

## 1. Topic of assessment

<b>EIA title:</b>	Consultation on the preferred recommendation of closure of the six in-house residential care homes for Older People
<b>EIA author:</b>	Suzi Pressey, Business Support Manager

## 2. Approval

	<b>Name</b>	<b>Date approved</b>
<b>Approved by</b>	David Sargeant, Strategic Director, Adult Social Care and Philippa Alisiroglu, Assistant Director, Service Delivery, Adult Social Care	26/2/15

## 3. Quality control

<b>Version number</b>	0.8	<b>EIA completed</b>	26/2/15
<b>Date saved</b>	25/2/15	<b>EIA published</b>	02/03/15

## 4. EIA team

<b>Name</b>	<b>Job title (if applicable)</b>	<b>Organisation</b>	<b>Role</b>
Philippa Alisiroglu	Assistant Director, Service Delivery	Surrey County Council	Programme Sponsor
Joanne Parkinson	Senior Commissioning Manager	Surrey County Council	Commissioning Lead
Joanna Victor-Smith	Assistant Senior Manager, Service Delivery	Surrey County Council	Service Delivery Lead
Rebecca Pettitt	Project Manager	Surrey County Council	Project Manager
Deborah Chantler	Principal Lawyer	Surrey County Council	Legal Lead
Gurbax Kaur	HR Operations Manager	Surrey County Council	HR Lead
Abid Dar	Equality, Inclusion and Wellbeing Manager	Surrey County Council	Advisor

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## 5. Explaining the matter being assessed

<p><b>What policy, function or service is being introduced or reviewed?</b></p>	<p>On 21 October 2014 Surrey County Council’s (the council) Cabinet agreed to launch a public consultation on the future of six in house older people’s homes.</p> <p>The homes in scope are:</p> <ul style="list-style-type: none"> <li>• Brockhurst – Ottershaw</li> <li>• Cobgates – Farnham</li> <li>• Dormers – Caterham</li> <li>• Longfield – Cranleigh</li> <li>• Park Hall – Reigate</li> <li>• Pinehurst – Camberley</li> </ul> <p>The homes offer residential care for older adults, with some additional respite, reablement and day services available.</p> <p>The consultation began on 30 October 2014 and closed on 31 January 2015. On 10 March 2015 the council’s Cabinet will be presented with a report with recommendations for each home and asked to make a decision about the future of the homes. The report will take into account the feedback received during the consultation and other evidence.</p>
<p><b>What proposals are you assessing?</b></p>	<p>The assessment is of the implementation of the preferred option for the future of the homes, which is to support residents to move to another appropriate service and close the services.</p> <p>A comprehensive review of the six homes had been undertaken to:</p> <ul style="list-style-type: none"> <li>• understand the provision of these homes in the residential care market within the context of the wider strategic shift within Adult Social Care - to deliver services in the community and to enable people to live in their own homes for as long as possible</li> <li>• address the impact of the physical environment upon the quality of care that can be achieved within the homes in light of the new Care Quality Commission’s inspection criteria (Mum Test).</li> </ul> <p>The homes, built in the 1970s and 1980s, were not designed to meet the current expectations of accommodation.</p> <p>The Cabinet agreed that a public consultation should take place with residents, their families / carers, staff and other stakeholders to enable the council to make an informed decision on the future of Surrey County Council’s in-house homes.</p> <p>Four options were considered for each home:</p> <ol style="list-style-type: none"> <li>1. Keep the home as it is</li> <li>2. Extend and refurbish the home or redevelop the site</li> <li>3. Sell or lease the home to another provider</li> <li>4. Support residents to move to another appropriate service and close the service</li> </ol>

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	<p>Based on the home by home analysis in each case Option 4 was the council's preferred option and this was the basis of the consultation.</p> <p>The aim of the consultation was to:</p> <ul style="list-style-type: none"> <li>• provide information on the council's current thinking/options</li> <li>• see if there were any other viable options that had not been considered</li> <li>• hear people's views about the things the council needs to take into account and that are important to them.</li> </ul> <p>The information gathered from the consultation process together with other research will enable the council to make an informed decision regarding the future of each home, securing the best outcomes for residents and other users of the homes, their families and carers, staff and Surrey residents.</p>																																								
<p><b>Who is affected by the proposals outlined above?</b></p>	<p>The following groups will be affected:</p> <ul style="list-style-type: none"> <li>• People who use services</li> <li>• Families and carers</li> <li>• Staff working in and supporting the homes</li> <li>• Local stakeholders</li> <li>• Partners</li> <li>• Volunteers</li> <li>• The local community</li> </ul> <p><u>People, who use services, families and carers</u></p> <ul style="list-style-type: none"> <li>• Permanent residents</li> <li>• People who use respite services/short term placements</li> <li>• Day service users</li> <li>• Reablement users</li> <li>• Relatives and carers of people using services</li> </ul> <p><i>Table 1: People who use services</i></p> <table border="1"> <thead> <tr> <th></th> <th>Permanent residents</th> <th>Day Care Users from Homes</th> <th>Average number of short stay users* per month</th> <th>Average number of reablement users per month</th> </tr> </thead> <tbody> <tr> <td><b>Brockhurst</b></td> <td>12</td> <td>N/A</td> <td>5</td> <td>3</td> </tr> <tr> <td><b>Cobgates</b></td> <td>29</td> <td>1</td> <td>6</td> <td>N/A</td> </tr> <tr> <td><b>Dormers</b></td> <td>20</td> <td>7</td> <td>7</td> <td>4</td> </tr> <tr> <td><b>Longfield</b></td> <td>23</td> <td>N/A</td> <td>1</td> <td>N/A</td> </tr> <tr> <td><b>Park Hall</b></td> <td>26</td> <td>14</td> <td>6</td> <td>4</td> </tr> <tr> <td><b>Pinehurst</b></td> <td>23</td> <td>6</td> <td>11</td> <td>2</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>133</b></td> <td><b>28</b></td> <td><b>36</b></td> <td><b>13</b></td> </tr> </tbody> </table> <p>Data provided by the homes as at 31/1/15</p> <p><u>Staff</u></p> <ul style="list-style-type: none"> <li>• Care home staff and managers</li> <li>• Trade union representatives</li> </ul>		Permanent residents	Day Care Users from Homes	Average number of short stay users* per month	Average number of reablement users per month	<b>Brockhurst</b>	12	N/A	5	3	<b>Cobgates</b>	29	1	6	N/A	<b>Dormers</b>	20	7	7	4	<b>Longfield</b>	23	N/A	1	N/A	<b>Park Hall</b>	26	14	6	4	<b>Pinehurst</b>	23	6	11	2	<b>TOTAL</b>	<b>133</b>	<b>28</b>	<b>36</b>	<b>13</b>
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- Other Adult Social Care staff, in particular locality teams
- Wider Surrey County Council staff

*Table 2: Staff Numbers*

Home	Full-time	Part-time (under 36 hours)	Bank
Brockhurst	12	31	8
Cobgates	2	43	15
Dormers	9	37	12
Longfield	15	22	6
Park Hall	15	38	26
Pinehurst	3	43	25
<b>Total</b>	<b>56</b>	<b>214</b>	<b>92</b>

There are 412 employments and 362 headcount - some staff have more than one employment. They are only counted once in the figures above under their main employment. Data from SAP January 2015.

Individual care home stakeholders

- Volunteers
- Neighbours
- Community groups
- Local suppliers

Partners

- Faith, community and voluntary sector organisations
- Housing providers
- Clinical Commissioning Groups, health and social care organisations and providers
- Other local authorities (e.g. placing authorities)
- Acute hospitals
- Independent care home providers
- Reablement providers

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## 6. Sources of information

### Engagement carried out

All people who use services, their families / carers and frontline staff were informed about the Cabinet report and the proposed consultation at the point at which the report was open to the public (ahead of the Cabinet meeting on 21 October 2014). There were also early briefings with SCC Members, local councillors in affected areas, the Care Quality Commission, senior trade union representatives and home managers.

### How we consulted

A robust process was followed to determine whether residents had capacity to engage in the consultation and to gather their feedback where possible. Full assessments were undertaken to document the steps taken to facilitate the individuals' understanding, giving consideration to the Mental Capacity Act.

Consultation packs, including a feedback form, were sent to residents, families and carers, stakeholders and staff. There was also the option of completing the feedback survey on-line. The documentation was provided in alternative formats where required. Healthwatch Surrey had overall scrutiny of the consultation process. The consultation was extended to 31 January 2015 to enable more in-depth conversations with residents and family members about individual circumstances.

The following meetings were held:

- Relatives' meetings
- Stakeholder meetings
- Member / Senior Officer meetings
- 1:1 meetings with families / carers and stakeholders were held as needed
- Park Hall respite users' meeting
- Drop in sessions for families / carers
- Staff briefings
- Staff surgeries with HR advisors
- Regular discussions with trade unions
- Meetings with involved stakeholders e.g. St Catherine's, Alzheimer's Society

The consultation was an agenda item at other meetings:

- Dementia Partnership Board
- Living & Ageing Well Board
- Disability Alliance Network Chairs meeting
- Disability Alliance Network North meeting
- Disability Alliance Network South West meeting
- Disability Alliance Network East meeting
- Disability Alliance Network Mid meeting

Copies of Questions and Answers from the meetings with relatives and residents were sent out to all attendees.

All responses to the questionnaire (which have been kept anonymous) have been collated and will be made available on the web site.

Two dedicated workshops were held to consider the equalities impact assessment for

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residents and staff.

Attendees of the workshop – impact on staff:

Philippa Alisiroglu – Interim Assistant Director, SCC

Lonah Buwu – Assistant Team Manager, Park Hall, SCC

Alan Clyne – UNISON

Paul Coleing – Quality Assurance Manager, SCC

Abid Dar – Equality, Inclusion and Wellbeing Manager - Employment, SCC

Rosemarie Jeacock – Team Manager, Longfield, SCC

Miriam Lloyd – Employment Development Officer, Employability, Surrey Choices

Rebecca Pettitt – Project Manager, SCC

Suzi Pressey – Business Support Manager, SCC

Joanna Victor-Smith – Assistant Senior Manager, SCC

Attendees of the workshop – impact on residents:

Yasmin Broome – Delivering Empowerment Coordinator, SCC

Paul Coleing – Quality Assurance Manager, SCC

Abid Dar – Equality, Inclusion and Wellbeing Manager - Employment, SCC

Rosemarie Jeacock – Team Manager, Longfield, SCC

Geoff Jelly – Surrey Coalition of Disabled People

Jacqui Parfitt – Operations Manager - Surrey, Alzheimer's Society

Joanne Parkinson, Senior Commissioning Manager, SCC

Rebecca Pettitt – Project Manager, SCC

Suzi Pressey – Business Support Manager, SCC

Anna Sartori – Surrey Coalition of Disabled People

Joanna Victor-Smith – Assistant Senior Manager, SCC

This Equalities Impact Assessment was shared with the SCC Adult Social Care Directorate Equalities Group and External Equalities Advisory Group for feedback.

## Data used

Adult Information System (AIS) report – resident data from Adult Social Care database as at February 2015.

SCC workforce database (SAP) – staffing data as at December 2014 and January 2015.

Internal occupancy returns.

Consultation Feedback (face to face and written).

Feedback from February 2015 Equality Impact Assessment workshops reviewing impact on staff and impact on residents.

Skills for Care – A summary of the adult social care sector and workforce in Surrey, January 2015.

Surrey Adult Social Care Joint Workforce Strategy 2014 – 2019.

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'Achieving closure': good practice in supporting older people during residential care closures - Jon Glasby, Suzanne Robinson, Kerry Allan - a joint publication by the Health Services Management Centre (HSMC), University of Birmingham and the Association of Directors of Adult Social Services (ADASS), published in association with the Social Care Institute for Excellence (SCIE) 2011.

'An Evaluation of the Modernisation of Older People's Services in Birmingham – final report' Jon Glasby, Suzanne Robinson, Kerry Allan (2011).

Adult Social Care Community and Care Home Provider Closure Protocol 2014.

Data from Adult Social Care commissioning function.

Alzheimer's Society Living with dementia magazine, June 2013.

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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 - where there are specific issues relating to a home, these are listed separately below.

A breakdown of characteristics by home has not been included because of the small numbers and the potential identification of individuals. The first part of this section focuses on impacts common to all homes. The breakdown of all the protected characteristics by home was used to inform further consideration of the characteristics, which may have greater relevance at a particular home. Some of the potential impacts identified may also affect other protected characteristics than those they have been shown against.

Protected characteristic <sup>1</sup>	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 80</p> <p><b>Age</b></p>	<p>Any closure would be managed in accordance with best practice maintaining a person’s general health and wellbeing. There is potential to improve outcomes for people through an alternative service.</p> <p>Current environments present challenges in providing appropriate care. Alternative services would provide more suitable environments and are likely to provide an improved experience of care and support.</p>	<p>Disruption of moving residents. Concern about the impact any move would have on the health and wellbeing of an individual.</p> <p>Demand for services will increase with the ageing population, so more provision is needed.</p>	<p>Breakdown of residents by age group (AIS February 2015):            3% of residents aged under 65            9% aged 65 - 74            27% aged 75 - 84            58% aged 85 – 99            3% aged 100+</p> <p>‘Achieving closure – good practice in supporting older people during residential care closures’ – Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p> <p>‘An Evaluation of the Modernisation of Older People’s Services in Birmingham – final report’ Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p> <p>Consultation and workshop feedback.</p> <p>Experience of moving older people in many circumstances, including home closure - Adult Social Care Community and Care Home Provider Closure</p>

<sup>1</sup> More information on the definitions of these groups can be found [here](#).



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			Protocol 2014.
Page 81 <b>Disability</b>	<p>Potential for improved provision in an alternative service. Some people may be nearer to families / carers.</p> <p>Some disability related needs may be better met in different environments.</p> <p>If the new environment is better, especially if it increases contact with family and friends, the benefits can outweigh any problems for people with dementia.</p> <p>Funding will be transferred to the alternative service.</p>	<p>There are a significant number of people with dementia or other cognitive impairments, who did not have capacity to fully participate in the consultation process themselves.</p> <p>Concern about the lack of alternative affordable provision including respite, reablement and day care provision.</p> <p>Need to ensure any disability related needs e.g. mobility and sensory are captured and accounted for through the reassessment process.</p> <p>Ability to adjust to a new home in terms of orientation - It can be confusing for people with acute impairments or dementia if their environment changes.</p>	<p>Residents in the homes are older people with a range of support needs including health issues, physical and sensory impairments. A significant percentage of residents have dementia. There is one dedicated unit at Park Hall for people with learning disabilities.</p> <p>116 Mental Capacity Act assessments were undertaken with people using services to determine their ability to engage in the consultation process.</p> <p>Breakdown of residents by client category (AIS February 2015). This data is indicative only as it is the category assigned at the point of initial referral and related to the primary reason at that time. A large number of people will have more than one categorisation:</p> <ul style="list-style-type: none"> <li>• 33% Frailty and/or temporary illness</li> <li>• 23% Mental Health – Dementia</li> <li>• 18% Physical disability and/or sensory impairment</li> <li>• 12% Combination of physical disability / sensory impairment / frailty</li> <li>• 6% Learning disability</li> <li>• 5% Mental Health – non-dementia</li> </ul> <p>Alzheimer’s Society Living with dementia magazine, June 2013.</p> <p>Consultation and workshop feedback.</p>
<b>Gender reassignment</b>	Potential better provision in alternative services of bathroom facilities.	No impact identified.	We do not hold this information.

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<b>Pregnancy and maternity</b>	No impacts identified.	No known impacts identified.	
<b>Race</b>	No impact identified.	<p>Individual communication needs must be taken into account.</p> <p>Current providers may be based or nearby to an individual's particular community. If the new provider is not in the same vicinity it may have a negative impact on their general wellbeing.</p>	<p>Breakdown of residents by ethnicity (AIS February 2015):</p> <ul style="list-style-type: none"> <li>• 96% White British</li> <li>• 4% Other</li> </ul> <p>'An evaluation of the modernisation of older people's services in Birmingham – final report,' Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p> <p>'Achieving closure – good practice in supporting older people during residential care closures' – Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p>
Page 82 <b>Religion and belief</b>	Potential to link with new faith community close to alternative service, particularly if this was not available previously.	<p>Loss of contact with local faith community if new provider is not in the same vicinity.</p> <p>Potential change to the person delivering church services if there is a move outside the current church catchment area.</p>	<p>Breakdown of residents by faith group (AIS February 2015):</p> <ul style="list-style-type: none"> <li>• 64% Church of England</li> <li>• 12% Roman Catholic</li> <li>• 10% Other Christian</li> <li>• 10% No religion or belief / declined to say</li> <li>• 4% Other</li> </ul>
<b>Sex</b>	If there is a need for a gender specific unit this could be met in an alternative service.	There is a higher proportion of women, who use the service. This means that any potential impact will have a greater impact on women.	<p>Breakdown of residents by sex (AIS February 2015):</p> <ul style="list-style-type: none"> <li>• 73% female</li> <li>• 27% male</li> </ul>
<b>Sexual orientation</b>		Concern that the new provider does not offer the same qualities of opportunities and considerations as Surrey County Council.	Workshop feedback.

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<p><b>Marriage and civil partnerships</b></p>	<p>Closeness to family and friends, in particular spouses or partners, to be considered as part of the assessment process, including accessibility of new home.</p>	<p>It is possible that existing friendship networks may be lost which would be detrimental to an individual.</p> <p>Loss of relationships with staff and volunteers.</p>	<p>‘An evaluation of the modernisation of older people’s services in Birmingham – final report,’ Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p> <p>‘Achieving closure – good practice in supporting older people during residential care closures’ – Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p>
<p>Page 83</p> <p><b>Carers<sup>2</sup></b></p>	<p>Potential to be closer to families / carers through a move.</p> <p>Potential for new home to be more accessible for families / carers to visit.</p> <p>Ability to engage in and influence where their family member moves to.</p>	<p>Concern that a move will have a detrimental impact on their partner, family member / friend.</p> <p>Potential disruption for families / carers and their ability to visit, particularly for older carers – accessibility of an alternative service.</p> <p>Concern about losing a facility they value and rely on, the quality of alternatives and whether needs can be fully met by them.</p> <p>Adequate flexible options may not be available for short term or emergency care, which are a support to carers.</p>	<p>This section relates to the impacts for families / carers of people using services.</p> <p>Consultation and workshop feedback.</p>

<sup>2</sup> 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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		It is time consuming for relatives to be involved in the process of choosing an alternative service.	
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## Impact of the proposals on residents and service users with protected characteristics by home - Brockhurst

Brockhurst provides permanent, short stay and reablement facilities in Ottershaw. There are 12 permanent residents (January 2015). Brockhurst does not have good transport links. The main disability of the residents is dementia. The staircase is open, which is not ideal for residents with dementia.

Protected characteristic <sup>3</sup>	Potential positive impacts	Potential negative impacts	Evidence
Page 84  <b>Age</b>	There are more younger residents at Brockhurst.  There are a good number of alternative providers in the area – within 5 miles.		Data from Adult Social Care commissioning function.
<b>Disability</b>	More suitable provision to meet needs.	Going to a more occupied home when used to small numbers.  Finding suitable alternative provision for wheelchair users.	Consultation and workshop feedback.

<sup>3</sup> More information on the definitions of these groups can be found [here](#).

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## Impact of the proposals on residents and service users with protected characteristics by home - Cobgates

Cobgates provides permanent and short stay facilities in Farnham. There are 29 permanent residents (January 2015). It is well situated in the centre of Farnham with excellent transport links. Part of the 5 mile radius around the home is within Hampshire. The staircase is open. Approximately half the residents have cognition issues and most are in the older age group.

Protected characteristic <sup>4</sup>	Potential positive impacts	Potential negative impacts	Evidence
Disability	Improved environment in alternative provision. Staff currently struggle with equipment.	Continuity of services provided by wider community e.g. Alzheimer's Society drop in centre.  Residents currently access town centre easily.	Consultation and workshop feedback.  Data from Adult Social Care commissioning function.
Carers		Greater dependence on public transport for older carers to travel to visit.	Workshop feedback.

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## Impact of the proposals on residents and service users with protected characteristics by home - Dormers

Dormers provides permanent, short stay, day service and reablement at the top of the hill in Caterham. There are 20 permanent residents (January 2015). There are two communities – one at the top of the hill and the larger village at the bottom. The transport links are better at the bottom of the hill. Part of the 5 mile radius around the home is in Croydon. There are problems with the lift, but no open staircases. The garden is not very accessible and there is a problem with subsidence.

<sup>4</sup> More information on the definitions of these groups can be found [here](#).

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Protected characteristic <sup>5</sup>	Potential positive impacts	Potential negative impacts	Evidence
<b>Disability</b>	Very good transport access to alternative provision in the area.  Improved facilities and safer environment at a new home.	Community impact on services available with a base in Dormers – St Catherine’s hospice.	Consultation and workshop feedback.  Data from Adult Social Care commissioning function.
<b>Carers</b>	Very good transport access to alternative provision in the area.	Community impact on services available with a base in Dormers – St Catherine’s hospice.  Impact on carers from the loss of the day centre.	Consultation and workshop feedback.

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## Impact of the proposals on residents and service users with protected characteristics by home - Longfield

Longfield provides permanent and short stay facilities in Cranleigh. There are 23 permanent residents (January 2015). Part of the 5 mile radius around the home is in West Sussex. There are three floors and problems with the lift and staircase. There is an older age group at Longfield. It is a rural area and the public transport is not good.

Protected characteristic <sup>6</sup>	Potential positive impacts	Potential negative impacts	Evidence
<b>Disability</b>	Adequate nursing provision within the area.	Longfield provides local respite so people can remain with their own GP. Concern that this will not be the case for a new provider.	Consultation feedback.

<sup>5</sup> More information on the definitions of these groups can be found [here](#).

<sup>6</sup> More information on the definitions of these groups can be found [here](#).

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		There are fewer alternative residential homes in the area.  A significant number of residents have needs relating to dementia.	
<b>Carers</b>	Some carers have already identified they would like to move their family member nearer to where they live.		Consultation feedback.

### Impact of the proposals on residents and service users with protected characteristics by home – Park Hall

Park Hall provides permanent, short term and reablement facilities. It also has a busy day service. It has a unit for older people with learning disabilities, most of whom have a dementia diagnosis too and some are from Merton and Croydon. There are 26 permanent residents (January 2015). It is based on one level in Reigate. There are some issues with subsidence.

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<b>Protected characteristic<sup>7</sup></b>	<b>Potential positive impacts</b>	<b>Potential negative impacts</b>	<b>Evidence</b>
<b>Disability</b>	There is good alternative provision.  Portable specialist equipment will move with the residents.	There is no comparable unit for older people with learning disabilities and dementia. Specific provision may be needed.  There may be a need for occupational therapy involvement to ensure provision of equipment in a new service.	Data from Adult Social Care commissioning function.

<sup>7</sup> More information on the definitions of these groups can be found [here](#).

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<b>Carers</b>	Good transport links to alternative provision within the area.	Greater impact on carers from the loss of the day centre.	Data from Adult Social Care commissioning function.
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## Impact of the proposals on residents and service users with protected characteristics by home – Pinehurst

Pinehurst provides permanent, short term, reablement and day services in Camberley. It is based on one level. There are 23 permanent residents (January 2015). About half of the 5 mile radius surrounding the home is in Berkshire and Hampshire and half in Surrey.

Protected characteristic <sup>8</sup>	Potential positive impacts	Potential negative impacts	Evidence
Page 88 <b>Disability</b>	There is good alternative provision.	The day service keeps people with dementia at home for longer.  Pinehurst is part of the local Camberley community with good public transport and local town centre and GP.  Pinehurst provides a useful step down bed service.	Consultation feedback.  Data from Adult Social Care commissioning function.
<b>Carers</b>	Good transport links to alternative provision in the area.	Loss of day centre and respite will impact on carers.	Workshop feedback.

<sup>8</sup> More information on the definitions of these groups can be found [here](#).



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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 89</p> <p style="text-align: center;"><b>Age</b></p>	<p>The council will seek to offer redeployment wherever possible. This could provide wider work experiences for staff and positive opportunities.</p> <p>Staff, who have worked with Surrey County Council for a long time, are highly skilled and trained, so are in a good position to find alternative employment.</p> <p>There are a lot of employment opportunities as the turnover is 25% for direct care workers in Surrey.</p>	<p>Older staff, who have worked for the council for some time may have a more negative view of changing employment, because of a perception that standards are higher in Surrey County Council than elsewhere.</p> <p>Older staff may not have worked elsewhere so do not have experience of applying for roles.</p> <p>Potential negative impact on 42% of staff aged over 50, in terms of re-employment prospects.</p> <p>Impact on benefits for long serving staff in particular if they leave the council.</p> <p>Experienced staff may find it difficult to obtain comparable terms in the independent sector.</p>	<p>Breakdown of staff by age group (Data from SAP December 2014):</p> <ul style="list-style-type: none"> <li>• 15 – 19 1%</li> <li>• 20 – 29 13%</li> <li>• 30 – 39 21%</li> <li>• 40 – 49 23%</li> <li>• 50 – 59 27%</li> <li>• 60+ 15%</li> </ul> <p>Skills for Care – A summary of the adult social care sector and workforce in Surrey January 2015.</p>
<p style="text-align: center;"><b>Disability</b></p>	<p>The Employability service support staff with</p>	<p>Impact of closeness to home if seeking alternative</p>	<p>Some employees have physical and learning disabilities. They have been supported by</p>

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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 90</p>	<p>employment skills and work with external employers already.</p> <p>Ensure the redeployment process is robust.</p>	<p>employment because of reliance on public transport.</p> <p>There may be an impact on pensions and benefits for any staff, who are not redeployed.</p> <p>Alternative employment opportunities may be affected by communication difficulties and the need for strong supervisory support. Some people may not want to disclose they have a disability.</p> <p>Alternative providers do not necessarily have the experience or set up to employ people with a disability.</p> <p>Need to consider the accessibility of buildings and communication needs for all staff.</p>	<p>Employability and First Point during the consultation.</p> <p>There are 2% of staff with a declared disability – data from SAP December 2014, which is very low representation compared with 8.5% of the population – ONS data, 2012 Household survey.</p>
<p><b>Gender reassignment</b></p>	<p>No impact identified.</p>	<p>Changing an employer may be challenging. Surrey County Council has expertise and sensitivity in working with a diverse staff base.</p>	
<p><b>Pregnancy and maternity</b></p>	<p>Staff on maternity leave have priority status in the redeployment process.</p>	<p>There is a high proportion of women in the workforce.</p> <p>Need to ensure any staff on</p>	<p>Split of the workforce is 85% female, 15% male. 72% of staff are part time female workers, 12% are part time male workers (Data from SAP December 2014).</p>

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		<p>maternity leave are kept informed and have access to information and support in the same way as staff at work, including their ability to attend interviews during any redeployment process.</p> <p>The impact of stress and anxiety during pregnancy.</p> <p>Maternity benefits in the independent sector may not be as favourable as in local authorities.</p>	
Page 91	<b>Race</b>	<p>Where English is not a first language or where people have a lower level of language and literacy skills, it may restrict future employment.</p> <p>There is a higher percentage of BME staff in front line roles than in the rest of the council.</p>	<p>20% of staff from this service area are from black and minority ethnic groups (BME), with 99% of these being front line staff. This compares with 8% of staff across the council and 12% in the Adult Social Care Directorate (Data from SAP December 2014).</p> <p>24% of the Surrey adult social care workforce is from black and minority ethnic groups. Across the South East this figure is 17%. (Skills for Care – A summary of the adult social care sector and workforce in Surrey, January 2015).</p> <p>9.8% of the Surrey population are from BME groups – 2011 census.</p>
	<b>Religion and belief</b>	<p>Potential impact on routines and practices with a new employer - work pattern, holidays/days of worship, food dress.</p>	<p>Breakdown of religion: data from SAP December 2014</p> <ul style="list-style-type: none"> <li>• Not stated 64%</li> <li>• Christian – all faiths 17.5%</li> <li>• No faith / religion 16.5%</li> </ul>

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			<ul style="list-style-type: none"> <li>Buddhist, Hindu, Muslim, Other 2%</li> </ul>
Page 92	<b>Sex</b>	<p>There are opportunities in the independent sector to work flexible contracts.</p> <p>Re-employment in the independent sector.</p>	<p>The vast majority of the workforce is women, most of whom work part time. The loss of flexible working could affect the whole family.</p> <p>Nearly 50 staff have more than one contract – often bank, so rely on working additional hours to top up their income.</p> <p>Redeployment in the reablement service for men, as people using services have historically preferred female carers.</p> <p>Ensure there is no gender bias through redeployment process and remember the ancillary roles.</p>
	<b>Sexual orientation</b>	Ensure a fair and equitable recruitment process.	<p>No specific impacts identified.</p> <p>Analysis of the workforce data from SAP as at December 2014 does not indicate any impact on staff within this protected characteristic.</p>
	<b>Marriage and civil partnerships</b>	No specific impacts identified.	<p>Where couples / family members are employed in the same home, there may be an impact on income and re-employment may impact on care responsibilities.</p> <p>Providers may prefer not to</p> <p>Breakdown of marital status: data from SAP as at December 2014:</p> <ul style="list-style-type: none"> <li>Not stated 75%</li> <li>Married 15.5%</li> <li>Never married / never in civil partnership 5%</li> <li>Divorced, Separated, Widowed, in same sex civil partnership 4.5%</li> </ul>

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		<p>recruit couples / family members.</p> <p>Providers may not offer flexible working.</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 93</p> <p><b>Carers</b></p>		<p>As the majority of the workforce is female and part time, it is likely that they will have caring responsibilities, which may restrict alternative employment opportunities.</p> <p>Most of the social care workforce live near to their place of work and over 30% work part time.</p> <p>Redeployment difficulties if people cannot drive or travel further.</p> <p>Smarter rotas allow flexibility for carers. There may be an impact on the whole family if this changes.</p> <p>Awareness of carers' rights and support in the council may be greater than in the private sector.</p>	<p>Split of the workforce is 85% female, 15% male. 84% of the workforce is part time – less than 36 hours per week, 16% is full time. 72% of staff are part time female workers, 12% are part time male workers (Data from SAP December 2014).</p> <p>Surrey Adult Social Care Joint Workforce Strategy 2014 – 2019.</p>

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Other issues to consider:

Contract Terms and Conditions in the independent sector may be different from those offered by the council, so there may be an impact on pensions and benefits for any staff, who are not redeployed.

The location of homes and the impact on areas if one home closes before another in the same locality – area based redeployment opportunities.

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## 8. Amendments to the proposals

Change	Reason for change
Whilst the plan is to carry out a robust person centred assessment for all people using services and their families / carers, the Equalities Impact Assessment has helped to further consider their needs and concerns.	Consultation feedback.
The preferred option is to redeploy staff wherever possible. The phasing approach to implementation supports this preferred option. A robust programme of the re-deployment offer will be set up as part of the workforce consultation process, which could include reskilling, training and re-employment.	Consultation feedback.
The consultation period was extended and the proposal is to take more time for implementation.	Consultation feedback.

## 9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
<b>PEOPLE USING SERVICES</b>			
Disruption of moving residents. Concern about the impact any move would have on the health and wellbeing of an individual.	<p>Learn from research and best practice from other home closures. Robust person centred assessment for all, involving carers, and the development of transitional plans. More detail of what will be included in these is set out below.</p> <p>Implement a phased approach to closure so the service can focus and ensure specific needs are met.</p> <p>Draw up an implementation time line and be ready to respond to early requests.</p>	10/3/15	Steering group, practitioners

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<p>Demand for services will increase with the ageing population, so more provision is needed.</p> <p>Concern about the lack of alternative affordable provision including respite, reablement and day care provision.</p> <p>There are fewer alternative residential homes in the area (Longfield).</p> <p>Pinehurst provides a useful step down bed service.</p>	<p>The council continually revises commissioning plans to address emerging trends and legislative changes.</p> <p>There is capacity in the independent sector to meet the demand of people using services in the in-house homes. There is ongoing work with the market around negotiating flexible services at affordable rates.</p> <p>Maps of placements made by the council on a block and spot basis identify a good spread of alternatives for each home. Identification of alternatives will take into account preferences, which may include moving from the immediate area to be closer to family members.</p>	<p>Ongoing</p>	<p>Commissioners</p>
<p>There are a significant number of people with dementia or other cognitive impairments, who did not have capacity to fully participate in the consultation process themselves.</p>	<p>Ensure Independent Mental Capacity Advocates (IMCAs) are in place for decision making on alternative services where there is no family / carer.</p>	<p>In accordance with the implementation plan.</p>	<p>Practitioners</p>
<p>Ability to adjust to a new home in terms of orientation – It can be confusing for people with acute impairments or dementia if their environment changes.</p>	<p>Follow best practice guidance.</p> <p>Support from families / carers.</p> <p>Development of transitional plans.</p> <p>Staff from current homes to help with the transition.</p> <p>Review new placement after 6 weeks.</p>	<p>In accordance with the implementation plan.</p>	<p>Steering group, staff, practitioners</p>
<p>Concern from carers about losing a facility they value and rely on, the</p>	<p>Robust person centred assessment for all, involving carers, and the development</p>	<p>In accordance with the</p>	<p>Commissioners, Steering group, practitioners</p>



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<p>quality of alternatives and whether needs can be fully met by them.</p> <p>There is no comparable unit for older people with learning disabilities and dementia. Specific re-provision may be needed.</p> <p>There may be a need for occupational therapy involvement to ensure provision of equipment in a new service.</p> <p>Need to ensure any disability related needs e.g. mobility and sensory are captured and accounted for through the reassessment process.</p> <p>Finding suitable alternative provision for wheelchair users.</p>	<p>of transitional plans.</p> <p>Ensure assessment takes into account the full range of disability e.g. visual and hearing impairment and mobility needs to ensure future facilities meet those needs. There may need to be specific commissioning of an alternative service to Brook Unit.</p> <p>Check CQC compliant homes in area have the skill set to work with individuals with particular disabilities – older people with learning disabilities and dementia - during the assessment process. Active engagement of the wider market will enable responsiveness to meeting particular needs.</p> <p>People with disabilities can take specialist portable equipment with them to their new service. Assessments can be completed to enable provision of required equipment – this will need to be done well in advance of moves.</p> <p>Baseline facilities to be provided at alternative homes e.g. good signage, safe stairwells.</p> <p>New homes should be fit for the future - better room sizes and facilities, no dignity deficiencies, communal areas of adequate size, better infection control and disability access.</p>	<p>implementation plan.</p>	
<p>Individual communication needs must be taken into account to ensure all residents are able to fully</p>	<p>Capture what is important to the individual through the assessment process and ensure that this is considered</p>	<p>In accordance with the implement-</p>	<p>Practitioners, commissioners</p>

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<p>participate in the decision about their move.</p> <p>Current providers may be based or nearby to an individual's particular community. If the new provider is not in the same vicinity it may have a negative impact on their general wellbeing.</p> <p>Loss of contact with local faith community if new provider is not in the same vicinity or change to contact.</p> <p>Concern that new provider does not offer the same qualities of opportunities and considerations as SCC with regard to a resident's sexual orientation or gender reassignment.</p> <p>Going to a more occupied home when used to small numbers (Brockhurst).</p> <p>Residents currently access town centre easily (Cobgates).</p> <p>Pinehurst is part of the local Camberley community with good public transport and local town centre and GP.</p> <p>Longfield provides local respite so people can remain with their own GP. Concern that this will not be the case for a new provider.</p>	<p>when choosing an alternative service.</p> <p>Ongoing work with the market around requirements and responding to particular needs identified.</p> <p>Enable ongoing relationships where possible or ensure need is met in new provision.</p> <p>CQC regulates quality of registered services and should ensure this and the council will take account of CQC reports in any decisions made.</p> <p>There is potential for visits to new services and overnight stays etc. to get people used to a new service.</p>	<p>ation plan.</p>	
<p>It is possible that existing friendship networks may be lost, which would be detrimental to an individual.</p>	<p>Ensure friendships, including volunteers and other residents, are part of the assessment process and taken into account where</p>	<p>In accordance with the implementation plan.</p>	<p>Practitioners</p>

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<p>Loss of relationships with staff and volunteers.</p>	<p>possible.</p> <p>Closeness to family and friends will be considered as part of the assessment process, including the accessibility of an alternative service.</p> <p>Significant relationships, such as married couples or partners, will be taken into account during the assessment and the needs of both partners and family members will be accommodated where possible.</p>		
<p>Potential disruption for families / carers and their ability to visit, particularly for older carers – accessibility of an alternative service</p> <p>Greater dependence on public transport for older carers to travel to visit.</p>	<p>Include carers in the reassessment process to capture their needs.</p> <p>Ensure support is in place for carers through changes.</p>	<p>In accordance with the implementation plan.</p>	<p>Practitioners</p>
<p>Adequate flexible options may not be available for short term or emergency care, which are a support to carers.</p> <p>Greater impact on carers from the loss of the day centre (Park Hall).</p> <p>Loss of day centre and respite will impact on carers (Pinehurst).</p>	<p>Work with block and spot providers to ensure alternative respite provision is in place, which can be pre-booked, to enable the person to continue to stay at home and within a reasonable distance.</p> <p>Continue to work with the market to ensure there is suitable provision to meet needs in Surrey.</p>	<p>In accordance with the implementation plan.</p>	<p>Commissioners</p>
<p>Continuity of services provided by wider community e.g. Alzheimer’s Society drop in centre.</p> <p>Community impact on services available with a</p>	<p>Assess wider community impact for all homes, including volunteering. Work with partners and stakeholders around alternative solutions.</p>	<p>In accordance with the implementation plan.</p>	<p>Project group</p>

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<p>base in one of the homes e.g. St Catherine's hospice</p>			
<p><b>STAFF</b></p>			
<p>Older staff, who have worked for the council for some time may have a more negative view of changing employment, because of a perception that standards are higher in Surrey County Council than elsewhere.</p> <p>Older staff may not have worked elsewhere so do not have experience of applying for roles.</p> <p>Potential negative impact on 42% of staff aged over 50, in terms of re-employment prospects.</p> <p>Need to consider the accessibility of buildings and communication needs for all staff.</p> <p>Where English is not a first language or where people have a lower level of language and literacy skills, it may restrict future employment.</p>	<p>The preferred option is to redeploy staff wherever possible. Ensure a robust programme of the redeployment offer is set up as part of the workforce consultation process, which could include reskilling, training and re-employment.</p> <p>A full identification of all vacancies, as opposed to those only advertised, should be available for staff to work towards.</p> <p>Ensure the redeployment service is able to support the staff numbers involved.</p> <p>Ensure there is no gender bias in the process.</p>	<p>In accordance with the implementation plan.</p>	<p>HR</p>
<p>Impact of closeness to home if seeking alternative employment because of reliance on public transport.</p> <p>Alternative providers do not necessarily have the experience or set up to employ people with a disability.</p> <p>There is a higher percentage of BME staff</p>	<p>Support to redeploy within the council.</p> <p>Review commissioning arrangements to see how to extend the council's influence around providers employing more disabled people, people from diverse races and religions, gender reassigned and highly skilled staff.</p>	<p>In accordance with the implementation plan.</p>	<p>HR, Commissioners</p>

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<p>in front line roles than in the rest of the council.</p> <p>Potential impact on routines and practices with a new employer – work pattern, holidays /days of worship, food, dress.</p> <p>Changing an employer may be challenging. The council has expertise and sensitivity in working with a diverse staff base.</p> <p>Experienced staff may find it difficult to obtain comparable terms in the independent sector.</p>			
<p>The impact of stress and anxiety during pregnancy.</p>	<p>Keep staff informed throughout process. They have priority in the redeployment process.</p>	<p>In accordance with the implementation plan.</p>	<p>Managers, HR</p>
<p>Nearly 50 staff have more than one contract – often bank, so rely on working additional hours to top up their income.</p> <p>Where couples / family members are employed in the same home, there may be an impact on income and re-employment may impact on care responsibilities.</p> <p>Providers may not offer flexible working. Smarter rotas allow flexibility for carers.</p> <p>Awareness of carers' rights and support in Surrey County Council may be greater than in the private sector.</p>	<p>Review commissioning arrangements to see how to extend the council's influence around more flexible working arrangements and carers' rights.</p>	<p>In accordance with the implementation plan.</p>	<p>Commissioners</p>

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Location of homes and impact on areas if one home closes before another in the same locality.	Consider the impact of phasing of closure on residents and staff.	In accordance with the implementation plan.	Project steering group
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## 10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
There is a higher proportion of women, who use the service.	Gender
The vast majority of the workforce is women, most of whom work part time.	Gender
There may be an impact on pensions and benefits for any staff, who are not redeployed.	Age, Disability, Pregnancy and maternity

## 11. Summary of key impacts and actions

<b>Information and engagement underpinning equalities analysis</b>	<ul style="list-style-type: none"> <li>• Consultation feedback (face to face and written)</li> <li>• Feedback from Equality Impact Assessment workshops reviewing impact on staff and impact on residents</li> <li>• Data from Adult Information System as at February 2015</li> <li>• Data from SCC workforce database (SAP) as at 31 December 2014 and 31 January 2015</li> <li>• Best practice guidance in supporting older people and people with learning disabilities during residential care closures</li> <li>• Data from Adult Social Care commissioning function</li> </ul>
<b>Key impacts (positive and/or negative) on people with protected characteristics</b>	<ul style="list-style-type: none"> <li>• The potential anxiety of a move for people using services, and their families / carers, and the impact on their health and wellbeing</li> <li>• Engagement with people in ways that meet their individual communication needs and levels of capacity</li> <li>• A high proportion of people using services have dementia and 61% are aged 85+</li> <li>• There is no comparable unit for older people with learning disabilities and dementia</li> <li>• Availability of alternative provision for residential, respite, day services and reablement and its proximity to and accessibility for families / carers</li> <li>• Continuity of services provided by the wider community currently offered from the homes</li> <li>• Alternative services would provide more suitable environments and are likely to provide an improved</li> </ul>

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	<ul style="list-style-type: none"> <li>experience of care and support</li> <li>• More women, part time workers and a higher percentage of people from Black and Minority Ethnic groups are employed in this service area than in the rest of the council so there is a greater impact on staff with these characteristics.</li> </ul>
<p><b>Changes you have made to the proposal as a result of the EIA</b></p>	<ul style="list-style-type: none"> <li>• Whilst the plan is to carry out a robust person centred assessment for all people using services and their families / carers, the Equalities Impact Assessment has helped to further consider their needs and concerns.</li> <li>• The preferred option is to redeploy staff wherever possible. The phasing approach to implementation supports this preferred option. A robust programme of the redeployment offer for staff will be set up as part of the workforce consultation process, which could include reskilling, training and re-employment.</li> <li>• The consultation period was extended and the proposal is to take more time for implementation.</li> </ul>
<p><b>Key mitigating actions planned to address any outstanding negative impacts</b></p>	<ul style="list-style-type: none"> <li>• Follow best practice guidance in supporting older people and people with learning disabilities during residential care closures.</li> <li>• Robust person-centred assessments for all users affected by the changes, involving carers, and the development of transitional plans.</li> <li>• Continue to work with the care market to ensure that there is capacity to meet the additional demand within the independent sector.</li> <li>• Assess the wider community impact for all homes in respect of other services offered at the homes as well as residential care and work with partners and stakeholders to agree local solutions</li> <li>• Review commissioning arrangements to see how to extend the council’s influence with providers to employ more staff with protected characteristics.</li> <li>• The council is proud to employ a rich and diverse workforce and are confident that they have equipped them well as they are well trained and skilled. This would put them in a good position if they need to seek alternative employment and the council would support them through the programme of redeployment, reskilling and training referred to above.</li> </ul>
<p><b>Potential negative impacts that cannot be mitigated</b></p>	<ul style="list-style-type: none"> <li>• There is a higher proportion of women, who use the service - although the council will ensure that appropriate alternative provision is identified for all users regardless of their gender.</li> <li>• More women, part time workers and a higher percentage of people from Black and Minority Ethnic groups are employed in this service area than in the rest of the council so there is a greater impact on staff with these characteristics although the council will</li> </ul>

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	<p>ensure that redeployment of all staff will be a key aim.</p> <ul style="list-style-type: none"><li>• There may be an impact on pensions and benefits for any staff, who are not redeployed.</li><li>• It is acknowledged that whilst the action plan has identified steps that will be taken aiming to mitigate potential negative impacts some may still remain even after this work is done.</li></ul>
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