# **Equality Impact Assessment for Adult Social Care Residential Care Dynamic Purchasing System**

Question	Answer
Did you use the EIA Screening Tool? (Delete as applicable)	No

# 1. Explaining the matter being assessed

Question	Answer
	The provision of residential care is a statutory requirement of the Council under the Care Act 2014. Residential care homes provide 'home-style', live-in accommodation, with 24 hour-a-day supervised staffing for older residents, who may need care and support.  In October, we will be tendering a new, joint contract
What policy, function or service change are you assessing?	with Surrey Continuing Healthcare (CHC) for residential care with or without nursing in October 2021, with a start date of 1 April 2022. This Equality Impact Assessment (EIA) will primarily assess possible effects on residents and staff with protected characteristics. Additionally, this EIA is to assess the possible effects of commissioning Residential Care with or without nursing for all service users who are residing in a care home currently or before the contract start date of 1 April 2022.
	The new procurement will not see an interruption in service. The current NHS contract for CHC-funded care home placements will end on 31 March 2022 and the new contract arrangements will start 1 April 2022. For ASC-funded clients, we will continue to use the established spot list and Memorandum of Understanding (MoU) with providers until 1 April 2022. Service users who require a Residential Care placement with or without Nursing will not have their services affected although there may be some changes of provision if a provider on the current CHC contract or our spot list does not continue to offer services from 1 April 2022.



Question	Answer
	The current contracting arrangements the NHS has with approved nursing care providers ends in March 2022. The ASC spot list and MoU for residential and nursing care providers was a temporary measure set up under the relaxed procurement guidelines established during the pandemic. New service requirements will be tendered jointly by SCC/NHS in October 2021 to commence from 1 April 2022. The procurement will be open to all registered care home providers for older people to join. There are 408 care homes in Surrey and the surrounding areas and currently we work with over 200 of them. The procurement on which providers are selected will be a joint process with the NHS, and Surrey Heartlands Clinical Commissioning Group (CCG) (who purchase care home placements on behalf of eligible Continuing Healthcare clients) will be fully involved in the process.
Why does this EIA need to be completed?	<ul> <li>The tender presents Surrey County Council (SCC) with opportunities to review the current method of purchasing services, as set out below: <ul> <li>Put in place an updated specification and consider how the expectations of providers and the individual outcomes for individuals may be specified differently.</li> <li>Ensure that providers chosen to be on the new framework are suitably qualified and are rated 'Good' or 'Outstanding' with the Care Quality Commission. Any providers rated 'requires improvement' will need to be visited and checked by the SCC Quality Assurance Team to consider whether they are able to join the procurement.</li> <li>Although providers rated 'inadequate' will be accepted on to the procurement, they will be immediately suspended from taking new placements until issues are resolved.</li> <li>Review capacity in areas of Surrey which are poorly served by current arrangements, or where there is an overprovision of supply.</li> </ul> </li> </ul>

Question	Answer
Who is affected by the proposals outlined above?	<ul> <li>The following stakeholder groups who are potentially affected by the proposed changes are as listed below:</li> <li>External Stakeholders:</li> <li>Surrey residents (approximately 2,696 placements) who are living in a care home commissioned by Surrey County Council or NHS Continuing Health Care. The Surrey residents with the protected characteristics 'Age' and 'Disability' are most affected.</li> <li>Families/Carers</li> <li>Providers and care homes.</li> <li>NHS Continuing Healthcare in Surrey (hosted by NHS Surrey Heartlands Clinical Commissioning Group)</li> <li>This is a commissioned service so will not impact on Surrey County Council or NHS staff with protected characteristics.</li> </ul>
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?  (Delete the ones that don't apply)	County-wide
Briefly list what evidence you have gathered on the impact of your proposals	The service specification is being reviewed in partnership with Surrey NHS Continuing Health Care (CHC), taking into account evolving needs, the latest quality standards and the changing provider market.  A comprehensive review of the current service and placement approach has been conducted using data from a number of sources which has fed into an options

Question	Answer
	and needs analysis. This analysis has informed engagement with stakeholders and the options will be developed from the outcome of these discussions.
	<ul> <li>The data and information analysed as part of this review was sourced from:</li> <li>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).</li> <li>Care Quality Commission data.</li> <li>Residential/nursing provider survey.</li> <li>Surrey Says Older People's commissioning survey.</li> <li>Surrey-i information Projected population 2016-2041 by age: Surrey.</li> <li>Surrey Joint Strategic Needs Assessment.</li> <li>Residential and Nursing Business Process sessions with the operational working group, which included finance, locality teams and quality assurance.</li> <li>Adult Leadership Team.</li> <li>Engagement with providers and service users.</li> <li>Discussions with other local authorities on their commissioning approach for Residential Care with or without Nursing.</li> </ul>
	Residents and Partner Organisations
	Virtual engagement sessions were held in June/July 2021 with care home residents and their carers and families. An additional creative session was held with care home residents to capture their views visually on what a good care home looks/feels like.
	A survey to capture views on general themes and any key changes was held via Surrey Says. Of those that responded, a number raised key issues including:  • The need for meaningful activity/occupation in care homes.  • The importance of delivering care compassionately, putting the individual's experience and needs first.
	<ul> <li>Taking steps to better understand resident's assets, strengths and interests.</li> <li>Treating residents with dignity and respect.</li> </ul>

Question	Answer
	<ul> <li>Improving mental health awareness and treatment, including dementia awareness and appropriate care.</li> <li>Improving complaints mechanisms and resident choice.</li> <li>Improving communication with families.</li> </ul> These issues are being addressed in the new service specification.
	Care home staff and providers:
	<ul> <li>Provider Working Group – monthly engagement sessions from January 2021 onwards to share thinking and gain feedback on plans.</li> <li>Three webinars conducted in September and October 2020 to outline high level plans to all care home providers.</li> <li>Further provider drop-in sessions were then held monthly (ongoing) to go into more detail on current proposed changes.</li> <li>Individual provider catch-ups offered to talk through the plans in more detail, particularly with smaller care homes who may not be familiar with a Dynamic Purchasing System.</li> <li>Co-production session held with care home staff on the specification.</li> <li>Feedback was received from providers about improving the working relationship between commissioners and care homes, and new arrangements to improve this will be initiated under the new contract arrangements. 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 throughout the pandemic, but raised issues about the quality of assessment, particularly from hospitals. This will be included in the placement protocol and service delivery section of the tender. However, further work will need to happen long term to address inconsistencies in assessing client's needs.</li> </ul>

#### 2. Service Users / Residents

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

- 1. Age including younger and older people increasing and living longer
- 2. Disability
- 3. Gender reassignment
- 4. Pregnancy and maternity
- 5. Race including ethnic or national origins, colour or nationality care home cultural requirements
- 6. Religion or belief including lack of belief care home cultural and religious requirements
- 7. Sex same sex staff if required
- 8. Sexual orientation
- 9. Marriage/civil partnerships
- 10. Carers protected by association (involving carers in care plan)

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	Answer								
	According to Projaged 65 and ove increase the mos	r is set to inc t as a propo	rease in the	e coming ye		opulation ag	, .	over is exped	
	Age Group	2020 No.	of 65+	2025 No.	of 65+	2030 No.	of 65+	2035 No.	of 65+
	People aged 65-69	57,300	24.7%	63,700	25.3%	74,400	26.5%	75,500	24.5%
	People aged 70-74	59,900	25.8%	53,800	21.3%	60,000	21.4%	70,300	22.9%
	People aged 75-79	44,300	19.1%	54,900	21.8%	49,800	17.7%	55,900	18.2%
What information (data) do you have on affected	People aged 80-84	33,500	14.5%	38,200	15.2%	47,800	17.0%	44,100	14.3%
service users/residents with this characteristic?	People aged 85-89	22,500	9.7%	25,000	9.9%	29,300	10.4%	37,400	12.2%
	People aged 90 and over	14,300	6.2%	16,500	6.5%	19,700	7.0%	24,400	7.9%
	Total population 65 and over	231,800	100.0%	252,100	100.0%	281,000	100.0%	307,600	100.0%
	Source: Projectin In comparison, of largest proportion emergency care	the care ho by age grou	me residen up at the se	ts known to ettings is in t	Surrey Co	ounty Counc	cil as at 4 S	eptember 20	20, the

Question	Answer					
		Age	Nursing	Residential	Residential Dementia	Grand Total
		65-74	191	230	61	482
		75-84	409	190	229	828
		85 and				
		over	633	303	450	1,386
		Grand Total	1,233	723	740	2,696
	In Surrey, b projections estimated to dementia properties to having dem Primary Supur There is no elsewhere, and 22,000 The 2011 coperforming	ased on UK it is estimate to be aged over evalence rate to 21,0 ential health oport Reason local data or it is estimate with frailty. It ensus record their activitie	dementia product that in 201 fer 65 and 30 fees and ONS 2025 condition record that there at that there elded in the register of the second that the second tha	revalence rates 16 there are 16 03 people are 6 5 population pro 6 [from JSNA decorded on our a t with memory 6 are around 90 stimated that the	estimated to have early onse ojections, the number of pedementia]. As of August 2020 ASC system, however, we also cognition".  Additionally in Surrey. However, using 1000 residents aged 65 and	tistics (ONS) population dementia. Of those, 16,169 are the dementia. Based on UK ople with dementia in Surrey 0, there are 356 people as also have 3,415 people with over with multiple morbidity e to more than 27,000 by 200 no have some limitation in
Impacts (Delete as applicable)	Both	<u>.uk).</u>				

lm	pacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
	nat impacts have you entified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
+	People of all ages should have access to 'Outstanding or 'good' CQC standards of care	We know there are several care homes currently rated at inadequate	We will suspend inadequate care homes from taking on new placements until issues resolved	Ongoing	SCC Res/nursing Commissioning project group
+	Service users of all ages and carers will experience a seamless provision of their existing placements when the new agreements go live	SCC Res/nursing Commissioning project group	There is currently no proposal to move individuals from their existing home to a new provider. The DPS will only be used for new placements.	April 2022	SCC Res/nursing Commissioning project group
+	The new specification will require providers to meet the needs of a high number of older people over the age of 85 with a dementia diagnosis	Current SCC Adult Social Care client records and team information	<ul> <li>Arrange appropriate placements based on assessed needs</li> <li>Care worker staff will have to evidence that they have completed the Care Certificate which includes communication and working in a personcentred way</li> <li>The new specification will detail requirements for providers to support people with complex behaviour, including dementia.</li> </ul>	April 2022	SCC Res/nursing Commissioning project group

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ Providers will need to understand an individual's personal background and history to inform the way that they are cared for is key	Feedback from Nursing and Nursing Residential DPS Co-production session	The specification for the new tender covers this in section 5 and 7.	April 2022	Amy Morgan, SCC Senior Commissioning Manager
- The new DPS will enable Surrey County Council and Continuing Healthcare to understand their capacity for ASC/CHC placements in the market. However, for some individuals with very complex needs, we may not have the capacity we need on the DPS.	Current SCC Adult Social Care client records and team information	There is an exceptions process in place to be able to manage that issue as it arises and in the medium to long-term, we will use the data from the DPS to identify gaps in provision and develop solutions accordingly.	April 2022	SCC Res/nursing Commissioning project group

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 Adults Leadership Team has approved Surrey's market management approach for residential and nursing care. This included reviewing and refining our Choice Guidance, approach to capital threshold, Third-Party Agreements and Deferred Payments.  Staff now working under Strength-Based Practice internally and will have a renewed focus on what happens to the resident in placements (ie staff will ask residents what matters to them such as information about individual cultural and spiritual preferences)
Question	Answer
Any negative impacts that cannot be mitigated? Please	
identify impact and explain why	None known

## Disability

Question	Answer	
	As of July 2021 – SCC ASC commissioned 2,696 care these by client group is as follows:	e home placements for older
	Latest Primary support reason	Distinct Count of Person ID
	Learning Disability Support	272
	Mental Health Support	280
	Physical Support - Access and Mobility Only	82
Mhat information (data)	Physical Support - Personal Care Support	ort 1,596
What information (data) do you have on affected service users/residents	Sensory Support - Support for Dual Impairment	5
with this characteristic?	Sensory Support - Support for Hearing Impairment	8
	Sensory Support - Support for Visual Impairment	9
	Social Support - Substance Misuse Support	3
	Social Support - Support for Social Isolation / Other	27
	Support with Memory and Cognition	414
	<b>Grand Total</b>	2696

lm	pacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?		What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
+	People of all disabilities should have access to 'Outstanding or 'good' CQC standards of care	We know there are several care homes currently rated at inadequate across Surrey	We will suspend inadequate care homes from taking on new placements until issues resolved	Ongoing	SCC Res/nursing Commissioning project group
+	Service users with a disability or sensory loss may experience difficulty in communicating with staff	Feedback from Nursing and Nursing Residential DPS Co-production session	The specification includes a section on both cognition and communication to ensure staff are trained to deliver care and communicate with all residents well.	April 2022	Commissioners providing contract management and oversight of care home providers delivering services
+	Improved mental health awareness in care homes, with staff having key information through assessment regarding mental health needs leading to improved management of residents needs	Feedback from Nursing and Nursing Residential DPS Co-production session	The specification includes the need for staff training on mental health awareness and understanding resident needs  Ensuring homes are fully briefed via thoroughly completed assessments	Ongoing	Commissioners providing contract management and oversight of care home providers delivering services and Social Care Teams
+	Understanding an individual's personal background and history to inform the way that they are cared for is key	Feedback from Nursing and Nursing Residential DPS Co-production session	The specification for the new tender covers this in section 5 and 7.	October 2021	Commissioners providing contract management and oversight of care home providers delivering services

Question	Answer
What other changes is the council planning/already in place	The Council plans to extend the res/nursing DPS to all adults from
that may affect the same groups of residents?	April 2023. Market engagement and engagement with residents,
Are there any dependencies decisions makers need to be	families and other stakeholders will inform this change and the EIA
aware of	may need to be reviewed in light of any feedback.
	The Adults Leadership Team has approved Surrey's market
	management approach for residential and nursing care. This
	included reviewing and refining our Choice Guidance, approach to
	capital threshold, Third-Party Agreements and Deferred Payments.

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

## **Gender Reassignment**

Question Answer		
	Population statistics on gender reassignment are limited. The reasons for this are because the 2011 census did not collect appropriate information – the only question on gender was in relation to sex being male or female (source: Office For National Statistics, Census Transformation Programme, Gender Identity)	
What information (data) do you have on affected service users/residents with this characteristic?	It is expected that this will change with the inclusion of a question on gender identity in the 2021 census, which will collect information on those whose gender is different from their sex assigned at birth, and any information from this census will be factored into future iterations of the Equality Impact Assessment.	
with this onal asserts is	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 care homes.	
Impacts (Delete as applicable)	Both	

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
+ Residents may want assurance that their needs will be met by the care worker and home in a way they wish to be identified	Discussions with providers	Ensuring all staff operate with dignity and respect whilst ensuring there are opportunities for feedback and clear lines of communication if there are any concerns is covered by the specification	April 2022	Commissioners providing contract management and oversight of care home providers delivering services

Impacts identifie	ed	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+ Understandin individual's per background a inform the was cared for is keep to be seen	ersonal and history to ay that they are	Feedback from Nursing and Nursing Residential DPS Co-production session	The specification for the new tender covers this in section 5 and 7.	October 2021	Commissioners providing contract management and oversight of care home providers delivering services
- We have no ac so are having assumptions.	•	SCC Adult Social Care	We have no plans to collect new data.	Staff now working under Strength-Based Practice internally and will have a renewed focus on what happens to the resident in placements and what matters to them	Commissioners providing contract management and oversight of care home providers delivering services and Social Care Teams

Question	Answer
What other changes is the council planning/already in place	None known
that may affect the same groups of residents?	
Are there any dependencies decisions makers need to be	
aware of	

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

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

Question	Answer			
	The ethnicity breakdown for care home residents over the age of 65 is as follows:  • Source: Surrey's Adults Social Care LAS system (Data sourced: August 2020 by SCC Business Intelligence team).			
What information (data)	Ethnicity	Distinct Count of Person ID		
do you have on affected	Asian	24		
service users/residents	Black	22		
with this characteristic?	Information Refus	sed 8		
	Mixed	10		
	Other Ethnic Grou	up 23		
	Undeclared	226		
	White	2,383		
	Grand Total	2,696		
Impacts (Delete as applicable)	Both			

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?

lmį	pacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
-	Some residents request that care is provider by workers from a specific ethnic group	Discussions with providers who deliver services currently to residents and social care team staff working with residents	Social care teams to advise residents that care is provided by staff from a variety of ethnic and religious backgrounds and it is not possible to choose care staff based on these factors.	Ongoing	Social care teams
-	Residents needs may not be fully met because of a language barrier between themselves and the worker	Discussions with providers who deliver services currently to residents and social care team staff working with residents	Arrange 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.	Ongoing	Social care teams  Commissioners providing contract management and oversight of care home providers delivering services
+	Residents may have dietary and other requirements relating to the ethnic heritage which care providers will need to be aware of and respond to	Feedback from Nursing and Nursing Residential DPS Co-production session	Provider will need to have a local conversation to find a solution	Ongoing	Social care teams
+	Understanding an individual's personal background and history to inform the way that they are cared for is key	Feedback from Nursing and Nursing Residential DPS Co-production session		Ongoing	

Question	Answer
What other changes is the council planning/already in place	None known.
that may affect the same groups of residents?	
Are there any dependencies decisions makers need to be	
aware of	

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

## Religion or belief including lack of belief

Question	Answer			
				the age of 65 is as follows: ced: August 2020 by SCC Business Intelligence
	,	Religion	Distinct Count of Person ID	
		(blank)	627	
		Christian	1,476	
What information (data)		Declined	162	
do you have on affected service users/residents		Hindu	6	
with this characteristic?		Jewish	18	
with this characteristic:		Muslim	6	
		No Religion or Belief	316	
		Other religion	74	
		Other Religion or		
		Belief	11	
		Grand Total	2,696	
Impacts (Delete as applicable)	Positive			

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?

lm	pacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+	Residents may have specific dietary requirements related to religion and belief that providers will need to respond to	Feedback from Nursing and Nursing Residential DPS Co-production session	Provider will need to have a local conversation to find a solution	Ongoing	Commissioning and Social care teams
+	Individuals may require access to specific faithbased activities e.g. worship	Discussions with providers who deliver services currently to residents and social care team staff working with residents	If residents require access to specific faith-based activities and where this applies it would need to be identified in the support plan and arranged with the care provider	Ongoing	Commissioning and Social care teams
+	Individuals may request care is provided by male of female staff relation to their religion and beliefs	Feedback from Nursing and Nursing Residential DPS Co-production session	Where possible this can be accommodated and if it can not to be clearly communicated to the resident, so that they can choose an alternative option if necessary.	Ongoing	Social care teams
+	Understanding an individual's personal background and history to inform the way that they are cared for is key	Feedback from Nursing and Nursing Residential DPS Co-production session	The specification for the new tender covers this in section 5 and 7.	October 2021	Commissioners providing contract management and oversight of care home providers delivering services

Question	Answer
What other changes is the council planning/already in place	None known
that may affect the same groups of residents?	
Are there any dependencies decisions makers need to be	
aware of	

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

## Sex

Question	Answer						
				ne residents is e LAS system	as follows: (Data sourced: Aug	ust 2020 by SC	C Busines
What information (data) do you have on affected	,	Gender	Nursing	Residential	Residential Dementia	Grand Total	
service users/residents with this characteristic?		(blank)			1	1	
with this characteristic:		Female	821	426	566	1,813	
		Male	412	297	173	882	
		Grand Total	1,233	723	740	2,696	
Impacts (Delete as applicable)	Both						

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
- Residents may feel undignified If they receive care from a member of the opposite sex	Feedback from Nursing and Nursing Residential DPS Co-production session	Frontline social care teams to ensure that they continue to include any preference for the sex of the care worker in assessments to be properly communicated with provider	Ongoing	Social care teams

lmp	eacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
+	Understanding an individual's personal background and history to inform the way that they are cared for is key	Feedback from Nursing and Nursing Residential DPS Co-production session	The specification for the new tender covers this in section 5 and 7.	October 2021	Commissioners providing contract management and oversight of care home providers delivering services

Question	Answer
What other changes is the council planning/already in place	None known
that may affect the same groups of residents?	
Are there any dependencies decisions makers need to be	
aware of	

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

#### **Sexual orientation**

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	SCC does not record Sexual orientation data information.
Impacts (Delete as applicable)	Both

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
+ Residents may want assurance that their needs will be met by the care worker and home in a way they wish to be identified	Discussions with providers who deliver services currently to residents and social care team staff working with residents	Ensuring that all care staff operate with dignity and respect  Ensuring that there are opportunities for feedback and clear lines of communication if there are any concerns  Both these areas are covered by the service specification	Ongoing	Social care teams  Commissioners providing contract management and oversight of care home providers delivering services

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
- We have no adequate data so we are making assumptions.	SCC Adult Social Care	We have no plans to collect new data.	Staff now working under Strength-Based Practice internally and will have a renewed focus on what happens to the resident in placements and what matters to them	Commissioners providing contract management and oversight of care home providers delivering services and Social Care Teams
+ Understanding an individual's personal background and history to inform the way that they are cared for is key	Feedback from Nursing and Nursing Residential DPS Co-production session	The specification for the new tender covers this in section 5 and 7.	October 2021	Commissioners providing contract management and oversight of care home providers delivering services

Question	Answer
What other changes is the council planning/already in place	None known
that may affect the same groups of residents?	
Are there any dependencies decisions makers need to be	
aware of	

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

## Carers protected by association

Question	Answer				
	As of July 2021 there were 2,696 cases open to Adults Social Care (ASC) with a care home service. On these:  onumber 1,872 do not have a main carer relationship recorded on LAS. onumber 824 have at least one main carer relationship recorded on LAS.				
What information (data) do you have on affected service users/residents with this characteristic?		Has Carer N Y Grand Total	Distinct Count of Person ID 1,872 824 2,696		
	Source: Surreteam).	ey's Adults S	Social Care LAS system (E	Data sourced: August 2020 by SCC Business Intelligence	
Impacts (Delete as applicable)	Both				

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
Carers feeling not able to complain because of a fear of placement breaking down	Feedback at workshops with members of Action for Carers Surrey, September 2020	Reiterate with providers importance of working well with clients and their families and for any issues or complaints to be addressed quickly and sensitively. Providers to have a clear complaints policy.	Ongoing	Adult Social Care teams
<ul> <li>Carers concerned that care workers discuss the care that they provide with other clients/carers</li> </ul>	Feedback at workshops with members of Action for Carers Surrey, September 2020	Reiterate with providers confidentiality requirements	On a case by case basis	Adult Social Care teams
- Carers felt that providers do not act on their feedback	Feedback at workshops with members of Action for Carers Surrey, September 2020	Reiterate with providers importance of working well with clients and their families and for any issues or complaints to be addressed quickly and sensitively.	Ongoing	Adult Social Care teams
- Carers concerned that care provision is generally poor and providers are not checked enough by commissioners.	Feedback at workshops with members of Action for Carers Surrey, September 2020	Nursing and Residential homes rated 'inadequate' will immediately be suspended from new placements until issues resolved  Ongoing oversight of providers by commissioners including quality assurance teams and better relationship working arrangements with providers and commissioners	Ongoing	Adult Social Care teams and commissioners

Im	pacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
-	Not being located near their carer which makes visiting challenging		Consider proximity to carers when making placements	Ongoing	Adult Social Care teams and commissioners
-	Carers concerned that care workers do not treat people in their care home always with respect	Feedback at workshops with members of Action for Carers Surrey, September 2020	Issues of concern to be followed up with by social care teams. Wider expectations of customer service and working practices to be shared with providers	Ongoing	Adult Social Care teams and commissioners
+	Understanding an individual's personal background and history to inform the way that they are cared for is key	Feedback from Nursing and Nursing Residential DPS Co-production session	The specification for the new tender covers this in section 5 and 7.	October 2021	Commissioners providing contract management and oversight of care home providers delivering services

Question	Answer
What other changes is the council planning/already in place	None known
that may affect the same groups of residents?	
Are there any dependencies decisions makers need to be	
aware of	

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

# 4. Amendments to the proposals

CHANGE	REASON FOR CHANGE
What changes have you made as a result of this EIA?	Why have these changes been made?
No changes to the proposals have been identified as a result of completing this EIA	

## 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?	<b>✓</b>
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
	Outcome two is being recommended
	The care home commissioning team will be forming a user engagement plan 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.
Confirmation and explanation of recommended outcome	This engagement will help to identify actions to respond to impacts identified in this EIA and will allow the commissioners of care homes to better understand current expectations for care home services.
	Commissioners will also be working closely with each provider who joins the new contract and 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.

#### 6a. Version control

Version Number	Purpose/Change	Author	Date
0.1	Draft Document	Katherine Clarke	02/08/2021
0.2	Updating draft with group feedback	Katherine Clarke	23/08/2021
0.3	Updating with KP feedback to be shared with DEG	Katherine Clarke	26/08/2021

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	Dan Stoneman	
Executive Director		
Cabinet Member		
Directorate Equality Group	14 September 2021	

EIA Author Amy Morgan, Senior Commissioning Manager
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<sup>\*</sup>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
Amy Morgan	Senior Commissioning Manager	scc	
Katherine Clarke	Project Manager	SCC	

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

Tel: 03456 009 009

Textphone (via Text Relay): 18001 03456 009 009

SMS: 07860 053 465

Email: <a href="mailto:contact.centre@surreycc.gov.uk">contact.centre@surreycc.gov.uk</a>