

Predictive: assessing proposed changes to services and policies

Enfield Council

Predictive Equality Impact Assessment

**JOINT DEMENTIA
STRATEGY**

Proposed change to service / policy	Enfield Joint Dementia Strategy
Officer completing the assessment	Michael Sprosson / Kate Charles
Extension Number	3961
Team	Commissioning &Procurement
Department	Housing, Health & Adult & Adult Social Care
Date impact assessment completed	22/2/2011

Section 1 – About the service, policy and proposed change

Q1. Please provide a brief description of the service and / or related policy / policies

The strategy sets out how Enfield will develop and deliver health and social care services to better meet the needs of people with dementia and their carers over the next 5 years (2011-16). It outlines 11 key strategic objectives that were developed in consultation with local stakeholders. Each of the objectives is aligned with the National Dementia Strategy and each is supported by robust rationale.

Q2. Please provide a brief description of the proposed change(s) to the service and/or related policy / policies

Strategic Objectives are set out within the strategy under eleven domains :

- Improve public & professional awareness of dementia & reduce stigma
- Improve early diagnosis & treatment of dementia
- Increase access to a range of flexible day, home based & residential respite options
- Develop services that support people to maximise their independence
- Improve the skills & competencies of the workforce
- Improve access to support & advice following diagnosis for people with dementia & their carers
- Reduce avoidable hospital & care home admissions & decrease hospital length of stay
- Ensure that the needs of younger people with dementia are addressed
- Improve the quality of dementia care in care homes & hospitals
- Improve end of life care for people with dementia
- Ensure that services meet the needs of people from Black & Minority Ethnic Groups

Q3. Does equalities monitoring of your service show that the beneficiaries in terms of the recipients of the service or policy, include people from the following groups?

R	All members of the community will have access to the services set out in the strategy. Monitoring of the effect of the strategy to be carried out post implementation – see Q17.
D	
G	
A	
F	
S	

Q4. If you answered 'no' to any of the groups listed in Q3, please state why?

Not applicable

Q5. How will the proposed change eliminate discrimination, promote equality of opportunity, or promote good relations between groups in the community?

All members of the community will have access to the services set out in the strategy

Section 2 – Consultation and communication

Q6. Please list any recent consultation activity with disadvantaged groups carried out in relation to this proposal

R	Formal public consultation on the draft dementia strategy was undertaken over a 3 month period from 1 November 2010 to 28 January 2011.
D	
G	Stakeholder and public views on the strategy were sought through the following means:
A	
F	
	<ul style="list-style-type: none">• A e-questionnaire on the Enfield Council website

S	<ul style="list-style-type: none"> • Live consultation events with: <ul style="list-style-type: none"> ○ Carers (2 events involving over 40 carers) ○ Over 50's Forum • Health and Social Care Partnership Boards • Health and Social Care Scrutiny Panels <p>The consultation was publicised through the following means:</p> <ul style="list-style-type: none"> • 192 posters distributed to GP surgeries, libraries, health and social care providers and voluntary sector services. • An advertisement in the Enfield Independent. • Letter to all carers on the carers register and all carers of people who use the Age Concern Parker Centre services. • A notice in EVAeNews (the electronic newsletter of the Enfield Voluntary Association). • An email to staff in NHS Enfield, Health and Adult Social Care staff, acute trusts, voluntary and community sector providers, and independent and private providers. • A notice in Enfield Staff Matters. <p>A total of 37 questionnaires were completed either online or in writing. A further 11 written responses were received; most representing the views of organisations or networks of organisations, including submissions from:</p> <ul style="list-style-type: none"> • Barnet, Enfield and Haringey Mental Health Trust • Barnet and Chase Farm Hospital Trust • LINKS • Enfield Disability Action • Enfield Asian Welfare Association • The Alzheimers Society <p>In addition verbal feedback was received at consultation meetings, including:</p> <ul style="list-style-type: none"> • Two events for carers • Over 50's forum • Health and Social Care Partnership Board meetings • Health and Social Care Scrutiny Panel meetings
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Q7. Please state how you have publicised the results of these consultation exercises

R	<p>Responses are in the process of being collated and summarised ready for presentation along with the final version of the strategy to the Cabinet Meeting in April 2011.</p> <p>We plan to publish the results on the Council's website alongside the final strategy once approved by Cabinet & also notify people who attended events and provide hard copies if required.</p>
D	
G	
A	
F	
S	

Q8. How have you consulted, or otherwise engaged with, all relevant staff in this activity / process?

Staff & stakeholder workshops, team meetings, staff newsletter

Section 3 – Assessment of impact

Q9. Please describe any other relevant research undertaken to determine any possible impact of the proposed change

The strategy contains a section on the research carried out and sources of information from national guidance, analysis of current and future demand and needs assessment

The strategy was informed by research with regard to best practice, much of which contained within national guidance and strategy and as published by the National Institute of Clinical Excellence (NICE).

Q10. Please list any other evidence you have that the proposed change may have an adverse impact on different disadvantaged groups

R	None identified
D	None identified
G	None identified
A	None identified
F	None identified
S	None identified

Q11. Could the proposal discriminate, directly or indirectly, and if so, is it justifiable under legislation? Please refer to the guidance notes under the heading, 7. Useful Definitions

Not envisaged, given equality of access to services to the whole community.

Q12. Could the proposal have an adverse impact on relations between different groups? If so, please describe

Not envisaged

Section 4 – Service delivery

Q13. How could this proposal affect access to your service by different groups in the community?

R	
D	
G	

A	whole community
F	
S	
Q14. How could this proposal affect access to information about your service by different groups in the community?	
R	The strategy sets out enhanced access to information and services
D	
G	
A	
F	
S	

Section 5 – Miscellaneous

Q15. Do you plan to publicise the results of this assessment? Please describe how you plan to do this

This assessment will be placed on the Council's website.

The assessment will be listed on the Council's Equality and Diversity Annual Report and the full assessment will be made available on request.

Q17. How and when will you monitor and review the effects of this proposal?

The implementation and monitoring of the strategy will be overseen by the Older Peoples Mental Health Group, which is a sub-group of the Older Peoples Partnership Board (a Thematic Action Group of the Enfield Strategic Partnership⁵⁰).

A detailed 5 year implementation plan will be developed in partnership with NHS Enfield; the Local Borough of Enfield; Barnet, Enfield and Haringey Mental Health Trust and key local stakeholders. This will be agreed by the Older Peoples Mental Health Group who will monitor implementation to ensure that the strategy is shaping services in the way intended. A lead commissioner from NHS Enfield and the Local Borough of Enfield will be identified and they will be tasked with delivering the implementation and reporting progress and issues to the Older Peoples Mental Health group. The Older Peoples Mental Health group will also have a lead role in the development of a communication and engagement plan that will set out:

- how implementation of the strategy will be communicated to key stakeholders and members of the public; and
- how stakeholders will be engaged throughout the implementation.

The new strategy will also be reviewed as part of the next retrospective equality impact assessment of Commissioning & Procurement that is due to be undertaken in 2011/12.



11. Action plan template for proposed changes to service or policy *To be completed post receipt & analysis of consultation responses.*

Proposed change to, or new, service or policy: **Joint Dementia Strategy**

Team: **Commissioning & Procurement
& Adult Social Care**

Department: **Health , Housing**

Service manager: Shaheen Mughal (Commissioning Manager)

Issue	Action required	Lead officer	Timescale	Costs	Comments
Publication of final strategy & consultation results	Publish on Council's website & provide hard copies / other accessible formats as required	Kate Charles	Post April 2011 Cabinet	To be determined	
Strategy Implementation	Development of implementation plan. See response to Q17.	Shaheen Mughal	5-year implementation plan 2011-16	To be determined	
Monitoring implementation of strategy	Continuous monitoring of implementation and its impact – to be developed. See response to Q17.	Shaheen Mughal	5-year implementation plan 2011-16	To be determined	