

INITIAL SCREENING – STAGE 1 (See Guidance information)

As a public authority we need to ensure that our strategies, policies, functions and services, current and proposed have given due regard to equality and diversity.

Please complete the following questions to determine whether a Full Equality Assessment is required.

Name of policy, strategy or function: Give me something to believe in – Dementia Strategy for Birmingham and Solihull 2013-2016	Ref: AC 0813 DS
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Responsible Officer: Mary Latter Directorate: Adults and Communities	Role: Chairperson of Equality Assessment Task Group Assessment Date: 8 th November 2013
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Is this a: Strategy YES Is this: New or Proposed YES

1. What are the main aims, objectives of the policy, strategy, function or service and the intended outcomes and who is likely to benefit from it
<p>Aims: To provide a vision and framework for service provision for people with dementia and their carers and families, that will help to support the development of future services</p> <p>Objectives: The objective of the strategy is to promote a set of principles for commissioners, services and service providers that will support the development of appropriate services for people with dementia and their carers and families</p> <p>Outcomes:</p> <ol style="list-style-type: none"> 1. More integrated commissioning and development of services for people with dementia and their carers and families 2. Improved health outcomes and quality of life for people with dementia 3. Enhanced community capacity to manage citizens with additional needs within the community 4. Improved focus on person centred care 5. Clear understanding of what people with dementia need to ‘live well’ 6. Services that meet service users expectations and are responsive to service user needs 7. Reduction in numbers of emergency hospital admissions for people with dementia 8. Reduction in numbers of people with dementia prematurely admitted to residential care provision

Benefits:

The Strategy aims to realise the **Call to Action** from the **National Dementia Declaration**, which describes what people with dementia and their family carers would like to see in their lives.

The **Call to Action**

1. People with dementia will have personal choice and control or influence over decisions about themselves
2. People with dementia will know that services are designed around them and their needs
3. People with dementia will have support that helps them live their life
4. People with dementia will have the knowledge and know-how to get what they need
5. People with dementia will live in an enabling and supportive environment where they feel valued and understood
6. People with dementia will have a sense of belonging and of being a valued part of family, community and civic life
7. People with dementia will know there is research going on which delivers a better life for me now and hope for the future

The strategy is intended to provide benefit to people with dementia, their families and carers, the communities and citizens of Birmingham, and commissioners and support the provision of services that meet and respond to the changing needs of people with dementia and the communities within which they live.

2. Explain how the main aims of the policy, strategy, function or service will demonstrate due regard to the aims of the General Duty?

1. Eliminate discrimination, harassment and victimisation?
2. Advance equality of opportunity?
3. Foster good relations?
4. Promote positive attitudes towards disabled people?
5. Encourage participation of disabled people?
6. Consider more favourable treatment of disabled people?

The strategy will be supported by clear commissioning and organisational planning, which will incorporate the vision of the strategy, summarised below in a series of 'I' statements:

- I was diagnosed early
- I have GP Support
- I feel understood by the professionals who treat me
- I received continuity of care
- I was treated with respect and dignity
- I enjoy life
- I have choice, control and knowledge of services
- I was treated with respect and dignity whilst managing my condition
- I feel supported as a carer
- I was given information about the end of life to make informed choices
- I am supported to do things/activities at home
- I get good support and breaks as a carer
- I got the right information, at the right time in the right way

- I am able to continue to do the things I enjoy and have opportunities to try new things
- I understand, so can make decisions
- I feel part of a community and I'm inspired to give something back

3. What does your current data tell you about who your policy, strategy, function or service may affect:

Service users	Yes
Employees	No
Wider community	Yes

Please provide an explanation for your 'Yes' or 'No' answer

a) Service Users

- Overall numbers

Data tells us that there are an estimated 13,819 people with dementia in Birmingham and that this figure will grow as people live longer. Whilst the majority of dementia's affect older adults and incidence increases with age, there are younger adults with dementia as well as an increase in people with learning disabilities and dementia as life expectancy increases.

- Diagnosis vs prevalence

Alongside estimating prevalence of dementia we are also able to calculate how many people have actually been diagnosed by looking at the numbers of people recorded on the QOF (Quality Outcomes Framework) registers held by GP's. These figures are now published in a number of ways as increasing the numbers of people with a diagnosis is a key government driver for dementia services/ commissioning. The published figures indicate that all three CCG's covering Birmingham (Birmingham South Central, Birmingham Cross City and Sandwell and West Birmingham) have diagnosis rates higher than the national average of around 46 per cent, with Birmingham South Central showing a rate of 67 per cent). Nationally an ambition of 67% is in place and the levels across the country, including large sections of the Birmingham area mean there is still concern about those people who do not / have not received a diagnosis, around 7,000 people when that diagnosis can mean the difference between accessing appropriate support services or not.

- Diversity - BME communities

Overall, the proportion of people from Black and minority ethnic (BME) groups affected by dementia is broadly the same as for the white population. There appears, however, to be a higher incidence of vascular dementia and early onset dementia in BME communities, particularly Black Caribbean and Asian. Nationally it is estimated that there are at least 15,000 people from black and minority ethnic groups with dementia. Around 6.1 per cent of all people with dementia among BME groups are young onset, compared with only 2.2 per cent for the UK population as a whole, reflecting the younger age profile of ethnic minority communities.

Many services for people with dementia from these communities, however, remain inappropriate and inaccessible. This can be due to a range of issues including language barriers, not knowing what help is available, or traditional beliefs about dementia that inhibit people seeking help, as well as an established culture of caring for older people in the family. Another factor that has been highlighted is the lack of appropriate assessment tools. For Birmingham, the 2011 census showed 42.1 per cent of Birmingham's population classified themselves as part of an ethnic group other than white British (that is around 451,409 people). This represents a significant driver for ensuring inclusive services.

- The Assessment pathway

One group who have felt disadvantaged have been those that have had a diagnosis "outside" the recommended pathway. Locally, memory assessment services were only introduced in the last 3 years and many people who received their diagnosis prior to this were unable to access services, such as the dementia advisers. Currently due to the demand for the service, access is restricted to those who have been through the memory assessment, with others for whom this pathway is still not an option (including those with learning disabilities, those diagnosed in CMHT's because of other co-morbid mental health conditions or those with Korsakoff's syndrome) still unable to access the service. There are still instances where people are not about to access either pharmacological or non-pharmacological interventions that could make a substantial difference.

- Age related dementias

Early onset dementia describes a range of conditions which affect memory and thinking in people under the age of 65. While it is less common in under 65's there have been cases of dementia being diagnosed in people in their 50s, 40s and even 30s and people with early onset dementia make up about 2% of the total numbers of people with dementia (around 300 people in Birmingham). The needs of people with early onset dementia who develop dementia, differ radically from those of older people with dementia. It can be difficult to diagnose, even when signs of early dementia are present, and there are particular issues with lack of awareness amongst professionals that need to be addressed.

- Learning Disabilities

We know that people with a learning disability are at greater risk of developing dementia at a younger age - particularly those with Down's syndrome where one in three develop dementia in their 50s.

Studies have shown that the numbers of people with Down's syndrome who have Alzheimer's disease increase from around 1 in 50 of those aged 30 to 39 years to 1 in 3 of those aged 50 to 59 years. This compares with the rates for people with learning disabilities other than Down's syndrome who have dementia of around 1 in 10 of those aged 50 to 65 to nearly three-quarters of those aged 85 or over.

b) Employees

No adverse impacts for employees are anticipated currently

c) Wider Community

It is hoped the strategy will impact on the wider community, promoting social cohesion.

4. Are there any aspects of the policy, strategy, function or service, including how it is delivered, or accessed, that could contribute to inequality? (including direct or indirect discrimination to service users or employees)

Not Known

Please provide an explanation for your 'Yes' or 'No' answer

Consultation on the strategy – a clear communication strategy has been put in place for consultation on the strategy including formal consultation through Birmingham City Council and Solihull Metropolitan Borough Council.

Circulation of the strategy - as well as electronic copies paper copies will be distributed and made available on request.

Commissioning activity arising from the strategy – all commissioning, decommissioning and procurement will need to be conducted to clear guidelines.

Partnership Board – a partnership board will be set up to include service users, carers and other stakeholders and will be responsible for monitoring the progress of the strategy including clear equality monitoring of implementation plans.

5. Will the policy, strategy, function or service, have an adverse (negative) impact upon the lives of people, including employees and service users?

Not Known

Please provide an explanation for your 'Yes' or 'No' answer

No direct or indirect discrimination is anticipated currently however the strategy will rely on its 'operationalisation' by other organisations and commissioners and therefore will be closely monitored by the partnership board and lead commissioners including clear equality monitoring of implementation plans.

6. Is an Equality Assessment required?

If your answer to question 2 has identified potential adverse impact and you have answered '**yes**' to any of the following questions 3, 4, or 5, then you should carry out a Full Equality Assessment.

Does the Policy, Strategy, Function or Service require a Full Equality Assessment? **Yes X**

If a Full Equality Assessment is required, before proceeding you should discuss the scope of the assessment with service managers in your service area as well as the Directorate Contact Officer.

If a Full Equality Assessment is **Not** required, please sign the declaration and complete the Summary statement below, then forward a copy of the Initial Screening to your Directorate Contact Officer

If a Full Equality Assessment **Is** required, you will need to sign the declaration and complete the Summary statement below, detailing why the Policy, Strategy, Function or Service is moving to a Full Equality Assessment. Then continue with your Assessment

DECLARATION

A Full Equality Assessment not required, the Initial Screening has demonstrated that the Policy, Strategy, Function or Service is robust; there is no potential for discrimination or

adverse impact. All opportunities to promote equality have been taken.

Chairperson: Mary Latter

Summary statement:

This initial screening builds on previous work undertaken with a range of key stakeholders including service users, carers and their families, and commissioners and professionals who work with people with dementia. This Stage One screening has considered any areas with potential discriminatory or adverse aspects and has ensured that there are considerations within the strategy to reduce these risks and realise the responsibilities of the general duty.

Sign-off Date: 9th November 2013

Quality check: The screening document has been checked using the agreed audit arrangements in the Directorate:

<p>Name: (Officer/Group carrying out the Quality Check) Mary Latter</p> <p>Directorate: Adults and Communities</p> <p>Contact number: 0121 675 4907</p>	<p>Date undertaken: 21st August 2013</p>	<p>Screening review statement:</p>
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Equality Assessment Task Group Members

<u>Name</u>	<u>Role on Task Group</u> (e.g. service user, manager or service specialist)	<u>Contact Number</u>
1. Chairperson	Manager	0121 675 4907
2. Michael Kay	Manager	
3. Julia Phillips	Manager	
4. Bernie Blackledge- Murray	Service Manager	