




Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or www.somerset.gov.uk/impactassessment

Organisation prepared for (mark as appropriate)	 Somerset Council	x	 NHS Somerset		 NHS Somerset NHS Foundation Trust	
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Version	1	Date	16.11.2023
Description of what is being impact assessed			
<p>The potential impact to those members of the public with protected characteristics if we were to progress with decommissioning activity.</p> <p>We have proposed the de-commissioning of the Reconnect Service for Housing Related Support and Dementia Floating Support delivered by our voluntary sector Strategic Partner Rethink Mental Illness.</p> <p>This service is a non-statutory contract within the Dementia Portfolio, costing the Local Authority £140,000 a year and supporting 60 people a year at a cost of approximately £49 a week per person.</p> <p>The service provides outreach support to people living with moderate dementia. Key activities include linking with statutory services, supporting with getting to appointments, providing support with errands, day to day shopping, facilitating wellbeing activities including day opportunities, coffee mornings, social and community activities, supporting with cooking and preparing meals – these are all things which keep people from needing to go into more restrictive care models like residential homes.</p>			
Evidence			
<p>What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the Office of National Statistics, Somerset Intelligence Partnership, Somerset's Joint Strategic Needs Analysis (JSNA), Staff and/ or area profiles,, should be detailed here</p>			
<p>Dementia Needs Assessment, Health and Care Needs of the LGBT Population by Age UK, Reports issued from the Integrated Care System, Department for Education, Department for Health and Social Care and the Department for Levelling Up, Housing and Communities all outline the role that Local Authorities must play in supporting these Community Commissions. Somerset Intelligence Partnership; Office of National Statistics; Census 2021; Somerset's Joint Strategic Needs Analysis; Equality Act 2010, Provider data.</p>			

Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?

Engagement and consultation has not taken place with any protected groups due to the limited time available to complete the assessment. However, in consultation surrounding the potential for re-commissioning I have met with and received reports from:

- The provider, Rethink Mental Illness.
- The staff team of group facilitators delivering to the service.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> • Loss of Care Services: Approximately 60 elderly individuals, predominantly those with dementia, currently benefit from the tailored care and support provided by the Reconnect Service. The decommissioning will result in the cessation of these services, leading to a direct impact on the well-being and quality of life for this group. • Disruption to Established Support Networks: Many service users have developed strong relationships with 	☒	☐	☐

	<p>Reconnect staff, forming a crucial part of their support network. The decommissioning may lead to a sense of loss, disruption, and emotional distress among elderly people who have come to rely on these connections.</p> <ul style="list-style-type: none"> • Increased Reliance on Alternative Services: With the discontinuation of the Reconnect Service, elderly people will need to transition to alternative care services. The availability, accessibility, and suitability of these alternatives will influence the level of support these individuals receive, potentially impacting their independence and daily lives. • Potential for Social Isolation: Elderly people, especially those with dementia, are vulnerable to social isolation. The decommissioning may heighten this risk, as the Reconnect Service not only provided practical assistance but also contributed to social engagement and community connection. • Differential Impact on Diverse Groups: Consideration will be given to the potential differential impact on elderly individuals from diverse backgrounds. Factors such as ethnicity, socio-economic status, and geographic location may contribute to varying degrees of access to alternative services and support. 			
<p>Disability</p>	<ul style="list-style-type: none"> • Nobody currently being supported by the Reconnect service is living with a diagnosed learning disability and so I have classified the risk as neutral, however, I have noted that people with learning disabilities have a greater risk of developing dementia than other people and usually develop the condition at a younger age. This is particularly true of people with Down's syndrome, one in three of whom will develop dementia in their 50s. The specific association between Down's syndrome and Alzheimer's disease is well 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	recognised.			
Gender reassignment	<ul style="list-style-type: none"> I have classified the risk as being neutral for those who have experienced gender reassignment as I do not see there being a specific impact. However, it is important to note the following: The Office for National Statistic tells us following the Census of 2021 that 0.5% of the population indicated that their gender identity was different from their sex at birth. It also identifies that the lowest percentage was the South- West with 0.42%. More than 1,600 Somerset residents stated that their gender identity differs from their sex as registered at birth. This represents 0.35% of the Somerset population aged 16 and over. <p>At present, there's little UK research focusing on the health needs of older transgender adults. A US study, however, has found that transgender older people were at higher risk of poor physical health, disability and depression when compared to cisgender respondents [people whose personal identity and gender corresponds to their birth sex].</p>	□	⊗	□
Marriage and civil partnership	<ul style="list-style-type: none"> I have classified the risk as being neutral for married people and those in civil partnerships as I do not see there being a specific impact. 	□	⊗	□

<p>Pregnancy and maternity</p>	<ul style="list-style-type: none"> • Job Security and Redundancies: The decommissioning process, if leading to staff redundancies, could have implications for employees who are pregnant or on maternity leave. There may be concerns regarding job security, potential redundancy, and the need for fair and transparent processes in alignment with employment laws. • Workplace Stress and Well-being: Uncertainty surrounding job stability and organisational changes can contribute to workplace stress. Pregnant employees or those on maternity leave may be particularly sensitive to such stressors, and efforts should be made to mitigate any adverse effects on their well-being. 	⊗	□	□
<p>Race and ethnicity</p>	<ul style="list-style-type: none"> • Due to the race and ethnicity profile of Somerset's population which was recorded in the 2021 Census as being 94% White/British, and as the profile of those accessing Reconnect services reflects this, I have classified the risk concerning race and ethnicity to be neutral. • However, I have noted that dementia is more common among Asian and black-Caribbean communities as this group are more prone to risk factors for vascular dementia such as cardiovascular disease, hypertension and diabetes. Further to this, early-onset dementia (affecting people under 65) is more frequent among people from Black, Asian and Minority Ethnic (BAME) groups. 	□	⊗	□
<p>Religion or belief</p>	<ul style="list-style-type: none"> • I have classified the risk to those with religious faith or belief systems to be neutral. However, Reconnect Service accepts referrals from a myriad of sources including church and religious groups. • 	□	⊗	□

<p>Sex</p>	<p>I expect the Decommissioning of the Reconnect service would have a more significant impact on female members of the public in Somerset.</p> <ul style="list-style-type: none"> • In the UK 62% of those diagnosed with dementia are female this is a likely consequence of a longer life expectancy and dementia is a leading cause of death among women – higher than heart attack or stroke. • Women are more likely to be caring for someone with dementia or another condition, evidence shows this can lead to women becoming isolated and depressed which is a risk factor for dementia. Decommissioning the Reconnect service will have a more significant impact on female members of the public in Somerset. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Sexual orientation</p>	<ul style="list-style-type: none"> • We have assessed that there is potential for a negative impact for Lesbian Gay Bisexual or Transgender Older people concerning the de-commissioning of the Reconnect service as although the service does not directly support the LGBT Community, there are significant inequalities for LGBT Older People which Reconnect would support with. For example, non-heterosexual men aged 50+ have lower life satisfaction and are more likely to have attempted suicide in their lifetime, and non-heterosexual women aged 50+ are more likely to smoke which is a determinant for dementia. Evidence also suggests that there is a higher prevalence of mental health in older LGBT+ people. • Furthermore, there is evidence that some older LGBT+ people have worse experiences of accessing healthcare than their peers. In a recent Government survey of LGBT+ people of all ages, 16% had a negative experience while accessing (or trying to access) public health services. Meanwhile, at least 38% had a negative experience because of their gender 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<p>identity. Poor experiences of health services can lead to people delaying treatment and in turn lead to worse health outcomes.</p>			
<p>Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.</p>	<p><u>Carers:</u></p> <ul style="list-style-type: none"> • Access to Respite: Carers heavily rely on respite services to alleviate the demands of caregiving. The decommissioning of the Reconnect Service may result in challenges for carers in accessing essential respite, potentially leading to increased stress and fatigue. • Financial Strain: The increased cost of care for their loved ones, resulting from the loss of the Reconnect Service, may impose financial strain on carers. Financial considerations can add an additional layer of stress, impacting the overall well-being of carers. • Gap in Service: The decommissioning process may lead to a gap in service provision, creating disruptions in the support system for both individuals with dementia and their carers. This gap can contribute to heightened mental strain for carers who rely on consistent and reliable services. <p><u>Low income:</u></p> <ul style="list-style-type: none"> • Financial Strain: People with low income may face increased financial strain as they lose access to the Reconnect Service, which previously provided support without additional costs to the user. The financial burden may arise from the need to seek alternative services or cover expenses related to caregiving. 	<p style="text-align: center;">☒</p>	<p style="text-align: center;">☐</p>	<p style="text-align: center;">☐</p>

	<p>This could contribute to ill health and carer break down of which poverty is a key determinant.</p> <ul style="list-style-type: none">• Limited Alternatives: Those with low income may have limited resources to explore alternative care options, potentially leading to a reduction in the overall quality and extent of support they can access. The availability of affordable and comprehensive alternatives may be constrained.• Access to Specialised Services: Individuals with low income may encounter challenges in accessing specialised dementia services. The Reconnect Service provides tailored support that is not readily available in other low-cost alternatives.• <u>Veterans:</u> The 2021 Census reveals that there are 27,902 armed forces veterans living in Somerset. This is the first time that this information has been asked in the census. The highest number of veterans live in the South Somerset district area, with 9,854, followed by Somerset West and Taunton with 7,923. Reconnect supports veterans and their families who may be living with PTSD, Isolation and Loneliness.			
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If negative impacts remain, please provide an explanation below.

If we decommission the Reconnect service up to 60 older people living with dementia will lose their service and there is significant likeliness that this will lead to isolation and deterioration. We hope to be able to facilitate transition, however have a limited provider market with long waiting lists and the Council has limited influence and resources to counter this.

Decommissioning this service will impact on wider provision including in the Voluntary, Charity and Social Enterprise sector, homecare market, and potentially healthcare and bedded pathways.

Carers heavily rely on respite services to alleviate the demands of caregiving. The de-commissioning of the Reconnect Service could mean that carers lose vital support services and while waiting for Adult Social Care Assessments, Financial Assessments which can take up to one year there may be no other alternative due to cost pressures for carers. We have limited influence to mitigate for this.

Completed by:

Candy Worf

Date

16. 11. 2023

Signed off by:



Date

21/11/2023

Equality Lead/Manager sign off date:

To be reviewed by: (officer name)

Review date: