

## Older People's Residential and Nursing Care Homes, New Service Delivery Strategy

Did you use the EIA Screening Tool? No

### 1. Explaining the matter being assessed

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Is this a:

- Change to a service or function

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

Now and in the coming years, Surrey County Council (SCC) faces unprecedented financial challenges to meet requirements with the increase in complex care and support needs and the changing demand for older people's residential and nursing care placements. The nature of the Surrey residential and nursing care home market adds complexity to these challenges as it is typified by a self-funder focused offer aimed at those with the means and willingness to pay for their care at levels above what is affordable and sustainable for SCC. With approximately 70% of current provision is focused on the self-funder market this also influences providers' willingness to support people with more complex care needs.

The Residential and Nursing Care Delivery Strategy, part of the Right Homes, Right Support Programme and the Transformation Programme will respond to these challenges by meeting the following objectives:

- Enable independence for as long as possible through several delivery programmes that will play a key role in the prevention of early admissions into acute hospitals and into long term care home provision.
- Ensure that there is enough affordable care home provision available to meet Surrey's increasing older people's (OP) population, demand for complex mental health needs and complex physical frailty, as well as supporting reablement capacity.
- Improve the offer of training and support to providers/staff to improve quality and outcomes for all residents receiving care by enabling providers to deliver services that meet the increase in demand and complex needs.
- Manage the exit strategy of the long-standing contracts and lease agreements with Care UK and Anchor that end in 2027 and 2028 respectively, ensuring that existing residents, carers and staff face minimal impact.

Older people's residential and nursing care home provision is focused on providing accommodation based services tailored to address the care and support requirements of individuals who may no longer be able to live independently in their own homes. This could be for a range of reasons including long term conditions, disability that requires health and social care input along with a broad range of age related frailty support needs.

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Residential care homes offer a non-clinical supportive environment where residents receive assistance with daily activities like personal care, meals, and social engagement, fostering a sense of community while ensuring their well-being outcomes are being met. This service can support different levels of residential needs, however, there has been an increase in complex mental health needs' specifically referring to people with mental health conditions including dementia, functional mental health problems and behaviour that challenges.

Conversely, nursing care homes provide support to similar levels of complex residents with the additional level of clinical supervision, with round-the-clock nursing staff managing differing levels of health needs and offering rehabilitative or palliative care as necessary.

This EIA helps us to build up a profile of the existing users of residential and nursing care in Surrey, and from this profile consider how both current and future users of residential and nursing care may be affected by the Residential and Nursing Care Delivery Strategy.

The anticipated impacts will be assessed with regard to those with protected characteristics, as identified under the Equality Act 2010. This is to identify actions to, where possible, minimise any potential negative impacts, maximise positive impacts associated with the Residential and Nursing Care programme and address issues and challenges that may arise.

The strategy provides information on the 16 care homes where SCC own the buildings and land which are currently leased out to Care UK until January 2027 and Anchor until March 2028. Adults, Wellbeing and Health Partnerships (AWHP) currently commissions a block contract to Care UK (293 beds) and individual spot placements to Anchor to both deliver residential and residential dementia care from these homes. Any changes to services will severely impact on the residents living in these homes with any future changes to the contracts or buildings that may take place.

In preparation for this long term contract coming to an end SCC is now needing to work through a strategic change process to ensure future provision is able to meet current and projected need. While this is a complex transformation programme it presents the council with an opportunity to consider the future shape of its assets and services for the benefit of local residents. Service needs and policy priorities will have changed since the initial contracts/leases were established. New contracts and buildings can incorporate new technology, structures and standards that have evolved since 2002 when provision was established.

All future considerations are dependent on approval from Cabinet and subject to the outcome of a full public consultation.

## **The proposals will affect:**

- Future residents that will require residential and care home service provision, their relatives, and carers.
- Current residents residing in the 16 Care UK and Anchor Homes where there are four options for the sites:
  1. Retain as-is
  2. Refurbish
  3. Redevelop
  4. Release
- Current staff and providers working within the Care UK and Anchor homes. These care provider staff groups are highly valued and do an excellent job in providing care and support to residents and their families/carers. As the employers, Care UK and Anchor will

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be responsible for assessing any potential equality impacts on their staff. Adults Health and Wellbeing Partnerships (AHWP) commissioning and communications teams will work closely with Care UK and Anchor to engage with their staff, ensuring that there is minimal impact on service delivery.

## How does your service proposal support the outcomes in [the Community Vision for Surrey 2030](#)?

The delivery of high quality, sustainable and affordable residential and nursing care home provision to support over 65+ adults is vital for SCC to deliver the Community Vision for 2030.

The Older People's (65+) Residential and Nursing Care Home Delivery Strategy focuses on ensuring that there is the right care home provision available for the increasing Surrey population. As well as meeting the increased demand for complex mental health needs and complex physical frailty.

This strategy will support following ambitions from the Community Vision for Surrey 2030:

- Everyone lives healthy, active, and fulfilling lives, and makes good choices about their wellbeing.
- Everyone gets the health and social care support and information they need at the right time and place.
- Residents live in clean, safe, and green communities, where people and organisations embrace their environmental responsibilities.
- Everyone has a place they can call home, with appropriate housing for all.

## Are there any specific geographies in Surrey where this will make an impact?

- County-wide

**Assessment team** – A key principle for completing impact assessments is that they should not be done in isolation. Consultation with affected groups and stakeholders needs to be built in from the start, to enrich the assessment and develop relevant mitigation.

Detail here who you have involved with completing this EIA:

- Residential & Nursing Care Project Team – made up of Commissioning, Land & Property, Special Projects, Communications, Legal and Procurement
- Locality Senior Manager

## 2. Service Users / Residents

## Age including younger and older people

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

Surrey's population in 2021 was recorded at 1,208,400. According to the Joint Strategic Needs Assessment (JSNA), Surrey has an increasingly ageing population with a life expectancy above the national average for both men and women. 230,000 people in Surrey are over the age of 65 with an expected growth to 270,000 people by 2030, with the largest growth expected in the number of people who are 85+.

Whilst rising life expectancy is a cause for celebration, inevitably longer lives can mean that more Surrey residents will potentially need some form of care and support at some point in their life. There are also changes in the structure of our society which mean that increasingly older people are living alone with less family support. The average age for residents living in Surrey's older people's care homes is 85 years old.

Multimorbidity and frailty (which commonly coexist) contribute to more complex care needs for residents. We estimate that there are around 90,000 residents aged 65 and over with multiple morbidity and 22,000 with frailty. In addition, there is an increasing number of children and younger adults with highly complex needs surviving into older age. One of the morbidities closely linked to the provision of care and support is dementia, associated with an ongoing decline of brain function. Dementia is most common amongst older people and in Surrey it is estimated that between 2020 and 2030 the overall number of people with dementia is forecast to increase by 28%, from 17,700 to 22,672.

As of July 2024, the breakdown by age of those living in SCC-funded placements in Residential & Nursing Care Homes in Surrey, is as follows, with 80-89 years making up the most significant age group:

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Age	No. of SCC-funded Service Users in all R&N Care Homes
60 to 69 years	406
70 to 79 years	815
80 to 89 years	1,256
90 to 99 years	859
100 to 109 years	69
110+ years	<5

We will work with Care UK and Anchor to capture the self-funder data throughout consultation to further inform this Equality Impact Assessment.

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
<p><b>Positive impact (option 1):</b></p> <p>No change to environment or routines creates short-term stability for older people currently living in Care UK and Anchor sites.</p>	n/a		

<p><b>Negative impact (option 1):</b></p> <p>If the assets and services are not redesigned around the increasing needs of the population, there may not be sufficient care home provision to meet the demand of future residents with more complex health needs.</p>	<p>Work with the existing care home market to increase capacity in order to meet the need.</p>	<p>Ongoing</p>	<p>Older people commissioning</p>
<p><b>Negative impact (option 1):</b></p> <p>Considering the age of some of the sites and in the event of potential infrastructure failure in buildings, residents may need to move to a different home in an emergency. Concern about the impact any move would have on the health and wellbeing of older people if done with urgency, without enough planning and phased movement etc.</p>	<p>Business continuity plans in place. Review annually.</p> <p>Carry out condition surveys and building reviews to assess building infrastructure, risk of infrastructure failure, and ensuring building standards and regulatory requirements are being met. Carry out feasibility surveys for refurbish/redevelop plans.</p>	<p>Ongoing</p>	<p>Commissioning Lead, Land and Property Team and Provider</p>

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<p><b>Negative impact (option 1):</b></p> <p>Residents may have to move to a different home as the homes may not be able to meet their-increase in needs as they grow older because of the layout of the buildings and the current care services provided. Older people may therefore need to be moved when they are more frail.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p>	<p>Ongoing</p>	<p>Locality teams and Provider</p>
<p><b>Negative impact (option 1):</b></p> <p>It will continue to be difficult to provide privacy and dignity as non-gender specific shared bathroom and toilet facilities will remain for older people with no ensuite facilities.</p>	<p>Continue to treat residents with respect and dignity.</p>	<p>Ongoing</p>	<p>Quality Assurance Manager, Locality teams and Provider</p>
<p><b>Negative impact (option 1):</b></p> <p>The control of infectious viruses and diseases will continue to be a challenge to manage as older</p>	<p>Regular review of practice to ensure guidelines are being followed to minimise the risk of infections spreading.</p>	<p>Ongoing</p>	<p>Quality Assurance Manager and Provider</p>

<p>residents share bathroom facilities.</p>			
<p><b>Positive impact (option 2):</b></p> <p>Opportunity to improve outcomes for older residents (including helping them thrive relationally and actively) through upgraded facilities and alternative services.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Formal public consultation to have informed discussions with residents and their families/carers on the different options</p> <p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p>	<p>Jan-April 2025</p> <p>May-August 2025</p> <p>Ongoing</p>	<p>Older People Commissioning</p> <p>Locality Teams</p>
<p><b>Positive impact (options 2 and 3):</b></p> <p>Refurbished and/or redeveloped care homes will meet the needs of a high number of older people (in some homes) over the age of 85, particularly for those with complex mental health needs specifically referring to people with mental health conditions including dementia, functional mental health</p>	<p>Continuation of demand and commercial modelling to inform the provision of ASC-funded beds and number of nursing beds required to meet the need in Surrey.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p>	<p>Ongoing</p> <p>Jan 2025 onwards</p>	<p>Older People Commissioning, Provider Experts and Operational Colleagues</p>



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<p>problems and behaviour that challenges.</p>			
<p><b>Negative impact (option 2):</b></p> <p>Short-term disruption to routines, activities and visiting for elderly residents of prolonged building work conducted whilst they are still living at the home. Worry and distress of living with noise, dust and workmen in their home.</p>	<p>Implement phased plans across the care homes / care home refurbishment to move clients to alternative units / homes whilst work is being done.</p>	<p>In line with implementation plan</p>	<p>Commissioning, Locality teams and Provider</p>
<p><b>Positive impact (option 3):</b></p> <p>Potential to improve outcomes for older residents through new buildings and provision of alternative services, integrated within the building space.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Formal public consultation to have informed discussions with residents and their families/carers on the different options</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p>	<p>Jan-April 2025</p> <p>May-August 2025</p> <p>January 2025 onwards</p>	<p>Older People Commissioning</p>

<p><b>Positive impact (option 3):</b></p> <p>New care home buildings will provide more suitable environments for older people such as larger bedrooms to enable more space for staff and equipment use and ensuite facilities in all bedrooms.</p>	<p>Development of the Generic Design Brief with input from practitioners, industry experts and residents.</p> <p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p>	<p>Jan-April 2025</p> <p>Ongoing</p>	<p>Land &amp; Property</p> <p>Commissioning</p> <p>Locality Teams</p>
<p><b>Positive impact (option 3):</b></p> <p>Residents being able to have a 'home for the future' as they grow older through their room and home adapting to their changing needs (e.g. from residential to nursing) and a service specification that is flexible to meet increases in demand.</p>	<p>Development of the Generic Design Brief with input from practitioners, industry experts and residents.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p> <p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Land &amp; Property and Commissioning</p> <p>Commissioning and expert provider market</p> <p>Locality Teams and Provider</p>
<p><b>Negative impact (option 3):</b></p> <p>Short-term disruption of moving older residents. Concern about the impact</p>	<p>Learn from research and best practice from other home closures in Surrey and nationally.</p>	<p>Ongoing</p>	<p>Commissioning, Brokerage and Locality Teams</p>

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<p>any move would have on the health and wellbeing of older people.</p>	<p>Consider reducing placements to care homes 18 months prior to any redevelopment works taking place, based on the average length of stay (LOS) in care homes.</p> <p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p>	<p>In line with implementation plan.</p>	
<p><b>Negative impact (option 4):</b></p> <p>Demand for ASC funded services will increase with Surrey's ageing population. More affordable provision is needed for older people and there may be challenges in identifying a suitable alternative placement in the wider market.</p>	<p>Continuation of demand and commercial modelling to inform the provision of ASC-funded beds and number of nursing beds required to meet the need in Surrey.</p> <p>Work with the existing care home market to increase capacity in order to meet the need.</p>	<p>Ongoing</p>	<p>Older People Commissioning</p>

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

- Focus on early intervention and prevention services and information and advice to ensure care home placements are only accessed when other home-based care and community services have been reviewed that meet residents' needs.
- SCC is currently developing an alternative tenure type that delivers care and support services, Extra Care Housing. This will be offered to residents who have a lower level of needs and can continue to live independently.

- The centralised brokerage team draws on the shared knowledge of Surrey as a whole to be able to better meet resident's individual needs, including relating to the equalities protected characteristics.

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

n/a

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## Disability

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

There are a range of support needs including; personal care, memory and cognition, physical and sensory impairments and learning difficulties. A significant percentage of residents have dementia both diagnosed and undiagnosed.

As of July 2024, 65% of SCC-funded “Older People” client group living in ASC placements in R&N homes, have personal care support needs, and almost a quarter of clients require support with their memory and cognition.

<b>Latest Primary Support Reason</b>	<b>No. of SCC-funded Service Users in all R&amp;N Care Homes</b>
<b>Learning Disability Support</b>	9
<b>Mental Health Support</b>	257
<b>Physical Support - Access and Mobility Only</b>	115
<b>Physical Support - Personal Care Support</b>	1,987
<b>Sensory Support - Support for Dual Impairment</b>	<5
<b>Sensory Support - Support for Hearing Impairment</b>	<5
<b>Sensory Support - Support for Visual Impairment</b>	8
<b>Social Support - Substance Misuse Support</b>	<5
<b>Social Support - Support for Social Isolation / Other</b>	18
<b>Social Support - Support to Carer</b>	0
<b>Support with Memory and Cognition</b>	455

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
<p><b>Positive impact (option 1):</b></p> <p>No change to environment or routines creates stability for people with disabilities.</p>	<p>n/a</p>		
<p><b>Negative impact (option 1):</b></p> <p>In the event of infrastructure failure, residents that require support physically for personal care, memory and cognition and mental health support may become agitated if they need to move to a different home quickly in an emergency. Concern about the impact any move would have on the health and wellbeing of an individual with a disability.</p>	<p>Business continuity plans in place. Reviewed annually.</p> <p>Carry out condition surveys and building reviews to assess building infrastructure, risk of infrastructure failure, and ensuring building standards and regulatory requirements are being met. Carry out feasibility surveys for refurbish/redevelop plans.</p>	<p>Ongoing</p>	<p>Commissioning Lead, Land and Property Team and Provider</p>
<p><b>Negative impact (option 1):</b></p> <p>Some residents with disabilities may need to move out of the homes if their changing needs mean they need equipment such</p>	<p>Training is provided to staff to encourage good practice when moving or handling residents. If care and support needs cannot safely be met, residents should be assessed and transferred to</p>	<p>Ongoing</p>	<p>Quality Assurance Manager, Locality Teams, Provider and Commissioning</p>

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<p>as hoists which cannot be accommodated because of the small room sizes/potential ceiling structure. Would remain challenging to accommodate and use specialist equipment in small rooms.</p>	<p>a care setting that can meet their assessed needs.</p>		
<p><b>Negative impact (option 1):</b> Residents with dementia and visual and physical impairments may be at risk of injury due to the built environment of the sites, e.g. non-sighted areas due to subsequent building extensions.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p>	<p>Ongoing</p>	<p>Locality Teams, Provider and Commissioning</p>
<p><b>Positive impact (option 2):</b> Residents with a disability may be able to remain in the home whilst the building work is completed causing less disruption.</p>	<p>Implement phased plans across the care homes / care home refurbishment to move clients to alternative units / homes whilst work is being done.</p>	<p>Ongoing</p>	<p>Commissioning, Land and Property, Locality Teams and Brokerage</p>
<p><b>Negative impact (option 2):</b> Residents with physical or cognitive impairments may struggle to cope with the noise and potential changes to routine that living with prolonged building work may cause.</p>	<p>Implement phased plans across the care homes / care home refurbishment to move clients to alternative units / homes whilst work is being done.</p> <p>Consider reducing placements to care homes 18 months prior to any redevelopment works taking place, based on the average length of stay (LOS) in care homes.</p>	<p>Ongoing</p>	<p>Commissioning, Land and Property, Locality Teams and Brokerage</p>

<p><b>Positive impact (option 3):</b></p> <p>More capacity for clients who present with complex mental health needs and complex physical frailty.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p>	<p>Ongoing</p>	<p>Older People Commissioning and Locality Teams</p>
<p><b>Positive impact (option 3):</b></p> <p>Potential to improve outcomes for older people with disabilities (including sensory impairments) through alternative services, such as assistive technology.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p> <p>Support providers to deliver awareness training to staff on how to support residents with sensory impairments.</p>	<p>Ongoing</p>	<p>Older People Commissioning</p>



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<p><b>Positive impact (option 3):</b></p> <p>Residents with a disability being able to have a 'home for the future', with a home that is fit-for-purpose as their needs change e.g. transitioning smoothly to nursing. Larger rooms can adapt to their equipment needs e.g. hoists and specialist equipment. Technology enabled environments ensure that different technology can be added as required.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Formal public consultation to have informed discussions with residents and their families/carers on the different options.</p> <p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p>	<p>Jan-April 2025</p> <p>May-August 2025</p>	<p>Older People Commissioning and Technology Enabled Care</p>
<p><b>Positive impact (option 3):</b></p> <p>A more specialist environment may be beneficial to those with dementia e.g. open lines of sight.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Formal public consultation to have informed discussions with residents and their families/carers on the different options.</p> <p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Development of a new care specification to improve outcomes for older people with experts</p>	<p>Jan-April 2025</p> <p>May-August 2025</p>	<p>Older People Commissioning</p>

	in the provider market, operational colleagues and commissioning.		
<p><b>Positive impact (option 3):</b></p> <p>Some disability related needs are better met in different environments. Larger bedrooms, reinforced ceilings, en-suite facilities, closed staircases, assistive technology in new care homes may mean buildings can better cater for residents' needs.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p>	Jan-April 2025	Older People Commissioning and Land and Property colleagues
<p><b>Positive impact (option 3):</b></p> <p>Greater accessibility and mobility for people with a disability through wider doorframes, wider corridors, accessible outdoor spaces, secure entrances and central communal areas.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p>	Jan-April 2025	Older People Commissioning
<p><b>Negative impact (option 3):</b></p> <p>Residents with learning disabilities, sensory impairments or difficulties with</p>	<p>Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.</p>	Ongoing	Older People Commissioning

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<p>memory/cognition may struggle to adjust to their new environment.</p>	<p>Adult Social Care team locality staff would plan to review new placements after 6 weeks.</p>		
<p><b>Negative impact (option 4):</b>  Lack of available local affordable provision, particularly for those with a disability.</p>	<p>Continuation of demand and commercial modelling to inform the provision of ASC-funded beds and number of nursing beds required to meet the need in Surrey.  Work with the existing care home market to increase capacity in order to meet the need.</p>	<p>Ongoing</p>	<p>Older People Commissioning</p>

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

- Focus on early intervention and prevention services and information and advice to ensure care home placements are only accessed when other home-based care and community services have been reviewed that meet residents' needs.
- Introduction of another tenure and care type for older people – Extra Care Housing, which would offer an alternative accommodation and care offer that could suit an individual's needs better.
- The centralised brokerage team draws on the shared knowledge of Surrey as a whole to be able to better meet resident's individual needs, including relating to the equalities protected characteristics.

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

n/a

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## Gender reassignment

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

The considerations and concerns for this equality group, will be based on the Surrey-wide population data gathered in the 2021 Census.

A total of 918,205 residents aged 16+ (94.42%) answered “Yes”, indicating that their gender identity was the same as their sex registered at birth. A total of 3,628 residents (0.37%) answered “No”, indicating that their gender identity was different from their sex registered at birth. Within this group:

- 1,361 (0.14%) answered “No” but did not provide a write-in response
- 731 (0.08%) identified as a trans man
- 756 (0.08%) identified as a trans woman
- 495 (0.05%) identified as non-binary
- 287 (0.03%) wrote in a different gender identity

There is no gender identity data available for residents living in the R&N homes across Surrey.

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
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<p><b>Positive impact (options 1, 2, 3, 4):</b></p> <p>Residents will want assurance that their needs will be met by the care worker and home in the way they wish to be identified.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p> <p>Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds when providing care. This will also cover the specific needs and challenges older LGBTQ+ people may face. This training should cover how to provide care without making assumptions and how to treat everyone with respect.</p> <p>Ensure staff know how to handle sensitive information about a resident's gender identity and sexuality respectfully and keep it confidential.</p> <p>Display LGBTQ+ symbols, like rainbow flags, to show the care setting is a safe and welcoming space for everyone. Encourage residents to feel comfortable being themselves.</p> <p>When creating care plans, ask about the resident's preferences related to gender, pronouns, and care. Understand any family situations or past experiences with discrimination.</p>	<p>Ongoing</p>	<p>Older people commissioning</p>
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	Partner with local LGBTQ+ organisations for guidance and support to make sure we're using the best practices for inclusive care.		
<p><b>Negative Impact (options 2 &amp; 3):</b></p> <p>Residents may have formed strong bonds and connections with staff members that understand their gender reassignment. Potential move to a new home could lead to emotional distress and anxiety with the new staff team.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds when providing care.</p>	On going	Locality Teams and Brokerage

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

- Introduction of another tenure and care type for older people – Extra Care Housing, which would offer an alternative accommodation and care offer that could suit an individual's needs better.
- The centralised brokerage team draws on the shared knowledge of Surrey as a whole to be able to better meet resident's individual needs, including relating to the equalities protected characteristics.

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

n/a

## Pregnancy and Maternity

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

Some families/carers visiting residents may be pregnant and/or raising infants, and their needs have been considered.

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
<p><b>Positive impact (option 2):</b></p> <p>The retrofitting of ensuites/wet rooms in rooms will be helpful for family/carers who require facilities for baby changing.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p>	<p>Jan-April 2025</p>	<p>Older People Commissioning</p>
<p><b>Positive impact (option 3):</b></p> <p>The needs of pregnant family/carers and those caring for infants can be considered when designing new care home provision for the future. Ensuring care homes are welcoming and inclusive for the wider community will benefit residents.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p>	<p>Jan-April 2025</p>	<p>Older People Commissioning</p>



# Equality Impact Assessment

<p><b>Positive impact (option 3):</b></p> <p>Accessible site locations with various transport connections and adequate space for parking for family/carers who may be pregnant or have infants.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p>	<p>Jan-April 2025</p>	<p>Older People Commissioning and Land and Property colleagues</p>
<p><b>Negative impact (options 3, 4):</b></p> <p>Families/carers who are pregnant/with young children may be required to travel further to a temporary or new care home to visit their loved one.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p>	<p>Ongoing</p>	<p>Locality Teams</p>

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

n/a

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

n/a

## Race including ethnic or national origins, colour or nationality

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

The representation of different ethnic groups across SCC-funded “older people” placements in Surrey’s residential & nursing care homes, is as follows:

# Equality Impact Assessment

Ethnicity	No. of Service Users in all R&N Care Homes
White British	2,440
Information Refused, Not Stated, Undeclared	164
White Any Other White Background	111
White Irish	43
Oth Ethnic Group	32
Asian/Asian British Indian	18
Black/Black British Caribbean	17
Asian/Asian British Any Other Asian Background	12
Mixed Any Other Mixed Background	5
Black/Black British Any Other Black Background	<5
Arab	<5
Asian/Asian British Bangladeshi	<5
Black/Black British African	<5
Chinese	<5
Asian/Asian British Pakistani	<5
Mixed White & Asian	<5
Mixed White & Black African	<5
Mixed White & Black Caribbean	0
White Gypsy/Roma	0

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
<p><b>Negative impact (option 1):</b></p> <p>In the event of infrastructure failure, residents with English as a second language may find it harder to cope if they need to move to a different home in an emergency and a change to the current staff that have been supporting residents. Concern about the impact any move would have on the health and wellbeing of an individual.</p>	<p>Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.</p> <p>Adult Social Care team locality staff would plan to review new placements after 6 weeks.</p>	<p>Ongoing</p>	<p>Commissioning, locality teams and Brokerage</p>
<p><b>Positive impact (option 2 &amp; 3):</b></p> <p>The inclusion of en-suite facilities will be welcomed by those uncomfortable sharing bathroom facilities because of their cultural background.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p>	<p>Ongoing</p>	<p>Commissioning, locality teams and Brokerage</p>

# Equality Impact Assessment

<p><b>Positive impact (option 3):</b></p> <p>Opportunities to create links with local community e.g. schools and community groups in order to create positive outcomes for clients.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Engagement with local care market to understand local community services that can meet residents' needs.</p>	<p>Ongoing</p>	<p>Commissioning</p>
<p><b>Negative impact (option 3 &amp; 4):</b></p> <p>Current care homes may be based or nearby to an individual's particular ethnic community. If the new/temporary home is not in the same vicinity it may have a negative impact on their general wellbeing as they may be unable to continue to access.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Engagement with local care market to understand local capacity that can meet residents' needs.</p>	<p>Ongoing</p>	<p>Commissioning, locality teams and Brokerage</p>
<p><b>Negative impact (option 3 &amp; 4):</b></p> <p>Residents with English as a second language may find it more difficult to form relationships with staff and other residents in a new/temporary home.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.</p> <p>Brokerage team to use knowledge to match language needs to care home where there are staff members who speak the resident's first language.</p>	<p>Ongoing</p>	<p>Commissioning, locality teams and Brokerage</p>

	<p>Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds, including race, religion, and sexual orientation, when providing care.</p>		
<p><b>Negative impact (option 3 &amp; 4):</b></p> <p>Residents' needs may not be fully met because of a language barrier between themselves and a new worker.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.</p> <p>Brokerage team to use knowledge to match language needs to care home where there are staff members who speak the resident's first language.</p> <p>Engagement with local care market to understand local capacity that can meet residents' needs.</p>	<p>Ongoing</p>	<p>Commissioning, locality teams and Brokerage</p>
<p><b>Negative impact (option 3 &amp; 4):</b></p> <p>Some residents may request that care is provided by workers from a specific ethnic group.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.</p> <p>Engagement with local care market to understand local capacity that can meet residents' needs.</p>	<p>Ongoing</p>	<p>Commissioning, locality teams and Brokerage</p>

# Equality Impact Assessment

	Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds, including race, religion, and sexual orientation, when providing care.		
<p><b>Negative impact: (option 3 &amp; 4):</b></p> <p>Residents may have dietary and other requirements relating to their ethnic heritage which care providers will need to be aware of and respond to.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Engagement with local care market to understand local capacity that can meet residents' needs.</p> <p>Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds when providing care.</p>	Ongoing	Commissioning, locality teams and Brokerage

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

- Introduction of another tenure and care type for older people – Extra Care Housing, which would offer an alternative accommodation and care offer that could suit an individual's needs better.
- The centralised brokerage team draws on the shared knowledge of Surrey as a whole to be able to better meet resident's individual needs, including relating to the equalities protected characteristics.

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

n/a

## Religion or belief including lack of belief

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

The picture of “older people” SCC-funded clients according to their religion and/or belief across Surrey’s residential & nursing care homes, is as follows:

Religion	No. of Service Users in all R&N Care Homes
Not Known / Declined	776
Christian and All Other Christian	618
Church of England/Anglican	605
None	337
Other & Other Religion or Belief	333
Catholic (Roman)	130
Jehovah Witness	15
Jewish	10
Muslim	10
Hindu	9
Buddhist	<5
Sikh	<5
Baha'i	<5
Mormon	<5
Personal Belief System	<5
Spiritualist	<5
Zoroastrian	<5



# Equality Impact Assessment

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
<p><b>Positive impact (option 1):</b></p> <p>Can retain link with local faith community e.g. if religious leader comes into current home to complete a service.</p>	<p>n/a</p>		
<p><b>Positive impact (option 3):</b></p> <p>Opportunity to create new links with the local faith community, particularly if this wasn't in place previously.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Engagement with local care market to understand local capacity that can meet residents' needs.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p>	<p>Ongoing</p>	<p>Commissioning</p>
<p><b>Negative impact (option 3 &amp; 4):</b></p> <p>Loss of contact with local faith community if new/temporary</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Engagement with local care market to understand local capacity that can meet residents' needs.</p>	<p>Ongoing</p>	<p>Commissioning, Brokerage</p>

<p>care home is not in the same vicinity.</p>	<p>Support providers to respect residents’ religious practices, including providing a prayer space and ensuring religious dietary requirements are met.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p>		
<p><b>Negative Impact (options 2 &amp; 3):</b></p> <p>Residents may have formed strong bonds and connections with staff members that understand their religious beliefs. Potential move to a new home could lead to emotional distress and anxiety with the new staff team.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.</p> <p>Support providers to respect residents’ religious practices, including providing a prayer space and ensuring religious dietary requirements are met.</p> <p>Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds when providing care.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Locality Teams and Brokerage</p> <p>Commissioning</p>

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

# Equality Impact Assessment

- Introduction of another tenure and care type for older people – Extra Care Housing, which would offer an alternative accommodation and care offer that could suit an individual's needs better.
- The centralised brokerage team draws on the shared knowledge of Surrey as a whole to be able to better meet resident's individual needs, including relating to the equalities protected characteristics.

## Any negative impacts that cannot be mitigated?

n/a

## Sex

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

Almost 70% of “older people” SCC-funded residents are female across Surrey’s residential & nursing homes:

Gender	No. of SCC-funded Service Users in all R&N Care Homes
Female	1,963
Male	893

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
<p><b>Negative impact (option 1):</b></p> <p>It will continue to be a challenge to ensure privacy and dignity as non-gender specific shared bathroom and toilet facilities will remain.</p>	Continue treating clients with respect and dignity.	Ongoing	Locality Teams

# Equality Impact Assessment

<p><b>Negative impact (option 1, 2, 3, 4):</b></p> <p>Some residents may feel uncomfortable on mixed gender units.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p>	<p>Ongoing</p>	<p>Quality Assurance Manager and Locality Teams</p>
<p><b>Positive impact (option 2 &amp; 3):</b></p> <p>Ensuite bathrooms are included within the Generic Design brief and would be included within any refurbishment and redevelopment of homes, providing residents with more privacy and dignity.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Formal public consultation to have informed discussions with residents and their families/carers on the different options.</p>	<p>Jan-April 2025</p> <p>May-August 2025</p>	<p>Older People Commissioning</p>

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

- Introduction of another tenure and care type for older people – Extra Care Housing, which would offer an alternative accommodation and care offer that could suit an individual’s needs better.
- The centralised brokerage team draws on the shared knowledge of Surrey as a whole to be able to better meet resident’s individual needs, including relating to the equalities protected characteristics.

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

n/a

## Sexual orientation

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

Unfortunately, there is not adequate data to inform this protected characteristic, so assumptions have been made.

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
<p><b>Positive impact (option 1, 2, 3, 4):</b></p> <p>Residents may want assurance that their needs will be met by the care worker and home in a way they wish to be identified</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds when providing care. This will also cover the specific needs and challenges older LGBTQ+ people may face. This training should cover how to provide care without making assumptions and how to treat everyone with respect.</p> <p>Ensure staff know how to handle sensitive information about a resident's gender identity and sexual orientation respectfully and keep it confidential.</p> <p>Display LGBTQ+ symbols, like rainbow flags, to show the care setting is a safe and welcoming space for everyone. Encourage residents to feel comfortable being themselves.</p>	<p>On going</p>	<p>Locality Teams</p>

# Equality Impact Assessment

	<p>When creating care plans, ask about the resident's preferences related to gender, pronouns, and care. Understand any family situations or past experiences with discrimination.</p> <p>Partner with local LGBTQ+ organisations for guidance and support to make sure we're using the best practices for inclusive care.</p>		
<p><b>Negative Impact (options 2 &amp; 3):</b></p> <p>Residents may have form strong bonds and connections with staff members that understand their sexual orientation. Potential move to a new home could lead to emotional distress and anxiety with the new staff team.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds when providing care.</p>	On going	Locality Teams and Brokerage

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

- Introduction of another tenure and care type for older people – Extra Care Housing, which would offer an alternative accommodation and care offer that could suit an individual's needs better.
- The centralised brokerage team draws on the shared knowledge of Surrey as a whole to be able to better meet resident's individual needs, including relating to the equalities protected characteristics.

# Equality Impact Assessment

Any negative impacts that cannot be mitigated?

n/a



# Equality Impact Assessment

## Marriage/civil partnerships

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

Below is a breakdown of marital status for “older people” SCC-funded residents across Surrey’s residential and nursing homes. Unfortunately, marital status is unknown for the majority of clients.

There is reportedly less demand for couples who enter care homes wanting to share a room. Older people are coming into care homes later in life with more complex conditions, and it can prove more physically and emotionally challenging to share a room.

Married Status	No. of SCC-funded Service Users in all R&N Care Homes
No Data	1,269
Widowed	674
Married	527
Single	278
Divorced/Separated	90
Cohabiting	10
Civil Partnership	8

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
<b>Negative impact (option 1):</b> Currently difficult to accept couples who may want to live	Formal public consultation to have informed discussions with residents and their families/carers on the different options.	May-August 2025	Older People Commissioning

<p>together in the home due to smaller rooms.</p>			
<p><b>Positive impact (option 2):</b></p> <p>May be opportunities to include provision for couples in refurbishment with larger bedrooms to support two beds.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Formal public consultation to have informed discussions with residents and their families/carers on the different options.</p>	<p>Jan-April 2025</p> <p>May-August 2025</p>	<p>Older People Commissioning</p>
<p><b>Positive impact (option 3):</b></p> <p>May be opportunities to include provision for couples in redevelopment with larger bedrooms to support two beds.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Formal public consultation to have informed discussions with residents and their families/carers on the different options.</p>	<p>Jan-April 2025</p> <p>May-August 2025</p>	<p>Older People Commissioning</p>
<p><b>Negative impact (option 3 &amp; 4):</b></p> <p>The journey to any new/temporary home may be longer / more costly, making it difficult for partners to visit each other and stay in regular contact.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.</p>	<p>Ongoing</p>	<p>Older People Commissioning, locality teams and Brokerage</p>

# Equality Impact Assessment

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

- Introduction of another tenure and care type for older people – Extra Care Housing. This would give more opportunities for couples to share accommodation together.

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

N/a

## Carers by Association

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

This section has been used to identify impacts for families / carers of people using services. There are no data on numbers, but the majority of residents have relatives recorded as next of kin and receive regular visitors.

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
<p><b>Positive impact (option 1):</b></p> <p>No change in location. Carers can continue their visits and contact.</p>	n/a		
<p><b>Negative impact (option 1):</b></p> <p>Considering the age of some of the sites and in the event of potential infrastructure failure in the buildings, residents may need to move to a different home in an emergency. Carers may not have the capacity to be involved in decisions around any new home.</p>	<p>Business continuity plans in place. Reviewed annually.</p> <p>Carry out condition surveys and building reviews to assess building infrastructure, risk of infrastructure failure, and ensuring building standards and regulatory requirements are being met. Carry out feasibility surveys for refurbish/redevelop plans.</p> <p>Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.</p>	Ongoing	Locality teams and Brokerage

# Equality Impact Assessment

<p><b>Positive impact (option 3):</b></p> <p>Opportunity to look at more flexible options for short term, respite and emergency care, to support the health and wellbeing of carers.</p>	<p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p>	<p>Jan-April 2025</p>	<p>Older People Commissioning</p>
<p><b>Positive impact (option 3):</b></p> <p>Accessible site locations with various transport connections and adequate space for parking for visiting carers.</p>	<p>Development of the Generic Design Brief with input from practitioners, industry experts and residents.</p>	<p>Ongoing</p>	<p>Older People Commissioning and Land &amp; Property</p>
<p><b>Positive impact (option 3):</b></p> <p>Opportunity for new/temporary care home to be closer to family and friends.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.</p>	<p>Ongoing</p>	<p>Locality teams and Brokerage</p>
<p><b>Negative impact (option 3):</b></p> <p>Journey to any new/temporary home may be more difficult/costly and may be harder for family/carers to stay in contact.</p>	<p>Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.</p> <p>Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.</p>	<p>Ongoing</p>	<p>Locality teams and Brokerage</p>

	Consider reducing placements to care homes 18 months prior to any redevelopment works taking place, based on the average length of stay (LOS) in care homes.		
<p><b>Negative impact (option 4):</b></p> <p>Concern of carers and relatives about losing a valued care home and having to rely on alternative homes. Concerns around the quality of alternative homes and whether needs can be fully met by them.</p>	<p>Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.</p> <p>Consider reducing placements to care homes 18 months prior to any redevelopment works taking place, based on the average length of stay (LOS) in care homes.</p>	Ongoing	Locality teams and Brokerage

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

- “Planning for your future” events across Surrey – sharing information with families/carers about what support is available, planning finances and how to be prepared.

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

N/a

# Equality Impact Assessment

## Socio Economic Disadvantage

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

Surrey's affluent status results in a high percentage of self-funded placements in the market which presents challenges. While there may be sufficient bed capacity for care home placements, affordability remains a significant barrier for long-term care placements, creating inequalities in access to quality care services across Surrey.

In addition, the UK is facing its biggest cost of living crisis in decades. Surrey County Council and its partners across the county have seen more people coming for help with crisis support, energy problems and not having enough money to make ends meet than ever before. According to SCC's "Looking at the Cost of Living Crisis", these are the ways the crisis is impacting on residents and the local economy:

- 14,006 Surrey residents aged 65 and over were on Pension Credit which can represent levels of poverty in older residents (2024)
- 8.3% of Surrey households are estimated to be in fuel poverty (2022)
- Census 2021 Tenure figures indicate that 11.4% of households in Surrey, amounting to 55,055, are classified as Social rented. This is lower than both the national (17.1%) and regional (13.6%) averages.
- The lowest paid 10% of Surrey residents in full-time employment have a median hourly wage of £12.10 (the real living wage is £12.00) (2023)
- 14.6% more Surrey residents on Universal Credit while in work (representing 8,927 residents) in July 2024 compared to the previous year
- National private rental prices increased by 6.0% in January compared to last year

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
Positive impact (option 1):	n/a		

<p>Self-funding residents will continue paying existing rates.</p>			
<p><b>Positive impact (option 2 &amp; 3):</b></p> <p>Delivery of the strategy will enable SCC to have more affordable capacity to ensure there is equitable access to quality care homes in Surrey, regardless of a person's socio-economic status.</p> <p>By providing ASC-funded beds on SCC owned sites, SCC is ensuring they have a market presence to enable affordable capacity, so there is not 100% reliance on the self-funder market.</p>	<p>Continuation of demand and commercial modelling to inform the provision of ASC-funded beds and number of nursing beds required to meet the need in Surrey.</p> <p>Co-design and engagement to understand what people value about care to inform care home design and service specification development.</p> <p>Work with the existing care home market to increase capacity in order to meet the need.</p>	<p>Ongoing</p> <p>Jan-April 2025</p> <p>Ongoing</p>	<p>Older People Commissioning</p>
<p><b>Negative impact (option 2, 3, 4):</b></p> <p>Potential for an increase in operating costs and an increase charge to self-funders living in the home if temporarily relocated to a home that is more expensive.</p>	<p>Work with providers approved SCC Residential and Nursing Care Contract to maintain residents existing price for self-funders so that there is not an increase. Choice Guidance to be considered.</p>	<p>Ongoing</p>	<p>Locality teams and Brokerage</p>



# Equality Impact Assessment

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

- Introduction of another tenure and care type for older people – Extra Care Housing, which would offer an alternative accommodation and care offer that could suit an individual's needs better.
- The centralised brokerage team draws on the shared knowledge of Surrey as a whole to be able to better meet resident's individual needs, including relating to the equalities protected characteristics.
- "Planning for your future" events across Surrey – sharing information about what support is available, planning finances and how to be prepared.
- Working with Residential & Nursing Care Home providers to promote information for self-funders about the implications of reaching capital threshold so that individuals are better prepared.

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

N/a

## 4. Recommendation

Based your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation below.

- **Outcome One: No major change to the policy/service/function required.** This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken
- **Outcome Two: Adjust the policy/service/function** to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
- **Outcome Three: Continue the policy/service/function** despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are:
  - Sufficient plans to stop or minimise the negative impact
  - Mitigating actions for any remaining negative impacts plans to monitor the actual impact.
- **Outcome Four: Stop and rethink the policy** when the EIA shows actual or potential unlawful discrimination. (For guidance on what is unlawful discrimination, refer to the [Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act](#) concerning employment, goods and services and equal pay).

### Recommended outcome:

Outcome three. It is recommended that the delivery of the Residential & Nursing Care Delivery Strategy, is continued.

### Explanation:

This EIA demonstrates that there are significant long-term benefits of delivering the Residential & Nursing Care Delivery strategy for Surrey's population. In particular, older people and people with disabilities, stand to gain from increased affordable provision that is designed to meet complex physical frailties and complex mental health needs. According to demand modelling, Surrey requires 230 more enhanced residential and nursing beds by 2030 to meet the population's needs. Furthermore, the design of "homes of the future", gives older people and people with disabilities accommodation that is fit-for-purpose. Their home will adapt as their needs change, allowing them consistent care and smooth transitions.

Delivery of the strategy gives SCC more affordable capacity to ensure there is equitable access to quality care homes across Surrey, regardless of a person's socio-economic status.

Some short-term negative impacts have been considered, but there is a comprehensive minimisation action plan in place.

## 5. Action plan and monitoring arrangements

Insert your action plan here, based on the mitigations recommended.

Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/Notes	Open/Closed
1	January 2025	Co-design and engagement to understand what people value about care to inform care home design and service specification development.	Older People Commissioning	April 2025		
2	May 2025	Formal public consultation to have informed discussions with residents and their families/carers on the different options	Older People Commissioning	August 2025		
3	Ongoing	Work with the existing care home market to increase capacity in order to meet the need.	Older People Commissioning	Ongoing		
4	Ongoing	Business continuity plans in place. Review annually.	Land & Property	Ongoing		

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5	Ongoing	Continue to treat residents with respect and dignity.	Locality Teams	Ongoing		
6	Ongoing	Regular review of practice to ensure guidelines are being followed to minimise the risk of infections spreading.	Locality Teams	Ongoing		
7	In line with implementation plan	Implement phased plans across the care homes / care home refurbishment to move clients to alternative units / homes whilst work is being done.	Older People Commissioning	In line with implementation plan		
8	Ongoing	Development of the Generic Design Brief with input from practitioners, industry experts and residents.	Older People Commissioning	Ongoing		

9	Ongoing	Training is provided to staff to encourage good practice when moving or handling residents. If care and support needs cannot safely be met, residents should be assessed and transferred to a care setting that can meet their assessed needs.	Locality Teams	Ongoing		
10	Ongoing	Support providers to deliver awareness training to staff on how to support residents with sensory impairments.	Older People Commissioning	Ongoing		
11	In line with implementation plan	Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.	Older People Commissioning	In line with implementation plan		

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12	In line with implementation plan	Adult Social Care team locality staff would plan to review new placements after 6 weeks.	Locality Teams	In line with implementation plan		
13	In line with implementation plan	Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds, including race, religion, and sexual orientation, when providing care. This will also cover the specific needs and challenges older LGBTQ+ people may face. This training should cover how to provide care without making assumptions and how to treat everyone with respect.	Older People Commissioning	In line with implementation plan		

14	In line with implementation plan	Ensure staff know how to handle sensitive information about a resident's gender identity and sexuality respectfully and keep it confidential.	Older People Commissioning	In line with implementation plan		
15	In line with implementation plan	Display LGBTQ+ symbols, like rainbow flags, to show the care setting is a safe and welcoming space for everyone. Encourage residents to feel comfortable being themselves.	Older People Commissioning	In line with implementation plan		
16	Ongoing	When creating care plans, ask about the resident's preferences related to gender, pronouns, and care. Understand any family situations or past experiences with discrimination.	Locality Teams	Ongoing		



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17	In line with implementation plan	Partner with local LGBTQ+ organisations for guidance and support to make sure we're using the best practices for inclusive care.	Older People Commissioning	In line with implementation plan		
18	In line with implementation plan	Engagement with local care market to understand local community services that can meet residents' needs.	Older People Commissioning	In line with implementation plan		
19	In line with implementation plan	Engagement with local care market to understand local capacity that can meet residents' needs.	Older People Commissioning	n line with implementation plan		
20	Ongoing	Brokerage team to use knowledge to match language needs to care home where there are staff members who speak the resident's first language.	Brokerage	Ongoing		

21	Ongoing	Support providers to respect residents' religious practices, including providing a prayer space and ensuring religious dietary requirements are met.	Older People Commissioning	Ongoing		
22	In line with implementation plan	Work with providers approved SCC Residential and Nursing Care Contract to maintain residents existing price for self-funders so that there is not an increase. Choice Guidance to be considered.	Older People Commissioning			
23	September 2025	Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.	Locality teams	In line with implementation plan		

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24	Ongoing	Continuation of demand and commercial modelling to inform the provision of ASC-funded beds and number of nursing beds required to meet the need in Surrey.	Performance & Data Analysis	Ongoing		
25	December 2024	Carry out condition surveys and building reviews to assess building infrastructure, risk of infrastructure failure, and ensuring building standards and regulatory requirements are being met. Carry out feasibility surveys for refurbish/redevelop plans.	Land & Property	April 2025		
26	January 2025	Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.	Older People Commissioning	September 2025		

27	September 2025	Consider reducing placements to care homes 18 months prior to any redevelopment works taking place, based on the average length of stay (LOS) in care homes.	Older People Commissioning	January 2027		
28	March 2027	Follow up engagement with residents, particularly those in equality protected characteristics groups, to monitor how the changes have impacted on them and how their needs relating to equality, diversity and inclusion, are being met.	Older People Commissioning / Locality	August 2027		

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**6a. Version control**

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Version Number	Purpose/Change	Author	Date
1	Draft EIA	Sarah Rajendram	4 October 2024
2	To reflect comments from AWHP EDI Manager and Chief of Staff	Sarah Rajendram	17 October 2024

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

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

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

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## 6b. Approval

Secure approval from the appropriate level of management based on nature of issue and scale of change being assessed.

The level of EIA sign off will depend on who the change affects. Generally speaking, for strictly internal changes, Head of Service/ Exec Director sign off should suffice. For changes affecting residents, the Cabinet Member is required to approve completed EIAs.

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Approved by	Date approved
Director	Jon Lillistone, Director of Integrated Commissioning, Adults, Wellbeing and Health Partnerships 31 October 2024
Directorate Equality Group/ EDI Group (If Applicable) (arrangements will differ depending on your Directorate. Please enquire with your Head of Service or the CSP Team if unsure)	Kathryn Pyper, Chief of Staff, Adults, Wellbeing and Health Partnerships 16 October 2024

### Publish:

It is recommended that all EIAs are published on Surrey County Council's website.

Please send approved EIAs to: [equalityimpactassessments@surreycc.gov.uk](mailto:equalityimpactassessments@surreycc.gov.uk)

### EIA author:

## 6c. EIA Team

Name	Job Title	Organisation	Team Role
Sarah Rajendram	Commissioning Manager, Adults, Wellbeing and Health Partnerships	Surrey County Council	Commissioning
Katie Newton	Senior Commissioning Manager, Adults, Wellbeing and Health Partnerships	Surrey County Council	Commissioning Lead

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