



<p>Briefly list what evidence you have gathered on the impact of your proposals?</p>	<p>Feedback from chief executives of our strategic user and carer partners at the ASC Partner Update meeting (every 2-months) where updates on the ASC transformation programme are shared</p> <p>Quarterly meetings with Healthwatch Surrey to share feedback from residents</p> <p>On-going engagement with a wide range of networks:</p> <ul style="list-style-type: none">Disability groups/networks - including Local Valuing People Groups, Disability Empowerment Network Surrey, Learning Disability Partnership Board, Autism Partnership Board, Surrey Positive Behaviour Support, Spelthorne Access NetworkIndependent Mental Health NetworkOlder people groupsCommissioning user groups - including Surrey Hard of Hearing Forum, Long Term Neurological Conditions group, Surrey Vision Action Group, Surrey Deaf CommunityCarers' commissioning groupSeldom heard groups/equalities groupsClinical commissioning groups patient engagement forumsICS communications and engagement groupsSurrey Heartlands Online Residents Panel
---	---



2. Service Users / Residents

AGE						
What information (data) do you have on affected service users/residents with this characteristic?						
The number of individuals supported by Adult Social Care is shown below, broken down by age range:						
Open ASC cases (November 2019)¹						
under 18			127			
18-44			3,702			
45-54			2,113			
55-64			2,556			
65-74			2,523			
75-84			3,515			
85-94			4,040			
>95			935			
not known			11			
Grand total			19,522			
Impacts (Please tick or specify)	Positive		Negative		Both	/
Impacts identified	Supporting evidence		How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner	
+ Create more age appropriate services, including independent	Changes which may impact people who use services with		Take a coordinated approach, provider by provider, introducing	31 March 2021	AD LD, Autism & Transition	

¹ ASC LAS system [accessed 25 November 2019]



living or residential age
appropriate settings

an age characteristic will be
driven by the following
programmes:



<p>+ There may be opportunities for people with a learning disability over 65 years of age to move to more age appropriate services with their peer age group</p>		<p>Continue to secure personalised packages of care to meet the changing needs of people over 65 years of age</p>	<p>31 March 2021</p>	<p>AD LD, Autism & Transition</p>
<p>+ Residents of all ages will be encouraged to explore 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>Continue to embed strengths based practice</p>	<p>31 March 2021</p>	<p>ADs</p>
<p>+ Skilled and trained staff will ensure residents of all ages experience earlier decision making, and provision of appropriate information and signposting</p>		<p>Train and support staff to have strengths based conversation with residents Continue to grow staff's knowledge of local community based resources Continue to work as part of Local Joint Commissioning Groups to expand the role of, the voluntary, community and faith sector</p>	<p>31 March 2021</p>	<p>ADs</p>
<p>+ The promotion of direct payments and Individual Service Funds will give residents of all ages more choice, control and independence</p>		<p>Put support mechanisms in place to enable people of all ages to use direct payments Ensure the Personal Assistant rate is adequate to enable people to recruit and retain</p>		



<p>+ Robust, timely and proportionate reviews will mean residents of all ages have services at a level and duration to meet their needs</p>		<p>Equip staff with the skills to undertake strengths based reviews and reassessments</p>	<p>31 March 2021</p>	<p>ADs</p>
<p>+ Reablement services will be reshaped to support more older people in a community setting, rather than simply on discharge from hospital</p>		<p>Develop a therapy led enablement service</p>	<p>31 March 2021</p>	<p>AD Service Delivery</p>



<ul style="list-style-type: none">- There may be increasing demands placed upon the voluntary, community and faith sector from people of all ages, which may become overloaded and unable to support everyone who approaches them		Continue to work with partners to support and expand the role of the voluntary, community and faith sector	31 March 2021	ALT
<ul style="list-style-type: none">- There may be quality assurance and safeguarding issues around the care provided by family, friends and community networks for people of all ages, how this is assured and to whom concerns should be raised		Ensure staff are equipped to support people in taking proportionate risks and safeguarding procedures are adhered to	31 March 2021	ALT

What other changes



DISABILITY

What information (data) do you have on affected service users/residents with this characteristic?

Individuals supported by Adult Social Care by primary reason for support are listed below.

Open ASC cases as at Nov 2019²

Learning Disability Support	3,933
Mental Health Support	1,634
Physical Support - Access and Mobility Only	1,507
Physical Support - Personal Care Support	7,571
Sensory Support - Support for Dual Impairment	42
Sensory Support -	



		the voluntary, community and faith sector		
+ The promotion of direct payments and Individual Service Funds will give residents with a disability more choice, control and independence		Put support mechanisms in place to enable people with a disability to use direct payments Ensure the Personal Assistant rate is adequate to enable people to recruit and retain staff	31 March 2021	AD LD, Autism & Transition AD Commissioning
+ Robust, timely and proportionate reviews will mean residents with a disability have services at a level and duration to meet their needs		Equip staff with the skills to undertake strengths based reviews and reassessments	31 March 2021	ADs
+ The transfer of mental health services into ASC will ensure a more holistic approach looking at all aspects of care and support		Ensure mental health staff are trained and able to implement the Care Act, strengths based practice etc	31 March 2021	AD, Mental Health
+ Technology Enabled Care will support people with a disability to live independently in the community and to provide reassurance to their family		Strengthen the range of Technology Enabled Care on offer to people	31 March 2021	Head of Resources
- Placing people with a disability in community settings may be perceived as a risk to themselves and the community		Ensure people are equipped and their needs are suitable to access community resources Ensure robust safeguarding arrangements are in place Use success stories to reassure families	31 March 2021	AD, Learning Disabilities, Autism & Transition MD Surrey Choices



Refused	61
Undeclared / Not known	1066
Grand Total	19,522

Impacts (Please tick or specify)	Positive		Negative		Both	/
--	----------	--	----------	--	------	---

Impacts identified

Supporting evidence

How will you maximise positive/minimise negative impacts?

When will this be implemented by?

Owner



+ People with a religion or belief system will be encouraged to access support from within their faith community	characteristic will be driven by the following programme: Practice Improvement	Continue to embed strengths based practice Continue to grow staff's knowledge of local community based resources	31 March 2021	ADs
What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of				
-				
Any negative impacts that cannot be mitigated? Please identify impact and explain why				
There are no negative impacts that cannot be mitigated				



CARERS PROTECTED BY ASSOCIATION

What information (data) do you have on affected service users/residents with this characteristic?

Number of carers known to ASC as at November 2019 by age⁵

under 18	4
18-29	54
30-39	80
40-49	306
50-59	782
60-69	659
70-79	427
80-89	285
90+	50
not recorded	11
Grand Total	2,658

'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'⁶. Carers are the largest source of support for disabled and vulnerable and the most significant form of 'social capital' in our communities. Effective support for carers is therefore critical for the effective delivery of both health and social care services.

Based on the 2011 Census and population projections we can estimate that in 2016 there were 115,216 carers of all ages living in Surrey in 2016, this equates to 10% of the population⁷. Based on the Valuing Carers 2015 research, these carers save the public purse an estimated £1.8 billion a year in Surrey. The figure for the UK is estimated at £132 billion⁸. Support for carers in the community is an important factor in preventing emergency admission.



- Carers may feel obliged to take on more of a caring role

Continue to support carers in their caring role



Any negative impacts that cannot be mitigated? Please identify impact and explain why

There are no negative impacts that cannot be mitigated



DISABILITY

What information do you have on the affected staff with this characteristic?

2.35% of the HW and ASC workforce have declared a disability compared to SCC at 2.83% of the countywide workforce.

Impacts	Positive		Negative	/	Both	
Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?		When will this be implemented by?	Owner	
- Any change to organisation structure or location could mean staff with a disability find travelling to carry out their duties more challenging	Review of the organisational structure and accountabilities in ASC as part of the Practice Improvement programme	<p>Ensure any review of organisational structure and accountabilities is supported by HR and a formal consultation process</p> <p>Ensure staff are engaged and consulted regarding changes to location and reasonable adjustments continue to be made.</p>		31 March 2021	ADs	

What other changes is the council planning that may affect the same groups of staff? Are there any dependencies decisions makers need to be aware of

Moving closer to Residents (MCTR) will involve the relocation of the civic hub from County Hall to Woking and a redistribution of staff within the county.

Agile working – will provide people with the tools to work from any location. It will not apply to every role and every individual but focuses on the principle that work is something we do not somewhere we go.

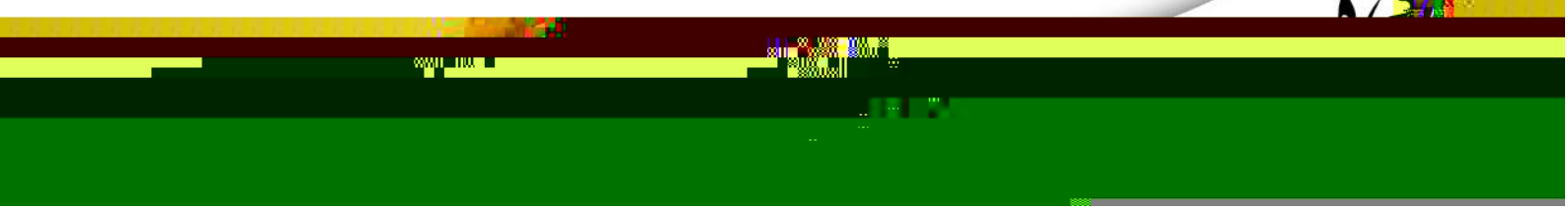
Any negative impacts that cannot be mitigated? Please identify impact and explain why

There are no negative impacts that cannot be mitigated





CHANGE





Decisions around placements may mean people needing residential and nursing care, are offered settings at a distance from their family.

Tough conversations with people, their families and carers about what ASC can do and what they need to do.

Increasing demands upon the voluntary, community and faith sector to support people in the community.

Quality assurance and safeguarding issues around the care provided by family, friends and community networks.

Carers16110.nW*nBT4.7 2044.89 reW*nBT/F Tf1 0 0 1 184.37 658.78 Tm



Name	Job Title	Organisation	Team Role
Kathryn Pyper	Senior Programme Manager	Adult Social Care	Equalities and diversity lead for Adult Social Care
Hannah Dwight	HR Business Partner	Surrey County Council	HR&OD
Veronica Bezear	Information Analyst	Adult Social Care	Information Analyst
Wil House	Strategic Finance Business Partner for ASC	Adult Social Care	Finance lead

If you would like this information in large print, Braille, on CD or in another language please contact us on:

Tel: 03456 009 009

Textphone (via Text Relay): 18001 03456 009 009