

**APPENDIX B EIA – DEMENTIA BUSINESS CASE**  
**EQUALITY IMPACT ASSESSMENT**  
**(ANALYSIS OF THE EFFECTS ON EQUALITY)**

NAME OF PROJECT: Transformation of Dementia Community Services

DATE EIA COMPLETED: 15<sup>th</sup> August 2019

ASSESSING MANAGER:

*Please refer to the Equality Impact Assessment Guidelines at each stage when completing this template.*

## Step 1: About your piece of work

Directorate	Integrated Commissioning – Partnerships and Integration
Lead Manager	Jo Dickinson
Piece of Work (hereafter referred to as “project” to be assessed)	Transformation of Dementia Community Services – Business Case
Main purpose and intended outcomes of project	<p>The purpose is to enhance the dementia community offer for patient’s pre, peri and post diagnosis. This will be achieved by increasing staffing resources in the existing team.</p> <p>By enhancing the service we will achieve the outcomes identified in the below dementia statements which were developed by the Dementia Action Alliance:</p> <p><i>‘We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.’</i></p> <p><i>‘We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.’</i></p> <p><i>‘We have the right to an early and accurate diagnosis, and to</i></p>

	<p><i>receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.'</i></p> <p><i>'We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.'</i></p> <p><i>'We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.'</i></p>
<p>Groups whom the project should benefit or apply to, e.g., service users, CCG staff</p>	<p>Any resident of South East Essex who is pre, peri or post dementia diagnosis and their carers.</p> <p>Existing staff in the EPUT &amp; SBC, ECC &amp; CCG Dementia community support team.</p>
<p>Any associated strategies, policies, guidelines, frameworks</p>	<ul style="list-style-type: none"> <li>● Prime Minister Challenge on Dementia 2020</li> <li>● NHS 5 Well Pathway</li> </ul>

	<ul style="list-style-type: none"> <li>• NHS 5 year forward plan</li> <li>• Next steps 5 year forward view</li> <li>• NHS Long term plan</li> <li>• The Care Act</li> <li>• Mid and South STP - The STP Plan updated and published in further detail in October 2016</li> <li>• Integration and Place based Models of Service Delivery</li> <li>• Southend Essex and Thurrock local Authority Priorities</li> <li>• Essex Partnership University Trust Transformation Priorities</li> <li>• NICE, 2018. Dementia: assessment, management and support for people living with dementia and their carers. London: NICE.</li> <li>• NICE, 2019. Dementia, disability and frailty in later life: midlife approaches to delay or prevent onset overview. London: NICE.</li> <li>• NICE, 2019. Dementia: Quality standard [QS184]. London: NICE.</li> </ul>
<p>List any research or literature review evidencing that people with protected characteristics are specifically affected by this policy/process</p>	<p>As above.</p>

## Step 2: Initial Screening

*This section assesses whether your project has any relevance to equalities.*

You should score each element as follows:

- 3 – this area has a high relevance to equalities
- 2 – this area has a medium relevance to equalities
- 1 – this area has a low relevance to equalities
- 0 – this area has no relevance to equalities

Overall Impact Score :

<b>0 points</b>	No or Relevance	<b>1 – 9 points</b>	Low Relevance
<b>10 – 18 points</b>	Medium Relevance	<b>19 - 27 points</b>	High Relevance

**Irrespective of the total score calculated above, the overall impact is affected by the following:**  
**If any one or more of the equality groups has scored 2 then the overall impact is MEDIUM**  
**If any one or more of the equality groups has scored 3 then the overall impact is HIGH.**

Project (or aspect of project)	Age	Disability	Gender	Pregnancy	Marital status	Race	Sexual Orientation	Religion	Human Rights	Total Points	Overall Impact (High, Medium Low)
Project	3	3	3	0	3	3	3	3	3	24	High

Please identify the main issues relating to equality and diversity within your project and explain the rationale for your equality scoring:

Have you identified any positive impacts upon any of the equality groups ? If so, please outline.

The transformation of community dementia services will result in a positive impact to any resident of South East Essex with dementia and their carers.

The service will support any individual pre, peri and post a dementia diagnosis. There is no upper or lower age limit to the service.

With the increase in resource there will be increased capacity to the service to assess, diagnose and support people with dementia and their carers.

The increased capacity will also have a positive impact to those living in care homes as the team will be able to specifically support care homes as well as people living in the community.

Mitigations have also been put in place to prevent patients being admitted into Meadowview following the closure of Maple Ward. To ensure Southend and CP&R patients are not admitted to Meadowview (in Thurrock) an investment has been made in DIST of 1.0 WTE band 6 Nurse and 3.0 WTE band 3 support workers, to support alternatives to admission. In addition beds have been identified in Rawreth Court and Clifton Lodge to support step-down for patients admitted to Meadowview, when assessment is completed, and step-up for short-term enhanced support, while appropriate care-package is arranged. The DIST have developed a strong working relationship with DAU and SWIFT to help support the admission avoidance process.

Since the closure of Maple Ward only one patient has been transferred to Meadowview but this was at the request of the patient's family as they live closer to Meadowview hospital.

If your overall score is “**none**”, your EIA ends here. Please send this form to PMO Team for onward approval to the relevant Quality Team.

If your score is “**low**”, have you identified any negative impacts of your project upon equalities? Yes / No

If Yes, please outline potential impacts and changes (however small) that can be made to tackle this impact. Please record this in Section 6. Please send this form to PMO Team for onward approval to the relevant Quality Team.

Please conduct the EIA again when you next review or change your project and please provide updates every 3 months on any remedial actions you have identified on page 4.

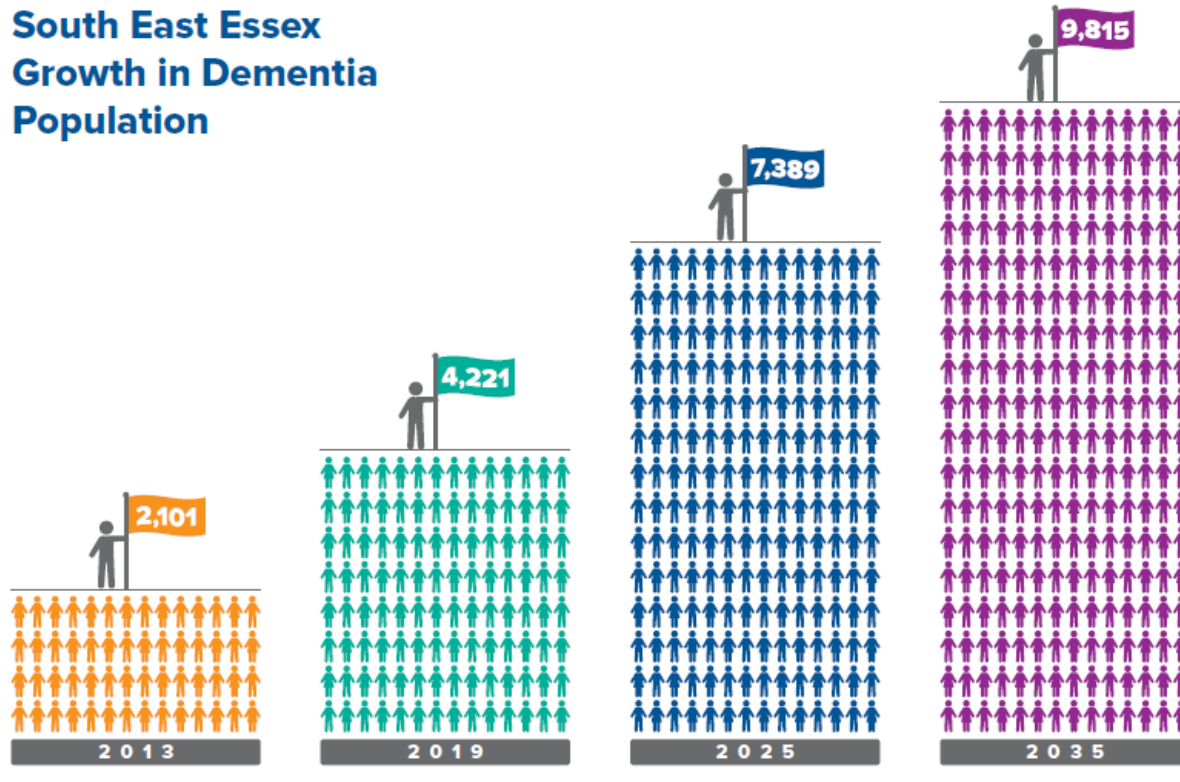
If the overall score is “**Medium or High**”, please turn over to complete your EIA.

### Step 3: Scoping

You will need to refer to the information you provided in the initial screening in step 2, and key facts and figures about the local population to complete this section. You may find it helpful to refer in detail to the questions included in the EIA Guidelines for this section

The below Infographic shows the forecasted rise in the dementia population in South East Essex:

#### South East Essex Growth in Dementia Population



Source: Poppl. N.B. lower than some estimates.



## Step 4: Identifying Positive and Negative Impacts

Based on the evidence you have gathered in Section 3, have you identified any potential differential impact (positive or negative) for any of the equality groups?

	Positive	Negative
Age	The service will support any individual living in South East Essex who is pre, peri or post dementia diagnosis and their carer. The service does not have an upper or lower age criteria.	
Disability	The service works in partnership with other services such as Care Coordination, Swift and IAPT.	
Gender	The service will support any individual living in South East Essex who is pre, peri or post dementia diagnosis and their carer.	
Pregnancy	N/A	
Race	The service will support any individual living in South East Essex who is pre, peri or post dementia diagnosis and their carer. The community arm of the service will	

	actively try to reach out to the BAME community as well as traditionally hard to reach groups.	
Sexual Orientation	The team will support carers as well as care home & sheltered accommodation staff in sensitivities and complexities around people with dementia and their sexual orientation.	
Marital status	The service supports carers as well as the person with dementia. There are peer support groups and one to one support to prevent the carer going into crisis which in many cases is the spouse of the person with dementia.	
Religion	The community arm of the service will seek to reach out to traditionally hard to reach communities.	
Human Rights		The inpatient service at Maple Ward has now closed. The closest alternative for patients is Meadowview in Thurrock. Mitigations have been put in place to prevent patients being admitted into Meadowview following the closure of Maple Ward. To ensure Southend and CP&R patients are not admitted to Meadowview (in Thurrock) an investment has been made in DIST of 1.0 WTE band 6 Nurse and 3.0 WTE band 3 support workers, to support

		<p>alternatives to admission. In addition beds have been identified in Rawreth Court and Clifton Lodge to support step-down for patients admitted to Meadowview, when assessment is completed, and step-up for short-term enhanced support, while appropriate care-package is arranged. The DIST have developed a strong working relationship with DAU and SWIFT to help support the admission avoidance process.</p> <p>This has been listed as a possible negative impact because of the small risk of patients being admitted to a ward in Thurrock rather than in South East Essex. However, to date only one patient has been admitted to Meadowview and this was at the request of the patient's family who lived closer to that area.</p> <p>It is envisaged that the expansion to the team will strengthen and enhance the exiting community offer meaning that no patients will be admitted to Meadowview unless absolutely necessary.</p>
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Is the impact as a result of direct or indirect discrimination? (*refer to Guidelines for definitions of these terms*) No (delete as applicable)

If the impact is as a result of indirect discrimination, please explain how this might be justifiable in meeting a particular aim of the project?

N/A

Who have you consulted about the positive and negative impact of the project on equality and what were their views?

From the 11<sup>th</sup> to the 22<sup>nd</sup> March 2019, the DIST, DCST & Care Coordination undertook consultation and engagement work with the public regarding dementia services that they had received.

In total 22 people with dementia and their carers were consulted.

Of the 22; 10 accessed DAU, 12 accessed A&E and in 3 cases detention was considered.

The Carer's were asked whether anyone had spoken to them to find out about their needs as a carer. 16 said that either DIST, ward staff, the Dementia Navigators or OPCMT had asked about their needs as a carer. The 6 that said they weren't asked had accessed A&E rather than DAU.

14 of the carers said they had been kept up to date with what is happening with the person they care for. The 8 that said they hadn't been kept up to date had accessed A&E rather than DAU.

When asked if they thought there was any overlap between the people involved with the carer or person with dementia, 4 said yes but in a positive way. 15 of the people said there was no overlap and 3 either did not know or said there was no one involved with their care.

The carers that were seen in DAU were asked to comment on their experience. All that attended gave positive feedback which included: "Professional, friendly, caring", "DAU was fantastic, staff very understanding and caring" and "Very pleased. Whole family were able to attend. Nothing was too much trouble"

The carers that were seen in A&E were also asked to comment on their experience. Apart from one comment all gave negative feedback of the experience; "busy and distressing for my mum. No quiet place, too much noise", "horrible, could not understand what was going on, no one spoke to me" and "to make a person with dementia sit in A&E for 5 hours is not right. So stressful for family".

**Consultation:**

Throughout 2016 we facilitated extensive consultation and engagement with people living with dementia, carers, general public, stakeholders and provider organisations, Adult Social Care, Care Homes and Domiciliary Care Providers.

**The following main points came from the consultations**

- Information available and accessible when and how you want and need it
- Having one point of contact from the first sign of possible symptoms through to End of Life care, who will navigate the service pathway and support the person diagnosed and their carer. This same person to be the link and liaison between the person with dementia and health, social care and third sector providers.
- Improved coordination and integration between health and social care services to enable smooth transition through the dementia pathway for patients and carers.
- Being able to take part in community life

## **Step 5: What has been done to promote equality in your project and how will you evaluate how effective this has been?**

The service will support any individual living in South East Essex who is pre, peri or post dementia diagnosis and their carer irrespective of any protected characteristic

The service will submit a performance monitoring framework and so Integrated Commissioning and monitor the progress of the service.

There is a well-established working relationship between EPUT and SBC/S/CPR CCG. The team meet on a regular basis to discuss any matters arising, including dementia diagnosis rates, joined up working, weekly figures.

An Integrated Care Plan template for dementia and frailty has been created and will be used on SystemOne. This will be used by all professionals involved in the care of the individual. The Care Plan will be able to be viewed and coproduced by professionals such as GPs, all staff in the dementia team, Care Coordination, etc. This will ensure professionals are working together to generate the best possible outcomes for the individual and their carer.

The Service Specification has been rewritten to ensure that the key performance indicators reflect equality monitoring and outcome focused commissioning.

**Step 6: What practical actions would help reduce any negative impact on the equality groups you have identified?**

Issue identified	Action to be taken	Lead	Timescale
In very rare circumstances there is a chance that a patient could be transferred to Meadowview in Thurrock	Team to continue the admission avoidance work that has so far resulted in no unwanted admissions. Expansion of the team will also result in more resources to the team.	Jo Dickinson, Nancy Smith, Spencer Dinnage	Ongoing

**You have now completed your Equality Impact Assessment**

**Please submit to PMO Team for onward approval and sign off by Quality Team.**