

## APPENDIX D Leicestershire Equality Impact Assessment

**Name of policy:** Leicester, Leicestershire & Rutland Living Well with Dementia Strategy 2024-2028

**Department:** Adults & Communities

**Who has been involved in completing the Equality Impact Assessment:** Sharon Aiken, Leicestershire County Council.  
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**What is the proposal?:** The Leicester, Leicestershire and Rutland's (LLR) Living Well with Dementia Strategy 2024-2028 sets the priorities across LLR for ways Social Care and Health services can support people living with dementia and their families and carers. The strategy has been developed in partnership between the Integrated Commissioning Board, the 3 Local Authorities, NHS Provider Trusts and local voluntary sector organisations.

**What change and impact is intended by the proposal? :** The strategy confirms the priorities across LLR for ways Social Care and Health services can support people living with dementia and their families and carers.

**What is the rationale for this proposal?:** It reflects the national strategic direction outlined in The Prime Minister's Challenge on Dementia which details ambitious reforms to be achieved by 2020 (version not updated) and supports the requirements of the Care Act 2014 for 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.

**What equalities information or data has been gathered so far?:** The strategy proposal considers the impact dementia has on people's lives and the intersection of protected characteristics with dementia. All of the protected characteristics are considered and research has been undertaken both through already existing resources and through first hand engagement to understand how support can be improved for people with dementia and carers.

**What does it show?:** Data has been sourced from Joint Strategic Needs Assessments undertaken by Leicester City Council (to be published) and Leicestershire County Council (2018-21). Integrated Commissioning Board collected diagnosis data and undertook engagement with professionals.

There are currently over 9,000 diagnosed people living with dementia across Leicester, Leicestershire and Rutland.

- As nationally, similar rates of males and females have a diagnosis of dementia across LLR, however this shift with more females having a diagnosis of dementia in age categories above 80.

- Largest ethnic group to have a diagnosis of dementia across LLR is 'White', this is followed by 'Asian/Asian British', however there is significant gap in the rate of diagnosis between the two groups.

There was a total of over 14,000 people predicted to be living with dementia across Leicester, Leicester and Rutland in 2020 and data projections show that this number is estimated to increase to over 13,000 in County, 3,000, in City and 900 in Rutland by 2030 (POPPI&PANSI).

**What engagement has been undertaken so far?:** Healthwatch Leicester, Leicestershire and Rutland undertook a wide scale engagement exercise featuring people with dementia and their carers in order to identify challenges that people with dementia experience and how they can be best supported. In all, they spoke to 34 people in semi-structured interviews, attended 36 different focus groups and collected 126 survey. A wide range of recommendations concerning strategic priorities have been made and these were imperative in the development of the strategy. Some focus groups with people with younger onset dementia were also held during a younger onset engagement and networking event. This helped commissioners develop some focus on the priorities unique to this demographic that experiences dementia and learn how they can be better supported

Also, some desk research around specific challenges experienced by people from various underrepresented backgrounds was also undertaken by commissioners. The intention of this was to gather already existing research findings and use this as a way of informing our strategic priorities. The report was developed by officers and shared with the Dementia Programme Board at early stages of the dementia strategy review.

**What does it show?:** The officers report focused on compiling research studies and online articles around the challenges people from various seldom heard groups face in the UK. The groups in question are: prison population, traveller and gypsy communities, LGBT+ Communities, learning disability and underrepresented ethnic groups. Commissioners believe that developing the holistic background knowledge of the issues that the seldom heard communities face will help ensure the strategy is accessible and conscious of issues experiences by people in these communities.

The Healthwatch engagement exercise produced a final report with 16 recommendations focused around pre-diagnosis, diagnosis, support following diagnosis and access to health and social care. All of the recommendations have been considered whilst developing the refreshed strategy.

**Age:**

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
The majority of people diagnosed with dementia are 65+. Many of the carers of people with dementia are also likely to be over 65. The Strategy's main	Yes	In this instance, as the majority of people diagnosed with dementia are 65 years old and over it is imperative that our engagement and service

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<p>aim is to support a local health and social care system that works together so that every person with dementia their carers and families have access to and receive compassionate care and support not only prior to diagnosis but post diagnosis and through to end of life. Through the action plan within the Strategy, statutory and voluntary sector organisations demonstrate how they will work together to support people affected by dementia and their families and carers. Younger people with dementia require different advice and support- services such as the Memory Assessment Service and our Dementia Support Service (feature specialist younger onset dementia support worker) have been commissioned to ensure that this advice / support is received across the area but organisations must ensure younger people feature in their delivery plans as well. Some engagement was undertaken exclusively with people diagnosed with dementia at less than 65 years old and their carers. This helped us identify how we can address their needs within the Strategy and local delivery planning.</p>		<p>response considerations also focus on under 65s. The two age groups have different challenges that they experience due to different life stages upon diagnosis and may differ in the onset of symptoms. It is important to consider how people age under 65 can be integrated into mainstream services which are dominated by old age services. We have considered the impact of age when developing our strategy. The public consultation will be promoted across organisations and people will be encouraged to share their views through completing an online form. Accessibility is a consideration in this, and the Dementia Programme Board members will be encouraged to promote the consultation and to encourage services to support people with completing the feedback form where possible. The Dementia Programme Board who oversees the Strategy will continue to influence and promote age-appropriate services and support from Statutory provision and commissioned services like inpatient care, home care and residential care and monitor delivery of the Strategy. Individual place based and organisational delivery plans will be shared with the DPB.</p>

**Disability:**

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
<p>Dementia is a major cause of disability, affecting personal care, everyday cognitive activities and social behaviour. As dementia is progressive and eventually effects all functioning managed by the brain people will become increasingly disabled both cognitively and physically. Older People with dementia often have co morbid conditions. The strategy is intended to improve support available to people diagnosed with dementia and their carers. Improving awareness and access to support will also improve outcomes for people with disabilities or health conditions which increase their likelihood of developing dementia such as learning disabilities. Furthermore, effective and timely diagnosis is another consideration within the strategy and some key objectives circle around this. Reducing waiting</p>	<p>Yes</p>	<p>The aim of the strategy is to have a positive impact on disability as a result of dementia. It is also worth to consider concordant disabilities and how these can be supported to ensure that they do not prevent people from accessing dementia support. Some research has been conducted on Learning Disabilities (LD) and dementia by commissioners and partners. Some generic service provision may not be aware of the Strategy or their responsibilities to ensure the needs of people with dementia are met. The strategy aims to ensure inclusivity of all people living with dementia and their carers and specialises support where needed. Ensuring people are not discriminated due to concordant disabilities is essential and the strategy supports this. The Strategy will be widely communicated and supported by the DPB, who will</p>

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<p>lists for assessment and diagnosis would allow people to receive post diagnostic support earlier potentially slowing down the progression of the illness. The Strategy support actions addressing living and supporting well activity and this includes activity that maintains people’s health, independence, social connections and reduces the risk of harm. The Strategy also has actions that aim to support people who have increased health and social care needs including those whose behaviours present challenges and people coming out of hospital.</p>		<p>work with commissioners and providers of mainstream services and interdependent workstreams to ensure these are inclusive of people with dementia. The consultation will be accessible to people with dementia and other disabilities through accessible text and visual impairment adaptations. Commissioners met with a dementia co-production group in which advise on how to ensure the consultation is accessible was sought. Advice regarding text content, font and colour given.</p>

**Race:**

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
<p>There is some evidence to suggest that people from certain ethnic communities are at higher risk of dementia than others, and that there is lower take up of dementia support services and diagnosis rates amongst ethnically diverse communities. This can lead to people with dementia not receiving the support that may be helpful to them and their informal carers. The Strategy seeks to recognise and be responsive to the needs of people from minority ethnic groups, which may be different from those of the majority population for example to meet first language needs, culturally appropriate activity and support, connection with communities as well as ensure paid carers have awareness of race and dementia in order to meet identified needs. In some areas there may be a case for specific services for specific communities. The Strategy also aims at promoting strong partnerships between statutory, voluntary and community groups. Person centred plans are integral in commissioned support, and this requires viewing the holistic background of a person including their ethnicity and culture.</p>	<p>Yes</p>	<p>Not considering the discrepancy in diagnoses and attendance to support services, can further create a gap to service access for people from certain communities. This could lead to people presenting in crisis who have no or little previous involvement with services, families in crisis and under strain without the knowledge and support to provide care as the person with dementia condition progresses. The strategy if not being accessible to people from diverse backgrounds holds potential for exclusion and prevents appropriate access to support. Furthermore, not considering the impacts of race, ethnicity and culture can lead to exclusions from consultation processes for the strategy development. The DPB expects services to be flexible and ensure that people from all backgrounds are well supported. It will be expected that local and place-based delivery plans address the specific needs of people from diverse backgrounds. The commissioned Dementia Support Services will continue to be supported to develop its services with and for different communities. The ICB and Memory Assessment Service are implementing specific assessment tools for South Asian communities. All other contracts and internal services will continue to be monitored in relation to access and use. The DPB will promote tools and resources that specifically relate to working with a diverse population</p>

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		through its networks. The Strategy will continue to promote partnership with the healthcare practitioners and VCS organisations and local communities to ensure resources are allocated to promoting dementia awareness in ethnically diverse communities. Commissioners have undertaken secondary research to learn about unique challenges people from migrant and ethnic minority backgrounds may face e.g. culture difference and language difference and will use this to support future additional commissioning.

**Sex:**

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
<p>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 Dementia Support Services is disproportionate in relation to male carers. The Strategy is designed for anyone affected by dementia regardless of their gender. Specific initiatives intended to support proportionate take-up of services have already been incorporated into commissioned services across LLR. Contract performance information is reviewed by commissioners to monitor proportionality of service delivery and impact of any targeted initiatives.</p>	Yes	<p>Not considering the impact of gender can lead to missing ways support can be targeted to be more accessible to underrepresented groups. Furthermore, there is some complexity as males are less represented, however they also have lower rates of dementia diagnoses and are less likely to be carers. The nuances of gender representation are considered by commissioners when developing the strategy. Specific initiatives intended to support proportionate take-up of services have already been incorporated into commissioned Dementia Support Services across LLR. Contract performance information will continue to be reviewed by commissioners to monitor proportionality of service delivery and impact of any targeted initiatives, to inform ongoing service improvement.</p>

**Gender Reassignment:**

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
<p>There may be a number of people in the target group who have undergone reassigned gender. The Strategy</p>	Yes	<p>Demographic data regarding gender reassignment for people with dementia is not collected using our local data sources so specific numbers of people affected by gender reassignment</p>

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
will be equally available to those people and services are expected to be sensitive to their needs.		cannot be sourced. However, this is expected to be a low number due to how rare gender reassignment is in cohorts featuring older people. The unique challenges faced by people that have undergone gender reassignment have been identified in the secondary research undertaken by commissioners and presented to the dementia programme board at the beginning of the strategy review. Commissioners are aware of these challenges and will ensure that the support delivered and promoted as a result of the strategy will be conscious of specific needs that this demographic may have and will cater to these.

**Marriage and Civil Partnership:**

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?
The strategy is designed for anyone affected by dementia regardless of their marriage or civil partnership status. As informal carers may be partners the Strategy links closely with the LLR Carer Strategy. Partners may also be acting for the person under a Lasting Power of Attorney or as next of kin. Due to the dementia relationships may be strained between partners and this is considered when thinking about carer support.	No

**Sexual Orientation:**

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
The consultation and the final strategy actions will be equally accessible and appropriate to people in LGBTQ+ groups and will be required to address any specific needs and ensure staff supporting people have good equality training.	Yes	Ignoring this protected characteristic may lead to services that do not understand or recognise LGBTQ+ people backgrounds, relationships and life history. They may feel they are not able to express themselves and fear the reactions of heterosexual carers, family and other people they encounter. This could lead to people not feeling comfortable in for example group activities and leading to accessing support at time or crisis or at a later time than heterosexual people. The consultation and the final strategy will be equally accessible to LGBTQ+ people and will be required to be not discriminate and address any specific needs. Specifically the consultation will be promoted to the local LGBTQ+ Centre, as well as internal LGBTQ+ staff groups. Councils are also members of Stonewall and Commissioners are expected to have good equality training. Commissioners conducted secondary research to learn about challenges for people form LGBTQ+ communities and dementia

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		which has informed the Strategy and will inform local delivery plans. The Strategy expects that all services used by people with dementia are accessible and aware of the potential LGBTQ+ discrimination including language and assumptions about life styles that can be predominantly heterosexual, that negative attitudes are challenged and positive images and activity is LGBTQ+ inclusive within services

**Pregnancy and Maternity:**

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?
It is highly unlikely that there will be any people living with dementia affected by pregnancy or maternity directly. Some carers may be affected.	No

**Religion or Belief:**

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
Religion and beliefs often intertwine with culture. Some professionals may not be aware of how people’s religion and beliefs may impact on decision making at different stages of dementia. The Strategy seeks to raise awareness of the needs of people with dementia from different religious backgrounds and seldom heard groups and this work is linked to the work covered under section F Race. Dementia is a terminal and life limiting condition where increase medical care is needed, and people may not have mental capacity to make decisions or communicate their wishes.	Yes	Not considering the impact of religion or belief will omit the need for person centred support and could potentially exclude some groups from receiving dementia diagnoses and interventions as well as receiving care that is appropriate to their religion and belief. The Dying well actions contained in the Strategy aim to ensure that end of life decisions and medical interventions are cohesive with people’s religion and beliefs. This will be monitored via local delivery plans to the DPB. Within the strategy there is a section relating to living well where there will be a focus on supporting people from seldom heard groups as with race, the Strategy seeks to recognise and be responsive to the needs of people from a variety of religions or belief systems, which may be different from those of the majority population and may require specific person-centred support. On top of the actions covered in section f around expectation and partnership

<b>What are the benefits of the proposal for those from the following groups?</b>	<b>Is there any specific risks or concerns?</b>
	working, local organisational and placed based plans will address this need where they consider there are gaps.

**Other groups: e.g., rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived, armed forced, or disadvantaged communities:**

<b>What are the benefits of the proposal for those from the following groups?</b>	<b>Is there any specific risks or concerns?</b>
The specific work referenced earlier regarding a focus on under represented groups will provide an opportunity to further develop services to meet the needs of all people in LLR affected by dementia.	No

**Action Plan:**

What concerns were identified?	What action is planned?	Who is responsible for the action?	Timescale
Poor data around people living with dementia broken down by protected characteristics.	Ensure that the local delivery plans have an appropriate focus on under represented groups broken down by protected characteristics.	Commissioners in each Local Authority.	First 6 months of strategy (as a part of delivery plan development).

**How will the action plan and recommendations of this assessment be built into decision making and implementation of this proposal?:** the action plan and recommendations of this assessment will be a standing agenda item in the meetings of the Leicestershire Dementia Strategy Delivery Group.

**How would you monitor the impact of your proposal and keep the EIA refreshed?:** Through the above meeting and also through the LLR Dementia Programme Board.

**Date of completion:** 2023-05-16