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carers to prepare and make contingency plans for crisis management and end of life care as appropriate.

Interact with the individual and carer as and when required throughout their dementia journey, responding to their needs from simple 1:1 interventions through to a more complex needs-led service. Providing emotional support either face to face or regular telephone contact, share guidance and facilitate access to appropriate health and social care professionals on appropriate occasions during the progression of the condition and as and when individuals/ carers request this.

Who is affected by the proposals outlined above?

The proposals will affect:

People who been diagnosed with dementia and their family/carers living in Surrey/or have a registered GP in one of CCG areas that contribute to the funding of this service. Staff employed by the current Provider of the service Health Professionals and partners (Acute Providers, Community Health, District and Boroughs etc) / Mental Health providers across the system within Surrey who can receive or make referrals via the Dementia Navigator service.

6. Sources of information

Engagement carried out

As part of the retender exercise the following partners and stakeholder groups were engaged and consulted with:

CCG clinical commissioners with a lead for Mental Health

Clinical Professionals

Co-Commissioners (CCG and SCC)

Procurement

Finance

Legal

User and Carer Groups

District and Borough Community Services

Potential providers across the market

A series of meetings and workshops were held to gather feedback and views on how this current service operated and what improvements could be made.

08/01/2018 Health and Social Care Commissioners and Dementia leads workshop and feedback

06/02/18 NW Surrey Dementia Partnership Board Meeting

26/04/2018 District and Boroughs Dementia Navigator review workshop

10/05/2018 Elmbridge Carers Support group (Users and Carers of people living with dementia) Presentation and feedback session

21/05/2018 Presentation and feedback session Camberley Users and Carers Drop in session

22/05/2018 Stake holder and market event, presentation and feedback

Feedback from all the events was generally positive about the current delivery but identified that stronger connections were needed between the Dementia Navigator service provider and a range of organisations and agencies to ensure visibility and accessibility to the service by people across Surrey. Closer working relationships could

be explored further between Districts and Boroughs and Dementia Navigator service to ensure that maximum use of community based services and resources available are taken up by people living with dementia in their local areas.

Data used

Performance monitoring / KPI data from current provision

Joint Strategic Needs Assessment

Public Health Data / Department of Health data

Historical data from previous contracts supporting people with dementia

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ²	Potential positive impacts	Potential negative impacts	Evidence
Age	People of any age who have been diagnosed with dementia or carers of any age will be able to access the service empowering them with, information and advice, support to remain living independently or continuing to manage to support as a carer. The service will also focus on flexible service delivery approach to support people of working age who have been diagnosed with early onset dementia and their carers /families.	No envisaged negative impacts as eligibility is still based on having a clinical diagnosis of dementia and on either being a Surrey Resident or having a Surrey based GP.	The NHS Dementia Calculator states that at December 2015 there were 15,269 people in Surrey with dementia³ which the Joint Strategic Needs Assessment predicts will rise to 19,000 by 2020⁴. The effect of an ageing population will impact on the numbers of people living with dementia, the health and social care needs of people living with dementia, and the needs of their carers.

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who are likely to require additional care and support associated with old age (Draft JSNA, 2018). Of these, an estimated 4,586 adults will have a moderate or severe learning disability; 1,028 will have a severe learning disability and this is estimated to increase to 4,907 by 2030.

Population estimates outline that there are 5,700 children with learning disabilities and 2,700 with autism in Surrey, of whom 647 are 16-17 year olds with learning disabilities and 97 have autism. 897 18-25 year olds have autism and this is projected to increase to 988 by 2030.

5,403 people with a learning disability were known to local GPs in 2016/17; however the recording of autism is not as reliable (approx. 27% of the projected population when nationally that % is 23%).

			In the 2011 census, the proportion of the Surrey population who do not describe themselves as white was 8.6%. This proportion is currently concentrated amongst those below the age of 65 ⁷ .					
				White	Mixed/ multiple ethnic group	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group
			18-64	620,578	10,472	44,546	9,163	6,529
			18-65 as %	89.77%	1.51%	6.44%	1.33%	0.94%
			65+	189,260	676	3,532	437	561
			65+ as %	97.32%	0.35%	1.82%	0.22%	0.29%
			Roma and Tr	avellers (G l communit	RT) are so ies in our s	me of the ociety. As	and Woking. (most disadva s at July 2016 Surrey. ⁸	ntaged
Religion and belief	People who have been diagnosed with dementia can access this service regardless of their religion	Individuals who have specific religious beliefs associated with their culture may not easily access the dementia navigator service. Some targeted work may be done by building connections and links	decreased fro	om 74.6% i ting "No rel	in 2001 to 6 igion" incre	62.8% in 2 ased fron	tians in Surrey 2011. The pro n 15.2% to 24. jions.	portion of

⁷ POPPI/PANSI 2011

⁸ Gypsy and Traveller Caravan Count DCLG on Surreyi.

		with specific communities and religious leaders who may be able to assist with supporting individuals to access the service.	
Sex	People who have been diagnosed with dementia can access this service.	Men in their caring role may not access this service proactively whilst being a carer (as most carers are women) until a crisis occurs.	In the UK 61% of people with dementia are female and 39% are male. This is mostly because women tend to live longer than men and as dementia becomes more common as we age, more women develop the condition. 820,000 people in the UK have dementia (dementia Consortium) 15.4% of women died due to Alzheimer's disease and other dementia's in 2016 in the UK. It was the leading cause of death for women. 8.0% of men died due to Alzheimer's disease and other dementias in 2016 in the UK. It was the second leading cause of death for men. Women are 2.3 times more likely to provide care for someone with dementia for over 5 years.

Sexual orientation would not be a barrier to accessing this service.		

Carers ¹³	The service should assist the carer to build contingency and advanced plans with regard to options for resilience and ongoing support to continue in their caring role as the dementia disease progresses.		
	Dementia has a greater impact on women as the majority of carers are women. This service can be accessed by any carer to support them in their caring role.	2 26 280.27 reW [to)-5 (su)	

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Disability	As above	N/A	N/A
Gender reassignment	As above	N/A	N/A
Pregnancy and maternity	As above	N/A	N/A
Race	As above	N/A	N/A
3.41 Religion () 28 belief	274.73 RT73 18.8.41507.2.62(f) FQ	.28 274.134.06vf	
	Disability Gender reassignment Pregnancy and maternity Race	Disability As above Gender reassignment Pregnancy and maternity As above As above As above Race As above 3.41 Religion 120 .28 274.73 R173 18.8.41507.2.62(f) FQ	Disability As above N/A Gender reassignment As above N/A Pregnancy and maternity As above N/A Race As above N/A N/A N/A Race As above N/A 3.41 Religion and .28 274.73 R73 18.8.41507.2.62(f) R01.28 274.134.06 f

8. Amendments	to the	proposal	Is
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	A series of meeting and workshops were held to collate feedback and views on how this current service operated and what improvements could be made.
Key impacts (positive and/or negative) on people with protected characteristics	In respect of the negative impacts there is no proposed change to eligibility criteria for this service. In respect of the positive impacts people in receipt of this service will experience the following enhancements over the existing service: Improved accessibility and targeted approach to individuals with a Learning disability who have been diagnosed with dementia and those people of working age who have been diagnosed with Young Onset Dementia. Improved support for individuals diagnosed with Dementia and their carers across ethnic groups and harder to reach groups living in Surrey, to empower and build connections with local support networks, agencies and organisations to build resilience to continue living in their communities. Overall this improved service based on enhancements above will lead to better outcomes and improved "Customer Experience". Better and improved outcomes from KPI performance measures to share across Health and Social care systems reflecting the needs of the populations of people and their carers living with dementia in the communities.
Changes you have made to the proposal as a result of the EIA	There are no changes to the proposal as a result of the EIA.
Key mitigating actions planned to address any outstanding negative impacts	There are foreseen negative impacts relating to the proposed changes to this well-established service as reasoned in section 7 for either service users or staff. Safeguarding issues need to be considered, particularly for people with learning disabilities or mental health needs, who may be more vulnerable in some community situations. The service will need to do some targeted work with some ethnic/ cultural groups for whom Dementia is not recognised and support available to them is not accessed in the traditional manner. The Lesbian, Gay, Bi sexual and Transgender (LGBT) individuals who have been diagnosed with dementia may not access the service, if they believe they will be stigmatised.