

Equality, Diversity, Cohesion and Integration (EDCI) 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 or has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Adults & Health	Service area: Integrated Commissioning
Lead person: Susan Skinner	Contact number: 0113 37 81782

1. Title: Home Independence and Warmth Service

Is this a:

Strategy / Policy

 Service / Function

 Other

If other, please specify

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

This screening assessment is in relation to the decision to continue commissioning the Home Independence and Warmth service which aims to help people to live independently and live for longer within their homes.

The current service, Home Plus (Leeds), started in October 2018 and was awarded to Care & Repair (Leeds) in partnership with Age UK (Leeds) and Groundwork (Leeds) Green Doctors. The contract was for three years with an option to extend for two additional years. In February 2021 the full two year extension was agreed and the contract is therefore due to end on 30th September 2023.

The original contract value was £570,367 per annum (£366,870 Public Health/£203,497 Resources & Housing), NHS West Yorkshire Integrated Care Board (previously Leeds Clinical Commissioning Group) have given up to £150,000 per annum to support additional capacity in the service and to allow recruitment to a dedicated outreach

worker post to build links to primary care, other health agencies, social prescribing, community networks, and relevant health organisations. The ICB have allocated £150,000 pa to this service again, subject to approval by the Board on 23rd February.

The service has a remit around falls prevention through installing handrails, fixing trip hazards and providing equipment; warmth and energy efficiency interventions such as repairs or the installation of smaller works such as draught proofing and radiator panels; repairs of electrical, plumbing and threshold hazards; and advice around energy efficiency, benefits and grants available for larger works.

Approval is being sought to further commission this service into a new contract period of 3 years with a provision for an additional 2 years extension. The funding of £570,367 is confirmed by all directorates with the additional £150,000 from the ICB to be confirmed on 23rd February. If the ICB funding is approved this will allow a total amount of funding for this service of £720,367.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies and policies, service and functions affect service users, employees or the wider community – city wide or more local. These will also have a greater or 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. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

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).

In 2018 when the service was originally commissioned a range of equality assessments were carried out to identify any needs in relation to equality and diversity and home independence and warmth including – a detailed analysis which incorporated national evidence, demographics, health data, consultation, and engagement activities with those likely to be affected by the service. There was a market sounding exercise undertaken which asked for views of the market which raised no concerns. Service modelling was client focused when looking at the scope and organisation of the service, which determined what needed to be in the specification.

In 2021, when the contract was extended a review of the service was undertaken which considered how well led the service was, how effective the service was delivering, how the service was performing, how clients were involved in the service, and how safe the service was. This review concluded that the service was high quality, well performing and proactive. As part of this review consideration was given to equality, inclusion, and diversity and this concluded that the service was key to the city's ambition to reducing health inequalities and making Leeds an Age Friendly city.

The service collects a range of client feedback via paper survey with follow up phone call if required, the client feedback is used as an opportunity to assess how the service has been delivering and implement any changes needed. Client demographic data is collected to assess if the service is accessible to all who need it and to identify any gaps geographically or in under representation of groups. In 2022 the service founded a client feedback forum with a small group of previous clients aiming to discuss the quality and delivery of the service the information collected at these feedback forums will influence the ongoing delivery of the service. The service is working to build the numbers of attendees at the feedback forums and making the group more representative of the client group.

All three partners involved in the current service have equality and diversity policies in place and mandatory equality training for staff and including contractors. The service considers Equality, Inclusion, and Diversity at each quarterly contract meeting as standard agenda items, the service completes the Quality Management Framework which has considerations around Equality, Inclusion, and Diversity within each strand of the framework.

The service has a culture of continuous improvement around Equality, Diversity and Inclusion and during the early years of the service it became apparent that there was a gap of support for clients who are living with dementia to access and be supported by the service, in 2021 a Support Worker with a Dementia specialism was recruited to fill this gap. A community outreach worker was also recruited in 2022 who has a remit of

improving the reach of the service into areas of the city with highest levels of deprivation and or improving the reach of the service to BAME communities.

As part of the review of the service in 2022 a period of consultation is being held including consider quality and delivery of this kind of service with current service users, reaching out to those who may benefit from this kind of service but are not currently eligible, and considering the viewpoint of other services and third sector partners who can refer into the service.

- **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)

Continuing with a service which supports older people, those with long-term health conditions, those at risk of falls, those who are experiencing fuel poverty, with a focus on groups that have higher levels of need (e.g. BAME and deprived) will have a wide-ranging positive impact on a range of specific groups in the city.

As the service promotes individuals to be independent in their homes for longer this will support people to maintain relationships and links they have to their community. The current service shows around 15% of clients feel more involved in their local community, and just under 30% feel they have improved support networks.

Currently the service must be accessible for all, and for all city wide, however it must also be targeted to specific groups including those with long term health conditions (particularly cold related), older people living with frailty or those very young, those at risk of falling, those on low incomes, those who may be isolated. Therefore by recommissioning this service with the current eligibility there will be a continued positive impact on those specific individuals including those who are older people, those living with frailty, those with long term health conditions and/or those on low incomes.

The majority of current service clients are in the 60+ age bracket with a large proportion being over 90 years old which would be expect from the falls remit of the service, however a significant proportion of clients within the younger demographics as the service reaches individuals with long term health conditions or dependent children. The majority of clients are White British (over 80%) and around 15% of clients are in the BAME category, this follows the ethnicity demographics in the city which is 81.8% White British and 18.2% BAME; and around 3% of clients live within the top 1% deprived areas nationally, and around 13% of all clients live in the top 10% of deprived areas. Around 80% of clients have a long term health condition and 70% identify as disabled.

If the review suggests that the service should be focused and targetted to specific geographical locations to make better use of the funds taking into account the implications of the current cost of living crisis. Then this would have a negative impact on those individuals who do not live in geographical areas but may be experiencing an impact from the cost of living, older people, those with long term health conditions or may be at risk of falling. There would be a benefit for those in that geographical area as the

service would be able to focus need and reach more individuals within that service.

The review may decide that a focus for priority could be the key geographical areas in the city where we know there are large numbers of individuals who may be experiencing an impact from the cost of living, older people, those with long term health conditions or may be at risk of falling, or those who have a higher level of need identified in terms of falls such as those from a BAME background or those who live in the areas in the city with the highest levels of deprivation but that there is also space for flexibility around the locations to allow for the service to also reach those who are eligible but living outside the key areas in the city.

The current service undertakes a holistic consideration of the needs of the client and is well placed within the city to make onward referrals for further or specialist support for those who need it. It is likely this will continue to be a key value for the service once the review has been completed, being able to onward refer means that individuals are able to access other services who may be able to support their needs.

The service has a marketing strategy and works to promote the service in the community, and with other health care professionals and relevant organisations in the city. The provider recently employed a marketing officer who has a remit to support the marketing of the service within the city to help the service improve links with third sector organisations, and also to improve the communications in the city for individuals and families. This will help the service reach more individuals who may need this service such as those impacted on the current cost of living crisis, those who are more at risk of falls such as those from a BAME background or those living in the areas of the city with high levels of deprivation, older people and/or those living with long term health conditions. In 2020, on identifying a gap in the support provision, the service recruited a specialist member of staff who could support individuals living with dementia to access the service and benefit from the holistic nature of the service this has been very successful. The review is likely to recommend that the dementia worker stays within the structure in the future.

The review is likely to recommend a new target for the service around equity of access to ensure that the service is reaching those in the city who are in most need of this type of service.

The service has a high number of people within the workforce who are from the local area and they use contractors who are also locally based to carry out work for individuals.

Were the service to be decommissioned then those individuals who benefit from this service such as those who are older, those who are living with frailty, those with long term health conditions and/or those on low incomes would lose a key element of their accessible support package within the city.

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

Through continuing to commission this service a gap in support within the city for those people who are older, those living with frailty, those with long term health conditions

and/or those on low incomes will continue to be met.

The review is likely to recommend that the dementia worker stays within the structure in the future.

The review is likely to recommend a new target for the service around equity of access to ensure that the service is reaching those in the city who are in most need of this type of service.

Through robust contract management the service can continue to develop the culture of continuous improvement around the Equality, Diversity and Inclusion agenda and continue to focus on these key topics at each quarterly meeting and through completion of the Quality Management Framework.

The review will request that the successful provider will also undertake a period of consultation during the mobilisation period, and a programme of consultation to be undertaken in the future, to ensure that the needs of all prospective clients continue to be met by the new service.

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
Tim Fielding	Deputy Director of Public Health	
Date screening completed		7 th February 2023

7. 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 screening 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 screenings 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 screening was sent:

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