

Appendix 3: Equality, Diversity, Cohesion and Integration Screening

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Adults & Health	Service area: Commissioning
Lead person: Mark Phillott	Contact number: 01133783923

1. Title: One City Care Home Quality & Sustainability: Development of a Care Quality Team.

Is this a:

☐

Strategy / Policy

☒

Service / Function

☐

Other

If other, please specify

2. Please provide a brief description of what you are screening

The Director of Adults & Health is being asked to;

- Approve the primary business requirements of a Care Quality Team in order to deliver proactive, targeted, strength-based support to older people's care homes in Leeds. The overriding purpose of the team will be to improve quality of care, as measured against defined success criteria, such as the percentage of CQC Good rated care homes.
- Approve the proposed staffing model for a Care Quality Team within the agreed budget of a recurrent spend of £300,000 per annum.
- Approve the recurrent spend of the remainder of the recurrent £300,000 pa

budget to support the development of other elements of the wider One City project, for example as identified within the quality improvement action plan.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	X	
Have there been or likely to be any public concerns about the policy or proposal?	X	
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect our workforce or employment practices?	X	
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> Eliminating unlawful discrimination, victimisation and harassment Advancing equality of opportunity Fostering good relations 	X	

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?** (think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement

activities (taken place or planned) with those likely to be affected)

This proposal will affect;

- Older people predominantly aged over 65yrs, who are moving into, living in and dying in, independent residential and nursing care homes in Leeds.
- Those people visiting, working and owning independent residential and nursing care homes in Leeds.
- Adults and Health, NHS Partners and other organisations who provide support into care homes with a remit of quality improvement/development. This is a predominantly female workforce, with 85-95% of people doing direct care and support jobs in social care being women¹. Nearly two in five (38%) of NHS medical staff, 15% of NHS non-medical staff and 20% of adult social care staff are from BME backgrounds. This compares with 11% of the UK workforce being from BME backgrounds².

Nationally, the picture in relation to care home equality characteristics is as follows;

Age:

- 93 per cent of nursing home residents and 99 per cent of people in residential homes are aged 65+. Only 16% of people aged 85+ in the UK live in care homes. However, the resident care home population is ageing: in 2011, people aged 85 and over represented 59.2% of the older care home population compared to 56.5% in 2001³.

Gender:

- There is a gender gap in the older resident care home population, which has narrowed since 2001. In 2011 there were around 2.8 women for each man aged 65 and over compared to a ratio of 3.3 women for each man in 2001⁴.

Race:

- 17% of people in White ethnic groups are aged over 65, compared to only 5% of people in BME groups. However, the prevalence of disability is higher in some BME groups, so the level of need is not easy to compare from population data alone.⁵
- The Adult Social Care Survey 2015 identified that people from White ethnic groups were significantly more satisfied with the care and support services they received, than people from BME groups.⁶

Sexuality:

- The older LGBT community is not one easily defined, homogenous group.⁷
- The existence of older non-heterosexuals is rarely acknowledged within society.⁸

¹ Skills for Care 2010 Report, The State of the Adult Social Care Workforce in England.

² The State of Health Care and Adult Social care in England 2015/16, CQC.

³ Changes in the Older Resident Care Home Population between 2001 and 2011. Office for National Statistics, 2014.

⁴ Later Life in the United Kingdom, Age UK, April 2017.

⁵ Office for National Statistics, 2011 census data: table CT0570 – Sex by age by 2004 Index of Multiple Deprivation (IMD2004) by ethnic group, February 2016

⁶ The State of Health Care and Adult Social care in England 2015/16, CQC.

⁷ Halls, S. et al (2012) 'Opening Doors and Opening Minds. Sharing one Project's Experience of Successful Community Engagement.' (p.150-164) in Ward, R. et al (eds.) *Lesbian, Gay, Bisexual and Transgender Ageing. Biographical Approaches for Inclusive Care and Support*. London: Jessica Kingsley Publishers.

- 'Coming out' is an on-going, dynamic process. Every unfamiliar person and place (such as a hospital or nursing home) demands yet another decision about disclosure.⁹
- OLGBT people have experienced prejudice, discrimination, and past criminalization of their sexual activities.¹⁰
- 13% of older lesbian women want 'to be more visible as a lesbian than (they are) now'.¹¹
- Older lesbians are likely to live longer than (gay) men, to be less well off in later life and to make greater use of health and social care services.¹²
- Studies of non-familial relationships – 'families of choice' (Weeks, Heaphy and Donovan 2001) or 'friendship families' (Dorfman et al. 1995) – and those roles of caregivers and care receivers may be fluid, interchangeable and context-dependent.¹³
- Evidence suggests that OLGBT's are more likely to live alone in old age, with fewer links with younger generations, thereby increasing their risk of isolation.¹⁴
- Due to a lack of awareness of trans health, there are a particular concerns that older trans people's needs are not being met within health and social services.¹⁵

Disability (health and wellbeing);

- Only about half (51%) of older people think that older people in Britain are treated well by the current government. Of the issues over which people think older people are treated badly 66% state poor standards of care for older people, either in care homes or their own homes.¹⁶
- Due to an aging population and increasing complexity of need when people do move into 24hr care settings, it is likely that a high proportion of people in care homes will have or develop a disability.

⁸ Traies, J. 'Women Like That' Older Lesbians in the UK. (p.67-82) in Ward, R. et al (eds.) *Lesbian, Gay, Bisexual and Transgender Ageing. Biographical Approaches for Inclusive Care and Support*. London: Jessica Kingsley Publishers.

⁹ Traies, J. 'Women Like That' Older Lesbians in the UK. (p.67-82) in Ward, R. et al (eds.) *Lesbian, Gay, Bisexual and Transgender Ageing. Biographical Approaches for Inclusive Care and Support*. London: Jessica Kingsley Publishers.

¹⁰ Stein, G. and Almack, K. Care Near the End of Life (p.114-131) in Ward, R. et al (eds.) *Lesbian, Gay, Bisexual and Transgender Ageing. Biographical Approaches for Inclusive Care and Support*. London: Jessica Kingsley Publishers.

¹¹ Traies, J. 'Women Like That' Older Lesbians in the UK. (p.67-82) in Ward, R. et al (eds.) *Lesbian, Gay, Bisexual and Transgender Ageing. Biographical Approaches for Inclusive Care and Support*. London: Jessica Kingsley Publishers.

¹² Traies, J. 'Women Like That' Older Lesbians in the UK. (p.67-82) in Ward, R. et al (eds.) *Lesbian, Gay, Bisexual and Transgender Ageing. Biographical Approaches for Inclusive Care and Support*. London: Jessica Kingsley Publishers.

¹³ Cronin, A. et al (2011) Cronin, A. et al (2011) 'Categories and their consequences: Understanding and supporting the caring relationships of older lesbian, gay and bisexual people.' In Ward, R. et al (eds.) *Lesbian, Gay, Bisexual and Transgender Ageing. Biographical Approaches for Inclusive Care and Support*. London: Jessica Kingsley Publishers.

¹⁴ Heaphy, B. et al. (2003) *Lesbian, Gay and Bisexual Lives over 50*. Nottingham: York House Publications.

¹⁵ Bailey, L. (2012) 'Trans Ageing. Thoughts on a Life Course Approach in Order to Better Understand Trans Lives' (p51-66) in Ward, R. et al (eds.) *Lesbian, Gay, Bisexual and Transgender Ageing. Biographical Approaches for Inclusive Care and Support*. London: Jessica Kingsley Publishers.

¹⁶ TNS Tracker Survey for Age UK, Feb 2015, of adults aged 50+ in Great Britain

- 50% of older people admitted to hospital from care homes were found to be at risk of malnutrition¹⁷.
- It has been estimated that more than 50% of care home residents have urinary incontinence.¹⁸
- A Help the Aged study estimates that depression affects 40% of older people in care homes.¹⁹
- Approximately 342,000 older people living in private households in the UK are abused each year. We estimate that, taking into account care homes, up to 500,000 older people in the UK are abused each year (roughly 5% of the older population).²⁰
- Only about a third (36%) of people aged 50+ are confident that older people who receive care services, such as help with getting dressed or washing, either at home or in a care home, are treated with dignity and respect.²¹

Marriage/Civil Partnership:

- 3.64 million people in the UK aged 65+ live alone. This is 32% of all people aged 65+ in the UK.²²
- 2 million people over 75 live alone; 1.5 million of these are women.²³
- 61% of widows (male and female) in England and Wales are aged 75 and over.²⁴

Religion:

- An estimated 80 per cent of people aged 65 and over in England and Wales give their religious affiliation as Christian, and 9% 'No religion'.²⁵

It is not known if Leeds differentiates from the national picture. This will be explored in the full impact assessment.

The creation of the Care Quality Team will allow care home providers in Leeds access to a more responsive support and advice specialist network, leading to improved quality of care provision and therefore improved quality of life for older people living, dying, visiting or working in older people's care homes in the city.

¹⁷ C A Russell and M Elia (2014) *Nutrition screening surveys in hospitals in the UK, 2007-2011*. BAPEN

¹⁸ *Prevalence and detection of urinary incontinence among older medicaid recipients*. **Adelmann, P.K.**, Journal of Health Care for Poor and Underserved; 15, 99-112, 2004; *Prevalence of urinary incontinence among institutionalized patients: A cross-sectional epidemiological study in a midsized city in northern Italy*. **Aggazzotti, G. et al**, Urology, 56: 2, 245-249, 2000; and *Prevalence and incidence of urinary incontinence of Swiss nursing home residents at admission and after six, 12 and 24 months*. **Saxer, S. et al**, Journal of Clinical Nursing, 17: 18, 2490-2496, 2008

¹⁹ *Depression and Older People: Towards securing well-being in later life*, Help the Aged, 2004

²⁰ UK estimate adapted from "UK Study of Neglect and Abuse of Older People, Prevalence Survey Report", M. O'Keefe et al. for Department of Health and Comic Relief, 2007 and "Elder abuse in Britain", J. Ogg and G. Bennett, BMJ Vol. 305, October 1992

²¹ TNS, (2015). *Tracker Survey for Age UK*. TNS.

²² *Labour Force Survey*, ONS, 2016

²³ *Labour Force Survey*, ONS, 2016

²⁴ *Labour Force Survey*, ONS, 2016

²⁵ *ONS Census 2011*, accessed via Nomis

Specific equality characteristics in relation to care homes will be given consideration in relation to the roles and responsibilities of the Care Quality Team in delivering high quality care, and what “high quality” means in relation to each characteristic.

- **Key findings**

(think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

This proposal creates an opportunity for existing Council or NHS staff with a similar skill set, to work in a different role that may better fit with their personal circumstances.

The creation of additional posts may lead to external recruitment, either for these particular posts, or to backfill any successful internal applicants. This creates an opportunity for the Council to attract people into Council roles from a wider background than the existing profile of the service.

The creation of the Care Quality Team will allow care home providers in Leeds access to a more responsive support and advice specialist network, leading to improved quality of care provision and therefore improved quality of life for older people living, dying, visiting or working in older people’s care homes in the city.

- **Actions**

(think about how you will promote positive impact and remove/ reduce negative impact)

Continued employee engagement and trade union consultation will take place to support the recruitment and implementation of the new team.

Further engagement will take place with key stakeholders for the development of the detailed operating model and business processes following approval of the creation of the team, and this will continue to include consideration of equality characteristics and how they may be affected.

The equality characteristics specific to Leeds in comparison to the national picture will be explored to consider what implications this may have.

5. If you are **not already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment.****

Date to scope and plan your impact assessment:	
Date to complete your impact assessment	
Lead person for your impact assessment (Include name and job title)	

6. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
Cath Roff	Director of Adults & Health	
Date screening completed		25 October 2017

7. Publishing

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions** or a **Significant Operational Decision**.

A copy of this equality screening should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality screenings that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached screening was sent:

For Executive Board or Full Council – sent to Governance Services	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	Date sent:
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent: