

Equality Impact Assessment



Name of project/proposal

Dementia Advisor Service Tender

Contact name

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Department

Adult Services

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Purpose for project/proposal

The Dementia Advisor Service will support the delivery of the Joint Hampshire Commissioning Strategy for Older Person's Mental Health. This strategy is underpinned by what older people with mental health needs and their carers told us about how we could improve the delivery of services and support in Hampshire. They told us they wanted choice and control over how they live their lives.

In order to do this they require clear accessible information tailored to their individual needs – Dementia Advisor Services provide a mechanism for facilitating access to appropriate care, support, information and advice.

This information should focus on the services and support available to people at diagnosis and throughout the course of their care. It is expected that some of this information will be generic and consistent regardless of the geographical area in which it is being delivered but that, in the main, an information pack will be individually prescribed reflecting the needs of the user.

Following the launch of National Dementia Strategy HM Department of Health asked Local Authorities and their partners to bid to become Demonstrator Sites for Dementia Advisor Services, so as to evaluate different models of delivery aimed at meeting this objective. Hampshire County Council and NHS Hampshire, plus key partners, were successful in their bid and launched a Dementia Advisor Service in September 2009.

It has been decided the service should continue to operate across Hampshire on the basis of feedback from customers and partners and the early results of the service evaluation, as well as information about the success of similar schemes locally and nationally.

Consultation

Has a consultation been carried out?

Yes

The development of the dementia adviser service was as a result of the consultation on both the OPMH strategy 2008 – 13 and the strategy refresh 2014 – 17. Both these strategies commit to implementing a dementia adviser service and were developed with wide engagement from statutory and voluntary agencies and carers, plus support from the Care Services Improvement Partnership. The Alzheimer's Society undertook a consultation exercise to find out what matters to people who use older people's mental health services across Hampshire, including meeting service users and their families/carers from gay, black, minority and ethnic groups. There was also a full 3 month consultation period before the final version of the strategy was produced and signed off in 2008. Significant effort went into achieving cohesion with other Hampshire strategies, e.g. Older People's Wellbeing, Carers, Sheltered Care Extra Housing, Day Opportunities and Mental Health for Working Age Adults Strategies.

The refresh is also underpinned by the Development Vision for Improving Services for Older People in Hampshire, Commissioning Outline 2013/18, which was coproduced with the Older People's Vision Development Group and the wider Older People's Reference Group.

A further 5 week engagement period aimed to check back that progress had been adequately captured and that stakeholders were happy with the proposed headline actions to be further progressed. This refreshed strategy includes the continuation of a Dementia Adviser Service for residents in Hampshire.

In the implementation of the service the views of people who used the service and family carers were captured using a survey process. The comments from people who use service and their families were overwhelming positive and all saw the need to continue the service.

Statutory considerations

Impact

Age	High
Disability	High
Sexual orientation	Low
Race	Medium
Religion and belief	Low
Gender reassignment	Low
Sex	Low
Marriage and civil partnership	Low
Pregnancy and maternity	None

Other policy considerations

Poverty	Medium
Rurality	Medium
Other factors	None
If other please describe	

Geographical impact

All Hampshire

Have you identified any medium or high impact?*

Yes

No

Equality statement

The demand for services for older people and in particular the demand for services relating to dementia has continued to increase since the publication of the OPMH strategy in 2008. The Dementia Advisor Service has already contributed to meeting this demand in Hampshire's residents own homes and communities, maximising opportunities for people to stay linked in and connected to activities and people important to them. The service has offered empowered and valuing supporting individuals to regain, relearn and practice skills that maximise their potential for independence thus sustaining diversity within community populations.

The service will respond positively to the needs of diverse individuals, specifically needs relating to the characteristics protected by the Equalities Act 2010. These are age, ethnicity, religion or belief, disability, gender, gender re-assignment, sexual orientation, marriage and civil partnership. This applies to information about the service being made available in such a way that promotes equality of access. This also applies to the quality of service delivery across all groups of individuals.

The scope of the service is broad and reflects the care pathway for dementia, from the promotion of health and wellbeing right through to end of life care. It supports people to live well with dementia through the provision of tailor made information and support about dementia. It will work to reduce the stigma around dementia and raise awareness about the importance of early diagnosis and interventions that will maximise people's well-being and capacity to cope with dementia.

The service ensures that older people with dementia are actively considered and linked in with key strategic developments such as Ageing Well in Hampshire: Older People's Wellbeing Strategy, Extra care Housing Strategy, Carer's Strategy, CCG Commissioning plans, Better Care Fund projects etc by providing tailored information about the deliverables from these projects that will be of support.

The service specifically targets a relatively disadvantaged group with a view to promoting social inclusion and addressing barriers to accessing services and support that could potentially meet the needs of this group. Therefore, impacts around age and disability should be particularly high and should be largely positive.

The dementia advisers are connected with local implementation groups for the OPMH strategy and any potential negative impacts can be picked up and addressed by these groups as implementation of the strategy progresses, with the dementia advisers as a key plank.

The following paragraphs highlight the protected characteristics where it is felt that the refreshed strategy could have a medium or high impact for people in these categories and proposes any actions required to mitigate against any negative impacts.

Age (High Impact):

Hampshire has an ageing population. There are currently 274,600 people aged 65 and over in Hampshire (POPPI, 2014) and this figure is predicted to increase to 396,500 by 2030, a rise of 44%. New Forest has the highest proportion of older people (aged 65 and over), 48,800, 17.8% of the Hampshire total. The 85 and over population group is likely to be where the largest proportionate change will be seen. The risk of developing dementia increases with age, thus there will be a disproportionate increase in the numbers of people with dementia given the patterns of demographic change.

Single households

People are more likely to live alone than they were in the past. The 2011 Census found that 100,000 people over 65 in Hampshire live alone. The highest levels of single person households are found in New Forest (18,100) and Havant (10,300), and lowest in Gosport (5,800) Rising numbers of older and vulnerable people living alone raises concerns over their health and the impact on access to care and support for these groups. A third of people with dementia who live in their own homes live alone.

Younger onset dementia

One of the misapprehensions of both the public and professionals alike is that dementia is a natural part of ageing. Although dementia is primarily an illness associated with older people, there are also a significant numbers of people, currently estimated to be around 348 (PANSI, 2014) people in Hampshire, who have developed dementia earlier in life and services for dementia should reflect this fact. Early onset dementia can start at 30 years of age. Younger people with dementia are usually supported by services largely provided for older people, ie OPMH specialist services and older people's services in social care. Clinicians may not easily recognise early onset dementia and therefore may underdiagnose. Younger people with undiagnosed early onset dementia can find themselves lost between services with no one taking responsibility for their care i.e. going between neurologists, psychiatrists or an old age psychiatrist. Obtaining an accurate diagnosis can be a difficult and prolonged process. Younger people with early onset dementia are more likely to have dependent children, heavy financial commitments and a partner who works. They themselves are more likely to be in employment at the time of diagnosis and will require their employers/HR professionals to be supportive and protect their employment rights.

Specific issues:

- The increasingly ageing population of the county as a whole, and in particular within the New Forest district, will put increasing pressure on health and social care services and budgets
- The rising number of older and vulnerable people living alone has an impact on access to care and support for these groups.
- Demographic changes will lead to a significant increase in the numbers of people with dementia in Hampshire who will require health and social care services
- The needs of younger people who develop dementia must also be taken into account when developing the Dementia Advisor Service

Actions:

- It is anticipated that implementation of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on managing increasing demand.
- It is recommended that further more detailed understanding of local need is developed at CCG level to support appropriate targetting of resources and efforts to tackle the impact associated with dementia for individuals and their family carers.
- It is recommended that the lessons from the evaluation of the service are addressed in the re-procurement of the service
- It is recommended that specific focus is given in local implementation plans to improving support for younger people with dementia

Disability (High Impact):

In Hampshire, 24% of the population over 65 years of age say they are 'limited a little' as a result of a long term condition and 18% are 'limited a lot' by their illness. The proportion of Hampshire's population who are 'limited a lot' is below the level in both the South East and England and Wales. Across the county people are living with a range of disabilities and long term health conditions:

Learning disability

Figures relating to the number of people with a learning disability and dementia can be found in the document: Guidance on the assessment, diagnosis, treatment and support of people with learning disabilities who develop dementia, Royal College of Psychiatry, 2009

It is acknowledged that the prevalence of dementia is higher in the population of people with learning disabilities than in the general population, with an increased risk of developing dementia for those with Down Syndrome. Planning of the delivery of the service to this group of people needs to take account of their particular needs.

Chronic disease

The number of people with long term conditions such as heart disease, diabetes and lung disease is increasing. This is partly due to the ageing population and the decreasing death rate at all ages, but also partly due to the increase in illnesses caused by unhealthy lifestyles and unequal life opportunities.

Cardiovascular disease (CVD)

In 2011 28% of deaths in Hampshire were attributable to CVD. The worst CVD outcomes are seen for Hampshire's least affluent residents. There also seem to be inequalities between the sexes. Women seem particularly at risk from strokes and are less likely to have access to planned hospital care. The National Dementia Strategy tells us the current evidence base suggests that up to 50% of dementia cases may have a vascular component (ie vascular dementia or mixed dementia). This holds out the possibility of preventing or minimising dementia by means of

promoting better cerebrovascular health. The service can support an important emphasis on partnership which ensures open access and enabling services for those with combined health needs ...i.e. making sure that people don't fall through the net because of diagnostic labelling (e.g. enabling people and carers of those with vascular dementia being able to access support even though diagnosis has given them a diagnostic label of "stroke";

Mental health

In general mental health appears to be better in Hampshire than England as a whole, but there are areas and groups that experience poorer mental health, often associated with deprivation and the wider determinants of health. Within Hampshire it is estimated that 19,357 or 7% of the over 65 population are living with dementia (POPPI, 2014). By 2030 this number is predicted to have increased by 74% to 33, 780. Within the 85 and over population the increase will be over 123%, at 9,686. Yet currently, only around half of those expected to have dementia seem to be receiving a diagnosis, though significant efforts are underway to improve this figure. We also know that depression significant enough to warrant intervention, affects one in four older people living in the community, yet only one in three of these will discuss their condition with their GP and only half of those are diagnosed and treated. (Everybody's Business). In 2014 it is estimated that in Hampshire there are around 7,500 older people with severe depression.

More than 2% of people aged 65 or over have had suicidal thoughts in the past year.

(Source: McManus et al (eds) (2009), Adult psychiatric morbidity in England, 2007: Results of a Household Survey, Leeds: The Information Centre for Health and Social Care) Older People with a mental health need account for a significant proportion of those who use health and social care services. (Everybody's Business)

A conservative estimate is that around:

- 40% of people attending their GP
- 50% of all general hospital inpatients and
- 60% of care home residents have a mental health problem.

One third of people who care for an older person with dementia have depression.

The direct costs of dementia exceed the total costs of stroke, cancer and heart disease in cost of illness studies.

Figures received from the National Development Team for Inclusion Treatment for depression and anxiety (1.):

- Less than 0.5% of people aged 65 and over get referred to IAPT services for treatment of depression or anxiety
- Less than 0.2% of people aged 85 or over get referred to IAPT services for treatment of depression or anxiety

Other mental health problems:

- 1% of people aged 65 and over experience post traumatic stress disorder (6)
- 0.1% of people aged 65-74 have psychosis (including schizophrenia and bipolar)(7)

Alcohol misuse:

- 2% of people aged 65 to 74 are dependent on alcohol (8)
- People aged 55 to 74 have the highest rate of alcohol related deaths of all age groups (9)
- The number of alcohol related deaths among people aged 75 and over has increased to their highest level since records began. (10)

References

1. Psychological Therapies, England: Annual Report on the use of Improving Access to Psychological Therapies services – 2012/13, Table 7: People referred to IAPT services by age and gender 201313 (2014)

2. McManus et al (eds) (2009), Adult psychiatric morbidity in England, 2007: Results of a Household Survey, Leeds: The Information Centre for Health and Social Care

3. McManus et al (eds) (2009), op. cit.

4. McManus et al (eds) (2009), op. cit.

5. Office for National Statistics (2014), Alcohol related deaths in the UK, registered 2012, Cardiff: Office for National Statistics

6. Siddique, H. (2014) Alcohol related deaths among the elderly reach highest ever level, The Guardian, 19.02.14

Specific issues:

- There are increasing numbers of people with a learning disability who are developing dementia and their particular needs will need consideration in implementation planning
- The number of people with long term conditions such as heart disease and diabetes is increasing.
- There is increasing evidence showing that the risk of developing dementia can be reduced by living a healthier life style. In essence, what is good for the heart, is good for the head
- The prevalence of a number of long term conditions is strongly related to deprivation. In response service promotion should include a focus on neighbourhoods with the most concentrated deprivation: Leigh Park and Wecock Farm in Havant; Rowner and Town in Gosport; and pockets of localised deprivation in Aldershot, Andover, Basingstoke, and Blackfield and Holbury in New Forest.
- The service needs to focus on the diagnosis of disease and supporting self management and lifestyle changes
- People with mental health problems have significantly higher rates of mortality and morbidity from illnesses such as heart disease, stroke, diabetes, respiratory disease and infections. The service should increase opportunities for physical health checks for people with mental health problems
- A significant amount of mental health need in older people is unrecognised and untreated.

Actions:

- The delivery of the service as part of the implementation of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on managing demand and supporting those with a range of comorbidities
- It will be necessary to use other change agendas to support delivery, such as the Care at Home Project, Extracare Housing project, Integration project, etc to ensure referral to service comes from the widest of possible social backgrounds
- It is recommended that the service evaluation feeds into planning at CCG level to support priority setting and implementation planning at local level
- It is recommended that specific focus is given in local implementation plans to improving support for people with learning disabilities and dementia
- It is recommended that priority is given to promoting the message that the risk of developing dementia can be reduced by living a healthier lifestyle. What's good for the heart is good for the head.

Race (Medium impact)

Dementia is recognised as a worldwide health priority but research on dementia in general is poorly funded. Little is known about its relative prevalence in black and minority ethnic populations, although there is a growing body of evidence that the Black African Caribbean community in the UK has a higher prevalence of vascular dementia than other communities. African Caribbean elders have the highest incidence of high blood pressure compared to other BME groups. African Caribbean and South Asian elders also have a high incidence of diabetes. (Source: Black, Asian and Minority Ethnic Communities and Dementia – where are we now?, David Truswell, A Race Equality Foundation Briefing Paper, 2013)

Black and minority ethnic older people with mental health problems and their carers need to be specifically targeted for promotional work by the service.

Specific issues

Older people with mental health needs from black and minority ethnic communities face a number of potential barriers to effective assessment of their needs:

V. Seabrooke and A. Milne (2004) Culture and care in dementia: A study of the Asian community in north west Kent, London : Mental Health Foundation,

- There may be little awareness of older people's mental health issues within black and minority ethnic communities, for instance, Asian languages do not have an equivalent word for dementia. Symptoms may

therefore be unrecognised or misunderstood.

- In some communities a lack of understanding and the stigma attached to mental illness may prevent families from seeking help. This may particularly be the case where the community culture places great emphasis on self reliance.
- Language barriers may prevent people from receiving information about what is available and how to access help. Even where printed information in minority languages is available, this may not help those older people who have a limited level of literacy in their own language.
- Unfamiliarity with social care services, which may not exist in minority cultures, may prevent people from requesting services or lead to misunderstandings about their role. Medical services, which are better understood, and free from stigma, are often considered more acceptable than social care services. Low uptake of social care services by older people from minority ethnic communities may lead to demand being overlooked or underestimated by commissioners. The delivery of the service by trusted voluntary organisations may increase uptake from these communities.
- The lack of a professional interpreting service may make it difficult for dementia advisors who do not speak the older person's preferred language to offer effective support. The use of friends or family members as interpreters may compromise confidentiality or influence the assessment. Older people affected by dementia, who were once able to speak English as a second language, may lose the skill as their memory deteriorates. Even with good language skills, cultural differences may result in meaning and nuance being lost.
- Standard diagnostic tests for dementia, or depression, may not be culturally appropriate and may lead to inaccurate diagnosis.
- Dementia Advisors may not be able to offer a sensitive and effective assessment because they are not sufficiently familiar with the lifestyles, health, religious and cultural needs of older people and their carers from minority ethnic communities.
- No suitable services may be available where the older person's language is spoken and their cultural, religious and dietary needs met.
- Conversely, Dementia Advisors may make assumptions about the lack of acceptability of mainstream services to older people and their families, and not offer them.

Actions

There is a need to ensure that the service delivery plans take into account the information and support needs of black and minority ethnic communities.

Poverty (Medium Impact)

See above re links with deprivation and illhealth.

Rurality (medium impact)

There are many rural areas of Hampshire where access to services and support can be limited by factors such as availability of transport.

In order to promote access, the Dementia Advisor Service is required to provide a range of drop in sites across the county and will visit people in their own homes if they are unable to access the service at drop in sites. It will provide appointments in an evening or at a weekend, where someone may be working and be unavailable during normal working hours.

Potential Mitigating Actions

Strategic

- It is anticipated that the re-procurement of the Dementia Advisor service as part of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on improving access to services and support for older people with dementia
- The delivery of the service as part of the implementation of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on managing demand and supporting those with a range of comorbidities
- it will be necessary to use other change agendas to support delivery, such as the Care at Home Project, Extracare Housing project, Integration project, etc to ensure referral to service comes from the widest of possible social backgrounds

Tactical

- It is recommended that priority is given to promoting the message that the risk of developing dementia can be reduced by living a healthier lifestyle. What's good for the heart is good for the head
- It is recommended that promotion of the service should include a focus on neighbourhoods with the most concentrated deprivation: Leigh Park and Wecock Farm in Havant; Rowner and Town in Gosport; pockets of localised deprivation in Aldershot, Andover, Basingstoke, and Blackfield and Holbury in New Forest. There needs to be a focus on the diagnosis of dementia and supporting self-management and lifestyle changes

Operational

- It is recommended that service evaluation feeds into planning at CCG level to support priority setting and implementation planning at local level
- It is recommended that specific focus is given in local implementation plans to improving support for people with learning disabilities and dementia
- It is recommended that specific focus is given in local implementation plans to improving support for younger people with dementia
- There is a need to ensure that the delivery plans of the service take into account the information and support needs of black and minority ethnic communities.

Date to review actions

31 Jan 2016

Final decision date

Final decision date due
Decision to be made by

27 Jan 2015
Executive Member