

**Equality Impact Assessment (EIA) Report**  
**DEMENTIA SUPPORT SERVICE**

Name of work stream / project	Leicester and Leicestershire Joint Commissioning of Dementia Community and Hospital Support Service
Name of a) Senior Responsible Owner and b) Implementation Lead	Bev White, Leicester City Council
Name of officer leading on completion of this assessment	Alison Maullin, Leicestershire County Council
Date EIA assessment started	07 March 2017
Date EIA assessment completed	12 <sup>th</sup> May 2017
Review date (e.g. 12 months following completion)	12 <sup>th</sup> May 2018

## 1. Defining the work stream or project

An integrated service working across Leicester City and Leicestershire, funded from an aligned budget (County and City Better Care Funds and City Council funds) to bring together three separate current services outlined below:

### The County Memory Support Co-ordination Service

This service currently goes to anyone with memory loss and their carers. It offers information, advice and guidance, activities (cafes, carers and peer support groups) and some emotional support to individuals and their carers.

### The City Dementia Support Service

The City Council directly provides a Dementia Care Advice Service and commissions a Dementia Support Service from the Alzheimer's Society.

The Dementia Care Advice Service currently only goes to people (and their carers) that have had a diagnosis in the past 12 months. It offers information, advice and guidance and a care management service (the care management element of this service will continue to be provided by Leicester City Council following the integration of all other elements of the service).

The Dementia Support service goes to anyone with a diagnosis of dementia and their carers. It offers information, advice and guidance, activities (cafes), advocacy and training for carers.

### CCG Hospital Dementia Support Service.

This service supports people with dementia within secondary care. It offers information, advice, guidance and support to people with dementia and their carers during a stay in hospital and as they transfer back out to the community.

### **The new Dementia Support Service**

The new service will comprise of advice, information, activity groups, memory cafes, carers training, hospital support service,

education and training for primary medical care and other health and social care professionals and, in the city, advocacy (this is commissioned separately in the county).

The aligned budget means that three current separate service contracts will end (all will be at the end of contract life at the point of recommissioning), and it is intended that the new service will commence immediately after this from 01<sup>st</sup> October 2017. However all the elements of the current provision are included into the new service specification, and strengthened by the inclusion of formal referral pathways to ensure awareness of and access to the service.

Expected advantages to this change are as follows

- More people and carers would be seen – the service would be available to everyone from those with worries about their memory, those with a recent long-standing diagnosis and those people with planned and unplanned hospital admissions;
- Much clearer pathway for referring into the service for professionals, carers and users and across city-county and service boundaries;
- Equitable access to services within the community in-hospital and following transfer back into the community;
- People receiving a service will get the same service no matter where they live;
- Efficiencies of scale with one provider working across the city and county, community and hospital;
- Improved ability regarding staffing: skill mix, pooling of expertise, training and education programmes, working across different geographical areas within the community and transfer of skills from community to hospital and vice versa; cover during times of absence;
- There will be a reduction in any potential duplication of services occurring across organisations;
- Funding from both in-house and external services will be combined, which will result in a saving that will contribute towards the overall efficiency programme, which will include maximising capacity in order to respond to anticipated increase in demand in the future.

Outline who will be affected, and how will they be affected.
<p>Service provision is for people affected by dementia: both the person with dementia and their carers, living in Leicester City and Leicestershire.</p> <p>The proposed service will support people to identify and access appropriate services in a timely manner, and will help them to develop resilience and to remain living independently for as long as possible through good information, specialised support and links to community resources.</p> <p>The service will support timely discharge from inpatient settings, which it is hoped will help people to reduce the length of their hospital stay.</p> <p>Under-represented groups have been identified (please see profile data in 2 below) and will be proactively targeted to increase representation, particularly by people from black and minority ethnic backgrounds in Leicestershire County, and by male carers in both the County and Leicester City. Current data in relation to religion and sexual orientation is incomplete, and must be addressed in future provision in order to determine that services are accessible and equitable for all.</p> <p>The eligibility of staff to transfer to the new service under TUPE regulations will be addressed as part of the procurement process.</p>
Is this linked to/dependent on any other work stream or project within your own or partner organisations?
<p>The Care Act 2014 requires local authorities and health partners to work in partnership and integrate services where possible, in order to provide seamless support, avoid duplication and achieve best value for money.</p> <p>The County Councils Adult Social Care Strategy 2016-2020 outlines the vision and strategic direction of social care support for the next four years. The service model is a “stepped approach, including the Department’s aims to work to reduce or delay the need for formal social care through supporting people to stay well and independent.</p> <p>The City Councils Adult Social Care Commissioning Strategy (2014-19) states that we will work with partners in health and wider community services to promote integrated services, including services which help to prevent avoidable deteriorations in</p>

independence and that Dementia Support Services will be jointly commissioning by all relevant partners.

The introduction of this model will also support the dementia aims outlined in the Leicester, Leicestershire and Rutland Service Transformation Plan (LLR STP), to support effective transfer from hospital to community settings.

## 2. Information used to inform the Equality Impact Assessment

Data has been sourced from the Leicester Leicestershire and Rutland Joint Strategic Needs Assessment (LLR JSNA) 2016, the Clinical Commissioning Groups recorded Dementia Diagnosis rates, and from Office of National Statistics (ONS) Data.

There has been a review of current service use, using data gathered by each commissioning partner for contract monitoring purposes.

1. In January 2017, the number of people registered with GP practices with a diagnosis of dementia in Leicester, Leicestershire and Rutland was 8,404 people.
2. The number of adults with early onset dementia (i.e. affecting people under 65 years of age) is predicted to rise from 178 in 2014 to 190 in 2030, with a peak of 198 by 2025. The number of older people with dementia is predicted to rise from 9,125 in 2015 to 12,927 in 2025.
3. Both locally and nationally people with dementia tend, on average, to stay in hospital for twice as long as people over 65 without dementia.
4. People with learning disabilities, particularly Downs Syndrome, are more likely to experience early onset of dementia
5. Local data
  - a. In Leicestershire, at 31/12/2016 there were 486 people using the current service. Of these, 189 were male and 297 female. Monitoring data indicates that only 4 people were recorded as being from any background other than White British/White European, 19 people had refused the question and 68 people's details had not been obtained. Forty-six

(46) people had either a physical or a sensory disability. There were no clients with a learning disability. In relation to sexual orientation, 100 people had refused to answer, 125 were recorded as heterosexual and for the remaining 261, and the data had not been obtained.

b. In Leicester City

The current caseload of the in-house **Dementia Care Advice service** is 488 people. The equality profile is as follows:

- 73% have a white British background
- 27% have another BME background
- 95% of current users are over 60 and
- All users of this service have a dementia diagnosis within the last 12 months
- 62% of current users are female and 38% are male.
- Numbers of people with a Learning Disability or physical disability is not known. The sexual orientation of users of this service is also not known

The current caseload for the **Dementia Support Service** is 387 people. The equality profile is as follows:

- 93% have a white British background
- 7% have another BME background
- 85% of current users are over 65
- All users of this service have a dementia diagnosis
- There are no users with either a physical disability or learning disability
- 53% of current users are female and 47% are male
- The sexual orientation of users of this service has not been collected and is therefore unknown.
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c. The UHL Dementia Hospital Support Service worked with 481 people in 2016/16, of whom 116 received information only.

Have you consulted target groups, other stakeholder and secondary groups about the following? What did they say?

Engagement with people affected by dementia (December 2016 – February 2017) was undertaken through visits to carers support groups, activity groups and dementia café sessions. Attendance at these groups was predominantly White British people, and no specific issues relating to equality or diversity were identified by those present. The discussions highlighted the

following priorities:

- The need for access to information and advice, particularly at the point of diagnosis or shortly after;
- The value placed upon peer support gained through groups;
- Individual support at the appropriate time.

The main barrier to accessing the service identified by those people (predominantly of White British origin) who partook in engagement sessions was found to be a lack of awareness of its availability, and once they became aware of its presence they did contact it. A 2016 report by Dementia Voices UK suggests that knowledge and understanding about dementia is very low amongst BME communities, making it more difficult for people to get the support that is available to them. Social isolation, a desire to care within the family, possible community pressure and a lack of culturally sensitive services may also contribute to the low uptake. This will be addressed in the proposed service by a combination of promotional activity, requirements to provide services which are sensitive and appropriate to individual personal and cultural needs, and by putting in place automatic referrals to the service from Memory Assessment Clinics (unless declined by the service user/carer) and proactive follow-up offering support when the referee is ready.

### 3a. Equality Impacts

Based on the above evidence and findings, use the table below to identify those who have one or more of the '**protected characteristics**', and are likely to be affected by the proposed work stream or project.

	Positive Impact (Y/N)	Negative Impact (Y/N)	Describe the impact of the work stream or project on people with this protected characteristic	For negative impacts, what mitigating actions can be taken? [Summarise in table 5]
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	Positive Impact (Y/N)	Negative Impact (Y/N)	Describe the impact of the work stream or project on people with this protected characteristic	For negative impacts, what mitigating actions can be taken? [Summarise in table 5]
Age	Y	N	<p>The majority of people diagnosed with dementia are aged 65+. This service will help them to maintain their independence and wellbeing for as long as possible, by understanding how to manage and live well with the dementia and plan for the future. Younger people with dementia require different advice and support e.g. advice and support while working and the new combined service will be required to offer this.</p>	<p>The service will help to develop understanding of the current referral pathway/system and access to community services which may aid/support patients to 'live well' and maintain a level of independence. The service will be required to offer specialised information to people of working age affected by dementia. There will be defined referral pathways including referral at the point of diagnosis, to ensure that there is a timely offer of service.</p> <p>The service will be required to maintain awareness of national and international developments and to adapt and change to ensure continuous improvement and delivery of acknowledged current best practice.</p> <p>Performance against these requirements will be monitored throughout the contract.</p> <p>The service will run promotional activity to raise the profile of the service and will target underrepresented groups to ensure greater awareness of its availability.</p>



	Positive Impact (Y/N)	Negative Impact (Y/N)	Describe the impact of the work stream or project on people with this protected characteristic	For negative impacts, what mitigating actions can be taken? [Summarise in table 5]
<b>Disability</b>	<b>Y</b>	<b>N</b>	Dementia is one of the major causes of disability in the elderly, affecting personal care, everyday cognitive activities, and social behaviour. Access to earlier support may help to postpone disability in old age. The service will be available to people diagnosed with dementia and their carers, including people who are disabled by any other condition.	The service specification will include requirements to make services accessible for all, with reasonable adjustments where necessary. This includes (e.g.) physical accessibility, times of services, adherence to accessible information standards. The service will run promotional activities and will target underrepresented groups to ensure greater awareness of its availability.
<b>Gender Reassignment</b>	<b>Y</b>	<b>N</b>	There will be a small number of users who are gender reassigned. This service will be equally available to those people and will be required to be sensitive to their needs...	The service specification will be explicit about the need to capture this demographic information whenever possible, in a sensitive manner. Appropriate staff training will be required, and there will be ongoing monitoring of performance data. This service will run promotional activities and will target underrepresented groups to ensure greater awareness of its availability.
<b>Marriage and Civil Partnership</b>	<b>Y</b>	<b>N</b>	The service will support both users and carers, including sustaining relationships.	
<b>Pregnancy and Maternity</b>	<b>Y</b>	<b>N</b>	There may be a small number of users, who are likely to be carers (addressed below).	

	Positive Impact (Y/N)	Negative Impact (Y/N)	Describe the impact of the work stream or project on people with this protected characteristic	For negative impacts, what mitigating actions can be taken? [Summarise in table 5]
<b>Race</b>	<b>Y</b>	<b>N</b>	Dementia can be denied or seen as a natural part of ageing in some cultures, rather than brain impairment. This can lead to people with dementia being hidden away. Current data reveals low take up of support by anyone other than White British people, and it is known that people of South Asian origin may be more susceptible to vascular dementia.	The service must recognise, and be responsive to, the needs of people from minority ethnic groups which may be different from those of the majority population and may require specifically-tailored approaches. This includes monitoring requirements, and performance management will pay particular attention to race/ ethnic origin, and the provision of culturally appropriate support. Ongoing monitoring will review take-up of the service by people from BME groups and of approaches designed to increase this. This service will run promotional activities and will target underrepresented groups to ensure greater awareness of its availability.
<b>Religion or Belief</b>	<b>Y</b>	<b>N</b>	Some religions and/or beliefs deny the existence of Dementia and can often put it down to a natural form of aging or a mental illness to be hidden away. This service will seek to overcome these barriers to ensure appropriate services.	Religion is closely associated with the cultural and ethnic differences and the service must demonstrate respect for religious and other beliefs. Performance in relation to this characteristic will be monitored as for Race above. This service will run promotional activities and will target underrepresented groups to ensure greater awareness of its availability.

	Positive Impact (Y/N)	Negative Impact (Y/N)	Describe the impact of the work stream or project on people with this protected characteristic	For negative impacts, what mitigating actions can be taken? [Summarise in table 5]
<b>Sex</b>	<b>Y</b>	<b>N</b>	More women than men are diagnosed with dementia and also more women than men become carers of a person with dementia, however take up of current services is disproportionate in relation to male carers. The service will seek to address any imbalance through appropriate initiatives, for example men-only groups, targeted recruitment of male workers	Specific initiatives intended to support proportionate take-up of services will be reviewed and monitored through normal contract procedures. Contract performance information will be reviewed by the commissioners to monitor proportionality of service delivery and impact of any targeted initiatives, to inform ongoing service improvement.
<b>Sexual Orientation</b>	<b>Y</b>	<b>N</b>	There will be a small number of users but it is known that people are often unwilling to disclose their sexual orientation and this may therefore not be taken into account. The service will be equally accessible to those users and will be required to be sensitive and address any specific needs.	The service specification will be explicit about the need to capture this demographic information whenever possible, in a sensitive manner. Appropriate staff training will be required, and there will be ongoing monitoring of performance data.

	Positive Impact (Y/N)	Negative Impact (Y/N)	Describe the impact of the work stream or project on people with this protected characteristic	For negative impacts, what mitigating actions can be taken? [Summarise in table 5]
<b>Other groups <sup>1</sup></b>	<b>Y</b>	<b>N</b>	<p>This service will support the carers of people with dementia, helping them to continue caring, to access advice, information and support and to plan for the future.</p> <p>The service will be available across all areas, and is expected to ensure accessibility through technology, outreach, and peer support development in addition to one to one support when appropriate.</p> <p>The service will work with the commissioners and other expert partners to identify potential groups in need and ways to engage with them.</p>	
<b>CARERS</b>				
<b>RURALLY ISOLATED</b>	<b>Y</b>	<b>N</b>		
<b>OTHER DISADVANTAGED OR DISENGAGED GROUPS</b>	<b>Y</b>	<b>N</b>		

<sup>1</sup> E.g. rural isolation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities

### 3b. Human Rights Impacts

Based on any evidence and findings, use the table below to specify if any particular articles in the **Human Rights Act 1998** apply (or 'are engaged') by your proposal. Will the human rights of individuals be affected by this proposal? Include positive and negative impacts as well as barriers in benefiting from the above proposal.

	Positive Impact (Y/N)	Negative Impact (Y/N)	Describe the impact of the work stream or project on the human rights of individuals	For negative impacts, what mitigating actions can be taken [Summarise in table 5]
Right to life	Y	N	The service will support users to live independently with dignity for as long as possible.	
Right to respect for private and family life	Y	N	The service will promote and support personal choice and sustaining relationships.	

<b>Any other directly relevant Human Rights considerations<sup>2</sup> (please insert)</b>			Article 3 Right not to be treated in a degrading way: the service will promote and support peoples' rights to be treated with dignity and respect by all involved in the care and support of people affected by dementia. The service will also promote awareness and understanding of dementia across all communities.	
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### 3c. Public Sector Equality Duty

Which of the general aims of the **Public Sector Equality Duty (PSED)** are likely to be relevant to the project or programme?

	<b>Positive Impact (Y/N)</b>	<b>Negative Impact (Y/N)</b>	<b>Describe the impact of the work stream or project on the aims of the PSED</b>	<b>For negative impacts, what mitigating actions can be taken? [Summarise in table 5]</b>
<b>Eliminate unlawful discrimination, harassment and victimisation</b>	<b>Y</b>	<b>N</b>	The service will promote awareness and understanding of dementia which will help to destigmatise the condition and support the prevention of discrimination across all communities and protected characteristics.	

<sup>2</sup> Right not to be tortured or treated in an inhuman or degrading way; right not to be subjected to slavery/ forced labour; right to liberty and security; right to a fair trial; no punishment without law; right to freedom of thought, conscience and religion; right to freedom of expression

	Positive Impact (Y/N)	Negative Impact (Y/N)	Describe the impact of the work stream or project on the aims of the PSED	For negative impacts, what mitigating actions can be taken? [Summarise in table 5]
<b>Advance equality of opportunity between different groups</b>	<b>Y</b>	<b>N</b>	The service will support all protected characteristics and be available to all.	
<b>Foster good relations between different groups</b>	<b>Y</b>	<b>N</b>	The service will promote understanding of dementia and inclusion of people affected by dementia in mainstream groups and activities.	

#### 4. Evaluating the assessment

**Summarise your findings** and give an overview as to whether the work stream or project will meet public sector responsibilities in relation to equality, diversity and human rights.

More people should be able to access this Dementia Support Service. The service will be expected to address any underrepresentation of population groups and also be person centred around an individual's particular needs. Commissioning of this service will meet public sector responsibilities in relation to equality, diversity and human rights.

You will need to ensure that **monitoring systems** are established to check for impact on the protected characteristics, human rights and Public Sector Equality Duty. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities

Contract requirements will be put in place to monitor both quantitative and qualitative outcomes. The service will be required to measure against achievement of individual outcomes which will demonstrate what is achieved for the person affected by dementia.

Service usage will record numbers of people using the different service aspects of information, advice, groups and individual support, and will capture personal characteristics (all listed protected characteristics).

Together these datasets will inform the commissioners about performance against the specification and will highlight any areas of under-representation where there may be barriers to service access.

The provider is required to engage and consult with local communities and their representatives, to gather feedback and input in relation to ongoing service development and improvement. This will also be informed by information gathered from a required annual survey of people using the service.



## 5. Improvement plan

Please summarise actions proposed to address the **negative impacts** identified in sections 3a, 3b and 3c above.

Protected characteristic or Human Right or PSED	Mitigating action [from table 3a, 3b and 3c]	Officer Responsible	Completion date
ALL	1. The lead commissioner (Leicester City Council) will collate performance information, which the provider will be required to submit on a quarterly basis.	Bev White	Ongoing through the life of the contract
	2. The joint commissioners (Leicester City Council, Leicestershire County Council, Leicester City CCG, East Leicestershire and Rutland CCG, West Leicestershire CCG) will all have oversight of performance information, and will jointly work to address any areas where improvement can be made.	Caroline Kirkpatrick (CCG East) David Muir (CCG West) Ali Brooks (CCG City) Bev White (Leicester City Council) Alison Maullin (Leicestershire County Council)	Ongoing through the life of the contract
	3. The service must evidence a focus on targeting higher risk groups by raising awareness and reducing their risk of dementia.	As above	As above

Protected characteristic or Human Right or PSED	Mitigating action [from table 3a, 3b and 3c]	Officer Responsible	Completion date
	4. The commissioners and provider will identify patient experience of dementia across protected characteristic groups, through focus groups, annual survey and ad hoc consultation, in order to ensure the service is culturally sensitive and data collection captures the protected characteristics.	As above	As above
	5. Ensure that equalities issues are built into the detailed design and improvement of services. Particular issues to consider will be barriers to access experienced by protected groups and ensuring that as far as is practically possible support is tailored to the specific needs and preferences of the individual. Stipulations relating to equalities issues in the contract will be monitored for achievement as part of performance monitoring.	As above	As above
	6. The contract and service specification will include training requirements for staff in relation to equality and diversity.	As above	As above

## 6. Sign off and scrutiny

Upon completion, the lead officer completing this assessment is required to sign the document in the section below.

**Work stream SRO:** ..... **(Name)** ..... **(Signature)**

**Date:** .....