

# Equality Impact Assessment

EIA Title: Adult Social Care Commissioning Strategy for Older People

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

## 1. Explaining the matter being assessed

# Equality Impact Assessment

Question	Answer
<p><b>What policy, function or service change are you assessing?</b></p>	<p>We are refreshing the previous Adult Social Care (ASC) Commissioning Strategy for Older People which was written in 2011 and was in place up to 2020. It appears the document was not well used, marketed, or understood. Most significantly much has changed since its inception and publication.</p> <p>In 2019 ASC commissioning went through a restructure, in response to recommendations made by a Local Government Association review.</p> <p>The review recognised that many challenges for Surrey were driven by a local commissioning approach, limiting our ability to work strategically, at scale and deliver consistently. Inequitable service delivery for residents, missed opportunities and an inability to manage large social care markets were highlighted. With a new ASC strategic commissioning function this strategy addresses what this means for residents and stakeholders and clearly defines the challenges we face in Adult Social Care and how we will commit to addressing them with partners and residents.</p> <p>This change from area led commissioning for older people to a county wide commissioning structure also allows for greater complimentary and collaborative commissioning across ASC but also with partners such as health and children's services.</p> <p>With the newly restructured Older People's Commissioning team in place from January 2020 and almost immediately having to respond to the challenges of the pandemic, work was delayed on the coproduction of the new strategy until January 2021- hence the 10-year strategy will now only be for 9 years [initially] - 2021 – 2030.</p> <p>This strategy for Older People living in Surrey (those 65 and above) provides an overview of work that we and partners are committed to, to make Surrey a place where people will be afforded greater choice and control over the care and support they need, whether eligible for social care services or not.</p> <p>With the new commissioning team and this new strategy, it signals a change in our approach, outlining improvements for existing services we deliver and sharing our ambition and commitment to innovation, collaborative working and adapting at a pace that reflects the changing demographic and society we live in.</p>

# Equality Impact Assessment

Question	Answer
<p><b>Why does this EIA need to be completed?</b></p>	<p>Assessing the impact of these changes on different 'protected characteristic' groups is an important part of our compliance with duties under the Equality Act 2010.</p> <p>The coproduction of the Older People's Commissioning Strategy has highlighted the need for continuous improvement and change to our work including a need for innovation in existing services. This not only applies to Older People themselves as an exclusive group of individuals but to individuals looking towards their own old age, those with coexisting disabilities who become older people and their carers and relatives.</p> <p>The EIA has helped us understand the different protected characteristics to consider when looking at these services within our three main areas of focus for the strategy - prevention, enabling people to live independently and the future work programme for residential and nursing care.</p> <p>The anticipated impacts will be assessed with regard to those with protected characteristics, as identified under the Equality Act 2010. This is to identify actions to, where possible, mitigate any potential negative impacts, maximise positive impacts associated with what we have said we will do in the strategy and break down barriers to accessing these services.</p> <p>It is noted that there is not a strong emphasis on race or gender however these will be detailed more fully in market position statements, statements which detail the specific work from the strategy, which will work across directorates and be specific to 'place' within Surrey's diverse communities.</p>
<p><b>Who is affected by the proposals outlined above?</b></p>	<p>The proposals will affect:</p> <ul style="list-style-type: none"> <li>• Older people, carers, and their families</li> <li>• Providers of services</li> </ul>

# Equality Impact Assessment

Question	Answer
<p><b>How does your service proposal support the outcomes in <u>the Community Vision for Surrey 2030</u>?</b></p>	<p>The commissioning of high quality, sustainable care and support to vulnerable adults is vital for SCC to deliver the Community Vision for 2030</p> <p>To ensure this vision becomes reality, the Older People’s Commissioning Team will commit to supporting older people through community-based services, ensuring there is the right provision of Extra Care housing across the county and by developing a person-centred residential and nursing care market for those who need it.</p> <p>A key focus remains on our ability to provide care directly, or ensure availability of services which help older people remain independent at home for longer.</p> <p>Our strategy particularly focuses on the following key elements of the vision;</p> <p>Our ambitions for people are:</p> <ul style="list-style-type: none"> <li>▪ Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing.</li> <li>▪ Everyone gets the health and social care support and information they need at the right time and place.</li> <li>▪ Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life.</li> </ul> <p>Our ambitions for our place are:</p> <ul style="list-style-type: none"> <li>▪ Everyone has a place they can call home, with appropriate housing for all.</li> </ul>
<p><b>Are there any specific geographies in Surrey where this will make an impact?</b> (Delete the ones that don’t apply)</p>	<ul style="list-style-type: none"> <li>• County-wide – recognising that there will be unique challenges in differing parts of Surrey based on demography and population.</li> </ul>
<p><b>Briefly list what evidence you have gathered on the impact of your proposals</b></p>	<p>In January 2020, we established a core project group to coproduce the strategy. This group consisted of colleagues from:</p> <ul style="list-style-type: none"> <li>• Surrey County Council (SCC),</li> <li>• Surrey Heartlands Clinical Commissioning Group (CCG)</li> <li>• Elmbridge Borough Council (EBC)</li> <li>• Surrey and Borders Partnership (SABP) NHS Foundation Trust</li> </ul>

# Equality Impact Assessment

Question	Answer
	<ul style="list-style-type: none"> <li>• Action for Carers</li> <li>• Healthwatch</li> <li>• Age UK Surrey</li> <li>• Surrey Minority Ethnic Forum (SMEF)</li> <li>• Alzheimer’s Society</li> <li>• Surrey Coalition of Disabled People</li> <li>• Unpaid carer</li> </ul> <p>In addition to this group, it was highlighted early on that it would only be truly coproduced and recognised by residents if the process fully involved people with lived experience. We recruited a volunteer who not only fed into the process their own experiences and views but also sought the views of others. This work was conducted in partnership with the Surrey Coalition for Disabled People who were very supportive.</p> <p>For the engagement to feed into the strategy we worked, mainly online, with different groups of Surrey residents of all ages, carers, providers, partners, and colleagues over a period of 10 months.</p> <p>This online approach enabled people to connect and input across Surrey flexibly throughout their day without the need to travel and arguably worked better than trying to arrange face to face meetings where people have to change their plans and travel, which is not always easy. We conducted surveys and workshops focused on what works well, what doesn’t work well, what could be improved and what is important to our residents. We also connected and had conversations with residents via the telephone and sought feedback regarding providers and their services from their service users and families themselves.</p> <p>Throughout the engagement process we also presented at various boards, forums, and network groups to ensure people were aware of the new strategy and took feedback from those meetings to feed into the final draft strategy.</p> <ul style="list-style-type: none"> <li>• HBC Provider Form</li> <li>• Care Home Provider Forum</li> <li>• Alzheimer’s Society Team Meeting</li> <li>• D&amp;B Engagement</li> <li>• Health Leads Engagement</li> <li>• Surrey Care Association</li> <li>• Dementia Strategy Board</li> <li>• Surrey Wide Care Home Collaborative Board</li> <li>• Frailty Board Meeting</li> </ul>

# Equality Impact Assessment

Question	Answer
	<p>Even with Covid restrictions in place we managed to obtain 750 separate responses during the coproduction process, and we will continue to build on this as we work towards producing our Market Position Statements which will detail our plans for each area of our work more fully.</p> <p>In support of this dedicated strategy focus we were also able to feed in findings and conclusions from relevant work that had been delivered separately for specific services. As examples, the recent Surrey Information and Advice survey, an ASC Day Opportunities survey, and surveys of user experience for both reablement services and home-based care proved invaluable in shaping the strategy.</p>

# Equality Impact Assessment

## 2. Service Users / Residents

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

1. Age including younger and older people
2. Disability
3. Gender reassignment
4. Pregnancy and maternity
5. Race including ethnic or national origins, colour or nationality
6. Religion or belief including lack of belief
7. Sex
8. Sexual orientation
9. Marriage/civil partnerships
10. Carers protected by association

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

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

# Equality Impact Assessment

## Age

Question	Answer
<p><b>What information (data) do you have on affected service users/residents with this characteristic?</b></p>	<p>Surrey's population in 2021 was recorded at 1,208,400, with 231,800 people over 65 and 36,800 over 85. The number of older residents in Surrey is projected to rise dramatically over the next 10 years, for the over 65's this increases from 19.18% to 22.23% and for over 85's this increases from 3.05% to 3.88%.</p> <p>The Joint Strategic Needs Analysis (JSNA), which looks at the health needs of Surrey's population, confirms that the county has an increasingly ageing population with a life expectancy above the national average. Whilst rising life expectancy is a cause for celebration, inevitably longer lives can mean that more Surrey residents will potentially need some form of care and support at some point in their life. There are also changes in the structure of our society which mean that increasingly older people are living alone with less family support. By 2030, the number of people aged 75+ predicted to be living alone will have increased by 27%.</p> <p>Multimorbidity and frailty (which commonly coexist) contribute to more complex care needs for residents. In addition, there is an increasing number of children and younger adults with highly complex needs surviving into older age. One of the morbidities closely linked to the provision of care and support is dementia, associated with an ongoing decline of brain function. Dementia is most common amongst older people and in Surrey and it is estimated that between 2020 and 2030 the overall number of people with dementia is forecast to increase by 28%, from 17,700 to 22,672.</p>
<p><b>Impacts</b> (Delete as applicable)</p>	<p>Positive</p>

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



# Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<ul style="list-style-type: none"> <li>• Local community-based services to support older people</li> <li>• Personalised packages of care and support to meet the needs of older people</li> <li>• Accommodation with care and support that will flex to meet the changing needs of older people</li> <li>• Commissioning services which enable more older people to use Direct Payments</li> </ul>	<p>Coproduction and engagement feedback as detailed above in “you said” and “we will” statements</p>	<p>The strategy will drive consistency and equity of service delivery through working in partnership and collaboratively. With a focus on strategic commissioning, we can maximise the opportunities to deliver services at scale but with an ability to focus on local needs and inequalities.</p>	<p>Over the course of the 9-year strategy</p>	<p>OP Commissioning team / ASC Commissioning / ALT and partners and stakeholders</p>

Question	Answer
<p><b>What other changes is the council planning/already in place that may affect the same groups of residents?</b>  <b>Are there any dependencies decisions makers need to be aware of</b></p>	<p>Health Integration will be the most significant change that will impact upon Older People in Surrey. However, we also know that there are a number of strategies, boards and programmes of activity that operate both strategically and locally that we need to contribute to. In short, the Strategy is a response to the environment we are working in, which is one of fast paced and significant change. It sets out how we will navigate and contribute to these changes to ensure our role in shaping Older People’s services is clear, understood and fit for purpose.</p>

# Equality Impact Assessment

Question	Answer
<b>Any negative impacts that cannot be mitigated? Please identify impact and explain why</b>	As with all social care related support and service delivery there is a danger that the strategy sets an ambition and expectation that mainly through financial constraints cannot be fully realised. Therefore, the ambition must be to maximise our impacts, within the resources we have, including pooling resources and creating shared ambitions to mitigate this risk as far as possible.

# Equality Impact Assessment

## Disability

Question	Answer
<b>What information (data) do you have on affected service users/residents with this characteristic?</b>	Information taken from Surrey i details the proportion of older people in Surrey that have reported a health problem or disability as of 2011. For older people aged 65 – 74, 17.6% of people have their daily activities limited a little by their disability and 26% have all activities limited. This further increases for 75 – 84-year-olds from 30% limited a little, to over 50% limited with all activities. For older people aged 85+, 32% have their activities limited by their disability and that increases over 78% for people that have all activities limited.
<b>Impacts</b> (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?
<ul style="list-style-type: none"> <li>People with all disabilities should have access to the 'Outstanding' or 'Good' CQC rated care</li> </ul>	We know that there are several CQC services in Surrey that are rated inadequate	We will work with existing providers of care to support them to improved under the Surrey County Council Care Provider Support and Intervention Protocol	On going	SCC Quality Assurance Team and Locality Teams

# Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<ul style="list-style-type: none"> <li>• Improve services that are available for people with the community with disabilities</li> <li>• Older people with disabilities will have the opportunity to be included in the codesign of services and supported to input like everyone else</li> <li>• Organise community groups to offer support, through day services with activities for people with a disability.</li> <li>• Services will be accessible in all areas of the County and importantly offer support for people, families and unpaid carers living with people who have a disability.</li> <li>• Improvement to the overall information and advice services within Surrey for people with a disability.</li> </ul>	<p>Coproduction and engagement feedback as detailed above in “you said” and “we will” statements</p>	<p>The strategy will drive consistency and equity of service delivery through working in partnership and collaboratively. With a focus on strategic commissioning, we can maximise the opportunities to deliver services at scale but with an ability to focus on local needs and inequalities.</p>	<p>Over the course of the 9-year strategy</p>	<p>OP Commissioning team / ASC Commissioning / ALT and partners and stakeholders</p>

Question	Answer
<p><b>What other changes is the council planning/already in place that may affect the same groups of residents?</b>  <b>Are there any dependencies decisions makers need to be aware of</b></p>	

Question	Answer
<p><b>Any negative impacts that cannot be mitigated? Please identify impact and explain why</b></p>	<p>None identified</p>

# Equality Impact Assessment

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

Question	Answer																																			
<p>What information (data) do you have on affected service users/residents with this characteristic?</p>	<p>The older population is less diverse than the younger cohorts. 92.5 percent of people aged 65+ are White British with just 2.7 per cent in non-white ethnic groups. Other white ethnicities are most dominant in the 25-64 age group (8.4 per cent). The highest proportion of Asian ethnicities (other than Indian and Pakistani) is among young adults aged 16-24 (4.5 per cent). The proportion of mixed/multiple ethnic groups is highest among children under 16 (5.2 per cent). (Source: Census – Office for National Statistics)</p> <p style="text-align: center;"><b>People aged 65 and over by age and ethnic group, year 2011</b></p> <table border="1" data-bbox="562 576 2087 1058"> <thead> <tr> <th data-bbox="562 576 815 676">Age</th> <th data-bbox="815 576 1070 676">White</th> <th data-bbox="1070 576 1326 676">Mixed/ multiple ethnic group</th> <th data-bbox="1326 576 1581 676">Asian/ Asian British</th> <th data-bbox="1581 576 1836 676">Black/ African/ Caribbean/ Black British</th> <th data-bbox="1836 576 2087 676">Other Ethnic Group</th> </tr> </thead> <tbody> <tr> <td data-bbox="562 676 815 751">People aged 65-74</td> <td data-bbox="815 676 1070 751">4,302,847</td> <td data-bbox="1070 676 1326 751">19,454</td> <td data-bbox="1326 676 1581 751">147,090</td> <td data-bbox="1581 676 1836 751">67,099</td> <td data-bbox="1836 676 2087 751">15,793</td> </tr> <tr> <td data-bbox="562 751 815 826">People aged 75-84</td> <td data-bbox="815 751 1070 826">2,795,281</td> <td data-bbox="1070 751 1326 826">10,925</td> <td data-bbox="1326 751 1581 826">74,383</td> <td data-bbox="1581 751 1836 826">39,974</td> <td data-bbox="1836 751 2087 826">7,555</td> </tr> <tr> <td data-bbox="562 826 815 901">People aged 85 and over</td> <td data-bbox="815 826 1070 901">1,152,376</td> <td data-bbox="1070 826 1326 901">3,470</td> <td data-bbox="1326 826 1581 901">14,802</td> <td data-bbox="1581 826 1836 901">7,502</td> <td data-bbox="1836 826 2087 901">1,978</td> </tr> <tr> <td data-bbox="562 901 815 1058"><b>Total population aged 65 and over</b></td> <td data-bbox="815 901 1070 1058"><b>8,250,504</b></td> <td data-bbox="1070 901 1326 1058"><b>33,849</b></td> <td data-bbox="1326 901 1581 1058"><b>236,275</b></td> <td data-bbox="1581 901 1836 1058"><b>114,575</b></td> <td data-bbox="1836 901 2087 1058"><b>25,326</b></td> </tr> </tbody> </table>						Age	White	Mixed/ multiple ethnic group	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group	People aged 65-74	4,302,847	19,454	147,090	67,099	15,793	People aged 75-84	2,795,281	10,925	74,383	39,974	7,555	People aged 85 and over	1,152,376	3,470	14,802	7,502	1,978	<b>Total population aged 65 and over</b>	<b>8,250,504</b>	<b>33,849</b>	<b>236,275</b>	<b>114,575</b>	<b>25,326</b>
Age	White	Mixed/ multiple ethnic group	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group																															
People aged 65-74	4,302,847	19,454	147,090	67,099	15,793																															
People aged 75-84	2,795,281	10,925	74,383	39,974	7,555																															
People aged 85 and over	1,152,376	3,470	14,802	7,502	1,978																															
<b>Total population aged 65 and over</b>	<b>8,250,504</b>	<b>33,849</b>	<b>236,275</b>	<b>114,575</b>	<b>25,326</b>																															
<p><b>Impacts</b> (Delete as applicable)</p>	<p>Positive</p>																																			

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?

# Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<ul style="list-style-type: none"> <li>Care and support services commissioned for older people in Surrey will be personalised to respond to the varying needs of people of different races and ethnic backgrounds, where possible</li> <li>Being able to support requests for care to be delivered from specific ethnic groups and support with language barriers.</li> <li>Recognise and respond differently to the increasing needs of Surrey's vibrant and diverse older population through local community and statutory services</li> </ul>	<p>Coproduction and engagement feedback as detailed above in "you said" and "we will" statements</p>	<p>The strategy will drive consistency and equity of service delivery through working in partnership and collaboratively. With a focus on strategic commissioning, we can maximise the opportunities to deliver services at scale but with an ability to focus on local needs and inequalities.</p>	<p>Over the course of the 9-year strategy</p>	<p>OP Commissioning team / ASC Commissioning / ALT and partners and stakeholders</p>

Question	Answer
<p><b>What other changes is the council planning/already in place that may affect the same groups of residents?</b>  <b>Are there any dependencies decisions makers need to be aware of</b></p>	<p>Funding is in place to support Surrey Minority Ethnic Forum (SMEF) through Public Health to complete Health and Well Being Engagement for ethnic minority groups in Surrey.            Additionally, through coproduction of the strategy it was highlighted that there was a need to form and support a BAME reference group.</p>

Question	Answer
<p><b>Any negative impacts that cannot be mitigated? Please identify impact and explain why</b></p>	<p>None so far.</p>

# Equality Impact Assessment

## Religion or belief including lack of belief

Question	Answer																					
What information (data) do you have on affected service users/residents with this characteristic?	The majority of the population in Surrey is Christian (62.8%), with Muslim being the next biggest religious group (2.2%). The proportion of Christians in Surrey fell from 74.6% in 2001 to 62.8% in 2011.																					
	<table border="1"> <thead> <tr> <th>Age</th> <th>Christian</th> <th>Muslim</th> <th>Hindu</th> <th>All other religions</th> <th>No religion</th> <th>Religion</th> </tr> </thead> <tbody> <tr> <td>Age 65+</td> <td>80%</td> <td>0.60%</td> <td>0.50%</td> <td>0.90%</td> <td>10%</td> <td>8%</td> </tr> <tr> <td>All people</td> <td>63%</td> <td>2.20%</td> <td>1.30%</td> <td>1.50%</td> <td>25%</td> <td>7%</td> </tr> </tbody> </table>	Age	Christian	Muslim	Hindu	All other religions	No religion	Religion	Age 65+	80%	0.60%	0.50%	0.90%	10%	8%	All people	63%	2.20%	1.30%	1.50%	25%	7%
	Age	Christian	Muslim	Hindu	All other religions	No religion	Religion															
Age 65+	80%	0.60%	0.50%	0.90%	10%	8%																
All people	63%	2.20%	1.30%	1.50%	25%	7%																
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?
<ul style="list-style-type: none"> <li>Being able to support requests for care to be delivered specific to their religious beliefs eg provision of prayer rooms in care homes, dietary needs</li> <li>Ensuring services are accessible for older people of all religious beliefs</li> </ul>	Coproduction and engagement feedback as detailed above in "you said" and "we will" statements	The strategy will drive consistency and equity of service delivery through working in partnership and collaboratively. With a focus on strategic commissioning, we can maximise the opportunities to deliver services at scale but with an ability to focus on local needs and inequalities.	Over the course of the 9-year strategy	OP Commissioning team / ASC Commissioning / ALT and partners and stakeholders

# Equality Impact Assessment

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



# Equality Impact Assessment

## Sexual Orientation

Question	Answer
<b>What information (data) do you have on affected service users/residents with this characteristic?</b>	The 2011 Census did not collect information on sexual orientation so there is little reliable data on the number of people in these groups in Surrey. The UK Government estimates that 6% of the population are lesbian, gay or bisexual. Applying this to mid-2015 population estimates for Surrey means that there may be 56,500 people aged 16+ and around 4,000 people aged 11 to 15 in Surrey who are lesbian, gay or bisexual. There is no data for older people available.
<b>Impacts</b> (Delete as applicable)	<b>Positive</b>

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?
<ul style="list-style-type: none"> <li>Older people receiving care and support will have their needs met in the way they wish to be identified.</li> </ul>	Coproduction and engagement feedback as detailed above in “you said” and “we will” statements	The strategy will drive consistency and equity of service delivery through working in partnership and collaboratively. With a focus on strategic commissioning, we can maximise the opportunities to deliver services at scale but with an ability to focus on local needs and inequalities.	Over the course of the 9-year strategy	OP Commissioning team / ASC Commissioning / ALT and partners and stakeholders

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

# Equality Impact Assessment

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

# Equality Impact Assessment

## Carers

Question	Answer
<b>What information (data) do you have on affected service users/residents with this characteristic?</b>	Information taken from the 2011 Census and Office for National Statistics (ONS) population projections, predicted the number of unpaid carers 65 and over would increase by 17% from 2016 to 2025, and for unpaid carers aged 85 and over this was 31%. Additionally, recognising the number of unpaid carers that care for someone with Dementia which influences the health and well-being of those older (and younger) carers, and the impact that this has on their own health and future ability to be financially self-supporting.
<b>Impacts</b> (Delete as applicable)	<b>Positive</b>

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

# Equality Impact Assessment

Impacts identified	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<ul style="list-style-type: none"> <li>Care and support services commissioned for older people will respond to, and listen to the voice of carers</li> <li>Discharge to Assess services commissioned must ensure that carers are considered</li> <li>Recognising that carers can also be older people too and sometimes have their own health needs that need to be considered and assessed</li> <li>Information and advice will be more accessible for older people in a caring role</li> <li>A more joined up service provision between health and social care services for older people and their carers</li> </ul>	<p>Coproduction and engagement feedback as detailed above in “you said” and “we will” statements</p>	<p>The strategy will drive consistency and equity of service delivery through working in partnership and collaboratively. With a focus on strategic commissioning, we can maximise the opportunities to deliver services at scale but with an ability to focus on local needs and inequalities.</p>	<p>Over the course of the 9-year strategy</p>	<p>OP Commissioning team / ASC Commissioning / ALT and partners and stakeholders</p>

Question	Answer
<p><b>What other changes is the council planning/already in place that may affect the same groups of residents?</b>  <b>Are there any dependencies decisions makers need to be aware of</b></p>	<p>Surrey’s carers strategy.</p>

Question	Answer
<p><b>Any negative impacts that cannot be mitigated? Please identify impact and explain why</b></p>	<p>None so far</p>

## 3. Staff

**This strategy is about commissioned services for older people so will not impact SCC staff**

# Equality Impact Assessment

## 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 have been made to the OP commissioning strategy as a result of this EIA	N/A

## 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	<b>No major change to the policy/service/function required.</b> This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken	✓
Outcome Two	<b>Adjust the policy/service/function</b> 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	<b>Continue the policy/service/function</b> 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: <ul style="list-style-type: none"> <li>• Sufficient plans to stop or minimise the negative impact</li> <li>• Mitigating actions for any remaining negative impacts plans to monitor the actual impact.</li> </ul>	
Outcome Four	<b>Stop and rethink</b> the policy when the EIA shows actual or potential unlawful discrimination  (For guidance on what is unlawful discrimination, refer to the <a href="#">Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act</a> concerning employment, goods and services and equal pay).	

Question	Answer
<b>Confirmation and explanation of recommended outcome</b>	Please confirm which outcome you are recommending and explain the reasons for your recommendation

# Equality Impact Assessment

## 6a. Version control

Version Number	Purpose/Change	Author	Date
V1	Draft	Katie Newton	July 2021
V2	Responding to comments from the Directorate Equalities Group	Katie Newton	October 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	
Executive Director	
Cabinet Member	
Directorate Equality Group	12 July 2021

<b>EIA Author</b>	Katie Newton
-------------------	--------------

\*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
Katie Newton	Senior Commissioning Manager	SCC	Commissioning

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: [contactcentre@surreycc.gov.uk](mailto:contactcentre@surreycc.gov.uk)