

Equality Impact Assessment

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Partners/decision makers/implementers, etc.	Chichester District based GPs as part of the Local Community Networks, WSCC, Community Referrers (when in post), voluntary sector partners.
Start date	February 2018 project planning and design stages
End date	March 2020 at the end of the 2 year pilot period. Equalities will be monitored throughout the lifetime of the project and reported annually in line with the council's policy.
Relevance	<p>The Social Prescribing project will have a positive impact on equalities as it is aimed at providing support to the most vulnerable members of our community. GPs will refer patients who attend appointments for non medical issues where the solutions are better found in the community. These patients are likely to be older people, people with mental health issues, lone parents etc</p> <p>Eliminate unlawful discrimination: this project does not focus specifically on this duty but the team will receive training and have an awareness of the potential for this to occur and what action to take if it does.</p> <p>Advance equality of opportunity; Primarily the service will support vulnerable people who are likely to be older / frail people</p> <p>Foster good relations; A key part of the Community Referrer role includes creating relationships between patients and community groups who have the potential to provide support and services.</p>
Policy Aims	There are currently 'revolving' door customers who disproportionately use public services because they are unable or unaware of how to access more appropriate services. The project aims to provide support these people who are likely to be vulnerable and isolated individuals. The project will be planned, delivered and monitored by a multi agency steering group to ensure it is successful. Reports will be produced for Overview and Scrutiny committee annually and Cabinet at the end of the 2 year pilot period (2018 – 2020).
Available evidence	Evidence of the need for a Social Prescribing project is based on similar work in other areas of the country in particular Adur

	and Worthing Councils who have recently produced their year one evaluation report.
Evidence gaps	The only gaps relating to equalities relate to unknown factors around understanding who will be referred to the project and who will choose to access it.
Involvement and consultation	No formal consultation has been carried out but the project has been planned with partners using evidence and best practice from other areas.
What is the actual/likely impact?	<p>Age: it is clear that older people are likely to benefit from the new service.</p> <p>Disability: people with a disability will benefit from the service as they will be supported to access services/groups to reduce isolation. There is the potential that this group will choose not to access the service so we will ensure that we make contact with any referrals that fail to respond once referred.</p> <p>Gender reassignment: as above, the service is universal to all adults aged 18+</p> <p>Marriage and civil partnership: as above, marital status is not taken into consideration during the referral process.</p> <p>Pregnancy and maternity: positive impact, The service has the potential to support parents to access services</p> <p>Race: The demographic of the district shows that we have very low numbers of non white british residents, experience from other service areas shows that those who do not fall into this category are less likely to access this type of service. As it is GP referral only we will monitor referrals and ethnicity as part of the process.</p> <p>Religion or Belief: this does not form part of the referral process and will therefore not impact on this group.</p> <p>Sex/Gender: experience shows that women are more likely to access service by a ratio of 4:1. We will monitor GP referrals to ensure referrals are balanced.</p> <p>Sexual Orientation: not part of the referral process</p>
Address the impact	<p>No major change. - The impact on the protected groups is positive but there is an awareness that some may be less likely to access the service. We will monitor referrals closely along with recording of ethnicity etc to ensure we can identify any issues.</p> <p>Adjust the policy: adjustments will be made as described above</p> <p>Continue the policy; as described above</p> <p>Stop and remove the policy; not applicable</p> <p>.</p>
Monitoring and review	A robust evaluation process is being put in place at the start of the project which will monitor referrals, onward referrals and key outcome measures for the project. Equalities monitoring will

	take place as part of this process.
Action Plan	<p>This will be reviewed as part of the project evaluation process.</p> <p>An action plan will be developed, monitored and reviewed. This will include evaluation of the changes, to measure whether they have had their intended effect, and of the outcomes achieved.</p> <p>The action plan will include:</p> <ul style="list-style-type: none"> • actions identified as necessary • details of who is responsible for implementation of actions • timescale for implementation • timescale and actions for review, and • details of how the effects of the actions will be evaluated to measure if expected outcomes are achieved in practice.
Decision making and quality control	<p>The PID is being approved by Cabinet and the project evaluation will report to OSC annually and Cabinet at the end of the 2 year pilot.</p> <p>Includes sign-off by a responsible officer/equality officer and a member of the senior management team.</p>