

Better Lives for People of Leeds

Care Homes for Older People

EQUALITY IMPACT ASSESSMENT

Section 1

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 Cath Roff, Director – Adult Social Care. 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 / Background

- 2.1 In September 2015 the Council’s Executive Board agreed to proceed with formal consultation on the third phase of the Better Lives Programme. This included the following proposals for the in-house facilities:
- decommissioning of three homes (Siegen Manor, Middlecross and The Green) and their adjoining day centres
 - decommissioning of a further two day centres (Radcliffe Lane and Springfield) and the recommissioning of Wykebeck Valley day centre as a specialist dementia service
- 2.2 The criteria for determining the future options for the local authority provided residential and day services were considered and agreed by the Executive Board on 15 December 2010. The criteria formed the basis for reviewing each of the services during the three phases of the programme. The impact of proposals for each service

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was assessed during each phase through an Equality Impact Assessment Copies of Equality Impact Assessments can be obtained from the Equality Impact Team (equalityteam@leeds.gov.uk). The impact of the proposals was considered and assessed both in terms of those individuals directly affected and future users of the services (detail of the report: 'Future Options for Long Term Residential and Day Care for Older People' and the related appendices are available at: <http://democracy.leeds.gov.uk/documents/g4890/Public%20reports%20pack%2015th-Dec-2010>). .

- 2.3 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.
- 2.4 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 has been established to undertake assessments of service users in accordance with the council's Assessment and Transition Protocol.
 - A Leeds-specific Care Guarantee will apply that outlines the principles that residents affected by the closures could expect from the Council to ensure their dignity, choice and rights were protected.
 - People who do not have the capacity to make an informed decision will be given access to an independent advocate arranged by Adult Social Care.
 - Risk assessments will be carried out to ensure that clinical and therapeutic needs of those directly affected are responded to urgently and with sensitivity.
- 2.5 The Executive Board report describes in detail the outcomes for service users directly affected in phase 1 and 2 of the programme.

3.0 Proposals

- 3.1 An options analysis has been completed and proposals developed for the three 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 93% 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 subjected 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 Should agreement be given to progress with the proposals, an implementation plan will be 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 9.9m million people aged 65 or over in the UK and this figure is expected to rise in the next 20 years to over 14.1 million in 2033 (ONS, 2014 projections). This represents 24% 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 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. Details of the trends for residential places and the Councils realignment of services to ensure they continue to provide for the needs of older people are outlined in the phase 2 report to Executive Board 'Better Lives for People of Leeds: the future of Day Services for Older People' (<http://democracy.leeds.gov.uk/documents/s101337/Day%20Care%20Cover%20Report%20220813%20v2.pdf>) and in the June 2016 report to Executive Report ('Better Lives Programme' – Next Steps and Progress Report).

5.3 Other Datasets

- 5.3.1 In addition to the above, the EIA considers data from the following:
- Key strategies and policies relating to the proposals, including the *Better Lives Strategy* (<https://betterlivesleeds.wordpress.com>) and the Best Council Plan 2015-2020 (www.leeds.gov.uk/docs/BestCouncilPlan).
 - 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 1st October and 23rd December 2015. 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.
- 7.2 As part of the consultation with residents, and 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.

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7.3 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.

8.3 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"/>	Carers	
<input checked="" type="checkbox"/>	Disability	
<input checked="" type="checkbox"/>	Gender reassignment	
<input checked="" type="checkbox"/>	Race	
<input checked="" type="checkbox"/>	Religion or Belief	
<input checked="" type="checkbox"/>	Sex (male or female)	
<input checked="" type="checkbox"/>	Sexual orientation	
<input checked="" type="checkbox"/>	Other	
	Low socio-economic groups	

Stakeholders		
<input checked="" type="checkbox"/>	Services users	
<input checked="" type="checkbox"/>	Employees	
<input checked="" type="checkbox"/>	Trade unions	
<input checked="" type="checkbox"/>	Partners	
<input checked="" type="checkbox"/>	Members	
<input checked="" type="checkbox"/>	Suppliers	

Potential barriers for current users	
<input checked="" type="checkbox"/>	Built environment
<input checked="" type="checkbox"/>	Location of premises and services

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Information and communication	Customer care
<input checked="" type="checkbox"/> Timing	<input checked="" type="checkbox"/> Stereotypes and assumptions
<input checked="" type="checkbox"/> Cost	<input checked="" type="checkbox"/> Consultation and involvement
<input checked="" type="checkbox"/> specific barriers to the strategy, policy, services or function: <ul style="list-style-type: none"> ○ Staffing ○ Capacity of the Independent Sector 	

- 8.4 The following provides an overview of the relevance of the proposals to the equality characteristics and where identified, action to mitigate any impact.
- 8.5 **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.
- 8.6 **Disability:** By the nature of the residential service, all residents are older people and have impairments associated with ageing. Alongside the proposals the council will consider how it can play a role in ensuring the need for specialist provision in key areas is met. This includes ensuring the increasing need for dementia services and intermediate care is met.
- 8.7 **Gender:** Statistical data of current service users suggest that the service has a high proportion of female residents. The service will be provided to people irrespective of, but with respect for gender specific needs and this will be taken into consideration in any needs assessment.
- 8.8 **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.
- 8.9 **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, and this will be taken into consideration in any needs assessment.
- 8.10 **Carers/ families:** Carers and families were involved in the consultation process and supported to identify their needs to allow them to continue supporting their cared for. This engagement will continue throughout any implementation of proposals, and the Council will seek to identify changes which promote independence and choice and facilitate support for carers
- 8.11 **Cohesion:** Integrating people into communities wherever possible will enable them to access universal services and make links with their own communities

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- 8.12 **Social Exclusion:** The service proposals will need to ensure that socially excluded people are not disproportionately disadvantaged as a result of these changes.
- 8.13 **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.
- 8.14 **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

- Middlecross, Siegen Manor and The Green: Specialist dementia care.

Bed profile (as at 12/05/16)

Occupancy	Middlecross (32 beds)	Siegen Manor (30 beds)	The Green (37 beds)
Permanent	18	22	28
Respite / Short Stay	2	2	3

Permanent Resident Profile (as at 12/05/16)

Age	Middlecross	Siegen Manor	The Green
100+	0	1	1
90 -99	5	6	4
80-89	9	11	15
70-79	5	4	8
60-69	0	0	0
Physical disability or age related frailty	17	21	22
Male	5	5	3
Female	13	17	25
Ethnic Origin	19	22	28
White British			
Ethnic origin BME	0	0	0
Ethnic Origin Not Given	0	1	0
White European	0	0	0
Chinese	0	0	0

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Middlecross

Permanent Residents' Previous Home Address by Ward

Adel and Wharfedale	1
Alwoodley	0
Ardsley and Robin Hood	0
Armley	4
Beeston and Holbeck	0
Bramley and Stanningley	2
Burmantofts and Richmond Hill	0
Calverley and Farsley	3
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	0
Farnley and Wortley	2
Garforth and Swillington	0
Gipton and Harehills	0
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	2
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	0
Kippax and Methley	0
Kirkstall	1
Middleton Park	0
Moortown	1
Morley North	0
Morley South	0
Otley and Yeadon	0
Pudsey	2
Rothwell	0
Roundhay	0
Temple Newsam	0
Weetwood	1
Wetherby	0
Outside Leeds Ward Area	0
Total	19

Independent sector provision in Armley Ward

Care beds without nursing	242
Care beds with nursing	0
Extra Care Housing units	0

Independent sector provision within 5 miles of Middlecross

Care beds without nursing	1,122
Care beds with nursing	857
Extra Care Housing units	227

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Siegen Manor Residents' Previous Home Address by Ward

Adel and Wharfedale	0
Alwoodley	0
Ardsley and Robin Hood	1
Armley	0
Beeston and Holbeck	3
Bramley and Stanningley	0
Burmantofts and Richmond Hill	0
Calverley and Farsley	0
Chapel Allerton	1
City and Hunslet	0
Cross Gates And Whinmoor	0
Farnley and Wortley	1
Garforth and Swillington	0
Gipton and Harehills	2
Guiseley and Rawdon	0
Harewood	0
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	1
Kippax and Methley	0
Kirkstall	1
Middleton Park	4
Moortown	0
Morley North	2
Morley South	5
Otley and Yeadon	0
Pudsey	0
Rothwell	0
Roundhay	0
Temple Newsam	0
Weetwood	1
Wetherby	0
Outside Leeds Ward Area	0
Total	22

Independent sector provision in Morley South Ward

Care beds without nursing	46
Care beds with nursing	0
Extra Care Housing units	0

Independent sector provision within 5 miles of Siegen Manor

Care beds without nursing	172
Care beds with nursing	401
Extra Care Housing units	72

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The Green Residents' Previous Home Address by Ward

Adel and Wharfedale	1
Alwoodley	1
Ardsley and Robin Hood	0
Armley	0
Beeston and Holbeck	1
Bramley and Stanningley	0
Burmantofts and Richmond Hill	0
Calverley and Farsley	0
Chapel Allerton	0
City and Hunslet	0
Cross Gates And Whinmoor	8
Farnley and Wortley	0
Garforth and Swillington	0
Gipton and Harehills	3
Guiseley and Rawdon	0
Harewood	2
Headingley	0
Horsforth	0
Hyde Park and Woodhouse	0
Killingbeck and Seacroft	6
Kippax and Methley	0
Kirkstall	0
Middleton Park	0
Moortown	0
Morley North	0
Morley South	1
Otley and Yeadon	0
Pudsey	0
Rothwell	0
Roundhay	2
Temple Newsam	0
Weetwood	0
Wetherby	3
Outside Leeds Ward Area	0
Total	28

Independent sector provision in Killingbeck and Seacroft Ward

Care beds without nursing	59
Care beds with nursing	20
Extra Care Housing units	0

Independent sector provision within 5 miles of The Green

Care beds without nursing	594
Care beds with nursing	835
Extra Care Housing units	176

Consultation

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

- The majority of respondents didn't want the home to close. Many suggested that savings should be made elsewhere in the Council.
- There were positive comments on the care homes and the quality of care provided by a skilled, friendly and professional staff. It was felt that the services were good and the decision to close was simply about money.
- Concern was raised about the potential negative impact on the health and well-being of vulnerable older people and what will happen to them if the homes close. The current services were seen as familiar, safe and secure environments with service users comfortable with their established routines.
- Respondents felt that there was a lack of alternative services and had concerns about the quality and price of alternative services in the independent sector. This included comments that the independent sector was not well placed to meet the care needs of people with dementia, which is an area of increasing demand.
- Criticism was voiced that a decision has already been made and the consultation is futile. People want their comments to be taken on board and be kept informed /involved as to what happens next.
- There was concern that the needs of carers would not be met.
- If the proposals were to be implemented, then it was suggested that the Council should consider a gradual phased shutdown of homes; do not take on any further permanent admissions, but allow the current residents to continue living there. If services do close, there needs to be clarity on what will happen to the buildings in the future.

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.

Communication and Information

Some residents may not be able to make their own decisions, or may need one-one help in

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understanding the proposed changes.

Action: Clear and timely communication to all residents, particularly regarding 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: Ensure independent sector provision is available and bookable in advance to meet carer and service user needs.

Action: Offer all current service users alternative residential respite care in the independent sector.

Action: Ensure that a full benefit and financial review is undertaken as part of the service user assessment to ensure any financial detriment with respect to the care costs 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 15

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 where requested • 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
Ensure that the range of	In line with	Provision of accessible services that	Programme Team

Action	Timescale	Measure	Lead person
alternative provision meets the needs and outcomes of people across all cultures.	programme plan	meet the needs of all diverse users	
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 • A range of options for support to 	Programme Team

Action	Timescale	Measure	Lead person
		keep safe from abuse tailored to people's individual needs	
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	In line with programme plan	The number of assessments undertaken to ensure that the individual needs of residents and carers are properly understood	Programme Team
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	In line with programme plan	<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 	Programme Team
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	In line with programme plan	<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 	Programme Team
Provide service users with an opportunity to let the council know what impact	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

Action	Timescale	Measure	Lead person
the changes may have on them			
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"> • Identification of options for any decommissioned sites and realisation of benefits through re-use or sale • 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 with respect to the cost of care received	In line with programme plan	No resident financially disadvantaged with respect to the cost of the care they receive 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
Cath Roff	Director, Adult Social Care	08/09/16

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	19/08/16
If relates to a Key Decision – date sent to Corporate Governance	08/09/16
Any other decision – date sent to Equality Team (equalityteam@leeds.gov.uk)	