

EIA Title	Accommodation with Care Strategy – Extra Care			
Did you use the EIA Screening Tool? (Please tick or specify)	Yes (Please attach upon submission)		No	X

1. Explaining the matter being assessed

What policy, function or service change are you assessing?	<p>Now and in the coming years, Surrey County Council (SCC) faces unprecedented financial challenges in meeting care and support needs in Surrey. This is compounded by the demographic challenges and fragile provider market. The accommodation with care and support programme has been set up to respond to some of these challenges.</p> <p>The overall aim of the extra care element of the Accommodation with Care and Support Strategy (as set out in the SCC Cabinet report of 16 July 2019) is to address the current limited availability of extra care units in the county.</p> <p>Extra care (also known as “assisted living” when focused on the private market) is a particular housing model which focuses mainly on older people, and offers accessible and adaptable housing (under rental, shared ownership or leasehold arrangements) alongside formalised care services which can meet a range of needs on site and respond to care emergencies 24 hours a day, 7 days a week. Through a range of delivery approaches, ranging from SCC controlled delivery, tender processes and indirect support to appropriate private planning proposals, SCC aims to achieve the equivalent of 25 extra care units per 1,000 of Surrey’s 75+ population by the end of the decade.</p>
Why does this EIA need to be completed?	<p>The development and operation of new extra care capacity through the Accommodation with Care Strategy will involve changes to policies and functions amongst operational staff, and present new services to people living in Surrey, their carers and relatives.</p> <p>This EIA helps us to build up a profile of the existing users of extra care in Surrey, and from this profile consider how both current and future users of extra care may be affected by the extra care element of the Accommodation with Care Strategy.</p> <p>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, mitigate any potential negative impacts, maximise positive impacts</p>

	associated with the extra care programme and break down barriers to accessing these services.			
Who is affected by the proposals outlined above?	The proposals will affect: <ul style="list-style-type: none"> • Future users of publicly funded housing and support at extra care settings in Surrey, their relatives and carers 			
How does your service proposal support the outcomes in the Community Vision for Surrey 2030?	<p>The delivery of high quality, sustainable care and support to vulnerable adults is vital for SCC to deliver the Community Vision for 2030.</p> <p>The overarching Accommodation with Care and Support Strategy, of which extra care housing delivery is a part, is focused on enabling people to access the right health and social care at the right time in the right place through the delivery of the most suitable accommodation with care and support for Surrey residents.</p> <p>Extra care will support the Community Vision for Surrey 2030 by addressing a gap in specialist accommodation provision for older people, which will offer appropriately designed, accessible and adaptable housing together with communal facilities and formalised care services on site. In so doing it will support the help to make Surrey a place where older people can “live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.”</p>			
Are there any specific geographies in Surrey where this will make an impact? (Please tick or specify)	County Wide	X	Runnymede	
	Elmbridge		Spelthorne	
	Epsom and Ewell		Surrey Heath	
	Guildford		Tandridge	
	Mole Valley		Waverley	
	Reigate and Banstead		Woking	
	Not Applicable			
	County Divisions (please specify if appropriate):			

Briefly list what evidence you have gathered on the impact of your proposals?

In order to identify the impacts of the proposals, a snapshot has been taken of residents of extra care known to Surrey County Council as at 4 September 2020.

As extra care as a housing with care model is primarily focused on older people (i.e. people aged 65 or over) wider indicators of need associated with older people in general will be examined alongside the snapshot data.

It is clear from national studies (primarily led by the Housing LIN) that extra care settings can offer a long-term solution with regard to housing and care for older people where, due to disability or frailty, maintaining independence in mainstream housing settings is proving difficult. Studies have demonstrated that individuals living in extra care accommodation have better health and wellbeing outcomes when compared with others with similar needs in more restrictive care settings like residential and nursing care homes. Analysis conducted by Surrey County Council of care journeys experienced people living in extra care settings bears this out, and it is recognised that people are more likely to remain independently at their home for longer in these settings, with fewer admissions to hospital and at a reduced risk of care home admission, to equivalent populations living in mainstream accommodation.

Other evidence gathered to inform this Equality Impact Assessment included:

- Projecting Older People Population Information System (POPPI)
- NHS website on conditions, stress, anxiety, depression and loneliness in older people
- Data retrieved from LAS, as at 4 September 2020
- 2011 census
- Office for National Statistics Annual Population Survey
- Surrey-i
- Surrey's Joint Strategic Needs Assessment

2. Service Users / Residents

There are 10 protected characteristics to consider in your proposal. These are:

1. Age including younger and older people
2. Disability
3. Gender reassignment
4. Pregnancy and maternity (no impacts)
5. Race including ethnic or national origins, colour or nationality
6. Religion or belief including lack of belief
7. Sex
8. Sexual orientation
9. Marriage/civil partnerships
10. Carers protected by association

Though not included in the Equality Act 2010, Surrey County Council recognises that socio-economic disadvantage is a significant contributor to inequality across the County and therefore regards this as an additional factor.

Therefore, if relevant, you will need to include information on this. Please refer to the EIA guidance if you are unclear as to what this is.

AGE

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

According to Projecting Older People Population Information System (POPPI), while Surrey's population aged 65 and over is set to increase in the coming years, the population aged 85 and over is expected to increase the most as a proportion:

	2020		2025		2030		2035	
	No.	% of 65+	No.	% of 65+	No.	% of 65+	No.	% of 65+
People aged 65-69	57,300	24.7%	63,700	25.3%	74,400	26.5%	75,500	24.5%
People aged 70-74	59,900	25.8%	53,800	21.3%	60,000	21.4%	70,300	22.9%
People aged 75-79	44,300	19.1%	54,900	21.8%	49,800	17.7%	55,900	18.2%
People aged 80-84	33,500	14.5%	38,200	15.2%	47,800	17.0%	44,100	14.3%
People aged 85-89	22,500	9.7%	25,000	9.9%	29,300	10.4%	37,400	12.2%
People aged 90 and over	14,300	6.2%	16,500	6.5%	19,700	7.0%	24,400	7.9%
Total population 65 and over	231,800	100.0%	252,100	100.0%	281,000	100.0%	307,600	100.0%

Source: www.poppi.gov.uk, as retrieved on 8 September 2020

In comparison, of the extra care residents known to Surrey County Council as at 4 September 2020, the largest proportion by age group at the settings is in the 85+ category, where acuity of care need and risk of emergency care is highest. Please see below:

Extra care setting	Average age	Up to 54	55-64	65-74	75-84	85+	Total
Aldwyn Place	75.6	2	2	3	6	5	18
Anvil Court	78.2	0	4	9	7	11	31
Beechwood Court	81.1	0	2	2	4	7	15
Brockhill	79.2	2	1	2	4	10	19
Chestnut Court	70.4	4	4	14	5	6	33
Dray Court	79.6	1	1	7	8	10	27
Falkner Court	80.9	0	0	2	4	2	8

Huntley House	89.9	0	0	1	3	15	19
Japonica Court	78.1	0	1	5	3	7	16
Mitchison Court	70.9	3	10	4	6	7	30
Riverside Court	85.6	0	2	0	2	9	13
Grand Total	77.8	12	27	49	52	89	229
		5.2%	11.8%	21.4%	22.7%	38.9%	100%

From the above it is clear that extra care's key client group is the "oldest old", with people aged 85 and over accounting for almost 40% of the snapshot in comparison to 16% of Surrey's current population, and with an average age of 78. That said, as 38.4% of the 4 September snapshot are aged under 75, it is also evident that extra care can operate both as an appropriate setting to meet current needs, and as a proactive choice of long term living arrangement in anticipation of care needs developing with age.

Impacts (Please tick or specify)	Positive		Negative		Both	X
Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?		When will this be implemented by?		Owner
- Age restrictions may prevent some people, whose needs may best be met at an extra care setting, from being considered for referral	An age 'cut off' is used as a general guide for applications to extra care settings, as they are generally regarded as communities for people aged over 55 years of age or more.	The age of individuals is a key factor for nominations processes, where decisions are made on who may be offered an extra care tenancy. However, individuals under 55 years of age may be considered exceptionally on the basis of need and urgency, particularly where alternative settings are not regarded as suitable		Consideration will be made for people under the age restriction in partnership with local housing authorities and providers as part of an exceptions process in nominations decisions. Agreed approaches will therefore be factored into		The Extra Care Strategy Team and (once nominations processes are operational) social care Locality Team staff, in partnership with local housing authorities and extra care providers

			nominations policies	
+ Older residents will have increased choice with more accommodation options available to meet their care needs.	The Council's ambition through the Accommodation with Care Strategy is to develop a range of housing options across the county. Extra care is an additional housing option primarily aimed at older people.	Ensure that an appropriate mix of accommodation is developed in local areas to cater for the range of needs experienced by older people.	This will be implemented as new extra care settings are developed across the county.	The Extra Care Strategy Team will lead on ensuring greater diversity of options is available
+ Flexible care that can adapt to individual needs, enabling older people to live in extra care settings for the rest of their lives with a lower risk of transfers elsewhere (e.g. residential care) due to care emergencies	Care packages can be better tailored to individual needs within extra care settings with the provision of shared emergency care and flexible personalised care. This will prevent the necessity for many individuals to move as their needs change, and minimise the risks of transfers elsewhere in response to a crisis.	The establishment of a flexible care and support commissioning offer to go alongside the provision of accommodation.	This will be implemented as new extra care settings are developed across the county.	The Extra Care Strategy Team
+ Accommodation that offers longevity with purpose-built buildings for older people that are fit for the future	SCC developments will be newly built to a design standard that meets the needs of an ageing population and enables future modification. SCC will work to ensure that any accommodation they develop is in the right location and will meet people's changing needs.	Clear design briefs for SCC developments, incorporating requirements for accessibility and adaptability, will be key to the tender documentation for SCC owned sites. Clear best practice expectations will also be developed and published for the independent sector and local authority planners, to assist with design documentation for planning applications.	This will be on-going as new housing options are delivered.	The Extra Care Strategy Team and Property Services.

<p>+ Older people will benefit from access to communal facilities on site and nearby facilities, which will help to reduce social isolation and loneliness</p>	<p>Older people are more likely than their younger counterparts to suffer from loneliness or social isolation, particularly if they live alone and reside in locations set away from communities. While this is widely researched as an issue, the NHS website states the following: https://www.nhs.uk/conditions/stress-anxiety-depression/loneliness-in-older-people/</p>	<p>Future extra care settings will feature an array of communal facilities, which will allow residents to regularly engage with each other and visitors, they will be set clearly in the heart of local communities with nearby transport routes.</p>	<p>This will be implemented as new extra care settings are developed across the county.</p>	<p>The Extra Care Strategy Team and Property Services.</p>
<p>What other changes is the council planning/already in place that may affect the same groups of residents?</p> <p>Are there any dependencies decisions makers need to be aware of?</p> <p>The Older People's Commissioning programme – including the following areas of work:</p> <ul style="list-style-type: none"> - Review of the sourcing function for older people's care and support, including eligibility and referral processes for extra care - The recommissioning of home based care, upon which planned care delivery on extra care sites will be monitored - Technology Enabled Care (TEC) programme, including telecare and other assistive technology that may be required by people living in extra care settings - Engagement with local authority planners on future care developments, linked to a wider market shaping strategy <p>Wider commissioning arrangements with regard to aids and adaptations to property is also a dependency over the course of the Accommodation with Care Strategy's lifetime.</p> <p>Surrey County Council operational practice amongst social care teams with regard to the promotion of extra care, as opposed to care homes and other more restrictive settings, will be crucial in ensuring that appropriate people are referred to become tenants. This will be linked to the wider cultural shift of engaging with people through a strength-based approach to support them in their community.</p> <p>Surrey County Council is currently reviewing its asset and property portfolio as part of its Asset and Place Strategy. As part of this strategy a pipeline of SCC-owned sites will be identified that can be developed for extra care schemes. In addition, over the course of the Accommodation with Care Strategy life cycle, other opportunities may be explored with strategic partners and the extra care market in order to maximise the development of appropriate new extra care sites across the county.</p>				

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

None known

DISABILITY

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

In order to be defined as eligible for extra care housing, potential occupants will need to be recognised as requiring a minimum level of care and support alongside requiring suitably configured accommodation. The needs warranting this requirement may be due to physical disabilities, frailty, sensory impairments or loss, or mental health problems (including cognitive impairments due to dementia or other conditions).

As stated in the “Age” section above, extra care can operate both as an appropriate setting to meet current needs, and as a proactive choice of long-term living arrangement. As a result the extra care population is diverse with regard to disability, with the following “primary support reasons” amongst residents known to Surrey County Council as at 4 September 2020 (source: LAS):

Primary support reason	No.	%
Learning disability	14	6.11%
Mental health support	21	9.17%
Physical support	175	76.42%
Sensory disabilities and impairment	6	2.62%
Social isolation/other	11	4.80%
Unknown	2	0.87%

In response to these needs the majority receive a home based care service (80%), while a small minority pay for care and support through a direct payment (4%). Although just over 16% do not receive a service funded by Surrey County Council, this is likely due to their status as self-funders of care and support or their status as cohabiting carers of residents.

It is important to note that 30% of the extra care residents known to Surrey County Council have been recognised as having a communication need, whether relating to hearing loss or dual sensory loss, learning disability or visual impairment.

Impacts (Please tick or specify)	Positive		Negative		Both	X
Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner		
+ Extra care settings provide an environment that is built fundamentally with accessibility and adaptability in mind to support people with physical and sensory disabilities and cognitive impairments	Extra care settings will be built to best practice principles with regard to accessibility and design.	Clear design briefs for SCC developments, incorporating requirements for accessibility and adaptability, will be key to the tender documentation for SCC owned sites. Clear best practice expectations will also be developed and published for the independent sector and local authority planners, to assist with design documentation for planning applications.	This will be on-going as new housing options are delivered.	The Extra Care Strategy Team and Property Services.		
+ Flexible care will be delivered in extra care settings that can adapt to individual needs, enabling people with disabilities to live in extra care settings for the rest of their lives with a lower risk of transfers elsewhere (e.g.	Care packages can be better tailored to individual needs within extra care settings with the provision of shared emergency care and flexible personalised care. This will prevent the necessity for many individuals to move as their needs change, and minimise the risks of	The establishment of a flexible care and support commissioning offer to go alongside the provision of accommodation.	This will be implemented as new extra care settings are developed across the county.	The Extra Care Strategy Team		

residential care) due to care emergencies	transfers elsewhere in response to a crisis.			
+ Extra care settings not only support the efficient delivery of a care service on-site but also positive relationships with health partners to support people with complex care needs associated with a disability	While extra care settings will include flexible facilities that could be used by visiting health services, providers will be expected to actively support people with their access to universal and specialist health care.	Primary and secondary care providers (GPs, dentists, community health providers etc) will be engaged with during the development of new extra care settings. Future operators of the settings will be expected to engage with them routinely, in direct response to residents' needs.	This will be delivered throughout the lifespan of the Strategy.	The Extra Care Strategy Team and (once settings are operational) social care Locality Team staff
- People with communication needs may not be made aware of the opportunities presented by extra care settings, or may not apply to be referred, because the communication method used is inappropriate, and extra care settings may not be responsive to their needs once they become residents	Information on the communication needs of current extra care residents provides an indication of the communication needs of people who may benefit from extra care in the future	The tender documentation and contractual expectations for new extra care settings will be clear on the need for housing managers and care providers to engage with people through a variety of communication approaches	This will be delivered throughout the lifespan of the Strategy.	The Extra Care Strategy Team and (once settings are operational) social care Locality Team staff
- While efforts will be made to maximise the number of fully-wheelchair accessible accommodation units on	Extra care developments, due to site size limitations and management of costs, very rarely offer 100% of their units as fully	The Extra Care Strategy Team and Property Team will work to ensure that the number of fully wheelchair accessible units available is proportionate to the needs	This will be delivered throughout the lifespan of the Strategy.	The Extra Care Strategy Team and Property Services.

individual extra care sites (as defined in building regulations under M4(3)), due to the need to ensure that sites are viable there will be a limit to the number of these types of units.	wheelchair accessible dwellings as per building regulations M4(3).	of future residents, both on an individual setting basis but also as an offer across the county as sites are developed.		
<p>What other changes is the council planning/already in place that may affect the same groups of residents?</p> <p>Are there any dependencies decisions makers need to be aware of?</p> <p>As per those identified in the “Age” section.</p>				
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why.</p> <p>None known</p>				

GENDER REASSIGNMENT

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

Population statistics on gender reassignment are very limited, particularly because the 2011 census (from which population projections are usually produced) did not collect appropriate information – the only question on gender was in relation to sex being male or female (source: <https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/genderidentity>).

It is expected that this will change with the inclusion of a question on gender identity in the 2021 census, which will collect information on those whose gender is different from their sex assigned at birth. Of course, any information from this census will be factored into future iterations of the Extra Care Equality Impact Assessment.

SCC Adult Social Care does not specifically record whether individuals are undergoing gender reassignment as a reportable aspect of their care records. There is therefore no current way to reliably calculate the number of people, with this protected characteristic, who may be impacted by the changes of the extra care element of the Accommodation with Care Strategy.

Impacts (Please tick or specify)	Positive		Negative		Both	X
Impacts identified	Supporting evidence		How will you maximise positive/minimise negative impacts?		When will this be implemented by?	Owner
+ People in extra care settings will live in self-contained apartments including dedicated toileting and bathroom facilities, allowing for privacy and dignity for any residents undergoing gender reassignment	Self-contained accommodation will allow for privacy, while the overall design ethos of extra care facilities is to flexibly suit changing needs, including the needs of people undergoing gender reassignment.		Ensure that the design and construction of extra care settings accommodates the needs of people undergoing gender reassignment alongside others who have protected characteristics		On-going during the lifespan of the Accommodation with Care Strategy.	The commissioning team are leading on the tenders for new extra care developments, and engagement with providers of extra care settings while they are in the

				process of being built
- Risk of discrimination due to lack of awareness and training of people working at new extra care settings, reflecting what could be experienced elsewhere in society	Ongoing stigma related to gender reassignment within society	Extra care operators and support providers will be expected to be responsive to the needs of people undergoing gender reassignment, and support them without discrimination and ensure staff are appropriately trained.	On-going during the lifespan of the Accommodation with Care Strategy.	The commissioning team are leading on the tenders for new extra care developments (including housing management) and associated care contracts, and staff training delivery will be monitored over the life of these contracts.
<p>What other changes is the council planning/already in place that may affect the same groups of residents?</p> <p>Are there any dependencies decisions makers need to be aware of?</p> <p>None known</p>				
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p> <p>Residents in extra care settings may behave in a discriminatory manner to others, and efforts to change long held perceptions of people different to themselves may prove highly problematic or (particularly in the case of cognitive impairment) fruitless.</p> <p>While abuse will of course be challenged and investigated, less direct examples of discrimination would be very difficult to police through existing policies and procedures.</p>				

RACE

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

Breakdowns on race in Surrey's population are drawn from the 2011 census, and statisticians, according to Projecting Older People Population Information System (POPPI), have not made projections further forward than from this date as the figures would not be seen to be reliable. Bearing this in mind, the census gives the following racial breakdown of Surrey's population aged 65 and over:

Age	White	Mixed/ multiple ethnic group	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group
65-74	96.53%	0.39%	2.38%	0.30%	0.40%
75-84	97.72%	0.34%	1.54%	0.18%	0.21%
85+	99.00%	0.24%	0.58%	0.07%	0.11%
Total 65+	97.32%	0.35%	1.82%	0.22%	0.29%

This can be compared with the statistics drawn from the snapshot of extra care residents (below). While this reveals a more diverse population, it is notable that none of the residents identified as Black/African/Caribbean/Black British:

	White	Mixed/ multiple ethnic group	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group
Extra care residents - declared race	93.52%	0.93%	3.70%	0.00%	1.85%

It should also be noted that this is not an absolutely complete picture, as 13 residents have not identified their race. The above is therefore indicative rather than an absolute reflection of the racial characteristics in the snapshot.

Impacts (Please tick or specify)	Positive		Negative		Both	X
Impacts identified	Supporting evidence		How will you maximise positive/minimise negative impacts?	When will this be implemented by?		Owner
+ Extra care settings will allow for the flexible use of facilities (including food provision) to accommodate a range of cultural activities related to race	The design requirements documentation used in extra care tenders require flexible spaces to be an integral part of any extra care development, while clear expectations are set in tender processes regarding anti-discriminatory practice		As part of contract management, extra care settings will need to demonstrate that they are responsive to the diverse needs of residents in the use of communal facilities, and provide a range of activities and (through kitchen facilities) appropriate food options.	On-going during the lifespan of the Accommodation with Care Strategy.		The commissioning team are leading on the tenders for new extra care developments, and engagement with providers of extra care settings while they are in the process of being built
- Risk of discrimination due to lack of awareness and training of people working at new extra care settings, reflecting what could be experienced elsewhere in society	Ongoing challenge in combating racism and discrimination within society, including in the delivery of care and support		Extra care operators and support providers will be expected to be responsive to the needs of people regardless of race, and support them without discrimination and ensure staff are appropriately trained.	On-going during the lifespan of the Accommodation with Care Strategy.		The commissioning team are leading on the tenders for new extra care developments (including housing management) and associated care contracts, and staff

				training delivery will be monitored over the life of these contracts.
<p>What other changes is the council planning/already in place that may affect the same groups of residents?</p> <p>Are there any dependencies decisions makers need to be aware of?</p> <p>None Known</p>				
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p> <p>Residents in extra care settings may behave in a discriminatory manner to others, and efforts to change long held perceptions of people different to themselves may prove highly problematic or (particularly in the case of cognitive impairment) fruitless.</p> <p>While abuse will of course be challenged and investigated, less direct examples of discrimination would be very difficult to police through existing policies and procedures.</p>				

RELIGION OR BELIEF (INCLUDING LACK OF BELIEF)

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

As with the “Race” section above, while the Office for National Statistics Annual Population Survey has produced national statistics more recently, for a picture of religion or belief in Surrey the census figures for 2011 are regarded the only reliable source of information.

The 2011 census gives the following breakdown of Surrey’s population aged 65 and over:

Religion	Christian (all denominations)	Muslim	Hindu	Any Other Religion	No religion	Religion not stated
Surrey 65+	80.0%	0.6%	0.5%	0.9%	10.0%	8.0%

Source: Surrey-i

This can be compared with the statistics drawn from the snapshot of extra care residents (below). It should be noted that almost a fifth of the residents either did not respond to questions on religion or belief.

Religion	Christian (all denominations)	Muslim	Hindu	Any Other Religion	No religion	Religion not stated
Extra care	65.5%	1.7%	0.9%	2.6%	10.9%	18.3%

Impacts (Please tick or specify)	Positive		Negative		Both	X
Impacts identified	Supporting evidence		How will you maximise positive/minimise negative impacts?		When will this be implemented by?	Owner
+ Extra care settings will allow for the flexible use of facilities (including food provision) to	The design requirements documentation used in extra care tenders require flexible spaces to be an integral part of any extra care development, while clear		As part of contract management, extra care settings will need to demonstrate that they are responsive to the diverse		On-going during the lifespan of the Accommodation with Care Strategy.	The commissioning team are leading on the tenders for new

accommodate a range of religions and beliefs	expectations are set in tender processes regarding anti-discriminatory practice	needs of residents in the use of communal facilities, and provide a range of activities and (through kitchen facilities) appropriate food options.		extra care developments, and engagement with providers of extra care settings while they are in the process of being built
- Risk of discrimination due to lack of awareness and training of people working at new extra care settings, reflecting what could be experienced elsewhere	Ongoing challenge in combating racism and discrimination within society, including in the delivery of care and support	Extra care operators and support providers will be expected to be responsive to the needs of people regardless of religion or belief (including lack of belief), and support them without discrimination and ensure staff are appropriately trained.	On-going during the lifespan of the Accommodation with Care Strategy.	The commissioning team are leading on the tenders for new extra care developments (including housing management) and associated care contracts, and staff training delivery will be monitored over the life of these contracts.
<p>What other changes is the council planning/already in place that may affect the same groups of residents?</p> <p>Are there any dependencies decisions makers need to be aware of?</p> <p>None Known</p>				

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

Residents in extra care settings may behave in a discriminatory manner to others, and efforts to change long held perceptions of people different to themselves may prove highly problematic, particularly in the case of cognitive impairment. While abuse will of course be challenged and investigated, less direct examples of discrimination would be very difficult to police through existing policies and procedures.

SEX

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

The Office for National Statistics subnational population projections, as published in May 2018, present the following information regarding the sex of people aged 65 and over in Surrey:

	2020		2025		2030		2035	
Age	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %
65-69	51.7%	48.3%	51.5%	48.5%	51.1%	48.9%	51.4%	48.6%
70-74	52.8%	47.2%	52.8%	47.2%	52.3%	47.7%	52.1%	47.9%
75-79	53.8%	46.2%	53.7%	46.3%	53.6%	46.4%	53.2%	46.8%
80-84	55.8%	44.2%	55.5%	44.5%	55.2%	44.8%	55.0%	45.0%
85-89	59.6%	40.4%	58.4%	41.6%	57.7%	42.3%	57.4%	42.6%
90 and over	65.0%	35.0%	62.4%	37.6%	60.4%	39.6%	59.4%	40.6%
Total 65+	54.6%	45.4%	54.3%	45.7%	53.9%	46.1%	53.8%	46.2%

The female/male breakdown in the extra care snapshot is variable, but in general the number of female residents is almost twice that of male residents:

Extra care setting	Female %	Male %
Aldwyn Place	60.0%	40.0%
Anvil Court	73.7%	26.3%
Beechwood Court	42.4%	57.6%
Brockhill	74.1%	25.9%
Chestnut Court	62.5%	37.5%
Dray Court	78.9%	21.1%

Falkner Court	62.5%	37.5%
Huntley House	63.3%	36.7%
Japonica Court	84.6%	15.4%
Mitchison Court	64.5%	35.5%
Riverside Court	63.3%	36.7%
% overall	63.3%	36.7%

While there are potential reasons for this – Surrey’s Joint Strategic Needs Assessment notes that women have double the risk of developing frailty (9.6%) compared to men (5.2%), and are statistically likely to experience a 40% loss of mobility between the ages of 75 and 85 – further investigation is needed to understand why the population living in extra care contains more females than in the population in general, particularly as the proportion of men in the older age groups is projected to increase in the coming decades.

The average age of residents also varies according to sex – female residents in the snapshot have an average age of almost 81, while the equivalent for male residents is 73.

Impacts (Please tick or specify)	Positive		Negative		Both	X
Impacts Identified	Supporting evidence		How will you maximise positive/minimise negative impacts?	When will this be implemented by?		Owner
+ People in extra care settings will live in self-contained apartments including dedicated toileting and bathroom facilities, allowing for privacy and dignity for residents regardless of sex	The design requirements documentation used in extra care tenders are clear on the requirements for individual units of extra care accommodation		Ensure that no discriminatory practice exists with regard to the provision of accommodation and associated facilities, including equipment and adaptations	On-going during the lifespan of the Strategy.		The commissioning team are leading on the tenders for new extra care developments, and engagement with providers of extra care settings while they are in the

				process of being built and during their operational lifetime.
- Risk (based on existing data) of inequitable referral outcomes for extra care on the basis of sex	Current data indicates an extra care population where females make up a higher percentage than in other housing settings in Surrey	Ensure that no discriminatory practice exists with nomination processes and decision making, and that extra care settings are promoted in a way that is appealing to both men and women	On-going during the lifespan of the Strategy.	The commissioning team will engage regularly with providers of extra care settings while they are in the process of being built and during their operational lifetime. In partnership with operational colleagues, they will also liaise with housing authorities and extra care providers regarding nominations and referral processes.
What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of? None known				
Any negative impacts that cannot be mitigated? Please identify impact and explain why				
None known				

SEXUAL ORIENTATION

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

The Office for National Statistics Annual Population Survey presents the following estimates for sexual orientation amongst people aged 65+ in the South East of England, as at 2018:

Sexual orientation – 65+ South East England 2018	%
Heterosexual or straight	96.4
Gay or lesbian	0.4
Bisexual	0.3
Other	0.5
Don't know or refuse	2.4

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2018>

The equivalent information is almost non-existent for extra care residents, as for the vast majority of cases, sexual orientation was not recorded by Surrey County Council. As per the snapshot:

Sexual orientation – extra care	%
Heterosexual	3.9%
Not Disclosed	1.3%
Not Recorded	94.8%

Impacts (Please tick or specify)	Positive		Negative		Both	X
Impacts Identified	Supporting evidence		How will you maximise positive/minimise negative impacts?	When will this be implemented by?		Owner
+Extra care accommodation will be managed in line with all equalities legislation ensuring that all residents receive services and support appropriately and regardless of sexual orientation.	As extra care housing will be tenancy based, individuals' rights in relation to housing are protected under the Equality Act 2010		Extra care housing managers and care providers will be expected to deliver services in compliance with equalities legislation, including equal access to quality services for all, regardless of sexual orientation. Contracts will be regularly monitored to ensure compliance over the operational lifetime of the extra care settings.	On-going during the lifespan of the Strategy.		The Extra Care Strategy Team will be responsible for ensuring compliance by housing and care providers
What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of? None known						
Any negative impacts that cannot be mitigated? Please identify impact and explain why Residents in extra care settings may behave in a discriminatory manner to others, and efforts to change long held perceptions of people different to themselves may prove highly problematic, particularly in the case of cognitive impairment. While abuse will of course be challenged and investigated, less direct examples of discrimination would be very difficult to police through existing policies and procedures.						

MARRIAGE / CIVIL PARTNERSHIPS

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

The Office for National Statistics has observed that, while the proportion of people married in the population as a whole has been in decline over the last decade, while the single population has been increasing, the picture amongst people aged 70s shows a different trend. Instead, despite a modest rise in the divorced population, the proportion of people aged 70 years and over who are married has been increasing at a greater rate.

A simple breakdown of the ONS data for England and Wales in 2018 is presented below:

Marital status	Single %	Married %	Divorced %
65-69	7.8	67.4	15.0
70-74	5.7	66.7	12.2
75-79	4	58	11.2
80-84	3.4	51.1	6.3
85+	3.6	35.9	6.5

Information on the marital status of extra care residents known to Surrey County Council is as follows:

Marital status extra care	Single %	Married* %	Widowed %	Divorced %	Not recorded %
Extra care	19.2	20.5	17.0	9.6	33.6

* "Married" includes people who have identified themselves as married (19.2%) or separated (1.3%)

While the percentage of known residents without a recorded marital status is high, it is not particularly clear how these figures, which include "Widowed" as a status, should be compared to the ONS statistics, given the different recording practices involved.

Impacts (Please tick or specify)	Positive	X	Negative		Both	
Impacts Identified	Supporting evidence		How will you maximise positive/minimise negative impacts?	When will this be implemented by?		Owner
+ Extra care settings will include a mix of 1 and 2 bedroom units, which will enable cohabiting people (of whatever marital status) to continue to live together in self-contained accommodation if this is their choice	Design requirements documents stipulate the need for a mix of 1 and 2 bedroom units in extra care settings		Nominations agreements and referral processes have been designed with flexibility to allow people to cohabit in extra care accommodation. No discrimination will be made on the basis of marital status.	On-going during the lifespan of the Strategy.		The Extra Care Strategy Team and (once nominations processes are operational) social care Locality Team staff, in partnership with local housing authorities and extra care providers
What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of? None known						
Any negative impacts that cannot be mitigated? Please identify impact and explain why None known						

CARERS

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

Surrey County Council's Joint Strategic Needs assessment on Adult Carers provides significant amounts of information on Adult Carers: <https://www.surreyi.gov.uk/jsna/adult-carers/>

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

Of the extra care residents currently known to Surrey County Council, 7.7% have identified themselves as either being carers or as having caring responsibilities. While this could be due in some cases to current residents' personal circumstances (e.g. they have been socially isolated, or no longer have caring responsibilities following the death of a person they cared for), it may also point to underreporting in statistics, or because many residents simply haven't regarded themselves as a carer, even though they deliver care and support to others.

Impacts (Please tick or specify)	Positive	X	Negative		Both	
Impacts Identified	Supporting evidence		How will you maximise positive/minimise negative impacts?	When will this be implemented by?		Owner
+ New extra care settings will include a mix of 1 and 2 bedroom units, which may enable people to continue to care for the person in need of care and support in self-contained accommodation if this is their choice	Design requirements documents stipulate the need for a mix of 1 and 2 bedroom units in extra care settings		Nominations agreements and referral processes have been designed with flexibility to allow people to cohabit in extra care accommodation, where either one or both of the residents has eligible needs. No discrimination will be made on the basis of marital status.	On-going during the lifespan of the Strategy.		The Extra Care Strategy Team and (once nominations processes are operational) social care Locality Team staff, in partnership with local housing authorities and extra care providers

+ People will benefit from access to communal facilities on site and nearby facilities, which will help to reduce social isolation and loneliness amongst people with caring responsibilities	People with caring responsibilities are risk of suffering from loneliness or social isolation, and the availability of communal facilities and activities on site will help to mitigate this. The facilities will also be outward facing, and welcome visitors in a caring role as well as cater for people and their carers who live at the setting.	Future extra care settings will feature an array of communal facilities, which will allow residents to regularly engage with each other and visitors, and they will be set clearly in the heart of local communities with nearby transport routes. Housing managers and care providers will also be expected to be carer aware through training and work to support people in their caring roles.	This will be implemented as new extra care settings are developed across the county.	The Extra Care Strategy Team
<p>What other changes is the council planning/already in place that may affect the same groups of residents?</p> <p>Are there any dependencies decisions makers need to be aware of?</p> <p>The Adult Social Care Strategy for Carers, in particular the development of carer friendly communities and the encouragement of carer aware health and social care provider services that are able to identify carers and refer them to sources of preventative support, including support for their psychological and social wellbeing.</p>				
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p> <p>None known</p>				

3. Amendments to the proposals

CHANGE	REASON FOR CHANGE
No changes to the proposals have been identified as a result of undertaking the EIA	-

4. Recommendation

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

Outcome Number	Description	Tick
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?	X
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: <ul style="list-style-type: none"> 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, available here).	

<p><i>Please use the box on the right to explain the rationale for your recommendation</i></p>	<p>Engagement will be needed with potential future residents of extra care, regarding:</p> <ul style="list-style-type: none"> • Cultural and faith needs • Communication needs • Maintaining dignity and respect • Dietary requirements • Accessibility requirements (e.g. the number of wheelchair accessible units required in various locations) • How best to maintain an inclusive environment that maximises independence • Referral routes for people interested in becoming an extra care resident <p>While this engagement will help to identify actions to respond to impacts identified in this EIA, it will allow the Extra Care Strategy Team to:</p> <ul style="list-style-type: none"> • Better understand current expectations for extra care in general • Set clear guidance and objectives for housing managers and care providers delivering services at newly opened sites, and • Inform future approaches to promoting extra care settings to people with care and support needs living in Surrey.
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5a. Version Control

Version Number	Purpose/Change	Author	Date
V0.1	Initial draft	John Woodroffe	11/9/20
V0.2	Amended from initial feedback	John Woodroffe & Kathryn Pyper	1/10/20

The above provides historical data about each update made to the Equality Impact Assessment. Please do include the name of the author, date and notes about changes made – so that you are able to refer back to what changes have been made throughout this iterative process. For further information, please see the EIA Guidance document on version control.

5b. Approval

	Name	Date approved
Approved by*	<i>Head of Service</i>	
	<i>Executive Director</i>	
	<i>Cabinet Member</i>	
	<i>Directorate Equality Group</i>	

EIA Author	John Woodroffe, Senior Commissioning Manager
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**Secure approval from the appropriate level of management based on nature of issue and scale of change being assessed.*

5c. EIA Team

Name	Job Title	Organisation	Team Role
Kathryn Pyper	Senior Programme Manager	Adult Social Care, Surrey County Council	Directorate Equalities Group chair

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

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