

**Equality Impact Assessment**

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| **Title of policy or service:** | Sheffield Dementia Strategy |
| **Name and role of officer/s completing** **the assessment:** | Richard Kennedy, Engagement Manager |
| **Date of assessment:** | 8 March 2019 |
| **Type of EIA completed:**   | **Initial EIA ‘Screening’** [x]  ***or*  ‘Full’ EIA process** [ ]   | *(select one option - see page 4 for guidance)* |

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| **1. Outline** |
| **Give a brief summary of your policy or service*** Aims
* Objectives
* Links to other policies, including partners, national or regional
 | Public, voluntary, community and private sector organisations across Sheffield have committed to work together to improve the care and support for people of all ages living with or caring for those living with dementia to enable them to live life to their full potential.The draft Sheffield Dementia Strategy has been influenced by national guidance and best practice as well as through conversations with people living with dementia, their carers, volunteers and professionals who support people living with dementia from both health and social care. |

**Identifying impact:**

* **Positive Impact:** will actively promote or improve equality of opportunity;
* **Neutral Impact:** where there are no notable consequences for any group;
* **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as

possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a ‘full’ EIA process.

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| **2. Gathering of Information** This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.  |
| **(Please complete****each area)** | **What key impact have you identified?** | **For impact identified (either positive and****or negative) give details below:**  |
|  | **Positive****Impact**  | **Neutral****impact** | **Negative****impact** | **How does this impact** **and what action, if any, do you need to take to address these issues?** | **What difference** **will this make?** |
| **Human rights** |[x] [ ] [ ]  Commitment that more people get access to personalised, good quality palliative and end of life care when they need it. | People should be able to choose how and where they die. Increase in dignity and choice at death. |
| **Age** |[x] [ ] [ ]  Public engagement raised the importance of recognising the different needs of individuals and carers with young onset dementia. A review of the support available to people with young onset dementia across Sheffield is planned. An offer of support will be developed to support younger people with a dementia diagnosis to support their independence and remain in work. | Understanding the experience of people with young onset dementia and offering support to help them retain independence and remain in work. |
| **Carers** |[x] [ ] [ ]  It was raised during public engagement that carers should be recognised, valued and supported to undertake their role. Commitment to high quality support for carers. | Carers will be supported to continue caring. |
| **Disability** |[x] [ ] [ ]  Commitment that preventative health becomes an integral part of the dementia work.Improved support offer for people with a learning disability who are diagnosed with dementia. | Reducing the onset of dementia and it’s symptoms through preventative interventions. Ensuring equal access to appropriate post diagnostic support for people with a learning disability and diagnosis of dementia. |
| **Sex** |[ ] [x] [ ]   |  |
| **Race** |[x] [ ] [ ]  Public engagement raised the importance of recognising the different needs of individuals from Black, Asian and other ethnic minority communities from Dementia services. The Strategy identifies a low representation of BAMER community within statutory dementia care services. An action plan will be produced to tackle this. The risk is that, without the representation of BAMER communities in the designing of dementia services, there will be a continued low representation in service delivery. | Greater participation of BAMER communities in service design ensures that services are culturally appropriate for this community. Increased diagnosis of dementia within BAMER communities in line with the ‘Prime Minister’s Challenge on Dementia 2020’. |
| **Religion or belief** |[ ] [x] [ ]   |  |
| **Sexual orientation** |[ ] [x] [ ]   |  |
| **Gender reassignment** |[ ] [x] [ ]   |  |
| **Pregnancy and maternity** |[ ] [x] [ ]   |  |
| **Marriage and civil partnership** (only eliminating discrimination) |[ ] [x] [ ]   |  |
| **Other relevant groups** |[ ] [x] [ ]   |  |
| **HR Policies only:****Part or Fixed term staff**  |[ ] [x] [ ]   |  |

***IMPORTANT NOTE:*** *If any of the above results in ‘****negative’*** *impact, a ‘full’ EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.*

Having detailed the actions you need to take please transfer them to onto the action plan below.

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| **3. Action plan** |
| **Issues/impact identified** | **Actions required** | **How will you measure impact/progress** | **Timescale** | **Officer responsible** |
| Low representation of BAMER community within statutory dementia care services. | An action plan will be produced to increase the representation in service design and delivery. | Increased representation of BAMER community within engagement activities and services. | Five year scope of Strategy | Dementia Strategy Implementation Group |
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| **4. Monitoring, Review and Publication** |
| **When will the proposal be reviewed and by whom?** | **Lead / Reviewing Officer:** | Dementia commissioner | **Date of next Review:** | 19 November 2023 |

Once completed, this form **must** be emailed to the Engagement Team for review at sheccg.engagementactivity@nhs.net