

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. In all appropriate instances we will need to carry out an equality, diversity, cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Directorate: Adults and Health	Service area: Care Delivery: Care Homes
Lead person: Sarah Buncall	Contact number: 0113 3764269
Date of the equality, diversity, cohesion and integration impact assessment: 10th May 2021	

1. Title: Adults & Health Service Review 6 – Care Delivery: Care Homes, Post Consultation Recommendations Report

Is this a:

Strategy / Policy
 Service / Function
 Other

If other, please specify

2. Members of the assessment team:

Name	Organisation	Role on assessment team For example, service user, manager of service, specialist
Shona MacFarlane	LCC	Deputy Director Adult Social Care
Debbie Ramskill	LCC	Head of Service, Care Delivery
Sarah Buncall	LCC	Project Manager

3. Summary of strategy, policy, service or function that was assessed:

Proposals are that Home Lea House long stay residential care home in Rothwell, and Richmond House short stay residential care home in Farsley are closed.

If a decision is made to close the two care homes, the long stay residents at Home Lea House will be supported to find alternative suitable, quality, accommodation that meets their individual needs. This will be carefully planned and carried out professionally, sensitively, and safely, in accordance with the Council's Care Guarantee.

Everyone who receives a service at Richmond House either returns to their own home, is supported to bid for rehousing or moves to longer term care. Average length of stay is three and a half weeks. The Adults & Health social work teams would support and facilitate appropriate moves for people with the assessed level of care package.

Those who use the homes for planned respite would be supported to ensure this provision can be continued in a new location suitable to meet the individual's needs.

The programme would continue to work closely with all affected staff and Trade Unions with a view to retaining and redeploying staff into other council services, so their good practice is retained.

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.

4. Scope of the equality, diversity, cohesion and integration impact assessment
(complete - 4a. if you are assessing a strategy, policy or plan and 4b. if you are assessing a service, function or event)

4a. Strategy, policy or plan

(please tick the appropriate box below)

The vision and themes, objectives or outcomes	<input type="checkbox"/>
The vision and themes, objectives or outcomes and the supporting guidance	<input type="checkbox"/>
A specific section within the strategy, policy or plan	<input type="checkbox"/>

Please provide detail:

4b. Service, function, event

please tick the appropriate box below

The whole service (including service provision and employment)	<input checked="" type="checkbox"/>
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A specific part of the service (including service provision or employment or a specific section of the service)	<input type="checkbox"/>
Procuring of a service (by contract or grant)	<input type="checkbox"/>
<p>Please provide detail:</p> <p>This EIA will consider and assess the impact of the options for:</p> <ul style="list-style-type: none"> • Current long stay residents at Home Lea House • Current users of respite provision at the two care homes • Family / Carers of the service users outlined above • Future service users in relation to both care homes • Local Communities in the affected areas <p>A separate EDCI Assessment is completed that focuses on organisation change and potential impacts on equality characteristics of the affected staffing workforce.</p> <p>This EIA is intended to support the decision-making process by:</p> <ul style="list-style-type: none"> • Identifying the potential positive and negative impact of any changes/ decisions on each protected characteristic. • Setting out actions to minimise/ mitigate any adverse impacts. <p>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. Staff will also be affected, particularly women who make up a high proportion of the affected workforce.</p> <p>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, and staff 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.</p>	

5. Fact finding – what do we already know
 Make a note here of all information you will be using to carry out this assessment. This could include: previous consultation, involvement, research, results from perception surveys, equality monitoring and customer/ staff feedback.

(priority should be given to equality, diversity, cohesion and integration related information)

Leeds Demographics

Leeds is the second largest Metropolitan District in England with a population of 793,000. The city is growing, between 2009 and 2019 the population of Leeds grew by 6.6% with those aged 65+ increasing by 13.6%, and the city is predicted to grow by 50% over the next 20 years.

Since 2011 there has been a disparity between the Office of National Statistics (ONS) population estimates for the city (785,000 people) and GP registrations (846,000). The greatest variance in the population numbers is found in the most deprived communities (particularly for the male population of these areas) which requires further investigation¹.

The population continues to age, with the over 65+ age group projected to grow by another 15,000 (+13%) between 2016 and 2026, with the biggest growth in older men which presents new challenges. The number of people aged 80+ in the same timeframe is also set to grow by almost 5,000 (+15%). Latest estimates show an increase of the over 65+ age group to 154,052 (18%) by 2043.²

Higher numbers of older people live in the city's outer areas, although this will change over the coming years because of having a far more ethnically diverse older population, a greater number of who live in inner-city areas.

Demand for universal and preventative services for older people is expected to continue to grow, in line with the ageing profile of the city's population (in particularly people age 80+) and as such our investment will be maintained in the medium to long term in this area. In respect of dementia, given likely increases in prevalence, continuing success at diagnosis and connecting people to support, this is likely to be either a steady market, or for there to be growth, particularly after 2020³.

Leeds is now home to over 130 different nationalities. 99,000 (12.5%) of the Leeds population were born outside of the UK. 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.

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.

For the first time, the 2021 Census gathered local level information about the proportion of the population that identifies as lesbian, gay, bisexual, or transgender which when published (estimated summer 2022) will help organisations to combat any inequalities these groups may face and show where services are needed.

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.

The number of people requiring help with at least one activity of daily living (ADL) increases for those aged 65 years and over. In 2016, at ages 65 to 69 years 19% of people needed help, whereas at ages 80 years and over 43% of people needed help⁴.

As of 2020, Carers UK estimates there are around 13.6 million people caring through the pandemic.

The most recent census (2011) indicated that there were 71,598 carers living in Leeds. This means that around 1 in 10 of the population of Leeds are providing unpaid care, which is broadly in line with both regional and national averages. The latest projections provided by Carers UK suggest there are now around 74,000 unpaid carers in Leeds. Based on national projections we expect that

¹ [Microsoft Word - Appendix A - IMPS v5 FINAL 9July2019 - formatted.docx \(leeds.gov.uk\)](#)

² [Subnational Population Projections for England, 2018-Based](#)

³ [Microsoft Word - Appendix A - IMPS v5 FINAL 9July2019 - formatted.docx \(leeds.gov.uk\)](#)

⁴ [Principal projection - England summary - Office for National Statistics \(ons.gov.uk\)](#)

around 24,000 people a year (65 people per day) in Leeds will take on a caring role, with a similar number ceasing their caring role⁵.

Whilst the peak of the population of carers is between 50 and 64 years of age, almost 1.3 million people in England and Wales aged 65 or older are carers⁶.

The number of people in Leeds with a dementia diagnosis recorded on GP registers (end March 2019) is 6,423. NHS England publishes estimates of dementia prevalence for each NHS Clinical Commissioning group – this is derived from research into age-related risk, plus population data. It is designed to show approximately how many people are living with dementia, whether diagnosed or not. The estimate for Leeds (end March 2019) is 8,327 people aged 65+; numbers aged under 65 are harder to estimate but may be 300-400 people.

The number of people living with dementia has been almost level for the past two decades. Contrary to the expectation that increasing life expectancy means increased dementia prevalence, the evidence from the Cognitive Function in Ageing Study is that the increase in older people has been offset by improved population health. Despite this, dementia is the biggest single cause of female death in the city and demand for dementia diagnosis and early/preventive support has still increased since 2012. This is because of increased public awareness, improvements to the diagnosis pathway and the imperative to reduce waiting times.

It is likely that the number of people with dementia, and demand on services, will start to increase from the early 2020s as the wider trend of the city's ageing population continues. As the baby-boomer generation grows older there will be a range of implications for service provision, not least because of a far more ethnically diverse older population.

There are relatively small numbers of people with more complex needs in dementia; in recent years service providers have noted an increase in these numbers, and concerns have emerged for people unable to leave hospitals because of difficulties finding long-term care. 'Complex needs' is a broad definition which includes, unmet emotional and psychological needs which can cause distressed behaviours such as agitation and aggression; and/or the combination of dementia and physical frailty as people live longer with several long-term conditions. The local care economy has struggled to keep pace, given funding and recruitment challenges. This, more than absolute numbers of people with dementia, is proving the important issue to address.

For c. 90% of people with dementia, it is found with other long-term conditions. However, it is traditionally a clinical specialism within mental health services, and there are important connections between dementia strategy and mental health strategy, in particular: the 'co-morbidity' of dementia with mental health conditions, especially depression and anxiety, and meeting NHS standards for treatment and response for crisis services and acute hospital liaison services.

The 2016 Health Survey for England found that in the least deprived areas, 22% of people aged over 65 years needed help with activities of daily living. But in the most deprived areas, 43% of people did⁷.

Of the people estimated to be living in the 10% most deprived areas of Leeds, 26% (nearly 48,500 people) are aged 50+, 11% (20,500 people) are aged 65+, and 1.5% (2,800 people) are aged 85+.

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. 15.5% of people employed in Leeds are aged 65 years or older. As noted above, the over 65-year-olds who act as informal or family carers also play an important part in our society.

⁵ [Microsoft Word - Appendix A - IMPS v5 FINAL 9July2019 - formatted.docx \(leeds.gov.uk\)](#)

⁶ [facts-about-carers-2015.pdf](#)

⁷ [Health Survey for England, 2016 - NHS Digital](#)

Over the last five years, the Lloyds Bank UK Consumer Digital Index has used the behavioural data of 1 million people and interviewed almost 7,000 consumers, to create the UK's largest measure of digital capability. This year finds that an estimated 7% of the UK population are still offline and 9 million struggles to get online by themselves⁸.

Healthwatch Leeds report Digital Inclusion in Leeds: How does it feel for me, Autumn Check In, Oct 2020⁹ provides valuable insights into the need for consideration of digital inclusion in ensuring access to health and social care services.

Research

The Better Lives strategy is the Council's strategy for people with care and support needs. Previous reports to both Executive and Scrutiny Boards as part of the Better Lives Programme have documented how the aspirations of people with care and support needs have changed over time and that there is a strong and increasing desire to remain living in one's own home for as long as possible. As such a key aspect of the *Better Lives* strategy has been a continuous review of the Council's in-house services for older people with the focus being on how they meet both current expectations and crucially how they can contribute to maximising people's independence, recovery and rehabilitation in the future.

Previous reviews as part of the Better Lives Programme phases 1, 2 and 3, have evidenced that demand for traditional forms of residential care for older people have continued to reduce with a switch to greater demand for models of care that provide housing-with-support such as extra care housing. This has meant that between 2011 and 2016 a number of in-house care homes closed.

In addition to the above, the EDCI considers data from the following:

- Key strategies and policies relating to the proposals, including the Better Lives Strategy, Health and Wellbeing Strategy, and the Best Council Plan 2020 – 2025.
- Quantitative information relating to the profile of current residents and carers.
- Quantitative information relating to the profile of alternative provision.

Consultation

As above, previous phases of the Better Lives Programme which have seen the closure of care homes have included detailed consultation and equality impact assessments, which have been considered as part of this assessment.

For these proposals, detailed consultation has also been carried out, and the Consultation Findings Report has been considered as part of this assessment, available as Appendix 3 of the Executive Board report.

Are there any gaps in equality and diversity information.

Please provide detail:

Adult Social Care, where possible, will obtain equality information around the profile of each resident 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.

⁸ [Understanding digital exclusion – 100% Digital Leeds \(wordpress.com\)](https://www.wordpress.com)

⁹ [Digital-inclusion-report-October-2020.pdf \(healthwatchleeds.co.uk\)](https://www.healthwatchleeds.co.uk)

Action required:

As above subject to a decision to close the two care homes:

- Obtain full equality information around the profile of each affected resident and determine the likely impacts given that profile.
- Review any identified impacts post implementation.

6. Wider involvement – have you involved groups of people who are most likely to be affected or interested

Yes

No

Please provide detail:

Detailed consultation on the proposals took place between 4th January and 26th March 2021. 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, and with related stakeholders within the locality, including elected members and partner organisations and with the wider local community of the affected areas.

As part of the consultation a questionnaire has been used to capture responses to the proposals. 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.

The findings from the consultation are outlined in full in the Consultation Findings Report appended to the Executive Board Report.

Action required:

Ongoing engagement with all affected stakeholders will continue to take place throughout the process. This will include:

- Inform all affected stakeholders of the recommendations in the report to Executive Board following consultation.
- Inform all affected stakeholders of the outcome of the Executive Board decision.

Should the decision be taken to approve the recommended closure of the two care homes this will also include:

- On-going engagement with service users / families and carers as part of Assessment and Transitions including reviews post transition to alternative provision.
- Consult with Trade Unions, Hold Preference Meetings, make Deployment Decisions, Staff notified of matches and meeting held to discuss options (if no match) as part of the Managing Staff Reductions (MSR) Policy.
- Other Employment Opportunities within LCC – Continual refreshing of information, signposting of other employment opportunities / roles to staff at risk
- Ongoing tracker updates to wider stakeholders and elected members as appropriate.

7. Who may be affected by this activity?

please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

Equality characteristics

Age

Carers

Disability

Gender reassignment

Race

Religion
or Belief

Sex (male or female)

Sexual orientation

Other

(**Other** can include – marriage and civil partnership, pregnancy and maternity, and those areas that impact on or relate to equality: tackling poverty and improving health and well-being)

Please specify:

The following provides an overview of the relevance of the proposals to the equality characteristics and where identified, action to mitigate any impact should the proposals be approved.

Age: The long stay and short stay provision at the care homes predominantly are for older people of the 65+ age group.

Action to Mitigate:

- Ensure that the assessment and transition to alternative provision is carried out in accordance with the Council's Care Guarantee and Assessment and Protocol, which are developed in consideration of the needs of older people and people living with dementia.
- Ensure that the assessment and transfer is managed by a qualified team of social workers who are fully conversant with the needs of residents, including people with dementia.
- Ensure the transfer process follows government guidelines to ensure any move during a time of increased transmission of Covid is safe.
- Family members to be involved in the transfer process including the choice of an alternative provision.
- The continued wellbeing of people who had moved into new services to be monitored by reviews after three, six- and 12-months following transfer.

Carers: The proposals will impact upon those carers who access the respite service provision at each of the two care homes.

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

Action to Mitigate:

- Social work teams who currently support people to access respite provision at the affected

care homes to undertake a review of anyone who has been affected so that planned respite can be continued in a new location suitable to meet the individual's needs.

- Carers / family members to be involved in the assessment and transfer process including the choice of an alternative provision.

Disability: By the nature of the residential long stay care home provision, residents at Home Lea House are older people and have impairments associated with ageing.

The current service offer at Richmond House is short term care and support to people who require a period of recovery following a hospital admission. The service also offers support to people from the community to prevent hospital admission. As such, people with temporary impairments will also use the service during a period of recovery as well as those with long term impairments.

Actions to Mitigate:

- Ensure that all residents and affected service users are supported to find suitable, quality alternative provision that meets their individual needs.
- The council will continue to 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.

Sex: Statistical data of current residents at Home Lea House suggest that the service has a high proportion of female residents. Richmond House service users over the last three years are an even mix of male and female.

Action to mitigate:

- Suitable alternative provision 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.

Race: No specific issues have been identified in relation to race.

Action to mitigate:

- Suitable alternative provision will be provided to people irrespective of, but with respect for race specific needs and this will be taken into consideration in any needs assessment.

Religion or belief: No specific issues have been identified in relation to religion or belief.

Action to mitigate:

- Suitable alternative provision 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.

Sexual orientation: No specific issues have been identified in relation to sexual orientation.

Action to mitigate:

- Suitable alternative provision 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.

Gender reassignment: No specific issues have been identified in relation to gender reassignment.

Action to mitigate:

- Suitable alternative provision 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.

Socio-economic Status: The socioeconomic status of those affected is not known (see Any Gaps section above).

Action to mitigate:

- Suitable alternative provision will be provided to people irrespective of, but with respect of their socio-economic status, as this will be taken into consideration in any needs assessment.

Financial Exclusion (poverty): The financial exclusion status of those affected is not known (see Any Gaps section above). However, during consultation some respondents raised concern about the financial impact of the proposals.

Action to mitigate:

- The Council is committed to ensure that no individual is disadvantaged because of the proposals. The Care Guarantee would be used to give assurance that where the Council is currently contributing towards a resident's care home fee there will be no financial detriment to the resident or carer/family in choosing a new care home from the Council's quality framework list. Any proposed transfer to a care home not on the Council's quality framework list will be considered on an individual basis and may incur a top-up fee. The Council will not pay any non-care supplement relating to enhancements that a care home may offer (such as a larger room).
- Respite beds are means tested so there is no cost difference between LCC and independent placements. Only respite stays that are commissioned and used are funded unlike Richmond House.
- Carers / family members to be involved in the assessment and transfer process including the choice of an alternative provision.

Unemployment: The unemployment status of those affected is not known (see Any Gaps section above).

Action to mitigate:

- As per above.

Residential Location: Concerns were raised about the impact on the ability of family / carers to visit relatives easily within their local community should the homes be closed, and that closing the homes would limit people's choices of quality provision in their local area and could lead to insufficient provision compared to demand in the future.

Mitigation action:

- As detailed in the Executive Board report research analysis evidences that there is a range of good quality alternative provision within the local communities affected, within 5 miles of the current care home address, and within 5 miles of the next of kind addresses of residents at Home Lea House. Based on supply and demand analysis of residential care provision in the city currently and to 2028 in line with forecast population growth of older people, there is an oversupply of residential provision.
- In respect of the short stay provision at Richmond House, as detailed in the Executive Board report there is sufficient citywide community care bed provision along with various at home services to meet the needs
- Other options are also available for those seeking respite services, such as community based short breaks, or a personal budget to arrange a short break that suits the carer and the cared-for person. This could be through various organisations such as private home care agencies, charities, or community interest companies. The council also provides a Shared Lives Service which provides a more homely approach to the provision of respite services.
- Support all those affected to transfer to suitable alternative provision that meets their

individual needs, and the needs of their family / carers.

Family Background: The family background status of those affected is not known (see Any Gaps section above).

Action to mitigate:

- Suitable alternative provision will be provided to people irrespective of, but with respect of their family background status, as this will be taken into consideration in any needs assessment.

Skills or Education: The skills or education status of those affected is not known (see Any Gaps section above).

Action to mitigate:

- Ensure ongoing engagement is offered through a variety of methods and not just online channels.

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
<input type="checkbox"/>	Other please specify				

Potential barriers

<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"/>	Financial exclusion	<input checked="" type="checkbox"/>	Employment and training
<input checked="" type="checkbox"/>	specific barriers to the strategy, policy, services or function		
	• Capacity of Independent Sector		

Please specify

Built environment: Older people, people with physical disability or people living with mental health issues 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.

Mitigating 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: The alternative services people move to may have an impact on those who have lived at the care home or used a particular short stay or respite service 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 any potential greater distances to travel and associated costs.

Mitigating Action:

- Focus on local alternative provision and consider methods of ensuring continued contact between people, in line with the Assessment and Closure Protocol.

Information and Communication: Some residents may not be able to make their own decisions or may need one-one help in understanding the proposed changes. Some people may not be able to access online methods of communication.

Mitigating Action:

- Clear and timely communication to all residents and family / carers, particularly regarding information about alternative provision.
- Independent advocates will be available for those who need one.

Customer Care and staff training: Staff will play a lead role in understanding the concerns of residents and service users, helping them understand the proposed changes and helping them make the right decisions for themselves.

Mitigating Action:

- Provide appropriate support to staff through awareness raising events.

Timing: Many residents and their family / carers said during the consultation that they did not want to move to a new care home at this point in their lives. The move to alternative provision is a process that some may feel takes too long or too short a time accordingly to their particular needs. Some respondents to the consultation felt that the proposals were poorly timed during the Covid-19 pandemic.

Mitigating 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.
- Ensure that nothing happens suddenly or unexpectedly and that moves to alternative services take place in a timescale that those affected are comfortable with in accordance with the Assessment and Closure Protocol.
- Ensure moves to alternative services are in line with any national and specific guidance relating to safe transfers during Covid.

Cost: Family 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 because of a move.

Mitigating action:

- Ensure alternative provision is available and bookable in advance to meet carer and service user needs including consideration of at home services.
- 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.

Consultation and Involvement: Some residents may not be able to make their own decisions or may need one-one help in understanding the proposed changes. Some people may not be able to access online methods of communication.

Mitigating Action:

- Clear and timely communication to all residents and family / carers, particularly regarding information about alternative provision.
- Independent advocates will be available for those who need one.

Stereotypes and assumptions: Assumptions may be made in connection with residents and service user's needs.

Mitigating 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.

Financial exclusion: See Cost above.

Employment and training: Some service users, family / carers may feel that travelling to alternative provision may impact on their working hours or training opportunities.

Mitigating Action:

- 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.

Capacity of Independent Sector: Some residents, family / carers responded that they felt the proposals would result in a lack of capacity in alternative provision.

Mitigating Action:

- 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.

8. Positive and negative impact

Think about what you are assessing (scope), the fact finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers

8a. Positive impact:

Should the proposals to close the two care homes be approved this may result in the following positive impacts:

- The assessment of those affected may identify alternative provision that better meets the needs of the individual and their family / carer. As an example, someone who had been using care home respite may decide to try an at home respite service and find that more suitable to their current needs.
- The sites may prove to be suitable for re-provisioning, providing alternative care and support provision that is undersupplied in the local area. There is a commitment in principle that both sites be used for supported housing.
- Closing the sites and achieving the financial saving will mean that other care/support or prevention services do not have to be stopped or reduced, which would reduce capacity in those areas.
- Closing the two care homes and deploying the staff into other services could reduce overall staffing vacancies.
- If staff move to care home employment in the independent sector, they would take their high-quality knowledge, skills, and experience with them which would be disseminated.

Action required:

- Monitor assessment and transitions and review outcomes.
- Progress with future use of the sites (subject to a decision to close).
- Ongoing work to consult with staff and Trade Unions through the MSR Policy, with a particular focus on potential options for employment within LCC in suitable roles. (Full detail in the separate EDCI Organisational Change).

8b. Negative impact:

The consultation findings report along with this assessment details several potential negative impacts which could affect protected characteristics, along with proposed mitigations.

The themes of these impacts relate to people's health and wellbeing, quality, finance, locality, strategic and methodology and timing impacts.

Action required:

See EDCI Action Plan below.

9. Will this activity promote strong and positive relationships between the groups/communities identified?

Yes

No

Please provide detail:

The strength of feeling about the proposals to close the two care homes from those directly affected and from the local communities shows the motivation of those groups to maintain what they consider to be a valuable community asset.

The proposals won't proactively promote relationships between groups and communities however, equally it should not have a detrimental impact to those relationships as residents, services and family / carers will be supported to find suitable alternative local provision that meets their needs. This includes moving with friendship groups where this is identified as important wherever possible in line with the Assessment Closure Protocol and Care Guarantee.

Action required:

- Support those affected to find suitable alternative local provision that meets their needs, including moving with friendship groups where this is identified as important wherever possible, in line with the Assessment Closure Protocol and Care Guarantee.

10. Does this activity bring groups/communities into increased contact with each other? (for example, in schools, neighbourhood, workplace)

Yes

No

Please provide detail:

The proposed closure of the two care homes would not bring groups / communities into increased contact with one another.

Action required:

None.

11. Could this activity be perceived as benefiting one group at the expense of another? (for example where your activity or decision is aimed at adults could it have an impact on children and young people)

Yes

No

Please provide detail:

The proposals could be perceived as benefitting those who would benefit from preventative services over those requiring care home provision, because if the homes were not to close, a reduction in prevention services would be the alternative to finding the required financial savings.

Action required:

- Raise awareness as per the Executive Board report that the proposals to close Home Lea

House and Richmond House will not reduce or remove the care of our most vulnerable people now or in the future; the proposals are principally based upon insufficient demand for our residential beds and therefore providing the same service at a reduced overall cost which in turn helps the Council support more of its citizens.

The investment in prevention both enables people to live a good life at home but also reduces demand on the social care service through the provision of alternative services and/or delaying entry to formal care services which saves the council money.

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)

Action	Timescale	Measure	Lead person
<p>Obtain full equality information around the profile of each affected resident and determine the likely impacts given that profile.</p> <p>Review any identified impacts post implementation.</p>	In line with Implementation Timeline.	<p>Affected residents moved to alternative provision that meet their individual needs.</p> <p>Review of each affected resident post transition considers any identified impacts.</p>	Programme Team
<p>Ongoing clear and timely engagement with all affected stakeholders will continue to take place throughout the process.</p>	In line with Implementation Timeline.	<p>Letters and brief to those affected at key stages of the process.</p> <p>Enquiries to consultation via various methods of engagement.</p> <p>Numbers of residents using advocacy services where appropriate.</p>	Programme Team
<p>Ensure that the assessment and transition to alternative provision is carried out in accordance with the Council's Care Guarantee and Assessment and Protocol, which are developed in consideration of the needs of older people and people living with dementia.</p> <p>Ensure that the assessment and transfer is managed by a qualified team of social workers who are fully conversant with the needs of residents, including people with dementia.</p> <p>Ensure the transfer process follows government guidelines to ensure any move during a time of increased transmission of Covid is safe.</p>	In line with Implementation Timeline.	<p>A supportive, managed and coordinated transition of residents to alternative accommodation / service provision.</p> <p>Minimised risk to health and well-being of residents and carers brought on by move.</p> <p>The number of residents accessing alternative accommodation of their choice.</p> <p>The number of people satisfied with their alternative accommodation.</p> <p>The provision of:</p> <ul style="list-style-type: none"> • Services that prioritise both safeguarding and 	Programme Team

Action	Timescale	Measure	Lead person
<p>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</p>		<p>independence.</p> <ul style="list-style-type: none"> • 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. <p>A range of options for support to keep safe from abuse tailored to people's individual needs.</p>	
<p>Family members to be involved in the transfer process including the choice of an alternative provision.</p>	<p>In line with Implementation Timeline.</p>	<p>Friendship groups maintained where requested.</p> <p>Risk of social isolation removed.</p> <p>The number of residents able to transfer and remain within their local area where they have long established links.</p> <p>The number of relatives and carers able to maintain regular visits.</p> <p>The number of carers accessing support networks.</p>	<p>Programme Team</p>
<p>The continued wellbeing of people who had moved into new services to be monitored by reviews after three, six- and 12-months following transfer.</p>	<p>In line with Implementation Timeline.</p>	<p>The number of people satisfied with their alternative accommodation at reviews post transition.</p>	<p>Programme Team</p>
<p>The council to continue to 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</p>	<p>In line with Implementation Timeline.</p>	<p>Commissioning to take full account of equality issues and to ensure that the quality of services is consistent and of good quality</p>	<p>Programme Team</p>

Action	Timescale	Measure	Lead person
intermediate care is met.		<p>Services commissioned by the council will focus on quality of service to all diverse users.</p> <p>Provision of accessible services that meet the needs of all diverse users.</p> <p>A decrease in the number of older people needing long-term residential care.</p> <p>A decrease in hospital admissions and delayed discharge from hospital.</p> <p>An increase in the number of older people accessing preventative services that maintains independent living.</p>	
The Council is committed to ensure that no individual is disadvantaged because of the proposals. 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 Implementation Timeline.	No resident financially disadvantaged with respect to the cost of the care they receive because of change.	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 Implementation Timeline.	<p>Service users and their carers able to exercise choice and make informed decisions on the range of services available.</p> <p>Improved personalised services for older people and their carers, with improved outcomes.</p> <p>The number of residents who understand the changes and can make informed decisions.</p>	Programme Team
Progress with future of the sites (subject to a	In line with	The number of decommissioned buildings in	Programme

Action	Timescale	Measure	Lead person
decision to close).	Implementation Timeline.	community use.	Team

13. 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
Shona MacFarlane	Deputy Director Social Work and SC Service	18 th May 2021
Date impact assessment completed		18th May 2021

14. 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)

15. 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 impact assessment 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 impact assessments 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 assessment was sent:

For Executive Board or Full Council – sent to Governance Services	Date sent: 18th May 2021
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	Date sent:
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent: