

Better Lives for People of Leeds

Care Homes for Older People

EQUALITY IMPACT ASSESSMENT

Section One

1.0 Introduction

- 1.1 Leeds City Council is reviewing the ways it provides care homes for older people – specifically care homes directly run by the Council.
- 1.2 Proposals are that in future the Council will minimise the number of care homes it operates directly, replacing these with commissioned services under the residential quality framework. It will however continue to ensure that older people’s care needs are met by promoting a wider range of specialist provision for those unable to stay living independently in their own homes and through the development of specialist housing, such as Extra Care. Extra Care differs from residential care in that it provides the opportunity for people to live in their own home with services brought to them, allowing “ageing in place” as far as possible rather than having to move home as individual needs change.
- 1.3 This paper outlines the Equality Impact Assessments that have been carried out in the context of these proposals to ensure that they do not unfairly impact on people from the different equality groups. It has been completed as a parallel process to the consultation on the proposed changes.
- 1.4 The lead officer for this assessment is Dennis Holmes, Deputy Director - Strategic Commissioning. Members of the assessment team are:

Anna Clifford	Programme Manager, Adult Social Care
Richard Graham	Senior Quality Assurance Officer, Adult Social Care
Pauline Ellis	Senior Policy and Performance Officer, advisor to the assessment.

2.0 Current Services

2.1 Background

- 2.1.1 In September 2011, following extensive and comprehensive consultation, the Council’s Executive Board agreed to proceed with the first phase of the Better Lives Programme. This included the implementation of the following proposals for the nineteen in-house facilities:
- decommissioning of three homes
 - decommissioning of three further homes at a future date
 - retention of three specialist dementia homes
 - development of Harry Booth House as an Intermediate care unit
 - development of Richmond House as a specialist respite centre
- 2.1.2 The criteria for determining the future options for these services were considered and agreed by the Executive Board on 15 December 2010 and the proposals were assessed with due regard to equality through an Equality Impact Assessment. The

impact of the proposals was considered and assessed both in terms of those individuals directly affected and future users of the services.

2.1.3 The following impacts for people living in the general population were identified:

- The proposals around residential care supported the national view that a strategic resource shift is needed from residential care to services aimed at supporting people to live independently and safely in their own homes and communities for longer.
- It was expected that the proposed programme of change will result in improved, personalised services to be delivered for older people with dementia and their carers in a manner and location of their choice - with improved outcomes.
- Residential care homes managed by the Council are provided alongside a well developed independent sector care home market, which offers a wide range of services delivered in a flexible manner. Services commissioned by the Council will retain the focus on continuously improving the quality of service to all service users.
- The proposals to phase-out permanent admissions to statutory residential homes could impact on potential residents in the general public however the development of new community based preventative services and Intermediate Care services will enable older people to remain living safely and independently at home.
- To address concerns of a 2 tier system – those who can afford to pay and those who cannot - the commissioning of services will take full account of equalities and ensure that places purchased through the Independent Sector are of a consistent, high quality that meets individually identified needs.

2.14 The adverse impacts of the change have been lessened and potentially removed through putting in place a range of mitigating actions. These actions include the following:

- An assessment team was established to undertake assessments of service users in accordance with the Council's Assessment and Transition Protocol.
- A Leeds-specific Care Guarantee was developed which outlined the principles that residents affected by the closures could expect from the Council to ensure their dignity, choice and rights were protected
- People who did not have the capacity to make an informed decision were given access to an independent advocate arranged by Adult Social Care.
- Risk assessments were carried out to ensure that clinical and therapeutic needs of those directly affected were responded to urgently and with sensitivity.

2.15 The Executive Board report describes in detail the outcomes for service users directly affected in the first phase of the programme.

2.16 The Executive Board also agreed at its meeting in September 2011 to bring forward further options in relation to the remaining eight care homes.

3.0 Proposals

3.1 An options analysis has been completed and proposals developed for the eight remaining care homes. The criteria developed for the option analysis in the first phase of the programme have been supplemented with further data to give a clearer

picture of where demand for development of older people's housing and care is most needed and also where adequate levels of provision of services are evident.

- 3.2 These proposed options were the basis for detailed consultation with those directly affected. Full details of the consultation and an analysis of responses are attached in the Consultation Report. These proposed options are the subject of individual EIAs, outlined in section 2 of this report.
- 3.3 It is intended that the review of these services will balance the need to achieve savings with opportunities to develop the service to ensure that it adds value and contributes to the health and well-being of older people.
- 3.4 Leeds City Council will wherever possible seek to avoid any unintended consequences of any proposals developed that have a negative impact. This could be disproportionate impacts on different geographic locations, communities and the voluntary and community sector.

4.0 Scope of the equality, diversity, cohesion and integration impact assessment

- 4.1 This EIA will consider and assess the impact of the options for:
- Current residents and carers affected by the proposed options, as future users were consulted in the equality impact process for the first phase of this programme.
- 4.2 This EIA is intended to support the decision making process by:
- Identifying the potential positive and negative impact of any changes/ decisions on each protected characteristic
 - Setting out actions to minimise/mitigate any adverse impacts
- 4.3 Proposals have been subject to Equality Screening and this concluded that the proposed options will potentially give rise to equality impacts particularly by those older and disabled people, their families and carers, whose home is currently provided by the in-house service.
- 4.4 Staff will also be affected, particularly women who make up 89% of the workforce. If the proposals are agreed, a full EIA on organisational change will consider impacts on staff and therefore staff are not included in the scope of this EIA.
- 4.5 To mitigate against any adverse impacts and ensure that any such impacts are minimised, it was agreed that each option would be subject to an equality impact assessment. The assessments will then be considered through the Council's decision making process. These are outlined in Section 2 of this report.
- 4.6 It is proposed, that should agreement be given to progress with the proposals, that an implementation plan is developed in line with the Assessment and Closure Protocol. This would show how any closures would be managed over the timescales and how residents, relatives, and carers are to be supported to safeguard human rights and minimise distress and maximise the benefits to individuals. This will relate particularly to the monitoring arrangements in relation to the proposed changes.

5.0 Fact Finding – what do we already know?

5.1 Demographics

- 5.1.1 Leeds is the second largest Metropolitan District in England with an estimated population in excess of 750,000 people. The country is faced with an increase in the proportion of older people in its population. There are currently 10.3 million people aged 65 or over in the UK and this figure is expected to rise by 65% in the next 25 years to over 16.4 million in 2033 (ONS, 2009/11). This represents 21% of the total population.
- 5.1.2 The increase is reflected in Leeds, where there are currently 116,600 people over the age of 65, representing 14.6% of the overall population of the city. This figure will increase to 129,800 by 2020 (15.3% of population) and by 2030 the figure will reach 153,800 (16.9% of population) (ONS subnational population projections, March 2012).
- 5.1.3 Leeds is clearly becoming a more diverse place. Stonewall, the lesbian, gay and bisexual charity, estimates that large cities such as Leeds with an established gay scene, businesses and support network may be made up of at least 10 per cent lesbian, gay and bisexual people.
- 5.1.4 Leeds population broken down by religion or belief is 55.9% Christians, 5.4% Muslims, 1.2% Sikh, 0.9% Jewish, 0.9% Hindu, 0.4% Buddhist other religion 0.3% and 28.2% no religion or 6.7% not stated.
- 5.1.5 Leeds is now home to over 130 different nationalities. The 2011 Census estimated that 18.9 per cent of the total resident population comprised people from black and minority ethnic communities (including Irish and other white populations), a rise of 8 per cent from the 2001 Census.
- 5.1.6 Many citizens in the over 65 age group continue to contribute to the economic prosperity of Leeds and the social fabric of its diverse communities. This is reflected in the number of people who continue to work beyond 65 either in paid employment or as volunteers. The over 65 year-olds who act as informal or family carers also play an important part in our society. However it is estimated that almost all people currently aged 65 will need healthcare, and 66% of men and 84% of women will need some social care before they die (Personal Social Services Research Unit, 2011).
- 5.1.7 Dementia is one of the main causes of disability in later life, with over 820,000 people estimated to be suffering from late onset dementia in the UK in 2010. By 2025, the number is expected to rise to one million (ONS, background paper 7). In Leeds there are an estimated 8,500 people with dementia and this figure is estimated to increase to 12,000 by 2028, a 35-40% increase in 15 years (Leeds Dementia Strategy 2013).
- 5.1.8 The trend to move out of the provision of long term care is a feature of local authorities across the country and many are viewing Extra Care Housing as a preferable alternative option, for example Birmingham which has now closed all twenty nine of its long term care homes and developed additional Extra Care Housing.

5.2 Trends

- 5.2.1 Although there is an increasing number of older people in the population, nationally the demand for residential care homes has fallen as people have chosen and been supported to remain as independent as possible in suitable housing. In Leeds the length of time people spend in a care home has fallen – again reflecting the choice to remain independent as long as possible.

5.2.2 Leeds commissioned 138,996 bed weeks in care homes for older people in 2011/12. This is a reduction of 3.2% in 2011/12 over the previous year. This follows a long term trend which has seen a fall of 22.6% over the last 10 years.

5.2.3 Nursing care bed weeks for older people reduced from 48,915 to 46,764 (4.4% reduction) in 2011/12 over the previous year; residential bed weeks for older people fell from 94,697 to 92,232 (2.6% reduction) over the same period.

5.4 In addition to the above, the EIA considers data from the following

- Key strategies and policies relating to the proposals
- Quantitative information relating to the profile of current residents and carers. This is included within each assessment in section 2
- Feedback from consultation with those directly affected
- Feedback from consultation with key partners in the NHS
- Comments from submissions, complaints and suggestions received throughout the course of the consultation
- Feedback/comments from Area Committees, Cross Party Advisory Group, and individual elected members.

6.0 Are there any gaps in equality and diversity information?

6.1 Adult Social Care, where possible, will obtain full equality information around the profile of residents and determine the likely impacts given that profile. Due regard will be taken of this information during the implementation phase, should these proposals be agreed. A review of the impact will also be undertaken post implementation, considering any impact on equality groups.

7.0 Consultation and involvement

7.1 Detailed consultation on the proposals took place between 11 March and 3 June 2013. The aim of the consultation was to consult with those directly affected and as a priority the existing residents of care homes and their families and carers. Detailed consultation also took place with affected staff and Trade Unions, with related stakeholders within the locality, including elected members and partner organisations.

7.1.1 As part of the consultation with residents, their families and carers a questionnaire has been used in one to one interviews as a tool to capture responses to the proposed option for each individual care home and day centre. The aim was to:

- Capture people's responses to the proposed changes
- Determine the impact on individuals and how this might be reduced as plans are developed.

7.1.2 The findings from the consultation are outlined in full in the Consultation Report appended. Key themes are outlined in the individual Equality Impacts Assessments options in section 2 of this report.

8.0 Equality impacts Identified

8.1 The table below highlights the range of impacts on equality characteristics, stakeholders and other potential barriers.

8.2 Data on current users indicate that the proposed options potentially give rise to impacts mainly in respect of age; gender, race, disability, carers and socio-economic. Data relating to sexual orientation and gender reassignment is not available, however no disproportionate impacts have been identified for these equality characteristics through consultation with current residents and carers.

Equality characteristics		
<input checked="" type="checkbox"/>	Age	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Gender reassignment	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Sex (male or female)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Other low socio-economic groups	
<input checked="" type="checkbox"/>	Carers	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Race	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Sexual orientation	
		<input checked="" type="checkbox"/>
		Disability
		Religion or Belief
Stakeholders		
<input checked="" type="checkbox"/>	Services users	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Partners	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Employees	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Members	<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>
		Trade unions
		Suppliers
Potential barriers for current users		
<input checked="" type="checkbox"/>	Built environment	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Information and communication	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Timing	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Cost	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Specific barriers to the strategy, policy, services or function:	
	○ Staffing	
	○ Capacity of the Independent Sector	
		<input checked="" type="checkbox"/>
		Location of premises and services
		Customer care
		Stereotypes and assumptions
		Consultation and involvement

- 8.3 The following provides an overview of the relevance of the proposals to the equality characteristics and where identified, action to mitigate any impact
- 8.4 **Age:** The proposals for change are aimed at providing improved services to older people of the 65+ age group. The overall aim of the proposals is to reform and modernise services for older people. It is embedded in key modernisation strategies and strategies specific to older people which highlight the importance of enabling older people to remain in their own homes for as long as possible.
- 8.5 **Disability:** By the nature of the residential service, all residents are older people and have impairments associated with ageing. As part of the review, the Council will consider that its role in ensuring the need for specialist provision in key areas such as the increasing need for dementia services and intermediate care is met.
- 8.6 **Gender:** Compared with the general population, statistical data of current service users suggest that the service reflects the gender profile across the city.
- 8.7 **Race:** Statistical data of current service users indicates lower usage by people from BME groups. In relation to current BME residents this provides an opportunity to consult with them on relocation which could result in a positive impact.
- 8.8 **Religion or belief:** No specific issues have been identified in relation to religion or belief. The service will be provided to people irrespective of, but with respect for religion and belief, as this will be taken into consideration in any needs assessment.
- 8.9 **Carers/ families:** The review will seek to identify changes which promote independence and choice and facilitate support for carers.
- 8.10 **Cohesion:** Integrating people into communities wherever possible will enable them to access universal services and make links with their own communities
- 8.11 **Social Exclusion:** The service proposals will need to ensure that socially excluded people are not disproportionately disadvantaged as a result of these changes.
- 8.12 **Sexual orientation:** No specific issues have been identified in relation to sexual orientation. The service will be provided to people irrespective of, but with respect of their sexual orientation, as this will be taken into consideration in any needs assessment.
- 8.13 **Gender reassignment:** No specific issues have been identified in relation to gender reassignment. The service will be provided to people irrespective of, but with respect of their gender reassignment, as this will be taken into consideration in any needs assessment.

Section 2

Equality Impacts Assessments on proposed options

Proposal: To decommission the facility and transfer service users to other services of their choice already available in the ward / area

- Amberton Court, Manorfield House and Primrose Hill: Non-specialist care homes.
- Burley Willows: Non specialist care home with some intermediate care
- Fairview and Musgrave Court: Specialist dementia care

Bed profile

	Amberton Court	Burley Willows	Fairview	Manorfield House	Musgrave Court	Primrose Hill
Permanent generic residential	14	17	17	20	27	22
Respite	13	36	3	12	7	18
Temporary	2	2	3	1	1	2

Resident Profile

Age	Amberton Court	Burley Willows	Fairview	Manorfield House	Musgrave Court	Primrose Hill
100+	0	0	0	1	0	3
90-99	1	5	5	11	10	16
80-89	4	10	8	5	15	3
70-79	9	2	4	3	2	0
60-69	0	0	0	0	0	0
Physical disability or age related frailty	11	1	17	8	26	21
Male	7	5	3	1	3	2
Female	7	12	14	19	24	20
Ethnic Origin White British	13	17	17	20	25	22
Ethnic origin BME	1	0	0	0	0	0
Ethnic Origin Not Given	0	0	0	0	0	0
White European	0	0	0	0	1	0
Chinese	0	0	0	0	1	0

Amberton Court

Resident's previous address by ward	No. of residents
Burmantofts and Richmond Hill	2
Chapel Allerton	1
City and Hunslet	1
Gipton and Harehills	2
Harewood	1
Killingbeck and Seacroft	1
Kirkstall	1
Moortown	1
Pudsey	1
Roundhay	1
Temple Newsam	2

Number of Independent sector beds in the area

Total =138 care beds without nursing.	Berkeley Court	78
	Oak Tree Lodge	60

Burley Willows

Resident's previous address by ward	No. of residents
Alwoodley	1
Chapel Allerton	1
Farnley and Wortley	1
Headingley	2
Horsforth	1
Hyde Park and Woodhouse	1
Kirkstall	6
Pudsey	1
Rothwell	1
Roundhay	1
Temple Newsam	1

Number of Independent sector beds in the area

24 care beds without nursing	Hartisca House
58 care beds with nursing	Halcyon Court

Fairview

Resident's previous address by ward	No. of residents
City and Hunslet	1
Cross Gates and Whinmoor	5
Garforth and Swillington	1
Harewood	1
Headingley	1
Killingbeck and Seacroft	3
Kirkstall	1
Middleton Park	1
Outside Leeds ward area	1
Temple Newsam	1
Wetherby	1

Number of Independent sector beds in the area

59 care beds without nursing	The Grange (opening in October 2013)
20 care beds with nursing	The Grange
17 units of Extra Care Housing	The Grange
79 care beds with nursing	Moresdale Lane
In addition 37 beds at The Green, in-house specialist dementia care home	

Manorfield House

Resident's previous address by ward	No. of residents
Armley	1
Bramley and Stanningley	1
Calverley and Farsley	2
Farnley and Wortley	2
Guiseley and Rawdon	3
Headingley	1
Horsforth	1
Hyde Park and Woodhouse	2
Kirkstall	2
Otley and Yeadon	2
Outside Leeds ward area	2
Weetwood	1

Musgrave Court

Resident's previous address by ward	No. of residents
Adel and Wharfedale	2
Armley	2
Bramley and Stanningley	3
Calverley and Farsley	3
Farnley and Wortley	2
Hyde Park and Woodhouse	1
Killingbeck and Seacroft	1
Kirkstall	1
Morley North	2
Morley South	1
Otley and Yeadon	2
Pudsey	4
Temple Newsam	1
Weetwood	1

Primrose Hill

Resident's previous address by ward	No. of residents
Chapel Allerton	2
City and Hunslet	1
Harewood	6
Outside Leeds ward area	3
Wetherby	10

Number of Independent sector beds in the area

36 care beds without nursing	Olive Lodge
35 care beds with nursing and a further 28 planned due to building extension	Sunningdale Lodge
10 units of Extra Care Housing	Philips Close (Bedford Court)

Number of Independent sector beds in the area

41 care beds without nursing	Acacia Court
36 care beds without nursing	Airedale
40 care beds without nursing	Red Court
19 care beds with nursing	Radcliffe Gardens

Number of Independent sector beds in the area

4 care beds without nursing	Ashfield
19 care beds without nursing	Wetherby Manor
27 care beds with nursing	Ashfield
39 care beds with nursing	Wetherby Manor
8 units of Extra Care Housing	Wetherby Manor

Consultation

Informal and formal consultation has been undertaken with all services users over a period of 12 weeks.

The Consultation Report provides a full analysis of responses.

Key themes from the consultation

Concerns related to the detrimental impact on the physical and mental health of residents, their families and carers. There were particular concerns expressed for very old residents with high care needs and those with dementia who will find change hard to cope with.

There are strongly expressed wishes to stay with groups of friends and to maintain support networks for residents and their carers.

Carers are concerned for the loss of peace of mind that respite care brings and which helps them to cope with the demands of caring.

In relation to responses from Manorfield House and Primrose Hill, a lack of knowledge, choice, capacity and quality of alternative provision in the local area was emphasised. Comments also related to the degree to which community and local needs have been taken into account particularly where there are limited local community facilities.

Respondents from Primrose Hill perceive the area and town as geographically distinctive with a lack of alternative provision in the immediate area.

The emerging key themes to alleviate the impact of the proposals suggest that the following are important:

- Alternative provision is of a similar nature and quality
- Alternative provision is local
- Keep friends together
- Keep the homes open and cease permanent admissions allowing current residents to remain.

Potential impacts identified from decommissioning these services:

Built environment

The older age and physically frail are likely to find changes more difficult to cope with both physically and mentally in terms of changes in routine and to their care needs. The built environment may dictate some of these changes.

Action: An assessment of every service user will be undertaken in accordance with the Assessment and Closure Protocol and the recommended ways to minimise stress factors will be put in place.

Location of premises

Where there is lack of availability of alternative provision in some localities and where people move to may have an impact on residents who have lived at the home for a considerable length of time and who have long established links to the local area. Residents may have strong friendships and be fearful of the impact of the proposed changes on their lives, and whether they are able to maintain the relationships they have established. It may also impact on carers and relatives and whether they can maintain regular visits due to greater distances to travel and associated costs.

Action: Focus on local alternative provision and give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol.

Action: Work with officers in City Development to support and encourage the independent sector to develop older people's housing with care (including residential, nursing and extra care housing) in areas of short supply.

Communication and Information

Some residents may not be able to make their own decisions, or may need one-one help in understanding the proposed changes.

Action: Clear and timely communication to all residents, particularly which provides information about alternative provision. Steps will be taken to ensure independent advocates are available for those who need one.

Customer Care and staff training

Staff will play a lead role in understanding the concerns of residents, helping them understand the proposed changes and helping them make the right decisions for themselves.

Action: Provide appropriate support to staff through awareness raising events.

Cost

Carers may be reliant on the home for respite from their caring role, and so may need to make other arrangements, which could involve additional costs.

There is a risk that the changes to care provision could increase social inequality among older people as some users may be financially worse off as a result of a move.

Action: Offer all current service users alternative residential respite care

Action: Ensure that a full benefit and financial review is undertaken as part of the service user assessment to ensure any financial detriment is negated in keeping with the Care Guarantee.

Stereotypes and assumptions

Assumptions may be made in connection with residents with dementia and extremely frail residents who have co-existing illnesses

Action: A full reassessment of all service users and carers will be undertaken by qualified social workers to ensure that current, individual needs are properly understood. Individuals and their relatives/carers will be supported by their managers or a dedicated resource to seek appropriate alternative services following a reassessment of their needs and will be given comprehensive information on cost, quality and all alternatives in order to make an informed decision

Actions to ensure mitigation is in place are outlined in the Equality Diversity and Integration Action Plan on Page XX.

Recommissioned Proposals

Home Lea House: Non-specialist care home

Proposal: To look for opportunities for the future ownership and management of Home Lea House to be transferred to the local community, or to a not-for-profit organisation specifically established for that purpose.

There has been interest shown by Sandwell Community Care Trust and 'Friends of Dolphin Manor' in the acquisition and continuing operation of Home Lea House and it is intended that this option will be explored further subject to the submission of a robust business case.

Bed profile

	No of residents
Permanent	21
Respite	15
Temporary	2

Resident Profile

Age	No. of residents
100+	1
90-99	7
80-89	8
70-79	3
60-69	2
Physical disability or age related frailty	14
Male	6
Female	15
Ethnic Origin White British	21
Ethnic Origin Black or Black British	0
Ethnic Origin Other	0
Ethnic Origin Not Given	0

Home Lea House

Resident's previous address by ward	No. of residents
Ardsley and Robin Hood	1
Armley	2
Beeston and Holbeck	1
City and Hunslet	1
Garforth and Swillington	2
Gipton and Harehills	1
Killingbeck and Seacroft	1

Number of Independent sector beds in the area

34 care beds with nursing	Mulgrave House (LS26 0BP)
In addition 35 care beds without nursing Dolphin Manor, in-house care home	

Kippax and Methley	1
Middleton Park	4
Morley South	2
Rothwell	4
Temple Newsam	1

Consultation

Informal and formal consultation has been undertaken with all services users over a period of 12 weeks.

The Consultation Report provides a full analysis of responses.

Key themes from the consultation

Many respondents stated they neither agree nor disagree with the proposals and have asked for further information on the business plan and proposed alternative management arrangements of the home.

Concerns were expressed over the proposed change in management and the impact on care and people have asked for reassurances that a not for profit organisation could satisfy financial requirements and maintain standards. It was also suggested that staff transfer to the new provider to ensure continuity of care for residents.

The emerging key themes to alleviate the impact of the proposal suggest that the following points are important:

- Residents, relatives and carers need further information and reassurances about alternative management arrangements
- Provision under the new management arrangements is of a similar nature and quality as current provision
- Keep the current staff

Potential impact identified from recommissioning these services

Friends of Dolphin Manor formed as a result of consultation during the first phase of the review with a view to establishing a community enterprise to manage residential care facilities in Rothwell.

Further to approval by Executive Board in September 2011, Dolphin Manor is being considered under the Localism Act (2011), which gives local communities, voluntary organisations and Local Authority staff the right to express an interest in setting up Community Interest Companies (CICs) to take over the running of Local Authority services.

Sandwell Community Care Trust and 'Friends of Dolphin Manor' have indicated an interest in taking over the running of the service and it has been agreed that if a robust business case can be developed, this approach should be supported. This would allow the Council to utilise the expertise of partners in provision of services to increase the choices and quality of options available. It would also enable the local community to take a more active role in shaping their local environment, developing people-led services, creating employment and embedding skills and wealth at a local level.

This service will be developed in the longer term however and there will be no immediate changes. People currently living in the home will therefore be able to keep their place there if they wish.

Suffolk Court: Non-specialist care home

Proposal: That it is redeveloped as a facility for specialist intermediate care, providing short-term support for people who need intermediate care rather than residential care. This means that there will be some changes to the home.

Bed Profile	No. of residents
Permanent generic residential	26
Respite	27
Temporary	5

Resident Profile

Age	No. of residents
100+	0
90-99	10
80-89	11
70-79	5
60-69	0
Physical disability or age related frailty	25
Male	10
Female	16
Ethnic Origin White British	26

Suffolk Court

Address by ward	No. of residents
Adel and Wharfedale	1
Armley	1
Burmantofts and Richmond Hill	1
Calverley and Farsley	1
City and Hunslet	1
Farnley and Wortley	1
Guiseley and Rawdon	6
Horsforth	2
Hyde Park and Woodhouse	1
Otley and Yeadon	9
Pudsey	1
Weetwood	1

Number of Independent sector beds in the area

50 care beds without nursing	Tealbeck House
27 care beds without nursing	Brooklands
In planning 41 units of Extra Care Housing	Garnetts Paper Mill
In planning 46 care beds without nursing	Former Summer Cross Hotel, Cross Green (LS21 1HN)
In addition 30 care beds without nursing, in – house provision Spring Gardens	

Consultation

Informal and formal consultation has been undertaken with all services users over a period of 12 weeks.

The Consultation Report provides a full analysis of responses.

Key themes from the consultation

Concerns were expressed over the potential detrimental impact and potential risk to the health and well-being of residents brought about by any move and that any changes would have an unsettling and damaging effect on the most vulnerable.

Concerns were also raised around the loss of friendships and the need to ensure that the needs of carers are considered.

Further comments relate to the impact of a change in location; the loss of established links to the local community and the impact of having to travel greater distances to visit. There is no alternative provision in Yeadon.

The emerging key themes to alleviate the impact of the proposal suggest that the following points are important:

- Alternative provision is local, of a similar nature and quality
- Run the intermediate care service alongside a care home service
- Keep friends together
- Carers need assurances about alternative provision in terms of respite care

Potential impact identified from recommissioning this service

The aim of Intermediate Care is to prevent admission to and facilitate discharge from hospital by working with individuals to provide specialist care. The new service will integrate health and social care in order to deliver short term, patient-centred rehabilitation, recovery and reablement. There are opportunities for further shared funding arrangements and partnership working with the NHS to achieve this and Suffolk Court continues to be part of on-going discussions with NHS commissioners relating to use of the facility as part of the Community Bed Strategy.

This service will be developed in the longer term however and there will be no immediate changes. People currently living in the home will therefore be able to keep their place there if they wish.

Equality, diversity, cohesion and integration action plan

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

Care Homes

Action	Timescale	Measure	Lead person
An assessment team will be established to undertake assessments of service users in accordance with the Council's Assessment and Transitions Protocol. This work will be overseen by an Assurance Group who will monitor and advise during the process.	In line with programme plan	<ul style="list-style-type: none"> • A stress free, managed and coordinated transition of residents to alternative accommodation • Minimised/eradicated risk to health and well-being of residents and carers brought on by move • The number of residents accessing alternative accommodation of their choice • The number of people satisfied with their alternative accommodation 	Programme Team
Give consideration to methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol. Focus on local alternative provision. Give consideration to carers and relatives around the distance to travel to alternative provision	In line with programme plan	<ul style="list-style-type: none"> • Friendship groups maintained • Risk of social isolation removed • The number of residents able to transfer and remain within their local area where they have long established links • The number of relatives and carers able to maintain regular visits 	Programme Team
Commissioning to take full account of equality issues and to ensure that the quality of services is consistent and of good quality	In line with programme plan	Services commissioned by the Council will focus on quality of service to all diverse users.	Programme Team

Action	Timescale	Measure	Lead person
Ensure that the range of alternative provision meets the needs and outcomes of people across all cultures.	In line with programme plan	Provision of accessible services that meet the needs of all diverse users	Programme Team
Further and more detailed negotiations to be undertaken with NHS Leeds aimed at developing an integrated service model	In line with programme plan	<ul style="list-style-type: none"> • A decrease in the number of older people needing long-term residential care. • A decrease in hospital admissions and delayed discharge from hospital • An increase in the number of older people accessing preventative services that maintains independent living 	Programme Team
Older people with physical disability/frailty who are in need of high level support and personal care, including adapted facilities, will be identified and offered 'taster' sessions to try alternative services which provide this level of care	In line with programme plan	<ul style="list-style-type: none"> • Minimised confusion for older people • Minimised changes to routine • Individual care needs met 	Programme Team
Ensure robust procedures are in place to identify and manage safeguarding concerns as they arise. All staff and volunteers to be trained in recognising and responding to safeguarding concerns	In line with programme plan	<p>The provision of:</p> <ul style="list-style-type: none"> • Services that prioritise both safeguarding and independence • A well trained workforce operating in a culture of zero tolerance of abuse • A sound framework for confidentiality and information sharing across agencies good universal services, such as community safety services • Needs and risk assessments to inform people's choices 	Programme Team

Action	Timescale	Measure	Lead person
		<ul style="list-style-type: none"> • A range of options for support to keep safe from abuse tailored to people's individual needs 	
<p>All equalities considerations will be considered in the planning and commissioning of services. All services will be monitored to identify where there is disproportionate impact and action taken to understand and where appropriate address</p>	<p>In line with programme plan</p>	<p>The number of assessments undertaken to ensure that the individual needs of residents and carers are properly understood</p>	<p>Programme Team</p>
<p>Ensure that the assessment team and care home staff are aware of the full range of alternative services available and that information is available in a range of formats</p>	<p>In line with programme plan</p>	<ul style="list-style-type: none"> • Service users and their carers able to exercise choice and make informed decisions on the range of services available • Improved personalised services for older people and their carers, with improved outcomes • The number of residents who understand the changes and are able to make informed decisions 	<p>Programme Team</p>
<p>Involve residents and carers fully in the decision making process when considering alternative services. Ensure carers receive regular information on the change process. Signpost to carer support networks</p>	<p>In line with programme plan</p>	<ul style="list-style-type: none"> • The number of residents accessing alternative accommodation of their choice • The number of people satisfied with their alternative accommodation • The number of carers accessing support networks 	<p>Programme Team</p>

Action	Timescale	Measure	Lead person
Provide service users with an opportunity to let the Council know what impact the changes may have on them	In line with programme plan	<ul style="list-style-type: none"> The number of residents and carers reporting the impacts of the changes 	Programme Team
Ensure that a range of information relevant to all cultures is available in a range of accessible formats and main community languages. Involve communities and their representatives in identifying gaps.	In line with programme plan	<ul style="list-style-type: none"> Positive relocation for current BME residents 	Programme Team
Continue dialogue and negotiations with stakeholders and interest groups with regard to future building use.	In line with programme plan	<ul style="list-style-type: none"> Successful Community Asset Transfer of ownership and provision of services to not for profit organisation/s The number of decommissioned buildings in community use 	Programme Team
Work with officers in City Development to advertise for residential/nursing care development at the earliest opportunity	In line with programme plan	The number of new developments in areas of high demand	Programme Team
Ensure that a full benefit and financial review is undertaken as part of service user assessment to ensure no financial detriment	In line with programme plan	No resident financially disadvantaged as a result of change	Programme Team

Governance, ownership and approval

State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment

Name	Job Title	Date
Dennis Holmes	Deputy Director, Adult Social Care	XXX

Monitoring progress for equality, diversity, cohesion and integration actions
(please tick)

- As part of Service Planning performance monitoring
- As part of Project monitoring
- Update report will be agreed and provided to the appropriate board
Please specify which board
- Other (please specify)

Publishing

This Equality, Diversity, Cohesion and Integration impact assessment will act as evidence that due regard to equality and diversity has been given.

If this impact assessment relates to a **Key Delegated Decision, Executive Board, full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report.

A copy of **all other** Equality and Diversity, Cohesion and Integration impact assessment's should be sent to equalityteam@leeds.gov.uk. For record keeping purposes it will be kept on file (but not published).

Date impact assessment completed	XXX
If relates to a Key Decision – date sent to Corporate Governance	XXX
Any other decision – date sent to Equality Team (equalityteam@leeds.gov.uk)	