

Equality Impact Assessment Template

Please complete this template using the [Equality Impact Assessment Guidance document](#)

Version 4:

Title of proposal <i>(include forward plan reference if available)</i>	Refresh of Sandwell Dementia Strategy & the re-commissioning of Sandwell Community Dementia Service (SCDS)
Directorate and Service Area	Adult Social Care, Health and Wellbeing
Name and title of Lead Officer completing this EIA	Maxine Groves Senior Commissioning Manager
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Names and titles of other officers involved in completing this EIA	None
Partners involved with the EIA where jointly completed	None
Date EIA completed	3rd December 2025
Date EIA signed off or agreed by Director or Executive Director	TBC
Name of Director or Executive Director signing off EIA	Rashpal Bishop
Date EIA considered by Cabinet Member	TBC

See [Equality Impact Assessment Guidance](#) for key prompts that must be addressed for all questions

1. The purpose of the proposal or decision required (Please provide as much information as possible)

This EIA has been completed for two purposes as follows:

1. For the development and consultation purposes for a refreshed Sandwell dementia strategy.
2. To seek agreement to re-commission Sandwell Community Dementia Service which contract comes to an end in September 2026

Views are being sort on the development of a refreshed Sandwell dementia strategy

Agreement is sought to proceed with the re-commissioning of Sandwell Community Dementia Service (SCDS). The Service will continue to enable people with a memory concern and those living with the effects of dementia to receive support to:

- Seek an early diagnosis
- Learn how to manage their condition
- Improved well-being
- Maintain their independence
- Remain an active member of their community
- Support crisis avoidance

2. Evidence used/considered

Dementia presents a significant and urgent challenge to health and social care both in terms of the number of people affected and the cost of care. It is also a major personal challenge to anyone living with the effects of dementia.

Locally as well as Nationally there is a commitment to improve pre and post diagnostic support for those living with the effects of dementia. As part of this commitment locally a Sandwell refreshed “Better Lives” dementia strategy was launched in November 2019 following ratification by the Health and Wellbeing Board and comes to an end in 2025 and therefore a further refresh is required. Many actions to deliver the strategy relate to improved pre and post diagnostic support, as a result both the EIA and risk log cover both work streams.

A Sandwell community dementia support service was commissioned in 2021 with an enhanced specification to support the delivery of the strategy and reduce inequalities. The existing service contract comes to an end in September 2026 and as a result needs to be re-commissioned. This will

ensure we are continuing to deliver the national transformational pathway “Living Well with Dementia” which covers:

- Preventing Well
- Diagnosing Well
- Living Well
- Supporting Well
- Dying Well

It is estimated [Local Authority Estimates] that there are approximately 3,555 people living with the effects of dementia in Sandwell, this is projected to increase by 30% over the next 18 years

Although significant progress has been achieved in ensuring those accessing support are reflective of Sandwell’s demographic profile more needs to be done. Currently, people from Sandwell diverse communities are underrepresented in memory assessment and support services and are often diagnosed at the later stages of the condition, or not at all, this represents a significant barrier to accessing services.

The previous National ambition for dementia diagnostic rates was 67% the then Sandwell and West Birmingham CCG achieved diagnostic rate of 59% (Aug 2022) Sandwell in 2025 achieved a diagnostic rate of 74% above the national ambition and national average of 64%. There have been numerous achievements in improving dementia support in Sandwell since 2019 all bucking national trends. New research suggests up to 40% of dementia is considered potentially preventable¹. What is good for the heart is also good for the brain, which is why the strategy will also include actions to tackle high blood pressure, physical inactivity, alcohol and obesity, and to promote healthy eating. There are also implications for the whole Council to address environmental factors I.e. Access to green spaces, leisure and recreation opportunities, regeneration and reducing air pollution.

In accordance with NICE guidance, pre and post diagnostic support is critical to driving up diagnostic rates and improving people’s wellbeing and outcomes.

Evidence points to when support is given to access early diagnosis and intervention to improve quality of life results in avoiding inappropriate admissions into hospital and delays premature admission to care homes.¹

Extensive research has been required to inform both the new refreshed strategy and a refreshed service specification due to a lack of national

¹ https://www.clahrc-cp.nihr.ac.uk/wp-content/uploads/2012/10/RU_2-Screening-for-dementia-Final4Oct121.pdf

dementia policy. Positive impacts set out in the old out of date National Dementia Strategy 2009² are still reflected in new research and include:

- Reduction in care home placements of up to 28% by providing carer support and counselling at diagnosis.
- Improvement in the quality of life for people with dementia following early diagnosis and intervention.
- Positive effects on the quality of life of family and carers following early diagnosis and intervention, enabling them to feel supported and continue to live well in their communities.

People living with the effects of dementia length of stay in hospital are perceived to be longer³ and outcomes generally worse as well as increased risk of institutionalisation (to nursing or care home) after admission⁴. Many admissions are believed to be preventable⁵, although the focus of community treatment for people living with the effects of dementia tends towards minimising psychiatric crisis rather than physical crisis. A greater focus on parity of esteem is required to address this.

Research suggests 61% of people living with the effects of dementia have three or more co-morbidities. Pneumonia, urinary tract infections and congestive cardiac failure accounting for two-thirds of preventable admissions in Sandwell.

There are thought to be a range of effective interventions that can prevent unnecessary hospitalisation or re-hospitalisation of people living with the effects of dementia for time-limited conditions including:

- Face to face assessments for those living with the effects of dementia including carers
- Collaborative care and advanced care plans
- Targeted support and monitoring for those living with the effects of dementia including carers
- Improved education regarding dementia and physical comorbidities

As a system we are seeking to continue to deliver changes that put people

² <https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

³ Möllers T et al. Length of hospital stay and dementia: A systematic review of observational studies. *Int J Geriatr Psychiatry*. 2019 Jan;34(1):8-21.

⁴ Dementia Action Alliance (DAA). The right care: creating dementia friendly hospitals. NHS Institute for Innovation and Improvement, 2012.

⁵ Natalwala A. Reasons for hospital admissions in dementia patients in Birmingham, UK, during 2002-2007. *Dement Geriatr Cogn Disord*. 2008;26(6):499-505.

living with the effects of dementia at the centre of their care. The premise is wellbeing and living longer, fulfilling lives in the community for as long as possible. We want to manage rising risk, take a preventative approach and avoid crisis by deploying resources pro-actively. The desire includes making best use of available resources in the system to improve outcomes for all those living with the effects of dementia in Sandwell.

3. Consultation

The extensive engagement undertaken in 2019 to support the development of Sandwell “Better Lives” strategy 2019 – 2025 has enabled a section to be developed in the new refreshed strategy reflecting on “You said, we did” to celebrate the achievements made in delivering the strategy.

Gathering the views and understanding the needs of those living with the effects of dementia in Sandwell has been a consistent approach since 2019 not just at key points in the commissioning cycle. This has been critical in evaluating how effective the work to deliver the “Better Lives” strategy including SCDS has been.

For refreshing the dementia “Better Lives” strategy, informing a procurement approach and making any changes to the SCDS specification the following engagement activity has been considered:

- Quarterly contract monitoring data /information for SCDS
 - Case studies
 - Specific view seeking questions of people with lived experience
I.e. What was there experienced of the diagnostic pathway
 - Quarterly and annual SCDS service satisfaction surveys
 - Quarterly Collaborative commissioning meetings
- Independent evaluation of SCDS 2023 /24
- BCICB engagements process for the development of the Black Country dementia strategy 2023/24
- Expert by experience group (NHSE)
- InvolvedD Research project Wolverhampton University (Sandwell MBC is a partner)

- Feedback from Training / awareness raising activity
 - Virtual reality bus events 2026
 - Dementia Friendly Sandwell Workshops
 - One to one meeting with current SCDS providers October 2025
 - Market event 24th November 2025
 - Public consultation through Sandwell Portal September 2025 – November 2025
 - Adult Health and Social Care Scrutiny Committee January 2026

The work, as part of the Sandwell Better Care Fund, is accountable to the Sandwell Health and Wellbeing Board.

4. Assess likely impact

The draft Sandwell new refreshed strategy focuses on improvements for citizens of Sandwell based on the national “Living Well” pathway with a heavy focus on prevention potentially impacting positively on the future numbers of people requiring a dementia diagnosis.

It is anticipated that although the service (SCDS) may not realise monetary savings for the system, based on the demographic and acute admissions data, evidence indicates it will support the reduction in future pressures on the whole system.

Evidence also clearly shows the positive impact on people’s wellbeing and social connectiveness within their communities.

Local and national stakeholder engagement has evidenced the positive impact of the service.

- Increased diagnostic position
- On average achieving the national ambition 0 to 6 weeks, referred, diagnosed and in treatment.
- Positive outcomes, improved wellbeing for those accessing the service and continuing to contribute within their communities.

The Sandwell BCF Joint Partnership Board has responded to this feedback in December 2025 by acknowledging the draft strategy and recommending continued investment of £?? annually for the next three

years in the innovative integrated provider collaborative model working with the Mental Health Trust and Primary Care to effectively meet the support needs of our citizens.

The Service will specifically continue to provide:

- Initial screening and safe and well check on behalf of primary care
- Provide information, advice [including benefit advice] and signposting to other support services I.e. Community Offer
- Care and advanced care planning
- Maintain Sandwell Dementia Handbook
- Training for people with memory concerns, and those living with the effects of dementia including carers and professionals.

The service will be provided by a lead provider following a competitive tender process who will work with our VCS delivery partners across the six towns in Sandwell to ensure each community is appropriately represented and supported.

The referral pathways for the Service is designed to be flexible and inclusive as possible to maximise the uptake of support.

DELIVERY MODEL

The delivery model for the service has been developed based on what people have told us and informed by best practice and national guidance. The model includes the following:

- A Lead Provider collaborative approach
- A single point of access
- Integration with the Primary Care and Secondary Care Services

A comprehensive performance measures and outcomes frame work has been built into the service and will be monitored through the provider collaborative on a monthly basis.

The following outlines the key impacts and benefits expected as a result of continued investment in the Service:

Benefits to service users and community

- Reduced social isolation and increased community connectedness
- Receiving an early diagnosis
- Preventing or delaying the need for admission into hospital

- Support planning to enable people to live well with the condition
- Improved mental health and well-being
- Income maximization
- Increased carer support
- Opportunities for volunteering
- Community cohesion
- Supporting independence and community resilience

Benefits to the Council

- Collaborative multi-agency partnership working
- Increasing the number of people supported to live well and independently at home within their community, reducing hospital admissions and placements in residential care
- Improved high-quality, person-centered support

Please complete the table below at 4a to identify the likely impact on specific protected characteristics

4a. Use the table to show:

- Where you think that the strategy, project or policy could have a negative impact on any of the equality strands (protected characteristics), that is it could disadvantage them or if there is no impact, please note the evidence and/or reasons for this.
- Where you think that the strategy, project or policy could have a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relationships within equality characteristics.

Protected Characteristic	Positive Impact	Negative Impact	No Impact	Reason and evidence (Provide details of specific groups affected even for no impact and where negative impact has been identified what mitigating actions can we take?)
	✓	✓	✓	
Age	✓			<p>Strategy</p> <p>The strategy focuses on those living with effects of dementia including carers irrespective of age. Sandwell demographic profile including age distribution, ethnicity, gender, disability status, socioeconomic factors. service usage patterns have been explored.</p> <p>Research evidence on barriers faced by people with dementia is a key feature in the strategy including evidence from “Involved” research project for which Sandwell MBC has been a partner to explore what should community dementia support look like for diverse communities.</p>

			<p>Service (SCDS)</p> <p>The Service will continue to support people with memory concerns; to seek an early diagnosis and those living with the effects of dementia including carers to plan for their future and continue to live well with the condition within their communities.</p> <p>The lead provider in conjunction with other Voluntary Sector providers will deliver a which will be integrated with Primary Care and Secondary Care Services to ensure a seamless pathway is in place.</p> <p>Referrals will be received directly from individuals, carers, GP's, and other professionals via telephone, email or face to face contact.</p> <p>The specification for the service requires all providers to have full regard to Sandwell Council's current human resources and equality and diversity policies and procedures</p>
Disability	✓		<p>Strategy</p> <p>The strategy considers those living with the effects of dementia including cares living with multiple co-morbidity and the need for people to be supported as a whole not just management of symptoms of dementia as a condition.</p> <p>Service (SCDS)</p> <p>The Service will continue to support people with a memory concern, those living with the effects of dementia including carers to continue to live well with the condition reducing the risk of crisis and the need for more formal</p>

			<p>health or social care intervention.</p> <p>The specification for the service requires the provider to have full regard to Sandwell Council's current human resources and equality and diversity policies and procedures.</p>
Gender reassignment	✓		<p>Strategy</p> <p>The strategy focuses on those living with the effects of dementia including carers to ensure a personalised person-centred approach is central to improvements made within the pathway.</p> <p>Service (SCDS)</p> <p>The Service will continue to support people with a memory concern, those living with the effects of dementia including carers to continue to live well with the condition reducing the risk of crisis and the need for more formal health or social care intervention.</p> <p>The specification for the service requires the provider to have full regard to Sandwell Council's current human resources and equality and diversity policies and procedures.</p>
Marriage and civil partnership	✓		<p>Strategy</p> <p>The strategy focuses on those living with the effects of dementia including carers to ensure a personalised person-centred approach is central to improvements made within the pathway.</p>

			<p>Service (SCDS)</p> <p>The Service will continue to support people with a memory concern, those living with the effects of dementia including carers to continue to live well with the condition reducing the risk of crisis and the need for more formal health or social care intervention.</p> <p>The specification for the service requires all providers to have full regard to Sandwell Council's current human resources and equality and diversity policies and procedures.</p>
Pregnancy and maternity	✓		<p>Strategy</p> <p>The strategy focuses on those living with the effects of dementia including carers to ensure a personalised person-centred approach is central to improvements made within the pathway.</p> <p>Service (SCDS)</p> <p>The Service will continue to support people with a memory concern, those living with the effects of dementia including carers to continue to live well with the condition reducing the risk of crisis and the need for more formal health or social care intervention.</p> <p>The specification for the service requires all providers to have full regard to Sandwell Council's current human resources and equality and</p>

			diversity policies and procedures.
Race	✓		<p>Strategy</p> <p>The strategy focuses on those living with the effects of dementia including carers to ensure a personalised person-centred approach is central to improvements made within the pathway.</p> <p>Service (SCDS)</p> <p>The Service will continue to support people with a memory concern, those living with the effects of dementia including carers to continue to live well with the condition reducing the risk of crisis and the need for more formal health or social care intervention.</p> <p>The specification for the service requires all providers to have full regard to Sandwell Council's current human resources and equality and diversity policies and procedures.</p>
Religion or belief	✓		<p>Strategy</p> <p>The strategy focuses on those living with the effects of dementia including carers to ensure a personalised person-centred approach is central to improvements made within the pathway.</p>

			<p>Service (SCDS)</p> <p>The Service will continue to support people with a memory concern, those living with the effects of dementia including carers to continue to live well with the condition reducing the risk of crisis and the need for more formal health or social care intervention.</p> <p>The specification for the service requires all providers to have full regard to Sandwell Council's current human resources and equality and diversity policies and procedures.</p>
Sex	✓		<p>Strategy</p> <p>The strategy focuses on those living with the effects of dementia including carers to ensure a personalised person-centred approach is central to improvements made within the pathway.</p> <p>Service (SCDS)</p> <p>The Service will continue to support people with a memory concern, those living with the effects of dementia including carers to continue to live well with the condition reducing the risk of crisis and the need for more formal health or social care intervention.</p> <p>The specification for the service requires all providers to have full regard to Sandwell Council's current human resources and equality and</p>

				diversity policies and procedures.
Sexual orientation	✓			<p>Strategy</p> <p>The strategy focuses on those living with the effects of dementia including carers to ensure a personalised person-centred approach is central to improvements made within the pathway.</p> <p>Service (SCDS)</p> <p>The Service will continue to support people with a memory concern, those living with the effects of dementia including carers to continue to live well with the condition reducing the risk of crisis and the need for more formal health or social care intervention.</p> <p>The specification for the service requires all providers to have full regard to Sandwell Council's current human resources and equality and diversity policies and procedures.</p>
Other				

Does this EIA require a full impact assessment? No

If there are no adverse impacts or any issues of concern or you can adequately explain or justify them, then you do not need to go any further. You have completed the screening stage. You must, however, complete sections 7 and 9 and publish the EIA as it stands.

If you have answered yes to the above, please complete the questions below referring to the guidance document.

5. What actions can be taken to mitigate any adverse impacts?

N/A

6. As a result of the EIA what decision or actions are being proposed in relation to the original proposals?

N/A

7. Monitoring arrangements

Strategy

Once the strategy has been finish following the full analysis of feedback from the consultation, it will go through the ratification process BCF Joint Partnership Board followed by the Health and Wellbeing Board it will the be published in April 2026. Due to forthcoming changes national to ambitions and the dementia pathway the strategy will be reviewed annually.

Service (SCDS)

The development and mobilisation of the service will be monitored through a

project group of commissioners and service providers.

The project group will report and be accountable to the BCF Joint Partnership Board and then Sandwell Health and Wellbeing Board (as all the costs will be funded from the Better Care Fund).

A comprehensive performance measures and outcomes framework has been built into the service and will be monitored through the provider collaborative on a monthly basis and contractually on a quarterly basis.

8. Action planning

You may wish to use the action plan template below

9. Publish the EIA

Details of the EIA assessment will be published as part of the Cabinet report.

Where can I get additional information, advice and guidance?

In the first instance, please consult the accompanying guide “Equality Impact Assessment Guidance”

Practical advice, guidance and support

Help and advice on undertaking an EIA or receiving training related to equalities legislation and EIAs is available to **all managers** across the council from officers within Service Improvement. The officers within Service Improvement will also provide overview quality assurance checks on completed EIA documents.

Please contact:

Kashmir Singh - 0121 569 3828

ⁱ <https://www.alzheimers.org.uk/news/2024-11-22/lancet-40-dementia-cases-could-be-prevented-or-delayed-targeting-12-risk-factors>