For more information about the equality impact assessment process in commissioning, please see the EIA Guidance 2018 located **in *Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information* before completing your EIA**.

Equality Impact Assessment (EIA) - Service Specification	
Please briefly describe the service	**Memory Assessment & Treatment Service** The fundamental purpose of the service is to ensure that people with memory impairment are appropriately assessed, diagnosed, supported and treated and they maintain or regain their place in the local community, achieving their full potential. This specification relates to memory assessment and post diagnostic support and treatment commissioned from Humber Teaching NHS Foundation Trust (HFT) working with the named organisations.
Name & roles of person / people completing the EIA:	Toni Yel, Head of Integrated Commissioning
Date of assessment:	03.06.19 - 11.10.19
Who will be affected by this service / who will be the key beneficiaries?	The key beneficiaries of the service are people who have an identified memory impairment problem and their carers.
What **data sources** do you have about the population, disaggregated by protected characteristic that is relevant to this service specification? (e.g. research, clinical insight, monitoring data, complaints, engagement feedback etc.)	SystmOne Primary Care Module, Office of National Statistics, Health and Lifestyle (prevalence) survey for Adults in Hull and The General Register Office. Prevalence of dementia in population groups by protected characteristics, Public Health England, 2015: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/465274/Dementia_Equalities_Literature_Review_Matrix_Report_-_Final_for_web_-_01102015.pdf Living Well with Dementia Strategy, Equality Impact Assessment, Department of Health, 2009: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/168222/dh_094054.pdf

Needs and issues What does this data tell you about the needs or issues affecting people from different protected characteristic groups, relevant to this service?	
General issues	NHS Hull Clinical Commissioning Group (CCG) population (people registered with a Hull GP practice) is approximately 301,000 people (Dec 2018). The resident population of Hull is approximately 260,000. NHS Hull CCG and Kingston upon Hull City Council boundaries are co-terminus. Life expectancy in Hull is lower than UK average (77 yrs for men and 80 yrs for women). The percentage of people aged 65+yrs out of the total population is currently estimated 15% but is expected to increase to 19% by 2030. Many of the wider determinants of mental health, long term unemployment, offending, addiction, smoking, obesity, deprivation, violent crime, statutory homelessness, and children in poverty are worse in Hull than its surrounding areas. (Public Health England Profile 2016). Recently published data specifically for Hull indicates lower than expected number of adults in contact with mental health services who are in paid work or have settled accommodation. It is estimated by 2030 there will be approximately 50,900 people aged 65+year living in Hull and that 3 in 100 of them will be aged 90+ years. In Hull data (as at February 2019) informs that there are 2, 154 people with a dementia diagnosis which gives a diagnosis rate of 77.1%. The estimated prevalence for Hull is 2,793 meaning that we potentially have 639 people in the city undiagnosed.
Race	Most requested languages in primary care in 2018: Polish (40% of all requests), followed by Arabic (17%), Romanian (9%), Russian (6%), Kurdish (5%), Farsi (3%). In 2018 data captured at service level of patients receiving an assessment for dementia is broken down by race in the following way; 358 identified as White 5 identified as Black Fewer than 5 identified as Chinese Fewer than 5 identified as Bangladeshi 123 identified as British/Mixed British The remainder were unidentified/not known. National data: Dementia is more common in people from African-American, black-Caribbean or Hispanic background[1]. No information available on people from South-East Asian backgrounds.

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/465274/Dementia_Equalities_Literature_Review_Matrix_Report_-_Final_for_web_-_01102015.pdf

	"Diagnostic and screening tools need to be culturally appropriate (Adelman et al, 2011). When the diagnostic and screening tools are not culturally appropriate, over-diagnosis or misclassification (Kennedy, 2012) are potentially significant issues "[1]
Disability	The local Health & Lifestyle Survey 2016 suggests that 24.0% of the population of Hull have an illness or which limits daily activities. It is for noting that people with a learning disability are at greater risk of being diagnosed with dementia and at an early age. Patients with a learning disability are managed within the specialist learning disability service for their mental health needs which includes diagnoses and managing their dementia; so they have a seamless pathway which is not disrupted by onward referrals. This service will not assess or diagnose patients with a learning disability due to this. Communications barriers associated with disability could have an impact on patient's experience of this service. National data: "Dementia is one of the major causes of disability in the elderly, affecting personal care, everyday cognitive activities, and social behaviour"2
Gender / Sex	The 2016 estimates for Hull identify that the male population is 148,103 individuals and for the female population is 144,934 individuals. No evidence found identifying particular issues or inequalities linked to gender. In 2018 the split of patients receiving an assessment for dementia was 50-50 therefore equitable in terms of gender with 294 Females & 293 Males. National data: "Dementia is more common in women"[1]. More insight provided by the DoH EqIA:[2] "There are differences in the incidence of dementia according to gender with a higher proportion of men in the ages 65-74 years and a higher proportion of women aged over 75 having dementia"2
Gender reassignment	We currently have no information in regards to this service in relation to gender reassignment
Sexual orientation	There are no statistics for how many LGBT people live within Hull. However, the Office of National Statistics in 2017 estimates that 4.2% of the national population identify as LGBT. No evidence was found identifying particular issues or inequalities linked to sexual orientation
Religion or belief	According to the Hull Data Observatory the majority of the population is of Christian belief – 54.9% No evidence found

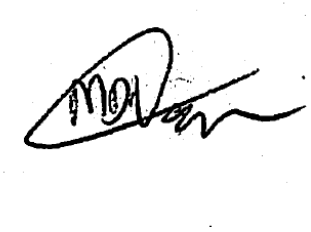
[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/168222/dh_094054.pdf

	identifying particular issues or inequalities linked to religion or belief Whilst there is no direct correlation between religion and prevalence of dementia, the DoH EqIA highlights: "*..religion may play an important part in the lives of people with dementia and religious organisations may be able to provide a link between individuals and health and social care services. In recognition of this, we have suggested in the Strategy that information campaigns targeted at public facing organisations include religious groups and that NHS and local authorities may want to provide some training or information sessions about dementia to religious and community organisations*"
Age	**Kingston Upon Hull Data Observatory 2018** Total Population 2018260645 Males 2018 131329 Females 2018 129316 Aged 0 - 4 (No) 2018 17207 Aged 5 - 9 (No) 2018 7211 Aged 10 - 14 (No) 2018 14880 Aged 15 - 19 (No) 2018 13950 Aged 20 - 24 (No) 2018 21824 Aged 25 - 29 (No) 2018 23017 Aged 30 - 34 (No) 2018 19994 Aged 35 - 39 (No) 2018 16854 Aged 40 - 44 (No) 2018 14542 Aged 45 - 49 (No) 2018 16103 Aged 50 - 54 (No) 2018 16762 Aged 55 - 59 (No) 2018 15991 Aged 60 - 64 (No) 2018 13313 Aged 65 - 69 (No) 2018 11707 Aged 70 -74 (No) 2018 10326 Aged 75 - 79 (No) 2018 6888 Aged 80 - 84 (No) 2018 5439 Aged 85 - 89 (No) 2018 3141 Aged 90 + (No) 2018 1496 Although dementia is sometimes stereotyped with age in 2018 the service experienced 181 patients requiring an assessment for dementia under the age of 65. The local ageing population increases demand on a number of specialties, particularly Dementia services with ever growing waiting time and demand for management of conditions

	that have been initially dealt with within services outside of Primary Care.
Pregnancy and maternity	JSNA 2014 shows the fertility rate in Hull is now aligned with the national rate. No evidence was found identifying particular issues or inequalities linked to pregnancy and maternity.
Marriage or civil partnership	There have been 125 recorded civil partnership formations in Hull between 2008 and 2017. No evidence was found identifying particular issues or inequalities linked to marriage or civil partnership.
Any other relevant groups (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)	Kingston Upon Hull Data Observatory 12% of households in Hull are in fuel poverty
How has engagement informed your service specification?	We have a number of groups in Hull that we have liaised with in terms of the development of the service; this includes patients and carers: Dementia Collaborative – a group of services and professionals Voice & Influence Forum – a group of patients and their carers Butterflies Memory Loss Support Group – charity who supports patients and carers Alzheimer's Society – professionals and via their groups of patients and Carers GP, Specialty Doctors Specialist Nurses, Occupational Therapists, Psychologists Carers Service Patients and carers of the current service Regional Clinical Network – clinical experts; Consultants It has informed the development of the service to ensure we include a holistic approach for the patient and the carer and providing specialist input from Alzheimer's upon diagnosis. We have also included a 12 week review appointment into the new model as this was something that came through very strongly from patients and carers – the fact that after diagnosis they felt there was nothing further. We have ensured that advance care planning is included, this is very important to commence discussions at the right time for patients and their carers diagnosed with dementia. It was vital to include the carers service in the MDT approach as caring for someone with dementia was viewed to us as very hard, every case being different and their ability to continue to care being put in jeopardy if the correct support isn't in place for them. We have also moved the clinics into a primary care setting which patients and carers wanted to have locations closer to them and being in a familiar environment helped with anxiety.
How has engagement reached out to groups representing a diverse range of protected characteristics?	We have specifically reached out to those people who are diagnosed with dementia and their carers, irrespective of their protected characteristics.
What has been put in place to ensure the accessibility	The service is available to anyone who is suffering from memory problems and aged over 18yrs.

and acceptability of the service design?	The service design has been drawn from people's experiences of services and their views to make it better so we know this will be accepted provide equity across the city for anyone who is experiences memory issues. The Accessible Information Standard is incorporated into the standard contract, ensuring patients' communications needs are identified and met.
How does service design reflect the insight gained through engagement (of different population groups)?	As mentioned above the design has been gained through that insight and engagement work.
Has your equality analysis identified any specific outcomes that need to be incorporated into the service specification (beyond what is required in the standard contract?	Nothing identified.
How will you feedback to the groups you have engaged about service design?	The groups have continued to be engaged with and this will continue beyond the new provision being put in place. We will update on how this is working but we are always working together to look at ways how we make the city more dementia friendly and gain feedback on service provision via the Voice & Influence Forum which has been put into the contract as part of the service delivery.

Follow up actions		
Action required	**By whom?**	**By when?**
Incorporate this EqIA into future engagement follow up to allow for discussion and feedback of equalities issues.	Head of Integrated Commissioning	March 2021
Signoff		

Signed off by: **Name & Role**	 Mike Napier, Associate Director of Corporate Affairs	**Date**:	22.10.19