Accommodation with Care and Support Needs for People with Mental Health and/ or Substance Misuse Needs Programme

Question	Answer
Did you use the EIA Screening Tool?	Yes

1. Explaining the matter being assessed

What policy, function or service change are you assessing?	**Background** Now and in the coming years, Surrey County Council (SCC) face's unprecedented financial challenges in meeting care and support needs in Surrey. In response to some of these challenges our Accommodation with Care and Support strategy (AwCS) sets out the overarching approach for all accommodation based services we commission and provide for residents of Surrey. The aim of the AwCS strategy is to deliver accommodation with care and support by 2030 that will enable people to access the right health and social care at the right time in the right place, with appropriate housing for residents that helps them to remain independent, achieve their potential and ensures nobody is left behind. There are three distinct programmes within the AwCS Strategy. With mental health being the most recent addition to this strategy and programme of work. Which was formally included in in January 2021. 1. **Extra Care Housing** for older people 2. **Supported Independent Living** for working age adults with learning disabilities and/or autism 3. **Supported Independent Living** for working age adults with mental health needs Mental health is a priority for SCC. The Surrey Mental Health Summit took place in November 2020 and was a valuable awareness raising and 'call to arms' event which renewed commitment and energy to work together as system partners to

	design and invest in transformative solutions that will improve emotional wellbeing and mental health outcomes for the residents of Surrey. The summit highlighted the inequalities that people with mental health needs face. Surrey Heartlands Integrated Care System set up a task force to review mental health services following a rise in demand due to the pandemic and concern that some residents were being poorly served. The review was conducted in spring 2021 and gathered evidence from more than 150 people – including those who have used mental health services and staff who work within them. A report by the Centre for Mental Health published in November 2020 found that some groups of people have far poorer mental health than others, often reflecting social disadvantage. In many cases, those same groups of people have less access to effective and relevant support for their mental health, and if they do get support, their experience and outcomes are often poorer. This triple barrier of mental health inequality affects large numbers of people from different sections of the population. There is a large body of evidence both nationally and locally setting out the increase in mental health need and the predicted increase in demand for services. The pandemic has intensified the increase in people with a mental health need as evidenced by the number of people open to Adult Social Care (ASC) with a primary client category of mental health: in January 2020 there were 1,621 open to ASC and in September 2021 there were 2,353. Alongside the local evidence of increased demand, the Centre for Mental Health forecasts that 8.5 million adults will require mental health support as a direct result of the pandemic over the next 3-5 years. As part of the Mental Health Commissioning team's response to the pandemic a number of audits were undertaken to identify specific needs and gaps in services. One of the audits undertaken was a system wide one in partnership with Surrey and Borders Partnership Trust, Clinical Commissioning Groups and SCC which identified 71 highly complex people who were inappropriately accommodated. These people had a range of complex needs include eating disorders, emotionally unstable personality disorder, autism spectrum disorder and a forensic history. The market position statement from 2018 outlines a summary of supply and demand and provides an overview of the market and where there are gaps in provision. The market

	position statement further support the need for accommodation and support for people who have complex needs. The mental health AwCS Programme has three workstreams: 1) **People have a place to call home** - that meets people's long-term accommodation with support needs. This would include ongoing support from highly skilled staff who can help people with a range of mental health needs including those who have more complex needs through to those who benefit from a small amount of support to stay well and included in the community. 2) **People have access to recovery support** – that is medium term and helps people to recover. This can be high/ medium/ low need support from highly skilled staff who can support people including those with more complex needs. Aimed at enabling people to move into a place to call home in two years. 3) **People have access to short term accommodation with support** – this is accommodation with support options to help prevent a hospital admission, manage a crisis or to avoid homelessness. This could be spending a few nights in temporary accommodation then going home again or staying for a number of weeks whilst accommodation is identified to prevent someone being homeless.
Why does this EIA need to be completed?	This document is to assess the impact on people with protected characteristics of the implementation of a strategic, whole systems commissioning approach for accommodation with care and support for adults with a mental health and/or substance misuse needs. The priority for this area of delivery is to ensure that sufficient high quality, affordable accommodation with care and support is available and that it meets the service user's needs and enables them to achieve their identified outcomes towards recovery.
Who is affected by the proposals outlined above?	Adults aged 18 and over who: • Have an identifiable mental health and/or substance misuse issue; and • Are a resident and eligible for a services in Surrey. Others affected by the proposals above include: • Carers/family members of the above people who use services. • Providers of services.

	• SCC staff working in the Council's Move to Independence Team. • SCC Staff working in ASC Mental Health.
15 **How does your service proposal support the outcomes in the Community Vision for Surrey 2030?**	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 AwCS Strategy seeks to ensure that adults with mental health and or substance misuse needs are supported to '*live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community*'. The Vision's commitment that '*no one is left behind*' has particular resonance for the target group of the strategy. The delivery of the Strategy examines how a number of the underpinning ambitions of the Vision will be achieved for adults with mental health or substance misuse needs, specifically: • Everyone has a place they can call home with appropriate housing for all. • Businesses in Surrey thrive. • Everyone benefits from education, skills and employment opportunities that help them succeed in life. • Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing. • Everyone gets the health and social care support and information they need at the right time and place. • Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life.
Are there any specific geographies in Surrey where this will make an impact?	There is not an equitable geographic offer of support and accommodation for people with mental health needs across the county. There is an existing Mental Health and Substance Misuse Supported Living Dynamic Purchasing System. As of September 2021, there are 13 providers on the Dynamic Purchasing System, offering 264 units. The map below identifies where ASC commissions supported living. The map clearly highlights that there are some geographical areas with limited access to supported living accommodation. This programme of work will aim to address those geographical gaps and create a more equitable spread of services across the county. Please see Appendix 1: Mental Health Commissioning Map of Current Dynamic Purchasing System Providers

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

The Independent Mental Health Network has received several presentations in the summer of 2021 on the proposed Mental Health AwCS programme and has endorsed the proposal at its regular IMHN meetings.

To support the development of the Mental Health and Substance Misuse Supported Living Dynamic Purchasing System in 2017/18 a number of research events were held with people currently in supported living. See details of events and participants below.

Host	date of event	number of participants
Change Grow Live	16/02/2017	3
Independent MH Network	06/06/2018	6
Move to Independence Service	12/06/2018	3
Together	14/08/2018	2
Comfort Care	23/07/2018	7

Number of organisations and participant attendees at Market Engagement Events

Date of Market Engagement Event	Number of organisations	number of participants
04/10/2017	28	54
23/03/2018	18	42
12/11/2018	28	41

In addition to the qualitative research, a comprehensive review of the quantitative data for this project is contained within the Accommodation with Care and Support Mental Health/Substance Misuse Summary Report 2017 which informed the market position statement, available at:

https://www.surreycc.gov.uk/__data/assets/pdf_file/0019/157150/Accommodation-with-care-and-support-mental-health-statement.pdf

It used the following data sources:

Adult Psychiatric Morbidity Survey (2007)
Mental Health Public Value Review 2012
Mental Health Accommodation Services Report 2013
The Mental Health & Housing Protocol 2016
Emotional Wellbeing & Adult Mental Health Strategy 2014-2017
Surrey Substance Misuse Strategy
"A Place for Everyone": Surrey Mental Health & Social Inclusion Strategy, 2012-2015

	In addition, reference was made to the following published reports when devising the service specification: Mental Health Foundation 'Mental Health and Housing' Policy Paper 2016 Age UK 'Hidden in plain sight. The unmet mental health needs of older people' October 2016 Killaspy H et al 'Quality of life, autonomy, satisfaction, and costs associated with mental health supported accommodation services in England: a national survey' Lancet Psychiatry 2016; 3: 1129–37 NIHR research on support for people with severe mental illness: March 2018 Themed Review 'FORWARD THINKING NIHR research on support for people with severe mental illness.' Krotofil, J., McPherson, P., & Killaspy, H. (2017, In press). Service user experiences of specialist mental health supported accommodation: A systematic review of qualitative studies and narrative synthesis. Health & Social Care in the Community. DOI:10.1111/hsc.12570

15

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

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

By 2030 the Office of National Statistics (ONS) project that the adult surrey population will increase by 30,400 people. The greatest increase will be among people who are 65 and over which is expected to rise by 41,300 people. The increase among working aged adults from 18 – 64 is projected to rise by 18,600 people (source POPPI & PANSI). Data from Poppi and Pansi is based on the latest subnational population projects available for England (Published March 2020) are full 2018-based and project forward the population from 2018.

	2020	**2025**	**2030**
People aged 18-24	88,800	88,600	99,000
People aged 25-34	129,800	126,200	120,900
People aged 35-44	158,800	153,100	147,100
People aged 45-54	173,800	169,500	166,000
People aged 55-64	151,100	161,200	159,500
People aged 65-69	56,900	62,700	72,300
People aged 70-74	59,600	52,900	58,500
People aged 75-79	43,900	53,800	48,300
People aged 80-84	33,200	37,100	45,800
People aged 85-89	22,300	24,300	27,700
People aged 90 and over	14,200	15,700	17,700
Total	**932,400**	**945,100**	**962,800**

This projected rise in the adult population in Surrey and the ageing population, is likely to lead to an increase in the prevalence of mental health problems, and in turn projected use of services (source: Joint Strategic Needs Assessment (JSNA) Wellbeing and Adult Mental Health).

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

Data from ASC care system LAS in September 2021 indicates that of the **2,353** adults whose primary client category is 'Adult Mental Health' the largest number of people are aged from '55 to 64'; 467 people (19.85%), and the second largest are aged from '35 to 44'; 363 (15.43%). The age groups with the fewest number of people are '18 to 24' and '85+'; 162 people (6.88%) per age group.

The table below shows a breakdown of the age of people with a primary client category of Mental Health from LAS:

Age	Count of LAS Person ID	Percentage
18 to 24	162	6.88%
25 to 34	298	12.66%
35 to 44	363	15.43%
45 to 54	415	17.64%
55 to 64	467	19.85%
65 to 74	263	11.18%
75 to 84	223	9.48%
85+	162	6.88%
Grand Total	**2353**	**100.00%**

Equality Impact Assessment

Question				
What information (data) do you have on affected service users/residents with this characteristic?				
Impacts	Positive			
Impacts identified	**Supporting evidence**	**How will you maximise positive/minimise negative impacts?**	**When will this be implemented by?**	**Owner**
+The market position statement identifies that any new provision should be designed to meet the needs of an aging population. Accessibility and adaptations should therefore be considered during the design phase.	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 on-going.	ASC MH Locality Teams will lead the consideration of individuals' needs; the commissioning team will 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 across the county which are suitable for an aging population.	Ensure that an appropriate mix of accommodation is developed to cater for an aging population.	This will be on-going.	ASC MH Locality Teams will lead the consideration of individuals' needs; the commissioning team will lead on ensuring greater diversity of options is available.

Question				
What information (data) do you have on affected service users/residents with this characteristic?				
+ Accommodation that offers longevity with purpose-built buildings that are fit for the future for an aging population.	SCC developments will be newly built or re-purposed to a design standard that meets the needs of an aging population and enables future modification such as adaptations. 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.	Clear design brief for SCC developments incorporating technologies. Clear expectations of the independent sector to ensure accommodation is fit for purpose and fit for the future.	This will be on-going as new housing options are delivered.	Commissioning Team and Property Services.

Equality Impact Assessment

Question				
What information (data) do you have on affected service users/residents with this characteristic?				
+ Preventative approach, reducing risk of being admitted to hospital due to age related conditions, or needing to stay in hospital 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 disproportionately affect older age-groups and they develop age related conditions as well as their Mental Health conditions.	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 personalised and will take account of individual needs and therefore age-related conditions.	On-going for the lifespan on the Strategy.	MH Commissioning Team will lead on work with providers and health commissioners; ASC MH Locality Teams will lead the discussion with individuals and their families.
Impacts	Negative			
No negative impacts have been identified	N/a	N/a	N/a	N/a
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	The Accommodation with Care and Support Transformation Programme also includes a programme of work on extra care for older people. One of the underlying principles of this work is that it has been agreed that any new extra care developments will be open to older adults who also have a mental health and or substance misuse need.			

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known

Disability

Question
What information (data) do you have on affected service users/residents with this characteristic?
Surrey has a slightly higher excess mortality rate in adults with serious mental illness. Poor mental health can lead to a poor lifestyle and increased risk-taking behaviours such as excessive drinking, smoking, poor nutrition and lack of exercise. These are risk factors for serious physical illness, particularly coronary heart disease and cancers. The prevalence of these modifiable risk factors is much higher for people with mental health problems and increases with the severity of the mental health problem. People with common and more serious mental health needs have lower life expectancy and a 0.7 and 3.6 times higher mortality rate (respectively), than those without mental health needs. People with schizophrenia and bipolar disorder die an average 15-20 years earlier than the general population – they have 4.1 times overall risk of dying prematurely; have 3 times the risk of dying from Coronary Heart Disease (CHD) and a 10 fold increase in respiratory disease deaths. People with one long term condition are two to three times more likely to develop depression; people with three or more long term conditions are seven times more likely. (Source: JSNA). Increasing evidence suggests that people with disabilities experience poorer levels of health than the general population (WHO 2011 World Report on Disability).

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

The table below shows a breakdown of people with a primary client category of Mental Health in terms of their latest primary support reason. The data has been gathered from LAS:

Latest Primary Support Reason	Count of Las Person Id	Percentage
Learning Disability Support	71	3.02%
Mental Health Support	1569	66.68%
Physical Support	298	12.66%
Sensory Support	7	0.30%
Social Support	87	3.70%
Support with Memory and Cognition	129	5.48%
Unknown	192	8.16%
Grand Total	**2353**	**100.00%**

Impacts	Positive

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ 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 accessible housing options across the county to meet a range of needs.	Ensure that an appropriate mix of accommodation is developed to cater for a range of needs.	This will be on-going.	ASC MH Locality Teams with lead the consideration of individuals' needs; the commissioning team will lead on

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
				ensuring greater diversity of options is available.
+ 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.	MH 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.	Some adults with a Mental Health condition 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 enable them to access services.	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.	MH Commissioning Team

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
	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.	MH Commissioning Team
Impacts	Negative			
-There is a risk that not all accommodation will be fully accessible for wheelchair users. In the short term this would mean only a provider with accessible accommodation being commissioned, reducing the choice available to the client.	SCC developments will be newly built or re-purposed to a design standard that meets the needs 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	Ensure that an appropriate mix of well-designed accessible accommodation is developed to cater for a range of needs, and which is accessible throughout a persons' life.	This will be delivered throughout the lifespan of the Strategy.	ASC MH Locality Teams will lead the consideration of individuals' needs; the MH 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
	the future viability of existing schemes. This will prevent the necessity for many individuals to move as they age.			
-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. … 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. ASC MH Locality 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.

Question	Answer
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	The Accommodation with Care and Support Transformation Programme also includes a programme of work on Independent Living for people with Learning Disabilities, the Mental Health programme is working closely with officers from this programme and will use any learning in terms of property design.

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known.

Equality Impact Assessment

Gender Reassignment

Question	
What information (data) do you have on affected service users/residents with this characteristic?	
The general evidence base shows that people who are transgender are at higher risk of mental disorder, suicidal ideation, drug and alcohol use, deliberate self-harm and more likely to report psychological distress. They are also more vulnerable to certain factors that increase risk, for example being bullied, discrimination and verbal assault and social isolation (source: JSNA Wellbeing and Adult Mental Health). The Gender Identity Development Service Evidence Base states “Internalising problems (such as anxiety and depression) seem to be more common in adolescents with GD than externalizing difficulties (such as ‘oppositional defiant disorder’ or outward aggression) (de Vries et al, 2010). Within GIDS, the three most common associated difficulties at the moment of coming to the service were bullying (47%), low mood/depression (42%) and self-harming behaviour (39%) (Holt et al, 2014)”.	
Impacts	Positive

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+Supported living providers will be expected to provide opportunities and be responsive to the needs of transgender people.	Care packages can be better tailored to individual needs within independent living settings, with the provision of flexible personalised care and support to meet the needs of transgender people.	The specification for the provision of care and support includes KPIs that require providers to offer support to everyone who is eligible regardless. Support providers will be expected to be non-judgemental and provide opportunities and be responsive to the needs of transgender people. Providers to ask for feedback from clients. Demographics to be regularly monitored and have ongoing discussion with providers. Contracts to be regularly monitored.	On-going during the lifespan of the Strategy.	MH commissioning team are leading on the specification; ASC MH Locality Teams will lead the discussion with individuals and their families as appropriate.
Impacts	Negative			

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
-There will be a mix of accommodation – some shared and some self-contained housing. 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.	MH commissioning team are leading on the specification; ASC MH Locality Teams will lead the discussion with individuals and their families as appropriate.

Question	Answer
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**	As part of the ongoing commissioning activity around supported living accommodation the need for specialist services is already known and existing providers are now offering single sex accommodation. Providers are also being approached if there is need for more bespoke or individual accommodation to assist people in their recovery.

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None Known

Pregnancy and maternity

Question

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

The below data gained from Perinatal Mental Health for England and Surrey PHE (2017/18) shows the time frame from one year before to 18 to 24 months after the birth of the child:

Indicator Name	England	Surrey
Postpartum psychosis: Estimated number of women	984	20
Chronic SMI in perinatal period: Estimated number of women	984	20
Severe depressive illness in perinatal period: Estimated number of women	14766	294
Mild-moderate depressive illness and anxiety in perinatal period (lower estimate): Estimated number of women	49219	981
Mild-moderate depressive illness and anxiety in perinatal period (upper estimate): Estimated number of women	73828	1472
PTSD in perinatal period: Estimated number of women	14766	294
Adjustment disorders and distress in perinatal period (lower estimate): Estimated number of women	73828	1472
Adjustment disorders and distress in perinatal period (upper estimate): Estimated number of women	147656	2944

Impacts	Positive

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+Current provision is not designed for expectant or new mothers, but service providers would be expected to support the woman to access ante natal care and support the woman to find more appropriate accommodation for mother and baby.	Care packages can be better tailored to individual needs within independent living settings, with the provision of flexible personalised care and support to meet the needs of residents.	Support providers will be expected to provide opportunities and be responsive to the needs of pregnant people. They will be expected to engage health and social care professionals to support pregnant residents to access suitable health, social care and appropriate accommodation to meet their on-going needs.	On-going during the lifespan of the Strategy.	MH commissioning team are leading on the specification; ASC MH Locality Teams will lead the discussion with individuals and their families as appropriate.

Question	Answer
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

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known

Race including ethnic or national origins, colour or nationality

Question

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

Rates of mental health vary by ethnicity**.** The Data visualisation shows that black males are more likely to be diagnosed with a psychotic disorder; Asian females are more likely to be diagnosed with a common mental health disorder and white females and other mixed and multiple ethnic groups are more likely to experience suicidal thoughts.

The majority of the Surrey adult population (83.5%) reported their ethnic group as "White British" in the 2011 Census. Other white ethnic groups; "Irish, "Gypsy or Irish Traveller" and "Other White" (6.9%), then "Indian" (1.8%) followed by Pakistani (1.0%). Surrey has a significantly lower than England percentage of mixed/multiple groups 2.08 vs 2.25, Asian or Asian/British 5.6 vs 7.8, Black of Black/British 1.1 vs 3.5 and other ethnic groups 0.8 vs 1.0 (2011) and ranks 3rd highest among its CIPFA neighbours (CIPFA range: 2.5 – 14.6) For other ethnic groups Surrey is the highest among its CIPFA nearest neighbours. Hence. Surrey likely to have more ethnic groups suffering with mental health issues (source: JSNA Wellbeing and Adult Mental Health).
The table below shows a breakdown of the main ethnicity groups of people with a primary client category of Mental Health. The data has been gathered from LAS:

Ethnicity	Count of Las Person Id	Percentage
Asian	61	2.59%
Black	52	2.21%
Chinese	6	0.25%
Mixed	43	1.83%
Other Ethnic Group	31	1.32%
Unknown	320	13.60%
White	1840	78.20%
Grand Total	**2353**	**100.00%**

Impacts	Positive

+Supported Independent Living accommodation facilitates independence, choice and control for people with different cultural/race needs.	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.	MH commissioning team are leading on the specification; ASC MH Locality Teams will lead the discussion with individuals and their families as appropriate.
Impact	Negative			
-The needs of the traveller and Romany community may not be met by this type of service provision.	Care and support packages within independent living settings are expected to work with individuals to tailor the care and support they receive to their individual needs including ethnic and cultural needs and promote independent decision making. This is already in place with floating support services and GRT.	The specification for the provision of care and support includes KPIs that require providers to offer support to everyone who is eligible regardless of their race, ethnicity, national origins, colour or nationality. Contracts will be regularly monitored.	On-going during the lifespan of the Strategy.	MH commissioning team are leading on the specification; ASC MH Locality Teams will lead the discussion with individuals and their families as appropriate.

Equality Impact Assessment

Question	Answer
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.

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known

Religion or belief including lack of belief

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

LAS data (September 2021) indicates that of the 2,353 adults whose primary client category is 'Adult Mental Health' the majority (54.87%) are recorded as 'Unknown', 717 people (30.47%) identify as Christian, 238 people (10.11%) identify as having 'No Religion or Belief' and 31 people (1.32%) identify as 'Muslim'. Under 1% of people identify as Hindu or 'Buddhist'.

The breakdown in the table below is by main religious groups to ensure confidentiality – 'Other Religion or Belief' includes Agnostics, Druidism, Humanism, Jewish, Paganism, Personal Belief System and Spiritualist.

Religion	Count of LAS Person ID	Percentage
Buddhist	8	0.34%
Christian	717	30.47%
Hindu	10	0.42%
Muslim	31	1.32%
No Religion or Belief	238	10.11%
Other Religion or Belief	58	2.46%
Unknown	1291	54.87%
Grand Total	**2353**	**100.00%**

Impacts	Positive

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ Supported Independent Living facilitates greater independence, choice and control for people's religion or 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 places of worship and local faith groups as appropriate. Contracts will be regularly monitored.	On-going during the lifespan of the Strategy.	MH commissioning team are leading on the specification; ASC MH Locality Teams will lead the discussion with individuals and their families as appropriate.
Impacts	Negative			

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
-Residents are may not be able to easily access places of worship in order to maintain their religious practices.	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 places of worship and local faith groups as appropriate. A lot of the provision will be 1 bed apartments. We will identify reasonable adjustments for the shared living accommodation but we are not currently building designated prayer space. However, there is likely to be communal space that could be used for prayer and religious practices.	On-going during the lifespan of the Strategy.	MH commissioning team are leading on the specification; ASC MH Locality Teams will lead the discussion with individuals and their families as appropriate.

Question	Answer
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

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known

Sex

Question				
What information (data) do you have on affected service users/residents with this characteristic?				
LAS data (September 2021) indicates that of the 2,353 adults whose primary client category is 'Adult Mental Health' there is a near proportionate divide between males and females; 1,198 people (50.91%) are female, and 1,155 people (49.09%) are male.				
Impacts	Positive			
Impacts identified	**Supporting evidence**	**How will you maximise positive/minimise negative impacts?**	**When will this be implemented by?**	**Owner**
+ Single sex accommodation could be a requirement and gives the opportunity to develop services based on demand.	Single sex accommodation is already in place due to existing demand. This is evidence through the Complex Needs System Audit completed by the MH Commissioning Team. This notes stark differences in gender representation for some cohorts such as those with Eating Disorders and other needs, EUPD and other needs and Forensic History.	Single sex accommodation will be developed based on demand. This will be regularly monitored and reviewed.	On-going during the lifespan of the Strategy.	MH commissioning team are leading on the specification; ASC MH Locality Teams will lead the discussion with individuals and their families as appropriate.
Impacts	Negative			

Question				
What information (data) do you have on affected service users/residents with this characteristic?				
No negative impacts have been identified.	N/a	N/a	N/a	N/a

Question	Answer
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

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known

Sexual orientation

Question
What information (data) do you have on affected service users/residents with this characteristic?
There are an estimated 11,286 people who are gay or lesbian and 5,643 people who are bisexual in Surrey, based on the England estimates. There is no equivalent data for people who are transgender. The evidence base shows that people who LGB&T are at higher risk of mental disorder, suicidal ideation and attempts, drug and alcohol use, deliberate self-harm and more likely to report psychological distress than their heterosexual counterparts. (Source JSNA Chapter: Wellbeing and Adult Mental Health), King M, Semlyen J, See Tai S et al. (2008) Mental Disorders, Suicide and Deliberate Self-Harm in Lesbian, Gay and Bisexual People. London: National Mental Health Development Unit. Data from Stonewall report 'LGBT in Britain' November 2018 states that '52% of LGBT people experienced depression in the last year In the last year alone and three in five have suffered from anxiety, far exceeding estimates for the general population. And our findings show that poor mental health is also higher among LGBT people who are young, Black, Asian or minority ethnic, disabled or from a socio-economically deprived background.

Equality Impact Assessment

Impacts	Positive

Impacts identified	**Supporting evidence**	**How will you maximise positive/minimise negative impacts?**	**When will this be implemented by?**	**Owner**
+ Providers will be expected to provide opportunities to everyone who is eligible regardless but responsive to a person's sexual orientation. In addition, the support providers will be expected to encourage and support people to access appropriate local LGB&T groups.	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.	MH commissioning team are leading on the specification; ASC MH Locality Teams will lead the discussion with individuals and their families as appropriate.

Question	**Answer**
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

Question	**Answer**
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known

Marriage/civil partnerships

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

LAS data (September 2021) indicates that of the 2,353 adults whose primary client category is 'Adult Mental Health'**:** the majority 971 (41.27%) are 'single; 127 (5.4%) are married; 113 (4.80%) are married or in a civil partnership; 100 (4.25%) are widowed; 81 (3.44%) are divorced and 29 (1.23%) are separated. Less than 1% are 'Mixed couple who are unmarried' or 'Cohabiting'. The Marital status of the second largest proportion of adults whose primary support need is a Mental Health Need is 'Unknown'; 910 (38.67%).

In the table below 'Mixed Couple' and 'Married / Civil Partnership' have been grouped together to ensure confidentiality.

Marital Status	Count of LAS Person ID	Percentage
Cohabiting	10	0.42%
Divorced	81	3.44%
Married	127	5.40%
Mixed couple - Unmarried	12	0.51%
Mixed Couple (ie 1 male + 1 female) - Married / Civil Partnership	113	4.80%
Separated	29	1.23%
Single	971	41.27%
Unknown	910	38.67%
Widowed	100	4.25%
Grand Total	**2353**	**100.00%**

Impacts	Positive and negative

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+/- Current provision is not intended for people who live as a married or civil partnership couple, or who are fleeing domestic abuse. However, if people move into supported living whilst still married or in a civil partnership they will be supported to maintain these relationships whilst in supported accommodation.	The demand for accommodation to date has been for individuals.	Further thought needs to be given to couples / families. Providers will be expected to engage social care and work with the client/couple to meet their family needs and identify appropriate accommodation where required. Ensure providers are fully aware of all domestic abuse support available. Ensure providers are fully aware of all Safeguarding procedures.	On-going during the lifespan of the Strategy. During the course of contract life-spans via performance monitoring activity.	MH commissioning team are leading on the specification; ASC MH Locality Teams will lead the discussion with individuals and their families as appropriate.
Impacts	Negative			
As above	As above	As above	As above	As above

Question	Answer
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

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known

Carers protected by association

Question	
What information (data) do you have on affected service users/residents with this characteristic?	
LAS data (September 2021) indicates that of the 2353 adults whose primary support need is a Mental Health need 26 (1.1%) of people are recorded as being a carer and 803 (34.13%) are recorded as having a carer.	
Impacts	Positive

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+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.	ASC MH Locality Teams will lead the discussion with individuals and their families; the commissioning team will lead on ensuring greater diversity of options is available.
Impacts	Negative			
-Carers/Families might feel that there is a requirement for more of their time and input during any transition to independent living.	Support from carers/families will be pivotal in helping people transition to more independent living.	Commissioning and Operations will work with carers/families supporting both parties through the transition phase.	Engagement will be on-going as the programme of resettlement is progress.	ASC MH Locality Teams will lead the discussion with individuals and their families; the commissioning team will lead on ensuring greater diversity of options is available.

Equality Impact Assessment

Question	Answer
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

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known

3. Staff

Age

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	The majority of residential and independent living services are commissioned from the independent sector however SCC ASC Move to Independence Team do provide a small volume of supported living services for people with Mental Health conditions and therefore may be impacted by the Accommodation with Care and Support Strategy. As the Move to Independence service will be reviewed as part of the programme. Data on this staff group is not available as the numbers are too small it would enable identification of individuals. The Equalities and Diversities Monitoring Green Sheet September 2021 (table below) shows that of 199 employees working within Mental Health, Adult Social Care, the highest proportion of staff (22.11%) are aged 50 – 54, the second highest group are 45-49 (13.07%) and the third largest are 55 – 59 and 60- 64 (12.06% per group). The smallest proportion of staff are: 70-74 (0.50%), 20-24 (1.51%) and 65-69 (2.01%).

Age	
13 - 19	0.00%
20 - 24	1.51%
25 - 29	7.54%
30 - 34	9.55%
35 - 39	10.55%
40 - 44	9.05%
45 - 49	13.07%
50 - 54	22.11%
55 - 59	12.06%
60 - 64	12.06%
65 - 69	2.01%
70 - 74	0.50%
75 +	0.00%

Equality Impact Assessment

Question	Answer
Impacts	Positive

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
-The inclusion of the Move to Independence service will have a negative impact on staff in that service. It will cause staff to be unsettled as a consequence of the review.	Programmes of work that review existing establishment can often lead to staff feeling unsettled as a consequence of the review.	Ensure that HR are engaged and involved in the process. Staff welfare will have to be a key priority for this element of the programme.	Not known – programme still at an early stage.	AD for MH; Senior MH Specialist Services Manager; MH Commissioning Team.
+ Potential transformation of in-house services might create opportunities for staff of all ages to develop new skills and to take on new roles and responsibilities.	New roles and responsibilities to be developed throughout the project.	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.	MH Commissioning Team alongside the AD for Service Delivery.

Question	Answer
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

Question	Answer

Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known

Equality Impact Assessment

Disability

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	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 supported living services for people with Mental Health conditions and therefore may be impacted by the Accommodation with Care and Support Strategy. The Equalities and Diversities Monitoring Green Sheet September 2021 shows that of 199 employees working within Mental Health, Adult Social Care,11.06% have a disability. Out of the percentage of disabled, staff the majority are Team Leaders, the second largest percentage of people are Middle Managers and the smallest percentage of people are Front Line Staff. Disability Analysis Disabled 11.06% Disability / Role Analysis Disabled Front Line Staff 8.70% Disabled Team Leaders 17.50% Disabled Middle Manager 10.11% Disabled Senior Manager 0.00% Disabled Leadership 0.00%
Impacts	Positive

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ 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 with a disability to develop new skills and to take on new roles and responsibilities.	New developments may not be in the same locations as existing schemes and may be configured differently.	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
+ Changes to the physical configuration of services and/or any changes to location may mean that staff with a disability find it easier to carry out their duties e.g. lifts, more technology enabled care and more accessible accommodation.	New developments may not be in the same locations as existing schemes and may be configured differently.	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
Impacts	Negative			

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
- 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).	New developments may not be in the same locations as existing schemes and may be configured differently.	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

Question	Answer
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

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known

Carers protected by association

Equality Impact Assessment

Question	Answer

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

The Carers UK Report 2019 'Juggling work and unpaid care' states it is projected that 1 in 7 in any workforce are juggling work and care. This means within SCC within the estimated 23,000 staff there will approximately 3,300 staff who are carers.

Research by Carers UK reveals that 2.6 million have quit their job to care for a loved one who is older, disabled or seriously ill, with nearly half a million (468,000) leaving their job in the last two years alone that equates to more than 600 people a day. The average cost of replacing an employee has been estimated at between 50 to 150% of their salary (Surrey County Council Supporting Staff Carers Survey Report 2020).

The Local Authority made a commitment to investigating how best to support our staff who are carers and providing the best possible support for them to maintain their role within the council. Working alongside colleagues from Surrey Heartlands, Epsom St Helier Trust, Carers UK and the Hertfordshire Carers Lead, Surrey County Council co-produced a staff carers survey which was launched during Carers Week 2019 and showed the key findings presented the below table:

Survey Categories	**Staff Identified with the following**	**Percentage of Surrey Staff**
Hours worked	In fulltime employment alongside their caring role	68.3%
Managerial status	Managed staff	24.6%
Age	Aged 40-69	76.7%
Ethnicity	Identified as BAME (not representative of local demographic)	16.32%
Gender	Identified as female (not representative of national picture and suggestive that male staff may not identify with the terminology)	84.41%
Carer identification	Identified as a primary carer	63.49%
Caring hours	Provided 1-10 hours of care per week Provided more than 35 hours of care per week	47.09% 17%
Impact of caring role on job performance	Felt their ability to perform their job had been negatively affected by their caring role	18.98%

Equality Impact Assessment

Question	Answer		
		Felt their caring had some impact on their job	43.5%
	Sick leave	Had taken time off for sick leave	17.78%
	Line Manager Awareness and Support	Line manager knew of their caring role. From those people who did respond 55.52% were able to change their working pattern to accommodate their caring role although 46.5% had used annual leave entitlement Felt they had been provided with advice or support around managing work with care	57.44% 51.27% of 57.44%
	Flexible working policy	Were aware of the flexible working policy	78%
	Flexible working applications	Granted flexible working Refused flexible working	21.82% 4.14%
	Retirement	Considered early retirement	18.51%
Impacts	Positive and negative		

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
-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 and may be configured differently.	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
-Changes to the work patterns of staff may make it more difficult to carry out their caring role and employment duties.	If staff work patterns are changed this might have an impact on their caring duties.	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

Question	Answer
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

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None known

4. Amendments to the proposals

CHANGE	REASON FOR CHANGE
Need for consideration of accommodation provision suitable for individuals with protected characteristics wanting a relationship	To ensure that individuals are able to lead independent lives with choice control and are able to maintain relationships.

5. Recommendation

Based your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation 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?	✓
Outcome Three	**Continue the policy/service/function** despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are: • Sufficient plans to stop or minimise the negative impact • Mitigating actions for any remaining negative impacts plans to monitor the actual impact.	
Outcome Four	**Stop and rethink** the policy when the EIA shows actual or potential unlawful discrimination (For guidance on what is unlawful discrimination, refer to the Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act concerning employment, goods and services and equal pay).	

Question	Answer
Confirmation and explanation of recommended outcome	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 DEG	Jane Bremner	26.06.2021
2	Final Version	Kirsty Gannon-Holmes	20.10.2021

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

Approved by*	Date approved
Head of Service - Jane Bremner	20.10.2021
Assistant Director - Jon Lillistone	25. 10. 2021
Executive Director - Simon White	2.11.2021
Cabinet Member - Sinead Mooney	
Directorate Equality Group	14.09.2021

EIA Author	Kirsty Gannon-Holmes

*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
Kirsty Gannon-Holmes	Senior Commissioning Manager	Surrey County Council, Adult Social Care	Author
Ashleigh Tout	Project Officer	Surrey County Council, Adult Social Care	Author
Jane Bremner	Head of Mental Health Commissioning	Surrey County Council, Adult Social Care	Author

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