

Appendix 5: 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: Adult social care	Service area: Commissioning
Lead person: Tim Sanders	Contact number: (0113-) (24) 78923

1. Title: Living Well With Dementia In Leeds

Is this a:

Strategy / Policy

Service / Function

Other

If other, please specify

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

A strategy document that sets out a shared vision and priorities for improving services for people with dementia in Leeds. People with dementia and carers are supported by a wide range of services, provided by NHS trusts, private sector social care, local authority and third sector. Hence the need for a co-ordinated approach.

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?	✓	
Have there been or likely to be any public concerns about the policy or proposal?		✓
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	✓	
Could the proposal affect our workforce or employment practices?	✓	
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	✓	

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 document refers to specific points relevant to 'protected characteristics' eg.

- dementia prevalence may be underestimated in more deprived areas and among some BME populations, and identifies this as a gap in our knowledge.
- dementia as a disability which affects equality of access to services;
- other health conditions that occur alongside dementia, and the effect on access to dementia services.
- barriers to detection, diagnosis and support, linked to stigma associated with older age and to mental health.
- specific additional barriers in BME communities
- the older age of people with dementia, and therefore the age of spouse / partner carers
- services failing to identify and involve carers in assessment and treatment – exacerbated if person with dementia is in lesbian / gay relationships.
- the risk of people being excluded from all decision-making by 'blanket' judgements about lack of mental capacity – the importance of advocacy to support decision-making, taking the person's wishes into account even if full capacity is lacking.

• **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)

- population needs research to improve understanding of prevalence across geographical and BME communities.
- dementia awareness-raising: messages and methods appropriate to diverse communities.
- support is needed pre-diagnosis to overcome barriers; diagnosis should not be a pre-condition of services. Pilot project is planned with third sector support for BME older people.
- services for diagnosis of dementia to move closer to primary care (GP practices) to reduce unnecessary appointments and improve access for people with multiple conditions.
- better information, support and breaks for carers; including coping with relationship changes and home-based breaks.
- priority to improve access to advocacy, including support to make and record advance decisions.
- defining consistent standards for post-diagnosis support.
- It is well-known that most carers (ie. unpaid carers, usually family members) are women. This is not directly referenced in the strategy document, but actions to support carers will benefit women.

These are addressed in the strategy document itself.

- **Actions**

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

The strategy document sets out the overall strategic approach and identifies positive actions to improve diagnosis and support for people with dementia and carers. It is complemented by a more detailed action plan to address the above findings.

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 Sanders	Integrated Commissioning and Transformation Manager, Dementia	9 th May 2013

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

8th May 2013

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

13th May 2013

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

n/a