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Cabinet Member for Adult Services

3 October 2022

**Name of Cabinet Member:**

Cabinet Member for Adult Services - Councillor M Mutton

**Director approving submission of the report:**

Director of Adult Services and Housing

**Ward(s) affected:**

All wards

**Title:**

Developing a Coventry Dementia Hub

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**Is this a key decision?**

No - although the proposals affect more than two electoral wards, the impact is not expected to be significant.

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**Executive summary:**

The provision of day opportunities serves an important function in meeting our responsibilities to Adults with Care and Support needs and their carers in two primary ways:

1. They provide meaningful activities including stimulation, and recreation, these activities all help with promoting the health and wellbeing of people with dementia
2. They provide valuable daytime respite for informal carers

The Council directly provides or commissions day opportunities for older adults which are all currently centre-based services and activities.

The expectations of people with care and support needs are changing and this became more evident during the COVID-19 pandemic. Historically day centres providing solely 'in centre' support were the only available support model. However, user and carer expectations have changed and for many the provision of centre-based support complemented with the opportunity to undertake activities, with support, outside of the centre environment better achieves the outcomes that people are seeking. Any changes to the services being proposed support the intentions and the priorities for the proposed Coventry and Warwickshire Living Well with Dementia Strategy 2022-2027.

In response to this the future model for delivery of daytime services to support people with dementia and their carers has been developed in partnership with a range of stakeholders including people with lived experience.

Following an informal engagement exercise with all stakeholders, and primarily with a focus group from Alzheimer's Society (people with dementia) who co designed the vision for the Coventry Dementia Hub, on 2<sup>nd</sup> September 2021 permission was granted to commence a formal public consultation on the proposal to redevelop Maymorn Day Centre into a single Dementia Hub for Coventry.

This progression to a more blended approach accelerated over the Covid-19 pandemic. This was a direct response to the closure of centres during the first lockdown in spring 2020 and subsequent partial reopening of centre-based day opportunities. The City Council has worked with providers to adapt day centre-based approaches, to pilot a blended approach that optimises safe interaction but minimises the risk of Covid-19 infection: an issue that many service users and carers remain concerned about despite the lifting of all national restrictions.

The Council has responded to this changing need by, on an interim basis, operating its centre-based activities over fewer days and providing alternatives where required. This interim position has been piloted at Maymorn Day Centre which previously operated centre-based activities over 5 days but since summer 2020 has reduced centre-based services to 3 days a week and introduced a pilot offering an Outreach Service. This interim outreach pilot has proven popular with many people preferring to use the outreach service instead of the traditional day service, and as a result a formal consultation exercise commenced on 20<sup>th</sup> September 2021 to look to progress the hub and mainstream this new model of support.

This report presents the outcomes of both public and staff consultations and seeks permission to implement the development of a dementia hub.

### **Recommendations:**

Cabinet Member for Adult Services is recommended to:

- (1) Approve the development of a Dementia Hub and the reduction of traditional services to 2 days per week, creating 96 hours of outreach and drop in opportunities.
- (2) Approve the adaptation of the Maymorn building and commencement of building works to create the hub.

### **List of Appendices included:**

The following appendices are attached to the report:

**Appendix A** - Equality Impact Assessment

### **Background papers:**

None

### **Other useful documents**

No

### **Has it or will it be considered by scrutiny?**

No

**Has it or will it be considered by any other council committee, advisory panel or other body?**

No

**Will this report go to Council?**

No

## **Report title: Developing a Coventry Dementia Hub**

### **1. Context (or background)**

- 1.1 The provision of day opportunities serves an important function in meeting our responsibilities to Adults with Care and Support needs and their carers in two primary ways;

- They provide meaningful activities including stimulation and recreation, these activities all help with promoting the health and wellbeing of people with dementia.
- They provide necessary and valuable daytime respite for informal carers.

The Council directly provides or commissions day opportunities for older adults which are all currently centre-based. Maymorn Day Centre is a Council operated Monday to Friday service for people with advanced dementia with a long history of providing a valued service. Prior to the pandemic, the centre was significantly underutilised; at the time of the closure, only 29 people were accessing the service utilising approximately 66 spaces per week despite the fact we had the capacity to provide 125 spaces per week. Of the 29 that attended, only 9 returned, 5 passed away, 6 went into residential, 5 chose to remain at home and 4 have needs that changed (bed bound, fluctuating health/dementia). The data reflects a cohort of people with advanced dementia whereby traditional day services would not be sustainable for them longer term. The long days was considered a negative factor as often attendees would fall asleep by the afternoon or experience sundowning, whereby people with dementia can become distressed and unsettled late afternoon into the evening. However, for carers, this provided a full day's respite for them. Since the service reopened, shorter days were accommodated to alleviate this barrier however there continues to be a low uptake on the traditional day service option. The current day service is supporting 15 people utilising 23 of the available 45 spaces. The pilot outreach is supporting 21 people, the new model will enable more people to access the broader range of services.

- 1.2 The centre initially closed in March 2020 to protect vulnerable service users during the Covid-19 Pandemic. The service partially reopened in August 2020, gradually increasing to 3 days a week. At the time and since, the number of referrals received do not necessitate a need to reopen 5 days a week.
- 1.3 However, the expectation of people with care and support needs are changing to a position where the opportunity to engage in bespoke and meaningful activities both on and off site is preferred. This move to a more blended approach was accelerated over the Covid-19 pandemic when, in response to the closure of day services and the subsequent partial reopening of centre-based opportunities, it was identified that the Council needed to review its model of support
- 1.4 The council responded to this changing position by operating the Maymorn Centre on fewer days and as a pilot, providing alternatives to centre-based activities delivered through the provision of outreach over 5 days. The outreach service offers 1-1 support to people with dementia to participate in activities of their choosing either in their own homes or in the community e.g. going for a walk. This offer has helped the development of a more diverse day opportunity offer which is delivering better outcomes for our service users. This outreach pilot has been hugely successful with service users reporting a significant improvement in their health and well-being. The outreach service provides one to one interaction with support workers and is person centred. There are currently 21 people in receipt of outreach services equating to 58 hours per week

- 1.5 For some carers, access to a 5-day support is essential to their well-being, providing meaningful respite from their caring responsibilities or enabling them to combine paid employment with their caring role. The new model still provides opportunities 5 days a week but would offer a mixture of personalised support including outreach, drop-in sessions which can be half day or 1-2 hour sessions along with access to 2 days a week traditional day service. The new model provides for more options for people with dementia that are not currently available.
- 1.6 As an organisation, and since the reopening of day facilities there has been a conscious move away from any one person accessing 5 days of traditional day service which often entails a very long day when transport and the day service provision itself are factored in. The new model ensures that each person's package of care is personalised to their needs, providing a variety of day opportunities rather than the limited sole offer of traditional day services.
- 1.7 Following Cabinet Member approval on 2<sup>nd</sup> September 2021, a formal public consultation was undertaken for 3 months from 20<sup>th</sup> September 2021. There was an overwhelmingly positive response to the consultation with a higher proportion of respondents wanting to see the new model implemented.
- 1.8 There were delays in starting the staff consultation due to attempts to secure additional funding which if we had been successful may have changed the core staffing model to be consulted on. The staff consultation began on 10<sup>th</sup> May 2022 and ended 9<sup>th</sup> June 2022 and included several 1:1's with staff who wanted to discuss their personal circumstances. All issues raised during the staff consultation were responded to on Friday 12<sup>th</sup> August 2022 in line with our HR processes.
- 1.9 The proposals within this report are to develop a dementia hub at the Maymorn Centre in response to changing service demands and engagement with partners, people with dementia and their families/carers. Should proposals be approved the hub's core offer would provide a range of day opportunities, traditional, drop-in sessions and outreach. The core offer would include multi-agency working and sessions held at the hub would be provided by a range of health, voluntary and council led services. It is anticipated that the hub would start small and develop over 2 to 3 years. Over this period of time, it is intended that the social space will be the 'go to' place for people with dementia to socialise and access support. The hub would have different services offering a variety of flexible sessions for people with dementia and/or their carers and be accessible to hard-to-reach groups who are currently not accessing services.
- 1.10 The Enhanced Offer: The hub's core offer will be further enhanced by the investment of £150,000 from the Coventry and Warwickshire Integrated Care Board which will fund additional posts for a period of 12 months. This includes capacity to operate a dementia friendly café, posts to work with young onset dementia and a lifestyle co-ordinator to focus on developing opportunities for carers and to target under-represented groups in the community. These additional roles are expected to be in place from April 2023 and will be reviewed in January 2024 to inform future funding.
- 1.11 In the event that funding, through ICB or elsewhere is not available beyond April 2023 this capacity would cease and the only the core offer would continue.

## **2. Options considered and recommended proposal**

### **2.1 Option One: Implement a Dementia Hub (Recommended Option)**

- 2.1.1 This option is to develop Maymorn into a single Dementia Hub for Coventry, extending the service to include outreach, drop-in sessions over 5 days and retain 2 days of the existing traditional day service model.
- 2.1.2 Coventry would be one of the first cities in the country to develop a Dementia Hub, offering a single location for those with dementia and their carers to find support and information. One of the key benefits of the hub is that it would be accessible to people pre and post diagnosis of dementia. This would lend itself towards timelier diagnoses as the reputation of the hub grows, it will become the recognisable go to place for all queries relating to dementia. Those reluctant to seek help or acknowledge that there is an issue, could pop into the café/social space where they can get to know people and build the courage to seek help and support from variety of people including buddy support from people successfully living with dementia. Key members of the Alzheimer's Society Focus Group are particularly keen to provide this buddy/peer support, often referring to how they wish they had had the opportunity when they were first diagnosed, to meet someone who was living proof that you can live well with dementia.
- 2.1.3 This is the favoured option of those who use the service with 61% of respondents being in favour of this option and the opportunities it presents to broaden the types of services available for people with dementia and their carers. The demand for traditional days services has declined steadily over the years prior to the pandemic and there is no indication that the demand for traditional day services would increase again.
- 2.1.4 Developing the hub to reach its full potential will take a period of time and commitment. Other partner organisations are keen to work with the council to develop the offer at the hub and are in support of the intention to broaden the service offer for people with dementia beyond traditional day services. The Hub will also lend itself to multi agency usage with various organisations able to utilise the shared office space and rooms for hire to run their own events along with a café and social space at the heart of the hub for people living with dementia.

## **2.2 Option Two: Retain the standard operating model (Not Recommended)**

- 2.2.1 This option is to retain the existing five-day service for people with advanced dementia.
- 2.2.2 Only 30% of respondents preferred this option and based on usage it is no longer a viable option as due to the low level of demand for this model it would generate significant inefficiencies if it was to continue.
- 2.2.3 Despite numerous attempts being made to increase the number of referrals, including raising the profile of the service with social workers and other professionals who make referrals, there has not been sufficient demand to warrant the continued operation of a 5 day service.

## **3. Results of consultation undertaken**

- 3.1 The public consultation was undertaken over a 12-week period from 20<sup>th</sup> September 2021 to 12<sup>th</sup> December 2021. A range of stakeholders with an interest in Dementia Services were included in the consultation which was available as an online and paper survey. Paper surveys were issued to service users and their carers at Maymorn Day Centre and a supply was provided at the University Hospital of Coventry and Warwickshire and a number of libraries across the city. The online survey was available via the Council's Let's Talk website and the link was also emailed directly to various stakeholders including Adult Social Care staff and Carer's Trust who have sent weekly emails to their members (over 5000).

3.3 Although the focus group from Alzheimer's actively co-designed the vision for the Dementia Hub, they also received the surveys directly. Whilst some of those with advanced stage dementia who would benefit from the services could not be consulted directly, due to issues of capacity, a concerted effort was made to try and reach carers and professionals involved who could offer a voice on their behalf.

3.4 We received 162 responses, a breakdown of those responses are as follows;

<b>Respondent Category</b>	<b>Percentage of overall respondents</b>
Carer of a person with Dementia	24%
Local Resident	30%
Staff working with people with Dementia	36%
Representatives of Organisations	10%
<b>Preferred Option</b>	<b>Percentage of overall respondents</b>
Option A	61%
Option B	30%
No preference	9%

3.5 The staff consultation took place from Tuesday 10<sup>th</sup> May 2022 and concluded Thursday 9<sup>th</sup> June 2022.

#### **4. Timetable for implementing this decision**

4.1 Should Cabinet Member endorse the recommendation it is proposed that implementation will have a phased approach. To manage the transition with existing employees and undertake recruitment to the additional ICB funded posts are likely to be during the same period. Overall, it is likely to be April 2023 before the first phase of the Dementia Hub is operational and with a 2–3-year plan to enable the hub to reach its maximum potential.

4.2 The building works would commence from November 2022 to extend the building to create a separate area for the traditional day service, additional car parking spaces and to refurbish the kitchen. This work is expected to take five months to complete.

#### **5. Comments from Chief Operating Officer (Section 151 Officer) and Director of Law and Governance**

##### **5.1 Financial Implications**

5.1.1 It is proposed to fund capital works at the Maymorn building at a cost of £300,000; from existing Disabled Facilities Grant resources within the Better Care Fund Pool. The revised core day service offer of outreach, drop in and traditional day services will be funded from existing revenue budgets.

5.1.2 The enhanced offer is funded via a one-off grant allocation that has been secured from ICB to fund the running of the café, young onset dementia and lifestyle coordinators posts for a 12 month period. There are robust plans in place to mitigate the fallout of this time limited funding, including identifying alternative funding sources or the cessation of these specific enhanced services.

5.1.3 As referenced above alternative funding will continue to be explored for both the enhanced offer proposed as well as any further enhancement opportunities that are identified as the hub evolves.

## **5.2 Legal Implications**

- 5.2.1 The Care Act 2014 requires Local Authorities to meet the assessed eligible needs of service users and their carers, but discretion over how to do so. This enables each Authority to respond to the needs of its population and provide personalised care and / or support packages to individuals and to be creative in the development of support options to meet the needs of its population.
- 5.2.2 The Council also has a responsibility to consult with stakeholders in connection with proposed significant changes to service delivery to ensure that anyone who may be affected is able to contribute to the discussions and comment upon the proposals.
- 5.2.3 Public authority decision makers are under a non-delegable ongoing duty to have regard to the need to eliminate discrimination, advance quality of opportunity and foster good relations between persons who share a protected characteristic and decision makers must be consciously thinking about these aims as part of the decision-making process, with rigour and an open mind. The duty is to have "due regard" not to achieve a result, but to the need to achieve these goals and consideration must be given to the potential adverse impacts and the measures (if any) that are available to minimise any discriminatory effects. Members must therefore ensure that they read all relevant papers to enable them to assess the risk and extent of any adverse impacts and the ways in which any such risk can be eliminated. This requires more than just an awareness of the equality duty, it requires rigorous analysis by the public authority, beyond broad options. This is important both at this consultation stage and at any point when Members make any final decisions on any proposals that may be presented to them.

## **6. Other implications**

### **6.1 How will this contribute to the Council Plan ([www.coventry.gov.uk/councilplan/](http://www.coventry.gov.uk/councilplan/))?**

- 6.1.1 The development of the Dementia hub supports the Council Plan by contributing to the following objectives:
- Improving the quality of life for Coventry people
  - Improving health and wellbeing
  - Protecting our most vulnerable people
  - Reducing health inequalities
  - Enabling active communities and empowered citizens

### **6.2 How is risk being managed?**

There is a detailed project plan for the development of the Dementia Hub. This will be overseen by the project team with risk escalated as appropriate.

### **6.3 What is the impact on the organisation?**

- 6.3.1 There are no post deletions associated with the proposals contained in this report. Changes to existing roles will be managed through the Council's management of change process.
- 6.3.2 The additional funding of £150,000 via Integrated Care Board will provide new job opportunities for 12 months ranging from lifestyle co-ordinator post, café co-ordinator posts and additional outreach worker posts to focus on young onset dementia.



## **6.4 Equalities / EIA?**

- 6.4.1 An EIA has been undertaken and is attached in **Appendix A**. In summary there are positive and negative impacts to both service users and Council staff with the proposed service changes.
- 6.4.2 The broader range of services will positively impact service users from an age perspective, making the service more accessible to those with young onset and offering more diverse activities to those who access the traditional day service. The reduction of the day service operation will negatively impact the older age group, however this is mitigated by maintaining a day service, on a reduced number of days.
- 6.4.3 The proposed service will positively impact service users Race with an element of the service targeting people living with dementia and their carers from various ethnic minority backgrounds with the aim of setting up culturally sensitive activity sessions.
- 6.4.4 If the demand is there, gender specific sessions will be provided to respect cultural boundaries and enable people to access sessions which they would not be able to if mixed genders. Mixed gender sessions would still be available.
- 6.4.5 It has been identified that the change in work location has a negative impact on employees of the service with disabilities, these can be mitigated by offering the following;
- Additional travel time to reach work locations.
  - Allocating work in locations which are easier to reach/closer to staff home location.
  - Ensure staff are allocated a realistic case load and number of visits required during the working day are achievable.

## **6.5 Implications for (or impact on) climate change and the environment?**

No Known Implications

## **6.6 Implications for partner organisations?**

Partner organisations such as NHS, Arden Memory, Admiral Nurses as well as the voluntary sector e.g. Alzheimer's Society should all benefit from having a single location. The ability to base themselves at the hub, run sessions and work more closely with us can only serve to enhance the quality of services provided to enable a person to live well with dementia.

### **Report author(s):**

**Name:** April Ross,

**Title:** Service Manager for Internally Provided Services

**Service:** Adult Social Care

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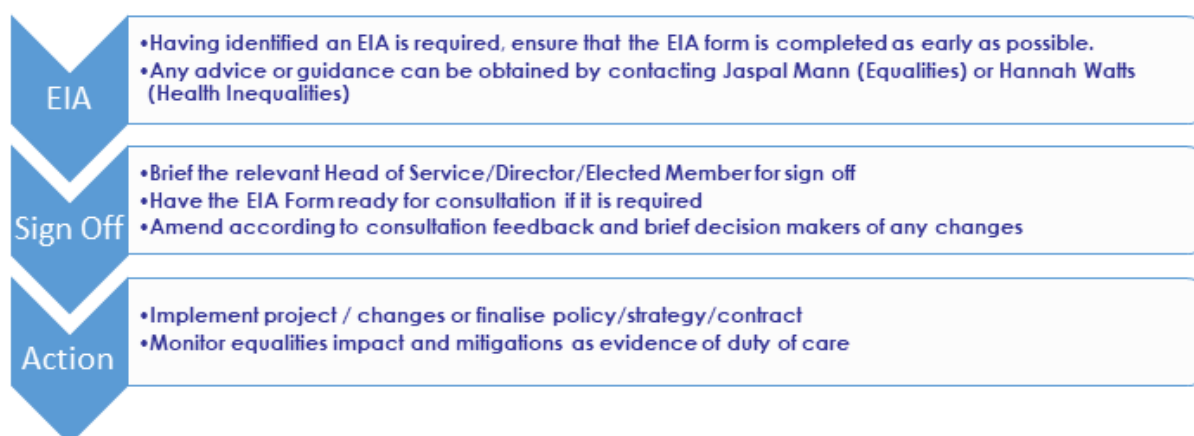
Enquiries should be directed to the above person

<b>Contributor/approver name</b>	<b>Title</b>	<b>Service Area</b>	<b>Date doc sent out</b>	<b>Date response received or approved</b>
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Jon Reading	Head of Commissioning and Quality	Adult Social Care	11.08.22	12.08.22
Lisa Lawson	Adult Services Programme Delivery Manager	Adult Social Care	13.07.22	13.07.22
Diane Jones	Lead Accountant Business Partner	Finance	13.07.22	14.07.22
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<b>Names of approvers for submission: (officers and members)</b>				
Finance: Ewan Dewar	Finance Manager		14.07.22	13.09.22
Legal: Janice White	Team leader	Legal Services	07.07.22	05.08.22
Director: Peter Fahy	Director of Adult Services & Housing		14.09.22	14.09.22
Members: Councillor M Mutton	Cabinet member for Adult Services			15.09.22

This report is published on the council's website: [www.coventry.gov.uk/meetings](http://www.coventry.gov.uk/meetings)

## Appendix A - Equality Impact Assessment

<b>Title of EIA</b>		<b>Dementia Hub Consultation</b>
<b>EIA Author</b>	Name	<b>April Ross</b>
	Position	<b>Service Manager</b>
	<b>Date of completion</b>	<b>8 August 2022</b>
<b>Head of Service</b>	Name	<b>Tracey Denny</b>
	Position	<b>Head of Service</b>
<b>Cabinet Member</b>	Name	<b>Councillor Mutton</b>
	Portfolio	<b>Adult Social Care</b>



PLEASE REFER TO [EIA GUIDANCE](#) FOR ADVICE ON COMPLETING THIS FORM

### SECTION 1 – Context & Background

1.1 Please tick one of the following options:

This EIA is being carried out on:

- ☐ New policy / strategy  
☒ New service  
☐ Review of policy / strategy  
☒ Review of service  
☐ Commissioning  
☐ Other project (*please give details*)

1.2 In summary, what is the background to this EIA?

To convert Maymorn Day Service into a Single Multi agency Dementia Hub for Coventry. Maymorn is an existing 5 day service that has been reviewed with a proposal to develop a new service from the centre. Following both a public and staff consultation it is proposed to implement the

following model; expanding the service to offer an outreach service, a drop in social space and café for people with dementia and reducing the traditional day service to 2 days a week.

1.3 Who are the main stakeholders involved? Who will be affected?

Staff, people living with dementia and their carers.

1.4 Who will be responsible for implementing the findings of this EIA?

April Ross-Service Manager

## SECTION 2 – Consideration of Impact

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

- Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
- Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
- Foster good relations between persons who share a relevant protected characteristic and those who do not

### 2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

There are currently 14 people who access the traditional day service, detailed data cannot be broken down and further due the low numbers making individuals identifiable. 9 are male and 5 are female.

Age group	Male	Female
50-60	2	
60-70		2
70-80		
80-90	7	1
90-100		2

Ethnicity, White British 78.5%, Indian 14%, White Irish 7%

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

- Positive impact (P),
- Negative impact (N)
- Both positive and negative impacts (PN)
- No impact (NI)
- Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 – **not below***

Protected Characteristic	Impact type P, N, PN, NI or ID	Nature of impact and any mitigations required
Age 0-18	<b>NI</b>	None
Age 19-64	<b>P</b>	<p>The new proposed model will allow broader range of services at both home and within the dementia hub.</p> <p>The broader range of services would be available to people with dementia with some targeting young onset (new service)</p> <p>Outreach, drop in sessions, social space and a café are the broader options not currently available to them at present.</p> <p>Outreach workers will be able to better serve their service users and enrich their lives with social interaction and activities the individual enjoys on a 1 to 1 basis.</p>
Age 65+	<b>PN</b>	<p>The new proposed model will allow broader range of services at both home and within the dementia hub.</p> <p>There would be fewer days of traditional day service but more choice of different services 5 days a week.</p> <p>The broader range of services would be available to people with dementia with some targeting young onset (new service)</p> <p>Outreach, drop in sessions, social space and a café are the broader options not currently available to them at present.</p>

		<p>Outreach workers will be able to better serve their service users and enrich their lives with social interaction and <a href="#">activities</a> the individual enjoys on a 1 to 1 basis.</p>
Disability	<b>P</b>	<p>The new proposed model will allow broader range of services at both home and within the dementia hub.</p> <p>The broader range of services would be available to people with dementia with some targeting young onset (new service)</p> <p>Outreach, drop in sessions, social space and a café would the broader options not currently available to them at present.</p> <p>Outreach workers will be able to better serve their service users and enrich their lives with social interaction and <a href="#">activities</a> the individual enjoys on a 1 to 1 basis.</p> <p>Service Users who have anxiety and become house bound will be able to receive support in their own home.</p>
Gender reassignment	<b>NI</b>	<p>The new service is provided irrespective of gender reassignment for the most vulnerable members of our communities.</p>
Marriage and Civil Partnership	<b>NI</b>	<p>The new service is provided irrespective of marriage and civil partnership for the most vulnerable members of our communities.</p>
Pregnancy and maternity	<b>NI</b>	<p>The new service is provided irrespective of pregnancy and maternity for the most vulnerable members of our communities.</p>
Race (Including: colour, nationality, citizenship ethnic or national origins)	<b>P</b>	<p>An element of the service will be targeting people living with dementia and their carers from various ethnic minority backgrounds with the aim of setting up culturally sensitive activity sessions both at home and within the hub.</p>
Religion and belief	<b>NI</b>	<p>The new service is provided irrespective of religion and belief for the most vulnerable members of our communities.</p>
Sex	<b>P</b>	<p>There may be offers of gender specific sessions to respect cultural boundaries and enable people to access sessions which they would not be able to if mixed genders. Mixed gender sessions would still be available.</p>

Sexual orientation	NI	The new service is provided irrespective of sexual orientation for the most vulnerable members of our communities.
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## HEALTH INEQUALITIES

2.3	<p>Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.</p> <p>Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity.</p> <p>A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities.</p> <p><b>Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.</b></p> <p><b>If you need assistance in completing this section please contact: Hannah Watts (<a href="mailto:hannah.watts@coventry.gov.uk">hannah.watts@coventry.gov.uk</a>) in Public Health for more information. More details and worked examples can be found at <a href="https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx">https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</a></b></p>	
Question	Issues to consider	
2.3a What HIs exist in relation to your work / plan / strategy	<ul style="list-style-type: none"><li>Explore existing data sources on the distribution of health across different population groups (<i>examples of where to find data to be included in support materials</i>)</li><li>Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation</li></ul>	
	<p>Response:</p> <p>People accessing Maymorn already have a diagnosis of dementia which is advanced, the average age is currently 80+ with the usual age related health conditions.</p> <p>The service will have a positive impact in terms of enabling individuals’ participation within their community. The vision for the hub is created with people living with dementia, they will be actively involved in shaping the service and its continued developments.</p>	

	The positive impact of the lifestyle co-ordinator who will be targeting hard to reach groups to enable access.
2.3b How might your work affect HI (positively or negatively).  How might your work address the needs of different groups that share protected characteristics	<p><b>Consider and answer below:</b> Consider what the unintended consequences of your work might be</p>
	<p>Response:</p> <p>The proposed model would benefit hard to reach communities, supporting families to care for their loved one with dementia and signpost to other services ensuring accessibility and visibility of services available to them.</p> <p>The social space is accessible and free to all. The building is wheelchair and dementia friendly.</p> <p>Outreach workers going into people's homes may mean they can observe when individuals are struggling e.g. no heating or food in the home and can alert/sign post to relevant services. The service is citywide and is based on assessed needs, those who do not qualify e.g. self funders will still be able to access the services.</p> <p>The hub would be working more closely with health partners to the benefit of people with dementia e.g. some assessment clinics and forgetfulness courses may operate from the hub. More timely access to health advice.</p> <p>b. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.</p> <p>Not applicable</p>

2.4 Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above?

Each support offer would be tailored to the individual's assessed needs and that of their carers



Fewer traditional day services offer would be mitigated by the broader range of services such as outreach, drop in sessions, café/social space. Majority of feedback from the consultation was positive and in support of the broader options

Offering gender specific sessions will enable those communities who do not allow females to mix with males to access sessions whilst respecting their cultural ways of living.

Health inequalities; attending day services means they access heat, food and social interaction, fewer days will impact on this however the home environment can be monitored for any risks.

## 2.5 How will you monitor and evaluate the effect of this work?

Staff Observations, reviews and carers and service user feedback. Use of user-friendly postcard feedback (happy or sad faces pictorial format with free self-addressed envelopes included)

## 2.6 Will there be any potential impacts on Council staff from protected groups?

Yes, workforce data extracted from Resource Link 1 July 2022 . There will be changes to job title and working location.

The change in work location has a negative impact on those with disabilities, this can be mitigated by offering the following;

- additional travel time to reach work locations;
- allocating work in locations which are easier to reach/closer to staff home location.
- Ensure staff are allocated a realistic case load and number of visits required during the working day are achievable

Travel to the first/last appointment will be within staffs normal travel time to/from work. Any travel required inbetween the first/last appointment will be completed within working hours.

Travel expenses including mileage costs and/or public transport costs will be paid inline with Council policy.

The potential negative impact on those with childcare and caring responsibilities can be mitigated through flexibility with diary management, staff will have the ability to self manage there own diaries.

Running Records [systems] can be accessed remotely via Council provided laptops to remove the need for staff to return to the centre at the end of their shift.

There is no requirement to carry equipment, other than basic items, such as a note pad and pens. System updates can be completed at the end of the working day to avoid the need to carry laptops.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [lucille.buckley@coventry.gov.uk](mailto:lucille.buckley@coventry.gov.uk)

**Headcount:**

**Sex: Age:**

Female	100%
Male	0%
16-24	0%
25-34	8%
35-44	17%
45-54	17%
55-64	50%
65+	8%

**Disability:**

Disabled	8%
Not Disabled	84%
Prefer not to state	0%
Unknown	8%

**Ethnicity: Religion:**

Any other	0%
Buddhist	0%
Christian	58%
Hindu	0%
Jewish	0%
Muslim	0%
No religion	25%
Sikh	0%
Prefer not to state	0%
Unknown	17%

White	83%
Black, Asian, Minority Ethnic	17%

Prefer not to state	0%
Unknown	0%

**Sexual Orientation:**

Heterosexual	83%
LGBT+	0%
Prefer not to state	0%
Unknown	17%

**3.0 Completion Statement**

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups ☐

Positive impact has been identified for one or more protected groups ☐

Negative impact has been identified for one or more protected groups ☐

Both positive and negative impact has been identified for one or more protected groups ☒

**4.0 Approval**

<b>Signed: Head of Service:</b>	<b>Date:</b>
<b>Name of Director:</b>	<b>Date sent to Director:</b>
<b>Name of Lead Elected Member:</b>	<b>Date sent to Councillor:</b>

**Email completed EIA to [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)**