

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 updated Equality Impact Assessment that has been carried out in the context of the proposals relating to Manorfield House residential home, to ensure that they do not unfairly impact on people from the different equality groups. An Equality Impact Assessment was initially carried out as a parallel process to the consultation on the proposed changes in 2013. This document represents an update to accompany the 2016 recommendation to Executive Board to implement the proposal to decommission the service.
- 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

2.1 Background

- 2.1.1 Since 2010 two phases of the Better Lives programme have been implemented and a third phase of proposals has been consulted on, with a view to implementation of further recommendations in late 2016/ early 2017.

As part of phase two of the programme in 2013 the Council proposed to decommission Manorfield House residential home. Consultation was carried out alongside an Equality Impact Assessment on those impacted by the proposal. Following consultation a recommendation was made by Executive Board in September 2013 that the home will close when either; no longer required by existing residents ; if the health and wellbeing of the remaining residents cannot be maintained; should alternative new residential care provision become available within the ward; in response to changes in registration requirements or legislation.

The home has remained open since 2013, but with no further admissions. As outlined in the Leeds Assessment and transfer protocol '*Running up to closure of a residential home, a minimum core of 10 residents are maintained to prevent deterioration in morale*'. The number of residents at Manorfield House has now fallen below this level and as such it is proposed that the remaining residents are supported through the assessment and transfer process to choose alternative services to meet their needs. An update to the Equality Impact Assessment for Manorfield House has been carried out. This will ensure all impacts on those affected by the decision to decommission the home are logged.

2.1.2 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. This criteria formed the basis for reviewing each of the services during the three phases of the programme. The impact of proposals for each service 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>).

2.1.3 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:

Appendix 8

- 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 phase 1 and 2 of the programme.

3. Proposals

3.1 These proposal to commence with decommissioning Manorfield House residential home is subject to an individual EIA, outlined in section 2 of this report.

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.

3.5 Subject to a decision to commence with decommissioning Manorfield House, the remaining nine residents will be supported through the assessment and transfer process to choose alternative services to meet their needs. The process will be carried out by the experienced assessment and transfer team who worked with residents throughout previous decommissioning exercises during phase 1 and 2 of the Better Lives programme. The team will use the existing assessment and transfer protocol including the Care Guarantee. All residents and staff impacted will be kept fully informed and engaged throughout this process.

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 at Manorfield House. If the proposals are agreed, a full EIA on organisational change

Appendix 8

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.
- 4.5 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

Appendix 8

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 residential and 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).

5.4 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 relating to Manorfield House 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

Appendix 8

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 were outlined in full phase 2 Consultation Report. Key themes are outlined in the Equality Impacts Assessment 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"/> 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"/> Information and communication	<input checked="" type="checkbox"/> 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:		
○ Staffing		
○ Capacity of the Independent Sector		

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

Appendix 8

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

Bed profile

	Manorfield House
Permanent generic residential	9
Respite	2

Resident Profile

Age	Manorfield House
100+	0
90-99	3
80-89	5
70-79	1
60-69	0
Physical disability or age related frailty	2
Male	0
Female	9
Ethnic Origin	8
White British	
Ethnic origin BME	1
Ethnic Origin	0
Not Given	
White European	0
Chinese	0

Resident's previous address by ward	No. of residents
Armley	1
Calverley and Farsley	1
Guiseley and Rawdon	1
Hyde Park and Woodhouse	2
Kirkstall	2
Otley and Yeadon	1
Weetwood	1

Number of Independent sector beds in the area

32 care beds without nursing	Olive Lodge
35 care beds with nursing	Sunningdale Lodge
10 units of Extra Care Housing	Philips Close (Bedford Court)

Consultation

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

The Phase 2 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, 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.

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 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.

Appendix 8

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 12.

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

Action	Timescale	Measure	Lead person
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 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	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

Action	Timescale	Measure	Lead person
of care			
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	The provision of: <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 keep safe from abuse tailored to people’s individual needs 	Programme Team
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	In line with programme plan	<ul style="list-style-type: none"> • Service users and their carers able to exercise choice and make 	Programme Team

Action	Timescale	Measure	Lead person
care home staff are aware of the full range of alternative services available and that information is available in a range of formats		<p>informed decisions on the range of services available</p> <ul style="list-style-type: none"> • 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 	
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 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	In line with programme plan	<ul style="list-style-type: none"> • Positive relocation for current BME residents 	Programme Team

Action	Timescale	Measure	Lead person
identifying gaps.			
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	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
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)	