

# 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 or has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

<b>Directorate:</b> Adults & Health	<b>Service area:</b> Commissioning
<b>Lead person:</b> Kate Sibson Commissioning Programme Manager	<b>Contact number:</b> 0113 378 8925

## 1. Title: Community Health and Wellbeing Service: Transforming Home Care

Is this a:

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

**If other, please specify**

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

The establishment of a Community Health and Well-being Service (CHWS) is a transformational approach to delivering health and care services at home, through a collaborative partnership of contracted providers working together on a neighbourhood basis.

### 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"><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)

The Community Health and Well-being Service will impact on three main sets of stakeholders:

- People with care and support needs
- Informal carers
- Care workers

A snapshot of the current people within the pilot area breaks down as follows:

Age Banding	No. of People
18-29	0
30-39	5
40-49	12
50-59	30
60-69	23
70-79	48
80-89	59
90-99	28
100+	2

Ethnicity Category on CIS	No. of People
Any Other Ethnic Group	3
Any Other White Background	1
Asian/Asian British - Pakistani	1
Black/Black British – African	1
Black/Black British – Caribbean	1
Information Not Yet Obtained	9
Mixed – White and Black African	1
Mixed – White and Black Caribbean	1
Refused	2

White - British	180
White – Gypsy/Roma	1
White - Irish	6

Gender on CIS	No. of People
Female	137
Male	70

The CHWS aims to improve the quality of life for all service users and will be based on a personalised approach defined by people themselves as to what matters in their lives. An outcomes tool looks at three domains of My Well-being and Independence, My Home and My Community with a score of 1-5 given by the individual which will be measured over the life time of the pilot.

Based on the most recent Skills for Care data there are 6000 filled care worker posts in Leeds in Independent Sector home care. 86% are female and 14% are male. 74% of the workforce is white, 2% of mixed/multiple ethnic groups, 12% Asian/Asian British, 10% Black/ African/ Caribbean/Black British and 1% other. By nationality 84% are British, 5% from the EU and 11% non-EU. International recruitment is having an impact on non-EU numbers. The average age of worker is 41 and 20% of the workforce is aged 55+. The Equalities and Human Rights Commission found different treatment and experiences at work for care workers from ethnically diverse communities. (See *Experiences from health and social care; the treatment of lower-paid ethnic minority workers*, EHRC, published June 2022). The Commission found that a greater proportion of ethnically diverse staff were likely to be on zero-hour contracts compared to white staff. We do not have the figures for Leeds but the aim of the CHWS is to remove zero-hour contracts and make care work a salaried role.

The work in designing the CHWS began in August 2022 by engaging Healthwatch to undertake a piece of insight work on what current service users think of their home care service. Healthwatch recruited a total of 21 people to form a Changing Homecare Engagement Panel. The panel was a mixture of people who used home care services themselves and their family carers. One third of the panel were people from an ethnically diverse background. The panel also included people of working age and older people and people with visual impairments, hearing impairments, long term conditions and physical disabilities. Support was provided by a team of buddies comprising staff members and experienced volunteers, all of whom were trained in Safeguarding Adults and thoroughly briefed on their role before the meetings.

Panel members were invited to a series of four virtual panel meetings (with support for those who did not have digital access) which took place during September and October 2022. During the meetings, people were given the opportunity to share their views, experience and ideas on a variety of themes relating to how home care services may look in the future.

26 wide-ranging recommendations were made covering everything from personalised care, health and care services working together, billing, complaints and pay, conditions

and training for care workers and future involvement of people with lived experience. The full report and its recommendations can be accessed here: [Changing-home-care-engagement-panel-report.pdf \(healthwatchleeds.co.uk\)](http://healthwatchleeds.co.uk/Changing-home-care-engagement-panel-report.pdf). The report received a Highly Commended Award in the national Healthwatch Impact awards). The recommendations have been drawn upon when writing the specification for the service or, where relevant, fed back to wider services within Adults and Health. Of specific relevance to equality, diversity, cohesion and integration were the following recommendations:

(5) People should proactively be asked questions about their cultural and religious preferences and needs during any assessments and review. Things that should be considered should include personal care, food, customs, religious, social and community activities and gender / cultural preferences of staff.

(6) Ensure that providers are following their obligations under the Accessible Information Standard. Ensure that they are:

- Asking all people using their services about any communication needs and preferences.
- Recording those communication needs.
- Routinely acting on those communication needs by providing information in formats that are accessible to people.

(7) Ensure that providers are also asking whether people want to receive information digitally and ensure that information is provided in a different format if people don't have sufficient digital access

(25) Monitor that care companies have clear accessible ways of dealing with complaints and concerns that are proactively shared with people in receipt of home care services and their family members.

The specification for the Community Health and Well-being Service includes the importance of responding to people's needs in a personalised way that includes cultural and religious needs.

We looked at how care providers recruited and trained staff to be aware of cultural needs and different protected characteristics. We also looked at which providers had a mechanism by which the citizen was given a role in choosing who their support worker would be.

A citizens panel has continued to advise the project facilitated by the Commissioning Team. Members have had input into the new processes, reviewed the specification, co-produced training and edited service user letters and surveys. The panel will continue to meet to support the mobilisation, implementation and monitoring of the CHWS.

Additional consultation was carried out with unpaid carers through focus groups facilitated by Carers Leeds, a survey and telephone interviews. Carers are represented on the Citizen's Panel.

Providers had significant input into the new model, through workshops and a dedicated Provider Reference Group. The group had nine members from large and small organisations who looked in detail at key aspects of the model and improved ways of working. Care workers were consulted through a survey and focus groups and those working in the area have been informed about the changes via a newsletter.

The work on developing the Community Health and Well-being Service has been overseen by a key stakeholder board chaired to begin with by Councillor Fiona Venner, Executive member for Adults and Children's Social care and Health Partnerships. With a change of portfolios this was then taken on by Councillor Salma Arif, Executive member for Adult Social care, Public Health and Active Lifestyles. Membership of the board is comprised of Council officers, staff from Leeds Community Healthcare NHS Trust, Healthwatch, Carers Leeds, Skills for Care, Leeds Care Association, Unison and GMB trade unions, Leeds Older People's Forum, Age UK and Leeds Integrated Care Board.

- **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)

The CHWS has the potential to improve the quality of life for older and disabled people by improving the continuity of care worker, taking a more personalised approach to their care with an emphasis on promoting independence and improving social connections.

Hyper local recruitment should support the ability of care agencies to recruit staff who reflect the community they serve. The city has well-developed pathways to refer potential care workers to City College if more work is needed to bring their functional skills (i.e. literacy and numeracy) up to standard.

The evaluation will also look at the impact on informal carers and whether the service enables informal carers to take up education, training or employment opportunities.

The cohort of people on the pilot are predominantly from white communities. More needs to be done to promote a better understanding of adult social care within ethnically diverse communities as we already know, with the exception of the Caribbean community, all other ethnic minority groups are under-represented in referrals to adult social care. However, this is outside of the scope of the CHWS.

- **Actions**

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

The programme board and stakeholder board will continue to meet for the duration of the pilot with learning being shared all the times.

Mobilisation will be a particularly challenging time as we seek to move people onto the new service. Past experience tells us that this can be an anxious time for service users, families and staff. We will have very clear information written for specific audiences that will explain the benefits to them of moving over to the new service so the positive benefits can be maximised.

**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

<b>Name</b>	<b>Job title</b>	<b>Date</b>
Cath Roff	Programme Director	29.05.24
<b>Date screening completed</b>		28.05.24

## **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](mailto: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 <b>Governance Services</b>	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate <b>Directorate</b>	Date sent:
All other decisions – sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a>	Date sent: