# **Recommissioning of Advocacy Services in Surrey**

Did you use the EIA Screening Tool?

No

# 1. Explaining the matter being assessed

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

Surrey County Council (SCC) is the lead commissioner (working in partnership with Surrey Heartlands on behalf of all Surrey CCGs, and Public Health Surrey) responsible for commissioning advocacy services for Surrey. 5e commissi64.8 2 \$\mathbb{2}\mathbb{D}\mathbb{C}

It also applies if Children and young people are living within and outside of Surrey, with Special Educational Needs and Disabilities who are;

#### 2. Service Users / Residents

### Age

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

The Office for National Statistics (ONS) estimated that the resident population of Surrey at Mid 2020 is 1,199,870. There are an estimated:

71,000 children aged under 5 in Surrey (6.0% of the population)

175,300 children aged 5-16 (14.8% of the population)

105,100 people aged 17-24 making up almost a tenth of the population (8.9%)

611,700 people aged 25-64 making up just over half of the population (51.6%)

222,200 older people aged 65+, making up just under one in five (18.7%) of the population

#### **Positive Impacts**

Supporting evidence - Older

people are more likely than their younger counterparts to suffer from loneliness or social isolation, particularly if they live alone and reside in locations set away from communities. While this is widely researched as an issue, the NHS website states the following NHS loneliness-in-older-people

#### **Negative Impacts**

There is no minimum or maximum age criterion applied to eligibility for advocacy. Advocacy for children subject to mental health legislation has yet to be fully commissioned and this anomaly will be corrected by these arrangements.

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

Commissioning of specific children's advocacy service for children subject to MHA. Advocacy currently commissioned for adults is not appropriate for children by virtue of Childrens' different engagement and communication needs, their minority and competence of advocates trained to support adults. Use of KPI & performance data to identify usage by age profile and identify unmet need.

# What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

The Older People's Commissioning programme – including the following areas of work:

- Review of the sourcing function for older people's care and support, including eligibility and referral processes.
- Recommissioning of Home-Based Care
- Recommissioning of Collaborative Reablement Services
- Discharge to assess and recovery planning

Surrey County Council operational practice amongst social care teams about the promotion of advocacy, will be crucial in supporting the usage of advocacy and is linked to the wider cultural shift of engaging with people through a strength-based approach to support them in their community.

Liberty Protection Safeguards (LPS).

- Government has passed the Mental Capacity (Amendment) Act 2019, and the Liberty Protection Safeguards are expected to be implemented at some point over the coming years. Implementation has been delayed

#### **Positive Impacts**

Although not fully

articulated currently, research data suggests that people with a diagnosis of autism are more likely to identify as transgender than in the general population, (the consultation responses for SCC All Age Autism strategy supports this) and researchers have suggested that autism may be under-diagnosed in gender-fluid people (UK Parliament Postnote #612, January 2020).

#### **Negative Impacts**

Ongoing stigma

related to gender reassignment within society.

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

Collection of key performance (KPI) Management Information and demographic data will enhance support of gender fluid people.

Advocacy providers will be expected to be responsive to the needs of people undergoing gender reassignment and support them without discrimination and ensure staff are appropriately trained/recruited under equal opportunities legislation.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

None known.

#### Any negative impacts that cannot be mitigated?

None known.

## **Pregnancy and Maternity**

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

Antenatal and postnatal mental health clinical management and service guidance (Nice 2015) suggests, 'Pregnancy and the period from childbirth to the end of the first postnatal year comprises one of the most important times of a woman's life, but for women with a mental health problem it can be difficult and distressing. In pregnancy and the postnatal period, women are vulnerable to having or developing the same range of mental health problems as other women, and the nature and course of majority of these problems are similar in women at other times of their

In Surrey, Perinatal Mental Health has been recognised as a local issue for quite some time. As a result, the <u>Adult Mental Health Strategy for Surrey and North East Hampshire 2014-2017</u> set out to prioritise the development of a Specialist Perinatal Mental Health service as one of its key outputs during the second and third year of implementation but this service has not been set up. It is also known that local specialist perinatal mental health services fall short of national standards and this is acknowledged in Surrey's Joint Emotional Wellbeing and Mental Health Commissioning Strategy for Children and Young People 2014-17. Currently mainstream services are providing all the care for women during the perinatal period and some roles and pathways have been developed specially to prioritise pregnant women or those with a baby. These include IAPT (Improving Access to Psychological Therapies) services, a parent and infant mental health service and recruitment of specialist mental health midwives in maternity services. Although there are many accounts where people have received good responsive care from these mainstream services, there are recorded incidents where general mental health services have not had the relevant specialist knowledge to manage medication, safeguarding assessments or timeliness of intervention for perinatal mental health issues and therefore the experience on these occasions have been poor.

Detention under the Mental Health Acts is a risk for some pregnant women, particularly those with pre-existing mental health conditions and it is therefore critical that advocacy services engage with this group. It is an anachronism that advocacy data does not reference this special characteristic and new contracts will specify this feature as part of management information requirements.

#### **Positive Impacts**

NICE Antenatal and postnatal mental health

clinical management and service guidance (2015).

#### **Negative Impacts**

None

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

Collection of this demographic data will enhance support of pregnant women and maternity.

#### What other changes is

### Race and Ethnicity

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

In the 2011 census, 1,023,682 people (90.4 per cent of the population), reported their ethnic group as White in the 2011 Census. Within this ethnic group, White British was the largest, with 945,673 people (83.5 per cent), followed by those categorised as "Any Other White" with 62,736 people (5.5 per cent). Indian was the next largest single ethnic group with 20,232 people (1.8 per cent) followed by Pakistani (1.0 per cent). However, those categorised as "Other Asian" accounted for 1.7% of the population in total. There were two new tick boxes in the 2011 Census: Gypsy or Irish Traveller and Arab. Arab accounted for 4,101 usual residents (0.4 per cent of the population). Gypsy or Irish Traveller accounted for 2,261 usual residents (0.2 per cent of the population), making it the smallest ethnic category (with a tick box) in 2011.

In theory, all this population might access advocacy services provided they meet eligibility criteria, however, a better metric to use is eligible persons which in turn is derived from QPM/Annual reports -in 20-21 a total of 3915 people were supported during the year with the ethnic profile as illustrated below. (It should also be noted that this is not a complete picture, because some users of advocacy either refuse, or do not disclose their race and cannot be compelled to do so, therefore the table below is indicative rather than an absolute reflection of the racial characteristics in the snapshot)

White (British/Irish/Other)	1,984
Black or Black British	



### Any negative impacts that cannot be mitigated?

While abuse will of course be challenged and investigated, less direct examples of discrimination would be very difficult to police through existing policies and procedures.

### **Sexual Orientation**

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

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

Providers will be expected to deliver services in compliance with equalities legislation, including equal access to quality services for all, regardless of sexual orientation. Contracts will be regularly monitored to ensure compliance.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

None known.

#### Any negative impacts that cannot be mitigated?

None known

#### **Carers**

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

Surrey -I (2020) identifies that 108,400 (9.6%) Surrey residents are providing unpaid care to a friend or relative. In addition, Surrey County Council's Joint Strategic Needs assessment on Adult Carers provides significant amounts of information on Adult Carers: Surreyi - Adult Carers

It states that the number of carers aged 65 and over living in Surrey is expected to increase by 17.6% from 2016 to 2025, while the number of carers aged 85 and over is expected to increase by 31.2% over the same period.

It is widely recognised that the census undercounted young carers. The 'Kids who Care' survey of over 4,000





#### **Explanation:**

Engagement will be needed with potential future residents of extra care, regarding:

Cultural and faith needs

Communication needs

Maintaining dignity and respect

Dietary requirements

Accessibility requirements (e.g. the number of wheelchair accessible units required in various locations)

How best to maintain an inclusive environment that maximises independence

Referral routes for people interested in becoming an extra care resident

While this engagement will help to identify actions to respond to impacts identified in this EIA, it will allow the Extra Care Strategy Team to:

Better understand current expectations for extra care in general

Set clear guidance and objectives for housing managers and care providers delivering services at newly opened sites, and

Inform future approaches to promoting extra care settings to people with care and support needs living in Surrey

# 5. Action plan and monitoring arrangements

Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
1	2021	Commissioning of specific children's advocacy service for children subject to MHA. Advocacy currently commissioned for adults is not appropriate for children by virtue of Childrens' different engagement and communication needs, their minority and competence of advocates trained to support adults.	Children's Services	April 2022		
2	April 2022	Use of KPI & performance data to identify usage by age/disability/pregnancy and maternity/gender reassignment and identify unmet need.	Commissioning, Adult Social Care	Ongoing via quarterly information and performance data on-going during the lifespan of Advocacy contracts.		
3	April 2022	Advocacy providers will be expected to be responsive to the needs of people with protected characteristics to support them without discrimination and ensure staff are appropriately trained/recruited under equal opportunities legislation.	Commissioning, Adult Social Care	On-going during the lifespan of Advocacy contracts.		
4	April 2022	Providers will be expected to deliver services in compliance with equalities legislation, including equal access to quality services for all. Contracts will be regularly monitored to ensure compliance.	Commissioning, Adult Social Care	On-going during the lifespan of Advocacy contracts.		1 1

# 6a. Version control

Version Number	Purpose/Change	Author	Date
V0.1	Initial draft	Mark Rapley	10/12/2021
V0.2	Amended from initial feedback	Mark Rapley & Jim Poyser	05/01/22
V0.3	Added Children's commissioning	Natasha Gathwaite	07/01/22
V0.4	Commissioning Manager Review	Dan Stoneman	18/01/22
V0.5	Review by Kathryn Pyper, on behalf ASC Directorate Equalities Group	Kathryn Pyper	23/02/2022

The above provides historical data about each update made to the Equality Impact Assessment.

Please include the name of the author, date and notes about changes made so that you can refer to what changes have been made throughout this iterative process.

For further information, please see the EIA Guidance document on version control.