EIA Title

Question	Adult Social Care - Home Based Care Service Re-Commissioning 2020-2021
Did you use the EIA Screening Tool? (Delete as applicable)	No

1. Explaining the matter being assessed

Question	Answer
What policy, function or service change are you assessing?	The provision of Home Based Care (HBC) is a statutory requirement of the Council under the Care Act 2014. HBC involves a range of health and social support services for user groups and includes personal care (such as support with getting up, getting washed, eating and drinking), non-personal care (such as support with shopping, household cleaning and laundry) and specific healthcare activities such as end of life care. HBC support services contribute to enabling individuals to continue to live independently in their own homes. This Equality Impact Assessment (EIA) will primarily assess possible effects on residents with protected characteristics Additionally this EIA is to assess the possible effects of recommissioning the Home Based Care (HBC) service for all users and carers who either receive support directly or indirectly. The recommissioning will not see an interruption in service. The current contract will end on 30 September 2021 and the new contract arrangements will start 1 October 2021. There may be some changes in providers on the framework, with new providers joining and some existing providers leaving the contract. Users who require a home based care service will not have their services affected although there may be some changes of provision if a provider on the current contract does not continue to offer services from 1 October 2021.

Why does this EIA need to be completed?	The current contracting arrangements SCC and the NHS have with approved homecare providers end in September 2021. New service requirements will be tendered by SCC in April 2021 to commence from 1 October 2021. The proposal agreed by the SCC Cabinet in September 2020 was to remain with the current overall approach of working with a large range of approved CQC registered homecare providers, with branches in Surrey and neighbouring areas. Providers will continue to offer services by individual postcode area. A key requirement will be to avoid service interruption and unnecessary change for residents receiving services. The framework on which providers are selected will again be a joint process with the NHS, and Surrey Heartlands CCG (who purchase care on behalf of eligible continuing healthcare clients) will be fully involved in the process. The retender presents SCC with opportunities to review the current method of purchasing services, as set out below: • Review of current provider selection process for individual homecare packages, so that individuals' needs are fully met as specified by social care and health assessments • Review ways that SCC and NHS work with providers inclusively as partners, by selecting some providers to act as 'trusted assessors/reviewers' of homecare packages • To review the current service specification for homecare and consider how the expectations of providers and the individual outcomes for individuals may be specified differently • 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 framework. Providers rated 'inadequate' will not be accepted on to the framework and will be suspended from taking new placements until issues are resolved. • Enhance the specification so that specific requirements to meet the needs of people with

Question	Answer
	mental health needs, learning disabilities and autism and disabilities is detailed fully • Ensure that arrangements for live-in care are more clearly detailed and specified correctly • Review areas of Surrey (borough/postcode area) which are poorly served by current arrangements, or where there is an overprovision of supply • Review whether any specific client groups receive a particularly good or bad service from the current arrangements.
Who is affected by the proposals outlined above?	The following stakeholder groups who are potentially affected by the proposed changes to the recommissioning of home-based care are as listed below: External Stakeholders: • Surrey residents (approximately 3,800 current packages) who are supported by an HBC service commissioned by Surrey County Council or NHS Continuing Health Care. The Surrey residents with the protected characteristics 'Age' and 'Disability' are most affected. • Families/Carers (individuals who receive indirect support) • Providers, also referred to as 'agencies' are organisations who manage and deliver the provision of homecare support services. In Surrey, Skills for Care estimate that there are an estimated **35,000** jobs in adult social care, split between local authorities (**6%**), independent sector providers (87%) and jobs working for direct payment recipients (7%). [data from Skills for Care] • NHS Continuing Healthcare in Surrey (hosted by NHS Surrey Heartlands Clinical Commissioning Group) This is a commissioned service so will not impact on Surrey County Council or NHS staff with protected characteristics.

Equality Impact Assessment

Question	Answer
How does your service proposal support the outcomes in the Community Vision for Surrey 2030?	*This work is linked to the following vision outcomes:* • 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	Because of restrictions around the Covid-19 pandemic the work engaging with key partners was between June 2020 and November 2020. The current service agreements are being reviewed in partnership with NHS Surrey Heartlands Clinical Commissioning Group (CCG), the lead commissioner for 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 framework is being conducted using data from a number of sources which will feed directly into an options and needs analysis. This analysis will inform engagement with stakeholders and the options will be developed from the outcome of these discussions. The data and information analysed as part of this review wase 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) • Can you Hear me? (August 2019) – Healthwatch Surrey Care at Home report https://www.healthwatchsurrey.co.uk/wp-content/uploads/2019/09/Care-at-home-report-web.pdf • Surrey-i information Projected population 2016-2041 by age: Surrey • Skills for Care data - Data Source\Skiilsforcare - Surrey data.pdf • Dementia data – JSNA https://public.tableau.com/profile/surrey.county.council.joint.strategic.needs.assessment#!/vizhome/SCCJSNADementia/JSNADementia • Carer data - JSNA https://www.surreyi.gov.uk/jsna/adult-carers/ • HBC Business Process Mapping sessions (July-Aug 2020) – • Adult Leadership Team (July-Aug 2020) • Engagement with providers and service users • Discussions with other Local authorities on the impact of their Home Care Frameworks • Feedback from quality assurance monitoring visits

	• Data Operations Team – Human Resources (Management Information, September 2020) **Residents and Partner Organisations:** The Adult Social Care Partner Update Meeting on 15 June 2020 - partners were informed that commissioners were keen to involve them in the co-design process for the HBC re-commissioning. Communication setting out the intention to engage with all partners on the recommissioning plans was sent to the following organisations June 2020. • Surrey Independent Living Council • Surrey Coalition of Disabled People • Action for Carers Surrey • Surrey Disabled People's Partnership • Age UK Surrey • Diocese of Guildford • Healthwatch Surrey • Catalyst • Sight for Surrey Virtual engagement sessions were held in September 2020 with users of home care and their carers and families. A survey to capture views on general themes and any key changes was held via Surrey Says between 28.9.2020 and 1.11.2020. Of those that responded 70% were 'very satisfied' or 'satisfied' with the quality of care received from their homecare service. However areas of concern noted were regarding communication between homecare companies and the people they support, worries about not being able to complain about services provided and better consistency regarding delivery of care. These issues are being addressed in the new service specification. Commissioners provided an update on the recommissioning plans at the Learning Disability Partnership board and the Autism Partnership Board in September and October 2020 respectively. The Independent Mental Health Network was updated by the mental health commissioner with the lead for homecare. **Healthwatch -** Care at Home project

Question	Answer
	As part of Healthwatch Surrey's 3-year strategic priorities, Healthwatch initiated the Care at Home project to answer the question "Do care at home users have a voice?". This entailed 42 in-depth interviews receiving care at home, 14 care workers and 12 care agency managers or coordinators. https://www.healthwatchsurrey.co.uk/our-work/reports-and-papers/project-reports/ **Staff in HBC agencies** • Provider engagement sessions – January/ February 2020 to share initial thinking and gain feedback on plans • Webinar conducted in June 2020 to re-state outline high level plans to HBC providers • Further provider engagement sessions were held in July and August 2020 to go into more detail on current proposed changes. Feedback was received from providers about improving the working relationship between commissioners and homecare companies, and new arrangements to improve this will be initiated under the new contract arrangements. **Best practice recommendations from the following reports will also be included in the new service specification.** • NICE Quality Standard for Home Care for Older People (QS123) as published in June 2016 https://www.nice.org.uk/guidance/qs123/chapter/List-of-quality-statement SCIE (Social Care Institute for Excellence) and NICE (National Institute for Health and Social Care Excellence) 'Better Home Care for Older People – a quick guide for people who arrange their own care' (2016) Better home care for older people | Quick guides | Social care | NICE communities | About | NICE

2. Service Users / Residents

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

1. Age including younger and older people
2. Disability
3. Gender reassignment
4. Pregnancy and maternity - *No Impact +/-*
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 *No Impact +/-*
10. Carers protected by association

Though not included in the Equality Act 2010, Surrey County Council recognises that socio-economic disadvantage is a significant contributor to inequality across the County and therefore regards this as an additional factor.

Therefore, if relevant, you will need to include information on this. Please **refer to the EIA guidance** if you are unclear as to what this is.

Age

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	Surrey- i resident population estimates, a projected rise in the adult population in Surrey from 2016-2041 and the ageing population is likely to lead to increased use of home care services. The Home based care contract covers services for adults aged 18 + and although the majority of users are older people, there are approx. 1086 people under 65 who are in receipt of a home care service. • As of 24th August 2020 – SCC commissioned **3,771 packages of home based care** • Of these, 2,767 are packages of care to support Older People aged 68 years and above. The primary support reason that these individuals receive a HBC service is physical support with personal care. • The age profile for the people we commission home based care services for is below: ○ 18 – 27 years: 78 ○ 28 – 37 years: 104 ○ 38 – 47 years: 115 ○ 48 – 57 years: 294 ○ 58 – 67 years: 412 ○ 68 – 77 years: 578 ○ 78 – 87 years: 1,167 ○ 88 – 97 years: 920 ○ 98 – 107 years: 102 ○ Unknown: 1 In Surrey, based on UK dementia prevalence rates and Office for National Statistics (ONS) population projections it is estimated that in 2016 there are 16,472 people in Surrey with dementia. Of those, 16,169 are estimated to be aged over 65 and 303 people are estimated to have early onset dementia. Based on UK dementia prevalence rates and ONS population projections, the number of people with dementia in Surrey is predicted to raise to 21,075 by 2025. [from JSNA dementia] As of August 2020, there are 356 people as having dementia health condition recorded on our ASC system, however, we also have 3,415 people with Primary Support Reason of "support with memory or cognition".

Question	Answer
	Source: Surrey's Adults Social Care LAS system (Data sourced: August 2020 by SCC Business Intelligence team).
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?*
Formal input of care workers to reassessments and service change planning will impact positively on residents of all ages in receipt of care. Care workers will have unique insight into an individual's strengths, ambitions, resources and priorities and this insight is not always harnessed in current reviews	Discussions with other Local authorities where this has been implemented (April 2020) Healthwatch Surrey comments on proposals (July 2020)	Social care teams will continue to follow strength based approaches to ensure an individual of any age receives appropriate level of support to meet identified needs.	July 2021 – October 2021 (contract mobilisation period)	Andrew Price, Senior Commissioning Manager, Older People Commissioning Team, SCC

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
The proposed use of the new Joint Brokerage Team (JBT) to centrally source home care packages will have positive impacts for individuals of all ages, receiving HBC by enabling a more flexible and responsive service.	HBC Business Process Mapping sessions (July-Aug 2020)	The JBT will take on the central sourcing on home based care packages and it is envisaged that this will make arranging care in postcode areas more efficient, helping care providers with their operational delivery and ensuring that individuals of all ages who require care have arrangements put in place quickly.	July 2021 – October 2021 (contract mobilisation period)	JBT team being led by Jeremy Taylor, Head of Commissioning & Contract Support Unit, SCC
Service users of all ages and carers will experience a seamless provision of their existing HBC service as of 01.10.21 when the new agreements go live.	Adult Leadership Team (July-Aug 2020)	There is no proposal to move individuals of any age from their existing provider to new providers. It is planned that all existing Awarded Provider Status (APS) providers will move to the new contract arrangements or continue on legacy contracts for the duration of the package.	October 2021	SCC Adult Leadership Team

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
A high number of older people over the age of 80 will have a dementia diagnosis.	Current SCC Adult Social Care client records and team information	• Arrange appropriate support based on assessed needs • Care worker staff will have to evidence that they have completed the Care Certificate which includes communication and working in a person-centred way • The new specification will detail requirements for providers to support people with complex behaviour, including dementia. The evaluation process will ensure providers who say that they are able to support people with specific needs are able to do so.	October 2021	SCC HBC 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 Council's plans to grow extra care provision for older people will enhance the positive impact associated with the recommissioning of HBC as it will enable more people to remain living in their own home in a community setting.

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

Disability

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	As of 24th August 2020 – SCC ASC commissioned 3,771 packages of home based care – the breakdown of these by client group is as follows: • Older people: 2,457 • Physical Sensory Disability: 831 • Learning Disability team: 254 • Mental Health: 226 • Carer: 2 • Null: 1
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
People with a disability may not be able to engage with or express their needs to the home care agency. These are people in the Autism/Learning Disability and Mental Health client groups who do not have an emotionally engaged advocate to engage on their behalf	Can you Hear me? (Healthwatch report, 2019)	SCC commission an independent advocacy services which are available to anyone free of charge and there are specific advocacy services: Independent Mental Health Advocates and Independent Mental Capacity Advocates. ASC will ensure better promotion of the advocacy services by working with care agencies to help identify people who cannot advocate for themselves and then actively refer them to Surrey Disabled People's Partnership; SCC commissioning will ensure that Locality Teams are referring people when appropriate to advocacy services	October 2021	The SCC Learning Disability social care team

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
Service users with a disability or sensory loss may experience difficulty in understanding the information about their care within their care folder.	Can you Hear me? (Healthwatch report, 2019)	SCC to provide guidance to providers to ensure that the format of the information included in individual care folders, is simple and legible so that service users have easy access to information in a form they can use. Providers need to consider covid-19 infection control measures when communicating with residents where possible eg see-through masks. Undertake a survey to understand more about people's communication needs and how the HBC contract can respond to this	October 2021	The SCC Disability and Mental Health commissioning teams

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
Home care users with a learning disability / or Autism or mental health who display challenging behaviour may experience difficulty/ frustration in engaging with care staff	Feedback from user groups and social care teams.	Providers will be asked to ensure staff are trained appropriately to support people with learning disabilities and autism. Information and support plans will need to be in an 'easy to understand' format. Providers will need to ensure that communication methods are appropriate, for example not giving a definite time for a call unless that is absolutely guaranteed. The new specification for home based care will be enhanced so that specific requirements to meet the needs of people with mental health needs, learning disabilities and autism and disabilities is detailed fully. There is a new requirement for home care providers to complete mandatory Learning Disability and Autism training from 2021. (Skills for Care)	October 2021	The SCC Disability and Mental Health commissioning teams

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Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner

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 Council's plans for independent living provision for working age adults will enhance the positive impact associated with the recommissioning of HBC as it will enable more people with a disability to live in their own home in a community setting.

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

Gender reassignment

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	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: https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/genderidentity). 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 Home Based Care Equality Impact Assessment.

Question	Answer
	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 Home Based care.
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?*
Home care recipients may want assurance that their needs will be met by the care worker in a way they wish to be identified	Discussions with providers who deliver services currently to residents.	Ensuring that all care agency staff operate with dignity and respect Ensuring that there are opportunities for feedback and clear lines of communication if there are any concerns	October 2021	Commissioners providing contract management and oversight of home care providers delivering services

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

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

Race including ethnic or national origins, colour or nationality

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	The ethnicity breakdown for Home Based Care users is as follows: Arab: 5 Asian/Asian British: 110 Black/Black British: 28 Chinese: 5 Mixed: 28 White: 3,339 Other: 46 Not declared: 209 Not recorded: 1 • Source: Surrey's Adults Social Care LAS system (Data sourced: August 2020 by SCC Business Intelligence team).
Impacts (Delete as applicable)	Both

Equality Impact Assessment

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?*
Some residents request that services are delivered by care workers from a specific ethnic group.	Discussions with providers who deliver services currently to residents and social care team staff working with residents receiving home based care services.	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
Home care users 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 receiving home based care services.	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, request on e-brokerage for carers who speak appropriate language.	Ongoing	Social care teams
People who use HBC services may have dietary and other requirements relating to the ethnic heritage which care providers will need to be aware of and respond to.	Discussions with social care team staff working with residents receiving home based care services.	Provider will need to have a local conversation to find a solution	Ongoing	Social care teams

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
On occasions, care workers receive abusive comments from the people they are being asked to support because of their race or cultural background.	Ensure social care teams remind people receiving support that they should be tolerant and that care can be provided from a diverse workforce	Social Care teams to discuss with the people they support, providers to be supported by commissioners	Ongoing	Social care teams and commissioners

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

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

Religion or belief including lack of belief

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	The Religion/belief breakdown for Home Based Care users is as follows: Catholic (Roman): 285 Christian: 467 Church of England/Anglican: 1,356 Hindu: 14 Jehovah Witness: 20 Jews: 10 Muslim: 65 Sikh: 12 No religion: 481 Other: 120 Not recorded: 724 Source: Surrey's Adults Social Care LAS system (Data sourced: August 2020 by SCC Business Intelligence team).
Impacts (Delete as applicable)	Both

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
Individuals may have specific dietary requirements related to their religion and beliefs which HBC providers will need to respond to.	Feedback from existing residents who receive HBC services	Provider will need to have a local conversation to find a solution	Ongoing	Commissioning and Social care teams

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Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
Individuals may require access to specific faith based activities e.g worship	Discussions with providers who deliver services currently to residents and social care team staff working with residents receiving home based care services.	If home care users 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 or female staff related to their religion and beliefs.	Discussions with providers who deliver services currently to residents and social care team staff working with residents receiving home based care services.	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

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

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

Sex

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	The gender breakdown for Home Based Care users is as follows: Female: 2,459 Male: 1,311 Not recorded: 1 Source: Surrey's Adults Social Care LAS system (Data sourced: August 2020 by SCC Business Intelligence team).
Impacts (Delete as applicable)	Positive/Negative/Both

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
Home care recipients may feel undignified if they have a care workers from a member of the opposite sex	Discussions with providers who deliver services currently to residents and social care team staff working with residents receiving home based care services.	Operational guidance to frontline social care teams to ensure that they continue to include any preference for the sex of the care worker in the initial package request to source an agency Once an agency knows the client's sex they will endeavour to source an appropriate care worker particularly if the client has stated a preference	Ongoing	Social care teams

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

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

Sexual orientation

Question	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

Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
Home care recipients may want assurance that their needs will be met by the care worker 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 receiving home based care services.	Ensuring that all care agency staff operate with dignity and respect Ensuring that there are opportunities for feedback and clear lines of communication if there are any concerns	Ongoing	Social care teams

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

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

Carers protected by association

Question	Answer
What information (data) do you have on affected service users/residents with this characteristic?	As of 26 August 2020 there were 3,576 cases open to Adults Social Care (ASC) with a HBC service. Of these: 1,567 do not have a main carer relationship recorded on LAS. 2,009 have at least one main carer relationship recorded on LAS. Of which there are: 1,576 carers not open to ASC (i.e. do not meet the Care Act eligibility criteria) 741 carers known and open to ASC (i.e. supported by ASC because they meet the Care Act eligibility criteria) Source: Surrey's Adults Social Care LAS system (Data sourced: August 2020 by SCC Business Intelligence team).
Impacts	Positive and negative

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 losing the service or other sanction from the home based care staff member or provider.	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

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
Carers concerned that care workers discuss the care that they provide with other clients/carers	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. Carers also concerned about lack of consistency with care staff who come to the home.	Feedback at workshops with members of Action for Carers Surrey, September 2020	Ongoing oversight of providers by commissioners including quality assurance teams and better relationship working arrangements with providers and commissioners. It is planned to allocate a commissioning 'relationship manager' to work with every provider that joins the new contract, so that issues can be addressed quickly and support offered to providers who struggle sometimes in a diverse market to deliver consistently quality provision.	Ongoing	Adult Social Care teams and commissioners

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
Carers concerned that care workers do not treat people in their 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
Carers concerned that communication is sometimes poor by home based care staff	Feedback at workshops with members of Action for Carers Surrey, September 2020	Providers to be reminded in specification about communication and service requirements, utilisation of electronic call monitoring systems required	Ongoing	Adult Social Care teams and commissioners
Carers would be potentially negatively impacted if the person they were caring for experienced a noticeable change in the provision of their existing home care service when the new agreements go live	Action for Carers – initial feedback June 2020	There is no proposal to move individuals from their existing provider to new providers. It is planned that all existing Awarded Provider Status providers will move to the new contract arrangements or continue on legacy contracts for the duration of the package. If a provider does not continue to provide support under the new contract arrangements from October 2021, they can continue to support any existing residents with home based care until the package ends.		

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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**	It is an ambition of SCC to add a Carers Breaks element to the Home Based Care contract in order to provide respite to carers requiring CQC regulated care in order to have a break from caring responsibilities. By commissioning Carer break packages this will provide valuable support to unpaid carers and present an opportunity for providers on the Home Based care contract to consolidate rounds and maximise business in post code areas where they are active. Carers break provision can be regular or, for limited periods of time, and offer valuable respite provision for a maximum of 3hrs per week.

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

4. Amendments to the proposals

CHANGE	REASON FOR CHANGE
No changes to the proposals have been identified as a result of undertaking the 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?	✓
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).	

Equality Impact Assessment

Question	Answer
Confirmation and explanation of recommended outcome	Outcome two is being recommended The Home Based care commissioning team will be forming a user engagement plan to ensure the service user voice is represented throughout the contract term and look at opportunities to improve service delivery and assure a quality service is delivered for residents. This engagement will help to identify actions to respond to impacts identified in this EIA and will allow the commissioners of Home based care to better understand current expectations for home based care 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	Sue Senior	20/6/2020
0.2	Updated initial draft	Sue Senior	24/7/2020
0.3	Data revisions	Linda Fernandes	16/8/2020
0.4	Further updates	Sue Senior & Lizzy Oliver	26.8.2020
1.0	Updates made following Directorate Equalities group	Sue Senior	12.2.2021
2.0	Further updates	Andrew Price	1.3.2021
3.0	Updates made following Directorate Equalities group	Andrew Price	10.3.2021
4.0	Updates made to overall rating of impacts in 'Disability' and 'Sexual Orientation' sections following review of document by Jonathan Lillestone, Assistant Director of Commissioning SCC	Andrew Price	11.3.2021

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	10.3.2021
Executive Director – Simon White	22.3.2021
Directorate Equality Group	9.3.2021

EIA Author	Andrew Price, Senior Commissioning Manager, SCC

*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
Sue Senior	Project Manager	SCC	Initial draft content
Linda Fernandes	Project Officer	SCC	Data collation
Andrew Price	Senior Commissioning Manager	SCC	Lead on engagement with partners
Elizabeth Oliver	Commissioning Manager	SCC	Insight into how the new contract could impact on service users/residents and staff and help to identify how SCC will maximise positive/minimise negative impacts

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Tel: 03456 009 009
Textphone (via Text Relay): 18001 03456 009 009
SMS: 07860 053 465
Email: contact.centre@surreycc.gov.uk