SSA EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate	Adult Social Care and Public Health
Service Area	Adult Social Care
Service/policy/function being assessed	Dementia Friendly Richmond
Which borough (s) does the service/policy apply to	Richmond
Staff involved	• Steve Shaffelburg, Commissioning Manager, Adult Social Care and Public Health • Paul Banks, Commissioning Officer, ASC • Tammy Macey, Senior Public Health Lead • Dr Nike Arowobusoye, Consultant in Public Health
Date approved by Directorate Equality Group (if applicable)	To be submitted for 29 October 2020
Date approved by Policy and Review Manager	
Date submitted to Directors' Board	

SUMMARY

Summary of the key findings of the EINA
This EINA borrows heavily on the Richmond Dementia Health Needs Assessment completed in 2019 and the subsequent EINA completed recently for the Dementia Prevention Care and Support Strategy Refresh. That report recommended a separate EINA for Dementia Friendly Richmond. The key findings are that the previous membership of the predecessor to the Dementia Friendly Richmond initiative (Richmond Dementia Action Alliance) needs to be reviewed to ensure the membership includes organisations who represent or support cohorts with protected characteristics who are overrepresented in dementia rates (including women; BAME; learning disabilities)

Background

Briefly describe the service/policy or function:
Dementia Friendly Richmond (DFR) is a key activity to help achieve the aims of the Dementia Prevention and Care Pathway Framework. It seeks to reactivate the successful Richmond Dementia Action Alliance (RDAA) which lapsed in 2017 due to staffing changes. The RDAA brought together almost 100 organisations to explore how they could help create a borough where people living with dementia and their unpaid carers felt supported. A single provider will be appointed to coordinate the delivery of DFR. The service will include: • Coordinating networking events • Recruiting new local business members • Engaging with people living with dementia and their carers • Providing regular communication to members • Supporting members to secure resources and implement new initiatives • Monitoring and evaluating progress, including preparing annual reports

1. Analysis of need and impact

This EINA is heavily based on the recent Dementia Strategy EINA which drew data from a number of sources:

1. Richmond Dementia Health Needs Assessment, 2019 - https://www.datarich.info/wp-content/uploads/2019/07/LBRuuT_Dementia_Health_Needs_Assessment_2019.pdf
2. Richmond Joint Dementia Strategy 2016-2021
3. Summary of 2016 Dementia Strategy Review Findings, 2019
4. Framework for Dementia Priority Phases
5. Summary of Richmond resident engagement sessions related to dementia care and support (Summer 2019)
6. Data Rich - https://www.datarich.info/
7. Joint Strategic Needs Assessment (JSNA) data (draft 2020)
8. Richmond Carers Needs Assessment, 2019

Findings:

Protected group	**Findings**
Age	Findings from the Richmond HNA indicates that age remains the single biggest and non-modifiable risk factor for dementia with a person's risk doubling approximately every 5 years above the age of 65. In Richmond there are currently estimated to be 30,631 residents ≥65, accounting for 15.4% of the total borough population. It is estimated that by 2035 this this number is to increase by 73%. The findings of the HNA show that prevalence is growing, with

Protected group	Findings
	a higher proportion of Richmond's population are living with a diagnosis of dementia than the average for London, (0.6%) than average in the rest of London (0.5%). This is, in part, due to the high proportion of people aged ≥65yrs in the borough (15.4%). Approximately 7.2% of this older cohort in Richmond are currently living with dementia. It is anticipated that there will be a 74% increase in the number of people aged ≥65yrs living in Richmond between 2018 and 2035. Young-onset dementia demands particular attention, as services designed for those with older onset dementia are often unsuitable for people with young-onset dementia.
Disability	Learning disabilities, particularly Downs Syndrome significantly increase the risk of developing dementia but also earlier onset dementia. In 2018/19 there were 561 people, known to their GP, affected by a learning disability in Richmond. When people with Down's Syndrome develop dementia, this is usually due to Alzheimer's disease. However, there is a growing awareness that people with Down's Syndrome can develop other forms of dementia. In 2017/18, there were 10 people with learning disabilities living with dementia and accessing ASC services in Richmond. We currently do not have robust data on the actual number of dementia patients in Richmond with a disability. It is difficult to be exact with the number of people with a learning disability both nationally and locally because there are a range of complex factors that underlie the predictions in numbers of people.
Gender (sex)	The HNA indicates that Alzheimer's disease is more common in women than men even after accounting for the greater life expectancy in women. This associated is not seen for other dementia types (e.g. vascular, LBD or FTD). This is reflected in Richmond where 63% (1,416) of dementia patients ≥65 are women, even though women make up 56% (17,000) of the total ≥65 population. Women are far more likely to end up as carers of those with dementia than men. Women are also more likely to reduce their hours or stop working to care for someone with dementia, and some feel penalised at work for taking on care responsibilities. Men are at higher risk of early-onset dementia. The underlying cause for these differences is uncertain.
Gender reassignment	Estimates of the prevalence and incidence of gender dysphoria and Transsexualism are difficult to quantify due to the lack of robust national data.

<table>
<tr><th>Protected group</th><th>Findings</th></tr>
<tr><td></td><td>It is accepted that gender dysphoria, if not treated, can severely affect a person's quality of life and health status. High levels of depression are reported within Trans communities, therefore indicate that this population group may require greater access to support.

The Alzheimer's Society consider that as dementia progresses a person may not recall their current gender and they may see themselves being pre-transition and be surprised at the physical changes to their bodies. It is therefore important the specific needs of transgender dementia patients are met to ensure they are cared for appropriately.

The Alzheimer's Society provide advice on dealing with the impact of dementia on disclosure. Patients may have to make decisions on a day-to-day basis about whether to disclose their sexual orientation or gender identity – whether to be 'out'. As dementia progresses, patients may lose their ability to make this decision. They may also be unable to stop themselves disclosing their orientation or gender identity by mistake.</td></tr>
<tr><td>Marriage and civil partnership</td><td>The 2011 census did not have a specific question regarding sexual orientation. Census data relating to Civil Partnerships shows that 665 people (0.35% of the population in the borough) responded as being in a registered same sex civil partnership.</td></tr>
<tr><td>Pregnancy and maternity</td><td>Not applicable.</td></tr>
<tr><td>Race/ethnicity</td><td>The HNA indicates that South Asian, African or Afro-Caribbean ethnic groups have higher rates of dementia than other ethnicities. This increased rate is thought to be due to the higher prevalence of high blood pressure, diabetes and strokes within these ethnic groups. This is particularly relevant in Richmond given that although only 6% of the ≥65 population identify as Black, Asian and Mixed Ethnicity (BAME).

<table>
<tr><td></td><td colspan="2">Residents with Dementia diagnosis</td><td rowspan="2">Borough population</td></tr>
<tr><td></td><td>Number</td><td>Proportion</td></tr>
<tr><td>White</td><td>89</td><td>62%</td><td>86%</td></tr>
<tr><td>Asian/Asian British</td><td>39</td><td>27%</td><td>7.3%</td></tr>
<tr><td>Other Ethnic Minority</td><td>16</td><td>11%</td><td>6.7%</td></tr>
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This suggests a highly disproportionate representation of people from ethnic minorities amongst those with a diagnosis of</td></tr>
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Protected group	Findings
	dementia in Richmond. However, 90% of people with a diagnosis of dementia in the borough do not have their ethnicity recorded. Consequently, whilst these figures may rationalize further investigation, they should be interpreted with extreme caution. There are increasing indications that the prevalence of dementia and depression in Black African- Caribbean and South Asian UK populations are greater than the white UK population. Although not related to Richmond specifically, research has indicated that there is parity of access to memory clinics between Caucasian and BME communities in London overall. Research has found that within 13,166 referrals to memory services across London, the percentage of people from BAME groups was higher than would be expected indicating that generally people from BAME groups are accessing memory services. Seventy-nine percent of memory services had more referrals than expected or no significant difference for all BAME groups. When there were fewer referrals then expected, the largest difference in percentage for an individual ethnic group was 3.3%.
Religion and belief, including non belief	In Richmond as a whole, 55.3% identify as Christian, 28.4% as no religion, 3.3% Muslim, 1.6% Hindu, 0.8% Jewish, 0.8% Sikh, and 0.4% other religions. The final 8.2% did not state their religion. There is no data on religion of dementia patients.
Sexual orientation	The 2011 census did not have a specific question regarding sexual orientation but found that 665 people (0.35% of the Borough population) reported being in a same sex Civil Partnership. The HNA highlighted that the collection of data on sexual orientation and gender amongst Adult Social Care users is not sufficient to understand how needs related to sexual orientation and gender are distributed in the borough in relation to dementia.
Across groups i.e. older LGBT service users or BME young men	As the dementia strategy focuses on older people, there will be cross cutting across older people/protected groups as identified above.

Data gaps.

Data gap(s)	How will this be addressed?
There is comprehensive data on older people, however, several data sets that are unclear/ missing from current data provision. These sets include statistics on gender reassignment, sexual orientation, religion and marital status	This data gap will be addressed by the Dementia Pathway Leadership Group. A focus of the DFR Coordinator will be on ensuring that organisations who represent and/or support residents with protected characteristics are members. This can be reflected in the contract KPIs.

2. Impact

The reactivation of Dementia Friendly Richmond will strengthen community partnerships and support new initiatives for people living with dementia and their unpaid carers.

Adult Social Services is undertaking a Transforming the Future programme and actions to improve dementia services and access will be considered as part of the transformation.

The actions of Dementia Friendly Richmond will be monitored and evaluated by commissioners from ASC and Public Health through the Public Health QA process..

Protected group	Positive	Negative
Age	The DFR membership and engagement plan recognises young onset dementia as well as dementia associated with age.	No negative impact is anticipated
Disability	Dementia tends not to be an isolated condition, but part of a range of co-morbidities. There is the opportunity to widen the membership of the DFR alliance to engage with organisations supporting residents with other conditions.	No negative impact is anticipated
Gender (sex)	Creating a wider membership for Dementia Friendly Richmond will enable gender specific organisations to become	No negative impact is anticipated

	involved.	
Gender reassignment	Creating a wider membership for Dementia Friendly Richmond would enable gender specific organisations to become involved (although no such organisations have yet been identified)	As no specific data is recorded under the census data, specific analysis of the impact of DFR on gender reassignment is not possible.
Marriage and civil partnership	Creating a dementia friendly community in Richmond will support partners and spouses of people living with dementia. This represents a large proportion of unpaid carers for people with dementia.	No negative impact is anticipated
Pregnancy and maternity	No positive impact upon pregnancy and maternity have been identified due the age cohort of service users and carers are older	No negative impact is anticipated
Race/ethnicity	Creating a wider membership for Dementia Friendly Richmond will enable organisations who support BAME residents to become engaged. BAME residents have higher prevalence of dementia.	No negative impact is anticipated
Religion and belief, including non belief	Creating a wider membership for Dementia Friendly Richmond will enable more faith based organisations to become engaged.	No negative impact is anticipated
Sexual orientation	Creating a wider membership for Dementia Friendly Richmond will enable more LGBQT+ organisations to become engaged	No negative impact is anticipated

3. Actions

Action	Lead Officer	Deadline
Review the existing membership of the Dementia Action Alliance and map it against groups that represent/support residents with protected	Steve Shaffelburg	March 2021

characteristics.		
Where the action above identifies a lack of member representation in a protected characteristic, the DFR Coordinator will be required to develop a bespoke strategy to increase membership of appropriate groups.	Steve Shaffelburg	April 2021

4. Consultation. (optional section– as appropriate)

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- A preliminary consultation on the strategy in 2016
- Engagement following HNA 2019
- DFR service provision included engagement with previous members of the DAA and specification requires coordinator to conduct ongoing engagement with stakeholders