



Annex 8 Equality Impact Assessment (EIA)

1. Topic of assessment

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| EIA title | Accommodation with Care and Support Strategy |
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| EIA author | Simon Montgomery – Programme Manager |
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2. Approval

| | Name | Date approved |
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| Approved by | Simon White | 24.06.2019 |

3. Quality control

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| Version number | V0.1 | EIA completed | |
| Date saved | 24.06.19 | EIA published | |

4. EIA team

| Name | Job title | Organisation | Team role |
|------------------|---|-----------------------|--------------------------|
| Simon Montgomery | Programme Manager | Surrey County Council | Programme Manager |
| Mike Boyle | Assistant Director ASC Commissioning and Transformation | Surrey County Council | Accountable Executive |

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?

Surrey County Council (SCC) has set out a clear vision for Accommodation with Care and Support that seeks to reshape adult social care's accommodation options for older people, people with learning disabilities and mental health. The vision outlines the need to develop accommodation choices that meet residents' health and wellbeing needs and supports them to live as independently as possible as part of their local community.

The council has a responsibility to meet the needs of people eligible for care, to support both them and their careers, and to fund care for those people with needs who meet financial eligibility criteria.

The Accommodation with Care and Support programme is the vehicle for developing local partnerships and identifying opportunities to create a range of flexible and financially self-sustaining accommodation with care and support that will enable adults to live and age well in Surrey.

Older People

The predicted trend for accommodation needs shows a declining demand for 'traditional' residential care for frail, elderly people with the focus of residential services being predominately on people living with dementia and/or other complex needs. If SCC were to continue to deliver 'traditional' residential care as it has historically, by 2030 the number of residents aged over 65 who will be living in a care home is predicted to increase by 47% as a direct result of people living longer with more complex needs.

There is a growing popularity for extra care type accommodation, which is known to provide better outcomes for older people compared with residential care homes and is a more sustainable option for SCC. Individuals living in an extra care setting have a greater sense of independence and the ability to live much more flexibly and privately, yet with the knowledge that care and support is on their doorstep.

There is a need for new models of accommodation that appropriately meet care needs, encourage independence and are financially sustainable. The programme aims to achieve this through developing increased extra care type provision.

People with Learning Disability

SCC currently funds 1,075 people with a learning disability and/or autism in residential care and spends £84m per year. Benchmarking undertaken shows that SCC is a very significant outlier both in terms of the total amount spent on supporting people with learning disabilities and/or autism and the proportion spent on supporting people in residential care. Our strategic ambition is to reduce the number of people with a learning disability and/or autism in residential care by 40-50% over the next 5 years by expanding the development of new independent living provision.

Nationally there is a drive to move away from high cost 'one size fits all' residential placements, towards independent living facilities that offer increased choice and control. Independent living is personalised and results

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| | <p>in only paying for the care and support actually needed, with increased potential to access existing community supported offered within the county.</p> <p>Where possible this EIA will outline the potential impacts that the strategy / proposals could have on current users on accommodation based services; those who may choose or require a form of accommodation with care and support as their preferred option in the future; and families, carers and other associated stakeholders. Where potential impacts are identified, this EIA will seek and propose ways of enhancing them (positive impacts) or mitigating those (negative impacts) as far as possible. This EIA is important in ensuring all stakeholders have had their views considered and will inform local commissioning arrangements</p> |
| <p>What proposals are you assessing?</p> | <p><u>Older People</u></p> <p>The proposals are to provide circa an additional 725 affordable extra care units by 2028. This will be achieved through commissioning units and stimulating the extra care accommodation market.</p> <p>For the residential market, this will be achieved through the setting up of a framework for nursing and residential care beds, jointly with health to establish a financially viable, sustainable solution for residential and nursing care.</p> <p><u>People with Learning Disability</u></p> <p>For people with a learning disability and/or autism, the aim is to work with the market to sustainably deliver accommodation which is integrated into local communities, person centred, flexible and improves and maintains independence.</p> <p>The objectives are to:</p> <ul style="list-style-type: none"> • Transition circa 550 people that are currently in residential care and who are likely to be most suitable to move to alternative independent living. • Reduce the number of people with a learning disability and/or autism in residential care by 40-50% over the next 5 years by expanding the development of new independent living provision. • Aim to support all new cases (circa 90 a year) that transition from services funded by Childrens, Families, Learning and Culture in an independent living setting. |
| <p>Who is affected by the proposals outlined above?</p> | <p>The people who may be affected by proposals emerging from the Accommodation with Care and Support Strategy are:</p> <ul style="list-style-type: none"> • Current residents of accommodation with care and support • Older people • Families and friends • Carers • Clinical Commissioning Groups • Adult Social Care Locality Teams • Borough and District Housing Departments • Landlords and providers of existing schemes and services • Providers SCC commission |

- Care providers
- SCC workforce

6. Sources of information

Engagement carried out

There has been comprehensive and ongoing engagement with existing users of accommodation with care and support, potential future users, carers, stakeholders, Clinical Commissioning Groups, Borough and District Partners - specifically housing and planning departments.

Wide scale engagement with providers of both extra care and residential nursing care has been undertaken with positive feedback at this stage.

SCC staff have also been heavily engaged with regarding this process specifically locality teams, hospital teams, SCDC's and officers from procurement, legal, finance, property services and Adult Social Care.

SCC have worked closely with health partners to thoroughly understand the demand for supported living across the county, collectively engaging with providers and service users.

Data used

- Improving Housing with Care Choices for Older People: An Evaluation of Extra Care Housing' – Netten, Darton, Baumker & Callaghan, 2011
- Various Housing LIN (Learning & Innovation Network) Bulletins
- Chestnut Court & Anvil Court Evaluation Report (2014 & 2015)
- Individual Resident Feedback Forms
- Group Consultation with Extra Care Residents (various schemes – 2012)
- Surrey CC - Extra Care Pathway Comparison Report 2015
- Surrey County Council Corporate Strategy 2015-2020
- The Future Direction of Extra Care Provision in the South East Region – Housing LIN, March 2011
- Accommodation with Care & Support Demographic Profiles covering each of the 6 NHS Clinical Commissioning Groups
- Updated data from Business Intelligence September 2018 to validate the commissioning statements
- Data from PLD commissioning August 2018 regarding demand and supply

| Protected characteristic | Potential Positive Impacts | Potential Negative Impacts | Evidence |
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| <p>Age</p> | <ol style="list-style-type: none"> 1. Resident will have increased choice with more accommodation options available to meet their care needs. 2. Flexible care that can adapt to individual needs, enabling them to remain in extra care housing as they age and their care needs change. 3. Accommodation that offers longevity with purpose built buildings that are fit for the future. 4. Evidence suggests residents in extra care type accommodation have better experiences and outcomes than in residential care settings. 5. Individual with | <ol style="list-style-type: none"> 1. Individuals and their families may experience uncertainty and anxiety with potential changes to the current service they receive 2. Consideration of resident's natural communities will need to be recognised, especially as these can cross over political/health boundaries. 3. People may feel isolated living independently in extra care housing 4. People may experience some disruption during any redevelopment and building work to expand the provision of extra care services | <ul style="list-style-type: none"> • Chestnet Court and Anvil Court Evaluation Report (2014 & 2015) • Surrey CC - Extra Care Pathway Comparison Report 2015 • Housing LIN: Improving housing with care choices for older people – an evaluation of extra care housing. |

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| | <p>more complex needs will be able to access more bespoke support locally.</p> <p>6. Individuals will be able to live with appropriate care and support near their families and friends, continuing as part of their community in Surrey. Thus avoiding the risk of social isolation</p> <p>7. Individuals will receive high quality care and support, in an integrated way between health and social care.</p> <p>8. Preventative approach, reducing risk of being admitted to hospital, or needing to stay longer than necessary.</p> | <p>5. The shift towards community based provision may mean a decline in residential provision and consequently less choice for those individuals who want and need to be in a residential setting unless there needs are more complex</p> | |
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| <p>Disability</p> | <p>9. People with learning disabilities who are currently in residential care, but for whom Supported Living is considered a viable option during their reassessment process, will have the opportunity to live more independently, with support from family, friends and their community network</p> | <p>6. It will be more difficult for people with some particular disabilities to access community networks and appropriate supported living as their disabilities are less well understood and are more challenging to support.</p> <p>7. Individuals and their families may experience uncertainty and anxiety with strategic shift.</p> <p>8. It may be challenging for staff to have difficult conversations with service users and their families who may have a certain level of expectation and anxiety around their transition accommodation arrangements</p> | <ul style="list-style-type: none"> • |
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| <p>Gender reassignment</p> | <p>10. Accommodation with care and support options strive towards increased independence in which people will be empowered to shape their own lives. This approach will enable people who wish to do so, to access support from their friends, family and community which reflect their culture, race, lifestyle and personal choices.</p> | <p>9. There is limited specialist community provision for gender reassignment.</p> | |
| <p>Pregnancy and maternity</p> | <p>11. As above</p> | <p>10. Planned or actual changes in service provision for people who use services, who are pregnant or have a young child, may cause anxiety</p> | |

| Race | 12. As above | 13. There are relatively small concentrations of people of particular races in Surrey. This makes it more difficult to reach the critical mass needed to provide a range of community support networks. | In the 2011 census, the proportion of the Surrey population who do not describe themselves as white was 8.6%. This proportion is currently concentrated amongst those below the age of 65 ¹ . | | | | | |
|------|--------------|---|--|---------------------------------------|----------------------------|--|--------------------------|-------|
| | | | White | Mixed/ multiple ethnic group | Asian/ Asian British | Black/ African/ Caribbean/ Black British | Other Ethnic Group | |
| | | | 18-64 | 620,578 | 10,472 | 44,546 | 9,163 | 6,529 |
| | | | 18-65 as % | 89.77% | 1.51% | 6.44% | 1.33% | 0.94% |
| | | | 65+ | 189,260 | 676 | 3,532 | 437 | 561 |
| | | | 65+ as % | 97.32% | 0.35% | 1.82% | 0.22% | 0.29% |
| | | | Open ASC cases as at Jan 2016 ² | | | | | |
| | | | Arab | 4 | | | | |
| | | | Asian / Asian British | 506 | | | | |
| | | | Black / Black British | 200 | | | | |
| | | | Chinese | 47 | | | | |
| | | | Mixed | 169 | | | | |
| | | | Other | 217 | | | | |
| | | | Unknown / Not Recorded / Information Refused | 800 | | | | |

¹ POPPI/PANSI 2011

² AIS 01 2016

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|--|--|--|---|--|-------|-----------------------|--------|-------|-------|----------|-------|---------------|-------|--|--------|
| | | | <table border="1"> <tbody> <tr> <td>White British</td> <td>20626</td> </tr> <tr> <td>White Other</td> <td>976</td> </tr> <tr> <td></td> <td>23545</td> </tr> </tbody> </table> | White British | 20626 | White Other | 976 | | 23545 | | | | | | |
| White British | 20626 | | | | | | | | | | | | | | |
| White Other | 976 | | | | | | | | | | | | | | |
| | 23545 | | | | | | | | | | | | | | |
| Religion and belief | 14. As above | | <table border="1"> <tbody> <tr> <td colspan="2">Open ASC cases as at Jan 2016³</td> </tr> <tr> <td>Christian (all types)</td> <td>16,280</td> </tr> <tr> <td>Other</td> <td>1,391</td> </tr> <tr> <td>Declined</td> <td>1,847</td> </tr> <tr> <td>Non-religious</td> <td>4,028</td> </tr> <tr> <td></td> <td>23,545</td> </tr> </tbody> </table> <p>Break down by over 65 population?</p> | Open ASC cases as at Jan 2016³ | | Christian (all types) | 16,280 | Other | 1,391 | Declined | 1,847 | Non-religious | 4,028 | | 23,545 |
| Open ASC cases as at Jan 2016³ | | | | | | | | | | | | | | | |
| Christian (all types) | 16,280 | | | | | | | | | | | | | | |
| Other | 1,391 | | | | | | | | | | | | | | |
| Declined | 1,847 | | | | | | | | | | | | | | |
| Non-religious | 4,028 | | | | | | | | | | | | | | |
| | 23,545 | | | | | | | | | | | | | | |
| Sex | 15. As above | | | | | | | | | | | | | | |
| Sexual orientation | 16. As above | | | | | | | | | | | | | | |
| Marriage and civil partnerships | 17. As above | | According to census data from 2011 there are 482,257 people in Surrey who are married or in a civil partnership 1,602 of whom are in same-sex civil partnerships | | | | | | | | | | | | |
| Carers (protected by association) | 18. Extra care provides a collaborative setting in which family, partners or friends, who are providing unpaid care, | 19. Carers may feel care they're providing is no longer needed | <p>In Surrey, 10% of Surrey residents were providing unpaid care. Of these, 2% provided more than 50 hours unpaid care per week⁴</p> <p>There are 188,433 carers in Surrey who look after family, partners or friends in need of help because they are ill, frail or disabled - the care they provide is unpaid</p> <p>In Surrey, in the first two quarters of 2015/16, there were 23,496 carers</p> | | | | | | | | | | | | |

³ AIS 01 2016

⁴ Surrey (Jan 2014) Census 2011

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| | <p>can get the added support needed particularly as an individual's care needs increase. This is without having to remove an individual from established community and networks that already support.</p> | | <p>getting some form of information advice or support from social care through services commissioned from the voluntary sector.</p> <p>This compares to over 29,000 people caring for more than 20 hours a week of whom over 18,000 are caring for more than 50 hours a week⁵</p> <p>Those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring (21% against 11%). This can be due to a range of factors including stress related illness and physical injury</p> |
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7b. Impact of the proposals on staff with protected characteristics

| Protected characteristic | POTENTIAL POSITIVE IMPACTS | POTENTIAL NEGATIVE IMPACTS | EVIDENCE |
|--------------------------------|---|---|---|
| Age | <ol style="list-style-type: none"> 1. Opportunity to work in a setting built to best practice 2. New opportunities, roles and responsibilities. Staff will have the opportunity to deliver a range of care and support services giving them more job enrichment (Expansion of extra care services) 3. Staff will develop a wider range of skills and experience 4. A joined up specification between health and social care will have positive benefits on care staff in accessing help and support for residents 5. Staff will have access to training provided by the local health and social care system. | <ol style="list-style-type: none"> 1. There may be some level of uncertainty for staff during any change process | <ul style="list-style-type: none"> • Feedback from Providers as part of previous extra care tender process |
| Disability | As Above | As above | The disability workforce profile in Adult Social Care is 3.34% (3.5% in Senior Management roles) compared to 2.7% in the larger Surrey County Council. |
| Gender reassignment | As above | As above | - |
| Pregnancy and maternity | As above | <ol style="list-style-type: none"> 2. Women away on maternity leave may return to work untrained and unprepared for the new way of working | The Black and Minority Ethnic (BME) profile of the Adult Social Care workforce (12.7%) is higher than the Surrey County Council workforce (7.6%) and the Surrey |

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| | | | population (approx 8%). However, there is a significant drop from front line staff (13.75%) compared with Senior Management (5.3%). |
| Race | As above | As above | - |
| Religion and belief | As above | As above | Approximately 50% of staff in Adult Social Care did not state their religion and belief – similar to Surrey County Council. In Adult Social Care 30.3% of staff said they were Christian, 20% have no religion or belief - all similar to Surrey County Council |
| Sex | As above | As above | There are a higher proportion of female workers in Adult Social Care (84.1%) than in Surrey County Council (73.5%) and both are higher than the count of females in the Surrey population (51%). 43.6% of the Adult Social Care workforce are women working part-time 85.9% of frontline staff are female, compared to 68.4% at Senior Management level. In the larger Surrey County Council, this is 81.1% and 50.1% respectively. |
| Sexual orientation | As above | As above | 54% of staff in ASC of staff undeclared compared to 53.1% in SCC |
| Marriage and civil partnerships | As Above | As Above | - |
| Carers (protected by association) | As Above | As Above | - |

8. Amendments to the proposals

| Change | Reason for change |
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| Widescale consultation with residents regarding any change to service. | To minimise and mitigate the impact of any change on them. |
| Establish and validate site criteria with Growth team | To ensure that future provision is done so in an area that needs it and that is suitable to provide good quality care and support. |

9. Action plan

| Potential impact (positive or negative) | Action needed to maximise positive impact or mitigate negative impact | By when | Owner |
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| Potential positive Impact on residents, service users and carers | | | |
| 1. Resident will have increased choice with more accommodation options available to meet their care needs. | <ul style="list-style-type: none"> Work to ensure residents, service users and carers are fully informed of their accommodation options. Continue developing our own and stimulating the market to provide appropriate accommodation options within the county that accurately reflect need. | | |
| 2. Flexible care that can adapt to individual needs, enabling them to remain in extra care housing as they age and their care needs change. | <ul style="list-style-type: none"> Work to ensure residents, service users and carers are fully informed of their accommodation options. Continue developing our own and stimulate the market to provide appropriate accommodation options within the county that accurately reflect need. | | |
| 3. Accommodation that offers longevity with purpose built buildings that are fit for the future. | <ul style="list-style-type: none"> Continue developing our own and stimulate the market to provide appropriate accommodation options within the county that accurately reflect need | | |
| 4. Evidence suggests residents in extra care type accommodation | <ul style="list-style-type: none"> Work to ensure residents, service users and carers are | | |

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| <p>have better experiences and outcomes than in residential care settings.</p> | <p>fully informed of their accommodation options.</p> <ul style="list-style-type: none"> • Continue developing our own and stimulate the market to provide appropriate accommodation options within the county that accurately reflect need. | | |
| <p>5. Individual with more complex needs will be able to access more bespoke support locally.</p> | <ul style="list-style-type: none"> • Work to ensure residents, service users and carers are fully informed of their accommodation options. • Continue developing our own and stimulate the market to provide appropriate accommodation options within the county that accurately reflect need. | | |
| <p>6. Individuals will be able to live with appropriate care and support near their families and friends, continuing as part of their community in Surrey. Thus avoiding the risk of social isolation</p> | <ul style="list-style-type: none"> • Work to ensure residents, service users and carers are fully informed of their accommodation options. • Continue developing our own and stimulate the market to provide appropriate accommodation options within the county that accurately reflect need. | | |
| <p>7. Individuals will receive high quality care and support, in an integrated way between health and social care.</p> | <ul style="list-style-type: none"> • Continue to work as part of the Local Joint Commissioning Group to establish local integrated community-based health and social care services | | |
| <p>8. People with learning disabilities who are currently in residential care, but for whom Supported Living is considered a viable option during their reassessment process, will have the opportunity to live more independently, with support from family, friends and their community network</p> | <ul style="list-style-type: none"> • Locality teams to re-assess individuals to confirm if supported living would be a viable option | | |

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| <p>9. Accommodation with care and support options strive towards increased independence in which people will be empowered to shape their own lives. This approach will enable people who wish to do so, to access support from their friends, family and community which reflect their culture, race, lifestyle and personal choices.</p> | <ul style="list-style-type: none"> Continue to ensure that when accommodation is developed, commissioned, negotiation and nominated it is focused on the outcomes for the individual and that the inclusion of family, friends and local community support services in a support plan meets the needs of the individual | | |
| 10. Potential Negative Impact on residents, service users and carers | | | |
| <p>11. Individuals and their families may experience uncertainty and anxiety with potential changes to the current service they receive</p> | <ul style="list-style-type: none"> Culture change will be embedded into SCC and the consideration of different accommodation options will form part of practice change. Ensure clear communication/marketing is in place in which people fully understand their accommodation options. | | |
| <p>12. Consideration of resident's natural communities will need to be recognised, especially as these can cross over political/health boundaries.</p> | <ul style="list-style-type: none"> Continuing to take a person centred approach. | | |
| <p>13. People may feel isolated living independently in extra care housing</p> | <ul style="list-style-type: none"> Explore ways to stimulate community support networks for people living in extra care housing in Surrey | | |
| <p>14. It will be more difficult for people with some particular disabilities to access community networks and appropriate supported living as their</p> | <ul style="list-style-type: none"> Explore ways to stimulate community support networks for people living in supported living housing in Surrey | | |

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| disabilities are less well understood and are more challenging to support. | | | |
| 15. Individuals and their families may experience uncertainty and anxiety with strategic shift. | <ul style="list-style-type: none"> • Culture change will be embedded into SCC and the consideration of different accommodation options will form part of practice change. • Ensure clear communication/marketing is in place in which people fully understand their accommodation options. | | |
| 16. There is limited specialist community provision for gender reassignment. | <ul style="list-style-type: none"> • Explore ways to stimulate community support networks for Surrey's gender reassignment community, which will also provide opportunities for inclusion of a protected communities | | |
| 17. Planned or actual changes in service provision for people who use services, who are pregnant or have a young child, may cause anxiety | <ul style="list-style-type: none"> • Practitioners will continue to take all aspects of an individual's social care needs into account when support planning and considering accommodation actions | | |
| 18. There are relatively small concentrations of people of particular races in Surrey. This makes it more difficult to reach the critical mass needed to provide a range of community support networks. | <ul style="list-style-type: none"> • Continue review of areas for targeted effort and development, considering protected characteristic groups within that. This will also provide opportunities for inclusion of a protected community. | | |
| 19. Carers may feel care they're providing is no longer needed | <ul style="list-style-type: none"> • Ensure clear communication/marketing is in place in which people fully understand their accommodation options. Highlighting key links and collaboration with established community network | | |
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10. Potential negative impacts that cannot be mitigated

| Potential negative impact | Protected characteristic(s) that could be affected |
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| People may experience some disruption during any redevelopment and building work to expand the provision of extra care services | |
| The shift towards community based provision may mean a decline in residential provision and consequently less choice for those individuals who want and need to be in a residential | |

11. Summary of key impacts and actions

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| Information and engagement underpinning equalities analysis | |
| Key impacts (positive and/or negative) on people with protected characteristics | <ul style="list-style-type: none"> • Flexible care and support services that are self-sustaining and value for money • Improved experience and outcomes for the individual • Individuals will be able to live with specialist care and support near their families and networks in Surrey. |
| Changes you have made to the proposal as a result of the EIA | <ul style="list-style-type: none"> • Widescale consultation with residents regarding any change to service. • Establish and validate site criteria with Growth team |
| Key mitigating actions planned to address any outstanding negative impacts | |
| Potential negative impacts that cannot be mitigated | <ul style="list-style-type: none"> • None identified at this stage |