

Appendix 1. LLR ICB Stage 1 EIA

Stage 1 Equality, Health Inequality Impact and Risk Assessment

- **Title of Assessment:** Impact Assessment – LLR WorkWell Programme: Local Support for People to start, stay and succeed in work
- **Person Responsible:**
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- **Service Area:** LLR ICB People and Innovation
- **Overview of Programme:**

The LLR WorkWell programme backed by the Department for Work and Pensions (DWP) and the Department of Health and Social Care (DHSC), aims to nationally support around 60,000 long-term sick or disabled people to start, stay, and succeed in work through integrated work and health support. The LLR programme is one of 15 national vanguards being established to provide this service. WorkWell will focus on early intervention and support, offering participants an expert assessment of their health-related barriers to work along with a tailored plan to address these. It will also serve as a pathway to other local services to help people get the support they need. WorkWell will provide advice and support to employers where appropriate; triage, signposting and referrals to clinical and nonclinical support including wider community provision, for example, debt advice. It will be delivered to a large extent by the recruitment of Work and Health Coaches, supported by a wider multi-disciplinary team within health and care settings in LLR, accessible via a digital referral hub, used by health and care professionals and with the ability for people to self-refer into the service. Individuals can be referred to WorkWell through their employer, local services within their area, primary care providers such as GPs, Jobcentre Plus and through self-referral.

The service will be available to people with a disability or health condition who need support to remain in work, need support managing a condition in order to return to work from sickness absence or need support to start work.

It is envisaged that the WorkWell service will be based on the principles of personalised care and delivered by a multi-disciplinary team. We know that work is an important social determinant of health, both directly and indirectly on the individual, their families and communities. A healthier population is also a wealthier and more productive one. Data shows the longer an employee's sickness absence lasts, the less likely they are to return to work.

Equality, Health Inequality Impact and Risk Assessment

Section one: equality impact

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

1. Will this (decision / proposal / change) affect / impact on people in any way? (e.g. population, patients, carers, staff)?
Yes
2. Is this decision or change part of a transformation programme or commissioning / decommissioning review?
No
3. Is this a decision that may change or potentially change the delivery of a service / activity or introduce a charge?
No
4. Will this (decision / proposal / change) potentially reduce the availability of a service or activity or product (e.g. prescriptions)?
No
5. Is this a review of a policy, procedure, protocol or strategy?
No
6. Is this (decision / proposal / change) about improving access or delivery of a service?
Yes
7. Will this (decision / proposal / change) potentially negatively impact groups covered by the Equality Act and other vulnerable groups?
No
8. Will this (decision / proposal / change) affect Employees or levels of training for those who will be delivering the service?
No
9. Will this (decision / proposal / change) have any **positive** effect / impact in reducing health inequalities?
Yes
10. Will this (decision / proposal / change) have any **negative** effect / impact on health inequalities?
No

Section two: Equality Risk

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

11. To reach your (decision / proposal / change) have you considered any information / supporting documents?
Yes
Integrated Care Strategy 2023-2028
Leicester, Leicestershire and Rutland ICB 5 Year Plan

LLR Workforce Sharing Agreement
 Accessibility Information Standards
 General Practice Quality Assurance Toolkit
 Public Sector Equality Duty Act

12. Have you engaged or consulted with people or stakeholders / staff that may be affected by the (decision / proposal / change)?

Yes

Group A - Target population groups for WorkWell

Group B - Staff directly delivering the service /

Staff/stakeholders referring into the service

Group C - WorkWell partnership groups / Staff in LLR

ICS partner organisations

Group D - Other local stakeholders

Group E - National stakeholders

13. Have you taken specialist advice regarding impacts of the (decision / proposal / change)

Yes

Discussions via the WorkWell Steering Group - reports into the Integrated Care Partnership Board (ICP), who have overall accountability for WorkWell and the development of the LLR Work and Health Strategy.

14. Have you considered how this can address and eliminate discrimination, harassment and victimisation?

Yes

Incorporating diverse employee groups

Programme is open to participants with any protected characteristics

Wellbeing offerings eg flexible hours, mental health support to ensure accessibility for all, including marginalised or vulnerable groups

15. Have you considered how this can help to address inequality issues to enable all groups to access services?

Yes

Awareness and outreach -targeted communication to relevant stakeholders

Ongoing monitoring – data analysis to identify gaps and continuously improve accessibility and inclusivity

16. Have you considered how this can help foster good relations and community cohesion within communities?

Integrated care partnerships – collaboration with local authorities, local vendors, organisations, health and wellbeing boards fostering economic and social connections with shared values.

17. Can you address or minimise any negative impacts that may represent an equality risk?

We have targeted areas in LLR where there are the highest levels of economic inactivity and long-term conditions, particularly musculoskeletal (MSK) and mental health conditions. There has been high interest in the programme and have engaged 21 PCNs offering services beyond target areas.

Conduct regular equality impact assessments to identify potential disparities in access, participation or outcomes for underrepresented groups
 Monitor data and feedback – collect disaggregated data to identify gaps or unintended impacts and adjust accordingly.

18. Will your decision reports be available to the public?
 Yes – ICP Board

Section three: human rights impact

For each question, please answer **Yes** or **No**, and provide a brief rationale for your answer.

19. Is there any concern that Article 2: Right to life may be breached?

No

20. Is there any concern that Article 3: Right not to be treated in an inhuman or degrading way may be breached?

No

21. Is there any concern that Article 5: Right to liberty may be breached?

No

22. Is there any concern that Article 6: Right to a fair trial or hearing (this includes right to fair assessment, interview or investigation) may be breached?

No

23. Is there any concern that Article 8: Right to respect for private and family life may be breached?

No

24. Is there any concern that Article 9: Right to freedom of thought, conscience and religion may be breached? E.g. right to participate (individually or as a group) religion / belief

No

25. Is there any concern that Article 10: Right to freedom of expression may be breached? E.g. concern that people won't be able to have opinions and express their views on their own or in a group

No

26. Is there any concern that Article 14: Right not to be discriminated against in relation to any human rights, may be breached?

No

27. Is there any concern the obligation to protect human rights may be breached? E.g. concern that systems, processes and monitoring will not identify human rights breaches.

No

Section four: Assessment Comments

28. Further comments from individual / team drafting this assessment:

No

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