

Initial Equalities Screening Record Form

Date of Screening: 07/10/20	Directorate: People	Section: Commissioning
1. Activity to be assessed	The Council seeks to procure a care provider to deliver dementia nursing care in a new purpose build 66-bed facility (Heathlands).	
2. What is the activity?	<input checked="" type="checkbox"/> Project <input type="checkbox"/>	
3. Is it a new or existing activity?	<input checked="" type="checkbox"/> New <input type="checkbox"/>	
4. Officer responsible for the screening	Elizabeth Britton	
5. Who are the members of the screening team?	Elizabeth Britton, Sarah van Heerde, Julia McDonald	
6. What is the purpose of the activity?	<p>The project aims to establish a new 66 bed integrated care facility in Bracknell Forest (Heathlands). This facility will have two elements: NHS East Berkshire CCG will commission short term, intermediate care support, the aim of which is to safely enable a period of up to 6 weeks of assessment and rehabilitation for people who would not be suitable for alternative, home-based reablement services. The second element, commissioned by Bracknell Forest Council is long term, dementia nursing care for residents who require 24 hour nursing care and are no longer managing with care at home.</p> <p>The care home will also be supported through the DES contract that offers primary care and multi-disciplinary team support to care home residents. This provision will further embed some of the positive aspects outlined below.</p>	
7. Who is the activity designed to benefit/target?	Both services will likely be supporting older adults (60+) as their main demographic, however the Intermediate Care service may support younger people who require residential rehabilitation. Service users are likely from Bracknell Forest and the surrounding area.	
Protected Characteristics	Please tick yes or no	Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.
8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.	Y	What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
		Positive - The Intermediate Care service will be targeted to support people with physical disabilities return to independence. This may include people with long term health conditions (cancer, COPD, stroke, etc.) as well as people recovering from infection or fractures.
		According to data from the 2011 census , 12.3% of the population in Bracknell reported they have a “limiting long term illness or disability.” According to data from NHS Digital , there are approximately 600 Bracknell Forest residents over the age of 65 with a confirmed diagnosis of dementia,

			<p>Positive - The nursing care service will provide a safe environment for people with dementia whose needs are too extensive for them to be cared for at home. This will be a dementia friendly provision and so its focus will be about supporting the best mental health of our residents.</p> <p>Neutral - Although the services will not cater specifically to people with a sensory impairment or learning disability, they may access either service if it suits their need. This should be assessed on an individual basis.</p>	<p>however it is estimated that the true figure is nearly double, at over 1100. Estimates from PANSI predict there are approximately 34 people under the age of 65 living with dementia in the borough.</p> <p>Alzheimer's association: About 1 in 5 people with a learning disability who are over the age of 65 will develop dementia. People with learning disabilities who develop dementia generally do so at a younger age. This is particularly the case for people with Down's syndrome: a third of people with Down's syndrome develop dementia in their 50s.</p>
9. Racial equality		N	<p>Neutral – the services will support people regardless of their ethnic background. Although there is some evidence to suggest higher risk of dementia for certain ethnic groups the demography of the area should also be taken into account. Care should be taken by the service provider/s to ensure that each individual's cultural needs are respected through a person-centred approach. It should also be borne in mind that Dementia affects cognitive ability so communication may become challenging for people whose first language is not English.</p>	<p>According to the 2011 census, Bracknell's population is 90.6% White (including white British, white Irish, White Irish Traveller, white other) 5% Asian/Asian British, 1.9% are Black/African/Caribbean/Black British, 2% mixed/multiple ethnic groups and 0.4% belong to other ethnic groups. The census also recorded over 20 different languages recorded as a 'main language' in Bracknell.</p> <p>According to the Race Equality Foundation: "There is increasing evidence that the African-Caribbean population in the UK is at higher risk of vascular dementia than the indigenous White population. There is also evidence that the early onset vascular type of dementia is more prevalent in African-Caribbean population. [...] Researchers have proposed that the raised risk of vascular dementia is linked to the higher risk of hypertension and other lifetime health risks that increase the risk of stroke in this population. Vascular dementia can often be a result of a stroke and develops within 3 months in nearly 25% of all cases of stroke. It has been estimated that by 2051 the number of people living with dementia in Black, Asian and minority ethnic communities will have risen 7-fold compared within estimated doubling in the number in indigenous White population over the same period."</p>
10. Gender equality		Y	<p>Positive - The services will support people regardless of gender on a person-centred approach.. The lack of segregated facilities (male/female-only wings) may reduce the time any person spends waiting for service</p>	<p>According to the Alzheimer's research UK, women are more likely to develop dementia during their lifetime; it is suggested that this is linked to their higher life expectancy. Similarly, a longer life expectancy could</p>

			<p>availability, enabling them to receive the necessary service sooner.</p> <p>Negative - It should be noted that not all residents might be comfortable with mixed facilities, (as a result of cultural beliefs, previous traumatic experiences etc.) however the provision of individual bedrooms/bathrooms should mitigate this.</p>	<p>result in more need for rehabilitation services for women.</p>
11. Sexual orientation equality	Y		<p>Neutral – any specific needs relating specifically to their sexuality will need to be identified and responded to by the provider/s in the planning and delivery of the services based on a person-centred approach.</p> <p>Positive – Some LGBT people are ostracized from their family so may not have extensive support networks to help them as they get older and may be more likely to need support (whether short term or long-term).</p> <p>Negative – some LGB people may not feel comfortable in a shared living environment, whether short term or long term. This may be improved by having a private room and bathroom facilities (as is the case in Heathlands) but care should be taken to ensure that individuals feel safe and welcome.</p>	<p>Data around sexuality is not routinely available, and according to the charity group Stonewall: “some LGBT people aren’t open about their sexual orientation and/or gender identity when seeking medical help because of fear of unfair treatment and invasive questioning.”</p> <p>According to experimental data from the ONS in 2018, The proportion of people in the UK identifying as lesbian, gay or bisexual (LGB) increased from 1.6% in 2014 to 2.2% in 2018. People in London are most likely to identify as LGB (Lesbian, Gay or Bisexual).</p> <p>A report from the LGBT foundation outlines the increased risk of social isolation for LGBT people, particularly those who are older.</p>
12. Gender re-assignment		N	<p>Neutral – the services will be expected to support people with dignity and respect, regardless of their gender identity based on a person-centred approach.</p> <p>Negative – People who have transitioned may experience additional difficulties due to dementia and associated memory loss as it may cause them to be further disoriented and distressed by their surroundings.</p>	<p>There is limited data around the prevalence of transgender people in the UK however the charity group Stonewall estimate that approximately 1% of the population may be transgender, including those who identify as non-binary.</p> <p>Many people being referred to either service will be coming from a hospital environment. Research from Stonewall published in 2018 found that 40% of trans people said they experienced difficulty accessing healthcare. This may lead to a reluctance to engage with services early on (whether for physical or mental health) and cause an increase in an individual’s needs.</p> <p>The Alzheimer’s Society have compiled easy read</p>

				resources on how to support people LGBT people with dementia.
13. Age equality	Y		<p>Positive – both services will support older adults, who are more at risk of frailty therefore the need for physical rehab, and more at risk of developing dementia.</p> <p>Neutral – the service may not be able to support younger people with dementia/rehabilitation needs but this may be appropriately managed by other community services instead.</p>	<p>According to the Dementia consortium: “Most people with dementia are over the age of 65, however it can affect people as young as 30. [...] The number of people with dementia is increasing because people are living longer.”</p> <p>POPPI predicts that in Bracknell Forest, the population with dementia aged 65+ will increase from 1,200 in 2019 to over 1,900 by 2035 (a 61% increase).</p> <p>Intermediate Care is aimed towards rehabilitating older people who are often frailer as a result of their age and/or long term health conditions. Older people who live alone are 50% more likely to attend A&E, and may also have a diminished support network, causing them to be more reliant on services such as intermediate care if they require short term support.</p>
14. Religion and belief equality		N	<p>Neutral – the services should be accessible to and respectful of all religions, and accommodations should be made to ensure patients/residents are able to practice their faith, whether they are living at the facility in the short term or as a permanent resident.</p> <p>For instance, it may be necessary to facilitate visits to/from places of worship, or to ensure appropriate dietary options are available.</p>	<p>According to data gathered in the 2011 Census, 60.5% of Bracknell residents are recorded as Christian, and 28.4% stated they had no religion. The remaining 11% are Hindu, Muslim, Buddhist, Sikh, Other and Jewish.</p>
15. Pregnancy and maternity equality		N	<p>Neutral - Due to both services primarily targeting older adults it is unlikely that there will be a direct impact however the service may relieve pressure on other family members who are caring for elderly relatives as well as young children.</p>	<p>According to the ONS, 1.3 million people in the UK are ‘sandwich carers’ – providing support to older relatives as well as dependent children - although many do not see themselves as such and view this as part of their familial role.</p>
16. Marriage and civil partnership equality	Y		<p>Positive – residential care is usually only considered if other options have been exhausted. This may mean that familial relationships are strained from caring for someone with high needs in the home environment, so it may present relief that a loved one can be supported</p>	<p>Looking at data from the 2011 census, Bracknell’s population is 50.2% married/in a civil partnership, 32.3% single, 5.4 widowed, 12.2 divorced/separated/formerly in a civil partnership.</p>

	<p>in a care home.</p> <p>Negative – It may be difficult for couples who have lived together for many years to adjust to one of them needing 24 hour support. This should be dealt with sympathetically, and efforts should be made to ensure that relationships are preserved as much as possible, for example through visits/outings with relatives.</p> <p>Positive - The provision of a Bracknell-based service should present better opportunities for maintaining family relationships as the alternative (making a placement out of Borough) would likely involve relatives needing to dedicate more time and resource to travelling.</p>	<p>Alzheimers Society have acknowledged the difficulties faced by family members when placing a relative into care, particularly if one has been providing a caring role. Their recommendations include the family members working with the care home staff to continue providing support in a way that benefits the family member and the cared for person.</p>
<p>17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.</p>	<p>Carers may benefit if the dementia nursing service can provide respite care as this will allow them a break from their caring role and potentially postpone the need for the cared-for person to go into a permanent placement. According to the 2011 census there are approximately 9,600 unpaid carers in Bracknell Forest, of which over 1,800 declared they provide more than 50 hours of unpaid care per week.</p> <p>Some research has suggested that military veterans, particularly women, may be at higher risk of developing dementia. Although the exact number of ex-military personnel in the borough is not known, in 2016 there were 862 people in receipt of military pensions or compensation, of which 774 were veterans. The provision of this service should benefit this group, however it may be necessary for the provider to look into specific staff training around this.</p>	
<p>18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?</p>	<p>The service seeks to support people with complex physical and mental health needs. There may be negative impacts on individuals as a result of having a large group of people living in close proximity to each other, and this may be exacerbated by people with dementia whose behaviour is inhibited or challenging. The possibility of this should not automatically exclude people from accessing the services however accommodations should be considered on a case by case basis to ensure any person receives appropriate care to suit their needs. All staff should undergo appropriate training to understand the varied needs of the people they support (relating to their health conditions as well as any of the characteristics listed above) in order to minimise discomfort and maximise quality of life. This applies for those who are residing in the short- or long-term areas of the facility.</p>	
<p>19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?</p>	<p>Largely the project is expected to have a positive impact. The potential for negative impact is dependent on each person's circumstances and is something that will need to be monitored and addressed by the provider on a regular and individual basis.</p>	

20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	The service itself will not be denied to people on the basis of any of the characteristics above but will be determined by their care needs (person-centred approach). Where there is potential for a negative impact on an individual this should be considered by staff, and the service/care plan adapted to ameliorate this if possible. Any accommodations made for the benefit of one individual would need to be weighed against any detriment these present to the other patients/residents but options should be explored as much as possible.
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	Information from operational teams can be used to baseline current support and shape future service development. Further information can also be gathered via engagement with local community groups (e.g. Dementia forum).		
22. On the basis of sections 7 – 17 above is a full impact assessment required?		N	Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged. Although some negative impacts could occur there is scope for these to be mitigated by the provider.
23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.			
Action	Timescale	Person Responsible	Milestone/Success Criteria
Outline in invitation to tender the expectations around an inclusive person-centred approach and gain assurance	Jan – Feb 2021	Commissioners	Satisfactory evidence gathered on bidders' approach to E&D
During mobilisation, work with successful bidder to implement a person-centred service, through a clear service specification and inclusive training regime for staff to cover aspects of equality and diversity in day to day care.	May – December 2021	Commissioners	Training schedule and Equality Diversity policy drafted by provider
Implement monitoring schedule with the successful bidder to review service requirements, including providing where necessary. Ongoing contract management process to ensure E&D approach is robust.	December 2021 onwards	Commissioners	Contract monitoring reports and meeting notes
24. Which service, business or work plan will these actions be included in?	Bracknell Forest Council: Integration commissioning; Invitation to Tender; Mobilisation Plan; Contract Management Plan		
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	Completion of needs assessment and ongoing liaison with stakeholders to ensure project remains relevant and tailored to residents of Bracknell Forest.		

26. Assistant director's signature.

Signature:

Date: