Residential care homes offer a non-clinical supportive environment where residents receive assistance with daily activities like personal care, meals, and social engagement, fostering a sense of community while ensuring their well-being outcomes are being met. This service can support different levels of residential needs, however, there has been an increase in complex referring to people with mental health conditions including

dementia, functional mental health problems and behaviour that challenges.

Conversely, nursing care homes provide support to similar levels of complex residents with the additional level of clinical supervision, with round-the-clock nursing staff managing differing levels of health needs and offering rehabilitative or palliative care as necessary.

This EIA helps us to build up a profile of the existing users of residential and nursing care in Surrey ref4f6en

be responsible for assessing any potential equality impacts on their staff. Adults Health and Wellbeing Partnerships (AHWP) commissioning and communications teams will

Age including younger and older people

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

residents share bathroom facilities.		
Positive impact (option 2):	Co-design and engagement to understand what people	
Opportunity to improve outcomes for older residents (including helping them thrive relationally and actively) through upgraded facilities and alternative services.		

problems and behaviour that challenges.			
Negative impact (option 2):	Implement phased plans across the care homes / care home refurbishment to move clients to alternative units / homes whilst work is being done.	In line with implementation plan	' '
Short-term disruption to routines, activities and visiting for elderly residents of prolonged building work conducted whilst they are still living at the home. Worry and distress of living with noise, dust and workmen in their home.			

any move would have on the health and wellbeing of older people.	Consider reducing placements to care homes 18 months prior to any redevelopment works taking place, based on the average length of stay (LOS) in care homes. Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.	In line with implementation plan.	
Negative impact (option 4): Demand for ASC funded services will increase with ageing population. More affordable provision is needed for older people and there may be challenges in identifying a suitable alternative placement in the wider market.	Continuation of demand and commercial modelling to inform the provision of ASC-funded beds and number of nursing beds required to minth6o3()t6.tmarket.		

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individual needs, including relating to the equalities protected characteristics.

Any negative impacts that cannot be mitigated?

n/a

Disability

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

There are a range of support needs including; personal care, memory and cognition, physical and sensory impairments and learning difficulties. A significant percentage of residents have dementia both diagnosed and undiagnosed.

As of July 2024, 65% of SCC-funded Older People client group living in ASC placements in R&N homes, have personal care support needs, and almost a quarter of clients require support with their memory and cognition.

Latest Primary Support Reason	No. of SCC-funded Service Users in all R&N Care Homes
Learning Disability Support	9
Mental Health Support	257
Physical Support - Access and Mobility Only	115
Physical Support - Personal Care Support	1,987
Sensory Support - Support for Dual Impairment	<5
Sensory Support - Support for Hearing Impairment	<5
Sensory Support - Support for Visual Impairment	8
Social Support - Substance Misuse Support	<5
Social Support - Support for Social Isolation / Other	18
Social Support - Support to Carer	0
Support with Memory and Cognition	455

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
Positive impact (option 1):	n/a		
No change to environment or routines creates stability for people with disabilities.			
Negative impact (option 1):	Business continuity plans in place. Reviewed annually.	I	I
In the event of infrastructure failure, residents that require support physically for personal care, memory and cognition and mental health support may become agitated if they need to move to a different home quickly in an emergency. Concern about the impact any move would have on the health and wellbeing of an	Carry out condition surveys and building reviews to assess building infrastructure, risk of infrastructure failure, and ensuring building standards and regulatory requirements are being met. Carry out feasibility surveys for refurbish/redevelop plans.		

as hoists which cannot be accommodated because of the small room sizes/potential ceiling structure. Would remain challenging to accommodate and use specialist equipment in small rooms.	a care setting that can meet their assessed needs.		
Negative impact (option 1): Residents with dementia and visual and physical impairments may be at risk of injury due to the built environment of the sites, e.g. non-sighted areas due to subsequent building extensions.	Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.	Ongoing	Locality Teams, Provider and Commissioning
Positive impact (option 2): Residents with a disability may be able to remain in the home whilst the building work is completed causing less disruption.	Implement phased plans across the care homes / care home refurbishment to move clients to alternative units / homes whilst work is being done.	Ongoing	1

Positive impact (option 3): Residents with a disability being the	Co-design and engagement to understand what people value about care to inform care home design and service specification development.	Jan-April 2025	Older People Commissioning and Technology Enabled Care
future , with a home that is fit-for- purpose as their needs change e.g. transitioning smoothly to nursing. Larger rooms can adapt to their equipment needs e.g. hoists and specialist equipment. Technology enabled environments ensure that different technology can be added as required.	Formal public consultation to have informed discussions with residents and their families/carers on the different options. Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood. Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.	May-August 2025	
A more specialist environment may be beneficial to those with	Co-design and engagement to understand what people value about care to inform care home design and service specification development.	Jan-April 2025	
dementia e.g. open lines of sight.	Formal public consultation to have informed discussions with residents and their families/carers on the different options.	May-August 2025	
	Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.		
	Development of a new care specification to improve outcomes for older people with experts		

	in the provider market, operational colleagues and commissioning.		
Positive impact (option 3): Some disability related needs are better met in different environments. Larger bedrooms, reinforced ceilings, en-suite facilities, closed staircases, assistive technology in new care homes may mean buildings can	Co-design and engagement to understand what people value about care to inform care home design and service specification development. Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.	Jan-April 2025	Older People Commissioning and Land and Property colleagues
Positive impact (option 3):	1	I	1

Greater accessibility and mobility for people with a disability through

memory/cognition may struggle to adjust to their new environment.	Adult Social Care team locality staff would plan to review new placements after 6 weeks.		
Negative impact (option 4): Lack of available local affordable provision, particularly for those with a disability.	Continuation of demand and commercial modelling to inform the provision of ASC-funded beds and number of nursing beds required to meet the need in Surrey. Work with the existing care home market to increase capacity in order to meet the need.	Ongoing	Older People Commissioning

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

- x Focus on early intervention and prevention services and information and advice to ensure care home placements are only accessed when other home-based care and community services have been reviewed that meet residents needs.
- x Introduction of another tenure and care type for older people Extra Care Housing, which would offer an alternative accommodation
- Х

needs, including relating to the equalities protected characteristics.

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Any negative impacts that cannot be mitigated?

n/a

Positive impact (options 1, 2, 3, 4):

Residents will want assurance that their needs will be met by the care worker and home in the way they wish to be identified. Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.

	Partner with local LGBTQ+ organisations for guidance and support to make sure using the best practices for inclusive care.		
Negative Impact (options 2 & 3): Residents may have formed strong bonds and connections with staff members that understand their gender reassignment. Potential move to a new home could lead to emotional distress and anxiety with the new staff team.	Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood. Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds when providing care.	On going	Locality Teams and Brokerage

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any

Ethnicity	No. of Service Users in all R&N Care Homes
White British	2,440
Information Refused, Not Stated, Undeclared	164
White Any Other White Background	111
White Irish	43
Oth Ethnic Group	32
Asian/Asian British Indian	18
Black/Black British Caribbean	17
Asian/Asian British Any Other Asian Background	12
Mixed Any Other Mixed Background	5
Black/Black British Any Other Black Background	<5
Arab	<5
Asian/Asian British Bangladeshi	<5
Black/Black British African	<5
Chinese	<5
Asian/Asian British Pakistani	<5
Mixed White & Asian	<5
Mixed White & Black African	<5
Mixed White & Black Caribbean	0
White Gypsy/Roma	0

Describe here suggested mitigations to inform the actions needed to reduce inequ	alities.
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Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
Negative impact (option 1): In the event of infrastructure failure, residents with English as a second language may find it harder to cope if they need to move to a different home in an emergency and a change to the current staff that have been supporting residents. Concern about the impact any move would have on the health and wellbeing of an individual.	Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers. Adult Social Care team locality staff would plan to review new placements after 6 weeks.	Ongoing	Commissioning, locality teams and Brokerage
Positive impact (option 2 & 3): The inclusion of en-suite facilities will be welcomed by those uncomfortable sharing bathroom facilities because of their cultural background.	Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.	Ongoing	Commissioning, locality teams and Brokerage

Positive impact (option 3): Opportunities to create links with local community e.g. schools and community groups in order to create positive outcomes for clients. Negative impact (option 3 &	Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood. Engagement with local care market to understand local community services	Ongoing	Commissioning
 4): Current care homes may be based or nearby to an 			
community. If the new/temporary home is not in the same vicinity it may have a negative impact on their general wellbeing			

Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds, including race, religion, and sexual orientation, when providing care.		
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Religion or belief including lack of belief

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

The picture of SCC-funded clients according to their religion and/or belief homes, is as follows:

Religion	No. of Service Users in all R&N Care Homes	
Not Known / Declined	776	

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<u>Sex</u>

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

Almost 70%

-funded residents are

s:



Sexual orientation

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

Unfortunately, there is not adequate data to inform this protected characteristic, so assumptions have been made.

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
Positive impact (option 1, 2, 3, 4): Residents may want assurance that their needs will be met by the care worker and home in a way they wish to be identified	 Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood. Support providers to deliver EDI-focused cultural competency training for care workers. This can ensure they are sensitive to diverse backgrounds when providing care. This will also cover the specific needs and challenges older LGBTQ+ people may face. This training should cover how to provide care without making assumptions and how to treat everyone with respect. Ensure staff know how to handle sensitive information gender identity and sexual orientation respectfully and keep it confidential. Display LGBTQ+ symbols, like rainbow flags, to show the care setting is a safe and welcoming space for everyone. Encourage residents to feel comfortable being themselves. 	On going	Locality Teams

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

Equality Impact Assessr

centred assessments of all nes to ensure their nderstood.

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with the new stan team.

Any negative impacts that cannot be mitigated?

n/a

Marriage/civil partnerships

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

Below is a breakdown of marital status for SCC-funded residents

Unfortunately, marital status is unknown for the majority of clients.

There is reportedly less demand for couples who enter care homes wanting to share a room. Older people are coming into care homes later in life with more complex conditions, and it can prove more physically and emotionally challenging to share a room.

Married Status	No. of SCC-funded Service Users in all R&N Care Homes
No Data	1,269
Widowed	674
Married	527
Single	278
Divorced/Separated	90
Cohabiting	10
Civil Partnership	8

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

Impacts Identified

How will you maen-Gu4g47Tf(e)-3(n)pan t1

Carers by Association

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

Positive impact (option 3): Opportunity to look at more flexible options for short term, respite and emergency care, to support the health and wellbeing of carers.	Co-design and engagement to understand what people value about care to inform care home design and service specification development.	Jan-April 2025	Older People Commissioning
Positive impact (option 3): Accessible site locations with various transport connections and adequate space for parking for visiting carers. Positive impact (B3GBDha	Development of the Generic Design Brief with input from practitioners, industry experts and residents.	Ongoing	Older People Commissioning and Land & Property

Socio Economic Disadvantage

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

Surrey's affluent status results in a high percentage of self-funded placements in the market which presents challenges. While there may be sufficient bed capacity for care home placements, affordability remains a significant barrier for long-term care placements, creating inequalities in access to quality care services across Surrey.

In addition, the UK is facing its biggest cost of living crisis in decades. Surrey County Council and its partners across the county have seen more people coming for help with crisis support, energy problems and not having enough money to make ends meet than ever before. According to economy:

- x 14,006 Surrey residents aged 65 and over were on Pension Credit which can represent levels of poverty in older residents (2024)
- x 8.3% of Surrey households are estimated to be in fuel poverty (2022)
- x Census 2021 Tenure figures indicate that 11.4% of households in Surrey, amounting to 55,055, are classified as Social rented. This is lower than both the national (17.1%) and regional (13.6%) averages.
- x The lowest paid 10% of Surrey residents in full-time employment have a median hourly wage of £12.10 (the real living wage is £12.00) (2023)
- x 14.6% more Surrey residents on Universal Credit while in work (representing 8,927 residents) in July 2024 compared to the previous year
- x National private rental prices increased by 6.0% in January compared to last year

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

Impacts Identified	How will you maximise positive / minimise negative impacts?	When will this be implemented by?	Owner
Positive impact (option 1):	n/a		

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

x Introduction of another tenure and care type for older people Extra Care Housing, which would offer an alternative

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- individual needs, including relating to the equalities protected characteristics.
- x sharing information about what support is available, planning finances and how

to be prepared.

x Working with Residential & Nursing Care Home providers to promote information for self-

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5	Ongoing	Continue to treat residents with respect and dignity.	Locality Teams	Ongoing	
6	Ongoing	Regular review of practice to ensure guidelines are being followed to minimise the risk of infections spreading.	Locality Teams	Ongoing	
7	In line with implementation plan	Implement phased plans across the care homes / care home refurbishment to move clients to alternative units / homes whilst work is being done.	Older People Commissioning	In line with implementation plan	
8	Ongoing	Development of the Generic Design Brief with input from practitioners, industry experts and residents.	Older People Commissioning	Ongoing	

9	Ongoing	Training is provided to staff to encourage good practice when moving or handling residents. If care and support needs cannot safely be met, residents should be assessed and transferred to a care setting that can meet their assessed needs.	Locality Teams	Ongoing		
10	Ongoing	Support providers to deliver awareness training to staff on how to support residents with sensory impairments.	Older People Commissioning	Ongoing		
11	In line with implementation plan	Transition planning and any resident moves will include a plain English communications plan, translation services and involve current care home staff and families/carers.	Older People Commissioning	In line with implementation plan		1

12 In line with Adult Social Care team implementation locality staff would plan plan

14 In line with implementation plan

17In line with implementation planPartner with lo LGBTQ+ organ for guidance a	ations Commissioning implementation
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using the best practices for inclusive care.

21	Ongoing	Support providers to religious practices, including providing a prayer space and ensuring religious dietary requirements are met.	Older People Commissioning	Ongoing		
22	In line with implementation plan	Work with providers approved SCC Residential and Nursing Care Contract to maintain residents existing price for self- funders so that there is not an increase. Choice Guidance to be considered.	Older People Commissioning			
23	September 2025	Implement robust person-centred assessments of all residents in the 6 care homes to ensure their individual needs are fully understood.	1		Ι	1 1

24	Ongoing	Continuation of demand and commercial modelling to inform the provision of ASC-funded beds and number of nursing beds required to meet the need in Surrey.	Performance & Data Analysis	Ongoing	
25	December 2024	Carry out condition surveys and building reviews to assess building infrastructure, risk of infrastructure failure, and ensuring building standards and regulatory requirements are being met. Carry out feasibility surveys for refurbish/redevelop plans.	Land & Property	April 2025	
26	January 2025	Development of a new care specification to improve outcomes for older people with experts in the provider market, operational colleagues and commissioning.	Older People Commissioning	September 2025	

Version Number	Purpose/Change	Author	Date
1	Draft EIA	Sarah Rajendram	4 October 2024
2	To reflect comments from AWHP EDI Manager and Chief of Staff	Sarah Rajendram	17 October 2024

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

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

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

6b. Approval

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

The level of EIA sign off will depend on who the change affects. Generally speaking, for strictly internal changes, Head of Service/ Exec Director sign off should suffice. For changes affecting residents, the Cabinet Member is required to approve completed EIAs.

Approved by	Date approved
Director	Jon Lillistone, Director of Integrated Commissioning, Adults, Wellbeing and Health Partnerships
	31 October 2024
Directorate Equality Group/ EDI Group (If Applicable)	I

(arrangements will differ depending on your Directorate. Please e676 reWt93(u)-3(ir)5(re)9(Di)e wilregrated

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