

Equality, Diversity, Cohesion and Integration Screening



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

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

Completed at the earliest opportunity it will help to determine:

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

Directorate: Adults and Health	Service area: Health Partnerships
Lead person: Lisa Gibson / Manraj Khela	Contact number: 07891 276707

1. Title: Leeds Health and Care Partnership Memorandum of Understanding

Is this a:

Strategy / Policy

Service / Function

Other

If other, please specify It is formal agreement setting out how health and care partners in the city will work together as the Leeds Health and Care Partnership. As one of the partners, Leeds City Council is a signatory to the agreement.

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

The Memorandum of Understanding (MoU) is a document. It formally sets out the approach to working together that the Leeds Health and Care Partnership is taking to achieve the agreed vision for Leeds to be “a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest”.

The MoU captures the vision, principles and objectives of the Partnership as it further develops place-based health and care provision for the people of Leeds using a population health management approach. The MoU also sets out how the Partners will work together as participants in the Partnership, including the governance arrangements, using resources on a ‘Best for Leeds’ basis and any legal

implications.

All health and care partner organisations (NHS providers, the former CCG, Third Sector and LCC) have or will be signing up to it.

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">• Eliminating unlawful discrimination, victimisation and harassment• Advancing equality of opportunity• Fostering good relations		X

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

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

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

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

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

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

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

The MoU is primarily focused on better partnership working which will aims to improve the experiences of health and care for everyone living in Leeds who comes into contact with the system.

The MoU in itself has not been out for consultation widely. However, listening to local people and using insight to drive decision making is integral to the development of plans and strategies under the remit of health and care partnership and HealthWatch Leeds is a signatory. As an example, partners invest in an annual “Big Leeds Chat” led by HealthWatch Leeds to engage with people in the city and find out they are feeling and what could be better about health and care in the city. This year, we ran 32 small events, some in areas of highest deprivation and some with specific communities of interest, e.g. a Blind Asians Group.

Specifically, the intention is that stronger partnership working through the MoU will lead to better integration of services and commissioning of services to address the needs of specific groups and communities including those defined by age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. As such, equality related information will be reviewed and considered regularly, gaps will be identified and new ways to collect this data developed.

- **Key findings**

A key element of the Leeds Health and Care Partnership is working better together to implement a Population Health Management system that addresses the needs of local and segmented populations through better data usage. This will further enable specific targeting of at-risk groups including those defined by age, carers, disability, gender

reassignment, race, religion or belief, sex, sexual orientation.

Health Needs Assessments will continue to be carried out, looking at equality and diversity as a key lens for data and insight. Further, partners may look to develop Health Equity Assessments, making sure access to services and experience of health and care is not equal, but equitable. This will link in with the programme for Leeds to become a Marmot City, working on the principles of 'proportionate universalism'.

The Partnership has an ambition to make sure the health and care workforce is as diverse as the community it serves. It has invested in the Leeds Health and Care Academy to develop local talent and encourage people from all communities (e.g. areas of the city facing economic challenges and from different ethnic groups) to explore careers options in the health and care sector, addressing barriers to better enable them to do so.

- **Actions**

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

- Keep equality, diversity, cohesion and integration at the forefront of planning and decision making for health and care system activity
- Continue to work as a strong partnership, linking in with representative bodies such as HealthWatch and the People's Voices Group.
- Maintain strong links to the Leeds Health and Wellbeing Board which is focused on tackling health inequalities and making sure local voices and experiences are heard by decision makers.
- Ensure all decisions about resource use are data-driven (quantitative and qualitative) and consider the needs of neighbourhoods and communities of interest (including those with protected characteristics)
- Collectively targeting resources and working with communities to address health inequalities.
- Continue to promote diversity and inclusion in recruitment practices for health and care organisations. For example, continue to support talent pipeline from deprived communities through Leeds Health and Care Academy / Employment and Skills 'Health and Care Careers' programme and promote fellowships and leadership training for people from BAME backgrounds offered by the West Yorkshire ICB.

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

Date to scope and plan your impact assessment:

Date to complete your impact assessment

Lead person for your impact assessment
(Include name and job title)

6. Governance, ownership and approval

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

Name	Job title	Date
Tony Cooke	Chief Officer Health Partnerships	22 nd 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. For record keeping purposes it will be kept on file (but not published).

Date screening completed

29th June 2022

If relates to a Key Decision - **date sent to Corporate Governance**

Any other decision – **date sent to Equality Team (equalityteam@leeds.gov.uk)**