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| Community Impact Assessment | December Implementation of the Centre of Excellence and |
| Andy Loxton – Lead Commissioner Older People | 26.11.12 |

Scope - what is being assessed?

1. The recommendations set out in the Centre of Excellence December Cabinet report :
 - That the Future Vision for a Centre of Excellence be agreed
 - Agree that Cator Street is the most suitable location for the new Centre of Excellence, subject to further consultation and the outcome of a more detailed feasibility study whilst maintaining a training resource primarily targeted for schools on the first floor of the building.
 - That the Cabinet note the opportunities to transform the support that older people living with dementia and their carers may receive, through implementing this future vision and changing the current service model.

Why is it being assessed?

2. The future vision has been developed in response to the council wishing to proactively respond to the needs of the growing numbers of older people living with dementia, alongside a requirement to develop services that promote choice and empowerment for older people and their carers within a context of a continued reduction in central government funding being made available to the council.
3. The recommendation to locate the service to Cator Street is being made following a feasibility study on the current sites and a similar exercise on the Cator Street site, matched against the aims and objectives of the centre of excellence consultation document.
4. The council is also mindful that Cator street provides a valued training resource for local schools and the need to ensure that this is not adversely impacted by the implementation of this set of recommendations.

What information /views have informed this impact assessment?

5. The following sources of information have been used to inform this CIA

- Summary of consultation responses to the Future Vision for the centre of Excellence document
- Client casework records- based upon the 79 service users who were registered as users of the projects since the consultation period started
- Demographic information
- Joint Strategic Needs Analysis
- National literature
- Locally commissioned data, for example Demos survey of the aspiration of older people in Southwark 2010, Linda Tarvey research into why older people are admitted to residential care 2010.
- Test fit, feasibility studies.

Stage 1 -What equality strands have been considered.

6. This CIA firstly considered who would be affected by the proposals. This concluded that the groups primarily and positively affected would be:

- Older people who were also disabled as a result of dementia or other forms of physical ill health as being would be the primary group affected.
- It also recognised that women, who may also have child care and work responsibilities, were also disproportionately the carers of older relatives would also be affected.

The impact upon other groups was thought to be overall neutral.

| Equality strand | Likely impact | Further assessment required |
|--------------------|--------------------|-----------------------------|
| Race | Neutral | No |
| Gender | Partial – positive | See second stage |
| Age | Positive | See second stage |
| Disability | Positive | See second stage |
| Faith and religion | Neutral | No |

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|--------------------------------|---------|----|
| Gender reassignment | Neutral | No |
| Sexuality | Neutral | No |
| Marriage and Civil Partnership | Neutral | No |
| Pregnancy | Neutral | No |

7. **Race** The **most** accurate information on the ethnicity of our older population is obtained from the 2001 census, which found :

- Of all 65 to 75 year olds:
 - 81% white
 - 19% from Black and Minority Ethnic (BME) communities. this was further classified as
 - 14% of all older people between 65 and 75 are Black Caribbean
 - 5% are other BME and mixed heritage.
- Of all over 75 year olds:
 - 92% are White
 - 5% Black Caribbean
 - 3% other BME or mixed heritage.

8. Generally the older the population in the borough, the lower the proportion of older people from black and minority ethnic communities

9. The profile of the current users is set out below, which indicates that the proportion of older people from BME communities attending the projects is however higher than the cohort older population as a whole. This reflects the higher rates of diagnosis of vascular dementia found within the Afro Caribbean community, and links with diabetes and hyper tension

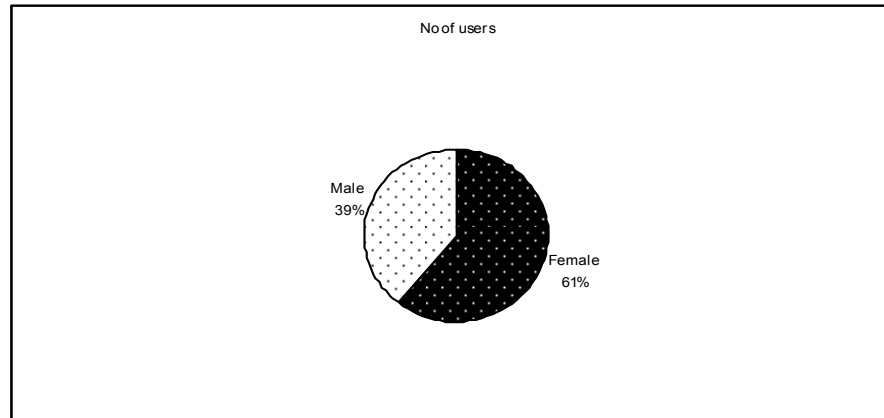
Ethnicity of current users

| Number | Classification | % |
|--------|----------------|---|
|--------|----------------|---|

| | | |
|----|-----------------|---------|
| 48 | White British | 61.54% |
| 19 | Black Caribbean | 24.36% |
| 1 | Asian Other | 1.28% |
| 1 | White Other | 1.28% |
| 2 | Other | 2.56% |
| 1 | Black African | 1.28% |
| 1 | Black Other | 1.28% |
| 3 | White Irish | 3.85% |
| 2 | N/K | 2.56% |
| 78 | | 100.00% |

10. The current services host one off events that reflect the cultural diversity of their user group (for example culturally appropriate foods/ black history month celebrations etc) but do not host any exclusively BME services. The Centre of Excellence proposal does not preclude this service provision in the forward, and therefore the impact is considered neutral.
11. It is also recognised that the staff team of the two centres is also currently disproportionately made up of people from BME communities, and closer aligned to the ethnic breakdown of the borough as a whole. However none of these posts have been created to provide specifically designated cultural support or care. Any detailed HR implementation of the recommendations will be subject to a further assessment as appropriate, once the HR plans are fully developed.
12. **Gender** According to Southwark's joint Strategic Needs analysis the split between males (43.3%) and female (56.7%) is the same as London, and England.
13. The gender profile of the current users is set out below.

% of users of projects by gender



14. Although the % of men at the projects is lower than the average for over 65 year olds in the borough, it is thought that this is accounted for by the comparative older age group of the current users and lower life expectancy for men in Southwark (77.8 years) when compared to women.(82.9 years) We know that dementia increases significantly amongst the very oldest
15. It is expected that as life expectancy generally improves the gap between length of life for men and women will narrow considerably in the new 15 years.
16. However the needs of the older population living with dementia cannot be considered without considering the needs of their carers.

| Gender of Carers | No |
|------------------|----|
| Males | 24 |
| Females | 53 |
| None recorded | 2 |
| TOTAL | 79 |

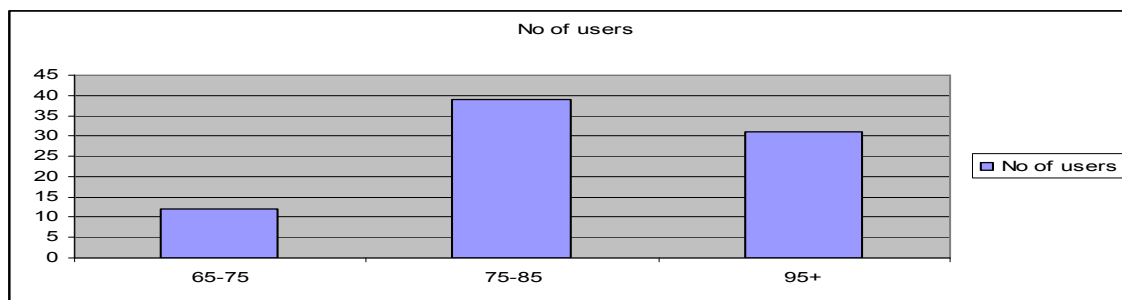
17. Research undertaken by Linda Tarvey on behalf of Southwark council in 2010, tracked that unpaid carer breakdown was the primary reason why older people (often living with dementia) had to be placed in residential care. Again disproportionately, these carers appeared to be women.
18. Therefore although the impact of gender for the on the user group is broadly neutral given the correlation between older old age and dementia prevalence, the impact upon female carers is could be more marked. Therefore this will be explored in the second stage of the CIA.
19. **Age:** The impact assessment noted that all of the services users who would be affected by the recommendations were older people, and as such are by nature are a distinct characteristic group under the equalities legislation.
20. The 2011 census data that has recently been released by the Office of National Statistics. It indicates that the overall population of over 65s in Southwark has actually decreased by 12% from 25,355 in 2001 to 22,300 in 2011. This being a similar pattern across central London.
21. Comparing the 2011 census directly to the 2001 census (rather than 2010 estimates). This shows only marginal growth of over 90s, and around 5% growth 85-89s, and 12% reduction overall.

Older population in Southwark 2011 (compared to 2001)

| | 65-75 year olds | 75-85 year olds | 85-95 year olds | 95 years + | Total |
|-------------------------------------|-----------------|-----------------|-----------------|------------|--------|
| 2001 census | 13,636 | 8,942 | 1,900 | 877 | 25,355 |
| 2011 census | 11,900 | 7,500 | 2,000 | 900 | 22,300 |
| 2001 compared to 2011 census | -1,738 | - 1,442 | + 100 | + 23 | -3,055 |
| % change | - 12.7% | - 16.1% | +5/3% | +2.6% | -12% |

22. It was found that the breakdown of users at the centers currently by age was as follows:

Age profile of current users



23. The assessment also considered the impact of the recommendation that Cator Street be the preferred site, on local school age children (Given that the building accommodates a training resource for local schools) It is satisfied that the provision of training rooms on the first floor, and a designated parking area will meet these needs. It is also recognised that much of the training takes place in the evenings (ie meeting governors etc) which is less likely to be impacted by the centre of excellence where most of the activity will be in the day time.
24. The impact on our older population is therefore explored in the second stage of the CIA
25. **Disability** All of the current users at the two projects will have a disability under the provisions of the Disability Discrimination Act, by nature of their dementia or other forms of extreme frailty.
26. The Joint Strategic Needs Analysis for our older population (2012) found that a considerable proportion of our older population in Southwark experience some form of disability or chronic condition., and those living with some form of dementia numbering approximately 18,000
27. Therefore these issues are explored in some more details in the second stage .of the CIA.
28. **Faith and religion** All service users at both projects have an individual plan that sets out their individual needs .Any service users with particular religious beliefs, will be assisted to practice their beliefs within the context of it being a day care as opposed to residential

facility. This will continue to be the case at the new centre of excellence

29. Therefore any differential impact in relation to religion or beliefs held by the users of projects is not likely to be affected by this proposal, as the same offer will be available at the centre of excellence
30. **Gender reassignment** There is no information relating to the number of our older population that have experienced or impacted by gender.-reassignment, and there is no evidence of this issue affecting any of the current user group at the projects Future transgender service users at the centre of excellence will continue to have recourse to the councils general diversity policy, and the new service model will preclude discrimination to this section of the community.
31. Therefore any differential impact in relation to transgender community not likely to be affected by this proposal
32. **Sexuality** As with gender reassignment, there is no information relating to the numbers of older people who are lesbian, gay or bisexual in Southwark, and it has not been identified in as an issue during the users care planning and service reviews.
33. The current projects do not currently offer any specific service targeting members of the LGB community, but any potential users who are LGB will retain protection from the council's general diversity policy that will continue to be adhered to at the Centre of Excellence.
34. **Marriage and civil partnership** It would appear that the majority of the users of the projects are either widows or widowers. 11 of the next of kin of the current user group are identified as a wife and three as husband. There are no users who are identified as having a civil partnership.
35. A significant number of the service users carers are grown up sons and daughters and their marital/civil partnership status is not known, although the impact upon those carers who have dependent children will be explored in the second stage.
36. The overall impact of the proposals in relation to marriage and civil partnership is considered to be neutral
37. **Pregnancy** Due to the extreme age of the user group, pregnancy is not considered to be an issue, although again the impact on carers who have child care responsibilities will be considered in the second stage.

Stage 2 Impact Assessment

38. The second stage of the Community Impact Assessment focused upon the specific issues relating to older people living with dementia and other forms of health problems and their carers and the key issues that had been identified through the consultation exercise. It concluded that the impact would overall be positive

39. The specific issues and how these will be mitigated are summarized in the table below

| Issue | Response- mitigation |
|--|--|
| <ul style="list-style-type: none"> • Loss of two sites – will older people lose services and could one centre cater for the existing service users and the increasing numbers in the future | <ul style="list-style-type: none"> • All residents using our existing in-house day services when the new Centre of Excellence opens will be guaranteed a place. • Final decision on locating at Cator Street will be subject to further consultation with families and stakeholders. • The council is planning a 7 day service with extended opening hours and using learning from other models such as the remodeled St Christopher's hospice day service and the Alzheimer's Society Dementia Cafes • The current services currently only work with 77 service users, which equates to just 0.42% of the total estimated population of people living with dementia in Southwark. The new proposals will at least support as many individuals as currently, but by developing the service offer it will have the potential to support a larger number moving forward in different ways. • Although there is a short term anticipated growth in the very oldest population, the overall population of over 65s is declining in Southwark, and therefore the recommendations to proceed with the Centre of Excellence is a reasonable balance between demographic drivers and available resources. |
| <ul style="list-style-type: none"> • Transport and Length of travel – concern about older people sitting on transport for long periods, although an acknowledgement that many older people enjoy | <ul style="list-style-type: none"> • A key requirement in respect of the site for the centre of excellence is that it should be as central as possible, to ensure that there is a easy access to the whole of the borough • Further consultation on the final site will inform the final decision on Cator Street • As would be expected, this will mean some service users having a slightly longer distance to travel, compared to the services currently. |

the journeys and seeing the borough and that Cator Street is not well served by public transport.

- An assessment has been made of the average/maximum and minimum distance travelled for Fred Francis users to Fred Francis Day Centre the same for Southwark Park Road users and then for **all** users to Cator Street.

| | Average Distance to (Miles) | Max distance to (Miles) | Min distance to (Miles) |
|--------------------------|-----------------------------|-------------------------|-------------------------|
| FF (FF users) | 2.01 | 5 | 0.1 |
| SPR (SPR users) | 1.5 | 3 | 0.3 |
| Cator Street (all users) | 2.06 | 5.3 | 0.4 |

- This exercise then assessed the numbers of users with reduced/increased travel distances to Cator Street, and found that for the majority of Fred Francis users the journey to Cator Street would be shorter, whilst it would be slightly longer for those at Southwark Park Road.

| | Number with reduction in travel distance to Cator Street (%) | Number with an increase in travel distance to Cator Street (%) |
|-----------|--|--|
| FF users | 30 (53%) | 28 (47%) |
| SPR users | 7 (30%) | 16 (70%) |
| ALL users | 37 | 44 |

(The figures were drawn from Google Maps and include two users who have joined the service since the consultation period commenced)

- When considering these issues, the council is aware that the user group for the service will change over time and therefore needs to consider the issues for current users and potential users moving forward.
- The Cator Street ward is adjacent to the four wards in Southwark with the oldest populations (Camberwell

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| | <p>Green, Livsey, Brunswick and the Lane) and therefore there is a reasonable expectation that in the future a significant proportion of users will have shorter journeys.</p> <ul style="list-style-type: none"> • Through consultation a number of carers indicated that the bus journey was a valued and integral part of the day, providing users with an outward focus that allows them to see the wider world • Eligibility criteria to be provided transport for the new centre will not change from that currently applied at the existing projects, and the new service model will • The current centers are not particularly well served by public transport, and there is a bus stop approximately 300 ms from the proposed site. • Cator Street is served by favorable on site and off street parking for carers who drive. |
| <ul style="list-style-type: none"> • Negative impact of Change on the current users | <ul style="list-style-type: none"> • Change is challenging for older people with complex needs but we are very experienced in dealing in managing change and supporting older people in dealing with change. • We will work closely with families and carers and we will use the good relationships between staff other professionals and service users and familiar staff/faces provides re-assurance. • There will be less change through the move to Cator Street, as there will be no need to temporarily decant users from one of the existing sites whilst work is undertaken(which would have necessitated two moves for those individuals) |
| <ul style="list-style-type: none"> • Needs of carers who have other commitments (Particularly work and child care) or who themselves are in poor health are not being considered /addressed. | <ul style="list-style-type: none"> • Introduce staggered hours-open earlier/closed later will assist carers who have child care and work commitments. • Effective engagement, transparency and co design of the new service model, involving carers and external stakeholders working in the area of dementia in Southwark • The new centre will host other services that support carers. For example support groups, a dementia cafe and advice and information. Not necessarily provided by the council itself, but through partnership with other organisations such as SLAM, Alzheimer’s Society, Southwark Consortia of older people organisations etc. The council in 2012-13 has already increased funding for dementia support workers and started funding the dementia cafe both provided through the Alzheimer’s Society. |

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| | <ul style="list-style-type: none"> The council and its NHS partners will be rolling out of new funding to provide targeted support for carers of older people through the new Community Multi Disciplinary Teams (CMDTs) being set up through the Integrated Care Pilot by the end of 2012. This new resource will target the frailest older population and it is envisaged that there will be significant opportunities for the new centre to work in partnership with the CMDTs carer support workers. |
| <ul style="list-style-type: none"> Eligibility – will the centre be open to more people, including carers/families and be able to provide preventative service to people who may not meet the council’s eligibility criteria | <ul style="list-style-type: none"> The consultation confirmed the view that we need a new offer that builds upon the current service offer which is restricted to those with eligible needs. The new service model would support the centre being used as a resource for other groups of carers of those living with dementia. For example extending the Alzheimer’s Society Dementia cafe service to the centre, or appointments and support groups being held at the centre. The proposed centre is not the only service development made by the council to the older population. Older people with lower levels of need continue to be supported through other initiatives, such as the recent innovation fund awards, the return of warden services in council sheltered housing and the silver fit programme. |
| <ul style="list-style-type: none"> Mental health A view that older people with mental health problems, including the large number with depression, may be excluded. | <ul style="list-style-type: none"> The council recognises that many older people feel lonely and isolated and this exacerbates the risk of depression and deterioration in their overall health and well being of older people. This is being addressed by partner initiatives, such as the emerging priorities of the Health and Well Being Board, and the investment in befriending and well being planning for older people services made via the 2012-13 innovation funding round. Partners such as Age UK and Alzheimer’s Society want to work in partnership with the council in developing a service that is responsive to needs and that links with the existing network of day and community services for older people in the borough. South London and Maudsley Older Adults services has agreed to partner with the council in this development and has agreed input from nationally known psychiatrists in old age to ensure that the model of care within the centre is as inclusive as possible. |
| <ul style="list-style-type: none"> Affordability How the new service model really | <ul style="list-style-type: none"> The council has agreed an initial £2M capital for this development from its estate portfolio and capital programme and Southwark NHS are working in partnership with us and we are in negotiation with them |

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| <p>affordable when the council is having to make cuts</p> | <p>about their investment in the proposed centre</p> <ul style="list-style-type: none"> • Initial scoping has indicated that there is significant potential to deliver the new service model in a more cost effective way than the current two site portfolio. • Not all services will necessarily be directly provided by the council, there are also co hosting of services provided by partner community organisations funded through alternative revenue sources. • The final decision on the final location of the centre of excellence will be informed by the final capital costs |
| <ul style="list-style-type: none"> • Job losses and externalization – high appreciation and praise of the existing staff and management but an interest from a number of partners in managing/co-managing the new centre | <ul style="list-style-type: none"> • The council will need to consider how best to provide this service in partnership with both the statutory and voluntary sector in order to achieve the most effective services in response to the increasing numbers of people with dementia and to deliver value for money. • The centre will play a key role in the development of innovative services focusing on dementia and mental health and learning will be cascaded across the range of services within the borough for older people. We are also exploring the possibility of a partnership with an academic institution, to ensure that national learning is embedded within the centre and that there is ongoing evaluation. We have the potential to break new ground here and to develop a centre of excellence that will have good national exposure and a place that Southwark residents can be proud of. • Any changes to staffing will be addressed through the council’s established human resources procedures. |
| <ul style="list-style-type: none"> • Trust Proposal is just about making cuts that impact upon older people | <ul style="list-style-type: none"> • This proposal is a genuine attempt by the council to minimise the impact of central government cuts on older people living with dementia, by utilising resources as efficiently as possible. • The council will maintain transparency throughout the development process through clear communications and engagement with users, carers, staff and external stakeholders. • A communications plan has been developed to ensure that family and stakeholders are fully informed of the outcomes of the consultation process and the reasons and implementation of these recommendations. • The final decision on the site being at Cator Street is subject to further consultation with families and key stakeholders. |

