

Surrey Adult Social Care Strategy for People with Physical Disabilities and Sensory Impairments

Did you use the EIA Screening Tool?

No

1. Explaining the matter being assessed

Is this a:

- A new strategy or policy

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

This Equality Impact Assessment (EIA) looks at the effect on people with protected characteristics of establishing Surrey's first strategy for people with physical disabilities and sensory impairments. This strategy covers people with physical disabilities and sensory impairments. It covers people who are aged 18+.

Throughout the strategy and in this EIA, where the terms "people who are disabled" or "people with disabilities" are referred to, this should be interpreted as including people with a physical, communication, general, sensory and / or neuro-disability including acquired brain injury.

The term "neuro-disability" includes the range of conditions such as Acquired Brain Injury, Multiple Sclerosis, Parkinson's Disease and congenital and childhood conditions such as Cerebral Palsy, Muscular Dystrophy and Spina-Bifida and other rare conditions such as Motor Neurone Disease, Huntington's Disease and Progressive Supra-nuclear Palsy.

A person is considered disabled if they have a self-reported long-standing illness, condition or impairment, which causes difficulty with day-to-day activities. This definition is consistent with the Equality Act 2010 and the Government Statistical Service (GSS) harmonised definition.

The social model of disability

The social model of disability is a way of viewing the world, developed by disabled people. This strategy is based on this model of disability.

The model says that people are disabled by barriers in society, not by their impairment or difference. Barriers can be physical, like buildings not having accessible toilets. Or they can be caused by people's attitudes to difference, like assuming disabled people can't do certain things.

The social model helps us recognise barriers that make life harder for disabled people. Removing these barriers creates equality and offers disabled people more independence, choice, and control.

The strategy:

- Sets out what we know about the needs of people with physical disabilities and sensory impairments generally, and in Surrey
- Develops and articulates a shared understanding of how we will respond to the needs of people with physical disabilities and sensory impairments. Some needs are unique to

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disabled people, and some of them are universal issues that are exacerbated by one's disability.

The strategy is for the next five years, 2022-2027. It does not contain the detail of how the strategy's vision will be achieved. A **Strategy Action Plan** will be developed setting out how the actions will be achieved. A **Market Position Statement** will be developed to set out:

- What support and care services people need and how they need them to be provided.
- The support and services available at the moment, and what is not available but needs to be.
- What support and care services people will need in the future.
- What the future of care and support will be like locally, how it will be funded and purchased.
- How the Council, other partners, providers and people with disabilities can work together to shape the opportunities that will be available.

Commitment to co-production

Much of this action planning will be done with the established user forums, in conjunction with Surrey Coalition of Disabled People, and other key partners.

Co-production is an approach to decision-making and service design rather than a specific method. It stems from the recognition that if organisations are to deliver successful services, they must understand the needs of their users and engage them closely in the design and delivery of those services.

Co-production rejects the traditional understanding of service users as dependents of public services, and instead redefines the service/ user relationship as one of co-dependency and collaboration. Just like users need the support from public services, so service providers need the insights and expertise of its users in order to make the right decisions and build effective services.

Objectives of the strategy

The key objectives developed through the strategy are to:

1. Support people with disabilities to better exercise their rights, choices and life opportunities by:
 - Working with partners to develop inclusive communities across Surrey
 - Working with community leads (e.g. in the voluntary, business and sectors) to identify barriers to inclusion and create solutions that make the most of opportunities to improve services
 - Working with strategic leads and partners to improve access to housing, employment, and financial advice and services
 - Supporting young adults to transition to adult services and sources of support
 - Developing and maintaining a dynamic website of the support available, who from, and how to access it
 - Doing more locally to make technology more accessible, improve digital literacy, and reduce digital exclusion
 - Continuing to support user-led organisations and forums, and work with disabled people, so that we understand the issues properly and find solutions that work

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2. Support the continuing development of an inclusive and effective range of high-quality health and social care services. Initiatives will include:
 - The development of a Market Position Statement
 - The development of a tailored Care at home offer
 - The development of appropriate Accommodation with Care and Support
 - A review of access to aids and adaptations, including the Disabled Facilities Grant, in order to improve access
 - Ensuring the development of the Direct Payments offer considers the needs of people with physical disabilities and sensory impairments
3. Develop a more integrated approach to the planning and management of services within and across Surrey County Council and the independent, community, faith, and voluntary sectors, and in the first year of the Strategy, seek to develop partnerships with health care services to enable effective and smoother care pathways
4. Ensure that an appropriate implementation infrastructure is put in place to oversee performance and delivery of the strategy by:
 - Establishing a governance structure that embeds co-production with service users, their families, providers, and practitioners
 - Establishing a performance dashboard
 - Developing clear and achievable actions, and recommendations for their implementation, that are monitored and evaluated throughout the life of the strategy

One of the key recommendations of the strategy is the establishment of **Disability Partnership Board**.

It is intended that the Board would lead the development of strategic action and future commissioning via ongoing co-production with disabled people in Surrey.

Who the strategy affects

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

- Surrey residents with physical disabilities and/or sensory impairments, aged 18+ years who use services
- The relatives and carers of these residents
- Providers of services which support those people
- Social and health care practitioners.

The strategy will not impact on Surrey County Council or NHS staff with protected characteristics.

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?

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- County-wide

Data & Information (engagement)

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 Joint Strategic Needs Assessment.
- Discussions with the Adult Leadership Team
- Engagement with people with physical disabilities and/or sensory impairments through Disability Empowerment Networks (DENS), and special interest groups
- Discussions with other local authorities

Resident Engagement

During our initial engagement phase (Nov 20 – Jan 2021) we launched a survey to gather the main thoughts, views and concerns from residents with a physical disability and/or sensory impairment which generated 73 individual responses. We also produced the survey in a number of accessible formats including Easy Read, Braille and Screen Reader Accessible. We shared the survey with a large range of partners including Sight for Surrey, Action for Carers, Surrey Choices and Health professionals.

We also engaged with a various specific interest groups including each of the Disabled Empowerment Networks, Surrey Vision Action Group, Long Term Neurological Conditions Group and the Hard of Hearing Forum which resulted in engaging with more than 111 residents.

The insight gained from the survey and through our continued engagement with these groups has resulted in the development of our draft strategy. However, we will continue to engage with these groups and those who responded to our initial survey through invitations to engagement meetings to coproduce the strategy. We are also working with a small group of 18-24 year olds with a Physical Disability and Sensory Impairment via [ATLAS](#) to ensure that their needs are also captured. These groups are now helping us to develop the action plan which will support the on-going delivery of the strategy.

Staff Engagement

We held 16 engagement sessions for staff within our locality and transitions teams, including Occupational Therapists, reablement workers, and social workers.

How this Impact Assessment was prepared

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

- Name
Sarah Ford
- Organisation
Surrey County Council
- Role on the assessment team

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- Name
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- Organisation
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Project Officer

- Name
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- Organisation
Surrey County Council
- Role on the assessment team
Area Director Lead for Disabilities

2. Service Users / Residents

Who may be affected by this activity?

There are 9 protected characteristics (Equality Act 2010) 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

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. If relevant, you will need to include information on the following vulnerable groups (Please **refer to the EIA guidance** if you are unclear as to what this is).

- 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)

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Age

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

Currently 3,359 individuals are known to Adult Social Care and have a Primary Client Category of Physical Disabilities recorded on LAS, Surrey County Council's case management system. Table 1. below shows the breakdown of individuals known to Adult Social Care with a Primary Client Category of Physical Disabilities by age group.

Age Band	Number of other people	% of total	Number of people with a Primary Care Category of Physical Disabilities	% of total	Grand total of people supported by Adult Social Care	% of total
Age Not Recorded	2	0.0%			2	0.0%
Under 16	71	0.4%	5	0.1%	76	0.4%
16-17	198	1.1%	18	0.5%	216	1.0%
18-24	1,013	5.7%	180	5.4%	1,193	5.6%
25-34	1,446	8.1%	194	5.8%	1,640	7.7%
35-44	1,143	6.4%	380	11.3%	1,523	7.2%
45-54	1,597	8.9%	587	17.5%	2,184	10.3%
55-64	2,129	11.9%	948	28.2%	3,077	14.5%
65-74	2,196	12.3%	537	16.0%	2,733	12.9%
75-84	3,581	20.0%	258	7.7%	3,839	18.1%
85-94	3,714	20.8%	219	6.5%	3,933	18.5%
95+	807	4.5%	33	1.0%	840	4.0%
Grand Total	17,897	100.0%	3,359	100.0%	21,256	100.0%

Source: LAS snapshot November 2022

66.4% of people known to Adult Social Care with a primary client category of physical disability are working age adults between 18 – 64 years old, and 32.5% are adults who are 65+ years old.

Sight Loss

The number of people of working age with a visual impairment is expected to remain stable to 2030, but with a 39% increase in prevalence in those over 65. The anticipated 39% increase (from 17,070 to 26,300 people) by 2,030 of people over 65 with a moderate or severe visual impairment is likely to challenge current service provision both in terms of volume and structure.

Hearing Loss

The number of people of working age with a profound hearing impairment will remain stable over the next 2 years (at some 250 people), with a 15% rise (313 people) in those ages over 65 to 3667 people. This includes people who are Deaf and use BSL. (**JSNA chapter: Services for People Who Are Deaf and Use British Sign Language**)

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People with disabilities may be impacted in a positive way by the strategy:

- Greater inclusion of adults; adults of all ages feel listened to and empowered
- Adults of all ages benefit from improved health and wellbeing, and are able to live a fulfilling life irrespective of their age
- Adults of all ages know where to find relevant information and are able to navigate the system
- Adults of all ages have better access to housing and employment opportunities, financial advice and services
- Young adults are supported to transition to adult services and sources of support

The Strategy has specific actions and recommendations across the system aimed at improving outcomes for disabled adults of all ages.

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

- Work to co-design and reshape the services by listening to the voice of people of all ages with a disability through our user and carer partners and networks
- Continue to embed strengths-based practice in support plans and with providers.
- Continue to work with provider partners to develop new provision and opportunities to complement any additional capacity developed by SCC
- Ensure people with a disability of all ages have access to information and advice and have options in how they contact ASC

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?

The following strategic work is underway and will affect people with disabilities in a positive way:

- All Age Autism Strategy
- ASC Accommodation with Care & Support
- ASC Mental Health Transformation Programme
- ASC Market Management Programme
- SCC Carers Strategy
- SCC Direct Payments Strategy
- SCC Older People's Strategy

Any negative impacts that cannot be mitigated?

None

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Disability

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

Estimating the numbers of disabled people is not easy because there are different ways of defining disability. For example, some definitions are so all encompassing they are likely to provide over-estimates. At the same time, definitions which rest on clinically diagnosed disabilities can provide underestimates of those people who experience difficulties in everyday life due to a physical or other impairment. As a result, there are multiple reasons for the differences in prevalence data. Much of this variation arises from differences in the definitions of disability being used, the age range of the populations to which they apply (i.e. working age, all adults or total population), or differences in how definitions are used.

Sight for Surrey is commissioned by Adult Social Care to provide services to people with sight and/or hearing loss, and services to people who are Deaf. Sight for Surrey has approximately 5,348 people with visual impairment on their database; this includes people who are registered as severely sight impaired/blind and sight impaired/partially sighted. Most of the users of this service are aged over 65.

Hearing Loss

Sight for Surrey is commissioned by Adult Social Care to provide services to people with sight and/or hearing loss, and services to people who are Deaf. Sight for Surrey has approximately 1,398 people living with hearing loss on their database; this includes people who are Deaf and use BSL. Most users of this service are aged over 65.

The numbers of adults with moderate or severe hearing impairment are much greater and the number will increase over the next 20 years at a higher rate.

In addition, Sight for Surrey also has approximately 1,890 people living with combined sight and hearing loss on their database.

Not all people who use Sight for Surrey services will be eligible for Adult Social Care funded support. In addition to funded support, Sight for Surrey are able to offer access to information, advice, a helpline, small items of equipment, and specialist welfare benefits advice. Individuals can self-refer to these services.

Long term neurological conditions (LTNC)

A long term neurological condition (LTNC), sometimes referred to as a “neuro-disability”, includes the range of conditions such as Acquired Brain Injury, Multiple Sclerosis, Parkinson’s Disease and congenital and childhood conditions such as Cerebral Palsy, Muscular Dystrophy and Spina-Bifida and other rare conditions such as Motor Neurone Disease, Huntington’s Disease and Progressive Supra-nuclear Palsy. (This is not an exhaustive list. Note Stroke for all ages is covered by the Older People’s Strategy and Dementia is covered by the Dementia Strategy).

Long term neurological conditions can be broadly categorised as follows:

- Sudden onset conditions
- Intermittent and unpredictable conditions
- Progressive conditions.
- Stable neurological conditions

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According to the latest estimates, the total number of neurological cases in England has now reached 16.5 million, or an average of 75,000 cases per Clinical Commissioning Group (Source: Neuro Numbers 2019).

Although as a group LTNCs are relatively common, the number of people with individual conditions is rarely measured locally and it is difficult to obtain accurate data on specific conditions.

Barriers identified to achieving health, wellbeing, resilience and independence as identified during the preparation of the strategy

The barriers identified by disabled people in Surrey reflect the concerns identified nationally; including barriers in accessing information provision, transport, housing, the physical and built environment, access to healthcare and personal assistance. People told us they also faced additional barriers in relation to low income, social attitudes to disability, and psychological barriers such as low self-esteem.

People with disabilities will be impacted in a positive way as the strategy will drive the need for action and improvement in the following areas:

- Accessible community facilities, including leisure, and accessible outdoor resources
- Involvement in worthwhile activities (through work and life-long learning), and opportunities to increase social participation
- More focussed personal care and support that enhances dignity
- More consistent and timely access to physical and psychological rehabilitation services that continue through community-based services on discharge from hospital
- Increased provision of therapy services, including access to NHS Counselling services, across the whole health and social care system
- Improving access to technology enabled choice and control
- Improving access to adapted social housing for working age adults
- Improving access to disability benefits advice
- Integration of health and social care where this makes the most sense to do so
- Staff are appropriately skilled and trained to work with disabled people, and are supported to maintain competence in their roles
- Identifying the areas of corporate responsibility – housing, public places, general access, attitudes, culture, and thinking about the bigger picture
- Acknowledging the impact of Covid specifically on disabled people

These issues were recognised as inter-connected. Efforts to enhance wellbeing must harness contributions from across the full range of Surrey County Council functions, including adult social care, public health, community safety, health promotion, environmental improvement; alongside the NHS; and Surrey's district and borough council functions related to housing, transport, and leisure. Each contribution being part of a jigsaw needed to be complete to create a truly enabling Surrey. Tackling these challenges requires real partnership working. In particular, we know we will only make more progress and achieve better results if we work with disabled people, so that we understand the issues properly and find solutions that work.

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

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- Ensure disabled people are fully involved in identifying their needs, designing services and solutions to address these and in being part of the response
- Ensure disabled people have the information, advice and guidance required to make informed decisions about their care and support, and have ready access to up-to-date information and advice about rights and services
- Ensure carers of disabled people have access to the support they need to protect their own health and wellbeing as well as that of the person they provide care and support for.
- Ensure the new Surrey Adult Social Care Accommodation with Care and Support Strategy specifically addresses the availability and accessibility of new housing options for disabled people across Surrey
- Work closely with NHS operational teams to improve care pathways and achieve better health outcomes for residents
- Ensure the policies and practices of partner organisations provide equality of access and opportunity, and make reasonable adjustments
- Collaborate and coproduce services with the community and voluntary sector who are often closer to residents and already meeting health and social care needs for some of individuals

It is intended that ongoing monitoring of equality impacts will be continued through the lifespan of this strategy and overseen via the Disability Partnership Board. A performance dashboard will be developed and the Board will assess any impacts and put in place actions to maximise positive impact/minimise negative impact as relevant opportunities emerge/are identified.

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?

The following strategic work is underway and will affect people with disabilities in a positive way:

- All Age Autism Strategy
- ASC Accommodation with Care & Support
- ASC Mental Health Transformation Programme
- ASC Market Management Programme
- SCC Carers Strategy
- SCC Direct Payments Strategy
- SCC Older People's Strategy

Any negative impacts that cannot be mitigated?

None

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Race

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

The data in the table below from LAS shows 2,595 (77.3%) people with a primary care category of physical disabilities identify as white English, Welsh, Scottish or Northern Irish. There are very small numbers of people who identify themselves from other ethnic backgrounds with a primary category of physical disabilities recorded on LAS.

Ethnicity grouped (wider)	Ethnicity grouped	Number of other people	% of total	Number of people with a Primary Care Category of Physical Disabilities	% of total	Number total of people supported by Adult Social Care	% of total
Asian / Asian British	Any other Asian background	177	1.0%	38	1.1%	215	1.0%
	Bangladeshi	32	0.2%	9	0.3%	41	0.2%
	Chinese	44	0.2%	6	0.2%	50	0.2%
	Indian	206	1.2%	38	1.1%	244	1.1%
	Pakistani	179	1.0%	44	1.3%	223	1.0%
Black / African / Caribbean / Black British	African	93	0.5%	19	0.6%	112	0.5%
	Any other Black / African / Caribbean background	41	0.2%	16	0.5%	57	0.3%
	Caribbean	74	0.4%	15	0.4%	89	0.4%
Mixed / multiple ethnic groups	Any other Mixed / Multiple background	112	0.6%	23	0.7%	135	0.6%
	White and Asian	54	0.3%	10	0.3%	64	0.3%
	White and Black African	24	0.1%	8	0.2%	32	0.2%
	White and Black Caribbean	49	0.3%	11	0.3%	60	0.3%
No data	Refused	58	0.3%	10	0.3%	68	0.3%
	Undeclared / not known	2,101	11.7%	346	10.3%	2,447	11.5%
Other ethnic group	Any other background	182	1.0%	37	1.1%	219	1.0%
	Arab	23	0.1%	7	0.2%	30	0.1%
White	Any other White background	552	3.1%	99	2.9%	651	3.1%
	English / Welsh / Scottish / Northern Irish / British	13,698	76.5%	2,595	77.3%	16,293	76.7%
	Gypsy or Irish Traveller	17	0.1%	7	0.2%	24	0.1%
	Irish	181	1.0%	21	0.6%	202	1.0%
Grand Total		17,897	100.0%	3,359	100.0%	21,256	100.0%

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Source: LAS November 2022

People with disabilities will be impacted in a positive way as the strategy will drive:

- More accessible services for disabled adults from various cultural backgrounds.

This is based on:

- Developing support options to ensure greater inclusion.
- Working with faith & cultural organisations around awareness raising.

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

The strategy will maximise positive impacts by:

- Arranging 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.

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?

The following strategic work is underway and will affect people with disabilities in a positive way:

- All Age Autism Strategy
- ASC Accommodation with Care & Support
- ASC Mental Health Transformation Programme
- ASC Market Management Programme
- SCC Carers Strategy
- SCC Direct Payments Strategy
- SCC Older People's Strategy

Any negative impacts that cannot be mitigated?

None

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Religion or belief

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

The data in the table below from LAS shows 1,452 (43.2%) people with a primary category of physical disabilities identify their religion as Christian. For 938 (27.9%) of people with a primary category of physical disabilities their religion is unknown as it is not recorded in LAS, and 572 (17.0%) people with a primary category of physical disabilities state their religion or belief as none.

Religion grouped	Number of other people	% of total	Number of people with a Primary Care Category of Physical Disabilities	% of total	Grand total number of people supported by Adult Social Care	% of total
Buddhist	31	0.2%	8	0.2%	39	0.2%
Christian	7,627	42.6%	1,452	43.2%	9,079	42.7%
Declined/refused	797	4.5%	189	5.6%	986	4.6%
Hindu	87	0.5%	20	0.6%	107	0.5%
Jewish	47	0.3%	7	0.2%	54	0.3%
Muslim	264	1.5%	76	2.3%	340	1.6%
None	1,911	10.7%	572	17.0%	2,483	11.7%
Other	376	2.1%	88	2.6%	464	2.2%
Sikh	35	0.2%	9	0.3%	44	0.2%
Unknown	6,722	37.6%	938	27.9%	7,660	36.0%
Grand Total	17,897	100.0%	3,359	100.0%	21,256	100.0%

Source: LAS November 2022

They may be impacted in a positive way by:

- More accessible services for disabled adults of various religions or beliefs (or lack of).
- 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

This is based on:

- Developing support options to ensure greater inclusion.
- Working with faith & cultural organisations around awareness raising and making reasonable adjustments.

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

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The strategy will maximise positive impacts over the course of the 5-year strategy implementation. SCC Adult Services

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?

The following strategic work is underway and will affect people with disabilities in a positive way:

- All Age Autism Strategy
- ASC Accommodation with Care & Support
- ASC Mental Health Transformation Programme
- ASC Market Management Programme
- SCC Carers Strategy
- SCC Direct Payments Strategy
- SCC Older People's Strategy

Any negative impacts that cannot be mitigated?

None

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Carers by association

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

The strategy will have a positive impact on carers of people with a disability:

- Listening to carers who understand the strengths and needs of their disabled family member(s) and how to support them.
- Carers' support services take into account the specific needs of carers of disabled people.
- Greater inclusion and improved outcomes for carers who are disabled themselves.

This is based on

- Information about support is accessible and available widely.
- Carers' views and needs are reflected in the strategy and implementation plan.
- Link to the Surrey Carers' Strategy

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

How will you maximise positive/minimise negative impacts (actions to mitigate or enhance impacts)? When will this be implemented by? Who is responsible for this? Include additional details in the "Actions & Decisions Tracker" (Section 5) and refer to the relevant item here.

Positive impacts will be maximised by:

- Ensuring carers of disabled people have access to the support they need to protect their own health and wellbeing as well as that of the person they provide care and support for.
- Including input from carers for people with disabilities to ensure their needs are part of ongoing service design and performance management.

Over the course of the 5-year strategy implementation. SCC Adult Social Care

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?

The following strategic work is underway and will affect carers of people with disabilities in a positive way:

All Age Autism Strategy
ASC Accommodation with Care & Support
ASC Mental Health Transformation Programme
ASC Market Management Programme
SCC Carers Strategy
SCC Direct Payments Strategy
SCC Older People's Strategy

Any negative impacts that cannot be mitigated?

None

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3. Staff

All Characteristics and groups

At present no specific impacts on staff with protected characteristics have been identified. The Disability Partnership Board will assess planned activity and put in place actions to manage any negative impacts as required as they emerge/are identified.

4. Recommendation

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

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

Recommended outcome:

- **Outcome 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

Explanation:

The strategy has been co-designed by people with disabilities and/or sensory impairments and represents the issues and aspirations which are important to them. It is proposed that further work to develop and deliver the objectives identified should be led by a Disability Partnership Board with participation of people with lived experience and their carer's and should be taken forward through a co-production, strength-based approach. Working in this way will enable any emerging equality impacts to be identified, tracked, and managed through the lifetime of the strategy.

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	Target Completion Date	Update/Notes	Open/ Closed
1		Establish the Disability Partnership Board following Cabinet approval.	Anna Waterman	Nov 2022		
2		Continue with a co-produced strength-based approach to the strategy implementation allowing any emerging equality impacts to be identified, tracked and managed through the life of the strategy.	Anna Waterman	On-going		
3		Develop the performance dashboard as part of the Disability Partnership Board governance arrangements which will monitor and evaluate the strategy action plan implementation.	Anna Waterman	On-going		
4		Ensure people with lived experience and their carers are represented in the Disability Partnership Board membership.	Anna Waterman	On-going		
5		Create opportunities as part of the strategy action plan	Anna Waterman	On-going		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/Notes	Open/ Closed
		implementation to work with faith & cultural organisations around awareness raising and making reasonable adjustments.				
6		Ensure information is provided in other languages, and interpreting services are provided as part of the social care assessment process and seek help from staff/carers/family members who speak the language of the resident requiring care.	Anna Waterman			
7		Collaborate and coproduce services with the community and voluntary sector who are often closer to residents and already meeting health and social care needs for some of individuals.	Anna Waterman	On-going		
8		Work to co-design and reshape the services by listening to the voice of people of all ages with a disability through our user and carer partners and networks, and	Anna Waterman			

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/Notes	Open/ Closed
		through the Disability Partnership Board.				

6a. Version control

Version Number	Purpose/Change	Author	Date
V.1	Initial draft	Stuart Deacon	29/09/2022
V.2	Amendments to initial draft for submission to Cabinet	Sarah Ford	24/10/2022
V.3	Amendments following review	Anna Waterman	31/10/22
V.4	Amendments following review	Sarah Ford	04/11/2022
V5	Input from Directorate Equalities Group	Kathryn Pyper	10/11/2022
V6	Amendments following review	Anna Waterman	14/11/2022
V7	Amendments following review	Sarah Ford	14/11/2022
V8	Amendments following review	Sarah Ford	14/11/2022

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

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

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

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6b. Approval

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

Approved by	Date approved
Lead Area Director Lead for PDSI, Wendy Hale	
Head of Service, Anna Waterman	
Executive Director, Liz Bruce	
Cabinet Member, Mark Nuti	
Directorate Equality Group	14 November 2022

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	SCC Adult Social Care	Commissioning
Stuart Deacon	Project Officer	SCC Adult Social Care	ASC Projects
Anna Waterman	Head of Commissioning (Disabilities)	SCC Adult Social Care	Commissioning
Wendy Hale	Area Director (Lead for Disabilities)	SCC Adult Social Care	Operations

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