

# Equality Impact and Risk Assessment Stage 2 for Services

Title of Service / Proposal:

Social Prescribing



**Equality & Inclusion Team, Corporate Affairs**  
For enquiries, support or further information contact  
Email: [equality.inclusion@nhs.net](mailto:equality.inclusion@nhs.net)

**EQUALITY IMPACT AND RISK ASSESSMENT TOOL FOR SERVICES  
STAGE 2**

**ALL SECTIONS – MUST BE COMPLETED**  
Refer to guidance documents for completing all sections

**SECTION 1 - DETAILS OF PROJECT**

**Organisation: NHS East Lancashire CCG**

**Assessment Lead: Kirsty Slinger**

**Directorate/Team responsible for the assessment: Commissioning**

**Responsible Director/CCG Board Member for the assessment: Sharon Martin**

**Who else will be involved in undertaking the assessment: Jen Mulloy – Equality and Inclusion Business Partner MLCSU**

**Date of commencing the assessment: 13/3/18**

**Date for completing the assessment: 19/3/18**

**EQUALITY IMPACT ASSESSMENT**

<b>Please tick which group(s) this service / project will or may impact upon?</b>	<b>Yes</b>	<b>No</b>	<b>Indirectly</b>
<b>Patients, service users</b>	<b>x</b>		
<b>Carers or family</b>	<b>x</b>		
<b>General Public</b>			<b>x</b>
<b>Staff</b>			<b>x</b>
<b>Partner organisations</b>			<b>x</b>

**Background of the service / project being assessed:**

Social prescribing is listed as one of the ten high impact actions in the General Practice Forward View. East Lancashire CCG's social prescribing programme is a mechanism for linking patients with non-medical sources of support within the community. The approach offers a vision for health services in which it is recognised that assets – personal strengths as well as family, friends, communities and peer networks, can work alongside each-other to support patients to live well. This approach complements existing medical care and treatment. GPs can refer patients with social, emotional or practical needs to a range of local, non-clinical services provided by the voluntary, community and faith sector (VCFS). These services can include everything from debt counselling, support groups and walking clubs, to community cooking classes and one-to-one peer mentoring.

The social prescribing programme consists of two elements;

- community connector service
- small grants funding programme

**What are the aims and objectives of the service / project being assessed?**

Expected Outcomes/Benefits
Reduced levels of frequent attenders in primary care
Reduced levels of A&E attendance
Increased levels of social contact, awareness of skills, activities and behaviours that improve wellbeing
Increased patient education about use of services and awareness from groups

**Services currently provided in relation to the project:**

This is an existing programme – this is a new grant agreement for 2018/19.

**Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?**

**Please bring forward any issues highlighted in the Stage 1 screening**

A range of groups were identified – see table below for more information.

**How will you involve people from equality/protected groups in the decision making related to the project?**

Through VCFS.

**Does the project comply with the NHS Accessible Information Standard? (providing any documents, leaflets, resources in alternative formats if requested to meet differing communication needs of patients and carers) YES**

Information will be provided via the CCG to promote AIS with providers.

**EVIDENCE USED FOR ASSESSMENT**

**What evidence have you considered as part of the Equality Impact Assessment?**

- All research evidence base references including NICE guidance and publication— please give full reference
- Bring over comments from Stage 1 and prior learning (please append any documents to support this)

5 Year G.P Forward Plan.

NHS England

The evaluation report notes details on uptake of the service.

## ENSURING LEGAL COMPLIANCE

Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)

In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will you mitigate any adverse effects? (You will need to review how effective these measures have been)
<b>End Unlawful Discrimination?</b>	<b>End Unlawful Discrimination?</b>	<b>End Unlawful Discrimination?</b>
The current programme does not discriminate.	The new grant agreement will not discriminate.	Recommend that the agreement includes equality and diversity training for all staff.
<b>Promote Equality of Opportunity?</b>	<b>Promote Equality of Opportunity?</b>	<b>Promote Equality of Opportunity?</b>
The current programme is aimed at small grass root organisations.	The new grant agreement will remain for small grass root organisations.	NA
<b>Foster Good Relations Between People</b>	<b>Foster Good Relations Between People</b>	<b>Foster Good Relations Between People</b>
Evaluation work has highlighted the programme has promoted community	Good community relationship within CVFS should continue.	Relationships within the programme will be monitored by the CCG bi- annually.

cohesion.

## WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

### What are the benefits to patients and staff?

A key aim of the Keeping Happy, Healthy and Well component of the New Model of Care is to ensure that social support and healthy lifestyle activities are as respected and recognised as medical support for their impact on people's emotional health and wellbeing and long term physical health. Feeling connected to a community, having a sense of purpose and taking part in activities regularly are considered to be some of the most important drivers of mental wellbeing and good health and that people should be encouraged to do more of these things and for us to provide help where needed.

#### Expected Outcomes/Benefits

Reduced levels of frequent attenders in primary care

Reduced levels of A&E attendance

Increased levels of social contact, awareness of skills, activities and behaviours that improve wellbeing

Increased patient education about use of services and awareness from groups

### How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?

**“think about how you can evaluate equality of access to, outcomes of and satisfaction with services by different groups”**

Monitoring through the CCG Bi- annually.

The provider will be subject to service condition 13.2 regarding equality reporting and compliance.

## EQUALITY IMPACT AND RISK ASSESSMENT

### Does the 'project' have the potential to:

- Have a **positive impact (benefit)** on any of the equality groups?
- Have a **negative impact / exclude / discriminate** against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

Please see Equality Groups and their issues guidance document, this document may help and support your thinking around barriers for the equality groups

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect	Please explain - MUST BE COMPLETED
<b>Age</b>	x			<p>The programme is accessible for all ages including children. Evaluation and past monitoring indicates that it is more likely to get referrals for: Older people – people will be able to access the programme – more likely to experience social isolation. (Age UK report)</p> <p>Young people with low level mental health issues / unemployment.</p>
<b>Disability</b>	x			<p>The programme will be accessible for all groups of people regardless of their background.</p> <p>Potentially, people with mental health issues may fall into the protected group of disability.</p> <p>Past monitoring of the programmes shows that people more likely to be referred into the programme are :</p> <p>People with mental health issues                      People with long term conditions                      People out of work due to ill health                      People with a learning disability / physical impairment</p>
<b>Gender</b>			x	The programme will be accessible for all

<b>Reassignment</b>				groups of people regardless of their background. The providers will undertake equality training to understand the needs of this group.
<b>Pregnancy and Maternity</b>	x			The programme will be accessible for all groups of people regardless of their background. In the past the programme has funded community projects such as buggy bootcamp. The grant funding scheme will enable specific needs to be met.
<b>Race</b>			x	The programme will be accessible for all groups of people regardless of their background. The programme links with BME network. The provider will undertake equality training to understand the needs of different ethnic backgrounds and have a good understanding of the cultures within the area.
<b>Religion or Belief</b>	x			The programme links with the faith sector. For people wishing to express their faith this service will support them in accessing places of worship and or meeting their spiritual needs. For example the community connector may support an older person to access church / mosque.
<b>Sex (Gender)</b>			x	The programme will be accessible for all groups of people regardless of their background. Certain groups - sex specific may potentially request funding through the small grants programme. These requests will be considered where specific issues are being addressed – this may cross intersectionality e.g: womens BME group.
<b>Sexual Orientation</b>			x	The programme will be accessible for all groups of people regardless of their background. Certain groups -LGBT groups may potentially request funding through the small grants programme.  Range of experiences from LGBT recognised through work of Lancashire LGBT and Stonewall.
<b>Marriage and Civil Partnership</b> N.B. Marriage & Civil Partnership is			x	This relates to service provision.

only a protected characteristic in terms of work-related activities and NOT service provision				
<b>Carers</b>	x			The programme will be accessible for all groups of people regardless of their background. Carers will be able to access this programme. Carers face higher levels of stress and mental health issues.
<b>Deprived Communities</b>	x			The programme will be accessible for all groups of people regardless of their background. This area has high levels of deprivation. The programme will support people gain confidence / experience through volunteering to help them into paid work (if unemployed)
<b>Vulnerable Groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans, Rural communities.</b>	x			Potentially any vulnerable person will have a positive impact from this programme.

### SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

**Does the 'project' raise any issues for Community Cohesion (how it will affect people's perceptions within neighbourhoods)?**

Yes – this should positive.

Past evaluation work highlighted this.

**What effect will this have on the relationship between these groups? Please state how relationships will be managed?**

CVFS links to different groups within the community.

**Does the proposal / service link to QIPP (Quality, Innovation, Productivity and Prevention Programme)?** No

**Does the proposal / service link to CQUIN (Commissioning for Quality and Innovation)?**

No

**What is the overall cost of implementing the 'project'?**  
**Please state: Cost & Source(s) of funding: £500,000**

**This is the end of the Equality Impact section, please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information.**

### SECTION 4 - HUMAN RIGHTS ASSESSMENT

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then email to equality and inclusion team.

### SECTION 5 – RISK ASSESSMENT

See guidance document for step by step guidance for this section

**Risk Matrix.** Use this table to work out the risk score

RISK MATRIX					
	Risk level				
Consequence level	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	VERY LIKELY 5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25
<b>Consequence Score:</b> <b>Likelihood Score:</b> <b>Risk score = consequence x likelihood</b>					<b>Enter risk score here</b>
<i><b>Example:</b> risk of not consulting patients leading to legal challenge: Consequence score of 5 and Likelihood score of 4</i>					20
<b>Any comments / records of different risk scores over time (e.g. reason for any change in scores over time):</b>					4
<b>Important:</b> If you have a risk score of 9 and above you should escalate to the organisations risk management procedures.					

**EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN**

<b>Risk identified</b>	<b>Actions required to reduce / eliminate negative impact</b>	<b>Resources required (this may include financial)</b>	<b>Who will lead on the action?</b>	<b>Target date</b>
Equality risk	Include equality training to the agreement paper	na	commissioner	ASAP

**SECTION 6 – EQUALITY DELIVERY SYSTEM 2 (EDS2)**

Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this project relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading

**SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN**

**Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?**

Monitored bi annually.

**Date of the next review of the Equality Impact Risk Assessment section and action plan? (Please note: if this is a project or pilot, reviews need to be built in to the project/pilot plan)**

12 months

**Which CCG Committee / person will be responsible for monitoring the action plan progress?**

Kirsty Slinger – Locality Manager.

**FINAL SECTION  
SECTION 8**

**Review date linked to Commissioning Cycle: 2018/19**

**Acknowledgement that EIRA will form evidence for NHS Standard Contract Schedule 13: Yes**

**Date sent to Equality & Inclusion (E&I) Team for quality check: 14/3/18**

<b>Date quality checked by Equality and Inclusion Business Partner:</b> 19/3/18
<b>Date of final quality check by Equality and Inclusion Business Partner:</b> 19/3/18
<b>Signature Equality and Inclusion Business Partner:</b> <i>Jennifer Mulloy</i>
<b>CCG Committee Name and sign off date:</b> TBA



This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s).

To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records. Send this documents and copy of Human Rights Screening to [equality.inclusion@nhs.net](mailto:equality.inclusion@nhs.net)

**Supplementary information to support CCG compliance to equality legislation:**

**Appendix 1: Equality Delivery System:**

<b>APPENDIX 1: The Goals and Outcomes of the Equality Delivery System</b>			<b>Tick box(s) below</b>
<b>Objective</b>	<b>Narrative</b>	<b>Outcome</b>	
<b>1.</b> Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	<b>1.1</b> Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<b>X</b>
		<b>1.2</b> Individual people's health needs are assessed and met in appropriate and effective ways	<b>X</b>
		<b>1.3</b> Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<b>X</b>
		<b>1.4</b> When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	<b>X</b>
		<b>1.5</b> Screening, vaccination and other health promotion services reach and benefit all local communities	<b>X</b>
<b>2.</b> Improved patient access	The NHS should improve accessibility	<b>2.1</b> People, carers and communities can readily access hospital, community health or primary care services and should not be	<b>X</b>

and experience	and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	denied access on unreasonable grounds	
		<b>2.2</b> People are informed and supported to be as involved as they wish to be in decisions about their care	<b>X</b>
		<b>2.3</b> People report positive experiences of the NHS	<b>X</b>
		<b>2.4</b> People's complaints about services are handled respectfully and efficiently	
<b>3.</b> A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	<b>3.1</b> Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	
		<b>3.2</b> The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	
		<b>3.3</b> Training and development opportunities are taken up and positively evaluated by all staff	
		<b>3.4</b> When at work, staff are free from abuse, harassment, bullying and violence from any source	
		<b>3.5</b> Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	
		<b>3.6</b> Staff report positive experiences of their membership of the workforce	
<b>4.</b> Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of	<b>4.1</b> Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	<b>X</b>
		<b>4.2</b> Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed	
		<b>4.3</b> Middle managers and other line managers support their staff to work in	<b>X</b>

	specialist equality leaders and champions	culturally competent ways within a work environment free from discrimination	
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**Appendix 2: Checklist for ensuring you have considered public sector equality duty and included all relevant information as part of the EIRA.**

<b>Equality Impact and Risk Assessment Checklist</b>	
<b>Scope</b>	<b>Yes/No</b>
Have I made the reader aware of the full scope of the proposal and do I understand the current situation and what changes may occur?	Y
<b>Legal</b>	
Have I made the reader aware of our organisations legal duties with regard to Equality & Diversity and are they documented?	Y
Has the relevance of these duties pertaining to this item been outlined explicitly and documented?	Y
Have I explained how in this area we currently meet our Public Sector Equality Duties and how any change may affect this?	Y
<b>Information</b>	
Have I seen sufficient research and consultation to consider the issues for equality groups? (This may be national and local; demographic, numbers of users, numbers affected, community needs, comparative costs etc.)	Y
Have I carried out specific consultation with affected groups prior to a final decision being made?	Y
Has consultation been carried out over a reasonable period of time i.e. no less than six weeks leading up to this item?	Y
Have I provided evidence that a range of options or alternatives have been explored?	Y
<b>Impact</b>	
Do I understand the positive and negative impact this decision may have on all equality groups?	Y
Am I confident that we have done all we can to mitigate or at least minimise negative impact for all equality groups?	Y
Am I confident that where applicable we considered treating disabled people more favourably in order to avoid negative impact (Disability Equality Duty)?	Y

Am I confident that where applicable we allowed an exception to permit different treatment ( i.e. a criteria or condition) to support positive action	Y
Have I considered the balance between; proposals that have a moderate impact on a large number of people against any severe impact on a smaller group.	Y
<b>*Wider Budgetary Impact (where applicable)</b>	
Within the wider context of budgetary decisions did I consider whether an alternative would have less direct impact on equality groups?	Y
Within the wider context of budgetary decisions did I consider whether particular groups would be unduly affected by cumulative effects/impact?	Y
<b>Transparency of decisions</b>	
Will there be an accurate dated record of the considerations and decisions made and what arrangements have been made to publish them?	Y
<b>Due regard</b>	
Did I consider all of the above before I made a recommendation/decision?	Y

