

## Section 4 Integrated Impact Assessment Summary Report Template

Audit Risk level
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(Risk level will be added by Equalities Officer)

Each of the numbered sections below must be completed

Interim report	x	Final report	
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(Tick as appropriate)

- 1. Title of plan, policy or strategy being assessed**  
The commissioning and procurement of a Dementia Post-diagnostic Support Service in Edinburgh.
- 2. What will change as a result of this proposal?**  
A new contract will be established for this service in Edinburgh.
- 3. Briefly describe public involvement in this proposal to date and planned**  
A review of the current Dementia Post-diagnostic Support Service in Edinburgh has been completed. This included a targeted approach to seek the views from people with a dementia diagnosis and their carers between March and May 2017 based on experience of support following diagnosis.

Evidence was gathered through 2 focus groups; a review of semi-structured questionnaires routinely sent to service users and their carers at the end of 12 months by current contracted provider and questionnaires returned from carers through a carer organisation. Feedback was also included from the Edinburgh Health and Social Care Partnership Strategic Plan Consultation focus group for people living with dementia in October 2015 as it was also considered to be relevant. The total number who participated were 41 people with a dementia diagnosis and 38 carers.

Further collective feedback on support following diagnosis from 2 other sources was also included; care homes experience, through the Independent Sector Integration Lead; user feedback from the Sense of Me Dementia Peer Support Group.

In addition key questions on experience of both delivering and using/referring to the Post Diagnostic Support Service (PDS Service) were sought from staff in the following areas: NHS community mental health, psychiatrists; locality based health and social care and post-diagnostic support link workers from the current contracted service. The total number of staff involved through face

to face meetings or provision of a written response was 28 and collective feedback from 2 staff groups.

The findings relating to dementia post-diagnostic support within the Joint Inspection of Adult Services Staff Survey Feedback Summary were also considered within the review.

In total, there were 7 activities to gather evidence on service users and carers experience and 5 activities for staff feedback during the review period.

**4. Date of IIA:** 7 June 2017

**5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)**

<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>	<b>Email</b>
Karen Thom (Facilitator)	Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership (EHSCP)	November 2016	karen.thom@edinburgh.gov.uk
Sarah Bryson (Scribe)	Planning and Commissioning Officer, EHSCP	November 2016	sarah.bryson@edinburgh.gov.uk
David Haldane	Clinical Nurse Manager, EHSCP	2012	David.Haldane@nhslothian.scot.nhs.uk
Stef Milenkovic	Senior Development Officer (Older People's Health and Well-being), Edinburgh Voluntary Organisations Council		stef.milenkovic@evoc.org.uk
Rene Rigby	Integration Lead, Independent Sector		rene.rigby@scottishcare.org
Maggie Scrugham	Planning and Commissioning Officer, EHSCP	November 2016	maggie.scrugham@edinburgh.gov.uk

## 6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	Yes.	<p>In 2017 it is estimated around 8,153 people are living with a dementia diagnosis in Edinburgh, which includes 299 people under the age of 65 years. This is anticipated to rise by 2025 to 9,765 and by 2035 to 12,944 people<sup>1</sup>. The recently published <a href="#">Estimated and Projected Diagnosis Rates for Dementia in Scotland:2014 -2020</a> also confirms continued rising need within the population as the dementia risk increases with age.</p> <p><a href="#">NHS Health Scotland - Dementia and Equality - Meeting the challenge in Scotland</a> 2016 focused on issues experienced by population groups with protected characteristics under the Equalities Act 2010. There are key overarching recommendations for promoting equitable dementia services that embed and promote human rights. These are: continue to raise awareness which is fundamental to promoting early diagnosis; ensure robust services and support pathways; ensure appropriate knowledge and skills; further research including impact of culturally competent dementia friendly community approaches and awareness raising; developing Scottish data on incidence and prevalence in relation to people with protected characteristics including homeless people and prisoners.</p>
Data on service uptake/access	Yes	<p>Published data in <a href="#">ISD (24.01.17) Dementia Post Diagnostic Support: NHS Board Performance 2014/15</a> is based on 2014/15 NHS Lothian Health Board level returns. The contracted Edinburgh PDS Service started January 2014 and reached 300 capacity by October 2014. Reporting on performance of the contracted service against the HEAT Target, now Local Delivery Plan (LDP) target commenced August 2014 and Edinburgh NHS Lothian community mental health teams' HEAT/LDP Target reporting commenced October 2015 which has impacted on published 2014/15 data. Review of the PDS Service, ongoing contract monitoring and LDP returns confirms continued demand and need for support following diagnosis within the Edinburgh population.</p> <p>Monitoring the uptake of support will be subject to further developments within this contract.</p>

<sup>1</sup> Morris, R (2012). *Estimates of Dementia Prevalence. Research and Information*, Health and Social Care, The City of Edinburgh Council.

Evidence	Available?	Comments: what does the evidence tell you?
Data on equality outcomes	No	This will be subject to further development and monitoring within this contract as outlined in section 14, including taking account of any future national developments as outlined in Scotland's National Dementia Strategy 2017-2020.
Research/literature evidence	Yes	<p>Scottish Government (June 2017) <a href="http://www.gov.scot/Resource/0052/00521773.pdf">Scotland's National Dementia Strategy 2017-2020</a> Edinburgh</p> <p>Edinburgh Health and Social Care Partnership (March 2016) <a href="http://www.edinburgh.gov.uk/transformedinburgh/downloads/file/132/strategic_plan_2016-2019">Edinburgh Health and Social Care Partnership Strategic Plan 2016-2019 p19 and p49</a></p> <p>Scottish Government (Dec 2016) <a href="https://beta.gov.scot/publications/estimated-projected-diagnosis-rates-dementia-scotland-2014-2020/pages/1/">Estimated and Projected Diagnosis Rates for Dementia in Scotland:2014 -2020</a> Edinburgh</p> <p>ISD (24.01.17) <a href="https://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2017-01-24/2017-01-24-DementiaPDS-Report.pdf">Dementia Post Diagnostic Support: NHS Board Performance 2014/15</a> Edinburgh.</p> <p>Alzheimer Scotland (Nov 2011) <a href="http://www.alzscot.org/campaigning/five_pillars">5 Pillars Model of Post Diagnostic Support</a> Edinburgh</p> <p>Scottish Government. <a href="http://www.gov.scot/Publications/2011/05/31085332/0">Promoting Excellence Framework</a>: A framework for all health and social care staff with people with dementia, their families and carers . June 2011. Edinburgh</p> <p>UK Government (2013 and updated 2015) <a href="https://www.equalityhumanrights.com/en/commission-scotland">Equalities Act 2010 Guidance</a>. London</p> <p>Scottish Government (2016) <a href="http://www.healthscotland.scot/publications/dementia-and-equality-meeting-the-challenge-in-scotland">NHS Health Scotland - Dementia and Equality - Meeting the challenge in Scotland</a> Edinburgh</p> <p>Scottish Government (2014) <a href="http://www.gov.scot/Publications/2014/04/7863">See Hear Strategy</a> Edinburgh</p> <p>Scottish Government (2016) The Carers (Scotland) Act 2016. Edinburgh <a href="http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/CarersBill">http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/CarersBill</a></p> <p>Scottish Government. Social Care (Self-directed Support) (Scotland) Act 2013. Edinburgh <a href="http://www.legislation.gov.uk/asp/2013/1/contents/enacted?utm_source=Update&amp;utm_campaign=2a041b3951-Update_Bulletin6_14_2011&amp;utm_medium=email">http://www.legislation.gov.uk/asp/2013/1/contents/enacted?utm_source=Update&amp;utm_campaign=2a041b3951-Update_Bulletin6_14_2011&amp;utm_medium=email</a></p> <p>Alzheimer Scotland (2009) <a href="https://www.alzscot.org/campaigning/charter_of_rights">Charter of Rights for People with Dementia and Their Carers 2010</a> Edinburgh <a href="https://www.alzscot.org/campaigning/charter_of_rights">https://www.alzscot.org/campaigning/charter_of_rights</a></p>

Evidence	Available?	Comments: what does the evidence tell you?
		Scottish Government (2011) <a href="http://www.gov.scot/Publications/2011/05/31085414/0">Standards of Care for Dementia in Scotland June 2011</a> Edinburgh <a href="http://www.gov.scot/Publications/2011/05/31085414/0">http://www.gov.scot/Publications/2011/05/31085414/0</a>
Public/patient/client experience information	Yes – review findings	As outlined on page 1. To make the necessary improvements in the new service specification that take onboard findings of the review.
Evidence of inclusive engagement of service users and involvement findings	Yes – review findings	Feedback and findings of the review informed the new service specification including continued emphasis on gathering regular service user and carer feedback.
Evidence of unmet need	No	Contract monitoring and performance measures will continue to take cognisance of this by comparing expected and actual numbers of people being supported.
Good practice guidelines	Yes	The provider of the PDS Service should meet the principles and standards within the <a href="#">Charter of Rights for People with Dementia and Their Carers 2010</a> , <a href="#">Standards of Care for Dementia in Scotland June 2011</a> and Alzheimer Scotland’s <a href="#">5 Pillars Model of Post Diagnostic Support</a> . These will be reflected within the service specification and performance measures framework.  The forthcoming national Post Diagnostic Support Quality Improvement Framework due to be finalised by the end of 2017 will further support this.
Environmental data	Yes	The importance of dementia friendly communities to support people living with a dementia diagnosis, awareness raising and dementia training are strongly linked to PDS as outlined in Scotland’s National Dementia Strategy 2017-2020. These areas will be outlined within the Specification.
Risk from cumulative impacts	No	
Other (please specify)		The PDS Service Specification will clearly outline compliance requirements related to The Equality Act 2010 and any successor legislation, advice and best practice guidance issued. It will also detail contract monitoring requirements to regularly involve and consult with people who have a dementia diagnosis and those who support them to inform service delivery and

Evidence	Available?	Comments: what does the evidence tell you?
		development. Ongoing work and discussions should be equitable across all groups with protected characteristics and include people diagnosed in acute hospital wards, care homes and in employment.
Additional evidence required	No	

**7. In summary, what impacts were identified and which groups will they affect?**

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• The service is available to all people with protected characteristics, on low income or vulnerable to falling into poverty, refugee/asylum seekers, homeless, those involved the criminal justice system through the current contract. The proposal to procure this Service will not change this position. Completion of the IIA has identified further areas for development within the new service specification as outlined in section 13.</li> <li>• Older people and people in their middle years - Likelihood of developing dementia will increase as you age. Older people are more likely to benefit from the PDS Service.</li> <li>• Alternative communication methods are promoted to ensure that people who require this can be included and supported appropriately. This will be detailed and included within the service specification.</li> <li>• Young people and children - Younger people under 65 who are diagnosed are likely to have additional issues around work, family and impact on their children/ young carers. There will be provision within this contract to provide PDS support and take account of specific issues relating to their needs.</li> <li>• The contracted service's primary focus is on the person with a dementia diagnosis. Referral for carer's assessment and referring on to carers' organisations is part of the service specification.</li> </ul>	<p>All people with protected characteristics and wider population groups as identified through IIA.</p>

<ul style="list-style-type: none"> <li>• The Service includes flexibility and access that is person-centred, which includes locality working, option for visits outwith office hours and meeting at a place of the service user's choice.</li> <li>• Promote healthier lifestyles – PDS Link Workers facilitate people to continue to live well with dementia and link with other services such as BeAble, Community Connecting, Carer's Hospital Discharge Support Team, LOOPS, VOCAL, GPs.</li> <li>• Improve quality of and access to services - contribution to education, challenging stigma around seeking a diagnosis and potential to live well with dementia will enhance access to services.</li> <li>• Link workers knowledge and skills about dementia at Enhanced Level within the <a href="#">Promoting Excellence Framework</a> is a requirement of this contract.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Neutral</li> </ul>	
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<p><b>Environment and Sustainability</b></p> <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• PDS link workers will be locality based which will minimise travel requirements and reduce environmental impact on carbon emissions. Workers will meet the person referred at a location of their choice (usually the person's home).</li> <li>• The role of PDS Service link workers in supporting service users to make/maintain community connections and support dementia friendly community developments is a requirement of this contract.</li> <li>• Public Safety - it is a requirement for Adult Protection and Adults with Incapacity training. Appropriate policies and procedures should be in place including PVG, staff supervision, disciplinary procedures, lone working either by specifying this through the terms and conditions, service specification or contract monitoring.</li> <li>• Public safety – the Service will raise awareness and support people to minimise risks associated with dementia through day to day service delivery through information on services available and future planning such as fire safety, risk of getting lost.</li> </ul>	<p><b>Affected populations</b></p> <p>All people with protected characteristics and wider population groups as identified through the IIA.</p>
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<ul style="list-style-type: none"> <li>• Infection control – PDS link workers are expected to comply with the requirements of controlled environments eg hospitals, care homes.</li> <li>• Sustainability - community capacity building, locality working, impact on lifestyle and partnership working are key areas for the PDS Service. A person-centred approach to building resilience and supported self-management strategies to live well with dementia at an early stage in their illness is part of the ongoing service delivery.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Neutral</li> </ul>	
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<p><b>Economic Positive</b></p> <ul style="list-style-type: none"> <li>• Raising awareness of welfare benefits entitlement following diagnosis and applying for Power of Attorney is key role within 5 pillars model of support.</li> <li>• Community connecting element of the PDS Service links with dementia friendly communities which potentially includes local businesses.</li> <li>• Community Benefits will be a requirement of this contract which may include volunteering opportunities.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Neutral</li> </ul>	<p><b>Affected populations</b> All people with protected characteristics and wider population groups as identified through the IIA.</p>
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**8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?**

This service will be provided by a third sector provider. All equality, human rights, environmental and sustainability issues are either in the service specification or the contract terms and conditions.

**9. Consider how you will communicate information about this policy/ service change to children and young people and those affected by hearing loss, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

A communication plan will be developed following this IIA by the PDS Programme Board which involves officers who participated in the IIA. Once



the new contract is in place this will be effectively communicated to staff groups and service users by the new service provider.

**10. Is the policy a qualifying Policy, Programme or Strategy as defined by The Environmental Impact Assessment (Scotland) Act 2005? (see Section 4)**

No.

**11. Additional Information and Evidence Required.**

**If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.**

Follow up actions will be progressed as per the report (see section 13)

**12. Recommendations (these should be drawn from 6 – 11 above)**

Follow up actions will be progressed as per the report (see section 13)

**13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:**

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and contact details)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Develop a communications plan once new contract in place in particular to front line staff. Ensure the new provider promotes the service to service users and other providers	Karen Thom and PDS Programme Board	April 2017	June 2018
Liaise with and use specialist services when required, for example interpretation services and sensory impairment services. to be outlined in service specification and contract monitoring.	Karen Thom	August 2018	June 2018
Promote person-centred support approaches that meets needs of specific population groups with each link worker taking lead link role for a specific population group to be outlined in service specification and contract monitoring.	Karen Thom and PDS Programme Board	August 2017	June 2018
Link worker induction to be broad	Ian Brooke	April 2018	June 2018

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and contact details)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
and include equalities and induction input from EVOC.			
Focus on social model of support post diagnosis, based on the 5 Pillars Model of Post Diagnostic Support to be detailed within service specification.	Karen Thom	August 2017	June 2018
Promotion of service by provider to specific population groups identified in section 7. Including close links with other relevant voluntary sector services essential to promote equality of service provision for all users. To be outlined within service specification and contract monitoring.	Karen Thom and PDS Programme Board	August 2017	June 2018
Role of supporting dementia friendly community developments as arise linked to developing person-centred individual community connections to be included in service specification.	Karen Thom	August 2017	June 2018

**14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?**

The IIA is for the commissioning and procurement of a dementia post-diagnostic support service in Edinburgh. We will have a robust contract monitoring framework in place for the new contract which will routinely monitoring how the service is delivered to different population groups, including people with protected characteristics.

**15. Sign off by Head of Service**

**Name:** Katie McWilliam, Strategic Planning & Quality Manager - Older People, Edinburgh Health and Social Care Partnership



**Date:** 8 November 2017

**16. Publication:** Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#) for contacts.