Equality Impact Assessment (EIA)

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps address inequalities by identifying steps to ensure equal access, experience, and outcomes for all groups of people.

Step One – Policy Definition

Function/policy name and number:	Dementia Delivery Plan
Main aims and intended outcomes of the function/policy:	Dementia is a syndrome associated with an ongoing decline of brain functioning. There are many different causes of dementia, and many different types. Dementia is not only about memory loss. It can also affect the way you speak, think, feel and behave. Dementia symptoms may include problems with: • Memory loss • Thinking speed • Mental sharpness and quickness • Language, such as using words incorrectly, or trouble speaking • Understanding • Judgement • Mood • Movement • Difficulties doing daily activities There is no cure for dementia presently, but an early diagnosis means its progress can be slowed down in some cases, so the person living with dementia (PLWD) may be able to maintain their mental function for longer. A diagnosis helps a PLWD get the right treatment and support. It can also help them, and the people close to them, to prepare for the future (NHS 2023). The Trust has contact with patients throughout their journey with dementia, from pre-diagnosis to death. Dementia not only impacts the PLWD, but their carers too. This includes employees of the Trust and their family and friends. The demand for services for those impacted by dementia is growing each year, both locally and nationally, and the complexities of patient care also increases. The aim of this Delivery Plan is to highlight best practice to support this patient group and the aspirations of the Trust to achieve this for each patient contact and throughout their patient journey.
How will the function/policy be put into practice?	Patients Living with Dementia (PLWD) have the right to expect an optimal journey of patient care. Best practice is for dementia care to follow the NHSE Transformation Framework: The Well Pathway for Dementia (DoH 2016). This incorporates:

	- Preventing Well - Diagnosing Well - Supporting Well - Living Well - Dying Well The ambition of the Trust Delivery Plan is for all patients and family/carers affected by dementia to have the best evidence-based care with strong links to community services within the Trust, Local Authority and voluntary sector. Through this, the aim of the Trust is to minimise admissions to the acute hospital by maximising alternative service provision. For patients that do require inpatient admission, the aim is for PLWD to access the identified wards to meet their needs and promote short length of stay with effective and safe discharges. The aim is that all patients affected by dementia within the hospital and adult community services of the Trust, live well with dementia.
Who will be affected/benefit from the policy?	Patients, family members and staff
State the type of document:	Policy
Is an EA required? NB: Most policies/functions will require an EA with a few exceptions, such as routine procedures-see guidance attached	Yes
Accountable Director: (Job Title)	Chief Nurse
Assessment Carried out by:	Lead for Mental Health and Complex Vulnerabilities
Date Completed:	29.07.25

To help you to determine the impact of a strategy or policy, think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic are included Step 3:

-Eliminate unlawful discrimination, victimisation, and harassment
-Advancing equality of opportunity
-Fostering good community relations

KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

Step Two – Evidence & Engagement

Research/Publications *(List any publications or research you have looked at here)*

- Age UK (No date) age-uk-john_s-campaign-guide.pdf
- Department of Health (2016) Prime Ministers Challenge on Dementia 2020
- Healthier Futures: Black Country ICS (2024) BC_Dementia_Strategy_2024_2029_Final_Version.pdf
- Homes, J (2025) theEDDMprogramme | preventing deconditioning
- John's Campaign
- National Collaborating Centre for Mental Health (2018). The Dementia Care Pathway. Full implementation guidance. London: National Collaborating Centre for Mental Health.
- NHS (2005) Fit for the future: 10 Year Health Plan for England
- NHS England (2024) NHS England » RightCare dementia scenario
- Royal College of Psychiatrists (2024) National Audit of Dementia Care in General Hospitals 2023-24: Round 6 Audit Report. London: Healthcare Quality Improvement Partnership. Available from: National Audit of Dementia (NAD), Royal College of Psychiatrists
- National Institute for Health and Care Excellence (2018) Overview | Dementia: assessment, management and support for people living with dementia and their carers | Guidance | NICE
- University of Worcester (2020) Environmental assessment tools - University Of Worcester
- Wittenberg, R. Hu, B. Barraza-Araiza, L. and Rehill, A (2019) Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040

Working Groups *(Have you consulted with any groups?)*

Clinical or Subject Experts *(Have you consulted any experts? List them here)*

Engagement Activity Focused on Protected Groups *(Age, disability, race, sex, gender reassignment, marriage & civil partnership, pregnancy & maternity, religion or belief, sexual orientation, Other marginalised groups e.g. Homeless people or anything privacy or dignity related)*

Safeguarding Lead
Dementia and Delirium Team
Admiral Nurse
FMNU / C3 / B6 / Matron for Elderly Care
Frailty Assessment Unit
Falls Lead
Therapy Lead
SLT Lead
Palliative Care
Discharge Team
Consultants
Dietician Team
Parkinsons Lead

All with a focus on Patients living with dementia and their family/carer

Summary of the feedback received from the engagement activity focused on protected groups:

Palliative Care

Supporting PLWD to die well, by identification of PLWD who are in the last year of life using Gold Standards Frameworks. Ensuring that Advance Care Planning is offered to all PLWD whilst they have capacity to engage with this, to ensure individualised approach or EOLC, including preferred place of death and holistic support at EOL (following advance care planning and linking with teams to support palliative care and pain management, end of life care, and preferred place of death)/

Connecting PLWD with palliative care and end of life teams when required to ensure effective pain and symptom management so that PLWD can die well.

EDI team

The below actions have been strengthened via rewording:

1. **Improve Screening and Support Pathways**
   Enhance access to culturally appropriate dementia screening, diagnosis, and post-diagnostic support to promote living well with dementia.
2. **Tackle Health Inequalities in Ethnic Minority Communities**
   Proactively engage Black, Asian, and other ethnic minority groups through tailored health promotion, community partnerships, and data-informed service planning.
3. **Challenge Stigma and Discrimination**
   Deliver anti-stigma campaigns and staff training to normalise dementia conversations and reduce cultural stigma.
4. **Enhance Language and Communication Access**
   Provide interpreters and multilingual resources to help people living with dementia (PLWD) and their families understand diagnosis, care pathways, and support options.
5. **Ensure Positive and Culturally Sensitive Patient Experience**
   Promote inclusive care by addressing cultural biases, involving families in care decisions, and signposting to relevant community-based support.

Admiral Nurse

Religion or Belief
Medium

List beneficial impact

People living with dementia may have specific religious or belief-related needs which can affect their care, comfort, and dignity. This can include requirements around dietary practices, modesty, worship, spiritual care, and rituals at end of life. Where these needs are not identified or respected, there is a risk of exclusion, distress, or reduced engagement with services.

Raising staff awareness of the importance of recognising, recording, and accommodating individual religious or belief preferences (including no belief) as part of personalised care planning. Ensuring that carers/families are engaged in communicating these needs and that chaplaincy/spiritual care services are offered to all faith and belief groups. Promoting culturally competent practice to ensure equality of access and experience.

Mitigation / Actions:

- Include religious and belief considerations in dementia screening and “This is Me” documentation.
- Provide staff with training on culturally and religiously sensitive dementia care.
- Maintain clear referral pathways to chaplaincy/spiritual care teams and local faith or belief group representatives.
- Ensure dietary requirements are clearly documented and communicated to catering teams.
- Support end-of-life care that is aligned with the person’s beliefs, values, and customs.

Step Three – Assessment of Impact

Complete **relevant** boxes below to help you record your assessment.

Consider information and evidence from the previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

Also, consider due regard under the general equality duty, the NHS Constitution and Human Rights.

What detail is required below:
A negative impact requires every box to be completed
Positive impacts need the first three boxes completed
Neutral impacts need to be marked neutral with no other details.

Age: Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues:	
Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	People with young onset dementia (under 65) can be poorly recognised and misdiagnosed which leads to delays in accessing crucial support
If a negative impact, how will it be mitigated?	• Raising awareness of Dementia risk for all patients and being aware of the risk of developing young-onset dementia to prevent diagnostic overshadowing. • Raising awareness and supporting health promotion to reduce the risks of developing dementia.
Who will lead on this	Dementia and Delirium Team. All patient-facing staff.
When will it be mitigated?	Will require review for an ongoing period.
How will you monitor/review or report this?	• Compliance rates for training are reviewed and monitored. • To review options for data collection of young onset dementia as part of current dementia data collection to review this patient group.

Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers, as well as mental health/ learning disabilities, cognitive impairments	
Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	People with a learning disability are three times more likely to develop dementia earlier in life. Dementia is a progressive condition and so is defined as a disability and protected characteristic.
If a negative impact, how will it be mitigated?	• Raising awareness of Dementia risk with patients who have a learning disability. • Education through training: mandatory, specialist training. • Screening of patients for dementia where risks and symptoms are evident. • Raising awareness within this patient group to support health promotion and reducing risks of developing dementia. • People with dementia are entitled to the same care and treatment as others and to not be discriminated against due to their diagnosis.
Who will lead on this	LD Team Dementia and Delirium Team All patient facing staff.
When will it be mitigated?	Will require review for an ongoing period.
How will you monitor/review or report this?	• Compliance rates for training are reviewed and monitored. • Completion of dementia screening for all patients aged 75 and over within 72 hours of admission • To review options for data collection of patients with LD and dementia as part of current dementia data collection to review this patient group. • Reviewing discharge and readmission rates in comparison to the patients without dementia to review standards of care and treatment. This data is reported within the Trust.

Gender re-assignment: Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:	
Positive, negative or neutral impact:	Neutral Impact

Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:	
Positive, negative or neutral impact:	Neutral Impact

Pregnancy & Maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:	
Positive, negative or neutral impact:	Neutral Impact

Race: Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:	
Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	Dementia incidence is over 20% higher among the Black adults compared to the UK.There are currently more than 25,000 older Black and ethnic minority people living with dementia in England and Wales. This number is expected to double by 2026, with the steepest increase in South Asian communities. These communities also often face delays in diagnosis and barriers in accessing support.
If a negative impact, how will it be mitigated?	• Raising awareness of Dementia risk for patients from Black and ethnic minority groups for clinical staff through: • Education through training: mandatory, specialist training. • Screening of patients for dementia where risks and symptoms are evident. • Staff providing health promotion for Black and ethnic groups in relations to risk and prevention factors.

Who will lead on this	Dementia and Delirium Team. All patient-facing staff.
When will it be mitigated?	Will require review for an ongoing period.
How will you monitor/review or report this?	• Compliance rates for training are reviewed and monitored. • Completion of dementia screening for all patients aged 75 and over within 72 hours of admission. • To review options for data collection of patients from Black ethnic minority groups with a dementia diagnosis as part of current dementia data collection to review this patient group.

Religion or Belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end-of-life issues:	
Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	People living with dementia may have specific religious or belief-related needs which can affect their care, comfort, and dignity. This can include requirements around dietary practices, modesty, worship, spiritual care, and rituals at end of life. Where these needs are not identified or respected, there is a risk of exclusion, distress, or reduced engagement with services. Raising staff awareness of the importance of recognising, recording, and accommodating individual religious or belief preferences (including no belief) as part of personalised care planning. Ensuring that carers/families are engaged in communicating these needs and that chaplaincy/spiritual care services are offered to all faith and belief groups. Promoting culturally competent practice to ensure equality of access and experience
If a negative impact, how will it be mitigated?	• Include religious and belief considerations in dementia screening and “This is Me” documentation. • Provide staff with training on culturally and religiously sensitive dementia care.

	• Maintain clear referral pathways to chaplaincy/spiritual care teams and local faith or belief group representatives. • Ensure dietary requirements are clearly documented and communicated to catering teams. • Support end-of-life care that is aligned with the person’s beliefs, values, and customs.
Who will lead on this	Dementia and Delirium Team, Chaplaincy Team, All patient-facing staff
When will it be mitigated?	Ongoing
How will you monitor/review or report this?	• Compliance through training records, patient/carer feedback, and audit of care plans.

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:	
Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	65% of people with dementia are women. Women have a greater risk of developing dementia during their lifetime. The main reason for this is thought to be because women live longer than men. Age is the biggest risk factor for dementia so living longer means that the risk of developing it is greater. However, the links are not clear.
If a negative impact , how will it be mitigated?	• Raising awareness of Dementia risk for female patients: • Education through training: mandatory, specialist training. • Screening of patients for dementia where risks and symptoms are evident. • Staff providing health promotion for females in relations to risk and prevention factors.
Who will lead on this	Dementia and Delirium Team. All patient facing staff.
When will it be mitigated?	Will require review for an ongoing period.
How will you monitor/review or report this?	• Compliance rates for training are reviewed and monitored.

	• Completion of dementia screening for all patients aged 75 and over within 72 hours of admission • To review options for data collection of patients with dementia with gender breakdown as part of current dementia data collection to review this patient group.

Sexual Orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	Being LGBTQ+ can bring additional challenges such as struggling to remember sexual orientation or gender identify. Experience of negative attitudes due to being LGBTQ+ may impact on service engagement.
If a negative impact, how will it be mitigated?	• Raising awareness of Dementia risk for everyone. • Education through training: mandatory, specialist training. • Screening of patients for dementia where risks and symptoms are evident. • Staff providing health promotion to everyone in relation to risk and prevention factors.
Who will lead on this	Dementia and Delirium Team. All patient-facing staff.
When will it be mitigated?	Will require review for an ongoing period.
How will you monitor/review or report this?	• Compliance rates for training are reviewed and monitored. • Completion of dementia screening for all patients aged 75 and over within 72 hours of admission

Other marginalised groups, e.g. Homeless people: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	People in lower socioeconomic groups are three times more likely to develop dementia earlier in life. The risk factor is an unhealthy lifestyle in connection with low socio-economic status.
If a negative impact, how will it be mitigated?	• Raising awareness of Dementia risk for everyone. • Education through training: mandatory, specialist training. • Screening of patients for dementia where risks and symptoms are evident. • Staff providing health promotion to everyone in relation to risk and prevention factors.
Who will lead on this	Dementia and Delirium Team. All patient-facing staff.
When will it be mitigated?	Will require review for an ongoing period.
How will you monitor/review or report this?	• Compliance rates for training are reviewed and monitored. • Completion of dementia screening for all patients aged 75 and over within 72 hours of admission.

Privacy, dignity, respect, fairness etc:

Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	Patients with a diagnosis of dementia are at risk of: • Diagnostic overshadowing. • Misdiagnosis and misattribution of symptoms to dementia. • Risk of not seeing the person, only seeing the dementia diagnosis. • Due to progression of the disease-causing behaviours that challenge, impacting on care and compassion to that individual.

If a negative impact, how will it be mitigated?	- Raising awareness of Dementia for everyone. - Education through training: mandatory, specialist training.
Who will lead on this	Dementia and Delirium Team.
When will it be mitigated?	Will require review for an ongoing period.
How will you monitor/review or report this?	- Compliance rates for training are reviewed and monitored.

EQUALITY IMPACT ASSESSMENT (EIA) - GUIDANCE NOTES

An equality impact assessment (EIA) ensures that issues of equality, diversity, and inclusion are considered when developing or revising strategies, policies, or proposals that affect the delivery of services and the employment practices of the Trust.

Why should we carry out an EIA?
We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They help identify gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

Equality Impact Assessments help us to:

- Determine how the Trust strategy, policies and practices, or new proposals, will impact or affect different community groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether strategies, policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

What do we need to assess?
Trust policies are subject to a 3-year review. Alongside the reviews, new policies will emerge. Most policies, strategies, and business plans will need an EIA.

However, EIAs are not required for changes in routine procedures, administrative processes, or initiatives that will not have a material impact on staff, patients, carers, and the wider community. Examples include checking the temperature of fridges, performing highly technical clinical procedures, and office moves.

DGFT Process for EIAs
The revised EIA process is a single-stage process carried out in three steps.

Step One: Policy Definition

This involves a description of the policy details. This is the fact-finding stage where you gather as much information about the strategy, policy or function you intend to assess. Who will be using the service, policy or function and the outcomes you want to achieve. It is important to make sure that your service, policy or function has clear aims and objectives.

Step Two: Evidence and Engagement
EIAs should be underpinned by sound data and information. This should be sought from various sources:

- The knowledge and experience of the people assisting in the service.
- ONS local demography/ Census data: Census Maps - Census 2021 data interactive, ONS
- Service monitoring reports / Divisional reports
- Patient satisfaction surveys
- Workforce monitoring reports
- Complaints and comments
- Outcome of consultation exercises
- Feedback from focus groups
- Feedback from organisations representing the interests of key target groups
- National and local statistics and audits Joint Strategic Needs Assessment - All About Dudley Borough
- Academic, qualitative and quantitative research
- Ward/ Divisional reviews
- Anecdotal data

This stage allows you to identify whether your strategy, policy or function has a positive or negative or potential negative impact on the protected characteristics. In some cases, an initial EIA is all you will need to establish whether you are providing equal outcomes for staff or patients. If you receive no feedback or concerns, you can mark each characteristic in section 3 as a neutral impact.

Step Three: Assessment of Impact
This is the central and most important part of the EIA.

To help you determine the impact of the strategy or policy, consider how it relates to the Public Sector Equality Duty. The key questions and prompts for each protected characteristic are listed below.

-Eliminate unlawful discrimination, victimisation, and harassment
-Advancing equality of opportunity
-Fostering good community relations

The real value of completing an EIA lies in the actions that will take place and the positive changes that will emerge from conducting the assessment. To ensure that the action plan is more than just a list of proposals and good intentions, the following should be included:

- Each action is attributed to a key person who is responsible for its completion
- An achievable timescale that is also at the same time reasonable
- Relevant and appropriate activities and progress milestones
- How the action will be monitored/reviewed

KEY QUESTIONS

- What information /data or experience can you draw on to indicate either a positive or negative impact on different groups of people with implementing this function policy
- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a service or policy is experienced and produce outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB mitigation measures must be identified and acted upon where an adverse impact is known or likely.

Step Four: Assurance
This section enables the EIA to be signed off by a head of or director for the area. This will assure the equality team that the EIA has been conducted thoroughly and thoughtfully.

Help & Support:
The equalities team will provide advice and support throughout the EIA process. Once you have completed your EIA, you must submit these documents to the procedural documents team, who will then ask the equalities team to sign off on the final version of the form.

For training, guidance and resources, including completed example forms, please visit the equality, diversity and inclusion hub pages: Equality Impact Assessments accessible

Copies of the EIA:
The manager who completed the strategy or policy review should keep copies of the form for monitoring/revisiting at the following policy review. Procedural documents will also keep a copy on file. All EIA will then be published on our external web pages to demonstrate due regard for the Public Sector Equality Duty.