

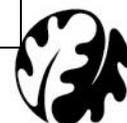
Annex 3

EIA Title	Supported Independent Living Strategy			
Did you use the EIA Screening Tool? (Please tick or specify)	Yes (Please attach upon submission)		No	X

1. Explaining the matter being assessed

<p>What policy, function or service change are you assessing?</p>	<p>Now and in the coming years, Surrey County Council ('SCC') faces unprecedented challenges in meeting care and support needs in Surrey. The accommodation with care and support programme has been set up to respond to some of these challenges.</p> <p>There are particular financial and logistical challenges meeting the demand placed on the Learning Disability and Autism Service and Transition service. This is due to the following reasons:</p> <ul style="list-style-type: none"> • The number of adults with a learning disability and/or autism in Surrey is projected to rise in line with the general population. The 2017 Surrey Joint Strategic Needs Assessment estimated an increase of circa 10% over the next 10 years for this population group¹. • The JSNA currently indicates that the proportion of adults with a learning disability who live in their own home or with their family is 65.8%, compared with a national average of 76.2%. • There are currently insufficient supported accommodation options to improve local performance against this ASCOF target (1G). Additional capacity is required urgently to support adults with a learning disability and/or autism to live within their communities. • Surrey County Council (SCC) funds a much higher proportion of people with a learning disability and/or autism in residential care as opposed to supported living accommodation than most. Furthermore, there are growing numbers of young people with learning disabilities and/or autism who will need appropriate accommodation arranged as they transition from Children's Services to Adult Social Care (ASC). • In addition, recruitment and retention of suitably qualified care and support staff is problematic across the county and some of the existing independent living provision requires capital investment in order to ensure it is fit for the future. <p>This EIA assesses the independent living strategy for new and existing people with a learning disability and autism.</p>
<p>Why does this EIA need to be completed?</p>	<p>The Supported Independent Living Strategy signifies wide ranging changes to policy, function and services that affect our clients, their carers and SCC staff. Assessing the impact</p>

¹ <https://www.surreyi.gov.uk/jsna/>



	<p>of these changes on different ‘protected characteristic’ groups is an important part of our compliance with duties under the Equality Act 2010. It provides insight as to the particular impact on those people affected who have one or of the protected characteristics and supports the identification of how best to mitigate any potential negative impacts and enhance the positive impacts.</p>			
<p>Who is affected by the proposals outlined above?</p>	<p>The proposals will affect:</p> <ul style="list-style-type: none"> • People with an LD and/or Autism, aged 18+ years who services and their carers • ASC staff 			
<p>How does your service proposal support the outcomes in the Community Vision for Surrey 2030?</p>	<p>The Community Vision for 2030 promotes the independence of the individual in all scenarios and underpins the approach taken by ASC to the delivery of care and support. The Supported Independent Living Strategy seeks to ensure that adults with LD and/or Autism are supported to ‘<i>live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community</i>’. The Vision’s commitment that ‘<i>no one is left behind</i>’ has particular resonance for the target group of the strategy.</p> <p>The delivery of the Strategy examines how a number of the underpinning ambitions of the Vision will be achieved for adults with LD and/or Autism:</p> <ul style="list-style-type: none"> • <i>Everyone has a place they can call home, with appropriate housing for all</i> • <i>Everyone gets the health and social care support and information that they need at the right time and place</i> • <i>Everyone benefits from education, skills and employment opportunities that help them succeed in life</i> • <i>Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life</i> • <i>Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing</i> 			
<p>Are there any specific geographies in Surrey where this will make an impact? (Please tick or specify)</p>	<p>County Wide</p>	<p>X</p>	<p>Runnymede</p>	
	<p>Elmbridge</p>		<p>Spelthorne</p>	
	<p>Epsom and Ewell</p>		<p>Surrey Heath</p>	
	<p>Guildford</p>		<p>Tandridge</p>	
	<p>Mole Valley</p>		<p>Waverley</p>	
	<p>Reigate and Banstead</p>		<p>Woking</p>	
	<p>Not Applicable</p>			
	<p>County Divisions (please specify if appropriate):</p>			
<p>Briefly list what evidence you have gathered on the impact of your proposals?</p>	<p>Evidence has been gathered from a variety of sources including the Joint Strategic Needs Assessment (JSNA LD and Carers chapters), the LAS database, The Surrey Learning Disability Partnership Board, The Surrey Autism Partnership Board and reports and guidance published by other professional bodies such as NHS England and the Care Quality Commission.</p> <p>With reference to meeting the needs of the community overall, evidence suggests that individuals living</p>			

	<p>independently with support have better experiences and outcomes than in residential care settings. The NHS England plan 'Building the right support' sets out the need for an increase in appropriate community-based services to enable people with learning disabilities to live in their own homes.</p> <p>This EIA seeks to explore the differential impact on people with one or more of the protected characteristics. The characteristic that might lead to an individual experiencing less benefit is age – to date there has not been any other differential identified. It should be noted however that the intelligence regarding the demographics of the population is less robust than might be desired.</p>
--	--

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
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?

Information from LAS (September 2020) indicates that there are 4179 adults with a learning disability and/or autism who are supported by Surrey County Council across a range of services. Of these 518 are over 65 years of age, 277 are aged between 60 and 64, 942 are aged between 45 and 59, 1593 are aged between 25 and 44 and 849 are aged between 18 and 24.

Information from LAS (September 2020) indicates that there are 1100 adults with a learning disability and/or autism living in a registered residential care or nursing home. Of these 275 are over 65 years of age, 129 are aged between 60 and 64, 345 are aged between 45 and 59, 300 are aged between 25 and 44 and 51 are aged between 18 and 24.

The initial focus of the work will be on individuals identified as having potential to move to independent living from registered care (resettlement) alongside ensuring that appropriate independent living options are available for young people coming from Children's Services into Transition and ASC.

We will also review the age of the cohort already in Supported Living which will show whether our current provision or practice seems to favour a particular age group – which we are keen to rectify. LAS data (September 2020) indicates that there are currently 1177 adults with a learning disability and/or autism living in Supported Living accommodation. The majority of these individuals are aged 18 to 54 (865 individuals/73% of the cohort).

The JSNA indicates that in England, females with a learning disability have an 18 year lower life expectancy than females in the general population, and males have a 14 year lower life expectancy. Although life expectancy for people with a learning disability in England has increased in recent years, the gap from the general population still exists.

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
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
- Older people with LD and/or autism may not be considered for	An age 'cut off' has been used to help identify those individuals who might benefit most from resettlement.	The age of individuals will be one factor that informs resettlement. However, individuals over 55 years of	This will be ongoing as the programme of	The LD&A operations team with lead the consideration of individuals' needs; the commissioning team will

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
resettlement or a move to independent living.	Individuals over 55 years of age have been excluded from the initial phase on the basis that the majority of these individuals will have lived in residential care for many years and they may not have developed the independent living skills needed to facilitate a move.	age will be considered on an ad hoc basis as part of the normal support plan review process and particularly where they are living in care home settings that may deregister.	resettlement is progress.	lead on ensuring greater diversity of options is available.
+ Residents will have increased choice with more accommodation options available to meet their age and care needs.	The Council's ambition is to develop a range of housing options (including shared and self-contained) across the county.	The age of individuals will be one factor that informs the resettlement of people who are used to living together. Ensure that an appropriate mix of accommodation is developed to cater for a range of needs.	This will be ongoing as the programme of resettlement is progress.	The LD&A operations teams will lead the consideration of individuals' needs; the commissioning team will lead on ensuring greater diversity of options is available.
+ Flexible care that can adapt to individual needs, enabling them to remain in Independent Living housing as they age and their care needs change.	Care packages can be better tailored to individual needs within independent living settings, with the provision of flexible personalised care and shared care. This will prevent the necessity for many individuals to move as they age.	The establishment of a flexible care and support commissioning offer to go alongside the provision of accommodation.	This will be ongoing as the programme of resettlement is progressed.	The LD&A operations teams will lead the consideration of individuals' needs; the commissioning team will lead on ensuring greater diversity of options is available.
+ Accommodation that offers longevity with	SCC developments will be newly built to a design standard that meets the needs	Clear design brief for SCC developments incorporating technologies. Clear	This will be ongoing as new	The Commissioning Team and Property Services.

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
purpose-built buildings that are fit for the future.	of an aging population and enables future modification. SCC will work with the independent sector to ensure that any accommodation they develop is in the right location and will meet people's changing needs as they age. SCC will work with providers to assess the future viability of existing schemes. This will prevent the necessity for many individuals to move as they age.	expectations of the independent sector to ensure accommodation is fit for purpose and fit for the future.	housing options are delivered.	
+ Individuals will be able to live with age appropriate care and support near their families and friends and as part of the wider community, thus significantly reducing the risk of social isolation.	A significant proportion of people are currently placed out of county. The development of accommodation options in Surrey will enable people to live in closer proximity to family and friends without them also needing to move out of county.	This will benefit all age groups, but it might be expected that older individuals might have a reduced circle of support.	This will be on-going as the programme of resettlement is progressed.	The LD&A operations team will lead the consideration of individuals' needs; the commissioning team will lead on ensuring greater diversity of options is available.
+ Preventative approach, reducing risk of being admitted to hospital, or needing to stay longer than necessary.	Living independently allows greater scope for an individual to make choices and take risks. The risk of hospital admission from these settings may be higher if mitigations aren't in place and this will be most likely to affect those with greater needs and might	Work with care and support providers to ensure individuals are supported to make informed decisions and understand risk. Incorporate design measures and technologies into accommodation that reduce risk. Support will be	On-going for the lifespan on the Strategy.	The commissioning team will lead on work with providers and health commissioners; the LD&A operations team will lead the discussion with individuals and their families.

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
	disproportionately affect older age-groups and they develop age related conditions as well as their LD / Autism.	personalised and will take account of individual needs and therefore age-related conditions.		

**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?**

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

Wider Learning Disabilities Service Review

The Learning Disabilities Service is currently under review and operational changes are being made to the delivery of its services. This will impact how individuals are placed in independent living accommodation. There is a specific team within the Learning Disabilities Service that is focusing on working with individuals that might be suitable for independent living. Commissioners and operational staff are working in partnership to ensure that independent living accommodation is suitable for residents and meets the needs and demands of individuals with learning disabilities and autism.

Strengths Based Practice

Adult Social Care is transforming how it delivers services in Surrey. It is employing a 'strengths based' approach which encourages individuals to focus upon their strengths, connect to your community and live as independently as possible. The Independent Living programme does promote a 'strengths based' approach to supporting individuals in their community, by providing them with suitable accommodation options outside of residential and institutional settings. The Independent Living programme will continue to be developed to support the ambitions of Adult Social Care's 'strengths based' working.

Asset and Place Strategy

Surrey County Council is currently reviewing its asset and property portfolio as part of its Asset and Place Strategy. As part of this strategy council owned sites will be identified that can be developed for independent living schemes. The independent living programme has provided Property Services with site criteria to support the identification of sites for independent living. Decisions on the disposal of sites for independent living are then agreed by the Capital Programme Board and Cabinet. The independent living programme will continue to work closely with colleagues in Property Services to ensure a pipeline of sites is maintained to support the delivery of the independent living strategy.

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?

All individuals affected by this strategy will have a disability and some may have multiple disabilities. The programme of work covers people with a learning disability and/or autism as their primary care need however some of these individuals may also have physical and sensory disabilities or mental health problems.

LAS data from September 2020 indicates that of the 4179 adults whose primary support need is learning disability:

- 18 are recorded as also having a formal dementia diagnosis
- 144 are recorded as also having a hearing impairment
- 159 are recorded as also having a visual impairment
- 46 are recorded as also having both a hearing and visual impairment
- 129 are recorded as also having a mental health condition and/or receiving mental health support
- 190 are recorded as also having a physical disability

JSNA – The prevalence of depression is slightly higher in adults with a learning disability in Surrey (13.2% v 11% nationally) and the prevalence of severe mental illness is much higher across all age groups (8% v 0.7%). After adjusting for differences in age and sex profile, adults with a GP recorded learning disability in Surrey are 8.4 times more likely to have a severe mental illness.

JSNA – The prevalence of epilepsy is significantly higher among those with a recorded learning disability in Surrey – 18.3% v 0.5% all ages.

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
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
+ Residents will have increased choice with more accommodation options available to meet their care needs related to their disability.	The Council's ambition is to develop a range of housing options (including shared and self-contained) across the county. The new properties will lend	Not all accommodation will be fully accessible for wheelchair users as this would reduce the number of properties that could be provided. SCC will work to ensure that an appropriate mix	This will be on-going as new housing options are delivered.	The Commissioning Team and Property Services.

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
	themselves to adjustment as needs change over time, this will prevent the necessity for many individuals to move as their needs change.	of accommodation is developed to cater for a range of needs.		
+ Evidence suggests residents in Independent Living accommodation have better experiences and outcomes than in residential care settings. Flexible care that can adapt to individual disability needs, enabling them to remain in Independent Living housing as their care needs change with complementary provision e.g. pathways to employment.	Care packages can be better tailored to individual needs within independent living settings, with the provision of shared care and flexible personalised care.	A specification is being developed for a new Framework for Supported Independent Living that will establish the quality standards that providers are expected to achieve. This will complement the provision of accommodation. The Commissioning Team are developing asset-based commissioning and pathways to employment to facilitate social inclusion.	This will be delivered throughout the lifespan of the Strategy.	The Commissioning Team
+ Individuals will receive high quality care and support, in an integrated way between health and social care to meet the needs of their disability.	JSNA – Some adults with a learning disability and/or autism will have additional health needs compared with other people. They are known to experience worse outcomes across several areas of health and wellbeing and often require reasonable adjustments to	Further work is planned with health commissioners to ensure that primary and secondary care providers (GPs, Dentists etc) are responsive and aware of their responsibilities.	This will be delivered throughout the lifespan of the Strategy.	The Commissioning Team

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
	enable them to access services. Providers will be expected to support people to access universal and specialist health services and to work with individuals to support them to have good physical and mental wellbeing.			
+ Individuals with more complex needs will be able to access more bespoke support locally.	Current contractual arrangements with care and support providers don't have sufficient provision for people with more complex needs and challenging behaviours.	The establishment of a flexible care and support commissioning offer catering for a range of needs to go alongside the provision of accommodation.	This will be delivered throughout the lifespan of the Strategy.	The Commissioning Team
+ Individuals will be able to live with appropriate care and support to meet the needs of their disability near their families and friends, continuing as part of their community in Surrey. Thus, significantly reducing the risk of social isolation.	A significant proportion of people are currently placed out of county. The development of accommodation options in Surrey will enable people to live in closer proximity to family and friends.	The LD&A ops teams will work with individuals to understand their family and support networks and their desire to move back to Surrey. This intelligence will support commissioning to further understand demand for accommodation on a D&B/locality basis.	This will be on-going as the programme of resettlement is progressed.	The LD&A operations teams will lead the consideration of individuals' needs; the commissioning team will lead on ensuring greater diversity of options is available.
+ Preventative approach, reducing risk of being admitted to hospital, or needing to stay longer than necessary.	Living independently allows greater scope for an individual to make choices and take risks. The risk of	Work with care and support providers to ensure individuals are supported to make informed decisions and understand risk.	On-going for the lifespan on the Strategy.	The commissioning team will lead on work with providers and health

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
	hospital admission from these settings may be higher if mitigations aren't in place and this will be most likely to affect those with greater needs and might disproportionately affect those with complex needs as well as their LD / Autism.	Incorporate design measures and technologies into accommodation that reduce risk. Support will be personalised and will take account of individual needs and therefore disability-related conditions.		commissioners; the LD&A operations teams will lead the discussion with individuals and their families.
<ul style="list-style-type: none"> - Individuals with disabilities and their families may experience uncertainty and anxiety with potential changes to the current service they receive. 	Feedback from individuals, families and carers highlights anxiety and nervousness about independent living with some unclear as to what is provided. There is a perception that individuals will be left without support.	Individuals, families and carers have been involved in co-designing the service specification. There will be continual dialogue with individuals and carers via the Surrey Learning Disability Partnership Board and Valuing People groups.	Engagement will be on-going as the programme of resettlement is progress.	The LD&A operations teams will lead the discussion with individuals and their families; the commissioning team will lead on ensuring greater diversity of options is available.
<ul style="list-style-type: none"> - People with particular disabilities who move from large residential college settings or residential care homes may feel isolated particularly if they are in self-contained accommodation. 	Feedback from individuals, families and carers highlights anxiety and nervousness about independent living with some unclear as to what is provided. There is a perception that individuals will be left without support.	Individuals, families and carers have been involved in co-designing the service specification. The provision of shared housing will enable people to live in a group setting if desired. In addition, care and support providers are expected to enable the individual to	Engagement will be on-going as the programme of resettlement is progress.	The LD&A operations teams will lead the discussion with individuals and their families; the commissioning team will lead on ensuring greater diversity of options is available.

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
		participate in community life and build relationships. In addition, there will be continual dialogue with individuals and carers via the Surrey Learning Disability Partnership Board and Valuing People groups		
<ul style="list-style-type: none"> - People with disabilities may experience some disruption during any redevelopment and building work to expand the provision of Independent Living services, as some providers are looking to redevelop existing schemes to support a deregistration from care home status (to supported living). 	It is not envisaged that this will particularly affect any group more than another however, more detailed consideration would need to be given to people whose disability means they find it difficult to deal with change and experience high levels of anxiety (e.g. some people with autism who have set routines etc).	The process of redevelopment by external providers will be supported by commissioning teams. Residents will be decanted to alternative properties to avoid distress/anxiety wherever this is preferable. The LD&A ops teams will assist regarding individuals' plans.	This will be on-going as the programme of redevelopments is progressed.	The provider - external providers and In-house Service Delivery.
<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><i>If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.</i></p>				
<p>As per those identified for Age – Wider Learning Disabilities Review, Strength Based Approach and Asset and Place Strategy.</p>				

Gender Reassignment

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

No data available.

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
---------------------------	----------------------------	--	--	--------------

<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
--	-------------------------------------	---	-----------------	-------------------------------------

-/+There will be a mix of accommodation – some shared housing and some self-contained. There may be some reaction from individuals in shared accommodation if an individual chooses to undergo gender reassignment.	Accommodation will mostly be in the form of self-contained flats which will make it easier for people to express a desire for and to pursue gender reassignment should this be their choice. Shared accommodation will have communal facilities such as bathrooms and communal living rooms.	Support providers will be expected to provide opportunities and be responsive to the needs of transgender people. It is not anticipated that the risk of adverse reaction is any greater in supported living arrangements than in care homes.	On-going during the lifespan of the Strategy.	The commissioning team are leading on the specification; the LD&A ops teams will lead the discussion with individuals and their families as appropriate.
---	--	---	---	--

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

None Known

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

Identifies negative impacts that can't be mitigated, together with evidence.

Pregnancy and Maternity

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

No data available.

Impacts (Please tick or specify)	Positive		Negative	X	Both	
Impacts Identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner		
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>		
-To date the accommodation identified as needed has been focused on individuals.		Further thought needs to be given to couples / families.	On-going during the lifespan of the Strategy.	The commissioning team are leading on the specification; the LD&A ops teams will lead the discussion with individuals and their families as appropriate.		

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

None known

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

Identifies negative impacts that can't be mitigated, together with evidence.

None known

Race

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

LAS data (September 2020) indicates that the majority of the 4179 adults whose primary support need is a learning disability are White British (3651 individuals/87%). The remaining 13% of individuals include those from Asian, mixed ethnic backgrounds and Black, Chinese and Arabic backgrounds. This 13% also includes a proportion of individuals for whom race is not recorded.

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
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
+Supported living facilitates greater independence, choice and control for people with different cultural/race needs than residential care.	Care packages within independent living settings can be better tailored to individual needs including ethnic and cultural needs through the provision of shared care alongside flexible personalised care.	The specification for the provision of care and support includes KPIs that require providers to offer support to everyone who is eligible regardless, but responsive to ethnicity and race and ensure that clients are supported to maintain practices central to their identification with a particular race or ethnicity (e.g. halal food). Contracts will be regularly monitored.	On-going during the lifespan of the Strategy.	The commissioning team are leading on the specification; the LD&A ops teams will lead the discussion with individuals and their families as appropriate.

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

None known

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

Identifies negative impacts that can't be mitigated, together with evidence.

None known

Religion or belief including lack of belief

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

LAS data (September 2020) indicates that of the 4179 adults whose primary support need is a learning disability 1757 individuals identify themselves as Church of England (42%) and 759 individuals identify themselves as not having a belief or religion (18%). 30% of the 4179 individuals identify across a wide range of religious beliefs including Roman Catholic, Christian (incl. Greek Orthodox, Methodist and Pentecostal) Jewish, Baptist, Muslim, Islam and Hindu. In addition, there are a small proportion of people who declined to give this information (4%) and a further small proportion (6%) for whom this information is not recorded.

Impacts (Please tick or specify)	Positive	<input checked="" type="checkbox"/>	Negative		Both	
-------------------------------------	----------	-------------------------------------	----------	--	------	--

Impacts Identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
+ Supported living facilitates greater independence, choice and control for people's religion/belief than residential care.	Care packages within independent living settings can be better tailored to individual needs including religious needs through the provision of shared care alongside flexible personalised care.	The specification for the provision of care and support includes KPIs that require providers to offer support to everyone including their religion or beliefs. In addition, they will be expected to encourage and support people to maintain practices associated with their religion and to access local faith groups as appropriate. Contracts will be regularly monitored.	On-going during the lifespan of the Strategy.	The commissioning team are leading on the specification; the LD&A ops teams will lead the discussion with individuals and their families as appropriate.

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

None known

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

Identifies negative impacts that can't be mitigated, together with evidence.

None known

Sex

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

LAS data (September 2020) indicates that of the 4179 adults whose primary care need is a learning disability, 1685 (40%) are female and 2494 (60%) are male.

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	
<i>What impacts have you identified?</i>		<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>	
-/+No single sex accommodation is planned. There is no evidence to suggest this is a problem as the majority of the housing will be self-contained one bed flats: even within a scheme all individuals will have their own front door and staff will be present in communal area if needs require this.			Some accommodation provided by the independent sector is single sex and this will be prioritised for those individuals who require it.	On-going during the lifespan of the Strategy.	The commissioning team are leading on the specification; the LD&A ops teams will lead the discussion with individuals and their families as appropriate.	

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

None known

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

Equality Impact Assessment

Identifies negative impacts that can't be mitigated, together with evidence.

None known

Sexual Orientation

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

LAS data (September 2020) indicates that information relating to Sexual Orientation is not well recorded. Information on Sexual Orientation is only available for 6% of the 4179 adults whose primary care need is a learning disability.

Impacts (Please tick or specify)	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>	Both	<input type="checkbox"/>
-------------------------------------	----------	-------------------------------------	----------	--------------------------	------	--------------------------

Impacts Identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
+Independent Living accommodation will be managed appropriately and in line with all equalities legislation ensuring that all eligible people can access accommodation regardless of sexual orientation. +Independent Living may make it easier for individuals to express their sexual orientation	Independent Living is tenancy based and the individual's rights in relation to housing are protected under the Equalities Act 2010 (part 4).	The Independent Living Care and Support Specification requires providers to deliver services in compliance with equalities legislation, including to provide ready access to all who are eligible regardless of sexual orientation. Contracts will be regularly monitored. Each individual's support plan will be monitored to ensure quality and compliance.	On-going during the lifespan of the Strategy.	The commissioning team are leading on the specification; the LD&A ops teams will lead the discussion with individuals and their families as appropriate.

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?

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

None known

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

Identifies negative impacts that can't be mitigated, together with evidence.

None known

Marriage/Civil Partnerships

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

LAS data (September 2020) indicates that of the 4179 adults whose primary care need is a learning disability, the majority 3312 individuals/79% are single. A small number are either separated, divorced or widowed and a further small number are either married, in a civil partnership or co-habiting – however those who are married, in a civil partnership or co-habiting represent less than 2% of the total caseload. In addition, it is important to note that information relating to the marital or civil partnership status of 762 people (18%) was either not recorded or not known.

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

Impacts Identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
-Accommodation for couples is not planned. Much of the housing will be self-contained one bed flats: even within a scheme all individuals will have their own front door and staff will be present in communal area if needs require this.	The demand for accommodation to date has been for individuals.	Further thought needs to be given to couples / families.	On-going during the lifespan of the Strategy.	The commissioning team are leading on the specification; the LD&A ops teams will lead the discussion with individuals and their families as appropriate.

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?
If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

None known

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

Identifies negative impacts that can't be mitigated, together with evidence.

None known

Carers

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

LAS data (September 2020) indicates that of the 4179 adults whose primary care need is a learning disability, 1874 (45%) are recorded as having a Carer. In addition, there are a small number are service users who are also recorded as having carer responsibilities.

JSNA (Carers Chapter) - Surrey has a higher number of carers of people with a learning disability than in other parts of the country, owing to the historically and disproportionately high learning disability population.

According to the 2011 Census and population projections (26), in 2016 there were predicted to be 1,400 adults in Surrey (aged 18-65) with a moderate or severe learning disability who are living with their parents. This suggests that they could be 'mutual carers' who are helping to care for parents so that both parents and adult offspring can remain living at home.

JSNA (LD Chapter) There is little accurate data available on carers by the condition of the person being cared for. Carers of people with a learning disability and/or autism will often have unique caring situations, and many will experience a lifetime of caring, and with people with learning disabilities living longer and fuller lives, the caring role has extended.

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
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
-Carers may experience uncertainty and anxiety as a result of potential changes to the current services their cared for individual receives.	Feedback from individuals, families and carers highlights anxiety and nervousness about independent living with some unclear as to what is provided. In particular, there is a perception that individuals will be left without support.	Individuals, families and carers have been involved in co-designing the service specification. There will be continual dialogue with individuals and carers via the Surrey Learning Disability Partnership Board and Valuing People groups.	Engagement will be on-going as the programme of resettlement is progress	The LD&A ops teams will lead the discussion with individuals and their families; the commissioning team will lead on ensuring greater diversity of options is available.

Impacts Identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
+Increased choice of accommodation options across the county and closer to carers and families.	The availability of increased accommodation options will be beneficial for carers particularly those who want to support their cared for individual to live more independently.	Individuals, families and carers have been involved in co-designing the service specification. There will be continual dialogue with individuals and carers via the Surrey Learning Disability Partnership Board and Valuing People groups.	Engagement will be on-going as the programme of resettlement is progress	
-Carers/Families might feel that there is a requirement for more of their time and input during any transition from residential care to independent living.	Support from carers/families will be pivotal in helping people transition to more independent living	Commissioning and Ops will work with carers/families supporting both parties through the transition phase.	Engagement will be on-going as the programme of resettlement is progress	The ops teams will lead the discussion with individuals and their families; the commissioning team will lead on ensuring greater diversity of options is available.
<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><i>If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.</i></p>				
None known				
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p> <p><i>Identifies negative impacts that can't be mitigated, together with evidence.</i></p>				

Equality Impact Assessment

Impacts Identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified?</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
None known				

3. Staff

AGE

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

Please include data or evidence to detail how a policy/service/function change could impact on staff with this characteristic. Try and be as specific as possible.

The majority of residential and independent living services are commissioned from the independent sector however SCC ASC Service Delivery do provide a small volume of residential and supported living services for people with learning disabilities and therefore may be impacted by the Accommodation with Care and Support Strategy.

Impacts	Positive		Negative		Both	X
----------------	----------	--	----------	--	------	----------

Page 198

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified? Add more rows if you need to</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
+ Potential transformation of in-house residential services to independent living and any associated new working practices and/or re-deployment may create opportunities for staff of all ages to develop new skills and to take on new roles and responsibilities.		Ensure close alignment of the Accommodation with Care and Support Independent Living programme requirements with the review of In-House services. Ensure appropriate engagement and consultation with staff with HR and Trades Union support.	On-going during the lifespan of the Strategy.	The Commissioning Team alongside the AD for Service Delivery

**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?**

Equality Impact Assessment

If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.

None known

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

Identifies negative impacts that can't be mitigated, together with evidence.

None known

DISABILITY

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

Please include data or evidence to detail how a policy/service/function change could impact on staff with this characteristic.

Try and be as specific as possible.

The majority of residential and independent living services are commissioned from the independent sector however SCC ASC Service Delivery do provide a small volume of residential and supported living services and therefore may be impacted by the Accommodation with Care and Support Strategy

Impacts	Positive		Negative		Both	X
----------------	----------	--	----------	--	------	---

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified? Add more rows if you need to</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
+ Potential transformation of in-house residential services to independent living and any associated new working practices and/or re-deployment may create opportunities for all staff to develop		Ensure close alignment of the Accommodation with Care and Support Independent Living programme requirements with the review of In-House services.	On-going during the lifespan of the Strategy.	The Commissioning Team alongside the AD for Service Delivery

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<i>What impacts have you identified? Add more rows if you need to</i>	<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>	<i>Due date</i>	<i>Who is responsible for this?</i>
new skills and to take on new roles and responsibilities.		Ensure appropriate engagement and consultation with staff. with HR and Trades Union support.		
<p>-Changes to the physical configuration of services and/or any changes to location may mean that staff with disabilities find it more difficult to carry out their duties (e.g. they may have to travel further or support people to access the community).</p> <p>+Changes to the physical configuration of services and/or any changes to location may mean that staff with disabilities find it easier to carry out their duties eg lifts, more technology enabled care, more accessible accommodation</p>	New developments may not be in the same locations as existing schemes and may be configured differently.	<p>Ensure close alignment of the Accommodation with Care and Support Independent Living programme requirements with the review of In-House services.</p> <p>Ensure appropriate engagement and consultation with staff.</p>	On-going during the lifespan of the Strategy.	The Commissioning Team alongside the AD for Service Delivery
<p>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? <i>If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.</i></p>				
None known				
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why <i>Identifies negative impacts that can't be mitigated, together with evidence.</i></p>				
None known				

CARERS PROTECTED BY ASSOCIATION

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

Please include data or evidence to detail how a policy/service/function change could impact on staff with this characteristic. Try and be as specific as possible.

The majority of residential and independent living services are commissioned from the independent sector however SCC ASC Service Delivery do provide a small volume of residential and supported living services and therefore may be impacted by the Accommodation with Care and Support Strategy.

Impacts	Positive		Negative		Both	X
Impacts identified		Supporting evidence	How will you maximise positive/minimise negative impacts?		When will this be implemented by?	Owner
<i>What impacts have you identified? Add more rows if you need to</i>		<i>What are you basing this on?</i>	<i>Actions to mitigate or enhance impacts</i>		<i>Due date</i>	<i>Who is responsible for this?</i>
-/+Changes to the physical configuration of services and/or any changes to location may mean that staff with caring responsibilities may find it more difficult to carry out their caring role and employment duties		New developments may not be in the same locations as existing schemes	Ensure close alignment of the Accommodation with Care and Support Independent Living programme requirements with the review of In-House services. Ensure appropriate engagement and consultation with staff with HR and Trades Union support.		On-going during the lifespan of the Strategy.	The Commissioning Team alongside the AD for Service Delivery

**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?**

<i>If so, please detail your awareness of whether this will exacerbate impacts for those with protected characteristics and the mitigating actions that will be taken to limit the cumulative impacts of these changes.</i>
None known
Any negative impacts that cannot be mitigated? Please identify impact and explain why <i>Identifies negative impacts that can't be mitigated, together with evidence.</i>
None known

You will need to repeat the box below (copy and paste) for each of the protected characteristics likely to be impacted

4. Amendments to the proposals

CHANGE	REASON FOR CHANGE
<i>What changes have you made as a result of this EIA?</i>	<i>Why have these changes been made?</i>
Need for consideration of accommodation provision suitable for couples with protected characteristics wanting a relationship	

5. 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).	
<i>Please use the box on the right to explain the rationale for your recommendation</i>	There is some more work to do once we have the data (as indicated in relevant sections above) to double check amendment is not necessary.	

6a. Version Control

Version Number	Purpose/Change	Author	Date
1	First EDG	Anna Waterman	4 th Sep 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.

6b. 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	
-------------------	--

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

6c. EIA Team

Name	Job Title	Organisation	Team Role

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

Tel: 03456 009 009

Textphone (via Text Relay): 18001 03456 009 009

SMS: 07860 053 465

Email: contactcentre@surreycc.gov.uk