



Equality Impact Assessment (EIA)

1. Topic of assessment

EIA title	Adult Social Care Transformational Savings
EIA author	Kathryn Pyper

2. Approval

	Name	Date approved
Approved by	Sinead Mooney, Cabinet Member for Adult Social Care	3 January 2019
Approved by	Simon White, Executive Director, Adult Social Care	2 January 2019

3. Quality control

Version number	5	EIA completed	18 January 2019
Date saved	18 January 2019	EIA published	21 January 2019

4. EIA team

Name	Job title	Organisation	Team role
Liz Uliasz	Service Director (Adult Social Care)	Adult Social Care	Accountable Executive
Toni Carney	Head of Resources & Caldicott Guardian	Adult Social Care	Head of Resources
Kathryn Pyper	Senior Programme Manager	Adult Social Care	Equality & Diversity
Claire White	Lead Project Manager	Adult Social Care	Subject matter expert
Mike Boyle	Assistant Director, Commissioning and Transformation	Adult Social Care	Commissioning
Peter Tempest	Assistant Director, Learning Disability and Autism	Adult Social Care	Learning Disability and Autism

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Adult Social Care's vision is to be a modern service which promotes independence. This modern service will be characterised by:</p> <ul style="list-style-type: none"> • Diverting people to alternative support including, community and family support, self-help and universal services • Helping people at the right time so that short term help is provided to promote independence and is then reduced over time • Focusing on restoration, reablement, recuperation, recovery and rehabilitation • Assessing for long term needs when an individual is at their best • Treating hospitals as a front door in their own right • Reviewing in a culture of optimism <p>This modern service will be delivered through the ASC transformation programme. The key elements of this programme which will deliver savings as part of the 2019/20 Medium Term Financial Plan (MTFP) will be:</p> <ol style="list-style-type: none"> 1. Learning Disability – This programme will increase the number of people with a learning disability and autism living independently in their own homes, with access to employment, friendship groups or other worthwhile pastimes. 2. Market Management – This programme will renegotiate the cost of care for the provision of supported living and residential care for people with a learning disability 3. Practice Improvement – This programme will equip practitioners to take a strength based approach, ensuring people who need care and support have real choice and control, implementing a rigorous approach to reviews.
<p>What proposals are you assessing?</p>	<p>Some areas of the programme require an Equality Impact Assessment to be undertaken. Those areas that do not require an assessment are not referred to in this document. The proposals requiring an EIA in respect of the transformation programme are as follows:</p> <ol style="list-style-type: none"> 1. Learning Disability <ul style="list-style-type: none"> • Residential care and day care – Exploring options for replacing day care and associated transport arrangements with better access to universal community services, employment training, travel training etc. • Supported Living schemes – Introducing assistive technology across all schemes to reduce staff costs and aid independence/safety. • Short break service/respite – Exploring the concept of a county service to ensure parity of provision, price and use. Developing a directory of alternatives to building based short breaks - possibly extending shared care schemes and other activity based approaches. • Direct payments – Making this the default offer by mid-2019 to give people more choice and buying power. Introducing an asset based model of support to achieve the same outcomes at a reduced cost - switching the focus to training/recovery/discovery of skills, rather than doing for the person. 2. Market Management

	<ul style="list-style-type: none"> Renegotiating the cost of care for the provision of supported living and residential care for people with a learning disability. <p>3. Practice Improvement</p> <ul style="list-style-type: none"> Changing the conversation at the front door – Having skilled workers triaging at the front door using an asset based approach to ensure we manage demand more effectively and avoid unnecessary casework. Holding strength-based conversations through the assessment, support planning and review process. Making direct payments the default offer to reduce dependency on traditional home care and commissioned services. Mobile Workforce – Testing the LAS (Liquidlogic Adults System) mobile app for roll out to workers with visiting roles to enable a more mobile workforce who can complete assessments in the community, saving both time and travel. Channel shift /self-serve – Having a greater focus on self-service, self-assessment and self-sourcing and developing the functionality to enable online reviews. . Introducing online accounts to enable clients to complete support plans online and to interact with us in a digital way to reduce transaction costs. Flexible and Skilled Workforce - Looking at organisational structure and accountabilities including qualified and un-qualified posts. Having a new structure for ASC localities/hospital teams defined and a new structure for countywide services in place by the end of 2018/2019.
Who is affected by the proposals outlined above?	<p>The proposals will affect:</p> <ul style="list-style-type: none"> People who use services and their carers Local residents Adult Social Care staff Surrey Choices (SCC's Local Authority Trading Company)

6. Sources of information

Engagement carried out

Staff and our strategic user and carer partners have been engaged as part of defining the Practice Improvement changes.

Extensive engagement with Surrey Care Association and a steering group of learning disability providers was undertaken to develop the new pricing structure for residential care and supported living for the cost of care renegotiations.

For the changes to learning disability services, a range of engagement will be undertaken with staff, Members, providers and other stakeholders including the Learning Disability Partnership Board, Local Valuing People Groups, Autism Partnership Board and Carers Forum.

People who use services will be engaged in any changes arising on an individual basis as part of their personalised review

Data used

- Liquidlogic Adults System (LAS) management information – April 2018
- Interviews with locality team managers - April 2018

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- Team Appraisal 5 - September 2017
- Data from www.surreyi.gov.uk, including the Surrey Joint Strategic Needs Assessment
- Strengths-based social work practice with adults, roundtable report, Department of Health – June 2017
- Predicting and managing demand in social care, Professor John Bolton – March 2016

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 ¹	Potential positive impacts	Potential negative impacts	Evidence																
Age**	Create more age appropriate services, including extra care or residential age appropriate settings	The shift towards more creative and informal care may generate some initial anxiety for people and their carers	Learning Disability - The age profile of all the people with a learning disability and/or autism and/or asperger who will be supported by the ASC learning disability and autism team is as follows: <table><tr><th>Age Band</th><th>Number</th></tr><tr><td>16 to 25</td><td>209</td></tr><tr><td>26 to 40</td><td>1,166</td></tr><tr><td>41 to 65</td><td>1,465</td></tr><tr><td>66 to 80</td><td>442</td></tr><tr><td>80+</td><td>54</td></tr><tr><td>Not Known</td><td>95</td></tr><tr><td>Grand Total</td><td>3,431</td></tr></table>	Age Band	Number	16 to 25	209	26 to 40	1,166	41 to 65	1,465	66 to 80	442	80+	54	Not Known	95	Grand Total	3,431
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Identify family carers of 70yrs+ and offer them more effective support and engage in early planning for for their adult child's future wellbeing, support and financial arrangements etc	There may be increasing demands placed upon the voluntary, community and faith sector which may become overloaded and unable to support everyone who approaches them	Market Management - The age profile of all the people with a learning disability who are supported by providers involved in the cost of care renegotiation is as follows: <table><tr><th>Age Band</th><th>Number</th></tr><tr><td>16 to 25</td><td>252</td></tr><tr><td>26 to 40</td><td>601</td></tr><tr><td>41 to 65</td><td>970</td></tr><tr><td>66 to 80</td><td>339</td></tr><tr><td>80+</td><td>54</td></tr><tr><td>Grand Total</td><td>2,216</td></tr></table>	Age Band	Number	16 to 25	252	26 to 40	601	41 to 65	970	66 to 80	339	80+	54	Grand Total	2,216			
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Enable an offer to young adults transitioning into adult services is aligned with the opportunities we will be creating for working age adults.	Block commissioning enables reduced rates to be negotiated. Individual's commissioning services may not receive the same competitive pricing.	Practice Improvement - The number of individuals supported by Adult Social Care is shown below, broken down by age range:																	
It will encourage a more creative and age appropriate response by care companies	Older residents may not have the same ability to access a menu of support services and may be less able to																		

¹ A Protected Characteristic is defined in the Equality Act 2010. See the Equality and Human Rights Commission information for further information <https://www.equalityhumanrights.com/en/equality-act/equality-act-2010>

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Annex 1d – ASC Transformational Savings Equality Impact Assessment																			
Protected characteristic ¹	Potential positive impacts	Potential negative impacts	Evidence																
	<p>There will be a focus upon ensuring people have access to universal health care and screening at the right time in their lives</p> <p>Providers may hand back contracts and/or ask people to leave. This creates opportunities for people over 65 years of age to move to more age appropriate services with their peer age group</p> <p>Residents will be encouraged to have a more detailed discussion, exploring what care and support their family, friends and local community can provide to meet their needs. This will encourage creativity, people to continue to play an active part in their community and to maintain their independence</p> <p>Skilled and trained staff at the front door.</p>	<p>access community based support services</p> <p>Older people may be less able to assess the suitability of the services they are buying</p> <p>There may be quality assurance and safeguarding issues around the care provided by family, friends and community networks, how this is assured and to whom concerns should be raised</p>	<table><tr><th colspan="2">Open ASC cases (August 2018)²</th></tr><tr><td>18 to 54</td><td>6,417</td></tr><tr><td>55 to 64</td><td>3,083</td></tr><tr><td>65 to 74</td><td>3,139</td></tr><tr><td>75 to 84</td><td>4,408</td></tr><tr><td>85 to 99</td><td>5,687</td></tr><tr><td>100+</td><td>155</td></tr><tr><td></td><td>22,889</td></tr></table>	Open ASC cases (August 2018) ²		18 to 54	6,417	55 to 64	3,083	65 to 74	3,139	75 to 84	4,408	85 to 99	5,687	100+	155		22,889
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² ASC LAS system [accessed 6 August 2018]

Protected characteristic ¹	Potential positive impacts	Potential negative impacts	Evidence
	<p>using a reworked contact form, will ensure residents experience earlier decision making, and provision of appropriate information and signposting</p> <p>Online tools allow residents to refer themselves at a time and place that suits them; independently or with the help of a relative or friend; to record responses in their own words; and with links to information to help meet their needs</p> <p>The promotion of direct payments and Individual Service Funds will give residents more choice, control and independence</p> <p>Robust, timely and proportionate reviews will mean residents have services at a level and duration to meet their needs</p>		

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	New models for strategic commissioning in alignment with health will mean more seamless service provision for residents																																		
Disability**	<p>It will encourage commissioners and care companies to co-design services and to listen to the individuals' voice in shaping new services to meet need</p> <p>The offer of a direct payment will increase choice and control for people with a learning disability and autism</p> <p>This may create opportunities for people to explore alternative community based solutions and different living arrangements</p> <p>Online tools will enable deaf residents to complete an assessment online without the need for an interpreter</p>	<p>Placing people in the community may be perceived by their families as placing them at potential risk</p> <p>If we don't communicate change in an appropriate and accessible way, there is a risk that people with a learning disability and autism will be excluded from the decision making process</p> <p>Local residents may object to planning application in their community for new services for people with a learning disability and autism</p> <p>It will be more difficult for people with some particular disabilities to access community networks as their disabilities are more challenging to support in</p>	<p>Learning Disability - The profile of the primary support reason of all the people with a learning disability and/or autism and/or asperger who will be supported by the ASC learning disability and autism team is as follows:</p> <table><tr><th>Primary Support Reason</th><th>Number</th></tr><tr><td>Learning Disability Support</td><td>3,082</td></tr><tr><td>Mental Health Support</td><td>72</td></tr><tr><td>Not Known</td><td>116</td></tr><tr><td>Physical Support</td><td>117</td></tr><tr><td>Sensory Support</td><td>15</td></tr><tr><td>Social Support</td><td>23</td></tr><tr><td>Support with Memory and Cognition</td><td>6</td></tr><tr><td>Grand Total</td><td>3,431</td></tr></table> <p>Market Management - The profile of the primary support reason of all the people with a learning disability who are supported by providers involved in the cost of care renegotiation is as follows:</p> <table><tr><th>Primary Support Reason</th><th>Number</th></tr><tr><td>Learning Disability Support</td><td>1,898</td></tr><tr><td>Mental Health Support</td><td>99</td></tr><tr><td>Physical Support</td><td>175</td></tr><tr><td>Sensory Support</td><td>32</td></tr><tr><td>Support with Memory and Cognition</td><td>12</td></tr><tr><td>Grand Total</td><td>2,216</td></tr></table>	Primary Support Reason	Number	Learning Disability Support	3,082	Mental Health Support	72	Not Known	116	Physical Support	117	Sensory Support	15	Social Support	23	Support with Memory and Cognition	6	Grand Total	3,431	Primary Support Reason	Number	Learning Disability Support	1,898	Mental Health Support	99	Physical Support	175	Sensory Support	32	Support with Memory and Cognition	12	Grand Total	2,216
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		a community setting eg mental health, autism Safeguarding issues need to be considered particularly for people with learning disabilities or mental health needs, who may be more vulnerable in some community situations	Practice Improvement - Individuals supported by Adult Social Care by primary reason for support are listed below. Open ASC cases as at Aug 2018³ <table><tr><td>Learning Disability Support</td><td>3,945</td></tr><tr><td>Mental Health Support</td><td>1,708</td></tr><tr><td>Physical Support - Access and Mobility Only</td><td>1,499</td></tr><tr><td>Physical Support - Personal Care Support</td><td>8,898</td></tr><tr><td>Sensory Support - Support for Dual Impairment</td><td>47</td></tr><tr><td>Sensory Support - Support for Hearing Impairment</td><td>207</td></tr><tr><td>Sensory Support - Support for Visual Impairment</td><td>162</td></tr><tr><td>Social Support - Asylum Seeker Support</td><td>1</td></tr><tr><td>Social Support - Substance Misuse Support</td><td>66</td></tr><tr><td>Social Support - Support for Social Isolation / Other</td><td>278</td></tr><tr><td>Social Support - Support to Carer</td><td>3,200</td></tr><tr><td>Support with Memory and Cognition</td><td>1,255</td></tr><tr><td></td><td>21,266</td></tr></table>	Learning Disability Support	3,945	Mental Health Support	1,708	Physical Support - Access and Mobility Only	1,499	Physical Support - Personal Care Support	8,898	Sensory Support - Support for Dual Impairment	47	Sensory Support - Support for Hearing Impairment	207	Sensory Support - Support for Visual Impairment	162	Social Support - Asylum Seeker Support	1	Social Support - Substance Misuse Support	66	Social Support - Support for Social Isolation / Other	278	Social Support - Support to Carer	3,200	Support with Memory and Cognition	1,255		21,266
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Gender reassignment^{**}	No significant impact	No significant impact																											
Pregnancy and maternity^{**}	No significant impact	No significant impact																											
Race^{**}	No significant impact	No significant impact																											
Religion and belief^{***}	The offer of a direct payment may enable people to access																												

³ ASC LAS system [accessed 6 August 2018]

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Protected characteristic ¹	Potential positive impacts	Potential negative impacts	Evidence																	
	services which cater for their faith People who share a religion or belief system will be encouraged to access support from within their local faith community																			
Sex**	No significant impact	No significant impact																		
Sexual orientation**	No significant impact	No significant impact																		
Marriage and civil partnerships**	No significant impact	No significant impact																		
Carers ^{4**}	Direct payments will offer carers more choice and support options We want to increase home adaptations to encourage and enable families to look after their adult family member at home	Carers may be resistant to, and feel anxious about, change Carers may feel obliged to take on more of a caring role Any changes to existing care arrangements may cause carers and families anxiety	Learning Disability - The profile carers for all the people with a learning disability and/or autism and/or asperger who will be supported by the ASC learning disability and autism team is as follows: <table><tr><th>Number of Carers linked to individual</th><th>Number of Individuals who have a Carer</th><th>Number of Carers</th></tr><tr><td>1</td><td>1,048</td><td>1,048</td></tr><tr><td>2</td><td>176</td><td>352</td></tr><tr><td>3</td><td>9</td><td>27</td></tr><tr><td>Grand Total</td><td>1,233</td><td>1,427</td></tr></table>			Number of Carers linked to individual	Number of Individuals who have a Carer	Number of Carers	1	1,048	1,048	2	176	352	3	9	27	Grand Total	1,233	1,427
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⁴ 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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Protected characteristic ¹	Potential positive impacts	Potential negative impacts	Evidence
	Online tools will enable carers to complete a carer's assessment in their own time and away from the cared for person so they are able to think about their own needs		<p>Practice Improvement – The number of carers known to ASC is as follows:</p> <p>Number of carers known to ASC as at August 2018⁵ 3,865</p> <p>Based on the 2011 Census and population projections, the number of carers in Surrey is projected to increase to 124,176 by 2025. An increase is projected in all age groups but the biggest increase is projected for carers aged 65 and over. Of those, 11% are projected to be 85 or over.</p> <p>Based on the 2011 Census and population projections, it is estimated that there are higher numbers of female carers in Surrey. The proportion is the highest in the 16-64 age group, where 60% of carers are female. This increases to 67% in that age group where they are caring for 50 or more hours per week. The 85+ age group is an exception to this, however, as the majority of carers (57%) are male. This increases to 58% for carers aged 85 and over who are caring for more than 20 hours per week.</p> <p>The 'Healthy Lives Healthy People' 2010 report stated that carers who care for 50 hours a week or more are 80% more likely to have health impacts. It also stated that carers providing 20 hours per week or more are likely to sustain a physical injury such as back strain.⁶ The ADASS report 'Economic Case for Local Investment in Carers Support' refers to the Department of Health's 'Impact Assessment on the Care Bill' and concludes that 'each pound spent on supporting carers would save councils £1.47 on replacement care costs and benefit the wider health system by £7.88'.⁷</p>

⁵ ASC LAS system [accessed 6 August 2018, includes Carers and Carers who also use services]

⁶ Department of Health. *Healthy Lives Healthy People*, 2010. Available from: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

⁷ ADASS, Department of Health, Carers Trust, Carers UK. *Economic Case for Local Investment in Carers Support* and Department of Health. *The Care Act 2014: Regulations and guidance for implementation of Part 1 of the Act in 2015/16: Impact Assessment (IA) 6107*, October 2014

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 ⁸
Age**	<p>Staff will be equipped to spend more time understanding people's situations, assisting them to identify all the options available to meet their needs, providing information and encouraging the use of technology</p> <p>The review of organisational structure and accountabilities may create opportunities for staff with protected characteristics to develop new skills and to take on new roles and responsibilities</p>	<p>Some staff with protected characteristics may struggle to adapt to the pace and scale of change eg changing their conversation at the front door, using the mobile app, supporting online channel shift</p> <p>The review of organisational structure and accountabilities may limit opportunities for staff with protected characteristics</p>	<p>4.86% of the Surrey County Council workforce is aged 16 to 24 years, compared to 3.37% in Adult Social Care & Public Health, and 12 % of the economically active population in Surrey.</p> <p>Adult Social Care & Public Health has a higher profile of mature workers than the Surrey wide population, with 31.48% 45-54-years (compared to 15%). This is 28.97% for Surrey County Council as a whole.</p> <p>42.01% of employees in Adult Social Care & Public Health are part time compared with 53.1% in SCC.</p> <p>38.64% of the Adult Social Care & Public Health workforce are women working part-time</p> <p>13.36% of the Adult Social Care & Public Health workforce is 60 years and older, compared to 12.62% in Surrey County Council. This compares to 11% of the economically active population in Surrey.</p>
Disability**	As above	Moving from a locality to county wide service could mean staff with a disability find travelling to carry out their duties more challenging	The disability workforce profile in Adult Social Care & Public Health is 3.15% compared to 3.09% in the larger Surrey County Council.
Gender reassignment**	No significant impact	No significant impact	-

⁸ SCC:HR - Workforce Planning Data Sheet Jan 2017 and 2011 Census

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Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence ⁸
Pregnancy and maternity**	No significant impact	No significant impact	-
Race**	No significant impact	No significant impact	
Religion and belief**	No significant impact	No significant impact	
Sex**	No significant impact	No significant impact	
Sexual orientation**	No significant impact	No significant impact	
Marriage and civil partnerships**	No significant impact	No significant impact	-
Carers**	Introduction of the mobile app will enable staff to be more flexible and efficient in their time and travel and will thus enable them to accommodate any caring responsibilities	Moving from a locality to county wide service could mean staff with caring responsibilities find travelling to carry out their duties more challenging	-

8. Amendments to the proposals

Change	Reason for change
No amendments to the proposals are recommended 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
More creative and age appropriate services	Take a coordinated approach, provider by provider, introducing more specificity to support plans with clearer outcomes Encourage and challenge care companies to find creative solutions to deliver best value for money	2019/20	Assistant Director, Learning Disability and Autism (AD PLD)
Support for family carers 70yrs+	Identify family carers 70yrs+ and offer effective support and engage in early planning for their adult child's future wellbeing support and financial arrangements etc through using the family carers network to assist in conversations	2019/20	AD PLD
Seamless service to young adults transitioning into adult services	Align work with the Council's All Age Learning Disability Strategy Support work to improve the flow of information and data from Children's Services	2019/20	AD PLD
Services relevant to the changing needs of individuals as they age	Staff will undertake annual reviews to ensure services are relevant and changed where appropriate	2019/20	AD PLD
Focus upon the outcomes	Take a coordinated approach, provider by provider, introducing more specificity to support plans with clearer outcomes	2019/20	AD PLD

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Co-design of services	<p>Ensure commissioners and care companies co-design services with, and listen to the voices of, people who use services and their carers</p> <p>Drive forward change with input from, and the support of, all stakeholders</p>	2019/20	AD PLD
Supporting carers	<p>Continue to support carers in their caring role</p> <p>Involve carers in the co-design of new services</p> <p>Monitor the use of carers' services to ensure equitable access</p> <p>Make direct payments the default offer for carers</p>	2019/20	AD PLD
Direct payments	<p>Ensure there are appropriate support mechanisms in place to enable people with a learning disability and autism to use a direct payment</p> <p>Work with ALT colleagues to ensure the PA rate is adequate to enable people to recruit and retain a PA</p>	2019/20	AD PLD
Home adaptations	<p>Work with district and borough councils to ensure home adaptations are undertaken with pace</p>	2019/20	AD PLD
Care companies adapting to direct payments	<p>Provide clear communication and support to care companies to reshape their service offer around direct payments</p>	2019/20	AD PLD
Placing people in the community perceived as a risk to themselves/the community	<p>Ensure people are equipped and their needs are suitable to access community resources</p> <p>Ensure robust safeguarding arrangements are in place</p> <p>Use success stories to reassure families</p>	2019/20	AD PLD

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People will be excluded from the decision making process	Communicate change in an accessible way for people with a learning disability and autism so they are engaged in the decision making process	2019/20	AD PLD
Local residents may object to planning application	Engage with the local community and adherence to planning processes	2019/20	AD PLD
Carers resistant to, and anxious about, change may feel obliged to take on more of a caring role	Provide clear communication to help carers understand why and how services are changing Listen to carers concerns and reflect these into service design Ensure carers are assessed in their own right and have a support plan Continue to take a whole family approach to assessment. Ensure any young carers are identified and given support	2019/20	AD PLD
Moving to a county wide service could mean staff with a disability or caring responsibilities find travelling more challenging	Reasonable adjustments will be made to support staff	2019/20	AD PLD
Changes arising from market management	The Council has an on-going duty of care to meet eligible assessed need and will continue to do so		AD PLD with AD Commissioning and Transformation
Changing the conversation at the front door	Train and support staff to have an informed conversation with residents at the front door	End March 2019	Business Process Transformation Project Team
	Continue to grow staff's knowledge of local community based resources to which they can signpost people	On-going	SCDCs
	Continue to promote direct payments	On-going	ADs
	Define Surrey's Individual Service Funds offer for residents	End March 2019	Business Process Transformation Project Team

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	Continue to work as part of Local Joint Commissioning Groups to expand the role of, and support available to, the voluntary, community and faith sector	On-going	ADs
Mobile Workforce	Roll out the mobile app to staff with visiting roles. Offer training to support the introduction of the new technology.	End March 2019	Business Process Transformation Project Team
Channel shift /self-serve	Continue to develop and promote online tools for Surrey residents	On-going	Business Process Transformation Project Team
Flexible and Skilled Workforce based on 11 Localities Model	Ensure the review of the organisational structure and accountabilities takes account of staff with protected characteristics	End March 2019	Liz Uliasz

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
Care companies giving notice Local residents objecting to planning application for new services in their community	Age and disability Disability

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	A range of data was used to support the equalities analysis including Surrey, Team Appraisal 5, LAS management information, interviews with locality team managers, independent research and literature.
Key impacts (positive and/or negative) on people with protected characteristics	See table above
Changes you have made to the proposal as a result of the EIA	No changes have been made to the proposal as a result of the Equality Impact Assessment
Key mitigating actions planned to address any outstanding negative impacts	See table above
Potential negative impacts that cannot be mitigated	See table above