly related to learning disabilities.</p> <p>Commissioning for Older people with Disabilities - Needs based reassessments of individual care packages for older people with disabilities</p> <p>Improved sourcing for residential care - Review the sourcing approach to commissioning new residential care packages. Aim to procure at 20% less than current costs.</p> <p>Better Value Care - Partnership working with suppliers aimed at yielding service delivery efficiencies and negotiating reduced rates accordingly.</p> <p>Commissioning approach to fee exception avoidance - A personalised approach to encouraging providers to accept fee guidance rates as older people who fund their own care until such time as their assets deplete below the Capital Threshold.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>The proposals will affect:</p> <ul style="list-style-type: none"> • People who use services and their carers • Surrey County Council staff involved in commissioning care and support services • External organisations we commission to deliver services on behalf of

	the Council or in partnership
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The policy line table below shows how this group of savings have been budgeted across Adult Social Care. This merely represents the initial budgeted plan and whilst it gives some indication of the areas likely to be most affected, actual savings may be achieved differently in practice.

Procurement/Commissioning Savings	2015/16	2016/17	2017/18	2018/19	2019/20
	£'000	£'000	£'000	£'000	£'000
Older People					
Nursing General	-211	-682	-322	-129	-143
Nursing Dementia	-135	-369	-170	-85	-94
Residential General - External	-307	796	334	-436	-451
Residential Dementia - External	-105	211	72	-144	-150
Home Care - External	-521	-2,207	-1,117	-256	-284
Direct Payments	-215	-1,077	-538	-49	-54
Day Care - External	-26	-25	-26	-34	-35
Respite Care	-25	-24	-25	-27	-27
Transport Services	-4	-4	-4	-5	-5
Other Care	-684	-531	-524	-522	-513
Total Older People	-2,233	-3,912	-2,321	-1,687	-1,757
Physical & Sensory Disabilities					
Nursing General	-9	0	0	-14	-14
Residential General - External	-18	0	0	-34	-36
Residential Dementia - External	-1	0	0	-1	-1
Supported Living / Home Care	-26	0	0	-42	-45
Direct Payments	-78	-37	-41	-122	-127
Day Care - External	-8	-9	-10	-12	-12
Respite Care	-1	0	0	-1	-1
Transport Services	-1	-0	-0	-1	-1
Other Care - External	-122	-165	-183	-190	-190
Total Physical & Sensory Disabilities	-263	-210	-234	-417	-427
People with Learning Disabilities					
Nursing General	-4	0	0	-8	-9
Nursing Dementia	-1	0	0	-1	-1
Residential General - External	-3,957	-749	0	-333	-353
Residential Dementia - External	-1	-1	0	-1	-1
Supported Living / Home Care - External	-103	0	0	-206	-226
Direct Payments	-55	0	0	-109	-124
Day Care - External	-14	0	0	-23	-25
Respite Care	-6	0	0	-11	-13
Transport Services	-6	0	0	-11	-12
Other Care - External	-10	-3	-4	-22	-25
Total People with Learning Disabilities	-4,155	-753	-4	-725	-788
Mental Health & Substance Misuse					
Residential General	-7	0	0	-13	-14
Supported Living / Home Care	-10	0	0	-15	-16
Direct Payments	-3	0	0	-4	-4
Other Care	-27	-36	-40	-41	-41
Total Mental Health & Substance Misuse	-47	-36	-40	-74	-76
Other Expenditure					
Management & Support	-6	-8	-9	-9	-9
Housing Related Support	-254	-5	-6	-6	-6
Total Other Expenditure	-260	-13	-15	-15	-15
Gross Expenditure	-6,958	-4,925	-2,613	-2,919	-3,063
Total Income	0	0	0	0	0
Net Expenditure	-6,958	-4,925	-2,613	-2,919	-3,063

6. Sources of information

Engagement carried out
<p>Adult Social Care Directorate Strategy makes a commitment to “...work with partners to co-design and deliver services which are local, universal and preventative ...”. Co-design is at the heart of all we do in Adult Social Care and is part of the approach we have taken to shaping the Medium Term Financial Plan (MTFP) savings proposals.</p> <p>The Adult Social Care Implementation Programme Board is a co-design Board, which oversees our change programme. The Board is attended by our strategic partners and chaired by the Cabinet Member for Adult Social Care and the Chair of the Surrey Coalition of Disabled People. As part of the budget setting process we asked the Board to help us undertake an equality assessment on our Medium Term Financial Plan (MTFP). The Board reviewed proposed savings on 21 January 2015 and assessed its impact on the protected characteristics of residents, people who use services and their carers and our staff.</p>
Data used
<ul style="list-style-type: none"> • Projecting Older People Population Information (POPPI) 2014 • Projecting Adult Needs and Service Information (PANSI) 2015 • Referrals, Assessments and Packages of Care (RAP) 2013-14 • Adult Social Care Combined Activity Return (ASC-CAR) 2013-14 • Adults Integrated System (AIS) January 2015 • Gender Identity Research and Education Society (GIREs) literature • Office for National Statistics (ONS) 2012 • ‘As We Grow Older’ – A Study of the Housing and Support Needs of Older Lesbians and Gay Men (source Polari – 2005) • Surrey-i Census 2011 dataset • Data from Surrey (www.surreyi.gov.uk) • Census 2011 • Surrey Joint Strategic Needs Assessment (JSNA) Chapter: Carers • Carers UK’s analysis of the 2001 Census findings, ‘In Poor Health’ • The “Healthy Lives Healthy People 2010” report • Carers Health Survey 2011 • Surrey County Council R - Workforce Planning Data Sheet Dec 2014

7a. Impact of the proposals on residents and service users with protected characteristics

** Please note: Potential positive and negative impacts which relate to all protected characteristics are listed under age, those which then relate to each specific protected characteristic are then listed against that characteristic

**Please note: Potential positive and negative impacts relate to all the efficiency savings which make up 'Procurement/Commissioning', other than where the impact statement is followed by the title of a specific saving in (brackets)

Protected characteristic ⁴⁷	Potential positive impacts	Potential negative impacts	Evidence										
Page 296 Age*	<ul style="list-style-type: none"> It will encourage a more creative response to meeting assessed need It will encourage providers to focus upon local priorities and the outcomes which are important to people as well as co-designing services with people to meet need It will stimulate a more diverse range of community based services in the Surrey market to cater for the needs of the population Renegotiating the price paid for services, rather than the type of care being delivered, will mean there is funding available to provide services to more people 	<ol style="list-style-type: none"> If this is adopted as a long-term strategy, there is a risk of the diminution of quality and volume of providers in the Surrey economy and potentially less choice for individuals Price reductions leading to reduced capacity and business viability that could have an impact on quality of care for individuals Savings of this nature may put pressure on providers and is more likely to impact smaller providers. Any move away from small providers risks removing choice for people who use services and their carers For people approaching the capital threshold, there may be anxiety associated 	<p>In 2014, there were 214,300 people over 65 living in Surrey – approximately 18.45% of the county's population. Of these 14,842 (as at 5 Jan 2015) were in receipt of support from Adult Social Care.</p> <p>By 2020 the number of older people living in Surrey will rise to 238,600 - a project rise of 11%. The population of over 85 will increase by 62% by 2030.</p> <p>18% of Surrey households consisted of only people over 65 years old. 7% were single person households over the age of 65.</p> <p>In 2014 51,308 people aged over 75 live alone⁴⁸.</p> <p>Open ASC cases as at 5 Jan 2015⁴⁹</p> <table border="1"> <tbody> <tr> <td>18 to 54</td> <td>6,706</td> </tr> <tr> <td>55 to 64</td> <td>2,100</td> </tr> <tr> <td>65 to 74</td> <td>2,721</td> </tr> <tr> <td>75 to 84</td> <td>4,918</td> </tr> <tr> <td>85 to 99</td> <td>7,000</td> </tr> </tbody> </table>	18 to 54	6,706	55 to 64	2,100	65 to 74	2,721	75 to 84	4,918	85 to 99	7,000
18 to 54	6,706												
55 to 64	2,100												
65 to 74	2,721												
75 to 84	4,918												
85 to 99	7,000												

⁴⁸ POPPI 2014, RAPP2S 2013-14 and ASCCAR 2013-14

⁴⁹ AIS 01-2015

	in Surrey	<p>with any changes this may mean for their package of care (Fee exception avoidance)</p> <p>5. For people in a residential or nursing home, who are approaching the capital threshold, it may mean changes to their care and support arrangements or moving away from friends and a community they know (Fee exception avoidance)</p>	<p>100+ 202</p> <hr/> <p style="text-align: right;">23,648</p>										
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 297</p> <p>Disability**</p>	<p>5. The transfer of financial responsibilities to other local authorities for people with learning disabilities who are ordinarily resident outside Surrey, will mean their care will be overseen by the local authority in which they reside, who will have stronger relationships with local providers and are more accessible for practitioners to visit them and undertake reassessments etc (LD PVR)</p> <p>6. Reassessment will</p>	<p>6. Individual and their family may perceive it as service being taken away (Commissioning for older people with disabilities)</p> <p>7. People who use services may experience anxiety with any change (Commissioning for older people with disabilities)</p>	<p>In Surrey the predictions for the 18-64 years population in 2015 are as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">18-64⁵⁰</th> <th style="text-align: right;">2015</th> </tr> </thead> <tbody> <tr> <td>Total population aged 18-64 predicted to have a learning disability</td> <td style="text-align: right;">16,894</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a moderate physical disability</td> <td style="text-align: right;">55,442</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a serious physical disability</td> <td style="text-align: right;">16,550</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a serious visual impairment</td> <td style="text-align: right;">452</td> </tr> </tbody> </table>	18-64⁵⁰	2015	Total population aged 18-64 predicted to have a learning disability	16,894	Total population aged 18-64 predicted to have a moderate physical disability	55,442	Total population aged 18-64 predicted to have a serious physical disability	16,550	Total population aged 18-64 predicted to have a serious visual impairment	452
18-64⁵⁰	2015												
Total population aged 18-64 predicted to have a learning disability	16,894												
Total population aged 18-64 predicted to have a moderate physical disability	55,442												
Total population aged 18-64 predicted to have a serious physical disability	16,550												
Total population aged 18-64 predicted to have a serious visual impairment	452												

⁵⁰ PANSI 2015

ensure services are appropriate and relevant to the changing needs of the individual as they age and the nature of their disability changes (Commissioning for older people with disabilities)	Total population aged 18-64 predicted to have a moderate or severe hearing impairment	28,341
	Total population aged 18-64 predicted to have a profound hearing impairment	247
	People aged 18-64 predicted to have a borderline personality disorder	3,140
	People aged 18-64 predicted to have an antisocial personality disorder	2,419
	People aged 18-64 predicted to have psychotic disorder	2,789
	Total people aged 30-64 predicted to have early onset dementia	299
	Open ASC cases as at 5 Jan 2015⁵¹	
	AD: Access and Mobility Only	89
	AD: Dual Sensory Loss	76
	AD: Frailty and/or Temporary Illness	6,329
	AD: Hearing Impairment	408
	AD: Learning Disability	4,356
AD: Mental Health - Dementia	1,764	

⁵¹ AIS 01-2015

			<table> <tr> <td>AD: Mental Health - Non Dementia</td> <td>2,143</td> </tr> <tr> <td>AD: Other Vulnerable People</td> <td>572</td> </tr> <tr> <td>AD: Physical Personal Care</td> <td>5,595</td> </tr> <tr> <td>AD: Substance Misuse</td> <td>52</td> </tr> <tr> <td>AD: Support for Social Isolation/Other</td> <td>10</td> </tr> <tr> <td>AD: Visual Impairment</td> <td>207</td> </tr> <tr> <td>Asylum Seekers</td> <td>1</td> </tr> <tr> <td>Physical & Sensory Disability & Frailty</td> <td>2,045</td> </tr> <tr> <td></td> <td style="border-top: 1px solid black;">23,648</td> </tr> </table>	AD: Mental Health - Non Dementia	2,143	AD: Other Vulnerable People	572	AD: Physical Personal Care	5,595	AD: Substance Misuse	52	AD: Support for Social Isolation/Other	10	AD: Visual Impairment	207	Asylum Seekers	1	Physical & Sensory Disability & Frailty	2,045		23,648
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 299</p> <p style="text-align: center;">Gender reassignment**</p>	As above	As above	<p>The report “Gender Variance In the UK: Prevalence, Incidence, Growth and Geographic Distribution (June 2009)” includes information on the geographical distribution of the transsexual community. This distribution is based on an estimation of the implied prevalence of people who have presented with gender dysphoria (a condition where a person feels that they are trapped within a body of the wrong sex) in individual police authorities. For Surrey, the estimation is 37 per 100,000 persons 16 and over. If this figure is applied to the current estimate of Surrey’s 16+ population, then the estimated number is 338 (based on current population figures).</p> <p>On the matter of issues faced by trans people Gender Identity Research and Education Society (GIRES) state in their 2007 literature that:⁵²</p> <ul style="list-style-type: none"> • Many find that their families reject them. 																		

⁵² <http://www.gires.org.uk/assets/supporting-families.pdf> (2007)

			<ul style="list-style-type: none"> • Sometimes, despite being protected by employment law, they are made to feel very uncomfortable at work, as well as elsewhere. • It takes great courage for trans people to reveal their true gender identities.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 300</p> <p>Pregnancy and maternity**</p>	<p>As above</p>	<p>As above</p>	<p>In Surrey, based on national data, we can expect between 900 and 2,000 mothers to experience postnatal mental health problems (PNMH) problems. In south east Surrey in 2007-8, health visitors identified 270 (15%) mothers with postnatal mental health problems and offered them support. Of these mothers, 150 accepted the offer.</p> <p>Surrey has a large proportion of women that give birth later in life. A few studies on the outcomes in pregnancy of healthy, older mothers suggest some health problems that increase with age. For instance, diabetes mellitus may increase the chances of complications in pregnancy. In addition, older women have a greater risk of endometriosis, pelvic infections, leiomyomas (fibroids), all of which may lead to decreased fertility. Therefore more women may be reliant on In Vitro Fertilisation (IVF).</p> <p>Teenage parents come from all social classes, religious backgrounds and ethnic groups. However, rates of teenage pregnancy are highest among deprived communities, so the negative consequences of teenage pregnancy are disproportionately concentrated among those who are already disadvantaged.</p> <p>ONS figures for teen pregnancy in 2012 in Surrey was 18/1,000 women aged 15-17, which is below the SE average of 23.2 and 27.7 for England. Spelthorne is the highest borough in Surrey at 34.2, and Mole Valley the lowest at 8.8⁵³</p>

⁵³ ONS data 2012

Race**

As above

8. In the long term the need to contain cost could mean providers reduce the variety available in the market, which might impact disproportionately on placements catering for those of particular race

In the 2011 census, the proportion of the Surrey population who do not describe themselves as white was 8.6%. This proportion is currently concentrated amongst those below the age of 65. 97.3% of the population in Surrey 65 years or over are classified as white - though this will inevitably change as the population ages.⁵⁴

There are significant pockets of black and minority ethnic groups, for example in Elmbridge and Woking. Access to services for black and minority ethnic older people and their carers may be challenging. Barriers might include language, knowledge of what services are available, attitudes and practices of service providers and cultural factors in perceiving and understanding mental illness.

Gypsies Roma and Travellers (GRT) are some of the most disadvantaged and excluded communities in our society. Historically, GRT needs have often not been fully considered when developing the services intended to support them. This has the effect of making universal services 'hard to reach' for the GRT community, compounding poor outcomes and perpetuating intergenerational patterns of exclusion and deprivation.

A number of barriers exist for the GRT community in accessing universal health provision. These include a lack of cultural sensitivity by service providers, for example use of inappropriate written communication. For some sectors of the GRT population difficulties in maintaining contact with health services are compounded due to their transient lifestyles. If someone is labelled as No Fixed Abode, they are often denied services.

A number of BME outreach groups exist in Surrey to bring support services to minority groups, such as Friends of the Elderly BME outreach, Friends with Dementia BME outreach and BME Carers' Support.

⁵⁴ POPPI/PANSI 2011

			<p>Open ASC cases as at 5 Jan 2015⁵⁵</p> <table border="1"> <tr><td>Asian / Asian British</td><td>482</td></tr> <tr><td>Black / Black British</td><td>183</td></tr> <tr><td>Chinese</td><td>45</td></tr> <tr><td>Mixed</td><td>164</td></tr> <tr><td>Other</td><td>242</td></tr> <tr><td>Unknown / Not Recorded / Information Refused</td><td>642</td></tr> <tr><td>White British</td><td>20,919</td></tr> <tr><td>White Other</td><td>971</td></tr> <tr><td>Total</td><td>23,648</td></tr> </table>	Asian / Asian British	482	Black / Black British	183	Chinese	45	Mixed	164	Other	242	Unknown / Not Recorded / Information Refused	642	White British	20,919	White Other	971	Total	23,648
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<p>Religion and belief**</p>	<p>As above</p>	<p>9. In the long term the need to contain cost could mean providers reduce the variety available in the market, which might impact disproportionately on placements catering for those of particular religion and belief</p>	<p>Over the last decade the proportion of Christians in Surrey has decreased from 74.6% in 2001 to 62.8% in 2011. The proportion of people reporting “No religion” increased from 15.2% to 24.8%. There was an increase in all other main religions. The number of Muslims increased the most from 1.3% in 2001 to 2.2% in 2011.</p> <p>Surrey County Council has compiled an online database showing over 250 places of worship in the county at www.surreyplacesofworship.org.uk.</p> <p>In Surrey there are 112 maintained primary schools with a Religious Character and 188 of No Religious Character, while</p>																		

⁵⁵ AIS 01-2015

			<p>there are 11 maintained secondary schools with a Religious Character and 42 of No Religious Character.</p> <p>Open ASC cases as at 5 Jan 2015⁵⁶</p> <table border="1"> <tr> <td>Christian (all types)</td> <td>16,457</td> </tr> <tr> <td>Other</td> <td>1,503</td> </tr> <tr> <td>Declined</td> <td>1,626</td> </tr> <tr> <td>Non-religious</td> <td>4,061</td> </tr> <tr> <td></td> <td>23,648</td> </tr> </table>	Christian (all types)	16,457	Other	1,503	Declined	1,626	Non-religious	4,061		23,648
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<p>Page 303</p> <p>Sex**</p>	As above	As above	<p>49% of Surrey residents are male, while 51% are female. This is aligned with the UK as a whole.</p> <p>80% of Surrey males are economically active compared to 68% of women.</p> <p>Open ASC cases as at 5 Jan 2015⁵⁷</p> <table border="1"> <tr> <td>Female</td> <td>14,079</td> </tr> <tr> <td>Male</td> <td>9,569</td> </tr> </table>	Female	14,079	Male	9,569						
Female	14,079												
Male	9,569												

⁵⁶ AIS 01-2015

⁵⁷ AIS 01-2015

			23,648
Page 304	As above	As above	<p>The lesbian, gay and bisexual organisation Polari, published a report showing that many of the issues and concerns of older lesbian, gay and bisexual people are broadly similar to older heterosexual people⁵⁸ :</p> <ul style="list-style-type: none"> • There is a desire to stay in one's 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 wellbeing. <p>However, more lesbian, gay and bisexual-specific concerns were identified:</p> <ul style="list-style-type: none"> • Concerns about to having to 'come out' again or 'returning to the closet' in a care/ residential setting. • Concerns about accessing the lesbian, gay and bisexual community and maintaining lifestyles and friendships. • Fears about being isolated in a 'heterosexual environment'.
	As above	As above	<p>According to census data from 2011 there are 482,257 people in Surrey who are married or in a civil partnership 1,602 of whom are in same-sex civil partnerships⁵⁹.</p>
	As above	As above	<p>In Surrey, 10% of Surrey residents were providing unpaid care. Of these, 2 % provided more than 50 hours unpaid care per week⁶¹</p>

⁵⁸ 'As We Grow Older' – A Study of the Housing and Support Needs of Older Lesbians and Gay Men (source Polari – 2005)

⁵⁹ Surrey-i Census 2011 dataset

⁶⁰ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (ie discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

⁶¹ Surrey (Jan 2014) Census 2011

There are 188,433 carers in Surrey who look after family, partners or friends in need of help because they are ill, frail or disabled - the care they provide is unpaid.

There are believed to be about 14,000 young carers living in Surrey.

In Surrey, in the first two quarters of 2013/14, there were about 18,700 adult carers getting some form of information advice or support from social care through services commissioned from the voluntary sector.

This compares to over 29,000 people caring for more than 20 hours a week of whom over 18,000 are caring for more than 50 hours a week⁶²

Those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring (21% against 11%). This can be due to a range of factors including stress related illness and physical injury⁶³

A total of 1 in 10 people are carers, and analysis of census data

⁶² JSNA Chapter: Carers

⁶³ Carers UK's analysis of the 2001 Census findings, 'In Poor Health'

shows that 1 in 5 carers providing over 50 hours of care a week say they are in poor health, compared with 1 in 9 non-carers⁶⁴

Headlines from the Carers Health Survey 2011⁶⁵

- Nearly 2000 responses were received in total.
- 70% of respondents were woman and 30% men.
- 60% said they were caring over 50 hours a week
- Almost 100% identified a health condition they suffered from.
- 35% said they thought their condition had worsened due to their caring role
- Over half were caring for someone with a physical disability. 40% were caring for people with mental health issues including dementia.
- 75% lived with the person they were caring for
- 45% had not registered with their GP as a carer although over 65% had told their GP they were caring
- 50% did not complete the section asking them what help their GP had provided
- Over 30% had not had a carer's assessment and a further 20% were not sure.

Open ASC carers as at 5 Jan 2015⁶⁶

7,568

⁶⁴ The "Healthy Lives Healthy People 2010" report

⁶⁵ Carers Health Survey 2011

7b. Impact of the proposals on staff with protected characteristics

** Please note: Potential positive and negative impacts which relate to all protected characteristics are listed under age; those which then relate to each specific protected characteristic are then listed against that characteristic

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence ⁶⁷
Age**	<ol style="list-style-type: none"> Staff will have the opportunity to spend time understanding the individual's situations and the options available to them (Commissioning for older people with disabilities) Staff may be able to support the individual in generating a more varied support package, potentially combining both informal and formal care and support (Commissioning for older people with disabilities) Staff will have a sense of achievement in negotiating value for money 	<ol style="list-style-type: none"> It may be challenging for staff to have difficult conversations with people and their carers who may have a certain level of expectation (Commissioning for older people with disabilities) It may be challenging for staff to have difficult conversations with providers to negotiate different packages of care 	<ul style="list-style-type: none"> 5.08% of the Surrey County Council workforce is aged 15 to 24-years, compared to 4.02% in Adult Social Care and 11.4% in the wider Surrey population. Adult Social Care has a higher profile of mature workers than the Surrey wide population, with 31.21% 45-54-years (compared to 14.68%) and 20.70% 55-64-years (compared to 11.92%). 52.41% of employees in Adult Social Care are part time compared with 54.05% in SCC. 46.34% of the Adult Social Care workforce are women working part-time
Disability**	As above	As above	<ul style="list-style-type: none"> The disability workforce profile in Adult Social Care is 3.04% and broadly the same as Surrey County Council, although at a senior level it is lower.
Gender reassignment**	As above	As above	-
Pregnancy and maternity**	As above	As above	-

⁶⁷ SCC:HR - Workforce Planning Data Sheet Dec 2014 and 2011 Census

Race**	As above	As above	<ul style="list-style-type: none"> The Black, Minority, Ethnic (BME) profile of the Adult Social Care workforce (12.48%) is higher than the Surrey County Council workforce (7.82%) and the Surrey population (approx 8%). However, there is a significant drop from team leader (13.12%) to middle (9%) and senior (3.77%) managers compared with Surrey County Council.
Religion and belief**	As above	As above	<ul style="list-style-type: none"> Approximately 50% of staff in Adult Social Care did not state their religion and belief – in line with Surrey County Council. In Adult Social Care nearly 29% of staff said they were Christian, approximately 20% have no religion or belief, approximately 50% of staff did not state their religion and belief – all in line with Surrey County Council.
Sex**	As above	As above	<ul style="list-style-type: none"> There is a higher proportion of female workers in Adult Social Care (83%) than in Surrey County Council (73%) though both are higher than females in the Surrey population (51%). 17% of the Adult Social Care workforce is male compared with 27% in the Council. 46.34% of the Adult Social Care workforce are women working part-time. 78.5% of middle managers in Adult Social Care are women and 69.8% at senior level again both higher than in SCC.
Sexual orientation**	As above	As above	<ul style="list-style-type: none"> 60% of staff in ASC of staff undeclared compared to 57% in SCC
Marriage and civil partnerships**	As above	As above	-
Carers**	As above	As above	-

8. Amendments to the proposals

Change	Reason for change
No amendments to the efficiency saving are proposed as a result of the Equality Impact Assessment	-

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Potential positive impacts on residents, service users and carers			
1. It will encourage a more creative response to meeting assessed need	<p>Negotiations with providers will continue to focus on outcomes and finding creative solutions to deliver best value for money</p> <p>Practice will continue to focus on outcomes and finding creative solutions using family, friends and community support networks</p>	2015/16	Area Directors
2. It will encourage providers to focus upon local priorities and the outcomes which are important to people as well as co-designing services with people to meet need	<p>Continue to assess local providers and their capacity to provide support; to negotiate with those providers to plan and develop services</p> <p>Continue to have a clear picture of services and organisations operating in the locality, including those for carers.</p> <p>Ensure operations and commissioning staff work together to eliminate gaps in services or coverage, including those for carers.</p>	2015/16	Area Directors
3. It will stimulate a more diverse range of community based services in the Surrey	Develop relationships with community partners and identify new contacts including faith communities, GP practice	2015/16	Area Directors

market to cater for the needs of the population	managers etc Ensure local commissioning, procurement and finance managers share local intelligence and act upon it to make a difference in creative service solutions for individuals		
4. Renegotiating the price paid for services, rather than the type of care being delivered, will mean there is funding available to provide services to more people in Surrey	The local authority has a continuing duty to meet eligible assessed needs and will continue to do so Continue to look for ways to respond to growing demands for services	2015/16	Area Directors
5. The transfer of financial responsibilities to other local authorities for people with learning disabilities who are Ordinarily Resident outside Surrey, will mean their care will be overseen by the local authority in which they reside, who will have stronger relationships with local providers and are more accessible for practitioners to visit them and undertake reassessments etc	Progress the transfer of Ordinarily Resident cases to other local authorities with legal support where necessary	2015/16	Area Director East Surrey
6. Reassessment will ensure services are appropriate and relevant to the changing needs of the individual as they age and the nature of their disability changes	Practice will continue to focus on outcomes and finding creative solutions using family, friends and community support networks	2015/16	Area Directors
Potential negative impacts on residents, service users and carers			

<p>1. If this is adopted as a long-term strategy, there is a risk of the diminution of quality and volume of providers in the Surrey economy and potentially less choice for individuals</p>	<p>Continue to work with providers and Surrey Care Association (SCA) to explore creative ways to optimise the rates paid for care whilst maintaining quality and choice of service</p> <p>Continue to work with providers, the Care Quality Commission (CQC) and practitioners to drive up standards and the quality of care.</p> <p>Continue to take a person centred approach to quality assurance eg regular visits and following up on any issues</p>	<p>2015/16</p>	<p>Area Directors</p> <p>Area Directors</p> <p>Head of QA and Adults Strategic Safeguarding</p>
<p>2. Price reductions leading to reduced capacity and business viability for providers that could have an impact on quality of care for individual</p>	<p>Ongoing work with providers and Surrey Care Association (SCA) to review future prices and reaffirm that the price paid will sufficient to meet an individual's assessed need</p>	<p>2015/16</p>	<p>Area Directors</p> <p>Finance</p>
<p>3. Savings of this nature may put pressure on providers and is more likely to impact smaller providers. Any move away from small providers risks removing choice for people who use services and their carers</p>	<p>As above</p>	<p>2015/16</p>	<p>Area Directors</p>
<p>4. For people approaching the capital threshold, there may be anxiety associated with any changes this may mean for their package of care</p>	<p>Ensure a clear explanation of the capital threshold policy and the options available</p> <p>Commissioners and practitioners will continue to take a personalised approach to support planning and will look for creative solutions for people using their family, friends and community support network</p>	<p>2015/16</p> <p>2015/16</p>	<p>Area Directors</p> <p>Area Directors</p>
<p>5. For people in a residential or nursing home, who are approaching the capital threshold, it may mean changes to their care and</p>	<p>Ensure a clear explanation of the capital threshold and the options available</p> <p>Commissioners and practitioners will continue to take a personalised</p>	<p>2015/16</p>	<p>Area Directors</p> <p>Area</p>

support arrangements or moving away from friends and a community they know	approach to support planning and will look for creative solutions for people using their family, friends and community support network	2015/16	Directors
6. Individual and their family may perceive it as service being taken away	Practice will continue to focus on the outcomes for the individual with any changes in an individual's support plan continuing to meet needs	2015/16	Area Directors
7. People who use services may experience anxiety with any change	Reassessments will be undertaken as one-to-one conversations with a practitioner as part of the natural review process and will be conducted in a positive and empowering way	2015/16	Area Directors
8. In the long term the need to contain cost could mean providers reduce the variety available in the market, which might impact disproportionately on placements catering for those of particular race	Continue to work with providers and Surrey Care Association (SCA) to explore creative ways in which we can optimise the rates paid for care whilst maintaining quality and choice of service	2015/16	Area Directors
9. In the long term the need to contain cost could mean providers reduce the variety available in the market, which might impact disproportionately on placements catering for those of particular religion and belief	Continue to work with providers and Surrey Care Association (SCA) to explore creative ways in which we can optimise the rates paid for care whilst maintaining quality and choice of service	2015/16	Area Directors
Potential positive impacts on staff			
1. Staff will have the opportunity to spend time understanding the individual's situations and the options available to them	Champion family, friends and communities and embed this into practice, finding creative solutions for people using their local support network	2015/16	Area Directors
2. Staff may be able to support the individual in generating a more varied support package, potentially combining both	Champion family, friends and communities and embed this into practice, finding creative solutions for people using their local support	2015/16	Area Directors

informal and formal care and support	network		
3. Staff will have a sense of achievement in negotiating value for money	Training to support members of staff to have difficult conversations and negotiations	2015/16	Area Directors
Potential negative impacts on staff			
1. It may be challenging for staff to have difficult conversations with people and their carers who may have a certain level of expectation	Training to support members of staff to have difficult conversations	2015/16	Area Directors
2. It may be challenging for staff to have difficult conversations with providers to negotiate different packages of care	Training to support members of staff to have difficult conversations and negotiations	2015/16	Area Directors

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
There are no potential negative impacts that cannot be mitigated	-

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	<ul style="list-style-type: none"> The Adult Social Care Implementation Programme Board reviewed the 2015/16 proposed saving and assessed their impact on the protected characteristics of residents, people who use services and their carers and our staff. A range of data was used to support the equalities analysis, including Surrey, Workforce Fairness and Respect Data Pack, Employee Survey, independent research and literature, Surrey Carers' Health Survey etc.
Key impacts (positive and/or negative) on people with protected characteristics	<p>Potential positive impacts on residents, service users and carers</p> <ol style="list-style-type: none"> It will encourage a more creative response to meeting assessed need It will encourage providers to focus upon local priorities and

the outcomes which are important to people as well as co-designing services with people to meet need

3. It will stimulate a more diverse range of community based services in the Surrey market to cater for the needs of the population
4. Renegotiating the price paid for services, rather than the type of care being delivered, will mean there is funding available to provide services to more people in Surrey
5. The transfer of financial responsibilities to other local authorities for people with learning disabilities who are Ordinarily Resident outside Surrey, will mean their care will be overseen by the local authority in which they reside, who will have stronger relationships with local providers and are more accessible for practitioners to visit them and undertake reassessments etc
6. Reassessment will ensure services are appropriate and relevant to the changing needs of the individual as they age and the nature of their disability changes

Potential negative impacts on residents, service users and carers

1. If this is adopted as a long-term strategy, there is a risk of the diminution of quality and volume of providers in the Surrey economy and potentially less choice for individuals
2. Savings of this nature may put pressure on providers and is more likely to impact smaller providers. Any move away from small providers risks removing choice for people who use services and their carers
3. For people approaching the capital threshold, there may be anxiety associated with any changes this may mean for their package of care
4. For people in a residential or nursing home, who are approaching the capital threshold, it may mean changes to their care and support arrangements or moving away from friends and a community they know
5. Individual and their family may perceive it as service being taken away
6. People who use services may experience anxiety with any change
7. In the long term the need to contain cost could mean providers reduce the variety available in the market, which might impact disproportionately on placements catering for those of particular race
8. In the long term the need to contain cost could mean providers reduce the variety available in the market, which might impact

	<p>disproportionately on placements catering for those of particular religion and belief</p> <p>Potential positive impacts on staff</p> <ol style="list-style-type: none"> 1. Staff will have the opportunity to spend time understanding the individual's situations and the options available to them 2. Staff may be able to support the individual in generating a more varied support package, potentially combining both informal and formal care and support 3. Staff will have a sense of achievement in negotiating value for money <p>Potential negative impacts on staff</p> <ol style="list-style-type: none"> 1. It may be challenging for staff to have difficult conversations with people and their carers who may have a certain level of expectation 2. It may be challenging for staff to have difficult conversations with providers to negotiate different packages of care
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>No amendments to the efficiency saving are proposed as a result of the Equality Impact Assessment</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>Potential positive impacts on residents, service users and carers</p> <ul style="list-style-type: none"> • Negotiations with providers will continue to focus on outcomes and finding creative solutions to deliver best value for money • Practice will continue to focus on outcomes and finding creative solutions using family, friends and community support networks • Continue to assess local providers and their capacity to provide support; to negotiate with those providers to plan and develop services • Continue to have a clear picture of services and organisations operating in the locality, including those for carers. • Ensure operations and commissioning staff work together to eliminate gaps in services or coverage, including those for carers. • Develop relationships with community partners and identify new contacts including faith communities, GP practice managers etc • Ensure local commissioning, procurement and finance managers share local intelligence and act upon it to make a difference in creative service solutions for individuals • The local authority has a continuing duty to meet eligible assessed needs and will continue to do so • Continue to look for ways to respond to growing demands for services • Progress the transfer of Ordinarily Resident cases to other local authorities with legal support where necessary <p>Potential negative impacts on residents, service users and</p>

	<p>carers</p> <ul style="list-style-type: none"> • Continue to work with providers and Surrey Care Association (SCA) to explore creative ways to optimise the rates paid for care whilst maintaining quality and choice of service • Continue to work with providers, the Care Quality Commission (CQC) and practitioners to drive up standards and the quality of care. • Continue to take a person centred approach to quality assurance eg regular visits and following up on any issues • Ensure a clear explanation of the capital threshold and the options available • Commissioners and practitioners will continue to take a personalised approach to support planning and will look for creative solutions for people using their family, friends and community support network • Practice will continue to focus on the outcomes for the individual with any changes in an individual’s support plan continuing to meet needs • Reassessments will be undertaken as one-to-one conversations with a practitioner as part of the natural review process and will be conducted in a positive and empowering way <p>Potential positive impacts on staff</p> <ul style="list-style-type: none"> • Champion family, friends and communities and embed this into practice, finding creative solutions for people using their local support network • Training to support members of staff to have difficult conversations and negotiations <p>Potential negative impacts on staff</p> <ul style="list-style-type: none"> • Training to support members of staff to have difficult conversations and negotiations
<p>Potential negative impacts that cannot be mitigated</p>	<p>There are no potential negative impacts that cannot be mitigated</p>

1. Topic of assessment

EIA title:	Medium Term Financial Plan (MTFP) 2015-20 efficiency savings New Models of Delivery: <ul style="list-style-type: none"> • Strategic review of Service Delivery • Ensure correct application of National CHC framework • Public Sector Transformation / Health Collaboration • Maximising potential of LATC
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MTFP efficiency saving (£000s)	15/16	16/17	17/18	18/19	19/20
Strategic review of service delivery	500	4,500	0	0	0
Ensure correct application of National CHC framework	1,735	1,250	1,250	1,250	1,250
Public Sector Transformation / Health Collaboration	1,000	1,400	1,400	0	0
Maximising potential of LATC	300	0	0	0	0
Total	3,535	7,150	2,650	1,250	1,250

EIA author:	Kathryn Pyper
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2. Approval

	Name	Date approved
Approved by	Mel Few, Cabinet Member Adult Social Care, Surrey County Councillor	6 February 2015
Approved by	Dave Sargeant, Strategic Director, Adult Social Care	6 February 2015
Approved by	Will House, Strategic Finance Manager - Adult Social Care	6 February 2015
Approved by	Adult Social Care, Directorate Equality Group (DEG)	

3. Quality control

Version number	9	EIA completed	5 March 2015
Date saved	6 February 2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Kathryn Pyper	Programme Manager	Surrey County Council	Business Planning
Lyndon Edwards	Communications and Engagement	Surrey County Council	Equality and Diversity
Andre Lotz	Information Analyst	Surrey County Council	Business Intelligence
Paul Goodwin	Senior Principal Accountant	Surrey County Council	Finance
Allan Wells	Lead Manager Legal Services	Surrey County Council	Legal advice

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>The next five years will be exceptionally challenging for Adult Social Care. We face an unprecedented financial environment, radical changes in national policy with the introduction of the Care Act 2014 and the demographic pressures of an ageing population, with a high incidence of dementia.</p> <p>All of this will necessitate new models of delivering services, a refocus of available resources and a collaborative approach with health partners to deliver integrated services.</p>
<p>What proposals are you assessing?</p>	<p>The 2015/16 efficiency savings associated with new models of delivery include:</p> <p>Strategic review of service delivery* - Review of service delivery across the Directorate to identify opportunities for new models of delivery yielding efficiencies for the long term.</p> <p>Ensure correct application of National CHC framework - Continue to pursue Continuing Healthcare (CHC) funding for historic cases and implement agreed CHC processes based on the national framework.</p> <p>Public Sector Transformation/Health Collaboration* – Continued implementation of local joint plans with health partners with reference to Public Sector Transformation (PST) work streams.</p> <p>Maximising potential of LATC - Renegotiation of the contract value for 2015/16 following transfer to Surrey Choices (Local Authority Trading Company). The scope for further savings in the longer term will be reviewed over the next year.</p> <p>* Planning is currently at an early stage – as clear plans are developed a more comprehensive Equality Impact Assessment will be completed</p>
<p>Who is affected by the proposals outlined above?</p>	<p>The proposals will affect:</p> <ul style="list-style-type: none"> • People who use services and their carers • Surrey County Council staff, particularly those involved in planning and delivering care • External organisations we commission to deliver services on behalf of the Council or in partnership

6. Sources of information

Engagement carried out
<p>Adult Social Care Directorate Strategy makes a commitment to “...work with partners to co-design and deliver services which are local, universal and preventative ...”. Co-design is at the heart of all we do in Adult Social Care and is part of the approach we have taken to shaping the Medium Term Financial Plan (MTFP) savings proposals.</p> <p>The Adult Social Care Implementation Programme Board is a co-design Board, which oversees our change programme. The Board is attended by our strategic partners and chaired by the Cabinet Member for Adult Social Care and the Chair of the Surrey Coalition of Disabled People. As part of the budget setting process we asked the Board to help us undertake an equality assessment on our Medium Term Financial Plan (MTFP). The Board reviewed proposed savings on 21 January 2015 and assessed its impact on the protected characteristics of residents, people who use services and their carers and our staff.</p>
Data used
<ul style="list-style-type: none"> • Projecting Older People Population Information (POPPI) 2014 • Projecting Adult Needs and Service Information (PANSI) 2015 • Referrals, Assessments and Packages of Care (RAP) 2013-14 • Adult Social Care Combined Activity Return (ASC-CAR) 2013-14 • Adults Integrated System (AIS) January 2015 • Gender Identity Research and Education Society (GIRES) literature • Office for National Statistics (ONS) 2012 • ‘As We Grow Older’ – A Study of the Housing and Support Needs of Older Lesbians and Gay Men (source Polari – 2005) • Surrey-i Census 2011 dataset • Data from Surrey (www.surreyi.gov.uk) • Census 2011 • Surrey Joint Strategic Needs Assessment (JSNA) Chapter: Carers • Carers UK’s analysis of the 2001 Census findings, ‘In Poor Health’ • The “Healthy Lives Healthy People 2010” report • Carers Health Survey 2011 • Surrey County Council R - Workforce Planning Data Sheet Dec 2014

7a. Impact of the proposals on residents and service users with protected characteristics

** Please note: Potential positive and negative impacts which relate to all protected characteristics are listed under age; those which then relate to each specific protected characteristic are then listed against that characteristic

Protected characteristic ⁶⁸	Potential positive impacts	Potential negative impacts	Evidence										
Age**	<ol style="list-style-type: none"> 1. New models of delivering service will mean an improved quality of service which is more targeted at need (Strategic review of service delivery) 2. The growth of local community-based health and social care services will enable people to receive more care and support in their community and to remain independent in their own homes for longer (Public Sector Transformation / Health Collaboration) 3. People will receive more joined up health and social care services (Public Sector Transformation / Health Collaboration) 4. The growth of 	<ol style="list-style-type: none"> 1. Individuals and their families may experience uncertainty and anxiety with change (Strategic review of service delivery) 2. The Continuing Healthcare assessment process may cause the individual and their family some anxiety (Correct application of National CHC framework) 3. There may be some delay in discharge from hospital whilst people undergo the Continuing Healthcare assessment process (Correct application of National CHC framework) 	<p>In 2014, there were 214,300 people over 65 living in Surrey – approximately 18.45% of the county’s population. Of these 14,842 (as at 5 Jan 2015) were in receipt of support from Adult Social Care.</p> <p>By 2020 the number of older people living in Surrey will rise to 238,600 - a project rise of 11%. The population of over 85 will increase by 62% by 2030.</p> <p>18% of Surrey households consisted of only people over 65 years old. 7% were single person households over the age of 65.</p> <p>In 2014 51,308 people aged over 75 live alone⁶⁹.</p> <p>Open ASC cases as at 5 Jan 2015⁷⁰</p> <table border="1"> <tbody> <tr> <td>18 to 54</td> <td>6,706</td> </tr> <tr> <td>55 to 64</td> <td>2,100</td> </tr> <tr> <td>65 to 74</td> <td>2,721</td> </tr> <tr> <td>75 to 84</td> <td>4,918</td> </tr> <tr> <td>85 to 99</td> <td>7,000</td> </tr> </tbody> </table>	18 to 54	6,706	55 to 64	2,100	65 to 74	2,721	75 to 84	4,918	85 to 99	7,000
18 to 54	6,706												
55 to 64	2,100												
65 to 74	2,721												
75 to 84	4,918												
85 to 99	7,000												

⁶⁸ More information on the definitions of these groups can be found [here](#).

⁶⁹ POPPI 2014, RAPP2S 2013-14 and ASCCAR 2013-14

⁷⁰ AIS 01-2015

	<p>preventative services will enable people to stay fit and well for longer (Public Sector Transformation / Health Collaboration)</p> <p>5. Correct application of the CHC national framework will mean people with health needs will not contribute inappropriately towards funding their care and refunds can be made (Correct application of National CHC framework)</p>		<p>100+ 202</p> <hr/> <p style="text-align: right;">23,648</p>										
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 323</p> <p>Disability**</p>	<p>6. Renegotiation of the Surrey Choices contract will mean a focus upon delivering services which meet needs and offer value for money (Maximising potential of LATC)</p>	<p>As above</p>	<p>In Surrey the predictions for the 18-64 years population in 2015 are as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">18-64⁷¹</th> <th style="text-align: right;">2015</th> </tr> </thead> <tbody> <tr> <td>Total population aged 18-64 predicted to have a learning disability</td> <td style="text-align: right;">16,894</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a moderate physical disability</td> <td style="text-align: right;">55,442</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a serious physical disability</td> <td style="text-align: right;">16,550</td> </tr> <tr> <td>Total population aged 18-64 predicted to have a</td> <td style="text-align: right;">452</td> </tr> </tbody> </table>	18-64⁷¹	2015	Total population aged 18-64 predicted to have a learning disability	16,894	Total population aged 18-64 predicted to have a moderate physical disability	55,442	Total population aged 18-64 predicted to have a serious physical disability	16,550	Total population aged 18-64 predicted to have a	452
18-64⁷¹	2015												
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Total population aged 18-64 predicted to have a	452												

⁷¹ PANSI 2015

			serious visual impairment	
			Total population aged 18-64 predicted to have a moderate or severe hearing impairment	28,341
			Total population aged 18-64 predicted to have a profound hearing impairment	247
			People aged 18-64 predicted to have a borderline personality disorder	3,140
			People aged 18-64 predicted to have an antisocial personality disorder	2,419
			People aged 18-64 predicted to have psychotic disorder	2,789
			Total people aged 30-64 predicted to have early onset dementia	299
			Open ASC cases as at 5 Jan 2015⁷²	
			AD: Access and Mobility Only	89
			AD: Dual Sensory Loss	76
			AD: Frailty and/or Temporary Illness	6,329
			AD: Hearing Impairment	408
			AD: Learning Disability	4,356

⁷² AIS 01-2015

			AD: Mental Health - Dementia 1,764 AD: Mental Health - Non Dementia 2,143 AD: Other Vulnerable People 572 AD: Physical Personal Care 5,595 AD: Substance Misuse 52 AD: Support for Social Isolation/Other 10 AD: Visual Impairment 207 Asylum Seekers 1 Physical & Sensory Disability & Frailty 2,045 <hr/> 23,648
Page 325	As above	As above	<p>The report “Gender Variance In the UK: Prevalence, Incidence, Growth and Geographic Distribution (June 2009)” includes information on the geographical distribution of the transsexual community. This distribution is based on an estimation of the implied prevalence of people who have presented with gender dysphoria (a condition where a person feels that they are trapped within a body of the wrong sex) in individual police authorities. For Surrey, the estimation is 37 per 100,000 persons 16 and over. If this figure is applied to the current estimate of Surrey’s 16+ population, then the estimated number is 338 (based on current population figures).</p> <p>On the matter of issues faced by trans people Gender Identity Research and Education Society (GIREs) state in their 2007 literature that:⁷³</p> <ul style="list-style-type: none"> • Many find that their families reject them.

⁷³ <http://www.gires.org.uk/assets/supporting-families.pdf> (2007)

			<ul style="list-style-type: none"> • Sometimes, despite being protected by employment law, they are made to feel very uncomfortable at work, as well as elsewhere. • It takes great courage for trans people to reveal their true gender identities.
<p>Page 326</p> <p>Pregnancy and maternity**</p>	As above	As above	<p>In Surrey, based on national data, we can expect between 900 and 2,000 mothers to experience postnatal mental health problems (PNMH) problems. In south east Surrey in 2007-8, health visitors identified 270 (15%) mothers with postnatal mental health problems and offered them support. Of these mothers, 150 accepted the offer.</p> <p>Surrey has a large proportion of women that give birth later in life. A few studies on the outcomes in pregnancy of healthy, older mothers suggest some health problems that increase with age. For instance, diabetes mellitus may increase the chances of complications in pregnancy. In addition, older women have a greater risk of endometriosis, pelvic infections, leiomyomas (fibroids), all of which may lead to decreased fertility. Therefore more women may be reliant on In Vitro Fertilisation (IVF).</p> <p>Teenage parents come from all social classes, religious backgrounds and ethnic groups. However, rates of teenage pregnancy are highest among deprived communities, so the negative consequences of teenage pregnancy are disproportionately concentrated among those who are already disadvantaged.</p> <p>ONS figures for teen pregnancy in 2012 in Surrey was 18/1,000 women aged 15-17, which is below the SE average of 23.2 and 27.7 for England. Spelthorne is the highest borough in Surrey at 34.2, and Mole Valley the lowest at 8.8⁷⁴</p>

⁷⁴ ONS data 2012

Race**

As above

As above

In the 2011 census, the proportion of the Surrey population who do not describe themselves as white was 8.6%. This proportion is currently concentrated amongst those below the age of 65. 97.3% of the population in Surrey 65 years or over are classified as white - though this will inevitably change as the population ages.⁷⁵

There are significant pockets of black and minority ethnic groups, for example in Elmbridge and Woking. Access to services for black and minority ethnic older people and their carers may be challenging. Barriers might include language, knowledge of what services are available, attitudes and practices of service providers and cultural factors in perceiving and understanding mental illness.

Gypsies Roma and Travellers (GRT) are some of the most disadvantaged and excluded communities in our society. Historically, GRT needs have often not been fully considered when developing the services intended to support them. This has the effect of making universal services 'hard to reach' for the GRT community, compounding poor outcomes and perpetuating intergenerational patterns of exclusion and deprivation.

A number of barriers exist for the GRT community in accessing universal health provision. These include a lack of cultural sensitivity by service providers, for example use of inappropriate written communication. For some sectors of the GRT population difficulties in maintaining contact with health services are compounded due to their transient lifestyles. If someone is labelled as No Fixed Abode, they are often denied services.

A number of BME outreach groups exist in Surrey to bring support services to minority groups, such as Friends of the Elderly BME outreach, Friends with Dementia BME outreach and BME Carers' Support.

⁷⁵ POPPI/PANSI 2011

Page 328			Open ASC cases as at 5 Jan 2015⁷⁶
			Asian / Asian British 482
			Black / Black British 183
			Chinese 45
			Mixed 164
			Other 242
			Unknown / Not Recorded / Information Refused 642
			White British 20,919
			White Other 971
			Total 23,648
Religion and belief**	As above	As above	<p>Over the last decade the proportion of Christians in Surrey has decreased from 74.6% in 2001 to 62.8% in 2011. The proportion of people reporting “No religion” increased from 15.2% to 24.8%. There was an increase in all other main religions. The number of Muslims increased the most from 1.3% in 2001 to 2.2% in 2011.</p> <p>Surrey County Council has compiled an online database showing over 250 places of worship in the county at www.surreyplacesofworship.org.uk.</p> <p>In Surrey there are 112 maintained primary schools with a Religious Character and 188 of No Religious Character, while</p>

⁷⁶ AIS 01-2015

			<p>there are 11 maintained secondary schools with a Religious Character and 42 of No Religious Character.</p> <p>Open ASC cases as at 5 Jan 2015⁷⁷</p> <table border="1"> <tr> <td>Christian (all types)</td> <td>16,457</td> </tr> <tr> <td>Other</td> <td>1,503</td> </tr> <tr> <td>Declined</td> <td>1,626</td> </tr> <tr> <td>Non-religious</td> <td>4,061</td> </tr> <tr> <td></td> <td>23,648</td> </tr> </table>	Christian (all types)	16,457	Other	1,503	Declined	1,626	Non-religious	4,061		23,648
Christian (all types)	16,457												
Other	1,503												
Declined	1,626												
Non-religious	4,061												
	23,648												
<p>Page 329</p> <p>Sex**</p>	As above	As above	<p>49% of Surrey residents are male, while 51% are female. This is aligned with the UK as a whole.</p> <p>80% of Surrey males are economically active compared to 68% of women.</p> <p>Open ASC cases as at 5 Jan 2015⁷⁸</p> <table border="1"> <tr> <td>Female</td> <td>14,079</td> </tr> <tr> <td>Male</td> <td>9,569</td> </tr> </table>	Female	14,079	Male	9,569						
Female	14,079												
Male	9,569												

⁷⁷ AIS 01-2015

⁷⁸ AIS 01-2015

			23,648
Page 330	As above	As above	<p>The lesbian, gay and bisexual organisation Polari, published a report showing that many of the issues and concerns of older lesbian, gay and bisexual people are broadly similar to older heterosexual people⁷⁹ :</p> <ul style="list-style-type: none"> • There is a desire to stay in one's 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 wellbeing. <p>However, more lesbian, gay and bisexual-specific concerns were identified:</p> <ul style="list-style-type: none"> • Concerns about to having to 'come out' again or 'returning to the closet' in a care/ residential setting. • Concerns about accessing the lesbian, gay and bisexual community and maintaining lifestyles and friendships. • Fears about being isolated in a 'heterosexual environment'.
	As above	As above	According to census data from 2011 there are 482,257 people in Surrey who are married or in a civil partnership 1,602 of whom are in same-sex civil partnerships ⁸⁰ .
	As above	As above	In Surrey, 10% of Surrey residents were providing unpaid care. Of these, 2 % provided more than 50 hours unpaid care per week ⁸²

⁷⁹ 'As We Grow Older' – A Study of the Housing and Support Needs of Older Lesbians and Gay Men (source Polari – 2005)

⁸⁰ Surrey-i Census 2011 dataset

⁸¹ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

⁸² Surrey (Jan 2014) Census 2011

There are 188,433 carers in Surrey who look after family, partners or friends in need of help because they are ill, frail or disabled - the care they provide is unpaid.

There are believed to be about 14,000 young carers living in Surrey.

In Surrey, in the first two quarters of 2013/14, there were about 18,700 adult carers getting some form of information advice or support from social care through services commissioned from the voluntary sector.

This compares to over 29,000 people caring for more than 20 hours a week of whom over 18,000 are caring for more than 50 hours a week⁸³

Those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring (21% against 11%). This can be due to a range of factors including stress related illness and physical injury⁸⁴

A total of 1 in 10 people are carers, and analysis of census data

⁸³ JSNA Chapter: Carers

⁸⁴ Carers UK's analysis of the 2001 Census findings, 'In Poor Health',

shows that 1 in 5 carers providing over 50 hours of care a week say they are in poor health, compared with 1 in 9 non-carers⁸⁵

Headlines from the Carers Health Survey 2011⁸⁶

- Nearly 2000 responses were received in total.
- 70% of respondents were woman and 30% men.
- 60% said they were caring over 50 hours a week
- Almost 100% identified a health condition they suffered from.
- 35% said they thought their condition had worsened due to their caring role
- Over half were caring for someone with a physical disability. 40% were caring for people with mental health issues including dementia.
- 75% lived with the person they were caring for
- 45% had not registered with their GP as a carer although over 65% had told their GP they were caring
- 50% did not complete the section asking them what help their GP had provided
- Over 30% had not had a carer's assessment and a further 20% were not sure.

Open ASC carers as at 5 Jan 2015⁸⁷

7,568

⁸⁵ The "Healthy Lives Healthy People 2010" report

⁸⁶ Carers Health Survey 2011

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7b. Impact of the proposals on staff with protected characteristics

** Please note: Potential positive and negative impacts which relate to all protected characteristics are listed under age; those which then relate to each specific protected characteristic are then listed against that characteristic

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence ⁸⁸
<p style="text-align: center;">Age**</p>	<p>1. New opportunities, roles and responsibilities for some staff (Strategic review of Service Delivery) (Public Sector Transformation / Health Collaboration)</p>	<p>1. There may be some level of uncertainty for staff during any change process (Strategic review of Service Delivery)</p> <p>2. It may be challenging for staff to have difficult conversations with health colleagues to agree correct funding decisions (Correct application of National CHC framework)</p> <p>3. It may be challenging for staff to have difficult conversations with people and their families who may have a certain level of expectation around the Continuing Healthcare decision (Correct application of National CHC framework)</p> <p>4. The shift towards more integrated local health and social care services may drive significant changes in operational processes, systems and the organisation structure. Some staff may struggle to adapt to the pace and scale of change (Public</p>	<ul style="list-style-type: none"> • 5.08% of the Surrey County Council workforce is aged 15 to 24-years, compared to 4.02% in Adult Social Care and 11.4% in the wider Surrey population. • Adult Social Care has a higher profile of mature workers than the Surrey wide population, with 31.21% 45-54-years (compared to 14.68%) and 20.70% 55-64-years (compared to 11.92%). • 52.41% of employees in Adult Social Care are part time compared with 54.05% in SCC. • 46.34% of the Adult Social Care workforce are women working part-time

⁸⁸ SCC:HR - Workforce Planning Data Sheet Dec 2014 and 2011 Census

		<p>Sector Transformation / Health Collaboration)</p> <p>5. There may be increasing demands placed upon staff working in the integrated local health and social care services as the scope of their roles may change (Public Sector Transformation / Health Collaboration)</p>	
Disability**	As above	As above	<ul style="list-style-type: none"> The disability workforce profile in Adult Social Care is 3.04% and broadly the same as Surrey County Council, although at a senior level it is lower.
Gender reassignment**	As above	As above	-
Pregnancy and maternity**	As above	As above	-
Race**	As above	As above	<ul style="list-style-type: none"> The Black, Minority, Ethnic (BME) profile of the Adult Social Care workforce (12.48%) is higher than the Surrey County Council workforce (7.82%) and the Surrey population (approx 8%). However, there is a significant drop from team leader (13.12%) to middle (9%) and senior (3.77%) managers compared with Surrey County Council.
Religion and belief**	As above	As above	<ul style="list-style-type: none"> Approximately 50% of staff in Adult Social Care did not state their religion and belief – in line with Surrey County Council. In Adult Social Care nearly 29% of staff said they were Christian, approximately 20% have no religion or belief, approximately 50% of staff did not state their religion and belief – all in line with Surrey County Council.
Sex**	As above	As above	<ul style="list-style-type: none"> There is a higher proportion of female workers in Adult

			<p>Social Care (83%) than in Surrey County Council (73%) though both are higher than females in the Surrey population (51%).</p> <ul style="list-style-type: none"> • 17% of the Adult Social Care workforce is male compared with 27% in the Council. • 46.34% of the Adult Social Care workforce are women working part-time. • 78.5% of middle managers in Adult Social Care are women and 69.8% at senior level again both higher than in SCC.
Sexual orientation**	As above	As above	<ul style="list-style-type: none"> • 60% of staff in ASC of staff undeclared compared to 57% in SCC
Marriage and civil partnerships**	As above	As above	-
Carers**	As above	As above	-

8. Amendments to the proposals

Change	Reason for change
No amendments to the efficiency saving are proposed as a result of the Equality Impact Assessment	-

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Potential positive impacts on residents, service users and carers			
1. New models of delivering service will mean an improved quality of service which is more targeted at need	Co-design new models of delivery service with people who use services and their carers	2015/16	AD Service Delivery
2. The growth of local community-based health and social care services will enable people to receive more care and support in their community and to remain independent in their own homes for longer	Ensure local community-based health and social care services are co-designed and implemented to meet the needs of local people	2015/16	Area Directors
3. People will receive more joined up health and social care services	Ensure local community-based health and social care services are co-designed and implemented to meet the needs of local people	2015/16	Area Directors
4. The growth of preventative services will enable people to stay fit and well for longer	Ensure local community-based health and social care services are co-designed and implemented to meet the needs of local people	2015/16	Area Directors
5. Correct application of the CHC national framework will mean people with health needs will not contribute inappropriately towards funding their care and refunds can be	Continue to provide specialist Continuing Healthcare training to support members of staff to have difficult conversations	2015/16	Area Director Mid Surrey Principal Social Worker/Senior Practice

made			Development Manager
6. Renegotiation of the Surrey Choices contract will mean a focus upon delivering services which meet needs and offer value for money	Ensure the contract is outcome focussed	2015/16	Strategic Director
Potential negative impacts on residents, service users and carers			
1. Individuals and their families may experience uncertainty and anxiety with change	Ensure individuals, their families and user and carer led groups are engaged and consulted during the process of change	2015/16	Area Directors Assistant Director Service Delivery
2. The Continuing Healthcare assessment process may cause the individual and their family some anxiety	Work with health partners to ensure Continuing Healthcare assessments are undertaken in an efficient manner in adherence with the National CHC framework	2015/16	Area Director Mid Surrey
3. There may be some delay in discharge from hospital whilst people undergo the Continuing Healthcare assessment process	Work with health partners to ensure Continuing Healthcare assessments are undertaken in an efficient manner in adherence with the National CHC framework	2015/16	Area Director Mid Surrey
Potential positive impacts on staff			
1. New opportunities, roles and responsibilities for some staff	Engaged staff in any workforce change	2015/16	Area Directors AD Service Delivery
Potential negative impacts on staff			
1. There may be some level of uncertainty for staff during any change process	Work to ensure any changes is undertaken with pace and communicated regularly to staff	2015/16	Strategic Director
2. It may be challenging for staff to have difficult conversations with health colleagues to agree correct funding decisions	Continue to provide specialist Continuing Healthcare training to support members of staff to have difficult conversations	2015/16	Area Director Mid Surrey Principal Social Worker/Senior

			Practice Development Manager
3. It may be challenging for staff to have difficult conversations with people and their families who may have a certain level of expectation around the Continuing Healthcare decision	Specialist Continuing Healthcare training to support members of staff to have difficult conversations	2015/16	Area Director Mid Surrey Principal Social Worker/Senior Practice Development Manager
4. The shift towards more integrated local health and social care services may drive significant changes in operational processes, systems and the organisation structure. Some staff may struggle to adapt to the pace and scale of change	An HR training representative has been included in work with front line teams A Senior HR Manager (Employment Strategy) has been appointed to support health and social care integration	2015/16	Area Directors
5. There may be increasing demands placed upon staff working in the integrated local health and social care services as the scope of their roles may change	An HR training representative has been included in work with front line teams A senior HR Manager (Employment Strategy) has been appointed to support health and social care integration	2015/16	Area Directors

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
There are no potential negative impacts that cannot be mitigated	-

11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<ul style="list-style-type: none"> • The Adult Social Care Implementation Programme Board reviewed the 2015/16 proposed saving and assessed their impact on the protected characteristics of residents, people who use services and their carers and our staff. • A range of data was used to support the equalities analysis, including Surrey, Workforce Fairness and Respect Data Pack, Employee Survey, independent research and literature, Surrey Carers' Health Survey etc.
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>Potential positive impacts on residents, service users and carers</p> <ol style="list-style-type: none"> 1. New models of delivering service will mean an improved quality of service which is more targeted at need 2. The growth of local community-based health and social care services will enable people to receive more care and support in their community and to remain independent in their own homes for longer 3. People will receive more joined up health and social care services 4. The growth of preventative services will enable people to stay fit and well for longer 5. Correct application of the CHC national framework will mean people with health needs will not contribute inappropriately towards funding their care and refunds can be made 6. Renegotiation of the Surrey Choices contract will mean a focus upon delivering services which meet needs and offer value for money <p>Potential negative impacts on residents, service users and carers</p> <ol style="list-style-type: none"> 1. Individuals and their families may experience uncertainty and anxiety with change 2. The Continuing Healthcare assessment process may cause the individual and their family some anxiety 3. There may be some delay in discharge from hospital whilst people undergo the Continuing Healthcare assessment process <p>Potential positive impacts on staff</p> <ol style="list-style-type: none"> 1. New opportunities, roles and responsibilities for some staff <p>Potential negative impacts on staff</p> <ol style="list-style-type: none"> 1. There may be some level of uncertainty for staff during any change process 2. It may be challenging for staff to have difficult conversations with health colleagues to agree correct funding decisions 3. It may be challenging for staff to have difficult conversations with people and their families who may have a certain level of

	<p>expectation around the Continuing Healthcare decision</p> <ol style="list-style-type: none"> 4. The shift towards more integrated local health and social care services may drive significant changes in operational processes, systems and the organisation structure. Some staff may struggle to adapt to the pace and scale of change 5. There may be increasing demands placed upon staff working in the integrated local health and social care services as the scope of their roles may change
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>No amendments to the efficiency saving are proposed as a result of the Equality Impact Assessment</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>Potential positive impacts on residents, service users and carers</p> <ul style="list-style-type: none"> • Co-design new models of delivery service with people who use services and their carers • Ensure local community-based health and social care services are co-designed and implemented to meet the needs of local people • Continue to provide specialist Continuing Healthcare training to support members of staff to have difficult conversations • Ensure the contract is outcome focussed <p>Potential negative impacts on residents, service users and carers</p> <ul style="list-style-type: none"> • Ensure individuals, their families and user and carer led groups are engaged and consulted during the process of change • Work with health partners to ensure Continuing Healthcare assessments are undertaken in an efficient manner in adherence with the National CHC framework <p>Potential positive impacts on staff</p> <ul style="list-style-type: none"> • Engaged staff in any workforce change <p>Potential negative impacts on staff</p> <ul style="list-style-type: none"> • Work to ensure any changes is undertaken with pace and communicated regularly to staff • Continue to provide specialist Continuing Healthcare training to support members of staff to have difficult conversations • Specialist Continuing Healthcare training to support members of staff to have difficult conversations • An HR training representative has been included in work with front line teams • A Senior HR Manager (Employment Strategy) has been appointed to support health and social care integration
<p>Potential negative impacts that cannot be mitigated</p>	<p>There are no potential negative impacts that cannot be mitigated</p>

1. Topic of assessment

EIA title:	Medium Term Financial Plan (MTFP) 2015-20 efficiency savings Establishment Management: <ul style="list-style-type: none"> • Staff Turnover • General Service Delivery Efficiencies • Adult Social Care Realignment • Reablement Service Improvements
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MTFP efficiency saving (£000s)	15/16	16/17	17/18	18/19	19/20
Staff Turnover	4,000	0	0	0	0
General Service Delivery Efficiencies	400	0	0	0	0
Adult Social Care Realignment	200	0	0	0	0
Reablement Service Improvements	200	200	0	0	0
Total	4,800	200	0	0	0

EIA author:	Kathryn Pyper
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2. Approval

	Name	Date approved
Approved by	Mel Few, Cabinet Member Adult Social Care, Surrey County Councillor	6 February 2015
Approved by	Dave Sargeant, Strategic Director, Adult Social Care	6 February 2015
Approved by	Will House, Strategic Finance Manager - Adult Social Care	6 February 2015
Approved by	Adult Social Care, Directorate Equality Group (DEG)	

3. Quality control

Version number	9	EIA completed	5 March 2015
Date saved	6 February 2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Kathryn Pyper	Programme Manager	Surrey County Council	Business Planning
Lyndon Edwards	Communications and Engagement	Surrey County Council	Equality and Diversity
Andre Lotz	Information Analyst	Surrey County Council	Business Intelligence
Paul Goodwin	Senior Principal Accountant	Surrey County Council	Finance
Allan Wells	Lead Manager Legal Services	Surrey County Council	Legal advice

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	Managing the Adult Social Care staffing establishment to ensure the organisation structure is fit for the future and to ensure the efficient and effective deployment of staff at all levels.
What proposals are you assessing?	<p>Staff Turnover - A combination of 'churn' (staff turnover) and difficulty in recruiting for certain grades of staff will result in expenditure at a lower level than budgeted. This has been the case in previous years, so the proposal merely formalises this position within the budget as an expectation. There may be aspects other than staffing costs which will contribute towards this area of saving</p> <p>General Service Delivery Efficiencies - Unplanned savings arising from expected Service Delivery staff vacancy levels</p> <p>Adult Social Care Realignment - Residual additional savings arising from the 'realignment' of Adult Social Care staffing establishment</p> <p>Reablement Service Improvements* - Further work to ensure the efficient and effective deployment of reablement staff</p> <p>* Planning is currently at an early stage - once clear plans are in place a</p>

	more comprehensive Equality Impact Assessment will be completed
Who is affected by the proposals outlined above?	The proposals will affect: <ul style="list-style-type: none">• People who use services and their carers• Surrey County Council staff

The policy line table below shows how this group of savings have been budgeted across Adult Social Care. This merely represents the initial budgeted plan and whilst it gives some indication of the areas likely to be most affected, actual savings may be achieved differently in practice.

Establishment Management Savings	2015/16	2016/17	2017/18	2018/19	2019/20
	£'000	£'000	£'000	£'000	£'000
Older People					
Residential In-House Provision	-226	0	0	0	0
Reablement In-House Provision	-200	-200	0	0	0
Total Older People	-426	-200	0	0	0
People with Learning Disabilities					
Residential In-House Provision	-174	0	0	0	0
Total People with Learning Disabilities	-174	0	0	0	0
Other Expenditure					
Assessment & Care Management	-4,000	0	0	0	0
Management & Support	-200	0	0	0	0
Total Other Expenditure	-4,200	0	0	0	0
Gross Expenditure	-4,800	-200	0	0	0
Total Income	0	0	0	0	0
Net Expenditure	-4,800	-200	0	0	0

6. Sources of information

Engagement carried out
<p>Adult Social Care Directorate Strategy makes a commitment to “...work with partners to co-design and deliver services which are local, universal and preventative ...”. Co-design is at the heart of all we do in Adult Social Care and is part of the approach we have taken to shaping the Medium Term Financial Plan (MTFP) savings proposals.</p> <p>The Adult Social Care Implementation Programme Board is a co-design Board, which oversees our change programme. The Board is attended by our strategic partners and chaired by the Cabinet Member for Adult Social Care and the Chair of the Surrey Coalition of Disabled People. As part of the budget setting process we asked the Board to help us undertake an equality assessment on our Medium Term Financial Plan (MTFP). The Board reviewed proposed savings on 21 January 2015 and assessed its impact on the protected characteristics of residents, people who use services and their carers and our staff.</p> <p>Clinical Commissioning Groups were engaged in the realignment process as Adult Social Care has sought to respond to the new focus on locality based commissioning at Clinical Commissioning Group level as well as continuing with our co-location and operational delivery at borough and district level.</p> <p>A ‘best practice 30 days’ staff consultation took place between 6 October – 6 November 2014. Two briefing sessions about the proposed re-alignment of senior management in Adult Social Care and a one day workshop for commissioning staff took place. Trade Unions (Unison and GMB) were briefed about the changes and realignment process.</p> <p>Extensive engagement was undertaken with stakeholders to co-design the Adult Social joint workforce strategy.</p>
Data used
<ul style="list-style-type: none"> • Projecting Older People Population Information (POPPI) 2014 • Projecting Adult Needs and Service Information (PANSI) 2015 • Referrals, Assessments and Packages of Care (RAP) 2013-14 • Adult Social Care Combined Activity Return (ASC-CAR) 2013-14 • Adults Integrated System (AIS) January 2015 • Gender Identity Research and Education Society (GIRES) literature • Office for National Statistics (ONS) 2012 • ‘As We Grow Older’ – A Study of the Housing and Support Needs of Older Lesbians and Gay Men (source Polari – 2005) • Surrey-i Census 2011 dataset • Data from Surrey (www.surreyi.gov.uk) • Census 2011 • Surrey Joint Strategic Needs Assessment (JSNA) Chapter: Carers • Carers UK’s analysis of the 2001 Census findings, ‘In Poor Health’ • The “Healthy Lives Healthy People 2010” report • Carers Health Survey 2011 • Surrey County Council R - Workforce Planning Data Sheet Dec 2014 • ASC re-alignment consultant people

7a. Impact of the proposals on residents and service users with protected characteristics

** Please note: Potential positive and negative impacts which relate to all protected characteristics are listed under age; those which then relate to each specific protected characteristic are then listed against that characteristic

Protected characteristic ⁸⁹	Potential positive impacts	Potential negative impacts	Evidence										
Age**	<ol style="list-style-type: none"> Local social care staff and services will be more closely aligned with health to deliver more joined up and effective services for people (Realignment & Reablement) The more efficient and effective deployment of reablement services (Realignment & Reablement) 	<ol style="list-style-type: none"> Some uncertainty for user and carer led groups as staff take on new roles and responsibilities and how this potentially impacts upon established relationships (Realignment) There may be a perception that staff will have less time to engage with people who use services (Reablement) Vacancies in front-line services may result in a slight delay in the assessment of some people and their carers and thus a delay in the provision of services. There is also a risk that the longer someone waits then 	<p>In 2014, there were 214,300 people over 65 living in Surrey – approximately 18.45% of the county's population. Of these 14,842 (as at 5 Jan 2015) were in receipt of support from Adult Social Care.</p> <p>By 2020 the number of older people living in Surrey will rise to 238,600 - a project rise of 11%. The population of over 85 will increase by 62% by 2030.</p> <p>18% of Surrey households consisted of only people over 65 years old. 7% were single person households over the age of 65.</p> <p>In 2014 51,308 people aged over 75 live alone⁹⁰.</p> <p>Open ASC cases as at 5 Jan 2015⁹¹</p> <table border="1"> <tbody> <tr> <td>18 to 54</td> <td>6,706</td> </tr> <tr> <td>55 to 64</td> <td>2,100</td> </tr> <tr> <td>65 to 74</td> <td>2,721</td> </tr> <tr> <td>75 to 84</td> <td>4,918</td> </tr> <tr> <td>85 to 99</td> <td>7,000</td> </tr> </tbody> </table>	18 to 54	6,706	55 to 64	2,100	65 to 74	2,721	75 to 84	4,918	85 to 99	7,000
18 to 54	6,706												
55 to 64	2,100												
65 to 74	2,721												
75 to 84	4,918												
85 to 99	7,000												

⁸⁹ More information on the definitions of these groups can be found [here](#).

⁹⁰ POPPI 2014, RAPP2S 2013-14 and ASCCAR 2013-14

⁹¹ AIS 01-2015

		<p>the more complex their needs may become. This may have a disproportionate impact upon older people and disabled people as they represent one of the largest client groups. However, it is important to understand that there is a balance between normal churn and effective recruitment, which means this efficiency saving should not have an adverse impact (Staff Turnover & SD Efficiencies)</p> <p>4. Vacancies filled by bank or agency staff may affect the quality of services provided as these staff may be less familiar with their roles, responsibilities and the people they support (Staff Turnover & SD Efficiencies)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">100+</td> <td style="width: 50%; text-align: right; border-bottom: 1px solid black;">202</td> </tr> <tr> <td></td> <td style="text-align: right;">23,648</td> </tr> </table>	100+	202		23,648
100+	202						
	23,648						
<p>Disability**</p>	<p>As above</p>	<p>As above</p>	<p>In Surrey the predictions for the 18-64 years population in 2015 are as follows:</p>				

			18-64⁹²	2015
			Total population aged 18-64 predicted to have a learning disability	16,894
			Total population aged 18-64 predicted to have a moderate physical disability	55,442
			Total population aged 18-64 predicted to have a serious physical disability	16,550
			Total population aged 18-64 predicted to have a serious visual impairment	452
			Total population aged 18-64 predicted to have a moderate or severe hearing impairment	28,341
			Total population aged 18-64 predicted to have a profound hearing impairment	247
			People aged 18-64 predicted to have a borderline personality disorder	3,140
			People aged 18-64 predicted to have an antisocial personality disorder	2,419
			People aged 18-64 predicted to have psychotic disorder	2,789

⁹² PANSI 2015

			Total people aged 30-64 predicted to have early onset dementia	299
			Open ASC cases as at 5 Jan 2015⁹³	
			AD: Access and Mobility Only	89
			AD: Dual Sensory Loss	76
			AD: Frailty and/or Temporary Illness	6,329
			AD: Hearing Impairment	408
			AD: Learning Disability	4,356
			AD: Mental Health - Dementia	1,764
			AD: Mental Health - Non Dementia	2,143
			AD: Other Vulnerable People	572
			AD: Physical Personal Care	5,595
			AD: Substance Misuse	52
			AD: Support for Social Isolation/Other	10
			AD: Visual Impairment	207
			Asylum Seekers	1
			Physical & Sensory Disability & Frailty	2,045
				23,648

⁹³ AIS 01-2015

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 351</p> <p style="text-align: center;">Gender reassignment**</p>	<p>As above</p>	<p>As above</p>	<p>The report “Gender Variance In the UK: Prevalence, Incidence, Growth and Geographic Distribution (June 2009)” includes information on the geographical distribution of the transsexual community. This distribution is based on an estimation of the implied prevalence of people who have presented with gender dysphoria (a condition where a person feels that they are trapped within a body of the wrong sex) in individual police authorities. For Surrey, the estimation is 37 per 100,000 persons 16 and over. If this figure is applied to the current estimate of Surrey’s 16+ population, then the estimated number is 338 (based on current population figures).</p> <p>On the matter of issues faced by trans people Gender Identity Research and Education Society (GIRES) state in their 2007 literature that:⁹⁴</p> <ul style="list-style-type: none"> • Many find that their families reject them. • Sometimes, despite being protected by employment law, they are made to feel very uncomfortable at work, as well as elsewhere. • It takes great courage for trans people to reveal their true gender identities.
<p style="text-align: center;">Pregnancy and maternity**</p>	<p>As above</p>	<p>As above</p>	<p>In Surrey, based on national data, we can expect between 900 and 2,000 mothers to experience postnatal mental health problems (PNMH) problems. In south east Surrey in 2007-8, health visitors identified 270 (15%) mothers with postnatal mental health problems and offered them support. Of these mothers, 150 accepted the offer.</p> <p>Surrey has a large proportion of women that give birth later in life. A few studies on the outcomes in pregnancy of healthy, older mothers suggest some health problems that increase with age. For instance, diabetes mellitus may increase the chances of</p>

⁹⁴ <http://www.gires.org.uk/assets/supporting-families.pdf> (2007)

			<p>complications in pregnancy. In addition, older women have a greater risk of endometriosis, pelvic infections, leiomyomas (fibroids), all of which may lead to decreased fertility. Therefore more women may be reliant on In Vitro Fertilisation (IVF).</p> <p>Teenage parents come from all social classes, religious backgrounds and ethnic groups. However, rates of teenage pregnancy are highest among deprived communities, so the negative consequences of teenage pregnancy are disproportionately concentrated among those who are already disadvantaged.</p> <p>ONS figures for teen pregnancy in 2012 in Surrey was 18/1,000 women aged 15-17, which is below the SE average of 23.2 and 27.7 for England. Spelthorne is the highest borough in Surrey at 34.2, and Mole Valley the lowest at 8.8⁹⁵</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 352</p> <p>Race**</p>	<p>As above</p>	<p>As above</p>	<p>In the 2011 census, the proportion of the Surrey population who do not describe themselves as white was 8.6%. This proportion is currently concentrated amongst those below the age of 65. 97.3% of the population in Surrey 65 years or over are classified as white - though this will inevitably change as the population ages.⁹⁶</p> <p>There are significant pockets of black and minority ethnic groups, for example in Elmbridge and Woking. Access to services for black and minority ethnic older people and their carers may be challenging. Barriers might include language, knowledge of what services are available, attitudes and practices of service providers and cultural factors in perceiving and understanding mental illness.</p> <p>Gypsies Roma and Travellers (GRT) are some of the most disadvantaged and excluded communities in our society.</p>

⁹⁵ ONS data 2012

⁹⁶ POPPI/PANSI 2011

Historically, GRT needs have often not been fully considered when developing the services intended to support them. This has the effect of making universal services 'hard to reach' for the GRT community, compounding poor outcomes and perpetuating intergenerational patterns of exclusion and deprivation.

A number of barriers exist for the GRT community in accessing universal health provision. These include a lack of cultural sensitivity by service providers, for example use of inappropriate written communication. For some sectors of the GRT population difficulties in maintaining contact with health services are compounded due to their transient lifestyles. If someone is labelled as No Fixed Abode, they are often denied services.

A number of BME outreach groups exist in Surrey to bring support services to minority groups, such as Friends of the Elderly BME outreach, Friends with Dementia BME outreach and BME Carers' Support.

Open ASC cases as at 5 Jan 2015⁹⁷

Asian / Asian British	482
Black / Black British	183
Chinese	45
Mixed	164
Other	242
Unknown / Not Recorded / Information Refused	642

⁹⁷ AIS 01-2015

			<table border="0"> <tr> <td>White British</td> <td style="text-align: right;">20,919</td> </tr> <tr> <td>White Other</td> <td style="text-align: right;">971</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total</td> <td style="text-align: right;">23,648</td> </tr> </table>	White British	20,919	White Other	971	<hr/>		Total	23,648
White British	20,919										
White Other	971										
<hr/>											
Total	23,648										
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 354</p> <p>Religion and belief**</p>	<p>As above</p>	<p>As above</p>	<p>Over the last decade the proportion of Christians in Surrey has decreased from 74.6% in 2001 to 62.8% in 2011. The proportion of people reporting “No religion” increased from 15.2% to 24.8%. There was an increase in all other main religions. The number of Muslims increased the most from 1.3% in 2001 to 2.2% in 2011.</p> <p>Surrey County Council has compiled an online database showing over 250 places of worship in the county at www.surreyplacesofworship.org.uk.</p> <p>In Surrey there are 112 maintained primary schools with a Religious Character and 188 of No Religious Character, while there are 11 maintained secondary schools with a Religious Character and 42 of No Religious Character.</p> <p>Open ASC cases as at 5 Jan 2015⁹⁸</p> <table border="0"> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Christian (all types)</td> <td style="text-align: right;">16,457</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">1,503</td> </tr> <tr> <td>Declined</td> <td style="text-align: right;">1,626</td> </tr> </table>	<hr/>		Christian (all types)	16,457	Other	1,503	Declined	1,626
<hr/>											
Christian (all types)	16,457										
Other	1,503										
Declined	1,626										

⁹⁸ AIS 01-2015

			<table> <tr> <td>Non-religious</td> <td>4,061</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td></td> <td>23,648</td> </tr> </table>	Non-religious	4,061	<hr/>			23,648		
Non-religious	4,061										
<hr/>											
	23,648										
Page 355	Sex**	As above	<p>49% of Surrey residents are male, while 51% are female. This is aligned with the UK as a whole.</p> <p>80% of Surrey males are economically active compared to 68% of women.</p> <p>Open ASC cases as at 5 Jan 2015⁹⁹</p> <table> <tr> <td>Female</td> <td>14,079</td> </tr> <tr> <td>Male</td> <td>9,569</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td></td> <td>23,648</td> </tr> </table>	Female	14,079	Male	9,569	<hr/>			23,648
Female	14,079										
Male	9,569										
<hr/>											
	23,648										
	Sexual orientation**	As above	<p>The lesbian, gay and bisexual organisation Polari, published a report showing that many of the issues and concerns of older lesbian, gay and bisexual people are broadly similar to older heterosexual people¹⁰⁰ :</p> <ul style="list-style-type: none"> • There is a desire to stay in one's 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 								

⁹⁹ AIS 01-2015

¹⁰⁰ 'As We Grow Older' – A Study of the Housing and Support Needs of Older Lesbians and Gay Men (source Polari – 2005)

			<p>is important to an individual's health and wellbeing.</p> <p>However, more lesbian, gay and bisexual-specific concerns were identified:</p> <ul style="list-style-type: none"> • Concerns about having to 'come out' again or 'returning to the closet' in a care/ residential setting. • Concerns about accessing the lesbian, gay and bisexual community and maintaining lifestyles and friendships. • Fears about being isolated in a 'heterosexual environment'.
Marriage and civil partnerships**	As above	As above	<p>According to census data from 2011 there are 482,257 people in Surrey who are married or in a civil partnership 1,602 of whom are in same-sex civil partnerships¹⁰¹.</p>
Page 356 Carers ^{102**}	As above	As above	<p>In Surrey, 10% of Surrey residents were providing unpaid care. Of these, 2 % provided more than 50 hours unpaid care per week¹⁰³</p> <p>There are 188,433 carers in Surrey who look after family, partners or friends in need of help because they are ill, frail or disabled - the care they provide is unpaid.</p> <p>There are believed to be about 14,000 young carers living in Surrey.</p>

¹⁰¹ Surrey-i Census 2011 dataset

¹⁰² Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

¹⁰³ Surrey (Jan 2014) Census 2011

In Surrey, in the first two quarters of 2013/14, there were about 18,700 adult carers getting some form of information advice or support from social care through services commissioned from the voluntary sector.

This compares to over 29,000 people caring for more than 20 hours a week of whom over 18,000 are caring for more than 50 hours a week¹⁰⁴

Those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring (21% against 11%). This can be due to a range of factors including stress related illness and physical injury¹⁰⁵

A total of 1 in 10 people are carers, and analysis of census data shows that 1 in 5 carers providing over 50 hours of care a week say they are in poor health, compared with 1 in 9 non-carers¹⁰⁶

Headlines from the Carers Health Survey 2011¹⁰⁷

- Nearly 2000 responses were received in total.

¹⁰⁴ JSNA Chapter: Carers

¹⁰⁵ Carers UK's analysis of the 2001 Census findings, 'In Poor Health',

¹⁰⁶ The "Healthy Lives Healthy People 2010" report

¹⁰⁷ Carers Health Survey 2011

- 70% of respondents were woman and 30% men.
- 60% said they were caring over 50 hours a week
- Almost 100% identified a health condition they suffered from.
- 35% said they thought their condition had worsened due to their caring role
- Over half were caring for someone with a physical disability. 40% were caring for people with mental health issues including dementia.
- 75% lived with the person they were caring for
- 45% had not registered with their GP as a carer although over 65% had told their GP they were caring
- 50% did not complete the section asking them what help their GP had provided
- Over 30% had not had a carer's assessment and a further 20% were not sure.

Open ASC carers as at 5 Jan 2015¹⁰⁸

7,568

¹⁰⁸ AIS 01-2015

7b. Impact of the proposals on staff with protected characteristics

** Please note: Potential positive and negative impacts which relate to all protected characteristics are listed under age; those which then relate to each specific protected characteristic are then listed against that characteristic

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence ¹⁰⁹
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 359</p> <p style="text-align: center;">Age**</p>	<ol style="list-style-type: none"> 1. New opportunities, roles and responsibilities for some staff (Realignment & Reablement) 2. Staff will experience more joined up working with health colleagues to deliver more efficient and effective local services for people (Realignment & Reablement) 3. Vacancies may have a potential positive impact for bank and agency staff with a protected characteristic as they have more opportunity to secure paid employment and work experience (Staff Turnover & SD Efficiencies) 4. Operating with a lean workforce, means that staff across the Directorate will have to trust one another to deliver on their respective priorities and this will mean a 	<ol style="list-style-type: none"> 1. There may be some level of uncertainty for staff during any change process (Realignment & Reablement) 2. A period of readjustment as staff take on new roles and responsibilities (Realignment & Reablement) 3. Some staff may struggle to adapt to the pace and scale of change in operational processes, systems and the organisation structure (Realignment & Reablement) 4. There may be increasing demands placed upon some staff as the scope of their roles may change (Realignment & Reablement) 5. Vacancies may result in existing staff taking on additional work, which creates stress and has a negative 	<ul style="list-style-type: none"> • 5.08% of the Surrey County Council workforce is aged 15 to 24-years, compared to 4.02% in Adult Social Care and 11.4% in the wider Surrey population. • Adult Social Care has a higher profile of mature workers than the Surrey wide population, with 31.21% 45-54-years (compared to 14.68%) and 20.70% 55-64-years (compared to 11.92%). • 52.41% of employees in Adult Social Care are part time compared with 54.05% in SCC. • 46.34% of the Adult Social Care workforce are women working part-time

¹⁰⁹ SCC:HR - Workforce Planning Data Sheet Dec 2014 and 2011 Census

	change in culture (Staff Turnover & SD Efficiencies)	impact upon their wellbeing (Staff Turnover & SD Efficiencies)	
Disability**	As above	As above	<ul style="list-style-type: none"> The disability workforce profile in Adult Social Care is 3.04% and broadly the same as Surrey County Council, although at a senior level it is lower.
Gender reassignment**	As above	As above	-
Pregnancy and maternity**	As above	As above	-
Race**	As above	As above	<ul style="list-style-type: none"> The Black, Minority, Ethnic (BME) profile of the Adult Social Care workforce (12.48%) is higher than the Surrey County Council workforce (7.82%) and the Surrey population (approx 8%). However, there is a significant drop from team leader (13.12%) to middle (9%) and senior (3.77%) managers compared with Surrey County Council.
Religion and belief**	As above	As above	<ul style="list-style-type: none"> Approximately 50% of staff in Adult Social Care did not state their religion and belief – in line with Surrey County Council. In Adult Social Care nearly 29% of staff said they were Christian, approximately 20% have no religion or belief, approximately 50% of staff did not state their religion and belief – all in line with Surrey County Council.
Sex**	As above	As above	<ul style="list-style-type: none"> There is a higher proportion of female workers in Adult Social Care (83%) than in Surrey County Council (73%) though both are higher than females in the Surrey

			<p>population (51%).</p> <ul style="list-style-type: none"> • 17% of the Adult Social Care workforce is male compared with 27% in the Council. • 46.34% of the Adult Social Care workforce are women working part-time. • 78.5% of middle managers in Adult Social Care are women and 69.8% at senior level again both higher than in SCC.
Sexual orientation**	As above	As above	<ul style="list-style-type: none"> • 60% of staff in ASC of staff undeclared compared to 57% in SCC
Marriage and civil partnerships**	As above	As above	-
Carers**	As above	6. It may be challenging for staff with caring responsibilities to adjust to changes in roles and responsibilities, new rotas etc (All)	-

8. Amendments to the proposals

Change	Reason for change
No amendments to the efficiency saving are proposed as a result of the Equality Impact Assessment	-

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Potential positive impacts on residents, service users and carers			
1. Local social care staff and services will be more closely aligned with health to deliver more joined up and effective services for people	Implement any residual 'realignment' of the Adult Social Care establishment	2015/16	Area Directors
2. The more efficient and effective deployment of reablement services	Plan and implement opportunities for the more efficient and effective deployment of reablement staff	2015/16	Assistant Director Service Delivery
Potential negative impacts on residents, service users and carers			
1. Some uncertainty for user and carer led groups as staff take on new roles and responsibilities and how this potentially impacts upon established relationships	Ensure user and carer led groups are provided with regular briefings	2015/16	Strategic Director
2. There may be a perception that staff will have less time to engage with people who use services	Any changes will be to ensure the efficient and effective deployment of reablement staff and will be explained to people who use services and their carers	2015/16	AD Service Delivery
3. Vacancies in front-line services may result in a slight delay in the	It is recognised there will be on-going vacancies to deliver this efficiency saving. However, the	2015/16	Area Directors AD Service

<p>assessment of some people and their carers and thus a delay in the provision of services. There is also a risk that the longer someone waits then the more complex their needs may become. This may have a disproportionate impact upon older people and disabled people as they represent one of the largest client groups. However, it is important to understand that there is a balance between normal churn and effective recruitment, which means this efficiency saving should not have an adverse impact</p>	<p>potential negative impacts will be mitigated by targeted recruitment, including:</p> <ul style="list-style-type: none"> • Implementing an Adult Social Care attraction strategy • Exploring opportunities to set up a central pool of bank staff, who can work flexibly to cover vacancies in teams for a short period of time • Maximise the pace and flexibility of recruitment • Adopt a range of options in partnership with HR, Recruitment and Manpower to identify and fill vacancies in Service Delivery to make staffing more stable in teams, to improve the quality of service and reduce agency costs • Explore ways to attract back those experienced staff who have left the authority – perhaps offering a 1-term refresher course at a local college or university 		Delivery
<p>4. Vacancies filled by bank or agency staff may affect the quality of services provided as these staff may be less familiar with their roles, responsibilities and the people they support</p>	<p>Work to support bank and agency staff with a thorough induction process, allocating buddies to support them and monitoring their performance</p> <p>Training and development of staff to ensure continued resilience and ability to fill any gaps arising from vacancies</p>	2015/16	Area Directors AD Service Delivery
Potential positive impacts on staff			
<p>1. New opportunities, roles and responsibilities for some staff</p>	<p>Continue to work as part of the Local Joint Commissioning Group to co-design local integrated community-based health and social care services</p> <p>Engaged staff in any workforce change</p>	2015/16	Area Directors AD Service Delivery
<p>2. Staff will experience more joined up working with</p>	<p>Continue to work as part of the Local Joint Commissioning Group</p>	2015/16	Area Directors

health colleagues to deliver more efficient and effective local services for people	to co-design local integrated community-based health and social care services Engaged staff in any workforce change		AD Service Delivery
3. Vacancies may have a potential positive impact for bank and agency staff with a protected characteristic as they have more opportunity to secure paid employment and work experience	Have a clear strategy around the use of bank and agency staff and build relationships with strategic providers	2015/16	Area Directors AD Service Delivery
4. Operating with a lean workforce, means that staff across the Directorate will have to trust one another to deliver on their respective priorities and this will mean a change in culture	Continue to build a 'one team' culture across Adult Social Care	2015/16	Area Directors AD Service Delivery
Potential negative impacts on staff			
1. There may be some level of uncertainty for staff during any change process	Work to ensure any changes is undertaken with pace and communicated regularly to staff	2015/16	Strategic Director
2. A period of readjustment as staff take on new roles and responsibilities	Communicate 'its business as usual' message as staff take on their new roles and responsibilities	2015/16	Area Directors AD Service Delivery
3. Some staff may struggle to adapt to the pace and scale of change in operational processes, systems and the organisation structure	An HR training representative has been included in work with front line teams	2015/16	Area Directors AD Service Delivery
4. There may be increasing demands placed upon some staff as the scope of their roles may change	An HR training representative has been included in work with front line teams	2015/16	Area Directors AD Service Delivery

<p>5. Vacancies may result in existing staff taking on additional work, which creates stress and has a negative impact upon their wellbeing</p>	<p>Undertake a Health Check with all Adult Social Care staff</p> <p>Continue to support and promote:</p> <ul style="list-style-type: none"> • Staff survey • Employee Assistance Programme • Fairness & Dignity Champions 	<p>2015/16</p>	<p>Area Directors AD Service Delivery</p>
<p>6. It may be challenging for staff with caring responsibilities to adjust to changes in roles and responsibilities, new rotas etc</p>	<p>Take any caring responsibilities staff may have into account when undertaking any changes in roles and responsibilities</p>	<p>2015/16</p>	<p>Area Directors AD Service Delivery</p>

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
<p>There are no potential negative impacts that cannot be mitigated</p>	<p>-</p>

11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<ul style="list-style-type: none"> • The Adult Social Care Implementation Programme Board reviewed the 2015/16 proposed saving and assessed their impact on the protected characteristics of residents, people who use services and their carers and our staff. • A range of data was used to support the equalities analysis, including Surrey, Workforce Fairness and Respect Data Pack, Employee Survey, independent research and literature, Surrey Carers' Health Survey etc • Clinical Commissioning Groups were engaged in the realignment process. • A 'best practice 30 days' staff consultation took place between 6 October – 6 November 2014. • Extensive engagement was undertaken with stakeholders to co-design the Adult Social joint workforce strategy.
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<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>Potential positive impacts on residents, service users and carers</p> <ol style="list-style-type: none"> 1. Local social care staff and services will be more closely aligned with health to deliver more joined up and effective services for people 2. The more efficient and effective deployment of reablement services <p>Potential negative impacts on residents, service users and carers</p> <ol style="list-style-type: none"> 1. Some uncertainty for user and carer led groups as staff take on new roles and responsibilities and how this potentially impacts upon established relationships 2. There may be a perception that staff will have less time to engage with people who use services 3. Vacancies in front-line services may result in a slight delay in the assessment of some people and their carers and thus a delay in the provision of services. There is also a risk that the longer someone waits then the more complex their needs may become. This may have a disproportionate impact upon older people and disabled people as they represent one of the largest client groups. 4. Vacancies filled by bank or agency staff may affect the quality of services provided as these staff may be less familiar with their roles, responsibilities and the people they support <p>Potential positive impacts on staff</p> <ol style="list-style-type: none"> 1. New opportunities, roles and responsibilities for some staff 2. Staff will experience more joined up working with health colleagues to deliver more efficient and effective local services for people 3. Vacancies may have a potential positive impact for bank and agency staff with a protected characteristic as they have more opportunity to secure paid employment and work experience 4. Operating with a lean workforce, means that staff across the Directorate will have to trust one another to deliver on their respective priorities and this will mean a change in culture <p>Potential negative impacts on staff</p> <ol style="list-style-type: none"> 1. There may be some level of uncertainty for staff during any change process 2. A period of readjustment as staff take on new roles and responsibilities 3. Some staff may struggle to adapt to the pace and scale of change in operational processes, systems and the
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	<p>organisation structure</p> <ol style="list-style-type: none"> 4. There may be increasing demands placed upon some staff as the scope of their roles may change 5. Vacancies may result in existing staff taking on additional work, which creates stress and has a negative impact upon their wellbeing 6. It may be challenging for staff with caring responsibilities to adjust to changes in roles and responsibilities, new rotas etc
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>No amendments to the efficiency saving are proposed as a result of the Equality Impact Assessment</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>Potential positive impacts on residents, service users and carers</p> <ul style="list-style-type: none"> • Implement any residual ‘realignment’ of the Adult Social Care establishment • Plan and implement opportunities for the more efficient and effective deployment of reablement staff <p>Potential negative impacts on residents, service users and carers</p> <ul style="list-style-type: none"> • Ensure user and carer led groups are provided with regular briefings • Any changes will be to ensure the efficient and effective deployment of reablement staff and will be explained to people who use services and their carers • It is recognised there will be on-going vacancies to deliver this efficiency saving. However, the potential negative impacts will be mitigated by targeted recruitment, including: • Implementing an Adult Social Care attraction strategy • Exploring opportunities to set up a central pool of bank staff, who can work flexibly to cover vacancies in teams for a short period of time • Maximise the pace and flexibility of recruitment • Adopt a range of options in partnership with HR, Recruitment and Manpower to identify and fill vacancies in Service Delivery to make staffing more stable in teams, to improve the quality of service and reduce agency costs • Explore ways to attract back those experienced staff who have left the authority – perhaps offering a 1-term refresher course at a local college or university • Work to support bank and agency staff with a thorough induction process, allocating buddies to support them and monitoring their performance <p>Potential positive impacts on staff</p> <ul style="list-style-type: none"> • Continue to work as part of the Local Joint Commissioning Group to co-design local integrated community-based health and social care services

	<ul style="list-style-type: none"> • Engaged staff in any workforce change • Have a clear strategy around the use of bank and agency staff and build relationships with strategic providers • Continue to build a 'one team' culture across Adult Social Care <p>Potential negative impacts on staff</p> <ul style="list-style-type: none"> • Work to ensure any changes is undertaken with pace and communicated regularly to staff • Communicate 'its business as usual' message as staff take on their new roles and responsibilities • An HR training representative has been included in work with front line teams • Undertake a Health Check with all Adult Social Care staff • Continue to support and promote: <ul style="list-style-type: none"> • Staff survey • Employee Assistance Programme • Fairness & Dignity Champions • Take any caring responsibilities staff may have into account when undertaking any changes in roles and responsibilities
<p>Potential negative impacts that cannot be mitigated</p>	<p>There are no potential negative impacts that cannot be mitigated</p>

1. Topic of assessment

EIA title:	One Team Communications Review – realising savings on communications spending across the council
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EIA author:	Tim Edwards, Corporate Communications Manager
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2. Approval

	Name	Date approved
Approved by¹¹⁰	Louise Footner	

3. Quality control

Version number	Version 5	EIA completed	
Date saved	13 January 2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Siobhan Abernethy	Adult Social Care Communications and Stakeholder Engagement Manager	SCC	Information and Advice Forum
Katie Brennan	Superfast Broadband Project Engagement Manager	SCC	SFBB data
Rosalind Louth (2014)	Policy Manager	SCC	Corporate equalities
Andrew Evans	Strategic partnership Manager	SCC	Corporate equalities - reviewer

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	A One Team Review of the communications function within the council was launched in 2012 with the aim of improving working arrangements, effectiveness and efficiency through avoiding duplication and achieving greater consistency. The review has largely focused on promoting one team working through joint planning and prioritisation, shared learning and expertise and how to make best use of resources.
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	<p>The communications function is split between a central Communications Service and communications posts in different directorates:</p> <ul style="list-style-type: none"> • The Communications (Comms) Service is responsible for communicating with the council's key audiences (including Surrey residents, elected Members, staff and partners) around the council's priorities for improving services, providing value for money and standing up for the interests of the county. In 2006 all external publicity spending was centralised in one budget managed by the Comms Service, although over the years separate directorate comms teams and budgets also emerged (see section below) at the same time as the central budget underwent a series of reductions in 2009, 2011 and 2014. Following a Communications Review, in 2014 a new single communications budget was created by pooling all the budgets, resulting in a 35% reduction in communications spend across the council. A further £100,000 reduction is planned for 2015-16. • Until 2014 the directorate communications teams tended to operate independently, according to their service-specific needs, and had access to local funding from a variety of service budgets and externally-sourced grants to procure communications services separately from the central budget.
<p>What proposals are you assessing?</p>	<p>Communications spending was reduced by around £500,000 in 2014-15, and the Communications service is to achieve a further £100,000 of savings in 2015-16.</p> <p>The savings are being achieved through reducing spending on printed materials and traditional advertising (such as newspapers, radio, outdoor advertising) in favour of social media and other online solutions that enable more effective targeting, access 24/7 and instant updating of material.</p> <p>As a result, the central and directorate communications teams are:</p> <ul style="list-style-type: none"> • adopting a digital-by-default approach to communications (so that printed publicity and traditional advertising are only considered if digital solutions are not appropriate) • working as one team • working to one common communications budget and forward plan • and promoting wider behaviour change across the council to reduce the demand for print and advertising spend. <p>The proposals recognise that although the proportion of people using the internet continues to increase (Office of National Statistics), printed publicity will continue to be the most effective way of reaching some audiences for some years. Because of this, information will continue to be made available in paper or other format as appropriate, reducing the impact on groups who may be less able to access online resources. Although the council intends to reduce the volume of printed material, this does not mean that it will cease to print all material. Print will continue to be considered when it</p>

	<p>provides the most appropriate way of reaching target audiences. The council will continue to meet its statutory duties to provide accessible material, including those expected to be introduced by the Care Act. However, the proposals will require any printing and advertising to be justified by a business case based on evidence, value for money and compliance with council financial regulations.</p> <p>Translation and interpreting services are not in scope. They have historically been, and will remain the responsibility of services to provide as necessary.</p> <p>A key part of the shift to more digital communications will be to integrate with the council's digital inclusion programme. This is currently developing plans to support the estimated 9% of Surrey residents who have not been online to help overcome their barriers to access (these include inadequate broadband infrastructure, and issues of affordability, skills and motivation/preference).</p>
<p>Who is affected by the proposals outlined above?</p>	<p>The proposals have the potential to affect how all Surrey residents and Surrey County Council staff receive and provide information and publicity. In particular, service users who are most likely to require information will be affected. Unemployed or other disadvantaged groups are also likely to be affected. Staff involved in the provision of communications and those who are less able to access online resources may be affected. As a county, Surrey has the lowest number of non-Internet users (6%) compared to a national average of 14%.¹¹¹</p>

6. Sources of information

<p>Engagement carried out</p>
<p>Adult Social Care Information and Advice Forum</p> <p>Feedback was sought from this group and has been incorporated in this assessment.</p> <p>One Team approach</p> <p>The central Comms Service and directorate teams have undertaken the review of spending together, as part of a collaborative approach to understanding and tackling the issues,</p>

¹¹¹ ONS Internet Quarterly Update 2013 Q3 <http://www.ons.gov.uk/ons/rel/rdit2/internet-access-quarterly-update/q3-2013/stb-ia-q3-2013.html>

identifying key risks and possible mitigating actions.

Strategic Director briefings

The Head of Communications has met with all Strategic Directors to explain the review and get their feedback. In addition she has secured the approval of the Corporate Leadership Team to come back with recommendations.

Digital inclusion project

Adult Social Care will use the evidence from a needs analysis carried out by the council's Superfast Broadband Programme, focused on digitally excluded groups – including 12,000 carers, 9,000 jobseekers and more than 2,000 households on social housing tenancies. The results are being used to develop an action plan to help people get access to the benefits of digital platforms and identify solutions to address gaps.

Parish and town council partners

Feedback suggests online publicity material is the preferred method for a number of parish and town councils when distributing county council information to their communities.

Data used

- Social Media Revolution by Erik Qualman – quantifies growth in social media
- Surrey social network footprint data and JSNA data on Surrey
- Superfast Surrey broadband data on Surrey post codes identifying gaps in provision of high-speed broadband infrastructure by the commercial market
- Bespoke evaluation of key publicity campaigns to test the effectiveness of advertising, printed material and other communications activity
- Feedback from Adult Social Care Information and Advice Forum (attached)
- 2011 Census
- User feedback and/or complaints data

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹¹²	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 373</p> <p style="text-align: center;">Age</p>	<p>All groups may benefit from:</p> <ul style="list-style-type: none"> • Access to information 24/7 • Reduce need for travel • Easier to search and link to additional information • More effective signposting to information • Easier to keep information current • Increasingly in line with lifestyle trends and expectations 	<p>Older people may be less able or willing to access online information, meaning that they could be impacted by any increase in use of digital communications by the Council.</p> <p>There is therefore the potential for digital exclusion of older age groups:</p> <ul style="list-style-type: none"> • without access to reliable broadband connections • without computers and mobile devices • without digital skills or experience 	<p>The ONS have found that age is a key factor as to whether an individual has used the internet. Almost all adults aged 16 to 24 years (99%) had ever used the internet (7.1 million people). In contrast, only 33% of adults aged 75 years and over had ever used the internet, representing 1.6 million people.</p> <p>Of the 7.0 million adults who had never used the internet at Q3 2013, 46% (3.2 million) were aged 75 years and over.¹¹³ In Surrey, there are nearly 97,000 people aged 75 years and over representing 8.5% of the population¹¹⁴.</p> <p>Because of the older age profile of the 22,000 Surrey people receiving Adult Social Care support (nearly two-thirds are over 65, half are over 75 and a third over 85), the council is likely to invest more in face-to-face support.</p> <p>Anecdotal feedback from the Council's Contact Centre suggests that older people are more likely to request information in printed format. This was particularly the case for enquiries about Telecare or Care Homes.</p> <p>Concerns were also raised during consultation about the availability of internet access in the Council's care homes which may affect some residents.</p>

¹¹² More information on the definitions of these groups can be found [here](#).

¹¹³ ONS Internet Quarterly Update 2013 Q3 <http://www.ons.gov.uk/ons/rel/rdit2/internet-access-quarterly-update/q3-2013/stb-ia-q3-2013.html>

¹¹⁴ 2011 Census <http://www.surreyi.gov.uk/Viewdata.aspx?P=Data&referer=%2fViewpage.aspx%3fC%3dbasket%26BasketID%3d224>

			Evaluation of the council's "dementia-friendly" public information campaign found that there is greater awareness among the public through traditional advertising media rather than online.
Page 374 Disability	<p>All groups may benefit from:</p> <ul style="list-style-type: none"> • Access to information 24/7 • Reduce need for travel • Easier to search and link to additional information • More effective signposting to information • Easier to keep information current • Increasingly in line with lifestyle trends and expectations 	<p>There are a greater proportion of disabled people who are able to access online information, meaning that they could be impacted by any increase in use of digital communications by the Council.</p> <p>This could include people with disabilities in households without reliable internet access and appropriate technology.</p>	<p>At Q3 2013, there were 3.8 million disabled adults, as defined by the Disability Discrimination Act (DDA), who had never used the Internet. This represents 33% of those who were disabled and over half (54%) of the 7.0 million adults who had never used the Internet.</p> <p>61% of people with disabilities live in households with internet access (compared with 86% of non-disabled people). It is estimated that in 2010 there will be 33,000 people with moderate or severe personal care disabilities in Surrey or 4.8% of the population¹¹⁵</p> <p>Feedback from the Surrey Disabled People's Partnership indicates about 25% of their members request information in printed form.</p>
Gender reassignment	<p>All groups may benefit from:</p> <ul style="list-style-type: none"> • Access to information 	No specific negative impacts relating to this group	

¹¹⁵ JSNA 2010 <http://www.surreyi.gov.uk/ViewPage1.aspx?C=Resource&ResourceID=482>

	<p>24/7</p> <ul style="list-style-type: none"> • Reduce need for travel • Easier to search and link to additional information • More effective signposting to information • Easier to keep information current • Increasingly in line with lifestyle trends and expectations 		
<p>Page 375</p> <p>Pregnancy and maternity</p>	<p>All groups may benefit from:</p> <ul style="list-style-type: none"> • Access to information 24/7 • Reduce need for travel • Easier to search and link to additional information • More effective signposting to information • Easier to keep information current • Increasingly in line with lifestyle trends and expectations 	<p>No specific negative impacts relating to this group</p>	
<p>Race</p>	<p>All groups may benefit from:</p> <ul style="list-style-type: none"> • Access to information 24/7 	<p>No specific negative impacts relating to this group</p>	

	<ul style="list-style-type: none"> • Reduce need for travel • Easier to search and link to additional information • More effective signposting to information • Easier to keep information current • Increasingly in line with lifestyle trends and expectations 		
Page 376 Religion and belief	<p>All groups may benefit from:</p> <ul style="list-style-type: none"> • Access to information 24/7 • Reduce need for travel • Easier to search and link to additional information • More effective signposting to information • Easier to keep information current • Increasingly in line with lifestyle trends and expectations 	No specific negative impacts relating to this group	
Sex	<p>All groups may benefit from:</p> <ul style="list-style-type: none"> • Access to information 24/7 	There is a slightly lower percentage of women in comparison to men who are Internet users meaning they may be less able to access online	The ONS reported that in Q3 of 2013 men (88%) were more likely to be Internet users than women (84%). However, males in the older age groups are more likely to use the Internet than females of the same age. At Q3 2013, four in ten (42%) males aged 75 years and over had

	<ul style="list-style-type: none"> • Reduce need for travel • Easier to search and link to additional information • More effective signposting to information • Easier to keep information current • Increasingly in line with lifestyle trends and expectations 	resources.	ever used the Internet, compared with fewer than three in ten (26%) females ¹¹⁶ .
Page 37 Sexual orientation	<p>All groups may benefit from:</p> <ul style="list-style-type: none"> • Access to information 24/7 • Reduce need for travel • Easier to search and link to additional information • More effective signposting to information • Easier to keep information current • Increasingly in line with lifestyle trends and expectations 	No specific negative impacts relating to this group	
Marriage and civil partnerships	<p>All groups may benefit from:</p> <ul style="list-style-type: none"> • Access to information 	No specific negative impacts relating to this group	

¹¹⁶ ONS Internet Quarterly Update 2013 Q3 <http://www.ons.gov.uk/ons/rel/rdit2/internet-access-quarterly-update/q3-2013/stb-ia-q3-2013.html>

	<p>24/7</p> <ul style="list-style-type: none"> • Reduce need for travel • Easier to search and link to additional information • More effective signposting to information • Easier to keep information current • Increasingly in line with lifestyle trends and expectations 		
<p>Page 378</p> <p>Carers¹¹⁷</p>	<p>All groups may benefit from:</p> <ul style="list-style-type: none"> • Access to information 24/7 • Reduce need for travel • Easier to search and link to additional information • More effective signposting to information • Easier to keep information current • Increasingly in line with lifestyle trends and expectations 	<p>If caring responsibilities result in financial disadvantage to the extent that they cannot gain access to broadband services, computers or mobile devices then there is the risk of digital exclusion.</p>	<p>Feedback from the Adult Social Care Information and Advice Forum identified three distinct groups of carers</p> <ul style="list-style-type: none"> • young carers under 18 • parents caring for disabled children • adults caring for adults (34%-40% of whom are over 65 years – Census 2011) <p>While the first two groups of carers are not expected to have negative impacts, the group of older carers are likely to require multiple information channels.</p> <p>Data from the council's Superfast Broadband programme indicates around 70% of Surrey's carers are already online (based on a 10% sample of carers surveyed in November-December 2013).</p>

¹¹⁷ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	<p>All staff should benefit from:</p> <ul style="list-style-type: none"> • Access to information 24/7 • Reduce need for travel • Easier to search and link to additional information • More effective signposting to information • Easier to keep information current • Increasingly in line with lifestyle trends and expectations <p>The digital-by-default approach is being developed across the board, driven by the Council's Channel Strategy, the evolving Digital Strategy and the Communications and Engagement Strategy, and as a result of modernising work practices and technology upgrades which are providing greater online and digital capacity and capability.</p>	<p>There is the potential for some staff to be more affected by the shift towards digital communications. This will reflect the groups identified above in the general population, notably older people and people with disabilities.</p> <p>There is evidence that some staff do not have ready access to digital technology which would potentially impact on all groups.</p>	<p>Feedback from the Adult Social Care Communications and Stakeholder team suggested that approximately 800 Adult Social Care staff do not have ready access to digital technology. These staff rely on local briefings, printed information circulated from management and phones as they either work in the community with people who use services or are in SCC care homes.</p>
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			
Sexual orientation			
Marriage and civil partnerships			
Carers			

8. Amendments to the proposals

Change	Reason for change
N/A	

9. Action plan

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Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
<p>Potential for staff to find adapting to digital communications rather than traditional methods difficult.</p> <p>Where staff are not desk-based, such as in day centres, and may lack immediate access to a computer or laptop, they could be disadvantaged if all communications are only available online</p>	<p>An internal staff communications and engagement campaign will be launched once recommendations have been approved to support the wider organisational behaviour change necessary to achieve the shift from traditional to digital communications solutions.</p> <p>In 2015/16 this campaign will be relaunched once the roll-out of the multi functional printing devices (MFDs) commences for the larger</p>		

	<p>sites across the council.</p> <p>The council will also continue to support them with core printed information.</p>		
<p>Where people have issues with access to online information – for example older people or those with hearing, sight or learning disabilities – and may be disadvantaged if communications are only available online</p>	<p>The council's Adult Social Care directorate will be investing more in face-to-face engagement.</p>		
<p>Potential for older people, disabled people, women and carers to be more at risk of digital exclusion and less able to access online resources</p>	<p>The rollout of the extended fibre optic network looked to increase accessibility to faster and more reliable broadband speed throughout 2013 and 2014, while the development of the council's Digital Strategy will make recommendations about widening the delivery of digital services which will then link to information provision (supported by core printed material where necessary)</p> <p>Information on reach and take-up of Super Fast Broadband will be</p>		

	<p>forthcoming in 2015/16. Alongside development of the Digital Strategy, once there is further information available then the service will plan comms around key milestones and activities.</p> <p>There is support available through Surrey Libraries' "computer buddies" programme to assist older people with developing their online skills, while there is also a communications campaign signposting people to how to get access to important information and advice about care services, for example through Surrey Information Point.</p>		
<p>Potential for older people, disabled people, women and carers to be more at risk of digital exclusion and less able to access online resources</p>	<p>Information will continue to be provided in accessible formats where appropriate, in particular information and advice about care and support.</p>		

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that
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	could be affected
None identified	

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Briefings for strategic directors have been carried out. Joint planning of comms activity across the council directorates has now been adopted. Key information on changes is available on S-Net.
Key impacts (positive and/or negative) on people with protected characteristics	Some staff and older audiences or people with learning disabilities are less likely to have access to digital channels, although the percentage is reducing with lifestyle and technological developments.
Changes you have made to the proposal as a result of the EIA	Made provision to maintain key printed channels.
Key mitigating actions planned to address any outstanding negative impacts	As above and also plan to promote council's wider digital agenda as more services are made available digitally. There is support available through Surrey Libraries' "computer buddies" programme to assist older people with developing their online skills. There is also a communications campaign signposting people to how to get access to important information and advice about care services
Potential negative impacts that cannot be mitigated	n/a

1. Topic of assessment

EIA title:	A Review of the Surrey Library Service
EIA author:	John Case – Libraries' Property Environment and Stock Manager, Chair of EDAG Gillian Youngman – Team Coordinator Virtual Content Team

2. Approval

	Name	Date approved
Approved by¹¹⁸	Peter Milton	16 February 2015

3. Quality control

Version number	V7	EIA completed	17 November 2014
Date saved	16 February 2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Review Group	n/a	Surrey Libraries	Working party for the Review (selected for the varied experience they could contribute - members were representative of different aspects of the service).
The Library services internal Equality & Diversity Action	n/a	Surrey Libraries	Consultation, advice

¹¹⁸ Refer to earlier guidance for details on getting approval for your EIA.

Group (EDAG)			
SCC's Human Resources	n/a	Surrey County Council	Advice and guidance
UNISON	n/a	Surrey Branch	Ensure fairness and compliance
LSMT	n/a	Surrey Libraries	Libraries' Senior Management Team

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Whole Service Review Surrey Libraries has had to respond to changing patterns of usage and customer demand, and the main outcome of the service review is to deliver its services in a comprehensive efficient and economically viable way. The political and social environment in which libraries operate is rapidly changing, and we need to look at new and innovative ways to deliver services,</p> <p>The library service has not reviewed staffing levels and roles since the last Review in 2008 despite a decline in the number of visits and book issues in each library over the past 6 years— Overall, in SCC libraries, there has been a 12% decrease in the number of issues and a 25% decrease in the number of visits since 2008.</p> <p>The Library Service has also been required to make spending reductions in response to the significantly challenging financial climate. Whilst the initial project brief did not require any reduction to the staffing budget, a requirement to reduce it by £227,000 for 2014/15 was subsequently introduced, and a further expectation of budget cuts is anticipated for 2015/16.</p>
<p>What proposals are you assessing?</p>	<p>The Review proposes a number of key changes to service delivery and structure.</p> <p>The main proposal To find greater efficiencies within the service. A 'Cluster Model' is being used whereby libraries can be joined together as a group or cluster to achieve greater efficiencies by sharing skills, knowledge, practices and staff amongst a pool of libraries.</p>

The further aims are: -

- To provide a better career ladder – more achievable steps and easier movement around the Library Service.
- A structure to enable a ‘one service, one team working approach’ and build better understanding across the Library Service.
- To ensure we have sufficient frontline staff cover across libraries, with relevant staff in the right place at the right time.
- To group libraries into ‘clusters’ to give better coverage and flexibility across libraries.
- To free up the Sector Lead roles to have more time to be proactive in supporting the development and continuous improvement of high quality services.
- A key proposal is the introduction of a Library Liaison Assistant whose role will be 50% frontline and 50% delivering activities within development teams. This will include communicating, liaising, and sharing feedback. They will be the bridge between frontline service and the development teams.
- Within the new team structure, posts have been designed to enable staff to share knowledge and skills and job rotate more freely around the teams than they do at present. This will help build individual skills and knowledge that can be shared across the whole service.
- A new team, ‘Project Innovation, Design and Delivery Team’ (PIDD) will be formed to deal with major capital programmes and new initiatives within the library service. A primary role for this team will be to deliver innovative changes to services. They will take a lead from the Senior Management Team and horizon scan to keep the service abreast of new developments and be innovative. They will take a lead in developing commissioned work, business planning and performance management.
- A new team to support Learning and Development for staff and public will be created. This will also provide increased opportunities for all staff and volunteers to complete relevant Vocational Qualifications (VQs).
- The Service will continue to develop roles of volunteers in libraries, supporting value added activities and services.

	<ul style="list-style-type: none">• Across all the new posts, irrespective of where they are in the service, there will be an increased emphasis on consulting with customers and increasing the use of libraries, particularly working with communities and partners from all backgrounds.
Who is affected by the proposals outlined above?	<p>All library staff will be affected by the proposals as a result of :-</p> <ul style="list-style-type: none">• A new staffing structure, new job profiles, new work timetables, a reduction in posts at certain grades, increased travel as a result of staff rotation and new work basis• SCC's Contact Centre – changes to the whole service will require familiarisation by Contact Centre staff• Customers: - some changes to the opening hours of the Group C (small) libraries• Upgrading -Reigate and Sunbury to increase opening hours and stock and core service offer as a result of moving from a Group C to a Group B. Cobham will move to a Group B as it opens in a new building

6. Sources of information

Engagement carried out

- A Review Group was formed in April 2013, made up from a representative group of library staff, the aim being to carry out an internal review of the libraries' staffing structure and the service that it provides.
- The first task of the group was to carry out a significant engagement strategy with all library staff, to understand their views on the services' strengths and weaknesses. 149 library staff attended one of the engagement sessions to discuss the service, and an additional 100 staff surveys were completed.
- A further sub group was formed who visited the Group C library managers to gain feedback and inform a subsequent report.
- Library Managers and Assistant Library Managers completed a questionnaire about their library.
- A HR representative is working with the Review Group to provide appropriate professional advice.
- Revised job profiles have been produced and approved by the HAY panel.
- Representatives from the Review Group have met with UNISON - three meetings, one every three weeks, are scheduled for the Review Group and UNISON.
- Three workshops were held in October 2014 with UNISON representatives and groups of library staff covering all staff grades.
- A Consultation document was sent to all staff in November 2014, which gave staff the opportunity to comment on the proposals and a generic email address to the Review Group was created to enable staff to comment directly. To date over 400 comments and feedback have been received..

Data used

In order to assess the impact of this proposal, Surrey Libraries have used overarching management information to inform the direction of the Review as well as information from a variety of different sources including:-

Consultation:

- Via engagement sessions open to all staff, an online and paper survey and a dedicated email inbox for any staff member to contact the Review Group
- Senior Management visited all teams and met with other senior colleagues individually

Questionnaires:

- Library Managers and Assistant Library Managers - about their library
- Library Managers and Teams – 360 degree survey on all teams
- Teams – about their work, base etc
- On-line survey – 2014

Statistics:

- A suite of statistics from the Library Management System 2008/9 – 2013
- A week's sample of Plescon visitor readings by the half hour
- **SCC Internal employment data**
- **2011 Census data**
- **Data from the Surrey website**

Group C libraries:

- Three library managers visited Group C Library Managers and compiled a report

Travel information:

- Mileage chart of distances between libraries
- Chart of public transport times between libraries

Insight into what the teams do:

- Three group members gave presentations to the Group on the work of their teams

Looking at other authorities:

- Visit to Westcroft Leisure Centre and the Circle Library (Sutton Libraries)
- Look at structure charts of other authorities
- National research was also undertaken to look at opening hour patterns and library structures in other authorities
- Look at similar job descriptions on adverts on LIS-PUB-LIBS mailing list

Surrey Libraries Community Profiles using Surrey data

From the engagement carried out with staff, over 1,500 comments were received which were broken down into 51 themes.

These shaped the Group's focus and highlighted areas of concern. The key issues identified were:

- Lack of vision for the service
- Divide between sector and teams
- Lack of career progression
- Lack of opportunity to attend training
- Unfair/uneven grading & responsibilities of some roles across the service
- Communication
- Difficulties around staffing branches adequately, including obtaining relief
- Library opening hours

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹¹⁹	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 391</p> <p style="text-align: center;">Age</p>	<p>Additional opening hours at 3 libraries during the daytime may impact on the social wellbeing of older people within these catchments.</p>	<p>Five libraries are opening 0.5 or 1.5 hours less a week but there will always be a library open within the cluster.</p>	<p>Older people aged over 65 also make up a greater proportion of the population than 10 years ago.</p> <p>The population is growing faster than the number of households and average household size has increased, reversing the long established trend.</p> <p>Source: Surrey</p>
<p style="text-align: center;">Disability</p>	<p>Libraries in a cluster will open complimentary hours - one library in a Cluster will always open.</p> <p>Additional daytime opening hours gives more opportunity for people reliant on care to access the service.</p>	<p>Limited impact -</p>	<p>The day to day activities of 13.5% of Surrey's population are limited by a long term health problem or disability. This proportion is unchanged since 2001</p> <p>The activities of 88,600 residents (5.7%) are limited "a lot"</p> <p>86% of Surrey residents are in good or very good health, with just 3.5% suffering bad or very bad health</p> <p>108,400 (9.6%) Surrey residents are providing unpaid</p>

			<p>care to a friend or relative</p> <p>Source: 2011 Census</p>
	<p>Gender reassignment</p> <p>EDAG training in gender reassignment will be provided, giving front-line staff a greater understanding of the issues.</p> <p>Toilets – unisex model for all new builds and modifications</p>	<p>None</p>	<p>10,000 people sought medical care for gender reassignment with 6,000 people undergoing surgery.</p> <p>Discussions with external trainer, John Vincent to provide gender reassignment training to library staff.</p> <p>Source: GIRES, 2011</p>
<p>Page 392</p>	<p>Pregnancy and maternity</p> <p>Dedicated breastfeeding areas in libraries to be identified.</p> <p>Baby changing facilities in all public toilets where these are provided.</p>	<p>None</p>	<p>Recent increase in birth rate is reflected in an increased number of under 5s, who now make up a greater proportion of the population than 10 years ago.</p> <p>Various User Survey comments undertaken over the past 5 years</p> <p>Source: Surrey</p>
	<p>Race</p> <p>An opportunity to increase the ethnic mix of library staff over time will enable a greater feeling of inclusiveness with customers</p> <p>Customer Service training will</p>	<p>Users may not find staff available whose race/ethnicity they feel comfortable with.</p>	<p>Over the last decade Surrey became more ethnically diverse.</p> <p>While White continued to be the majority ethnic group people identify with, it decreased over the last decade. In 2001, the White ethnic group accounted for 95.0 per cent of the population. This decreased between the 2001 and 2011 Censuses to 90.4 per cent. Within the White ethnic group, White British had decreased from 89.3 per cent in</p>

	be implemented which recognises the diverse needs of people from a variety of ethnic backgrounds		<p>2001 to 83.5 per cent in 2011.</p> <p>There was an increase in all other minority ethnic groups with a big increase in people reporting their ethnicity in “Other Asian” groups.</p> <p>1.7% of people living in Britain speak limited or no English (Census, 2011).</p> <p>Woking is the most diverse borough with 75% identified as White British and Waverley borough is the least diverse with 90.6% identified as White British</p> <p>Source: Surrey website</p>
Page 393 Religion and belief	Customer Service training will be implemented which recognises the needs of people from different religions and beliefs	Users may not find staff whose apparent religion or beliefs they feel comfortable with, especially in boroughs with a more diverse ethnic population, e.g. Woking.	<p>The majority of the population in Surrey is Christian (62.8%).</p> <p>Muslim is the next biggest religious group (2.2%).</p> <p>The proportion of Christians in Surrey fell from 74.6% in 2001 to 62.8% in 2011.</p> <p>The percentage of people that reported to have no religion has increased to a quarter of the population.</p> <p>Younger age groups are more likely to have no religion than older people</p> <p>Source: Surrey website</p>
Sex	An opportunity to increase the gender mix of library staff will more accurately reflect the	The library service currently employs 70 men compared to	Source: Internal SCC employment data

	Surrey demographic	441 women	
Sexual orientation	None	None	
Marriage and civil partnerships	None	None	
Carers¹²⁰	A change in opening times could impact on customers with caring responsibilities.		108,400 (9.6%) Surrey residents are providing unpaid to care to a friend or relative Source: 2011 Census

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	Greater flexibility in job roles and shift patterns help fit into the various life stages of staff i.e. the ability to reduce hours or to job share should be an option	An ageing workforce, with people remaining in posts for many years may make it difficult to recruit younger staff and provide a clearly defined career structure.	4.50% staff aged 0-20 10.76% staff aged 21-30 11.94% staff aged 31-40 17.22 staff aged 41-50 38.16% staff aged 51-60 16.24% staff aged 61-70 1.17% staff aged 70+ Source: Internal SCC employment data
Disability	Potential for greater opportunity to employ staff with disabilities		

¹²⁰ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

	<p>through job shares</p> <p>For disabled employees, reasonable adjustments would be made through existing mechanisms.</p>	<p>The need to travel to work in different libraries within a cluster.</p> <p>Travel and parking implications.</p> <p>Days and patterns of work may change – impact not known yet.</p> <p>Ensure there is full staff consultation and all processes for redeployment/redundancy are followed.</p>	<p>The day to day activities of 13.5% of Surrey’s population are limited by a long term health problem or disability. This proportion is unchanged since 2001</p> <p>The activities of 88,600 (5.7%) are limited “a lot”</p> <p>86% of Surrey residents are in good or very good health, with just 3.5% suffering bad or very bad health</p> <p>108,400 (9.6%) Surrey residents are providing unpaid to care to a friend or relative</p> <p>Source: 2011 Census</p>
<p>Gender reassignment</p>	<p>Appropriate training for staff will enable them to support colleagues undergoing gender reassignment.</p>	<p>None</p>	<p>10,000 people sought medical care for gender reassignment with 6000 people undergoing surgery.</p> <p>Discussions with external trainer, John Vincent to provide gender reassignment training to library staff.</p> <p>Source: GIRES, 2011</p>
<p>Pregnancy and maternity</p>	<p>Greater opportunity for women returning to work after childbirth to take part-time or job share roles within the service. Senior roles should also enable part-time or job sharing</p>	<p>The change in shift patterns for employees could adversely affect employees with caring and childcare responsibilities.</p>	<p>25% of workforce with Surrey Libraries work full-time. The remaining 75% work part-time hours, but these are mostly employed on grades S4 (41%) and S5 (21%).</p> <p>The percentage of part-time staff on higher grades is very</p>

		Limited opportunities for staff to apply for higher grades on a part-time basis may remain in place following the review.	low, e.g., 1% on S11. Source: Internal SCC employment data
Page 396	Race	The outcomes of the review aims to encourage more effective recruitment of staff from diverse ethnic backgrounds	The service fails to attract staff from diverse ethnic backgrounds to apply for positions. Over the last decade Surrey has become more ethnically diverse. While White continued to be the majority ethnic group people identify with, it decreased over the last decade. In 2001, the White ethnic group accounted for 95.0 per cent of the population. This decreased between the 2001 and 2011 Censuses to 90.4 per cent. Within the White ethnic group, White British had decreased from 89.3 per cent in 2001 to 83.5 per cent in 2011. Source: Surrey website
	Religion and belief	The EDAG training programme aims to make all staff aware of the many different religious requirements of staff and users	None The majority of the population in Surrey is Christian (62.8%). Muslim is the next biggest religious group (2.2%). The proportion of Christians in Surrey fell from 74.6% in 2001 to 62.8% in 2011. The percentage of people that reported to have no religion has increased to a quarter of the population. Younger age groups are more likely to have no religion than older people Source: Surrey

Sex	Potential to increase the male workforce. Men are currently under-represented in the library service with 70 males compared to 441 females currently employed.	None	Source: Internal SCC employment data
Sexual orientation	None	None	
Marriage and civil partnerships	None	None	
Page 397 Carers	The Review Group is aware of SCC's policies of flexible working and encourages this wherever possible.	<p>The change in shift patterns for employees may adversely affect employees with caring responsibilities.</p> <p>The need to travel to work in different libraries within a Cluster may affect caring responsibilities</p> <p>Different timetabled rota – could result in longer hours .</p>	<p>108,400 (9.6%) Surrey residents are providing unpaid to care to a friend or relative</p> <p>Source: 2011 Census</p>

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8. Amendments to the proposals

Change	Reason for change
<p>This EIA will be reviewed following the period of staff consultation – Nov to early January.</p> <p>Update:</p> <p>The resulted in 443 comments and feedback on the Review proposal. This feedback was reviewed by LSMT in February 2015 and responses will be published on S-Net and on the shared staff L Drive.</p> <p>As a result of the feedback there are no major changes to the Review proposals. The EIA originally stressed the need to engage with staff on a regular basis to ensure they had an opportunity to comment freely and this has been incorporated into the Review process.</p>	<p>The EIA related comments received from staff concerned - caring responsibilities (see 1,4), increased travel (2), changes to timetables (see 3), one concern that the EIA highlighted the need to employ younger staff at the detriment of losing older, more experienced staff (see 5). There was also one comment that customers with a protected characteristic may be affected if staff worked across several libraries – i.e. the loss of a familiar member of staff in their local library (see 6).</p> <p>LSMT Response</p> <ol style="list-style-type: none"> 1. We recognise that a percentage of staff will have caring responsibilities and we will look at these on an individual basis, where staff choose to share their concerns with us, to ensure that we offer the best solutions for staff and the service. 2. We have designed the library 'Clusters' to enable staff, where possible, to make short journeys between branches in a Cluster. However, some journey's by public transport may not be as direct and we will discuss this with individual members of staff and accommodate where this is possible. Clusters will be reviewed in December 2015. 3. The availability of a variety of work timetables will be offered that could assist with school runs and caring responsibilities. 4. A 121 discussion for all S4, S5 and S6 staff will be held that will enable them to be slotted into a rota and role which best suits both SCC's business needs and an employee's caring responsibilities as defined by SCC policy 5. Workforce data shows that 38.16% of staff are aged 51-60. The library service values the experience that staff in this age group bring to the organisation and we would not want to lose that, but LSMT also recognises the need for effective workforce planning to ensure we invest in a develop

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	<p>staff across all age ranges.</p> <p>6. S4 staff will remain largely in place at their base libraries and the links between staff and customer will not be affected by the Review. Continuity will be maintained.</p>

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
There is a concern that more rigid work patterns could be created, or greater distances to travel to a workplace are required of staff	Greater flexibility will be built into the staffing structure following the consultation period and review implementation.	May 2015	LSMT/ Sector
Race - staff from different ethnic groupings are underrepresented in the library service	Make a positive decision to recruit a more diverse workforce in the future	Ongoing	LSMT/ Sector
Disability - barriers to employing people with disabilities in libraries could remain.	Ensure roles for people with disabilities are embedded within the service.	Ongoing	LSMT/ Sector
Age – ageing workforce	Aim to employ staff from a wide variety of age groups to reflect the actual communities who use or could use our services and ensure effective workforce planning.	Ongoing	LSMT/ Sector/all staff who recruit
Sex -. Men are currently under represented in the library service with 70 males compared to 441 females currently employed.	Re-balance the proportions of male/female workforce through recruitment	Ongoing	LSMT/ Sector
Pregnancy and maternity - the change in shift patterns for employees could adversely	Design shift patterns to ensure staff with caring and child care responsibilities are not adversely	Ongoing	LSMT/ Sector

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<p>affect employees with caring and childcare responsibilities.</p> <p>Limited opportunities for staff to apply for higher grades on a part-time basis may remain in place following the review.</p>	<p>affected.</p> <p>Ensure staff have the opportunity to apply for higher grade posts on a part-time or job share basis. Consider more creative and flexible ways to work.</p>		
<p>Carers</p> <p>The Review Group is aware of SCC's policies of flexible working and encourages this wherever possible.</p>	<p>We recognise that a percentage of staff will have caring responsibilities and we will look at these on an individual basis, where staff choose to share their concerns with us, to ensure that we offer the best solutions for staff and the service</p> <p>A 121 discussion for all S4, S5 and S6 staff will be held that will enable them to be slotted into a rota and role which best suits both business needs and their caring responsibilities as defined by SCC policy</p>	<p>By May 2015</p>	<p>LSMT/ Sector</p>

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
<p>Certain work patterns may not be able to be changed due to the operational needs of the service.</p>	<p>Pregnancy & maternity, Sex, Age, Disability, Religion and Belief,</p>

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11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<p>Staff consultation undertake – surveys, workshops, presentations, bulletins, generic email address made available to all staff to enable them to contact review group members for information/comments</p> <p>Following the launch of the review structure in November 204, staff were encouraged to give feedback to the Review Team. This resulted in 443 comments and feedback on the Review proposals.</p>
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>Age - greater flexibility in job roles, shift patterns can fit into the various life stages of staff – the ability to reduce hours or job share a potential option</p> <p>Disability - potential for greater opportunity to employ staff with disabilities through job shares.</p> <p>Pregnancy and maternity - Greater opportunity for women returning to work after childbirth to take part-time or job share roles within the service.</p> <p>Race - The outcomes of the review aim to encourage more effective recruitment of staff from diverse ethnic backgrounds</p> <p>Religion and Belief - the EDAG training programme will make all staff aware of the many different religious requirements of staff and users</p> <p>Sex – the potential to increase male workforce. Men are currently underrepresented in the library service with 70 males compared to 441 females working in the library service as of Oct 2014.</p>
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>The need for greater flexibility in work patterns and job roles, offering the opportunity to job share and rotate jobs. The need to increase the diversity of the workforce through staff recruitment and use of volunteers.</p>
<p>Key mitigating actions planned to address any outstanding negative</p>	<p>Ensure there is full staff consultation and all processes for redeployment/redundancy are followed. The consultation process will involve staff briefings, workshops, 121s and</p>

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impacts	written feedback. The consultation ended in January 2015. The results of the consultation were reviewed by LSMT and this EIA has been amended accordingly see Section 8 above.
Potential negative impacts that cannot be mitigated	Certain work patterns may not be able to be changed due to the operational needs of the service.

EQUALITY IMPACT ASSESSMENT TEMPLATE

1. Topic of assessment

EIA title:	Democratic Services Team Budget Savings 2015/16
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EIA author:	Liz Mills – Lead Manager for Democratic Services
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2. Approval

	Name	Date approved
Approved by¹²¹		

3. Quality control

Version number	V0.1	EIA completed	
Date saved	08/01/2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Liz Mills	Lead Manager for Democratic Services	SCC	Assessor
Bryan Searle	Senior Manager Cabinet, Committees and Appeals	SCC	Reviewer
Andrew Evans	Strategic Partnerships Manager	SCC	Reviewer

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	The by-election budget is held as a contingency in case up to two by-elections are called in any one financial year in respect of electing County Councillors. This would be a reduction of £15k.
What proposals are you assessing?	It is proposed to reduce this contingency to cover the cost of one by-election per annum. Should further by-elections be called in the same financial year this may cause a budget pressure that would have to be accommodated in year by the County Council. The financial risk is considered to be low based on previous trends and will not impact on the ability of the Council to run the by-election.

¹²¹ Refer to earlier guidance for details on getting approval for your EIA.

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Who is affected by the proposals outlined above?	There are no identified groups that will be affected by the above proposal. The proposal is one which sees the reduction of a contingency based on previous years' experience. The running of by-elections will be unaffected. The budget proposals are not anticipated to affect the public, service users or staff of the County Council or Districts and Boroughs. The impact may be some in-year budgetary management with regard to short-term retention of vacancies (1-2 month extensions) or administrative budgets to accommodate any in year overspend. There will be no direct impact on any protected group.

6. Sources of information

Engagement carried out
Engagement was carried out with the Legal Department of the County Council, the Policy and Performance department of the County Council, the Corporate Improvement and Productivity Network of the County Council and the Democratic Services Senior Management Team. The engagement undertaken was considered proportionate to the issue and value of the reduction. The engagement was by verbal discussion and review of the draft EIA and proposal.
Data used
<ul style="list-style-type: none"> Data used was the historic information relating to the number of by-elections run for Surrey County Councillors in previous years. Available on-line.

7. Impact of the new/amended policy, service or function

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7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹²²	Potential positive impacts	Potential negative impacts	Evidence
Age	None	None	Conclusions drawn from consultation and data sets used as described above.
Disability	None	None	Conclusions drawn from consultation and data sets used as described above.
Gender reassignment	None	None	Conclusions drawn from consultation and data sets used as described above.
Pregnancy and maternity	None	None	Conclusions drawn from consultation and data sets used as described above.
Race	None	None	Conclusions drawn from consultation and data sets used as described above.
Religion and belief	None	None	Conclusions drawn from consultation and data sets used as described above.
Sex	None	None	Conclusions drawn from consultation and data sets used as described above.
Sexual orientation	None	None	Conclusions drawn from consultation and data sets used as described above.
Marriage and civil partnerships	None	None	Conclusions drawn from consultation and data sets used as described above.
Carers ¹²³	None	None	Conclusions drawn from consultation and data sets used as described above.

¹²² More information on the definitions of these groups can be found [here](#).

¹²³ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

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7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	None	None	Conclusions drawn from consultation and data sets used as described above.
Disability	None	None	Conclusions drawn from consultation and data sets used as described above.
Gender reassignment	None	None	Conclusions drawn from consultation and data sets used as described above.
Pregnancy and maternity	None	None	Conclusions drawn from consultation and data sets used as described above.
Race	None	None	Conclusions drawn from consultation and data sets used as described above.
Religion and belief	None	None	Conclusions drawn from consultation and data sets used as described above.
Sex	None	None	Conclusions drawn from consultation and data sets used as described above.
Sexual orientation	None	None	Conclusions drawn from consultation and data sets used as described above.

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Marriage and civil partnerships	None	None	Conclusions drawn from consultation and data sets used as described above.
Carers	None	None	Conclusions drawn from consultation and data sets used as described above.

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8. Amendments to the proposals

Change	Reason for change
None.	N/A

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
N/A			

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
None	

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Engagement was carried out with the Legal Department of the County Council, the Policy and Performance department of the county Council, the Corporate Improvement and Productivity Network of the County Council and the Democratic Services Senior
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	Management Team. The engagement undertaken was considered proportionate to the issue and value of the reduction. The engagement was by verbal discussion and review of the draft EIA and proposal.
Key impacts (positive and/or negative) on people with protected characteristics	None
Changes you have made to the proposal as a result of the EIA	None
Key mitigating actions planned to address any outstanding negative impacts	None
Potential negative impacts that cannot be mitigated	None

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1. Topic of assessment

EIA title:	5% budget reduction across the Policy and Performance Service (planned utilisation of vacancies and cost reductions).
EIA author:	Robert Cayzer (Senior Manager) Justin Newman (Lead Manager)

2. Approval

	Name	Date approved
Approved by	Liz Lawrence (Head of Service)	13.1.15

3. Quality control

Version number	1	EIA completed	13.1.15
Date saved	13.1.15	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Robert Cayzer	Senior Manager	SCC	Equalities lead for Policy and Performance
Justin Newman	Lead Manager	SCC	Budget lead for Policy and Performance

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?	As part of the budget proposals for 2015/16, the Policy and Performance Service has set out proposals to make 5% savings across the Service – this equates to £135,000.
What proposals are you assessing?	<p>The proposed savings come under two broad headings:</p> <ul style="list-style-type: none"> - planned utilisation of vacancies; and - cost reductions. <p>Planned utilisation of vacancies:</p> <ul style="list-style-type: none"> - In light of the requirement to identify budget savings for 2015/16 and beyond, the Service has taken the opportunity to review staffing structures and in particular recently vacant posts, so the savings can be achieved by

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	<p>managing existing vacancies.</p> <ul style="list-style-type: none"> - One vacant post (1FTE) will be deleted and another vacant post will be redesigned to work across the policy and performance teams. While this will result in reduced overall Service capacity rigorous prioritisation of work will help to mitigate the impact. - A reduction in the salary budget of the Internal Audit team will result in a reduction in the overall number of audit days to deliver the Internal Audit Plan. Prioritisation of activity in the Internal Audit Plan will help to mitigate the associated impact. <p>Cost reductions:</p> <ul style="list-style-type: none"> - A reduction in supplies and services budgets will result in reduced ability of the Service to meet in-year requests beyond day-to-day supplies and services requirements (e.g. staff development or contribution to 'corporate projects'); - A reduction in the development budget for Surrey-i reduces the ability to make changes / improvements to the Surrey-i website; - A reduction in the 'corporate subscriptions' budget can be achieved by removing an unallocated part of the budget; and - the reduction in the budget allocated for the local Healthwatch and Independent NHS Complaints Advocacy services can be achieved by removing an unallocated part of the budget.
<p>Who is affected by the proposals outlined above?</p>	<p>The proposals have been developed to minimise impact through the management of vacant posts and reductions in unallocated budgets where possible.</p> <p>The people or groups that are connected to the services (and budgets) associated with the savings proposals are:</p> <ul style="list-style-type: none"> - users and potential users (Surrey residents) of the local Healthwatch / Independent NHS Complaints Advocacy service. - staff of the provider of the local Healthwatch / Independent NHS Complaints Advocacy service. - staff in the Policy and Performance Service. <p>No significant impacts are expected for any of these groups.</p>

6. Sources of information

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Engagement carried out

The majority of the savings proposals relate to vacant posts and existing 'internal' supplies and services budgets.

Proposals have been agreed by the Policy and Performance Senior Management Team and specific proposals relating to the vacancies have been discussed with the leads/managers for the relevant areas.

In relation to the reduction to the local Healthwatch / Independent NHS Complaints Advocacy Service – a full retendering process was agreed by the Cabinet in December which included the co-design of the service specifications with a wide range of patient/service user/carers representative organisations and potential providers. A separate EIA has been completed on the service as part of that retendering process. The savings proposal put forward can be achieved by removing the unallocated part of the budget (i.e. it does not impact on the co-designed service specification / contract for the delivery of services).

Data used

In reviewing the services budgets and development of the savings proposals a range of data was used including:

- historic spend data for the Service
- the Service staffing structure (including consideration of the protected characteristics of staff)
- the views and feedback from those that the proposals were discussed with (see above section).

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7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹²⁴	Potential positive impacts	Potential negative impacts	Evidence
Age	No potential positive impacts have been identified.	No potential adverse impacts have been identified.	The evidence and engagement activity that were used to develop the proposals did not identify any positive or negative impacts on residents and service users with protected characteristics.
Disability	As above.	As above.	As above.
Gender reassignment	As above.	As above.	As above.
Pregnancy and maternity	As above.	As above.	As above.
Race	As above.	As above.	As above.
Religion and belief	As above.	As above.	As above.
Sex	As above.	As above.	As above.
Sexual orientation	As above.	As above.	As above.
Marriage and civil partnerships	As above.	As above.	As above.

¹²⁴ More information on the definitions of these groups can be found [here](#).

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Carers¹²⁵	As above.	As above.	As above.
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7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	No potential positive impacts have been identified.	No potential adverse impacts have been identified.	The evidence and engagement activity that were used to develop the proposals did not identify any positive or negative impacts on residents and service users with protected characteristics.
Disability	As above.	As above.	As above.
Gender reassignment	As above.	As above.	As above.
Pregnancy and maternity	As above.	As above.	As above.
Race	As above.	As above.	As above.
Religion and belief	As above.	As above.	As above.
Sex	As above.	As above.	As above.

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¹²⁵ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that ‘carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.’

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Sexual orientation	As above.	As above.	As above.
Marriage and civil partnerships	As above.	As above.	As above.
Carers	As above.	As above.	As above.

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8. Amendments to the proposals

Change	Reason for change
No changes to the original proposal have been made.	N/A

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
None identified.	None required	N/A	N/A

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
None identified.	N/A

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	<p>In reviewing the services budgets and development of the savings proposals a range of data was used including:</p> <ul style="list-style-type: none"> - historic spend data for the Service - the Service staffing structure (including consideration of the protected characteristics of staff) - the views and feedback from those that the proposals were discussed with and shaped by. <p>Proposals have been agreed by the Policy and Performance Senior Management Team and specific proposals relating to the vacancies have been discussed and designed with the leads/managers for the relevant areas.</p>
Key impacts (positive and/or negative) on people with protected characteristics	None identified.

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Changes you have made to the proposal as a result of the EIA	None.
Key mitigating actions planned to address any outstanding negative impacts	None required.
Potential negative impacts that cannot be mitigated	None identified.

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1. Topic of assessment

EIA title:	Services for Young People Budget 2014-15
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EIA author:	Nikki Parkhill: Equalities Development Officer
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2. Approval

	Name	Date approved
Approved by ¹²⁶	Garath Symonds, Assistant Director, Services for Young People	

3. Quality control

Version number	2.0	EIA completed	11.3.15
Date saved	11.3.15	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role

¹²⁶ Refer to earlier guidance for details on getting approval for your EIA.

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>This EIA considers the impact of how the budget for Services for Young People will be allocated for 2015-16, including savings of £2.66 million (a net budget reduction of 16%).</p> <p>In order to achieve its overarching aims (employability for all young people and to prevent offending and anti-social behaviour), Services for Young People offers a range of intervention including the Youth Support Service, the Pathways Team (provision for young people who have learning disabilities and/ or learning difficulties), alternative education programmes, centre based youth work, Skills Centres, the Year 11-12 Transition contract, the Local Prevention Framework, a web-based universal offer, Youth Small Grants funding, drug and alcohol and sexual health services. A large proportion of the functions of SYP are delivered by the Voluntary, Community and Faith and private sectors through outcomes based commissions and contracts. The Youth Support Service houses the youth justice function which is a statutory requirement. SYP works with young people aged 10-25, focussing mainly on those who are aged 13-19. The document 'One in Ten' suggests that 10% of the youth population of Surrey are in need of additional support to make a successful transition to adulthood (Surrey County Council, 2010).</p> <p>The most recent needs assessment undertaken to inform the commissioning of provision for 2015- 2020 has identified that whilst progress has been made, the issues raised in One in Ten are still relevant. In particular it highlights that:</p> <ul style="list-style-type: none"> • There are individuals in Surrey who face multiple and complex barriers to participation and are at risk of becoming NEET; there are families that have a number of support needs; and there are neighbourhoods where young people are more likely to experience a range of negative outcomes • A range of negative experiences before and during teenage
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years can have a big impact on young people's outcomes later in life

- The number of young people with Special Educational Needs and Disabilities (SEND) is increasing, as is the complexity of need within this group
- Young people who are looked after, on child protection plans and children in need are more likely to experience a range of negative outcomes than many of their peers
- There are growing unmet emotional and mental health needs amongst young people
- Young people face practical, physical barriers to participation that stop them from participating, in particular transport, lack of income and homelessness
- Some vulnerable young people choose to hide their particular needs and circumstances for fear of discrimination, alienation or bullying, whilst others may not see themselves as facing barriers to participation
- Young people need to develop the skills and experience that meet the needs of local employers and make them ready for work
- Young people are all different and need to access information, advice and guidance in a way that is right for them, so that they can make informed choices about their future participation

Young people access Services for Young People via referrals from parents/ carers, courts, the police, health and social care professionals and schools. Young people can refer themselves to many of the strands of the organisation. Many of the young people supported by the Youth Support Service are identified through partnership with other organisations and are targeted for intervention. Currently, approximately 10,000 vulnerable and at risk young people are supported by SYP per year in addition to those who access the universal, web based offer.

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<p>What proposals are you assessing?</p>	<p>There will be a disproportionate impact on some aspects of Services for Young People as it holds a number of statutory functions which limit the options when considering savings. The reduction comes at a time when Services for Young People are at the 'do' phase of the commissioning cycle for provision that will be delivered from for 2015-2020. This timing provides an opportunity to make savings before contracts with providers are set however it forces the Service to review plans as the original solutions may not now be viable.</p> <p>It is proposed that the budget reduction of £2.66 million for 2015-16 will be achieved through:</p> <ul style="list-style-type: none">• The deletion of 5 front line full time Youth and Community Worker posts (a 16% reduction of the professionally qualified workforce within the Community and Youth Work Service);• Freezing and removing vacant posts within the Youth Support Service;• The removal of the Individual Prevention Grant funding stream that provides finance for essential equipment, travel and other provision that removes barriers to participation for young people;• A reduction of £235,000 from the community grant paid to VCFS organisations;• A reduction in the sum available for preventative activities delivered by the VCFS;• £300,000 saving allocated to Commissioning & Development which will result in fewer posts;• A £490,000 reduction in the funding available to deliver the Community Skills commission which incorporates a number of initiatives including Ready for Work and the Duke of Edinburgh Award. The decision has already been undertaken to close Gypsy Skills as a result of existing budget pressures (a separate EIA has been undertaken regarding this).• Removal of the Youth Small Grants programme.• Additional income will be secured from external bodies, including the Educational Funding Agency (EFA).
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	<p>Alongside the above proposals, a 'hub and spoke' approach and Resource Allocation System (RAS) have been developed which will inform the way in which funding and staffing will be deployed in accordance with need in each borough and district within the Community Youth Work Service. Youth work hubs would be identified in areas of highest need and would be linked to youth work spokes where there would be greater collaboration with voluntary, community and faith sector partners to deliver a broader offer.</p> <p>The RAS draws together data on a range of indicators of young people's need including the number of young people who are NEET; the number of young people who are at risk of becoming NEET (or 'RONI'); the number of young people who have received substantive outcomes as a result of offending; the number of young people who received Youth Restorative Interventions (YRIs); the number of Children in Need (CiN); the level of deprivation; and the 10-19 population. The data gathered about the needs of each area will be used to allocate resources.</p> <p>The reduced budget and smaller professionally qualified workforce are likely to reduce the effectiveness of this approach and to have an adverse impact on the quality and breadth of the provision available.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>Over the last 3 years, Services for Young People has proved it can deliver more provision and outcomes for young people with less resource. The proposed savings, however, will have a significant impact on staff, current and potential service users and their families and external organisations who deliver services on the behalf of, and in partnership with, the Service.</p> <p>Looking forward, the impact of a growing population of children in Surrey and Welfare Reform are likely to increase the demand for SYP Services. There is a limit to how lean SYP can become before the impact of efficiency savings, rising demand and economic stagnation</p>

start to bite at the front line. Young people between the ages of 16-24 have been amongst the hardest hit and are 1.5 times more likely to be claiming JSA (2.4%) compared to the population overall (1.6%). The remit for Services for Young People also continues to expand to fulfil responsibilities related to the Early Help agenda and an extended age range for young people in need of Targeted Youth Support.

Data is currently being analysed for the current financial year however during 2013-14:

- Approximately 10,000 young people participated preventative provision through youth centres and the Local Prevention Framework
- 69,000 were engaged through the Youth Engagement Contract (Surge and U Explore)
- 2032 young people were provided with support through the Youth Support Service
- 117 organisations received Youth Small Grants including sports clubs, uniformed organisations, faith groups and provision for young disabled people.

Between April 2014 and October 2014 439 grants were awarded to young people through the Individual Prevention Grant scheme. The funding provided work boots, travel passes, chef knives and other course-related equipment which prevented them from dropping out of college or leaving employment.

A range of opportunities are available for raising additional income to offset the savings needed within the Youth Support Service. The EFA, for example, could provide resources for the Ready for Work programme. There are risks associated with income generation as a strategy for meeting the shortfall; applications may be unsuccessful and the terms and conditions of the EFA, for example, mean that payments are only paid once a learner achieves an accredited educational outcome. Whilst it is desirable for young people to achieve qualifications, it might be that there is pressure

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to retain young people on Ready for Work programmes rather than encouraging them into more formal education settings that will provide them with more relevant qualifications or result in a more rigorous selection process where only young people who are likely to achieve the desired outcomes are recruited. The focus of Services for Young People may become more fluid as it responds to the agendas of funders rather than the identified needs of young people and the strategy that has been developed to improve outcomes.

The reduction in resources and increased demand described above will increase the work load of a reduced workforce across SYP, and/ or limit the amount of support and activities available for young people. The proposed approach to making the savings will impact on partner organisations and those who have been commissioned to deliver services on our behalf. The intention to reduce the grants provided to Voluntary, Community and Faith sector organisations is likely to have a negative impact on those organisations and the young people who access their provision including those who have protected characteristics e.g. religion and belief and disability.

In summary, despite the desire to minimise the impact on young people the proposals considered in this EIA for achieving the £2.66 million savings identified for 2015-16 it will not be possible to fully mitigate the negative impact on young people, their families and staff.

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6. Sources of information

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Engagement carried out
<p>Extensive engagement was undertaken with young people, staff and stakeholders to develop the new model for Services for Young People that will be established from 1st April 2015. Staff within Commissioning and Development and what will be the Community Youth Work Service (currently Centre Based Youth Work) are currently engaged in a period of formal consultation about changes in the organisational structure and job roles. It was always intended that there would be changes to job roles and to the structure of the teams in order to implement the new commissioning intentions effectively. The allocated budget reduction has compounded the need for change and will reduce the number of posts available. They are officially vulnerable to redundancy. The feedback received from the earlier engagement events was instrumental in the development of the commissioning intentions and similarly feedback received during the current consultation period will be considered and influence final decisions made.</p> <p>Further engagement and equality impact assessments will be undertaken at a later stage when the Resource Allocation System (RAS) is implemented as this will involve Local Committees and Youth Task Groups allocating resource to address identified need which will improve the services available to some young people but will also mean that resources may be taken away from existing users. Staff will also be affected as a result of this approach as their delivery base and type of work required of them may change.</p>
Data used
<ul style="list-style-type: none">• Bovaird, J & Loeffler, E. (2014) <i>The new commissioning model of services for young people in Surrey: Evaluation of Achievements and Implications</i>. INLOGOV, University of Birmingham• CIPD (2007) <i>What's happening with well-being at work?</i> http://www.cipd.co.uk/NR/ronlyres/DCCE94D7-781A-485A-A702-6DAAB5EA7B27/0/whthapwbwrk.pdf• Council of Europe (2008) <i>Child and teenage suicide in Europe: A serious public-health issue: Report Document 11547</i> http://assembly.coe.int/main.asp?Link=/documents/workingdocs/doc08/edoc11547.htm• Families in Poverty Needs Assessment 2010• Feedback from the centre based youth workers' working group, the Project Board, Commissioning Group and staff conferences.• Hastings, A., Bramley, G., Bailey, N., Watkins, D. (2012) <i>Serving Deprived Communities in a</i>

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Recession. Joseph Rowntree Foundation

- JSNA (2011) Children with Disabilities chapter
- JSNA (2011) Domestic Abuse chapter
- JSNA (2011) Ethnicity chapter
- JSNA (2011) Family Stability chapter
- JSNA (2011) Mental Health chapter
- JSNA (2011) Religion chapter
- JSNA (2011) Sexual Orientation chapter
- JSNA (2011) Special Educational Needs chapter (NOT YET PUBLISHED)
- JSNA (2011) Parenting chapter
- JSNA (2011) Teenage Pregnancy chapter
- JSNA (2011) Unaccompanied (and former unaccompanied) Asylum Seeking Children chapter
- JSNA (2011) Young Carers chapter
- Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey (2013)
- ONS population estimates 2010
- Reed, B., Rhodes, S., Schofield, P. & Wylie, K. (2009) *Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution*. GIRES. Available at www.gires.org.uk
- Services for Young People performance reports
- Services for Young People (April 2014) Cabinet Paper 'Re-commissioning for 2015 – 2020'
- Surrey County Council, (2010) *One in Ten: A needs assessment of young people aged thirteen to nineteen in Surrey*.
- Surrey County Council, (2013) *Participation Needs Assessment 2013*
- SCC (2014) Services for Young People Annual Report 2013/14
- SCC (2014) Services for Young People: Analysis of the Engagement Paper Feedback: DRAFT V2
- SCC (2014) Children, Schools and Families Workforce Planning, August 2014
- SCC (2014) Young people's perspectives: Young people's feedback through the Surge Survey, Evaluation of Commissions, Needs Assessment and the development of the Triple Tripod Model.
- SCC (2013) Services for Young People Needs Assessment
- SCC (2013) Evaluation of Commissions
- SCC (2013) Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey
- Surrey County Council, (2010) *One in Ten: A needs assessment of young people aged*

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thirteen to nineteen in Surrey.

- Whittle, S., Turner, L. & Al-Alami, M. (2007) *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*. Press for Change. Available at <http://www.pfc.org.uk/pdf/EngenderedPenalties.pdf>

7. Impact of the new/amended policy, service or function

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7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹²⁷	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 428</p> <p>Age</p>	<p>The extended provision for Targeted Youth Support and Early Help will benefit younger young people.</p>	<p>A constraint on staffing levels across Services for Young People will result in the number of young people supported and the range and depth of opportunities for personal development available may be reduced despite demand increasing. This will have the greatest impact on the most vulnerable young people.</p> <p>A reduction of full time youth work posts within the Community Youth Work Service which require a professional JNC qualification will result in a less qualified and experienced staff team who will be less equipped to deal with complex issues</p>	<p>There are 272,800 children and young people aged 0-19 in Surrey, 67,300 are 10-14 years old; and 69,000 are 15-19 years old. (ONS: Surrey)</p> <p>In 2012 there were approximately 22,640 children and young people aged 0-19 living in poverty in Surrey or 9.2% of the 0-19 population. 0-10's make up 67% (15,160) of the children living in poverty in the county. (Children living in poverty data accessed on Surrey)</p> <p>Services for Young People has secured significant achievements since 2012:</p> <ul style="list-style-type: none"> • 59% reduction in young people who were NEET between January 2009 and January 2014 • Interim data shows Surrey had the joint lowest numbers in England of young people who were NEET between November 2013 and January 2014, when last year Surrey ranked joint-25th. • 90% reduction in first time entrants of young people to criminal justice system from 2009 to

¹²⁷ More information on the definitions of these groups can be found [here](#).

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		<p>presented by the targeted cohort of young people.</p> <p>Workers may be limited on the amount of time they are able to allocate to each young person due to increased case loads.</p> <p>Young people are likely to be affected through the reduction of grants available to the Voluntary, Community and Faith Sector and Individual Prevention.</p> <p>There is a risk that young people who live in boroughs/ districts where teams are carrying vacancies will have restricted access to intervention.</p> <p>The Resource Allocation System proposed within the Community Youth Work Service is likely to have an adverse impact on young</p>	<p>2013, when we had the lowest rate of first time entrants in England</p> <ul style="list-style-type: none"> • Lower rate of youth custody per 1000 population in England. • 4% increase in young people aged 16-18 starting apprenticeships since 2011 – in contrast to a decrease of 14% in England during the same period. • There were 124 fewer NEET young people in 2012-13 compared to 2011-12, which based on research analysis by York University, results in a £7 million saving to public purse • Demonstrable positive impact on school attendance and fixed term exclusions for young people taking part in Centre Based Youth Work and Local Prevention Framework activity – and in particular for those with SEND. • High proportion of young people engaged in youth centre activities are in higher need groups – of the 7,017 in 2012/13, 37% had SEND, 20% were NEET or re-engaging, 17% were identified at risk of NEET, 16% were Children in Need, and 200 were young people who had offended. • 89.8% successful progression to education, training or employment from young people at risk
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		<p>people who live outside of prioritised areas but still have high levels of need.</p>	<p>of becoming NEET who received support from the Year 11/12 Transition commission</p> <ul style="list-style-type: none"> • Twenty six youth centres have achieved the NYA (National Youth Agency) Quality Mark Level 1, demonstrating a standard equivalent to Ofsted rating of good – no Surrey youth centre had secured this rating before. • £2 million in expenditure on placements for young people with SEND offset as young people have local provision rather than being placed in Independent Specialist Colleges since 2011/12, meaning more young people are being educated closer to home. This fits with the strategic service planning for post 16 placements. • 290 young people who presented as homeless have been placed in safe accommodation since November 2012. (SYP Cabinet Paper, April 2014) <p>(The) young carers services give some form of support to 1,200 young carers a year. However evidence suggests that this could be as low as just 10% of young carers in the county. The average age of a Surrey young carer is 12. (JSNA Chapter: Young Carers)</p>
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			<p>There are 94 Unaccompanied (or former unaccompanied) asylum seeking children (UASC) in Surrey that mostly fall between the ages of 16 and 21. (JSNA Chapter: Unaccompanied (or former unaccompanied) Asylum Seeking Children and Children's Performance and Knowledge Management Team)</p> <p>Surrey County Council's Race Equality and Minority Achievement Service estimates that currently (May 2011) there are about 1100 GRT pupils receiving mainstream education in Surrey and a further 120 children of school age (2-16) in the county who are receiving Elective Home Education. (Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2013)</p> <p>According to School Census and Traveller Education Support data (which includes both self-ascribed and non-ascribed children) there were an estimated 2203 children aged 0-19 in 2009. Guildford had the highest number with 300, followed by Runnymede with 104 children. In all other boroughs and districts there were less than 100 GRT children. (Needs Analysis for Gypsy, Roma and Traveller</p>
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			<p>Children and Young People in Surrey 2013)</p> <p>There is a tendency among GRT children and young people to marry and have children at a younger age. A significant number of GRT children leave mainstream schooling by the age of 13. The law permits parents to educate their children at home, although GRT parents are not always able to support their children effectively in home education.</p> <p>(Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2013)</p> <p>GRT children and young people often see vocational training and skills as more relevant in preparing them for adult life. Young men in particular have ambitions to go to college and obtain certification for trades, but current law restricts their access to college until the age of 16, by which time many are working fulltime and may be reluctant to return to education. Although some GRT children return to formal education at 16+ to take vocational college courses, local GRT parents have stated that having to wait until their children reach 16 before they can access vocational training acts as a barrier to educational</p>
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			achievement. (Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2013)
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 433</p> <p>Disability</p>	<p>Services provided by the Pathways Team for young people who have Special Educational Needs and/ or Disabilities will be protected from the budget savings as this is a statutory function.</p>	<p>Funding pressures might limit the range of opportunities available for young disabled people.</p> <p>Bespoke provision within the Community Youth Work Service may be reduced. This might mean their needs are not fully met or that they, and their families, have to limit their aspirations.</p> <p>Young disabled people might be affected through the reduction of grants available to the Voluntary, Community and Faith Sector.</p> <p>Young carers may be impacted by a reduction of resource within the Community Youth Work</p>	<p>In 2013/14 the Pathways Team in SYP completed over 2,000 statutory learning difficulty assessments for young people in years 9-13 with SEND (the vast majority of whom have Statements of Special Educational Need), to help them to prepare for their transition to post-compulsory provision. 87% of young people with SEND who progressed into year 12 in September 2013 were in positive destinations in January 2014.</p> <p>50% of the Youth Support Service cohort have Special Educational Needs/ Disabilities and the number of learners with special educational needs is set to increase over the next 10 to 20 years.</p> <p>Young people have said one of their key concerns is mental health and emotional wellbeing. They have highlighted that poor emotional wellbeing can impact on their ability to engage in learning or work. They have said that it would help to have people to talk to. They said in particular that long term relationships with people who they trust and understand what they are going through are</p>

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		<p>Service as there may not be capacity to run targeted projects.</p>	<p>really important. (Young People’s Perspectives, 2014).</p> <p>There are approximately 8,500 children and young people aged 0-19 that may have a long-term illness, disability or a medical condition affecting their day-to-day activities. (JSNA Chapter: Children with disabilities)</p> <p>As of March 1 2015 there are 805 open cases across the Children with Disabilities Teams. (Children’s Services Performance Team)</p> <p>Children with disabilities are more likely to have Special Educational Needs (SEN). (JSNA Chapter: Children with disabilities)</p> <p>People with a physical illness are six times more likely to have a mental illness than people without physical illness. (JSNA Chapter: Mental Health)</p> <p>80% of young people who are NEET in Surrey have</p>
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			<p>additional learning needs (Surrey County Council, 2013).</p> <p>A study has suggested that of all people with mental health problems at age 26, 50% had first met psychiatric diagnosis criteria by age 15 and nearly 75% by their late teens. (JSNA Chapter: Mental Health)</p> <p>It is estimated that nationally 29% of families with disabled children are in poverty and 55% of families with children with disabilities are living in or at the margins of poverty. (Families in Poverty Needs Assessment)</p> <p>Young carers are typically children or young people living in families with a parent or sibling with an illness or disability for whom they provide care for. They are more at risk of possible mental-health disorders including stress, anxiety, low self-esteem, depression, eating disorders, difficulty in sleeping, and self-harm. (JSNA Chapter: Young Carers)</p> <p>Our young carers services give some form of support to 1,200 young carers a year. However evidence suggests that this could be as low as just 10% of young carers in</p>
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			<p>the county. The average age of a Surrey young carer is 12. (JSNA Chapter: Young Carers)</p> <p>‘There are some other issues we have experienced that potentially hinder the outcomes for young people with sensory impairment. We have a particular concern about students being required to attend the college offering the course selected which is nearest to their home. For a variety of reasons, that nearest college might not best suit the needs of that student, and by attending the nearest college the student forfeits the ability to have transport provided. We are also concerned about the wider issue of transport limitations, as it is a significant issue for all our young people. As we all know, Surrey has areas that are poorly served by public transport, and young people with vision impairment will never be able to drive themselves. This makes the problem of social isolation very significant, in that it severely limits their opportunities to engage with the community and their peers, and of course impacts on their education, learning and employment. These young people are already disadvantaged when it comes to meeting and engaging with new people. The impact of mobility and transport issues exacerbates the problems faced by these young people in relation to their emotional</p>
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			<p>wellbeing, resilience and mental health.’ Feedback from Sight for Surrey</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 437</p> <p style="text-align: center;">Gender reassignment</p>	<p style="text-align: center;">None</p>	<p>There may be a negative impact on young people who are trans or are questioning their gender identity if staffing is constrained within projects which are accessed particularly by this group.</p> <p>Through previous experience of commissioning on a borough/ district basis it has become clear that some priority groups of young people, especially young transgender people, may miss out as the population is spread out across the county, rather than being located in on particular place.</p>	<p>Current prevalence of people experiencing gender variance in the UK is estimated at 600 per 100,000 people, with those with gender dysphoria presenting for treatment estimated at 20 per 100,000 people. There is currently a rapid growth rate of 15% per annum. These figures do not take account of those who are questioning their gender identity or who have not made their gender dysphoria known. The median age of people presenting for treatment is 42. “Few younger people present for treatment despite the fact that most gender dysphoric adults report experiencing gender variance from a very early age. Social pressure, in the family and at school inhibit the early revelation of their gender variance.” (GIREs, 2009: 4).</p> <p>Many young transgender people leave school with level 2 qualifications and 34% go on to achieve a degree, or higher degree in comparison with 27% of the wider UK population (Engendered Penalties, 2007). This might indicate that they are at less risk of becoming NEET, however, this largely hidden group are highly likely to</p>

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			<p>experience reported that they have experienced transphobic bullying, harassment and discrimination in public places, schools, in the workplace and within their families. It is recognised that these experiences can have a negative impact on mental health and that there is a higher incidence of suicidality amongst lesbian, gay, bisexual and transgender young people than the wider youth population (Council of Europe). These factors all impact on a young person's ability to move into further education and employment and ability to access provision and feel confident in sharing with others about their situation.</p> <p>Access to medical treatment and safe accommodation are also key issues for these children and young people (Whittle et al, 2007).</p> <p>The needs of this group are unlikely to be identified on a local borough/ district level and therefore will not be reflected in the service specification.</p>
<p>Pregnancy and maternity</p>	<p>Young parents and young people who are expecting a baby have been highlighted as</p>	<p>There may be a negative impact on young parents if staffing is constrained within projects which are accessed particularly by this</p>	<p>Approximately 200 babies are born to teenage mothers and around 280 teenagers have terminations in Surrey each year (JSNA Chapter: Teenage Pregnancy)</p>

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	<p>a priority group for SYP</p> <p>Young parents who fit the criteria of SYP will continue to have the opportunity to engage in personal development opportunities which will equip them for the workplace and parenthood. This will reduce risk factors and increase protective factors for both them and their child(ren).</p>	<p>group. The frequency and depth of support might be limited.</p>	<p>In 2010, 11% of the young people who were NEET in Surrey were teenage parents or were pregnant young women (One in Ten, 2010)</p> <p>About 40% of teenage mothers suffer from postnatal depression and mothers living in deprived communities or who are subject to domestic violence also experience above average rates.</p> <p>GRT mothers are more likely to have complications during pregnancy. (JSNA Chapter: Maternity)</p>
<p>Race</p>	<p>Young People from GRT communities have been highlighted as a priority group for SYP.</p>	<p>A constraint on staffing levels within teams who provide services accessed particularly by young people who are from the BAME community, including Gypsy, Roma and Traveller young people, may have a negative impact on them.</p>	<p>White British people make up 83% of the resident population in Surrey. Other White is the second largest ethnic group with the largest ethnic minority group in Surrey being Indian, at 2.3% of the population. (JSNA Chapter: Ethnicity)</p> <p>The 2011 Census shows that:</p> <ul style="list-style-type: none"> • Surrey has become more ethnically diverse with

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		<p>GRT young people will lose their bespoke educational programme.</p> <p>Until systemic issues within education are addressed as part of the SCC GRT Strategy, there is a risk that the young people who would ordinarily benefit from participating in Gypsy Skills may miss out on educational opportunities.</p> <p>Young BAME people might be affected through the reduction of grants available to the Voluntary, Community and Faith Sector.</p>	<p>rising numbers of people identifying with minority ethnic groups in 2011.</p> <ul style="list-style-type: none"> • White was the majority ethnic group at 1,023,700 in 2011 (90.4 per cent). Within this ethnic group, White British was the largest group at 945,700 (83.5 per cent). • The White ethnic group accounted for 90.4 per cent of the usual resident population in 2011, a decrease from 95.0 per cent in 2001 and 97.2 per cent in 1991. • White British and White Irish decreased between 2001 and 2011. The remaining ethnic groups increased, Any Other White background had the largest increase of 16,600 (1.2 percentage points). • Across the districts in Surrey, Woking was the most ethnically diverse area and Waverley the least. <p>SCC Education Performance 2014:</p> <ul style="list-style-type: none"> • The percentage of pupils with statements of SEN/EHCPs from White European and mixed ethnic groups has increased in the past three years. • In 2014 those who performed better than the Surrey average in achieving KS2 % L4+ in Reading, Writing & Maths and KS4 % 5+ A*-C including English & Maths GCSE include: Chinese,
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			<p>Mixed White/Asian and Indian children and young people.</p> <ul style="list-style-type: none"> • Those performing below the Surrey average include Mixed White/Black Caribbean and Pakistani. • In 2014, GRT children and young people performed 50-60% below the Surrey average for both achieving KS2 % L4+ n Reading, Writing & Maths and KS4 % 5+ A*-C including English & Maths GCSE. <p>All ethnic minority groups in the UK have a higher proportions of poverty compared to the majority white population (Families in Poverty Needs Assessment)</p> <p>Independent research suggests that a higher proportion of people from BME communities in the UK experience mental health problems compared to White British people. (JSNA Chapter: Mental Health)</p> <p>59% of children in the Surrey GRT community have special needs compared with 19% in the whole population. (Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2013)</p>
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			<p>Many members of the GRT population are reluctant to reveal their ethnic identity and this, together with the travelling lifestyle of some communities, makes it difficult to determine the exact size of Surrey's GRT population. (Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2013)</p> <p>A significant number of GRT children leave mainstream schooling by the age of 13. The law permits parents to educate their children at home, although GRT parents are not always able to support their children effectively in home education. (Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2013)</p> <p>GRT children and young people often see vocational training and skills as more relevant in preparing them for adult life. Young males in particular have ambitions to go to college and obtain certification for trades, but current law restricts their access to college until the age of 16, by which time many are working fulltime and may be reluctant to return to education. Although some GRT children return to formal education at 16+ to take vocational college courses, local GRT parents have stated that having to wait</p>
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			<p>until their children reach 16 before they can access vocational training acts as a barrier to educational achievement. The withdrawal of the Education Maintenance Allowance in 2011 may prove to be a further barrier, given that many GRT young people come from low-income families. (Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2013)</p> <p>Children and young people in GRT communities are often expected to assume caring responsibilities for siblings or relatives (Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2013).</p> <p>Most UASC and former UASC under Surrey County Council care are from Afghanistan, Iraq, Iran, Eritrea and Vietnam. With the exception of those from Vietnam, Surrey has limited local communities to draw on to support these children. (JSNA Chapter: Unaccompanied (or former unaccompanied) Asylum Seeking Children)</p> <p>Recent research has shown that students from ethnic minorities are less likely to receive offers of university places than their white peers.</p>
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			<p>http://www.bbc.co.uk/news/education-28424556</p>
<p>Page 444</p> <p>Religion and belief</p>	<p>None.</p>	<p>Through previous experience of commissioning on a borough/ district basis it has become clear that some priority groups of young people may miss out as the population is spread out across the county, rather than being located in on particular place.</p> <p>Loss of funding available to the VCFS may lead to a reduced provision for young people who access provision outside of that commissioned by SCC as it may reduce the resources available.</p>	<p>In the 2011 Census, 62.8% of Surrey's population identified themselves as Christian. The next largest group was that which reported no religion, at 24.8% of the population. Those reporting all other religions together, other than Christian, formed 5% of the Surrey population, of which the next largest religious group after Christian was Muslim (2.2% of the population). 7.4% of the population did not state their religion.</p> <p>Between the 2001 and 2011 Censuses, the proportion of Christians in Surrey decreased by 11.8 percentage points from 74.6% to 62.8%. The proportion reporting no religion rose in the same period from 15.2% in 2001 to 24.8% in 2011. (JSNA Chapter: Religion)</p> <p>In Surrey there are 112 maintained primary schools with a Religious Character and 188 of No Religious Character, while there are 11 maintained secondary schools with a</p>

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			<p>Religious Character and 42 of No Religious Character.</p> <p>Services can be 'hard to reach' for GRT families, for reasons including expectations around literacy; issues of trust and discrimination; and the isolated location of many GRT sites. (Needs Analysis for Gypsy, Roma and Traveller Children and Young People in Surrey 2013)</p> <p>Cultural and religious sensitivity is paramount in developing and delivering services to ensure that they are appropriate and accessible to people who have, or do not have, a faith or religion.</p>
Sex	None	None	<p>There are 132,900 girls aged 0-19 in Surrey and there are 139,900 boys aged 0-19 in Surrey. (ONS Surrey)</p> <p>In 2014 the difference in educational attainment between boys and girls ranges from 17.5 percentage points at the EYFS to 9% at GCSE. (this is compared gender from those obtaining 5+ A*-C inc Eng & Math at KS4). (SCC Education Performance 2011)</p>

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			<p>Boys are nearly three times more likely than girls to have statements in Surrey. (JSNA Chapter: SEN)</p> <p>There were 84 males and 10 females under the care of the Surrey Children’s Service, as of February 2015. (Children’s Performance and Knowledge Management Team)</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 446</p> <p>Sexual orientation</p>	<p>None</p>	<p>Through previous experience of commissioning on a borough/ district basis it has become clear that some priority groups of young people may miss out as the population is spread out across the county, rather than being located in on particular place.</p> <p>There may be a negative impact on young people who are lesbian, gay, bisexual or are questioning</p>	<p>JSNA Chapter: Sexual Orientation:</p> <p>Using mid-2009 population estimates, there are an estimated 5,700 young people aged 11-16 that are lesbian, gay, bisexual, transgender or questioning (LGBTQ).</p> <p>Identity-related stigma contributes to in increased risk of Bullying and social exclusion – 34% of LGBTQ young people are estimated to have experienced homophobia whilst in school and domestic abuse – a third of LGBTQ young people are estimated to have experienced bullying at home by a parent.</p> <p>It is recognised that these experiences can have a negative impact on mental health and that there is a</p>

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		<p>their gender identity if staffing is constrained within projects which are accessed particularly by this group.</p>	<p>higher incidence of self harm suicidality amongst lesbian, gay, bisexual and transgender young people than the wider youth population (Council of Europe).</p> <p>A fear of homophobia and the issues listed above can impact on a young person's ability to participate freely in education, training, employment and other activities.</p>
<p>Marriage and civil partnerships</p>	<p>None</p>	<p>None</p>	

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7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 448</p> <p style="text-align: center;">Age</p>	<p style="text-align: center;">None</p>	<p>Older workers may feel pressure to leave the service now that offers of voluntary severance have been made as part of the developments within Youth Work.</p> <p>Younger workers who may not hold professional qualifications and are currently employed by VCFS providers may be more at risk of redundancy now that the model is moving away from the Retained Employment Model.</p> <p>People who have more limited experience may experience greater difficulty in obtaining a post through the re-deployment pool.</p>	<p>Workforce data for Services for Young People (SCC, August 2014) shows that:</p> <ul style="list-style-type: none"> 13.2% are aged 15- 24 38.7% are aged 25- 39 45.3% are aged 40- 64 2.41% are aged 65- 75. <p>The impact on people who work for organisations currently commissioned to deliver services and the implication of TUPE arrangements are currently being explored.</p>

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<p>Disability</p>	<p>None</p>	<p>There may be a negative impact on the emotional wellbeing of staff if staffing constraints results in an increased workload</p> <p>Increased workload, broadened scoped and work related pressure may result in increased levels of stress and poor emotional wellbeing. The increased workloads and change of role/ location may reduce the level of flexibility available in working which could adversely impact on carers.</p>	<p>Stress and other mental health issues are now among the main causes of employee absence (CIPD, 2007).</p> <p>Workforce data for Services for Young People (SCC, August 2014) shows that only 2.79% of staff have identified that they are disabled. By type of role, this equates to:</p> <p>1.64% of those working in frontline roles 5.1% of those working in team leader roles 5% of those who are in middle manager roles.</p> <p>No senior managers have stated that they are disabled.</p> <p>The impact on directly employed staff and those who work for organisations currently commissioned to deliver services will become clear as the project progresses.</p>
<p>Gender reassignment</p>	<p>Unknown at this stage</p>	<p>Unknown at this stage, although moving teams may cause anxiety.</p>	
<p>Pregnancy and maternity</p>	<p>None</p>	<p>There is the potential that it will be more difficult to offer flexible working opportunities in line with SCC policy if staffing is constrained.</p>	

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		<p>People may choose not to have children due to concern about what is happening in the workplace.</p> <p>Workers on parental leave may feel out of touch with what is happening in the workplace, feel deskilled/ left behind if they are away during the period when changes are made, miss out on opportunities to apply for their preferred roles (if this process is needed) and experience less flexibility when they return to work with working patterns.</p>	
<p>Race</p>	<p>Unknown at this stage</p>	<p>Unknown at this stage</p>	<p>Data has shown of those employed within SYP 4.19% have identified themselves as being BME. (SCC, 2014)</p>
<p>Religion and belief</p>	<p>Unknown at this stage</p>	<p>Unknown at this stage, although people who work in VCFS organisations and may be more likely to have a faith may</p>	<p>Workforce data (2014) has shown that nearly 25% of the SYP staff have said they are Christian, 22% have no religion/ faith and 52% have not disclosed their religion/ faith. The remainder have identified as Buddhist, Hindu,</p>

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		<p>experience greater impact due to the funding available to those organisations being reduced.</p>	<p>Jewish and Muslim.</p> <p>The impact on directly employed staff and those who work for organisations currently commissioned to deliver services will become clear as the project progresses.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 451</p> <p style="text-align: center;">Sex</p>	<p style="text-align: center;">None</p>	<p>Female staff in front line roles are more likely to be impacted by the recruitment freeze in the YSS and reduction of posts in the Community Youth Work Service.</p>	<p>68% of the SYP workforce is female.</p> <p>Statistics show that of the workforce:</p> <ul style="list-style-type: none"> 23.35% are female who work full time 44.8% are female who work part time 12.31% are male who work full time 19.54% are male who work part time. <p>Gender analysis by position within SYP:</p> <ul style="list-style-type: none"> Female front line staff: 68.21% Female team leaders: 73.98% Female middle managers: 50%

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			<p>Female senior managers: 27.7%</p> <p>The impact on directly employed staff and those who work for organisations currently commissioned to deliver services will become clear as the project progresses.</p>
<p>Sexual orientation</p> <p>Page 452</p>	Unknown at this stage	Unknown at this stage	<p>69.29% of the workforce in SYP have not stated or said that they would not prefer to identify their sexual orientation. Of those who have provided this information 29.7% have said they are heterosexual and 1.01% have identified as Lesbian, Gay or Bisexual.</p> <p>The impact on directly employed staff and those who work for organisations currently commissioned to deliver services will become clear as the project progresses.</p>
Marriage and civil partnerships	Unknown at this stage	Unknown at this stage	

8. Amendments to the proposals

Change	Reason for change
None as yet.	n/a

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Potential negative impact on services being affected for specific groups/ geographical areas should there be an unplanned approach to making savings through the freezing of recruitment.	<p>Undertake an analysis of need and allocate resources accordingly within the YSS to ensure that young people who live in boroughs/ districts with existing vacancies are able to access services.</p> <p>Develop a strategic approach to making savings alongside the freezing of vacancies to ensure that there is a back-up plan should applications for external funding be unsuccessful.</p>	1.4.15	Frank Offer and Ben Byrne
That staff and/ or young people will experience negative impact through a reduction in staffing.	<p>Undertake an analysis of need and allocate resources accordingly within the YSS to ensure that boroughs/ districts with existing vacancies are not penalised by the strategy whilst fully staffed teams are unaffected.</p> <p>Develop a strategic approach to making savings alongside the freezing of vacancies to ensure that there is a back-up plan should applications for external funding be unsuccessful.</p>	1.4.15	Frank Offer and Ben Byrne

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<p>Young people who have protected characteristics and access grant- funded provision through the Voluntary Community and Faith Sector and Individual Prevention Grants may experience greater barriers to participating in personal development opportunities/ required support, especially those who do not currently access local authority provision/ commissioned services.</p>	<p>Ensure that all young people who are identified as being at risk of not participating post 16 or who are not in education, employment or training are identified and actively encouraged to engage in SYP provision. This is likely to involve identifying particular barriers to participation and building trust with families.</p>		
<p>Some Voluntary, Community and Faith Sector organisations may no longer be able to run the services currently funded with grants from SYP. There is a chance that some may fold.</p>	<p>Ensure that there is a clear understanding of the impact of reducing grants paid to the VCFS and if there are particular organisations may be vulnerable should the grants be unavailable. Ensure that these organisations are signposted to alternative sources of funding and informed about the re-commissioning process that is currently underway for SYP in 2015.</p>		

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
<p>A reduction of grants to the VCFS will reduce the range of activities available to young people unless alternative sources are identified.</p>	<p>Age, disability, race, sex, sexual orientation, gender reassignment, religion and belief.</p>

<p>A reduction in posts will reduce the amount of provision available to young people and increase the workloads of the workforce.</p>	<p>Age, disability, race, gender reassignment, sex, religion and belief, sexual orientation, pregnancy and maternity.</p>
<p>Young people will continue to experience barriers to participation as the result of the withdrawal of the Individual Prevention Grants.</p>	<p>Age, disability, race, gender reassignment, sex, religion and belief, sexual orientation, pregnancy and maternity.</p>

11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<p>Staff, managers, partner organisations, young people and stakeholders have been engaged regarding the new structure and delivery of Services for Young People from 2015-2020. Staff within Commissioning and Development and Centre Based Youth Work (what will be the Community Youth Work Service) are currently engaged in a formal consultation process and are vulnerable to redundancy. Once feedback has been received, this will be incorporated into the EIA where appropriate.</p>
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>Young people will be adversely affected by the £2.66 million saving allocated to Services for Young People which will be achieved through a reduction in qualified and experienced frontline posts, the withdrawal of Individual Prevention Grants and funding allocated to the VCFS. There is a risk that bespoke provision for groups who have protected characteristics will also be reduced.</p>
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>No changes have been made to date.</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>To ensure that the impacts of the savings are actively monitored through management information, engagement with staff, partner organisations, service users, potential service users and their families. Any feedback which shows that individuals and groups who possess protected characteristics are experiencing negative impacts will be used to inform potential changes to the plan.</p>
<p>Potential negative impacts that cannot be mitigated</p>	<p>A reduction of grants to the VCFS will reduce the range of activities available to young people unless alternative sources are identified. A reduction in posts will reduce the amount of provision available to vulnerable young people and increase the workloads of staff. Barriers to participation will remain for young people who would have benefitted from Individual Prevention Grants.</p>

1. Topic of assessment

EIA title:	Proposed budget changes for 2015-16: reduction of commissioned services by local authority (School Commissioning)
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EIA author:	Joanna Woodward – School Commissioning Team
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2. Approval

	Name	Date approved
Approved by ¹²⁸		

3. Quality control

Version number	3	EIA completed	12 March 2015
Date saved	12 March 2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Julie Stockdale	Head of Schools Commissioning & Admissions	Surrey County Council	Head of service responsible for commissioned services
P-J Wilkinson	Assistant Director for Schools & Learning	Surrey County Council	Budget holder
Melanie Harris	School Commissioning Officer	Surrey County Council	Officer responsible for commissioned services

¹²⁸ Refer to earlier guidance for details on getting approval for your EIA.

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>The Children, Schools and Families directorate is facing a proposal to reduce its budget for 2015-6.</p> <p>The proposed budget for 2015-16 includes a reduction of commissioned services for Surrey schools which are currently contracted to a provider organisation to deliver (contracted provider). The proposal would reduce the budget for school support services in 2015-16. School support services faced a similar budget reduction in 2014-15, but it was not considered necessary to conduct an EIA at the time that the proposals were announced.</p> <p>The contracted provider is currently delivering tasks for programmes previously financed by government grants that have since been discontinued; some tasks can be delivered 'in-house' by SCC.</p>
<p>What proposals are you assessing?</p>	<p>Many Surrey schools are converting to academies. As at 1 February 2015, 74 schools have already converted (44 primary, 29 secondary and 3 special), and a further 9 are undergoing conversion (3 primary, 1 all age, 2 secondary, 3 special). In addition there are 2 free schools. The decision a school makes to convert to an academy is made by the school and the Department for Education (DfE), and is outside SCC's control.</p> <p>Academies receive funding direct from the government and are free to purchase support from different providers, including the same organisation that is contracted to deliver services to Surrey's maintained schools. The reduction of the contract with SCC reflects this - i.e. academies would purchase services direct from the organisation (rather than from SCC for a service). Academies might choose not to purchase the service, or to purchase from a different service provider.</p> <p>There are approximately 393 schools in Surrey, and academies and free schools currently represent around 20% of the total school picture (although this percentage is likely to grow during 2015-16). The organisation's contract value has been cut by around 17%, so represents a fairly close reflection of the academy vs SCC maintained position.</p> <p>The contracted provider's consultants work across a number of LAs, and are not specifically employed to support Surrey schools. If academies purchase support services from the contracted provider, the consultants' workload in providing support for Surrey schools would remain at a similar level. If academies decide not to purchase services from the same</p>

	provider, this is outside SCC's control.
Who is affected by the proposals outlined above?	<p>The contracted provider contracted to deliver services to Surrey's schools is contracted to continue to deliver the same outcomes for schools, so there is no identified impact for school pupils, staff in SCC maintained schools, residents or contracted staff.</p> <p>Potentially there is an increased workload for SCC employees for services brought in-house at SCC. It is not known whether any of these employees have protected characteristics.</p>

6. Sources of information

Engagement carried out
Engagement activities were not considered necessary.
Data used
<ul style="list-style-type: none"> - Academies Tracker January 2015 - Contracted Provider's Output Specification 2014-15 Surrey County Council Service Delivery Agreement with contracted provider

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

No specific impact identified for any residents and school pupils with protected characteristics

7b. Impact of the proposals on Surrey County Council staff with protected characteristics

No specific impact identified for any Surrey County Council staff with protected characteristics

7c. Impact of the proposals on staff with protected characteristics at Surrey

County Council maintained schools

No specific impact identified for any Surrey County Council maintained school staff who have protected characteristics

7d. Impact of the proposals on academy school staff with protected characteristics

No specific impact identified for any academy school staff with protected characteristics

7e. Impact of the proposals on the contracted provider's staff with protected characteristics

No specific impact identified for any contracted staff with protected characteristics

8. Amendments to the proposals

No changes identified

9. Action plan

Monitor every 6 months and amend assessment where necessary.

Review workload of Surrey County Council staff where services are brought 'in house'.

10. Potential negative impacts that cannot be mitigated

No potential negative impacts identified.

11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<p>Analysis of:</p> <ul style="list-style-type: none"> - Academies Tracker January 2015 (published on snet) - Contracted Provider's Output Specification 2014-15 Surrey
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	County Council Service Delivery Agreement with contracted provider (commercially sensitive, therefore not published)
Key impacts (positive and/or negative) on people with protected characteristics	None identified
Changes you have made to the proposal as a result of the EIA	None identified
Key mitigating actions planned to address any outstanding negative impacts	None identified
Potential negative impacts that cannot be mitigated	None identified

1. Topic of assessment

EIA title:	Customer and Communities Directorate Support Budget Savings 2015/16
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EIA author:	Tracy Waters Senior Manager Customer and Communities
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2. Approval

	Name	Date approved
Approved by	Mark Irons	4/2/2015

3. Quality control

Version number	Version 2	EIA completed	4/2/2015
Date saved		EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Mark Irons	Head of Customer and Communities Directorate Support	SCC	Head of Service

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>The Directorate Support Team</p> <p>The work of the Directorate Support Team supports the Customer and Communities Directorate to deliver key projects. The team also provides high quality and cost effective administrative support.</p> <p>Key tasks the team is working on include:</p> <ul style="list-style-type: none"> • Moving the Coroners Service into a specialist Coroners Court in Woking. • Managing the administration of Flood Repair and Resilience grants. • Providing project support for the launch of a new joint Trading Standards Service with Buckinghamshire County Council • Supporting the implementation of the domestic abuse strategy through research and project support. <p>This is not a statutory service.</p>
<p>What proposals are you assessing?</p>	<p>The budget savings for 2015/16 will reduce the revenue budget in 2015/16 by £200,000. This reduction will be achieved through</p> <ul style="list-style-type: none"> • a continued focus on more efficient ways of working. • matching projects to directorate priorities and available resource. • Elimination of unnecessary work. <p>This means that the savings can be largely achieved by careful management of vacancies as they arise.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>The aim is to reduce the revenue budget without affecting the outcomes, effectiveness or quality of the work of the Directorate Support Teams.</p> <p>The Service is made up of two teams.</p> <p>A team largely carrying out data analysis and project support consisting of 9 people and a team of dedicated and specialist administrative support consisting of 13 people.</p> <p>There are a number of vacancies that will not be filled.</p>

6. Sources of information

<p>Engagement carried out</p>
<p>The proposal is required due to directorate budget reductions, savings will largely be achieved through the deletion of vacant posts. Engagement days with the teams affected are due to take place in February and May. As detailed plans are developed there will be engagement with staff</p>

6

and consultation with the unions.

Data used

Workforce monitoring information and budget constraints.

Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹²⁹	Potential positive impacts	Potential negative impacts	Evidence
Age			
Disability			
Gender reassignment			
Pregnancy and maternity			
Race		There are no identified impacts on residents and service users arising from this proposed budget reduction.	
Religion and belief			
Sex			

¹²⁹ More information on the definitions of these groups can be found [here](#).

Sexual orientation			
Marriage and civil partnerships			
Carers¹³⁰			

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age		Not applicable	
Disability		Yes	Changed work locations may present access issues: transport, parking as well as suitable buildings.

¹³⁰ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

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Gender reassignment		Not applicable	
Pregnancy and maternity		Yes	The team includes women. Women on maternity leave are protected in selection procedures.
Race		Not applicable	
Religion and belief		Not applicable	
Sex		Not applicable	
Sexual orientation		Not applicable	
Marriage and civil partnerships		Not applicable	
Carers		Not applicable	It is unknown whether any of the team has caring responsibilities but changes to their employment may affect this if their employment status changes.

8. Amendments to the proposals

Change	Reason for change
No amendments to date	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
<p>The team includes women. Women on maternity leave are protected in selection procedures.</p> <p>It is not known whether any of the team has caring responsibilities</p> <p>Disability</p>	<p>Following correct selection and HR procedures</p> <p>Consideration of flexible working arrangements on a case by case basis.</p> <p>Consideration of a full range of reasonable adjustments and application of flexible working arrangements.</p>		Tracy Waters

10. Potential negative impacts that cannot be mitigated

	Protected characteristic(s) that could be affected

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Workforce information data.
Key impacts (positive and/or negative) on people with protected	Loss of employment could have negative affects for women on maternity leave. Changes of work location, or hours could adversely affect those

characteristics	with caring responsibilities, parents and disability.
Changes you have made to the proposal as a result of the EIA	
Key mitigating actions planned to address any outstanding negative impacts	Following SCC policies for selection, access and flexible working arrangements.
Potential negative impacts that cannot be mitigated	

1. Topic of assessment

EIA title:	Impacts of removal of Local Committee Capital Allocations
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EIA author:	Tracy Waters Senior Manager Policy and Performance Customers & Communities
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2. Approval

	Name	Date approved
Approved by ¹³¹	Jane Last	4 February 2015

3. Quality control

Version number	V2	EIA completed	
Date saved	January 2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Jane Last	Programme Manager and Lead Manager for Community Safety and Partnership	SCC	Head of Service
James Painter	Community Partnership Manager	SCC	Lead Manager

¹³¹ Refer to earlier guidance for details on getting approval for your EIA.

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>This proposal relates to the removal of Local Committee capital allocations. In 2014/15 a total of £385,000 was available for the public to suggest suitable projects for inclusion in the programme. Bids are typically for less than £5,000 and many are below £1,000.</p> <p>This proposal does not affect the Member Allocations fund which each county councillor receives for award in their Division to local organisations and groups can apply for funds for projects that promote the social, economic and environmental well-being of the local community. The current allocation per councillor is £10,300, creating a countywide fund of £834, 000.</p> <p>The proposal does not affect the Community Improvement Fund, currently £ 500,000 which gives local groups the chance to improve their areas, make a real difference to people’s lives and strengthen the ability of residents to independently enhance where they live. Bids are invited for between £10,000 and £30,000 for one- off capital schemes for community improvements (in exceptional circumstances bids for start up revenue projects will be considered).</p> <p>Contributions from all these funds typically provide a significant gearing effect for communities and groups in attracting funding from other sources, increasing the net value of the resource supporting local projects. There is no direct evidence of the gearing effects of these funds in Surrey, but evidence presented to the House Of Commons Public Administration Select Committee in 2011, suggests that the ratio of funding generated from other sources arising from public funding to the local voluntary and community sector is at least 3;1. There is also research evidence that suggests considerable social value in reduced demand for other services from investment in the third sector. A potential ratio of at least £4 social return for each £1 invested is quoted in “Social Return on investment – an introduction Cabinet Office 2009).</p>
<p>What proposals are you assessing?</p>	<p>As part of the Budget review for 2015/16, undertaken from November 2014, it is proposed that the local committee capital allocation funding of £385,000 is removed. The purpose of this EIA is to assess the potential dis-benefits this may create. This is not a “service” reduction – more the reduction of an opportunity to enhance community assets.</p>

Who is affected by the proposals outlined above?	<p>As noted above, this does not constitute a service reduction as such so at the primary level there is no direct impact.</p> <p>The fund supports local groups who need relatively small injections of cash to provide or enhance local facilities and equipment.</p> <p>Analysis of successful bids to date in 2014/15 shows that the largest single areas of spend are on Community assets including grit bins, benches, IT and Community buildings.</p> <p>A reduction in the capital fund may affect the match funding arrangement with Guildford Borough Council, who have introduced 4 cluster areas who agree the funding for local projects.</p> <p>Projects not funded by CIF are sometimes considered for the Local Committee Allocations fund, this would no longer happen.</p>
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6. Sources of information

Engagement carried out							
<p>The Service processes all applications for funding and maintains continuous monitoring of the successful applications. Reports are provided to the Cabinet Member for Community Services who shares with Cabinet and Local Committee Chairs for dissemination. Information on funds and spend is also available on the public website.</p>							
Data used							
<p>The analysis of the spend of Local Committee Capital Allocations shows that the money is used for a variety of physical assets within Surreys' communities such as aiding community building refurbishment or providing items that support local events, ceremonies, community groups or the local environment.</p> <p>County Wide – Local Committee Allocations Spend as at 5 January 2015</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">C&YP Events and Award Ceremonies</td> <td style="text-align: right;">£2,203.00</td> </tr> <tr> <td>Christmas Lights</td> <td style="text-align: right;">£4,500.00</td> </tr> <tr> <td>Community Assets (Benches/Grit Bins/IT etc.)</td> <td style="text-align: right;">£34,737.00</td> </tr> </table>		C&YP Events and Award Ceremonies	£2,203.00	Christmas Lights	£4,500.00	Community Assets (Benches/Grit Bins/IT etc.)	£34,737.00
C&YP Events and Award Ceremonies	£2,203.00						
Christmas Lights	£4,500.00						
Community Assets (Benches/Grit Bins/IT etc.)	£34,737.00						

Community Building Refurbishments	£46,557.96
Community Group Support	£16,283.60
Community Safety/ Local Priorities	£750.00
Health and Wellbeing	£5,833.00
Highways - Schemes (Speed Limits etc.)	£10,650.00
Schools Equipment & Events	£17,263.00
Streetlighting	£7,442.78

Total Spend as at 5 January 2015 is £146,220
Total Budget 2014/15 is £385,000

2014/15 UPDATE:

Data is also available for the period from April to December 2014. As at 5 January 2015 around 38 % of the fund has been spent so this does not necessarily represent the full range of uses expected over a full year. However the overall pattern across the spending categories is broadly similar.

Specific projects of note in 2014/15 so far have included:

- a defibrillator for Mole Valley
- protective equipment for flood volunteers, Spelthorne and Sunbury
- mobile hoist and specialist play equipment for disabled children, Runnymede
- heritage lighting, Frimley Green
- funds towards a swimming pool, Farnborough Fins

Measures already taken

Following the Public Value Review of Community Partnerships, a number of recommendations were made for improvements to support to members and Communities. Among these was a Process Review of the local grant process with a view to making it easier to use, more widely known and quicker to approve and issue funding.

The review, conducted during December 2012, achieved all of these goals and has resulted in:

- Much wider awareness of the availability for funding and the process by

which it can be accessed

- Active advocacy for the funds by members and Officers, including training for both in more effective community engagement and working with less advantaged communities
- On-line and simpler application processes, including paper-based and other alternatives, which make it easier for people with disability and access or literacy challenges to apply. Officers are available to support in defining and making applications when necessary
- Much improved processing and decision making processes and times, with potential turnaround from receipt to decision of under two weeks for many applications
- Improved guidance for the scheme that takes into account equalities considerations

Joint training for Officers with Surrey Community Foundation and others that enhances their ability to advise and signpost potential applicants on other funding sources as contributory or alternative solutions

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹³²	Potential positive impacts	Potential negative impacts	Evidence														
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 475</p> <p style="text-align: center;">Age</p>	<p>No identified positive impacts</p>	<p>Older and younger people are more likely to be disadvantaged if less funding is invested in community projects as a result of the budget reduction. This has the potential to impact through loss of facilities, less opportunities for volunteering and social interaction, and less active leisure opportunities for young people.</p>	<p>Census 2011</p> <p>Surrey shows an increased number of under 5s and increase of older people over 65.</p> <p>Population Increases by Age Group in Surrey between 2001 and 2011 Census</p> <table border="1" data-bbox="1115 663 1500 1090"> <thead> <tr> <th rowspan="2">Age Group</th> <th colspan="2">Surrey</th> </tr> <tr> <th>Population</th> <th>% Inc.</th> </tr> </thead> <tbody> <tr> <td>Under 5s</td> <td>71,300</td> <td>13.5%</td> </tr> <tr> <td>Over 65s</td> <td>194,500</td> <td>13%</td> </tr> <tr> <td>Over 85s</td> <td>30,000</td> <td>25.5%</td> </tr> </tbody> </table> <p>http://www.surreyi.gov.uk/Resource.aspx?GroupID=55&ResourceID=928</p> <p>Older people are likely to be among the greatest beneficiaries of investment in community facilities and assets, including buildings, park</p>	Age Group	Surrey		Population	% Inc.	Under 5s	71,300	13.5%	Over 65s	194,500	13%	Over 85s	30,000	25.5%
Age Group	Surrey																
	Population	% Inc.															
Under 5s	71,300	13.5%															
Over 65s	194,500	13%															
Over 85s	30,000	25.5%															

¹³² More information on the definitions of these groups can be found [here](#).

			benches, community I.T. They are also likely to be active within the groups that are supported in delivering community projects, encouraging volunteering and active retirement.												
Page 476	Disability	No identified positive impacts	<p>As for the age-related comments above, the provision of community facilities will often be of significant benefit to people with disabilities. though the direct spend on health and wellbeing projects is comparatively low.</p> <p>Census 2011</p> <p>Proportion of people reporting a health problem or disability</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Surrey</th> </tr> </thead> <tbody> <tr> <td>Day to day activities limited a little</td> <td>7.8%</td> </tr> <tr> <td>Day to day activities limited a lot</td> <td>5.7%</td> </tr> <tr> <td>All with activities limited</td> <td>13.5%</td> </tr> <tr> <td>In bad or very poor health</td> <td>3.5%</td> </tr> <tr> <td>All people providing unpaid care</td> <td>9.6%</td> </tr> </tbody> </table> <p>http://www.surreyi.gov.uk/ViewPage1.aspx?C=Resource&ResourceID=1002</p>	Category	Surrey	Day to day activities limited a little	7.8%	Day to day activities limited a lot	5.7%	All with activities limited	13.5%	In bad or very poor health	3.5%	All people providing unpaid care	9.6%
Category	Surrey														
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See comments in Age, above.

Gender reassignment

No identified positive impacts

No identified negative impacts

According to the Gender Identity research organisation (GIRES) report 2009, the prevalence of transgender people experiencing some degree of gender variance is 0.6%, but there is no validated estimate of the population of transgender people in the UK

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Pregnancy and maternity

No identified positive impacts

As for the age-related comments above, the provision of community facilities will often be of significant benefit to pregnant and nursing mothers, though the direct spend on health and wellbeing projects is comparatively low.

Census 2011

There has been a 17.9% increase in the 0-4 year old population in R&B and a 15% increase in E&E since the 2001 census.

Age Group	Surrey	
	Population	% Inc
Under 5s	71,300	13.5%

There were no projects specifically supporting pregnant or nursing mothers during 2014 /15 this but, as with age and disability, the use of community facilities for exercise clubs, and other health related activities is an important local opportunity for this group.

<p style="text-align: center;">Race</p>	<p>No identified positive impacts</p>	<p>No identified negative impacts</p>	<p>Census 2011</p> <table border="1" data-bbox="1120 199 2094 518"> <thead> <tr> <th>Area</th> <th>White British</th> <th>All Other White</th> <th>Indian</th> <th>Pakistani</th> <th>Other Asian Ethnic Grps</th> <th>Black African/Carb/Black British</th> <th>All Non White Ethnic Grps</th> </tr> </thead> <tbody> <tr> <td>Surrey</td> <td>83.5%</td> <td>6.9%</td> <td>1.86%</td> <td>1.0%</td> <td>2.9%</td> <td>1.1%</td> <td>9.6%</td> </tr> </tbody> </table> <p>http://www.surreyi.gov.uk/Resource.aspx?GroupID=55&ResourceID=999</p>	Area	White British	All Other White	Indian	Pakistani	Other Asian Ethnic Grps	Black African/Carb/Black British	All Non White Ethnic Grps	Surrey	83.5%	6.9%	1.86%	1.0%	2.9%	1.1%	9.6%
Area	White British	All Other White	Indian	Pakistani	Other Asian Ethnic Grps	Black African/Carb/Black British	All Non White Ethnic Grps												
Surrey	83.5%	6.9%	1.86%	1.0%	2.9%	1.1%	9.6%												
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 478</p> <p style="text-align: center;">Religion and belief</p>	<p>No identified positive impacts</p>	<p>No identified negative impacts</p>	<p>Census 2011</p> <table border="1" data-bbox="1120 782 2049 901"> <thead> <tr> <th>Region</th> <th>Christian</th> <th>Buddhist</th> <th>Hindu</th> <th>Jewish</th> <th>Muslim</th> <th>Sikh</th> </tr> </thead> <tbody> <tr> <td>Surrey</td> <td>711,110</td> <td>6,019</td> <td>15,018</td> <td>3,055</td> <td>24,378</td> <td>3,783</td> </tr> </tbody> </table> <p>http://www.surreyi.gov.uk/Resource.aspx?GroupID=55&ResourceID=1000</p>	Region	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Surrey	711,110	6,019	15,018	3,055	24,378	3,783		
Region	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh													
Surrey	711,110	6,019	15,018	3,055	24,378	3,783													
<p style="text-align: center;">Sex</p>	<p>No identified positive impacts</p>	<p>No identified negative impacts</p>	<p>Census 2011</p> <table border="1" data-bbox="1120 1165 1971 1396"> <thead> <tr> <th></th> <th>Population by sex - Males</th> <th>Population by sex - % male</th> <th>Population by sex - Females</th> <th>Population by sex - % female</th> </tr> </thead> <tbody> <tr> <td>Surrey (County)</td> <td>554665</td> <td>48.98</td> <td>577725</td> <td>51.02</td> </tr> </tbody> </table>		Population by sex - Males	Population by sex - % male	Population by sex - Females	Population by sex - % female	Surrey (County)	554665	48.98	577725	51.02						
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Surrey (County)	554665	48.98	577725	51.02															

			http://www.surreyi.gov.uk/Viewpage.aspx?C=basket&BasketID=224
Sexual orientation	No identified positive impacts	No identified negative impacts	There is a lack of data on this group.
Marriage and civil partnerships	No identified positive impacts	No identified negative impacts	There is a lack of data on this group.

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age			
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion and belief			
Sex			
Sexual orientation			
Marriage and civil partnerships			

There are no identified impacts on staff arising from this proposed budget reduction. The team that administers the funds does so as part of a wider business support role to the Community Partnership Team and there is no intention to make consequent savings as a result of any reduction in the funding.

8. Amendments to the proposals

Change	Reason for change
No amendments are proposed as a result of the assessment	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Removal of capital allocation means less funding reaching communities, especially those that are less advantaged	Joint training with Surrey Community Foundation and others, enhancing the skills of Officers in advising and signposting potential applicants on other sources of funding	Initial training delivered. Continuous refresh	James Painter

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
None identified	

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Public value Review and Process review engagement, Census data, analysis of fund activity April – Jan 2014/15
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Key impacts (positive and/or negative) on people with protected characteristics	Reduced opportunity for investment in more disadvantaged communities, with particular potential for impact on Age and Disability characteristics
Changes you have made to the proposal as a result of the EIA	None
Key mitigating actions planned to address any outstanding negative impacts	Actions to address issues already implemented and continuous improving
Potential negative impacts that cannot be mitigated	None

Surrey County Council Equality Impact Assessment Template
Stage one – initial screening

What is being assessed?	E&I Future staff restructure
Service	Environment and Infrastructure Directorate
Name of assessor/s	Finance, Change & Performance
Head of service	Ian Boast, Assistant Director Environment
Date	Original version: Updated:
Is this a new or existing function or policy?	Existing

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.

Reason for Restructure

1. The removal of the Assistant Director (Economy, Transport and Planning) post in November 2013 with interim reporting arrangements introduced for groups previously reporting to that post. This change has assisted moves to integrate highways and transport infrastructure activities.

2. The E&I Future Review Phase 1 have assisted the Directorate in defining and reviewing the issues and proposed solutions. To improve our performance by:-

- a) Taking our One Team working further for example by bringing together our approaches to Highways and Transport improvement and maintenance into a longer-term single programme and end to end process and developing a more joined-up approach to our work with other partners to improve Places and merge Highways and Transport functions to work more closely.
- b) Implementing the recommendations of E&I Future reviews to improve efficiency and effectiveness, to be more innovative and focus more on the key requirements.
To meet our commitments to cost savings in the Medium Term Financial Plan. To work "Smartly" cutting out waste and unproductive processes and activities and providing innovative solutions.

3. The Directorate faces budget reductions and cost containment pressures over future years, and this must be considered when planning for change. The Medium Term Financial Plan includes a savings requirement in Environment and Infrastructure of £1.2m in 2014/15, and £5.4m by 2018/19. In addition, Waste must contain cost pressures of £7.2m per annum by 2018/19

Key Changes

- A new "Place and Sustainability" Group is proposed as one of the cross directorate Groups, including elements of the functions and activities currently met within the Strategy Group and the Sustainability Group.
- The Transport Studies and Transport Policy Teams will transfer to the Networks and Asset Management Group on the 1 September 2014.
- The Economic Development function will transfer to the Chief Executive Office.
- The impact of the changes described above has an impact on the Strategy Group, whereby its functions are proposed to be covered within the new structure.
- The existing Highways & Transport Group Manager posts will be deleted and replaced by three new Groups. Interim management arrangements will continue until 1 September 2014.
- There will be two Waste Groups, Development and Operations. This finalises interim arrangements already in place.
- Asset Planning functions will be incorporated within the new Highway Network and Asset Management Group.
- **It is proposed that Surrey Connects will transfer to the Chief Executive Office.**

The new structure is due to be implemented by 1 September 2014, and aims to deliver the following benefits:-

- Take the Directorate's 'One Team' working forward to the next stage
- Achieve staff establishment cost savings to fulfill commitments in the medium-term financial plan
- Maintain priority services
- Improve performance by facilitating new ways of working and planning and delivering services in a more integrated way
- Implement some recommendations from recent E&I Future reviews of services

Key proposed changes are:-

- Reducing E&I Assistant Director posts and Services from three to two
- Greater integration of highways and transport functions
- The Head of Planning and the Chief Executive of Surrey Connects reports to the E&I Director rather than to an Assistant Director
- Changes to group structures

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	X	X		<ul style="list-style-type: none"> Positive impacts could result from improved training and performance management for all staff, and job profiles that consider both experience and qualifications Negative impacts could result from a structure that limits progression or does not have the appropriate entry level roles The implementation phase will ensure that any recruitment or progression will be based on merit and not age-related criteria
Gender	X	X		<ul style="list-style-type: none"> Positive impacts could result from continuing with flexible working practices for part-time staff, the majority of which are female. Negative impacts could result from a structure that does not reflect the current composition of full-time and part-time staff. The implementation phase will ensure that recruitment or progression is based on merit, and is not gender-related.
Disability	X	X		<ul style="list-style-type: none"> Negative impacts could result from staff being unable to fully transfer their reasonable adjustments into new roles, offices, and ways of working. Negative impacts could result if information used in the restructure is inaccessible to people with disabilities and if reasonable adjustments are not made available throughout the restructure process. Positive impacts could result if the current two ticks recruitment policy is applied in the restructuring process Positive impacts could arise if essential criteria is the only factor in recruitment decisions, and decisions are made objectively Negative impacts could result from the introduction of systems/or processes that are inaccessible for staff with disabilities. Positive impacts could result where if staff are required to work flexibly, the access needs of disabled staff are prioritised

Belief / Faith	X	X		<ul style="list-style-type: none"> The implementation phase will ensure that any recruitment or progression will be based on merit, and not criteria related to belief or faith
Sexual Orientation	X	X		<ul style="list-style-type: none"> The implementation phase will ensure that any recruitment or progression will be based on merit, and not criteria related to sexual orientation
Race	X	X		<ul style="list-style-type: none"> Negative impacts could result from a structure that limits progression or does not have the appropriate entry level roles. The implementation phase will ensure that any recruitment or progression is based on merit and not race-related criteria
Carers	X	X		<ul style="list-style-type: none"> Negative impacts could result from a structure that does not reflect the current composition of full-time and part-time staff in the E&I Directorate Positive impacts could result from continuing with flexible working practices for part-time staff.
Other equality issues – please state				
HR and workforce issues	X	X		<ul style="list-style-type: none"> There may be changes to ways of working that will need to be assessed for impact (potentially positive or negative) against the equality strands There could be different effects between people on different grades, and between full and part-time staff
Recruitment and Progression	X	X		<ul style="list-style-type: none"> Panels and assessment centres should be robust, well audited and fully transparent

If you find a negative impact on any equality group you will need to complete stage one and move onto 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.		
N/A		
Briefly describe any positive impacts identified that have resulted in improved access or services		
At this stage, the new structure not been agreed so there have been improvements to access or services yet.		

For screenings only:-

Review Date	
Person Responsible for Review	Colin Blunden
Head of Service Signed off	Ian Boast
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)

Aim and Scope

The EIA aims to:-

- Assess how the E&I Future staff restructure could impact positively or negatively on current E&I staff from the equality groups.
- Identify what can, will or has been done to reduce the effects of any negative impacts
- Identify further analysis that will be required once the draft new structure is known, and later when staff are in place in the new structure.

Main beneficiaries or users

- E&I Directorate Management Team
- E&I Directorate Leadership Team
- Restructure Project Team
- Other staff in the Environment & Infrastructure Directorate
- Unions

Main equality, accessibility and social exclusion issues

Age

At present, people under 25 are significantly underrepresented in the E&I workforce and there are potential negative impacts for younger people who wish to access employment.

Disability

E&I has a greater proportion of staff with a disability than SCC as a whole. We are legally required to consider their needs at all stages of the restructure.

Female staff and Carers

The percentage of E&I staff that are part-time is much lower than the parentage for the council as a whole. There are potential negative impacts for existing staff who are female or carers and for people from these groups who wish to access employment.

Fairness and Transparency

To ensure as far as possible that:-

- The restructure process is inclusive, objective, robust and transparent
- New systems/processes/ways of working are accessible

All staff have progression opportunities and access to the training they need

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

Environment and Infrastructure (E&I) Directorate provides essential services that benefit all of Surrey’s residents, businesses and visitors. To do this most effectively E&I needs to get several things right. The first essential criterion is that we meet our statutory and other regulatory duties. The second is to ensure that we continue to drive improvements in our day to day work and secure best value for money for our residents. The third is to develop innovative responses to the inexorable growth in demand that key services face over the foreseeable future. The fourth is that we fulfil our responsibilities to ensure that Surrey remains a prosperous and competitive economy. Finally we have to be assured that we have the resources and capability to deliver each of these four in a sustainable way.

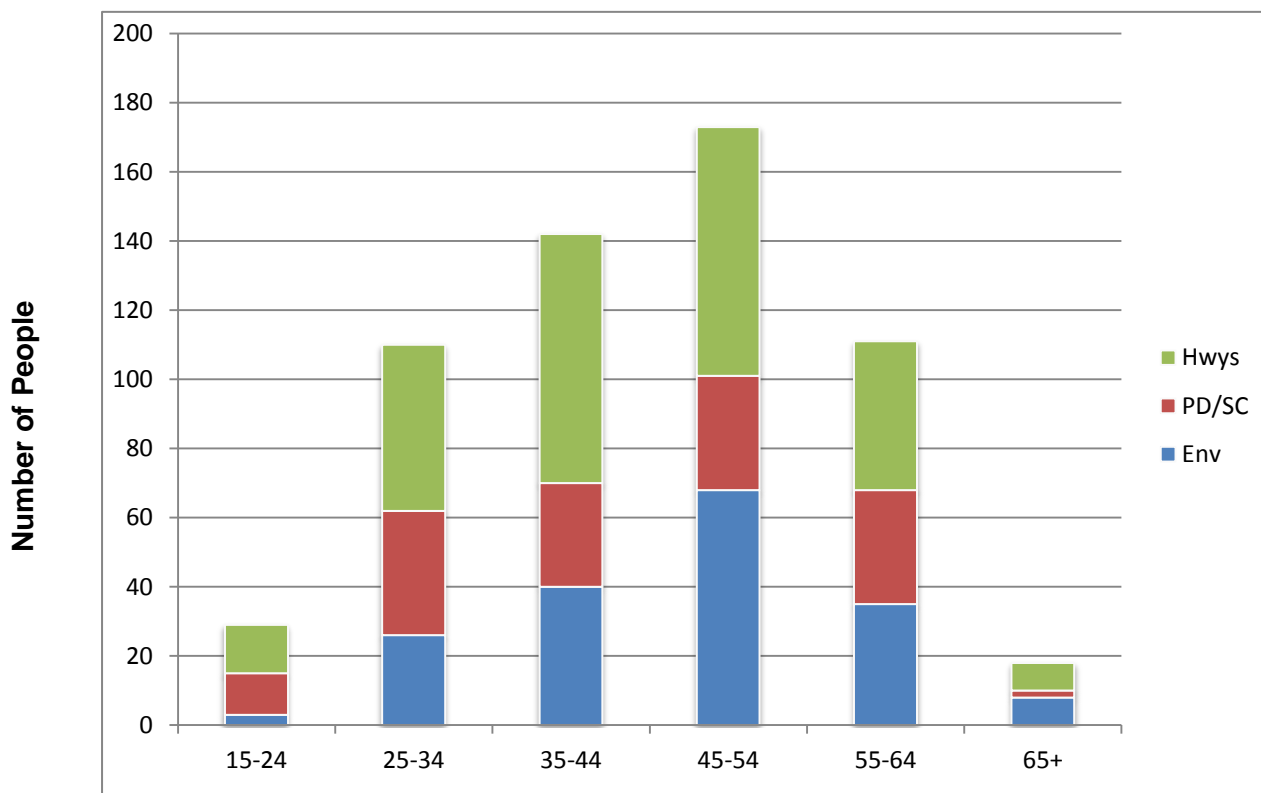
Over the past year, we have been working together on all of these elements, focusing our efforts through the E&I Future programme. Most recently, from February through to April this year, we have undertaken a staff engagement process which covered emerging proposals on a wide range of areas.

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

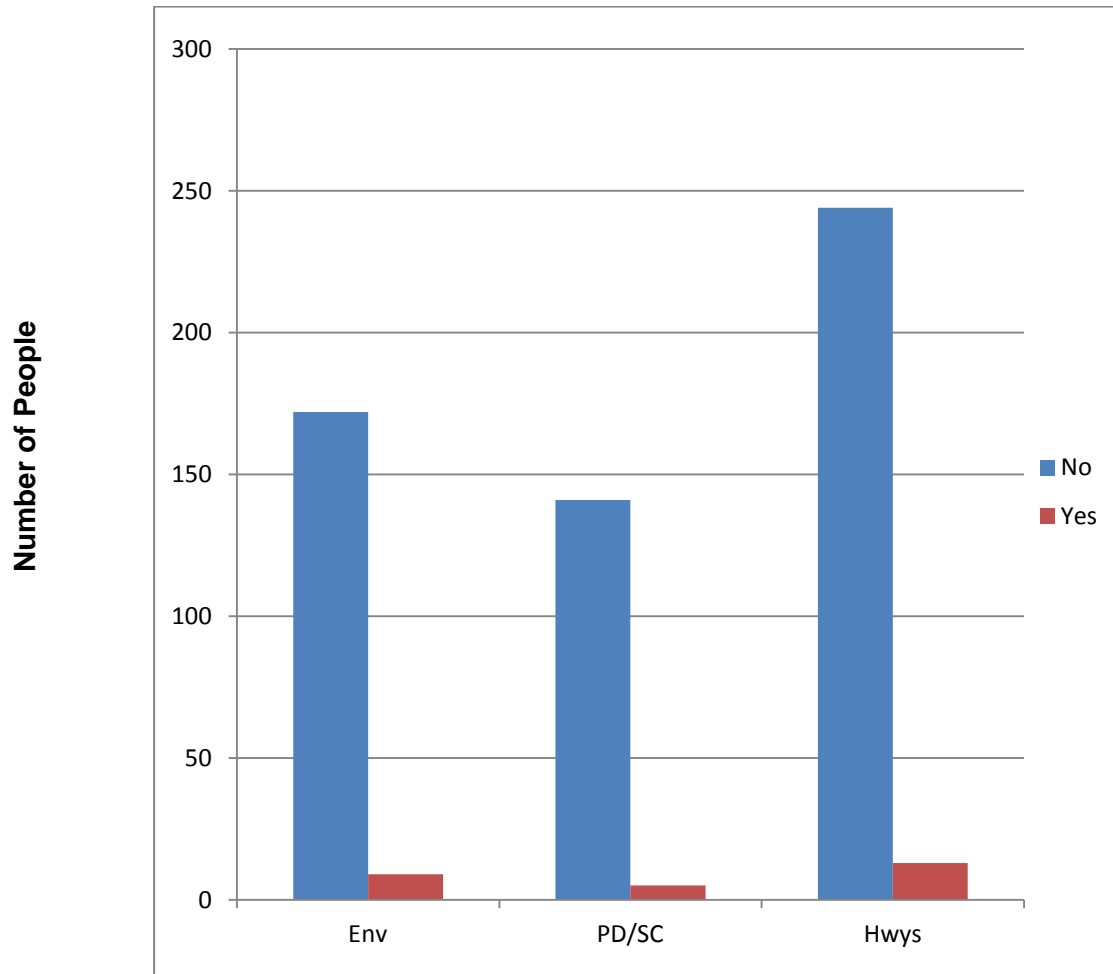
Age



Percentage of Staff

Age %	Planning & Development & Surrey Connects	Environment (including Travel & Transport)	Highways (including Strategy Group)
15 – 29	10.3%	8.4%	16.5%
30 – 39	12.0%	20.4%	20.5%
40 – 49	60.3%	16%	29.1%
50 – 59	13.7%	16.4%	22.1%
60+	5.1%	5.2%	11.9%

People aged under age 25 are significantly under represented. The restructure process will consider the number or potential “entry level” roles, to ensure that this age group is not disadvantaged, either now or in the future.

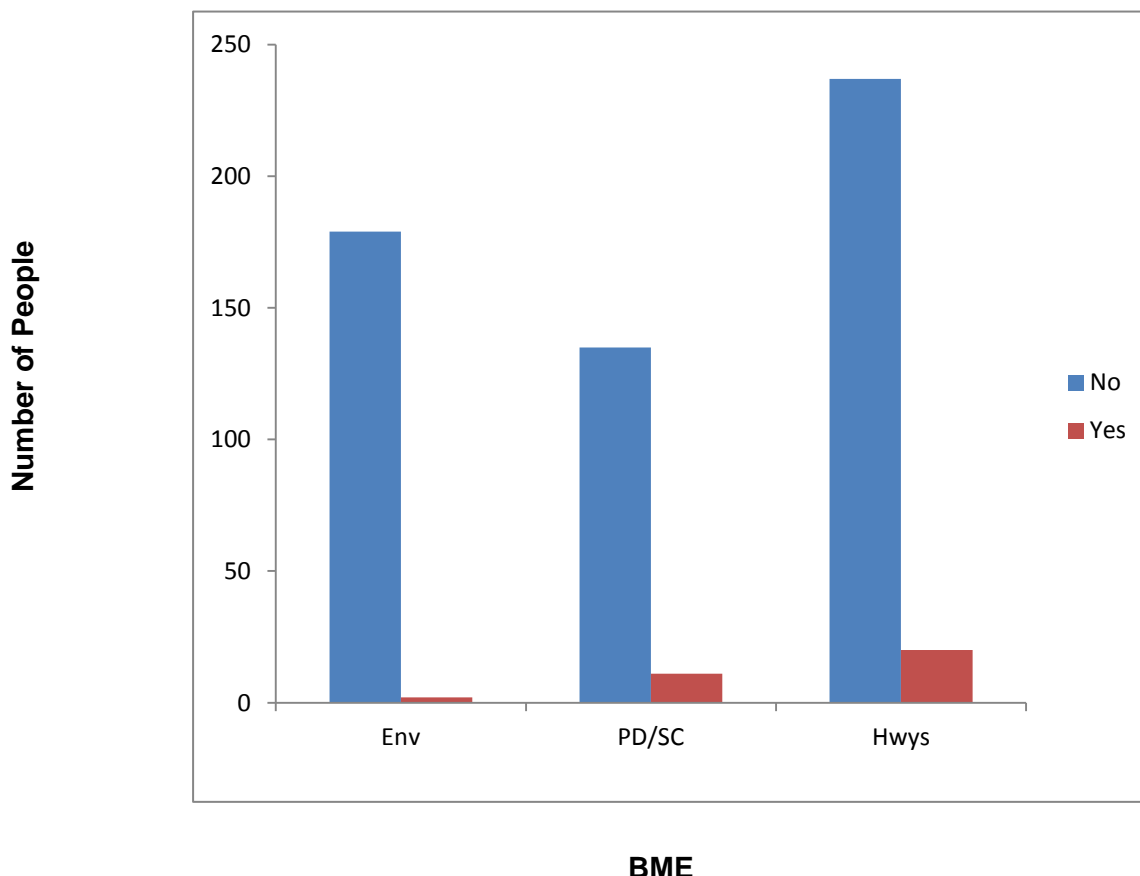


Percentage of Staff

Disability %	Planning & Development & Surrey Connects	Environment (including Travel & Transport)	Highways (including Strategy Group)
Yes	3.3%	4.4%	3.6%
No	94.9%	59.6%	91.3%
No Response	1.6%	2.4%	4.9%

Environment and Infrastructure has a greater proportion of people with disabilities (**4.5%**) than the County Council as a whole (3%). The restructure will consider the needs of staff with disabilities at all stages of the process.

Ethnicity



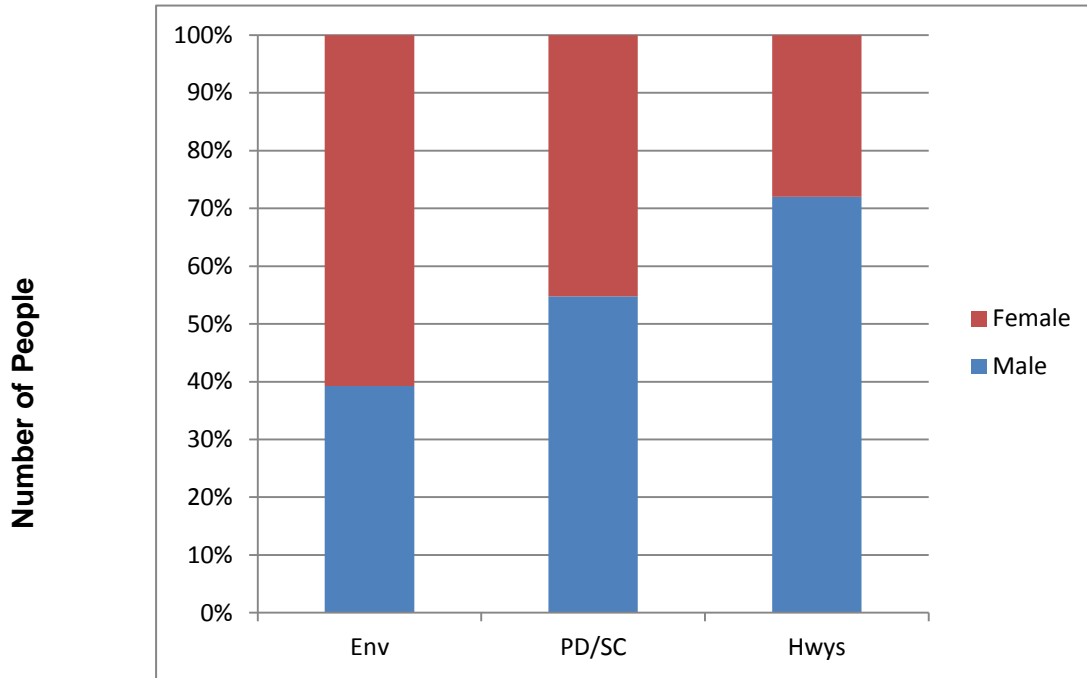
Percentage of Staff

BME %	Planning & Development & Surrey Connects	Environment (including Travel & Transport)	Highways (including Strategy Group)
White	93.2%	60.4%	73.2%
BME	3.4%	1.6%	13.9%
No Response	3.4%	4.4%	12.9%

The proportion of staff in the Directorate from a minority ethnic group (**9.09%**) is slightly **higher** than that in the County Council as a whole (7.9%).

The restructure process will give equal opportunities to staff from minority ethnic groups at all stages of the process.

Gender



Percentage of Staff

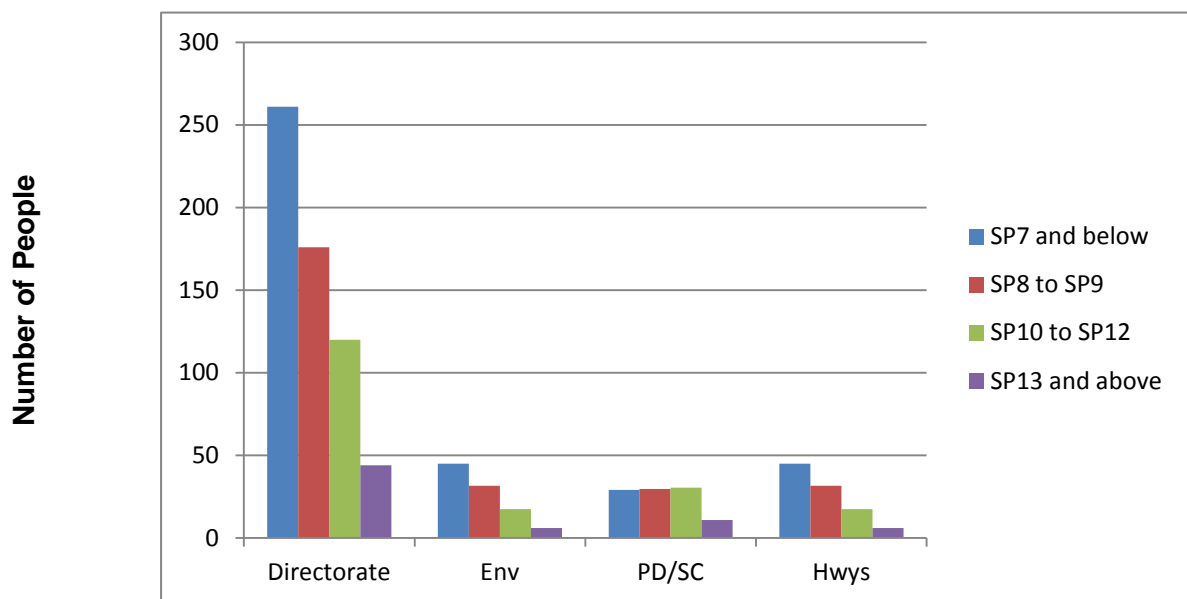
Gender %	Planning & Development & Surrey Connects	Environment (including Travel & Transport)	Highways (including Strategy Group)
Male	76.3%	26.8%	65.2%
Female	22.0%	39.6%	34.7%

The ratio of male and female staff across the Directorate is approximately 60:40, significantly different from the County Council's ratio of 29:71.

The ratio of male and female staff varies significantly across different services; Environment is majority female, whilst the two other services are both majority male.

The restructure will ensure that both men and women are given equal opportunities at all stages of the process.

Grade

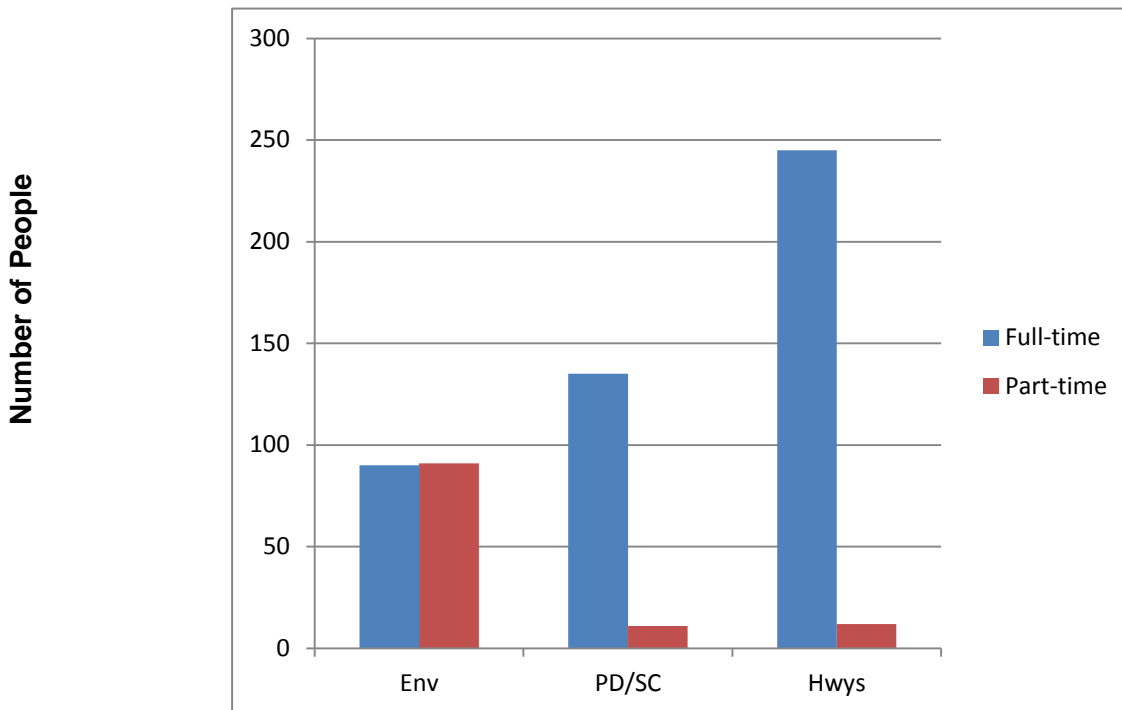


Percentage of Employment

Grade %	Planning & Development & Surrey Connects	Environment (including Travel & Transport)	Highways (including Strategy Group)
SP7 & below	20.3%	18%	37.4%
SP8 – SP9	33.9%	27%	32.8%
SP10 – SP12	37.3%	15.6%	23.5%
SP13 & above	6.7%	5.6%	6.3%

Staff at SP10 and above (**31.9%**) are highly represented in the Directorate, compared with the County Council as a whole (figure TBC – was 15% in last EIA). There is also a **higher** proportion of staff on grades up to SP7 (**32.2%**) than the Council average **TBC**.

The restructure process will ensure that there are opportunities for staff at all levels. Particularly, the number of “entry level” posts will be monitored to ensure that there are sufficient opportunities for younger staff to join the Directorate when possible.



Percentage of Staff

Hours	Planning & Development & Surrey Connects	Environment (including Travel & Transport)	Highways (including Strategy Group)
Full Time	91.5%	92.2%	97%
Part Time	13.5%	15.6%	29.8%

The percentage of part time staff in the Directorate (**7.4%**) is very significantly lower than the percentage for the Council as a whole (47%). In addition, Planning & Development and Surrey Connects & Highways have a very low percentage of part time staff.

The restructure will ensure that both men and women are given equal opportunities at all stages of the process. Particularly, consideration will be given to offering job share and part time opportunities.

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

Care has been taken to ensure that the restructure is an objective process. Each Group Manager, in consultation with their Assistant Director / Head of Service, was tasked with developing proposals for their Group's future structure. They have each provided a rationale for their proposals.

A project team, led by the Finance Change and Performance Group Manager, was formed, consisting of:-

Kathryn Torpey, Diane Grove, Joanna E Jones and Lee Arkell.

This team reported to the Assistant Director Environment and the Strategic Director for Environment and Infrastructure. It worked closely with all the Group Managers.

A project plan was developed, covering multiple work streams, and regular team meetings were held to maintain progress.

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 following key principles will be followed during the implementation phase:-

1. **Main equality, accessibility and social exclusion issues** The implementation phase will take account of the key issues identified on page 8 of this EIA.
2. **Objective and inclusive recruitment** – the recruitment process will be objective and inclusive. Adjustments will be offered for people with disabilities and suitable materials will be provided. Two ticks recruitment practice will be adopted for disabled employees. In the consultation stage the needs of any staff on long-term leave or with flexible arrangements will be considered. The panels and assessment centres will be robust, well audited and fully transparent
3. **Progression** – the implementation phase will make sure that the new structure of E&I offer progression and development opportunities for all staff, including those from the equality groups.
4. **Job profiles are fit for purpose** – the implementation phase will make sure profiles are consistent, up-to-date, and consider experience, not only qualifications. Job design will be based on essential criteria and will remove references to qualifications that are not essential. When any job descriptions are out of date, addendums will be added reflecting current functions carried out, to ensure matching is done against actual work.
5. **Introduction of new systems/processes/ways of working** – the implementation phase will aim to ensure that new ways of working are inclusive and new systems are compatible with equipment and software used by staff with particular requirements.
6. **Training** – essential training will be available to all staff.

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?

Potential negative impacts are outlined in Part 1 of this EIA. The above principles will be followed to ensure any potential negative impact is considered and reduced.

All staff will have a one-to-one meeting with a manager from their Group on the first morning of the consultation, where they find out the status of their post, along with the rationale of any proposed changes to their Group. Staff who are vulnerable to redundancy will have the opportunity to discuss options for future employment, and will receive the list of available posts.

All recruitment to posts will be open and transparent. All managers who write job profiles or make recruitment decisions will be appropriately trained. Adverts will be internal to Environment and Infrastructure staff, and appropriate priority will be given to those vulnerable to redundancy.

All staff will have access to a number of areas of support:-

- Employee assistance programme
- Meetings with senior Environment and Infrastructure managers
- Meeting with HR
- Training on CV and interview skills

All staff will be offered time off for interviews and the opportunity to take part in a redeployment process that gives them appropriate priority in competition for roles in other areas of Surrey County Council.

All staff will be given information on, and the opportunity to apply for, voluntary severance.

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

A number of positive impacts are identified in the Action Plan which is part of this EIA.

Recommendations

1. The implementation phase of the E&I Future Restructure is based on the key principles listed above and the Action Plan.
2. This EIA is updated once the new structure is known, and later when staff are in place in the new structure to assess the impact upon the equality strands
3. A detailed analysis of the impact of any new systems is undertaken once further details are known
4. New ways of working are assessed for potential impact (positive or negative) on the equality groups.

Action Plan – Actions Needed to Implement the EIA Recommendations

Issue	Action	Expected Outcome	Who	Deadline for Action
Objective & Inclusive Recruitment & Selection	<p>All E&I managers conducting interviews for PVR restructures complete either the STARS Recruitment & Selection training or refresher training prior to restructure commencement</p> <p>At the consultation stage, take into account the needs of staff on long-term leave and part-time workers</p> <p>Make any testing that forms part of the recruitment process accessible, with reasonable adjustments, for staff with disabilities</p>	<p>Fair and equal recruitment with consideration of flexible working</p>	<p>All Group Managers</p> <p>All Group Managers</p> <p>All Group Managers</p>	
Job Profiles	<p>Review all job profiles to ensure that they are up-to-date, balancing experience and qualifications. Remove references to qualifications that are not essential.</p> <p>Base all job matching on the actual work that staff currently do.</p> <p>Senior managers to approve matching.</p>	<p>Fit for purpose job profiles, of greater use in the recruitment process</p> <p>Exact matching to current roles undertaken</p>	<p>All Group Managers</p> <p>All Group Managers</p>	
Training and Development	<p>Every member of staff in E&I to have an annual appraisal and a relevant training plan</p>	<p>All staff have an opportunity to develop</p>	<p>All Managers</p>	<p>Ongoing</p>
Future Structure	<p>Make sure any new structure takes into account the current level of part-time workers so there is proportionate recruitment</p>	<p>Part-time workers are not disadvantaged.</p>	<p>All Group Managers</p>	
New Systems/ Processes	<p>Make sure every effort is taken to ensure new systems/ processes and workplaces are accessible to all staff, including</p>	<p>New systems / processes / workplaces are accessible to all</p>	<p>All Group Managers</p>	

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EQUALITY IMPACT ASSESSMENT TEMPLATE

Review date	
Person responsible for review	Colin Blunden
Head of Service signed off	
Date completed	
Date forwarded to EIA coordinator for publishing	

EQUALITY IMPACT ASSESSMENT TEMPLATE

6

1. Topic of assessment

EIA title:	Joint healthcare waste collection and disposal contract
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EIA author:	Sally Hunt, Interim Waste Improvement Team Manager
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2. Approval

	Name	Date approved
Approved by	Matt Smyth	20/02/2015

3. Quality control

Version number	1.0	EIA completed	13/02/2015
Date saved	13/02/2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Grant Smith	Waste Improvement Officer	SCC	Project Manager
Helen Trew	Waste Programme Manager	SCC	Reviewer
Matt Smyth	Waste Development Group Manager	SCC	Approver

EQUALITY IMPACT ASSESSMENT TEMPLATE

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Each of Surrey’s district and borough waste collection authorities, apart from one, currently provide a kerbside collection service to separately collect healthcare waste from residents’ homes for safe disposal.</p> <p>The healthcare waste services provided by the district and boroughs are administered by the individual authorities, through their contact centre and waste teams with collection either carried out by their in-house collection services or by an appointed waste contractor.</p> <p>One authority, Tandridge, does not provide a healthcare waste collection service.</p>
<p>What proposals are you assessing?</p>	<p>This project will procure a joint healthcare collection and disposal contract which all Surrey waste collection authorities can choose to join.</p> <p>The aims of procuring a joint contract are to:</p> <ul style="list-style-type: none"> • Achieve savings through gaining a better price from economies of scale. • Ensure that only waste which is hazardous is collected through the healthcare waste collection service, to reduce unnecessary costs of disposing of non-hazardous waste using high temperature incineration. • Ensure that local authorities only pay for the collection and disposal of healthcare waste which is created by householders and not healthcare waste which is generated by professionals providing community healthcare. It is the responsibility of the NHS to fund the disposal of this waste. • Deliver a service which is consistent across the county, making it more straightforward for healthcare professionals and residents who move within the county. <p>The procurement specification will require the selected service provider to carry out a review of existing healthcare waste collection service users, to check that they still require the service and that the waste they are disposing of is hazardous. If the waste is not hazardous e.g. non-infectious offensive waste, the service user will be advised to dispose of the waste with their general household waste. Where a service user may require additional general waste capacity the service provider will pass the request to the local authority.</p> <p>The project’s scope includes working with NHS community healthcare providers to ensure they have necessary arrangements in place for the disposal of their waste. This will either be through entering into the joint contract with local authorities or separately contracting with the same provider – so that the same service is delivered but with the costs split appropriately. Or through the NHS community healthcare</p>

EQUALITY IMPACT ASSESSMENT TEMPLATE

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	<p>providers putting in place their own arrangements to dispose of this waste.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>Residents, and in some cases their carers, who through their healthcare needs are generating hazardous healthcare waste, such as sharps, infectious dressings and cytostatic/cytotoxic medicines. Their service provider will change.</p> <p>Residents, and in some cases their carers, who have been receiving healthcare waste collections for non-hazardous healthcare waste such as non-infectious offensive waste. They will be advised to dispose of this in their general household waste.</p> <p>Residents, and in some cases their carers, and the healthcare professionals who are treating them at home through an NHS community healthcare service. The process for disposing of healthcare waste in this situation will likely change, depending upon the decisions taken by the NHS community healthcare providers.</p> <p>Other healthcare professionals, such as GPs, who advise patients on what to do with their healthcare waste. They will be provided with details of the new service to inform patients.</p> <p>Contact centre staff within district and boroughs will be briefed on the new service and how to refer residents to the service provider to arrange a new collection.</p>

EQUALITY IMPACT ASSESSMENT TEMPLATE

6. Sources of information

Engagement carried out
<p>Details of the current services provided and the number of users have been collated from the district and boroughs.</p> <p>The project working group made up of 5 of the district and boroughs will identify whether there will substantive enough changes to the service provided to residents to carry out further engagement and consultation activities.</p>
Data used
<p>Number of households served by current healthcare waste collections.</p> <ul style="list-style-type: none">Elmbridge – 200Epsom & Ewell – 366Guildford – 18Mole Valley – 60Reigate & Banstead – 300Runnymede – 60Spelthorne – 58Surrey Heath – 60Tandridge – no serviceWaverley – 1000Woking - 916

7. Impact of the new/amended policy, service or function

EQUALITY IMPACT ASSESSMENT TEMPLATE

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹³³	Potential positive impacts	Potential negative impacts	Evidence
Age	<p>Residents who currently use a healthcare waste collection service to dispose of non-hazardous healthcare waste or incontinence waste will be advised that they can dispose of this with their general household waste, making their waste disposal more straightforward.</p> <p>The consistent service across the county should be more straightforward for healthcare professionals to communicate to patients, resulting in better communication to residents on what they should do with their healthcare waste.</p> <p>Outsourcing the customer</p>	<p>Where residents currently use a healthcare waste collection service to dispose of non-hazardous healthcare waste or incontinence waste, when this project is implemented they may require additional general waste capacity to accommodate this waste.</p> <p>Residents who receive an existing healthcare waste collection may have changes to their service, such as a collection on a different day of the week or at different frequency and there may be difficulties in elderly residents receiving communication about changes and remembering them.</p>	
Disability			
<p>Page 506</p> <p>Carers¹³⁴</p>			

¹³³ More information on the definitions of these groups can be found [here](#).

¹³⁴ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

EQUALITY IMPACT ASSESSMENT TEMPLATE

	service to professionals in healthcare waste will allow better assessments to be made of residents' healthcare waste collection needs.		
Gender reassignment	None anticipated		
Pregnancy and maternity	None anticipated		
Race	None anticipated		
Religion and belief	None anticipated		
Sex	None anticipated		
Sexual orientation	None anticipated		
Marriage and civil partnerships	None anticipated		

EQUALITY IMPACT ASSESSMENT TEMPLATE

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	None anticipated	None anticipated	
Disability	None anticipated	None anticipated	
Gender reassignment	None anticipated	None anticipated	
Pregnancy and maternity	None anticipated	None anticipated	
Race	None anticipated	None anticipated	
Religion and belief	None anticipated	None anticipated	
Sex	None anticipated	None anticipated	
Sexual orientation	None anticipated	None anticipated	
Marriage and civil partnerships	None anticipated	None anticipated	
Carers	None anticipated	None anticipated	

EQUALITY IMPACT ASSESSMENT TEMPLATE

8. Amendments to the proposals

Change	Reason for change
None	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Implementing changes to services received by existing service users.	<p>Communications from the service provider to notify residents about the changes will take into account the needs of elderly or disabled service users by providing accessible variants.</p> <p>Customer service provided by the service provider will also be sensitive to take account of residents who may have difficulty in remembering or understanding the changes to their collection service.</p> <p>The customer service will also allow carers to arrange a collection on behalf of the service user they are caring for.</p> <p>These requirements will be included in the procurement documentation.</p> <p>Individual districts or boroughs will also follow their own equality</p>	April 2015	Grant Smith – Project Manager

EQUALITY IMPACT ASSESSMENT TEMPLATE

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	impact procedures for changes to their services.		
Where residents currently use a healthcare waste collection service to dispose of non-hazardous healthcare waste or incontinence waste, when this project is implemented they may require additional general waste capacity to accommodate this waste.	Processes will be put in place to provide residents with additional or larger general waste bins where required.	When contract is operational	Grant Smith – Project Manager

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
Although some mitigation can be put in place to reduce the impact of implementing changes to services received by existing service users by communicating with them, there may still be some service users who have difficulty remembering or understanding the changes to their service.	Age, disability

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Number of service users identified. To be decided whether further engagement and consultation is required.
Key impacts (positive and/or negative) on people with protected characteristics	<p>The new service will make it more straightforward for elderly residents, disabled residents and their carers to dispose of offensive waste.</p> <p>The new service consistent service will be easier for healthcare professionals to communicate to these residents.</p>

EQUALITY IMPACT ASSESSMENT TEMPLATE

	There are likely to be changes to the service that some existing service users receive which will need to be communicated to them.
Changes you have made to the proposal as a result of the EIA	None
Key mitigating actions planned to address any outstanding negative impacts	<p>The requirements on a new service provider will include the need to communicate to people with protected characteristics and provide customer services tailored to their needs.</p> <p>Where residents will no longer have non-hazardous healthcare waste or offensive waste collected by a separate healthcare waste collection, where required they will be provided with an additional or larger general waste bin.</p> <p>Individual districts or boroughs will also follow their own equality impact procedures for changes to their services.</p>
Potential negative impacts that cannot be mitigated	Some service users may have difficulty in understanding or remembering any changes to their healthcare waste collection service.

EQUALITY IMPACT ASSESSMENT TEMPLATE

6

1. Topic of assessment

EIA title:	Kerbside Improvement Programme
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EIA author:	Sally Hunt, Interim Waste Improvement Team Manager
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2. Approval

	Name	Date approved
Approved by	Matt Smyth	20/02/2015

3. Quality control

Version number	V1.0	EIA completed	13/02/2015
Date saved	13/02/2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Grant Smith	Waste Improvement Officer	SCC	Project Manager
Catherine Porter	Waste Improvement Officer	SCC	Project Manager
Ben Funning	SWP Communications Officer	SWP	Communications Lead
Helen Trew	Waste Programme Manager	SCC	Reviewer
Matt Smyth	Waste Development Group Manager	SCC	Approver

EQUALITY IMPACT ASSESSMENT TEMPLATE

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Each of the district and borough councils in the Surrey Waste Partnership (SWP) provides services to collect waste from householders to be recycled in the form of kerbside collections from individual properties or from bring banks.</p> <p>The materials that each authority collects and the containers used varies, but on the whole all houses receive collections of mixed dry recycling (paper, card, metals, plastics and glass), a separate weekly collection of food waste and an opt-in chargeable separate collection of garden waste. Some authorities also collect textiles, small electricals and batteries. The services provided to flats or communal properties can vary.</p> <p>To reduce the cost of disposing of waste and in order to treat waste in the most environmentally sound way the SWP aims to encourage more waste to be recycled and the amount of waste disposed to be reduced.</p>
<p>What proposals are you assessing?</p>	<p>The Kerbside Improvement Programme seeks to support residents to recycle more and reduce the amount of waste disposed through a programme of activity during 2015.</p> <p>The programme includes:</p> <ul style="list-style-type: none"> • Facilitating district and borough councils to develop their own action plans to deliver improvements to their services, policies or communications and providing co-ordination to ensure delivery is consistent across the county and learnings are shared. • Establishing a communications team to deliver county-wide communications campaigns to encourage recycling and provide templates and guidance for the district and boroughs to use for communicating information about their local services. • Establish and expand the base of Surrey Green Network volunteers who are trained and actively carrying out voluntary activities to spread household waste reduction and recycling messages within their communities. • Engaging children in waste reduction and recycling through the Wastebuster online education programme, which provides teachers with resources and the ability to arrange fundraising collections of textiles. • Carrying out a randomised experiment to test the impact of placing 'no food waste stickers' on general rubbish bins.

EQUALITY IMPACT ASSESSMENT TEMPLATE

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Who is affected by the proposals outlined above?	<p>All Surrey residents have the opportunity to see or receive information to encourage and help them to use their recycling service, through a variety of channels.</p> <p>Residents who are interested in volunteering have the opportunity to become a Surrey Green Network volunteer.</p> <p>Teachers, other school staff and pupils have the opportunity to use education resources on waste reduction and recycling and hold textiles collections.</p> <p>Residents in a district or borough or a specific area such as a communal property may have a change to their service or the policy for their service if a district or borough council makes changes as part of their action plan.</p>
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EQUALITY IMPACT ASSESSMENT TEMPLATE

6. Sources of information

Engagement carried out
<p>Resident surveys have been used to gather opinions and information about resident's use of recycling services and about the particular topic of recycling textiles. This is then used to identify the target audience for communication campaigns and the barriers to recycling behaviour that communications and service improvements can tackle.</p>
Data used
<p>Data on waste arisings and recycling capture are used to identify the materials to target and will be used to target areas of low recycling performance.</p> <p>Feedback from previous waste campaigns taken into account.</p> <p>Accessible options and formats reviewed of communications materials, such as Surrey Matters.</p>

7. Impact of the new/amended policy, service or function

EQUALITY IMPACT ASSESSMENT TEMPLATE

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹³⁵	Potential positive impacts	Potential negative impacts	Evidence
Age	None anticipated	None anticipated	
Page 516 Disability	None anticipated	<p>Due to disabilities some residents may not have the same access to information provided to encourage recycling or to notify residents of changes to their service.</p> <p>Residents who wish to volunteer with the Surrey Green Network may be limited in the volunteering they would be able to carry out due to a disability.</p>	
Gender reassignment	None anticipated	None anticipated	
Pregnancy and maternity	We have a real nappies promotion scheme which provides information, advice and trial kits to allow parents to try real nappies as an alternative to disposable nappies to reduce	None anticipated	

¹³⁵ More information on the definitions of these groups can be found [here](#).

EQUALITY IMPACT ASSESSMENT TEMPLATE

	waste.		
Race	None anticipated	Residents who do not have English as their first language may not have the same access to information provided by communications to encourage recycling or to notify residents of changes to their service.	
Religion and belief	None anticipated	None anticipated	
Sex	None anticipated	None anticipated	
Sexual orientation	None anticipated	None anticipated	
Marriage and civil partnerships	None anticipated	None anticipated	
Carers¹³⁶	None anticipated	None anticipated	

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
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¹³⁶ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

EQUALITY IMPACT ASSESSMENT TEMPLATE

Age	None anticipated	None anticipated	
Disability	None anticipated	None anticipated	
Gender reassignment	None anticipated	None anticipated	
Pregnancy and maternity	None anticipated	None anticipated	
Race	None anticipated	None anticipated	
Religion and belief	None anticipated	None anticipated	
Sex	None anticipated	None anticipated	
Sexual orientation	None anticipated	None anticipated	
Marriage and civil partnerships	None anticipated	None anticipated	
Carers	None anticipated	None anticipated	

EQUALITY IMPACT ASSESSMENT TEMPLATE

8. Amendments to the proposals

Change	Reason for change
None	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Due to disabilities some residents may not have the same access to information to encourage recycling or to notify residents of changes to their service.	<p>Communications will use accessible language.</p> <p>Campaign creatives will be assessed for legibility for partially sighted residents.</p> <p>Communications will be made as visual as possible, for example by using images of bins and of items and ticks and crosses to indicate whether they are accepted.</p> <p>Surrey Matters will continue to be used as a communication channel, which is available in an audio format, large print and other languages.</p> <p>The Surrey Waste Partnership website will continue to have an audio option.</p>	Ongoing	<p>Ben Funning, SWP Communications Officer</p> <p>Relevant District or Borough Council Officers</p>

EQUALITY IMPACT ASSESSMENT TEMPLATE

6

	Where a district or borough council makes a change to their service as part of this programme it is anticipated that they will follow their own internal equality impact assessments to take any necessary actions.		
Residents who wish to volunteer with the Surrey Green Network may be limited in the volunteering they would be able to carry out due to a disability.	Appropriate adjustments will be made where possible to allow residents with a disability to volunteer.	Ongoing	Catherine Porter, Waste Improvement Officer
Residents who do not have English as their first language may not have the same access to information provided by communications to encourage recycling or to notify residents of changes to their service.	Communications will be made as visual as possible, for example by using images of bins and of items and ticks and crosses to indicate whether they are accepted.	Ongoing	Ben Funning, SWP Communications Officer

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Resident surveys have been used to gather opinions and information about resident's use of recycling services, plus feedback from previous campaigns.
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EQUALITY IMPACT ASSESSMENT TEMPLATE

Key impacts (positive and/or negative) on people with protected characteristics	<p>Due to disabilities some residents may not have the same access to information to encourage recycling or to notify residents of changes to their service.</p> <p>Residents who wish to volunteer with the Surrey Green Network may be limited in the volunteering they would be able to carry out due to a disability.</p>
Changes you have made to the proposal as a result of the EIA	None
Key mitigating actions planned to address any outstanding negative impacts	<p>Where possible communications will be made as accessible and visual as practicable.</p> <p>Appropriate adjustments will be made where possible to allow residents with a disability to volunteer.</p>
Potential negative impacts that cannot be mitigated	

EQUALITY IMPACT ASSESSMENT TEMPLATE

6

1. Topic of assessment

EIA title:	Kerbside Improvement Programme
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EIA author:	Sally Hunt, Interim Waste Improvement Team Manager
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2. Approval

	Name	Date approved
Approved by	Matt Smyth	20/02/2015

3. Quality control

Version number	V1.0	EIA completed	13/02/2015
Date saved	13/02/2015	EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Grant Smith	Waste Improvement Officer	SCC	Project Manager
Catherine Porter	Waste Improvement Officer	SCC	Project Manager
Ben Funning	SWP Communications Officer	SWP	Communications Lead
Helen Trew	Waste Programme Manager	SCC	Reviewer
Matt Smyth	Waste Development Group Manager	SCC	Approver

EQUALITY IMPACT ASSESSMENT TEMPLATE

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Each of the district and borough councils in the Surrey Waste Partnership (SWP) provides services to collect waste from householders to be recycled in the form of kerbside collections from individual properties or from bring banks.</p> <p>The materials that each authority collects and the containers used varies, but on the whole all houses receive collections of mixed dry recycling (paper, card, metals, plastics and glass), a separate weekly collection of food waste and an opt-in chargeable separate collection of garden waste. Some authorities also collect textiles, small electricals and batteries. The services provided to flats or communal properties can vary.</p> <p>To reduce the cost of disposing of waste and in order to treat waste in the most environmentally sound way the SWP aims to encourage more waste to be recycled and the amount of waste disposed to be reduced.</p>
<p>What proposals are you assessing?</p>	<p>The Kerbside Improvement Programme seeks to support residents to recycle more and reduce the amount of waste disposed through a programme of activity during 2015.</p> <p>The programme includes:</p> <ul style="list-style-type: none"> • Facilitating district and borough councils to develop their own action plans to deliver improvements to their services, policies or communications and providing co-ordination to ensure delivery is consistent across the county and learnings are shared. • Establishing a communications team to deliver county-wide communications campaigns to encourage recycling and provide templates and guidance for the district and boroughs to use for communicating information about their local services. • Establish and expand the base of Surrey Green Network volunteers who are trained and actively carrying out voluntary activities to spread household waste reduction and recycling messages within their communities. • Engaging children in waste reduction and recycling through the Wastebuster online education programme, which provides teachers with resources and the ability to arrange fundraising collections of textiles. • Carrying out a randomised experiment to test the impact of placing 'no food waste stickers' on general rubbish bins.

EQUALITY IMPACT ASSESSMENT TEMPLATE

6

Who is affected by the proposals outlined above?	<p>All Surrey residents have the opportunity to see or receive information to encourage and help them to use their recycling service, through a variety of channels.</p> <p>Residents who are interested in volunteering have the opportunity to become a Surrey Green Network volunteer.</p> <p>Teachers, other school staff and pupils have the opportunity to use education resources on waste reduction and recycling and hold textiles collections.</p> <p>Residents in a district or borough or a specific area such as a communal property may have a change to their service or the policy for their service if a district or borough council makes changes as part of their action plan.</p>
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EQUALITY IMPACT ASSESSMENT TEMPLATE

6. Sources of information

Engagement carried out
<p>Resident surveys have been used to gather opinions and information about resident's use of recycling services and about the particular topic of recycling textiles. This is then used to identify the target audience for communication campaigns and the barriers to recycling behaviour that communications and service improvements can tackle.</p>
Data used
<p>Data on waste arisings and recycling capture are used to identify the materials to target and will be used to target areas of low recycling performance.</p> <p>Feedback from previous waste campaigns taken into account.</p> <p>Accessible options and formats reviewed of communications materials, such as Surrey Matters.</p>

7. Impact of the new/amended policy, service or function

EQUALITY IMPACT ASSESSMENT TEMPLATE

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹³⁷	Potential positive impacts	Potential negative impacts	Evidence
Age	None anticipated	None anticipated	
Page 526 Disability	None anticipated	<p>Due to disabilities some residents may not have the same access to information provided to encourage recycling or to notify residents of changes to their service.</p> <p>Residents who wish to volunteer with the Surrey Green Network may be limited in the volunteering they would be able to carry out due to a disability.</p>	
Gender reassignment	None anticipated	None anticipated	
Pregnancy and maternity	We have a real nappies promotion scheme which provides information, advice and trial kits to allow parents to try real nappies as an alternative to disposable nappies to reduce	None anticipated	

¹³⁷ More information on the definitions of these groups can be found [here](#).

EQUALITY IMPACT ASSESSMENT TEMPLATE

	waste.		
Race	None anticipated	Residents who do not have English as their first language may not have the same access to information provided by communications to encourage recycling or to notify residents of changes to their service.	
Religion and belief	None anticipated	None anticipated	
Sex	None anticipated	None anticipated	
Sexual orientation	None anticipated	None anticipated	
Marriage and civil partnerships	None anticipated	None anticipated	
Carers¹³⁸	None anticipated	None anticipated	

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
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¹³⁸ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

EQUALITY IMPACT ASSESSMENT TEMPLATE

Age	None anticipated	None anticipated	
Disability	None anticipated	None anticipated	
Gender reassignment	None anticipated	None anticipated	
Pregnancy and maternity	None anticipated	None anticipated	
Race	None anticipated	None anticipated	
Religion and belief	None anticipated	None anticipated	
Sex	None anticipated	None anticipated	
Sexual orientation	None anticipated	None anticipated	
Marriage and civil partnerships	None anticipated	None anticipated	
Carers	None anticipated	None anticipated	

8. Amendments to the proposals

Change	Reason for change
None	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Due to disabilities some residents may not have the same access to information to encourage recycling or to notify residents of changes to their service.	<p>Communications will use accessible language.</p> <p>Campaign creatives will be assessed for legibility for partially sighted residents.</p> <p>Communications will be made as visual as possible, for example by using images of bins and of items and ticks and crosses to indicate whether they are accepted.</p> <p>Surrey Matters will continue to be used as a communication channel, which is available in an audio format, large print and other languages.</p> <p>The Surrey Waste Partnership website will continue to have an</p>	Ongoing	<p>Ben Funning, SWP Communications Officer</p> <p>Relevant District or Borough Council Officers</p>

	<p>audio option.</p> <p>Where a district or borough council makes a change to their service as part of this programme it is anticipated that they will follow their own internal equality impact assessments to take any necessary actions.</p>		
Residents who wish to volunteer with the Surrey Green Network may be limited in the volunteering they would be able to carry out due to a disability.	Appropriate adjustments will be made where possible to allow residents with a disability to volunteer.	Ongoing	Catherine Porter, Waste Improvement Officer
Residents who do not have English as their first language may not have the same access to information provided by communications to encourage recycling or to notify residents of changes to their service.	Communications will be made as visual as possible, for example by using images of bins and of items and ticks and crosses to indicate whether they are accepted.	Ongoing	Ben Funning, SWP Communications Officer

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Resident surveys have been used to gather opinions and information about resident's use of recycling services, plus feedback from previous campaigns.
Key impacts (positive and/or negative) on people with protected characteristics	<p>Due to disabilities some residents may not have the same access to information to encourage recycling or to notify residents of changes to their service.</p> <p>Residents who wish to volunteer with the Surrey Green Network may be limited in the volunteering they would be able to carry out due to a disability.</p>
Changes you have made to the proposal as a result of the EIA	None
Key mitigating actions planned to address any outstanding negative impacts	<p>Where possible communications will be made as accessible and visual as practicable.</p> <p>Appropriate adjustments will be made where possible to allow residents with a disability to volunteer.</p>
Potential negative impacts that cannot be mitigated	

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