

# Equality Impact Assessment

## EIA Title: Learning Disability & Autism/ Physical Disabilities and/or Sensory Impairments, Mental Health Community Accommodation Dynamic Purchasing System

### 1. Explaining the matter being assessed

In September 2023, Adult Social Care (ASC) will be tendering a new Community Accommodation Dynamic Purchasing System (DPS) with a start date of April 2024.

This Equality Impact Assessment (EIA) will primarily assess possible impacts upon residents and staff with protected characteristics of introducing the Dynamic Purchasing System as the framework within which the procurement of Community Accommodation with Care and Support will operate from April 2024.

The new procurement will not see an interruption in service to the existing care packages to support ASC-funded clients. However, there may be some changes of provision if a provider on the established spot list does not continue to offer services from April 2024.

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

The Care and Support with Community Accommodation Dynamic Purchasing System establishes refreshed service requirements. It will be tendered in September 2023 and support for individuals will be called-off the DPS from April 2024. All providers of community accommodation with care and support will be invited to submit an application to join.

The DPS will enable market growth, attracting providers not currently active in Surrey. It is one of the tools being employed to support the strategic shift from residential care to community living, a published Cabinet commitment.

The tender enables Surrey County Council (SCC) to take a number of strategic steps that progress the commitment to ensure 'No one is left behind', as set out below:

- Put in place an updated specification, key performance indicators (KPI's) and contract management process.
- Ensure that providers on the new framework offer quality support - are suitably qualified and are rated 'Good' or 'Outstanding' with the Care Quality Commission. Any providers rated 'requires improvement' will need to be checked to consider whether they are able to join the procurement. Any providers rated 'inadequate' will not be accepted on to the procurement and will be suspended from taking new placements until issues are resolved.
- Address capacity issues, e.g. in areas of Surrey which are poorly served by current arrangements.

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- Create opportunities to integrate the procurement of community accommodation with care and support by health and social care.

The following stakeholder groups who are potentially affected by the proposed changes are as listed below:

External Stakeholders:

- Surrey residents who are living in supported independent living with care and support, and other community accommodation commissioned by Surrey County Council.
- Surrey residents who wish to live in community accommodation with care and support.
- People who are the responsibility of Surrey and currently supported in community accommodation out-of-county but who wish to live in community accommodation with care and support within Surrey.
- Supported Independent Living with Care and Support Providers, Community Accommodation with Care and Support Providers.

Surrey residents with the protected characteristics 'Disability' and 'Mental Health' are most affected. Also their relatives and carers.

These are commissioned services so there will not be an impact on Surrey County Council's staff or NHS staff with protected characteristics.

With reference to meeting the needs of the community overall, evidence suggests that individuals living 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 to live in their own homes.

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

- Everyone gets the health and social care support and information they need at the right time and place.
- Communities are welcoming and supportive 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?**

- County-wide

The DPS has been developed considering evolving needs, the latest quality standards and the changing provider market. This analysis has informed engagement with stakeholders and the options will be developed from the outcome of these discussions.

The data and information analysed as part of this assessment was sourced from:

- LAS – Surrey's Adults Social Care system (and reports pulled from the ContrOCC database which shows the actual care commissioned based on each live care record in LAS).
- Surrey-i information Projected population 2016- 2041 by age: Surrey.

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- Surrey Joint Strategic Needs Assessment.
- Working Age Adults Sub Group
- Commissioners within Surrey Heartlands NHS of support and care for people with learning disabilities, autism and/or mental health
- Adult Leadership Team
- Engagement with service users through the user forums for Learning Disabilities & Autism, physical disabilities and sensory impairments, and mental health.

Twelve separate Market Engagement events with providers focused on different themes and topics suggested by providers as being important to discuss in greater detail. These included the broad principles of the DPS, development of the specification, required outcomes for customers, contract monitoring framework, the pricing structure, and procurement approach.

Feedback was received from providers seeking improved working relationships with commissioners. This was achieved through the Market Engagement events and the small task and finish groups that arose from them, established to resolve particular issues. Providers also asked for greater transparency around pricing and care requirements which the new specification and pricing schedule will provide. Providers were positive about our brokerage approach. The new arrangements under the DPS will enshrine these improvements, in part through the new contract arrangements.

## **Detail here who you have involved with completing this EIA. For each include:**

Sarah Ford  
Surrey County Council  
Senior Commissioning Manager Disabilities

Linda Fernandes  
Surrey County Council  
Business Intelligence

Anna Waterman  
Surrey County Council  
Head of Disabilities Commissioning

David Wimblett  
Surrey County Council  
Senior Commissioning Manager Mental Health

## **2. Service Users / Residents**

### **Who may be affected by this activity?**

There are 9 protected characteristics (Equality Act 2010) to consider in your proposal:

1. Age including younger and older people

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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

Though not included in the Equality Act 2010, Surrey County Council recognises that there are other vulnerable groups which significantly contribute to inequality across the county and therefore they should also be considered within EIAs. (Please **refer to the EIA guidance** if you are unclear as to what this is). If relevant, you will need to include information on the following vulnerable groups:

- Members/Ex members of armed forces
- Adult and young carers\*
- Those experiencing digital exclusion\*
- Those experiencing domestic abuse\*
- Those with education/training (literacy) needs
- Those experiencing homelessness\*
- Looked after children/Care leavers\*
- Those living in rural/urban areas
- Those experiencing socioeconomic disadvantage\*
- Out of work young people)\*
- Adults with learning disabilities and/or autism\*
- People with drug or alcohol use issues\*
- People on probation
- People in prison
- Migrants, refugees, asylum seekers
- Sex workers
- Children with Special educational needs and disabilities\*
- Adults with long term health conditions, disabilities (including SMI) and/or sensory impairment(s)\*
- Older People in care homes\*
- Gypsy, Roma and Traveller communities\*
- Other (describe below)

(\*as identified in the Surrey COVID Community Impact Assessment and the Surrey Health and Well-being Strategy)

## **AGE - Adults with learning disabilities and/or autism - Adults with long term health conditions, disabilities and/or sensory impairment(s), Adults with Mental Health needs**

The tables below, with one exception, come from the adults client information system (LAS). All LAS data is as at 4<sup>th</sup> July 23. To ensure anonymity all numbers in the tables below are rounded up to the nearest 5. This means that totals are likely to vary between tables covering the same cohort.

Total number of **ASC Open Cases all ages** (includes carers): **22,795**

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## People open to adult social care 16+ years old with a primary category of learning disabilities: age band

Age Band & LD	Count of People	% in each age group
16-18	195	6.2%
18-44	1880	60.1%
45-54	335	10.7%
55-64	370	11.8%
65-74	230	7.3%
75+	120	3.8%
<b>Grand Total</b>	<b>3,130</b>	<b>100.0%</b>

## People open to adult social care in Supported living 16+ years old with a primary category of learning disabilities: age band

Age Band, SL & LD	Count of People	% in each age group
16-18	0	0.0%
18-44	675	54.7%
45-54	170	13.8%
55-64	195	15.8%
65-74	130	10.5%
75+	65	5.3%
<b>Grand Total</b>	<b>1,235</b>	<b>100.0%</b>

## People open to adult social care 16+ years old with a primary category of physical disabilities\*: age band

[\*sensory impairments are included in Physical disabilities]

Age Band & PD	Count of People	% in each age group
16-18	15	0.2%
18-44	740	7.5%
45-54	585	6.0%
55-64	1105	11.3%
65-74	1300	13.3%
75+	6065	61.8%
<b>Grand Total</b>	<b>9,810</b>	<b>100.0%</b>

## People open to adult social care in Supported living 16+ years old with a primary category of physical disabilities: age band

Age Band SL and PD	Count of People	% in each age group
16-18	0	0.0%
18-44	65	48.1%
45-54	25	18.5%
55-64	20	14.8%
65-74	15	11.1%
75+	10	7.4%

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<b>Grand Total</b>	<b>135</b>	<b>100.0%</b>
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**People open to adult social care 16+ years old with a primary category of mental health: age band**

<b>Age Band &amp; MH</b>	<b>Count of People</b>	<b>% in each age group</b>
16-18	5	0.2%
18-44	975	31.2%
45-54	475	15.2%
55-64	590	18.8%
65-74	395	12.6%
75+	690	22.0%
<b>Grand Total</b>	<b>3,130</b>	<b>100.0%</b>

Grand Total reflects a count of 5 for ages 16-18 to ensure data anonymity

**People open to adult social care in Supported living 16+ years old with a primary category of mental health: age band**

<b>Age Band, SL &amp; MH</b>	<b>Count of People</b>	<b>% in each age group</b>
16-18	0	0.0%
18-44	175	49.3%
45-54	75	21.1%
55-64	70	19.7%
65-74	30	8.5%
75+	5	1.4%
<b>Grand Total</b>	<b>355</b>	<b>100.0%</b>

## Positive Impacts

- An aim of the DPS is market development, enabling a higher number of younger adults who have a disability to access the right support at the right time and in the right place and a higher number of younger adults who have mental health needs to access the right support at the right time and in the right place.
- An aim of the DPS is to establish closer integration between health and social care, enabling smoother care pathways for individuals of all ages with combined health and adult social care needs.
- The new specification stresses the importance of providers personalising their support, taking into account individuals' ages in the way that they are cared for.
- 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 DPS includes a ghost lot specifically addressing the lack of options for young people aged 17 years and should thereby improve their access to services.
- The DPS includes a ghost lot specifically addressing the small capacity in the market for people wishing Shared Lives arrangements. These might be particularly attractive for younger people developing independent living skills and for adults aged over 50 years who are used to living with their parents but who need more formal arrangements as their parents age. Shared Lives offer a good solution for these age groups in particular.

## Negative Impacts:

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- Individuals of all ages but particularly those who have been living in a family home and/or residential school (and their families) may experience uncertainty and anxiety with a move towards more independent living arrangements.

## Mitigation:

- The Commissioning Team have worked with users and families as well as other stakeholders to explore the benefits of greater independence and how community accommodation can facilitate that.
- Ensure people with a disability and/or mental health needs have ready access to information and advice and have options in how they contact ASC.
- There is no proposal stemming from the DPS to move individuals from their existing home to a new provider.

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

None

## Any negative impacts that cannot be mitigated?

There are no negative impacts identified that cannot be mitigated.

## DISABILITY

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

All individuals affected by the new tender approach will have a disability or mental health need and some may have multiple disabilities. The table below shows the number of people open to adult social care of all ages 16+ with a disability living in supported living accommodation.

**People open to adult social care in Supported living 16+ years old by primary category and % with a carer**

Primary Client Category & SL	Count of People	% of people in each disability category	% of people in each disability category who have a carer
Adults Learning Disabilities	1,220	71.8%	32.0%
Adults Mental Health	350	20.6%	27.1%
Adults Physical Disabilities (which includes sensory impairment)	130	7.6%	23.1%
<b>Grand Total</b>	<b>1,695</b>	<b>100.0%</b>	<b>30.0%</b>

Data on health conditions can be record in LAS, however the list is not comprehensive in terms of disability. The number of assumptions, caveats, data quality issues and 'missing data' in LAS makes the data unreliable to report on. (Source: Business Intelligence)

## Positive Impacts

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- Commissioners and care providers will continue to co-design new services and listen to the voice of people with a disability and mental health needs in shaping services.
- The DPS introduces greater clarity regarding level of need and the additional requirements that providers must demonstrate if they are to be contracted to support people who need complex packages of care.
- The specification requires providers to demonstrate they are personalising care and support to recognise different needs.
- It will create opportunities for people with a disability or mental health needs to explore alternative community-based solutions and different living arrangements.
- Individuals with more complex needs will be able to access more bespoke support locally.
- Disabled residents will have increased choice with more accommodation options available to meet their age and care needs.
- 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.
- Residents with a disability will be encouraged to have a more detailed discussion, exploring what care and support their family, friends and local community can provide to meet their needs, encouraging creativity and people to continue to play an active part in their community.
- The DPS will enable Surrey County Council to understand with greater clarity the capacity in the market for community accommodation with care and support for people with a disability or mental health need, particularly for different levels of need. This will shape any market development that might be needed.
- The DPS will require care worker staff to evidence they have completed the Care Certificate which includes communication and working in a person-centred way and will have a particular relevance for people for whom communication can be challenging.

## Negative Impacts

- Individuals (and their families), particularly those requiring more complex packages of care may experience uncertainty and anxiety with a move towards more independent living arrangements.

## Mitigations

- The Commissioning Team have worked with users and families as well as other stakeholders to explore the benefits of greater independence and how community accommodation can facilitate that.
- Ensure people with a disability and/or mental health needs have ready access to information and advice and have options in how they contact ASC.
- The DPS may not provide sufficient capacity to support all individuals with very complex needs. The exceptions process will enable us to manage issues of DPS capacity as they arise.



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- In the medium to long-term, we will use the data from the DPS to identify gaps in provision and develop solutions accordingly. We will continue to work with stakeholders in the development of new community accommodation.
- There is no proposal stemming from the DPS to move individuals from their existing home to a new provider.

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

None

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

There are no negative impacts identified that cannot be mitigated

## Gender Reassignment

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

Population statistics on gender reassignment are limited. The reasons for this that up until the 2021 census – the only question on gender in previous census was in relation to sex being male or female (source: Office For National Statistics, Census Transformation Programme, Gender Identity)

This has changed with the inclusion of a question on gender identity in the 2021 census, which has collected information on those whose gender is different from their sex assigned at birth. This information can now be factored into this and future iterations of the Equality Impact Assessment.

Data for Surrey Districts and Boroughs from the census is below:

Gender identity in the districts and boroughs in Surrey source: census 2021

	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking
Gender identity the same as sex registered at birth (percent)	94.64	94.42	93.78	94.94	94.53	93.25	93.98	95.17	94.78	94.83	94.37
Gender identity different from sex registered at birth but no specific identity given (percent)	0.13	0.13	0.14	0.1	0.13	0.16	0.19	0.15	0.1	0.11	0.2
Trans woman (percent)	0.08	0.09	0.08	0.07	0.09	0.07	0.09	0.06	0.05	0.06	0.1
Trans man (percent)	0.06	0.09	0.08	0.06	0.07	0.1	0.09	0.07	0.06	0.08	0.09

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	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking
Non-binary (percent)	0.03	0.03	0.09	0.04	0.04	0.1	0.02	0.04	0.05	0.08	0.03
All other gender identities (percent)	0.03	0.02	0.04	0.03	0.02	0.04	0.02	0.03	0.02	0.04	0.04
Not answered (percent)	5.04	5.22	5.8	4.74	5.12	6.27	5.62	4.48	4.95	4.82	5.17

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

## Positive Impacts

- Understanding an individual's personal background and history to inform the way that they are cared for is key. The specification for the DPS requires personalisation.

## Negative Impacts

- None identified

## Mitigation

- The specification for the new tender covers the need for personalisation.

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

None.

## Any negative impacts that cannot be mitigated?

There are no negative impacts identified that cannot be mitigated.

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

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

This table sets out the ethnicity of all individuals recorded as receiving **Community Based Support (SL)** in supported living settings. Ethnic Groupings used are as in the 2021 census for ease of population comparison. These groupings are explained here [List of ethnic groups - GOV.UK \(ethnicity-facts-figures.service.gov.uk\)](https://www.gov.uk/ethnicity-facts-figures) The one exception to this is the White grouping which has been split into 2 due to the high numbers in the White British category.

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## People open to adult social care in supported living age 16+: by ethnicity

Ethnicity & SL	Count of People	% in each ethnic group
Other Ethnic Group	20	1.2%
Undeclared, information refused, not recorded	30	1.8%
Black / Black British (African, Caribbean, Other)	35	2.1%
Asian / Asian British (Bangladeshi, Chinese, Indian, Pakistani, Other)	40	2.3%
Mixed (Mixed White & Asian, Mixed White & Black African, Mixed White and Black Caribbean, Mixed Other)	40	2.3%
White Other (White Gypsy Roma, White Irish, White Other, White Traveller of Irish Heritage)	65	3.8%
White British	1,475	86.5%
<b>Grand Total</b>	<b>1,705</b>	<b>100.0%</b>

## People open to adult social care in supported living age 16+ with a primary client category of Mental Health: by ethnicity

Ethnicity & SL and Mental Health	Count of People	% in each ethnic group
Other Ethnic Group	5	1.4%
Black / Black British (African, Caribbean, Other)	15	4.1%
Mixed (Mixed White & Asian, Mixed White & Black African, Mixed White and Black Caribbean, Mixed Other)	15	4.1%
Asian / Asian British (Bangladeshi, Chinese, Indian, Pakistani, Other)	20	5.5%
Undeclared, information refused, not recorded	20	5.5%
White Other (White Gypsy Roma, White Irish, White Other, White Traveller of Irish Heritage)	25	6.8%
White British	265	72.6%
<b>Grand Total</b>	<b>365</b>	<b>100.0%</b>

### Positive Impacts

- The specification for the DPS requires personalisation - the DPS will enable greater understanding of an individual's personal background and history, including their ethnicity to inform the way that they are cared for.
- Service users may have dietary and other requirements relating to the ethnic heritage which care providers will need to be aware of and respond to.
- Residents needs may not be fully met because of a language barrier between themselves and the worker. In growing the market the DPS might serve to support requests (if they are considered appropriate).

### Negative Impacts

- None identified.

### Mitigation

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- Some residents request that care is provided by workers from a specific ethnic group. Social care teams and providers to advise individuals that care is provided by staff from a variety of ethnic and religious backgrounds and it is often not possible to choose care staff based on these factors.
- ASC arranges for information to be provided in other languages, interpreting services to be provided as part of the assessment, help from staff/carers/family members who speak the language of the resident requiring care. The specification also states that care staff should have a good level of English.

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

None

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

There are no negative impacts identified that cannot be mitigated.

## Religion or belief, including lack of belief

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

This table sets out the religion of individuals of all ages recorded as receiving **Community Based Support (SL)** in supported living settings.

### People open to adult social care receiving supported living aged 16+: by religion or belief

Religion & SL	Count of People	% of people in each category
Buddhist	5	0.3%
Sikh	5	0.3%
Hindu	10	0.6%
Jewish	10	0.6%
Muslim	25	1.5%
Any other religion	30	1.7%
Unknown / Refused	295	17.2%
No Religion	305	17.7%
Christian	1,035	60.2%
Grand Total	1,720	100.00%

### People in supported living aged 16+ with a primary client category of mental health: by religion or belief

Religion and SL and MH	Count of People	% of people in each category
Buddhist	0	0.0%
Sikh	0	0.0%
Hindu	5	1.4%

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Jewish	0	0.0%
Any other religion	10	2.7%
Muslim	10	2.7%
No Religion	40	11.0%
Christian	115	31.5%
Unknown / Refused	185	50.7%
<b>Grand Total</b>	<b>365</b>	<b>100.00%</b>

## Positive Impacts:

- The specification for the DPS requires personalisation taking into account people's faith.
- Residents may have specific dietary requirements related to religion and belief that providers will be required to respond to
- Individuals may require access to specific faith-based activities e.g. worship
- Individuals may request care is provided by male or female staff relation to their religion and beliefs
- Understanding an individual's personal background and history to inform the way that they are cared for is key

## Negative Impacts:

None identified

## Mitigation:

If residents require access to specific faith-based activities it should be identified in the support plan and arranged with the care provider. Where possible requests that care is provided by male or female staff should be accommodated and if not possible this should be clearly communicated to the resident, so that they can choose an alternative option if necessary.

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

None

## Any negative impacts that cannot be mitigated?

There are no negative impacts identified that cannot be mitigated.

## SEX

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

### People open to adult social care age 16+ in supported living: by gender

Gender & SL	Count of People	% of people in each category
Female	650	38.1%
Male	1,050	61.6%
Other	5	0.3%
<b>Grand Total</b>	<b>1,705</b>	<b>100.0%</b>

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People open to adult social care in supported living aged 16+ with a primary client category of mental health: by gender

Gender & SL & MH	Count of People	% of people in each category
Female	120	34.3%
Male	230	65.7%
Other	0	0.0%
Grand Total	350	100.0%

## Positive Impacts:

- Understanding an individual's personal background and history to inform the way that they are cared for is key. Residents may feel undignified if they receive care from a member of the opposite sex
- Individuals will have the choice to live in same sex supported independent living accommodation where available.

## Negative Impacts:

- None identified.

## Mitigation:

- N/A

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

None.

## Any negative impacts that cannot be mitigated?

There are no negative impacts identified that cannot be mitigated.

## Sexual Orientation

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

There is a field in LAS to report on, but due to low recording rates (95% of individuals do not have this data recorded) it not be appropriate to report here as it would not be a representative sample of the cohort.

Source: Business Intelligence

Sexual orientation percentages from the 2021 census for districts and boroughs in Surrey are included below:

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Area name	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking
Straight or Heterosexual (percent)	91.37	90.90	88.82	91.50	91.00	88.55	90.57	91.89	91.37	90.89	90.89
Gay or Lesbian (percent)	1.06	1.07	1.40	1.05	1.16	1.40	1.31	1.05	1.05	1.04	1.18
Bisexual (percent)	0.77	0.88	1.67	0.83	0.91	1.70	0.84	0.80	0.79	1.18	1.01
Pansexual (percent)	0.14	0.15	0.24	0.12	0.16	0.24	0.15	0.15	0.14	0.15	0.21
Asexual (percent)	0.04	0.04	0.09	0.04	0.05	0.07	0.03	0.04	0.04	0.08	0.06
Queer (percent)	0.02	0.02	0.04	0.02	0.01	0.04	0.01	0.02	0.02	0.03	0.02
All other sexual orientations (percent)	0.01	0.01	0.01	0.02	0.01	0.03	0.01	0.01	0.01	0.01	0.04
Not answered (percent)	6.60	6.93	7.73	6.42	6.70	7.97	7.08	6.05	6.59	6.62	6.57

## Positive Impacts:

- The specification for the DPS requires personalisation.
- Understanding an individual's personal background and history to inform the way that they are cared for is key

## Negative Impacts:

- We have no adequate data.

## Mitigation:

- Ensuring that all care staff operate with dignity and respect

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

None

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

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There are no negative impacts identified that cannot be mitigated.

## Marriage/Civil Partnerships

This field in LAS is not mandatory the completeness or quality of the information may not be ideal, however the guidance for staff is that every record should have this recorded. The table below sets out the marital status of people with a disability living in supported living.

### People open to adult social care in supported living aged 16+: by marital status

Marital Status & SL	Count of People	% of people in each category
Couple: unmarried or cohabiting	5	0.3%
Civil partnership	5	0.3%
Separated	10	0.6%
Widowed	10	0.6%
Divorced	15	0.9%
Couple: Married	20	1.2%
Unknown or information refused	255	14.9%
Single	1,390	81.3%
Grand Total	1,710	100.0%

### People open to adult social care with a primary category in supported living aged 16+ with a primary category of Mental Health: by marital status

Marital Status & SL and MH	Count of People	% of people in each category
Civil Partnership	0	0.0%
Widowed	5	1.4%
Couple: Unmarried or cohabiting	5	1.4%
Separated	10	2.7%
Couple: Married	10	2.7%
Divorced	15	4.1%
Unknown or information refused	80	21.6%
Single	245	66.2%
Grand Total	370	100.0%

### Positive Impacts:

- Understanding an individual's personal background and history to inform the way that they are cared for is key.
- People who are married or in partnerships together will be able to opt for shared accommodation in a Community Accommodation setting.

### Negative Impacts:

- We have no adequate data so we are making assumptions.

### Mitigation:

- Ensuring that all care staff operate with dignity and respect is a principle in the quality framework.



# Equality Impact Assessment

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

None.

Any negative impacts that cannot be mitigated?

There are no negative impacts identified that cannot be mitigated.

## 3. Staff

These are commissioned services so will not impact on Surrey County Council or NHS staff with protected characteristics.

## 4. Recommendation

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

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

**Recommended outcome:**

Confirm which outcome you are recommending

- **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

# Equality Impact Assessment

## Explanation:

The commissioning team has a range of user engagement forums to ensure the service user and carer voice is represented throughout the contract term and look at opportunities to improve service delivery and assure a quality service is delivered for residents which takes account of protected characteristics.

This engagement will help to identify actions to respond to potential impacts identified in this EIA and will allow the commissioners of community accommodation with care and support to better understand current expectations for community accommodation with care and support services.

Commissioners will also be working closely with providers who join the DPS and intend that every provider will have a named commissioning relationship manager who will be the initial point of contact for the provider regarding any issues regarding the service that do not require an immediate operational response e.g. change of care package, safeguarding.

# Equality Impact Assessment

## 5. Action plan and monitoring arrangements

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

Involve your Assessment Team in monitoring progress against the actions above.

Item	Initiation Date	Action/Item	Person Actioning	Completion Date	Update/Notes	Open/Closed
1	June 2023	Continue to work with providers and encourage them to tender for services through the DPS.	Sarah Ford David Wimblett	On going		
2	September 2023	Ensure people with a disability and/or mental health needs have ready access to information and advice and have options in how they contact ASC.	Sarah Ford David Wimblett	On going		
3	April 2024	The DPS may not provide sufficient capacity to support all individuals with very complex needs. The exceptions process will enable us to manage issues of DPS capacity as they arise.	Sarah Ford David Wimblett	On going		
4	April 2024	We will use market data from the DPS to identify and address gaps in provision.	Sarah Ford David Wimblett	On going		
5	April 2024	We will continue to work with stakeholders in the development of new community accommodation.	Sarah Ford David Wimblett	On going		
6	April 2024	Identify a named commissioning relationship manager who will be the initial point of contact for the provider regarding any issues regarding the service that do not require an immediate operational response.	Anna Waterman Jane Bremner	On going		

# Equality Impact Assessment

## 6a. Version control

<b>Version Number</b>	<b>Purpose/Change</b>	<b>Author</b>	<b>Date</b>
v1	Initial draft	Sarah Ford	2/06/2023
v2	Amendments to initial draft for submission	Sarah Ford / David Wimblett	9/08/2023
V3	Accepted amendments, resolved comments – initial submission to DEG	Anna Waterman	7/09/2023
V4	Accepted amendments, resolved comments – final draft for submission to DEG	Anna Waterman	18/09/2023

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

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

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

# Equality Impact Assessment

## 6b. Approval

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

Approved by	Date approved
Head of Service	
Executive Director	
Cabinet Member	
Directorate Equality Group	18 September 2023

### Publish:

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

Please send approved EIAs to: **INSERT SHARED EMAIL ACCOUNT ADDRESS**

### EIA author:

## 6c. EIA Team

Name	Job Title	Organisation	Team Role
Sarah Ford	Senior Commissioning Manager	ASC	Commissioning
Linda Fernandes	Transformation Information Analyst	ASC	Business Intelligence
Anna Waterman	Head of Disabilities Commissioning	ASC	Commissioning
David Wimblett	Senior Commissioning Manager Mental Health	ASC	Commissioning

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