

# Equality, Diversity, Cohesion and Integration Screening



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

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

Completed at the earliest opportunity it will help to determine:

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

<b>Directorate: Adults and Health</b>	<b>Service area: Public Health</b>
<b>Lead person: Dawn Bailey</b>	<b>Contact number: 07712214797</b>

## 1. Title: Living with Covid – What does ‘Living with Covid’ mean for Leeds.

Is this a:

- Strategy / Policy**
                 
  **Service / Function**
                 
  **Other**

**If other, please specify**

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

This EDCI Screening relates to the development of the new paper outlining what ‘Living with Covid-19’ means as the focus moves away from Pandemic response towards ‘Living with Covid’. Covid has not gone away, a reduced response does not mean no response, this paper outlines the need to continue to provide a citywide response focusing on building confidence in the public, providing a resilient response and plan for vulnerable settings and being prepared for any future increase in cases or new variants of concern. The paper also outlines the national move towards managing Covid-19 as part of the wider approach of managing other respiratory infections such as influenza.

While the Best City Ambition is the overall vision for the future in Leeds, further plans are required to develop the direction and detailed actions we will take as a city to get there. One such example is the Living With Covid plan. This plan aims to support people as we

move into the next phase of 'Living with Covid'. It includes the contribution of the health and care system, encouraging safer behaviours by following public health advice, in common with longstanding ways of managing other infectious respiratory illnesses such as flu or a common cold. The paper also outlines lessons learnt from system response to Covid-19 with a proposed approach to the Leeds system going forward focusing on addressing deepening health inequalities.

In addition, the Leeds Health Protection Board Report 2022 is included as an Annex for information on Health Protection Board progress to date responding to Covid-19, risks and priorities for Board going forward.

### 3. Relevance to equality, diversity, cohesion and integration

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

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

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

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

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

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

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.

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

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

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

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

- **How have you considered equality, diversity, cohesion and integration?**

(think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

We have considered:

- The immediate impact of Covid-19 infection including outbreak management and prevention, we have also considered the longer-term legacy of the pandemic.
- The impact of the COVID-19 pandemic has fallen disproportionately and widened health inequalities amongst groups of people internationally, in the UK and in Leeds. During 2020, clear trends and evidence emerged nationally showing that COVID-19 mortality and morbidity impacted more severely on certain groups in our population with disproportionate impacts dependent upon age, gender, pre-existing conditions, ethnicity and deprivation. Working age people living in the 10% most deprived areas were four times more likely to die from COVID-19 than those in the wealthiest 10%. The local areas with the highest COVID-19 mortality rates for people under 65 tended to have a lower life expectancy, lower employment rates and more overcrowded housing, deprivation, and child poverty. People with a disability, and those from a Black, Asian, and ethnic minority background were shown to be disproportionately affected. An early local analysis of morbidity and mortality found similar patterns in Leeds relating to age and deprivation. In addition to the immediate unequal impact of COVID-19 on morbidity and mortality, longer term direct and indirect health inequalities are likely.
- Analysis of health inequalities in Leeds over the past decade, pre COVID-19, showed that though Leeds fared well on average compared to core city peers, this masked deep health inequalities experienced by some communities in the city. Ten years ago, 20% of the Leeds population lived in areas ranking in the 10% most deprived nationally, this figure now stands at 26% for the Leeds GP registered. Life expectancy has stagnated in recent years, with the gap between deprived Leeds and the city average widening in the decade up to 2019. In deprived Leeds, the female life expectancy at birth figure appears to have fallen back slightly in recent years. In terms of wider comparisons, Leeds lags regional and national averages for female life expectancy with a recent Lancet report highlighting that one area of Leeds (Leeds Dock, Hunslet and Stourton) has the lowest female life expectancy in England). Male life expectancy in Leeds shows a similar pattern (figure 3) though life expectancy in deprived Leeds has seen a slight uplift since 2016-18. more widely, male life expectancy in Leeds also lags regional and national averages.

- **Key findings**

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

- As the response to the pandemic changes and we take the next steps to living safely with Covid-19 we need to acknowledge the impact that the pandemic has had on all of our lives and to recognise everyone who has worked tirelessly to keep people safe over the last two years. It is also important to remember that this isn't the end of Covid-19 and we need to continue to be vigilant, ensuring robust surveillance and outbreak management processes are in place, working closely with local and national health partners.
- It is critical that we help to develop confidence in our communities to return to working and socialising differently and safely. It is understandable that many people, particularly those with existing health conditions, may feel vulnerable and find the changes a difficult adjustment. As a city, we want to ensure people are supported with this transition and that we respond with compassion and kindness; our Team Leeds ethos has championed this throughout the Covid-19 pandemic.
- Moving forward the emphasis will be on learning to live with Covid, balancing the relative risk of Covid infection in a population with high levels of immunity from vaccination and natural infection, with the need to address deepening health inequalities. This includes balancing the risks of social isolation for those previously shielding and increasing confidence and knowledge in antivirals and therapeutics.

- **Actions**

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

Proposed approach to the Leeds system going forward

- To ensure people are supported as we move into 'Living with Covid' and that we respond with compassion and kindness and our Team Leeds ethos.
- Work with communities from areas of deprivation and those disproportionately impacted by Covid-19 (social inclusion groups, older people, culturally diverse communities) to build confidence and help everyone live with the virus safely.
- Leeds Health Protection Board to review the roles and responsibilities for outbreak management and response across the system ensuring a focus on those most vulnerable to the impact of Covid-19.
- To work closely with UK Health Security Agency locally and nationally to monitor the local position and manage outbreaks and any new variants of concern in line with national and local guidance.
- Closely monitor local surveillance focusing on
  - Increasing numbers of people in ICU - people ill due to Covid - 19
  - Increasing admissions for COVID
  - New VOC driving rates
  - increasing all-age all-cause mortality

- Proactively plan for scenarios including Covid and Flu co-circulating, new variants of concern, surge in cases and be prepared to stand up a response within 5 days.
- In line with UKHSA guidance move towards mainstream integrated management of Covid-19 alongside other respiratory illnesses by the autumn.
- Focus long term community engagement and proactive messaging with communities in the context in which people live their lives. Focus should remain on preventing infection through vaccination, handwashing, fresh air is always safer when mixing with others, face masks in crowded indoor spaces and when instructed to do so test in vulnerable settings (NHS and Social Care)
- Ensure uptake of Covid-19 vaccinations is maximised in all communities and across all geographies through the NHS vaccine 'Leaving No one Behind' programme. This work should dovetail with other vaccination programmes including Flu and childhood immunisations, providing intensive support and building confidence in those areas and social inclusion groups with low uptake.
- Ensure priority is given to addressing longer term impacts of the pandemic, including addressing the longer term challenges of mental health, and reducing widening health inequality.
- Ensure strong system approach in place to addressing widening gaps in many health outcomes, including investment in prevention and building healthier communities, targeting those most in need.

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

Date to scope and plan your impact assessment:	
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Date to complete your impact assessment	
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Lead person for your impact assessment (Include name and job title)	
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### **6. Governance, ownership and approval**

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

<b>Name</b>	<b>Job title</b>	<b>Date</b>
Dawn Bailey	Chief Officer in Public Health	20 <sup>th</sup> June 2022

### **7. Publishing**

This screening document will act as evidence that due regard to equality and diversity has been given. If you are not carrying out an independent impact assessment the screening document will need to be published.

If this screening 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** screening's should be sent to [equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk). For record keeping purposes it will be kept on file (but not published).

<b>Date screening completed</b>	20 <sup>th</sup> June 2022
If relates to a Key Decision - <b>date sent to Corporate Governance</b>	
Any other decision – <b>date sent to Equality Team (equalityteam@leeds.gov.uk)</b>	