Quality and Equality Impact Assessment (QEIA)

Leeds Health and Care Partnership, QEIA template version 2.5, September 2024

To be completed with support from Quality, Equality and Engagement leads; email for all correspondence: wyicb-leeds.qualityteam@nhs.net

Complete all sections (see instructions / comments and consider) Impact Matrix on page 10.

Assessment Completion	Name	Role	Date	Email
Scheme Lead	[Removed for publication]	Pathway integration leader- Adult Mental Health	21/11/23	[Removed for publication]
Programme Lead sign off	[Removed for publication]	Head of Pathway integration	21/11/23 Revised June 2024	[Removed for publication]

A. Scheme Name	O057 - Disinvestment in Live Well Leeds befriending service
Type of change	Stop
ICB	Leeds

B: Summary of change

Briefly describe the proposed change to the service, why it is being proposed, the expected outcomes and intended benefits, including to patients, the public and ICB finances. Describe in terms of aims; objectives, links to the ICB's strategic plans and other projects, partnership arrangements, and policies (national and regional). Please also include the expected implementation date (or any key dates we need to be aware of).

Decision to disinvest the current Integrated Care Board in Leeds (ICB) contribution of £109k into the befriending support component of Leeds City Council's Live Well Leeds contract.

The Leeds City Council (LCC) led Live Well Leeds contract is a contract focused primarily on access to range of upstream community and social support for lower level / common mental health (MH) needs, rather than supporting people with severe mental illness (SMI) and complex MH. The ICB contribution, which is a small contribution to the overall LCC contract value, had been agreed historically as a mechanism to support maintaining the Leeds City Council contract value, rather than a potential reduction in the context of LCC efficiency / savings requirements. The arrangement at this time had specified that the NHS mental health investment should focus the befriending component of Live Well Leeds delivery into supporting people with SMI and complex MH needs, through aligning processes for access/identifying referrals and proactive engagement with the community mental health (CMH) teams as stakeholder. The aim of the ICB investment was specified and intended to provide upstream social inclusion support for people with SMI and enduring complex mental health need, to contribute to maintaining wellbeing, preventing relapse, and reducing risk of mental health crisis/hospital admission.

The delivery of the befriending has not met the requirement for specifically targeting for people with complex mental health needs to achieve this outcome, and the specified requirement for the service to increase referrals / access to support people on Community Mental Health team caseload has not been evidenced as delivered through the service data evidence.

Recent service monitoring information indicates that the befriending service element has been primarily supporting white British females, aged 55+ which isn't reflective of the demographic of people with SMI, there was no specific evidence provided of engagement with community mental health teams to improve referral rates, or evidence of people accessing befriending (including through case studies) that have more complex mental health needs.

The CMH transformation programme has invested significantly in expansion of peer support as an evidence-based approach to supporting people with more complex mental health needs and testing new "community connector" roles as the approach to improve social inclusion for personalised needs and recovery. Befriending model did not achieve the intended access or outcomes for the SMI population the ICB investment was targeted for that would justify ongoing 100k investment.

It is acknowledged that the data provided did evidence positive outcomes/experience for people with more common mental health needs that did access the provision.

Leeds City Council and Touchstone as the service provider, have explored options to reconfigure the Live Well Leeds service delivery to maintain elements of befriending provision. LCC have confirmed that for the 12 - month extension period of the current Live Well Leeds contract period (end of March 2025) the befriending provision has been maintained but with reduced provision. LCC have made the decision to continue to provide a befriending service to both current volunteers and service users, and to allow existing partnerships to come to their planned end as an

exit strategy. They have added a measure of maintaining 20 befriending partnerships. The existing employed staff within befriending have moved to other roles to avoid redundancy.

LCC Public Health contract – “Being You Leeds” additionally provides support targeted at lower - level MH need through a cluster of 3rd sector organisations This contract specifically incorporates social inclusion, and access to befriending within the provision.

C. Service change details – (Involvement and equality checklist)

To be completed in conjunction with:

- Quality Manager: [Removed for publication]
- Equality Lead: [Removed for publication]
- Community Relations and Involvement Manager: [Removed for publication]

Questions (please describe the impact in each section)	**Yes / No**
1. Could the project change the way a service is currently provided or delivered? Yes, Leeds City Council have confirmed maintaining befriending provision, at a reduced amount - maximum of 20 befriending partnerships for the remaining extension of their current Live Well Leeds contract. Befriending is one small element of a wider range of support for lower level / common mental health needs delivered through the Live Well Leeds contract.	**Yes**
2. Could the project directly affect the services received by patients, carers, and families? – is it likely to specifically affect patients from protected or other groups? See page 10 for more detail. Removal of investment has reduced / capped availability of befriending support to people accessing the Live Well Leeds service, but not removed this. The LCC Public Health MH contract also provides access to befriending support for common mental health needs.	**Yes**
3. Could the project directly affect staff? For example, would staff need to work differently / could it change working patterns, location etc.? Is it likely to specifically affect staff from protected groups? LCC have confirmed that employed staff are able to be redeployed within the existing contract	**No**

Questions (please describe the impact in each section)	Yes / No
4. Does the project build on feedback received from patients, carers, and families, including patient experience? What feedback and include links if available. There is no evidence that increasing access to befriending support for the targeted population cohort specific to the ICB investment this project relates to (people with SMI and complex / enduring mental health needs) has been successful.	**No**

D: To be completed in conjunction with the involvement and equality lead

Insert comments in each section as required	Yes / No
Involvement activity required? It is expected that any engagement/consultation activity required for this change and any further adjustments to provision will be led by Leeds City Council as contract lead for Live Well Leeds	**No**
Formal consultation activity required? As above, expected that any engagement activity required will be led by Leeds City Council in collaboration with Touchstone, dependent on the level of impact on service delivery identified.	**No**
Full Equality Impact Assessment (EIA) required? An EIA is not required as any anticipated impacts and subsequent mitigating actions are recorded in the QEIA.	**No**
Communication activity required (patients or staff)? Expected that any communication activity required will be led by Leeds City Council, who commission the Live Well Leeds contract, and through Touchstone as the provider.	**No**

E. Data Protection Impact Assessment (DPIA)

A DPIA is carried out to identify and minimise data protection risks when personal data is going to be used and processed as part of new processes, systems, or technologies.

Question	Yes / No
Does this project / decision involve a new use of personal data, a change of process or a significant change in the way in which personal data is handled? If yes, please email the IG Team at; wyicb-leeds.dpo@nhs.net for Leeds ICB or wyicb-wak.informationgovernance@nhs.net for the wider West Yorkshire ICB, to complete the screening form.	No

F. Evidence used in this assessment

List any evidence which has been used to inform the development of this proposal for example, any national guidance (e.g. NICE, Care Quality Commission, Department of Health, Royal Colleges), regional or local strategies, data analysis (e.g. performance data), engagement / consultation with partner agencies, interest groups, or patients.

Where applicable, state 'N/A' (not applicable) in boxes where no evidence exists, 'Not yet collected' where information has not yet been collected or delete where appropriate.

Evidence Source	Details
Research and guidance (local, regional, national)	National planning guidance on delivery of NHS Long term plan mental health ambitions and priorities NHS Mental Health Implementation Plan 2019/20 – 2023/24 (longtermplan.nhs.uk)
Service delivery data such as who receives services	Live Well Leeds have provided a report summarising activity and outcomes for the service.
Consultation / engagement	Engagement has taken place with LCC Adults and Health Commissioning to advise of the proposed changes.

Evidence Source	Details
Experience of care intelligence, knowledge, and insight (complaints, compliments, PALS, National and Local Surveys, Friends and Family Test, consultation outcomes)	Reporting from Live Well Leeds has provided relevant case studies of people accessing support- but this hasn't evidenced people with SMI or complex mental health needs/ in receipt of intervention from the Community Mental Health Trusts.
Other	

G. Impact Assessment: Quality, Equality, Health Inequalities, Safeguarding

What is the potential impact on quality of the proposed change? Outline the expected outcomes and who is intended to benefit.

Include all potential impacts (positive, negative, or neutral).

For negative impacts, list the action that will be taken in mitigation. See guidance notes on pages 10 -11.

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	**Quality elements and description of impact** Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	**Impact: Positive / Negative / Neutral and score** (Assess each impact using the Impact Matrix; colour cell RAG)	**What action will you take to mitigate any negative impact?** How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
1. Patient Safety	Due to the nature of the service, it is not anticipated that this will have an impact on patient safety.	**0 - Neutral**	No mitigating actions are required
2. Experience of care	LCC have advised that for the 12 - month extension period of the LCC Live Well Leeds contract until the end of March 2025, the Befriending offer has been kept but reduced. They have confirmed a decision to continue to provide a befriending service to both current volunteers and service users and to allow existing partnerships to come to their planned end. Anticipated minimal impact for people currently accessing the service. LCC as the lead for the Live Well Leeds contract and	**-1 - Negligible**	Being You, Leeds contract is provided through a cluster of 3rd sector organisations – provision is targeted at lower - level MH need and incorporates social inclusion and additional route for access to element of befriending.

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	**Quality elements and description of impact** Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	**Impact: Positive / Negative / Neutral and score** (Assess each impact using the Impact Matrix; colour cell RAG)	**What action will you take to mitigate any negative impact?** How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
	Touchstone (provider) would be responsible for agreeing the approach to tracking unmet demand. The CMHT investment into peer support and community connector roles is anticipated to improve social inclusion and recovery outcomes for people with more complex needs - the ICB investment into befriending through the Live Well Leeds contract contribution did not achieve intended outcomes for this population cohort.		
3. Clinical Effectiveness	Due to the nature of the service, it is not anticipated that this will have an impact on clinical effectiveness	**0 - Neutral**	No mitigating actions are required
4. Equality	Recent service monitoring information indicates that the befriending service element has been primarily supporting White British females, aged 55+ This data isn't reflective of the demographic of people with SMI, however there will be a	**0 - Neutral**	Mitigating actions: Leeds City Council have worked with the provider Touchstone to remodel provision within financial envelope - they are maintaining befriending element until March 2025, where this will be reviewed.

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	**Quality elements and description of impact** Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	**Impact: Positive / Negative / Neutral and score** (Assess each impact using the Impact Matrix; colour cell RAG)	**What action will you take to mitigate any negative impact?** How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
	negative impact based on the data above on White British females, aged 55+		Live Well Leeds provides additional access to a range of other support options to reduce social isolation and improve connections with communities, including signposting to social prescribing and additional routes for support through Being You Leeds (Public Health contract)
5. Safeguarding	Not anticipated to have any specific impacts	**0 - Neutral**	No mitigating actions are required
6. Workforce	LCC/Touchstone have confirmed there are no workforce impacts - employed staff are able to be redeployed.	**0 - Neutral**	Redeployment of staff confirmed
7. Health inequalities	LCC have advised that for the 12 - month extension period of the LCC Live Well Leeds contract until the end of March 2025, the Befriending offer has been kept but reduced - impacts inequalities in access to this	**-2 - Minor**	See Mitigation in Section 4 / Equality

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	**Quality elements and description of impact** Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	**Impact: Positive / Negative / Neutral and score** (Assess each impact using the Impact Matrix; colour cell RAG)	**What action will you take to mitigate any negative impact?** How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
	provision for people with lower-level mental health needs. Befriending provision data evidence shows access primarily by white, middle - aged (55+) females. Data provided did not evidence improving access or outcomes for the more marginalised SMI cohort that the ICB. investment had been provided to improve		
8. Sustainability	No anticipated sustainability impact	**0 - Neutral**	No mitigating actions are required
9. Other			

H. Action Plan

Describe the action that will be taken to mitigate negative impacts.

Identified impact	**What action will you take to mitigate the impact?**	**How will you measure impact / monitor progress?** (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	**Timescale** (When will mitigating action be completed?)	**Lead** (Person responsible for implementing mitigating action)
Negative impact based on the data above on White British females, aged 55+	Live Well Leeds maintaining befriending element until March 2025, where this will be reviewed through Leeds City Council Live Well Leeds contract also provides additional access to a range of other support options to reduce social isolation and improve connections with communities that people can be appropriately signposted to People accessing / referred for befriending and other support through LCC Live Well Leeds contract can also be signposted to wider social prescribing and additional routes for befriending and support through Being You Leeds (Public Health contract)	LCC will monitor through their existing contract and KPIs	Ongoing - mitigation is signposting to alternative provision through Live Well Leeds lead provider (Touchstone), and monitored through existing contract and KPIs	LCC

I. Monitoring amd review; Implementation of action plan and proposal

The action plan should be monitored regularly to ensure:

a. actions required to mitigate negative impacts are undertaken.
b. KPIs / quality indicators are measured in a timely manner so positive and negative impacts can be evaluated during implementation / the period of service delivery.

Outcome: Once the proposal has been implemented, the actual impacts will need to be evaluated and a judgement made as to whether the intended outcomes of the proposal were achieved (Section H to be completed as agreed following implementation)

Implementation: State who will monitor / review	**Name of individual, group or committee**	**Role**	**Frequency**
a. that actions to mitigate negative impacts have been taken.	a. This will be reviewed through ICB Mental Health Contracts review group	To review any impacts identified that will be resulting from the change.	Monthly
b. the quality indicators during the period of service delivery. State the frequency of monitoring (e.g. Recovery Group Monthly, QSC Quarterly, J. Bloggs, Project Manager Unplanned Care Monthly	b.		

Outcome	**Name of individual, group or committee**	**Role**	**Date**
Who will review the proposal once the change has been implemented to determine what the actual impacts were?	Mental Health Population Board	To review any impacts identified that will be resulting from the change.	January 2024

J. Summary of the QEIA

Provide a brief summary of the results of the QEIA, e.g. highlight positive and negative potential impacts; indicate if any impacts can be mitigated. Taking this into account, state what the overall expected impact will be of the proposed change.

The QEIA and summary statement must be reviewed by a member of the Quality Team and include next steps.

This QEIA has identified that there may be impacts on the levels of support that can be provided and experience of care by the disinvestment into the Live Well Leeds befriending service. However, LCC and Touchstone (as the lead provider for Live Well Leeds) have explored options for reconfiguration of service provision to mitigate against the impact of the disinvestment and have confirmed maintaining befriending provision but at a reduced amount until March 2025. There is further additional mitigation in terms of signposting access to wider support options to reduce social isolation, inclusive of specific befriending, through Being You Leeds contract, the additional range of support options available through LWL contract, and wider social prescribing.

K: For Team use only

1. Reference	XX /
2. Form completed by (names and roles)	
3. Quality and equality review completed by:	Name: [Removed for publication] Role: Quality Manager Second review date: 19/06/2024 Name: [Removed for publication] Role: Equality Lead Second review date: 17/06/2024 Involvement Team review date: 10/04/2024
4. Date form / scheme agreed for governance	Reviewed at Panel Assurance meetings: 16/05/2024 and 11/07/2024

5. Proposed review date (6 months post implementation date)	
6. Notes	

L: Likely financial impact of the change (and / or level of risk to the ICB)

Level of risk to the ICB
Low
Medium
High

M: Approval to proceed

Approval to proceed	Name / Role	Yes / No	Date
PMO / PI / Director			
Proposed 6-month review date (post implementation)	To be agreed with Pathway Integration / Programme or scheme lead		

N: Review

To be completed following implementation only.

1. Review completed by	
2. Date of Review	
3. Scheme start date	

4. Were the proposed mitigations effective? (If not why not, and what further actions have been taken to mitigate?)

5. Is there any intelligence / service user feedback following the change of the service? If yes, where is this being shared and have any necessary actions been taken because of this feedback?

6. Overall conclusion Please provide brief feedback of scheme, i.e. its function, what went well and what didn't.

7. What are the next steps following the completion of the review? i.e. Future plans, further involvement / consultation required?

Appendix A: Impact Matrix

This matrix is included to help your thinking and determine the level of impact on each area.

Likelihood

Score	Likelihood	Regularity
0	Not applicable	
1	Rare	Not expected to occur for years, will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur…
3	Possible	Expected to occur at least monthly. Reasonable chance of…
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost certain	Expected to occur at least daily. More likely to occur than not.

Scoring matrix

- **Opportunity**: 5 to 0
- **Consequence**: -1 to - 5

Likelihood	5	4	3	2	1	0	-1	-2	-3	-4	-5
5	**25**	**20**	**15**	**10**	**5**	**0**	**-5**	**-10**	**-15**	**-20**	**-25**
4	**20**	**16**	**12**	**8**	**4**	**0**	**-4**	**-8**	**-12**	**-16**	**-20**
3	**15**	**12**	**9**	**6**	**3**	**0**	**-3**	**-6**	**-9**	**-12**	**-15**
2	**10**	**8**	**6**	**4**	**2**	**0**	**-2**	**-4**	**-6**	**-8**	**-10**
1	**5**	**4**	**3**	**2**	**1**	**0**	**-1**	**-2**	**-3**	**-4**	**-5**

Category
Opportunity
Low – moderate risk
High risk

Opportunity and consequence

Impact	Score	Rating	The proposed change is anticipated to lead to the following level of opportunity and / or consequence
Positive	5	Excellence	Multiple enhanced benefits including excellent improvement in access, experience and / our outcomes for all patients, families, and carers. Outstanding reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with protected characteristics and the general population. Leading to consistently improvement standards of experience and an enhancement of public confidence, significant improvements to performance and an improved and sustainable workforce.
	4	Major	Major benefits leading to long-term improvements and access, experience and / our outcomes for people with this protected characteristic. Major reduction in health inequalities by narrowing the gap in access, experience and / our outcomes between people with this protected characteristic and the general population. Benefits include improvements in management of patients with long-term effects and compliance with national standards.
	3	Moderate	Moderate benefits requiring professional intervention with moderate improvement in access, experience and / or outcomes for people with this protected characteristic. Moderate reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.
	2	Minor	Minor improvement in access, experience and / or outcomes for people with this protected characteristic. Minor reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.
	1	Negligible	Minimal benefit requiring no / minimal intervention or treatment. Negligible improvements in access, experience and / or outcomes for people with this protected characteristic. Negligible reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.
Neutral	0	Neutral	No effect either positive or negative.

Impact	Score	Rating	The proposed change is anticipated to lead to the following level of opportunity and / or consequence
Negative	-1	Negligible	Negligible negative impact on access, experience and / or outcomes for people with this protected characteristic. Negligible increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population. Potential to result in minimal injury requiring no / minimal intervention or treatment, peripheral element of treatment, suboptimal and / or informal complaint / inquiry.
	-2	Minor	Minor negative impact on access, experience and / our outcomes for people with this protected characteristic. Minor increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population. Potential to result in minor injury or illness, requiring minor intervention and overall treatment suboptimal.
	-3	Moderate	Moderate negative impact on access ,experience and / or outcomes for people with this protected characteristic. Moderate increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population. Potential to result in moderate injury requiring professional intervention.
	-4	Major	Major negative impact on access, experience and / or outcomes for people with this protected characteristic. Major increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population. Potential to lead to major injury, leading to long-term incapacity / disability.
	-5	Catastrophic	Catastrophic negative impact on access, experience and / or outcomes for people with this protected characteristic. Catastrophic increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population. Potential to result in incident leading to death, multiple permanent injuries or irreversible health effectis, an event which impacts on a large number of patients, totally unacceptable level of effectiveness or treatment, gross failure of experience and does not meet required standards.

Appendix B: Guidance notes on completing the impacts section G

Domain	Consider
1. Patient Safety	• Safe environment. • Preventable harm. • Reliability of safety systems. • Systems and processes to prevent healthcare acquired infection. • Clinical workforce capability and appropriate training and skills. • Provider's meeting CQC Essential Standards.
2. Experience of care	• Respect for person-centred values, preferences, and expressed needs, including cultural issues; the dignity, privacy, and independence of service users; quality-of-life issues; and shared decision making. • Coordination and integration of care across the health and social care system. • Information, communication, and education on clinical status, progress, prognosis, and processes of care to facilitate autonomy, self-care, and health promotion. • Physical comfort including pain management, help with activities of daily living, and clean and comfortable surroundings. • Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families, and their finances. • Co-produce with the population and service users as the default position for project design. • Use what we know from insight and feedback in project design and be explicit in the expected outcomes for experience of care improvements. • Involvement of family and friends, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as caregivers. • Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions. • Access to care e.g., time spent waiting for admission, time between admission and placement in an in-patient setting, waiting time for an appointment or visit in the out-patient, primary care or social care setting. [Adapted from the NHS Patient Experience Framework, DoH 2011] revised in: https://www.england.nhs.uk/wp-content/uploads/2021/04/nhsi-patient-experience-improvement-framework.pdf

3. Clinical Effectiveness	• Implementation of evidence-based practice (NICE, pathways, royal colleges etc.). • Clinical leadership. • Care delivered in most clinically and cost-effective setting. • Variations in care. • The quality of information collected and the systems for monitoring clinical quality. • Locally agreed care pathways. • Clinical engagement. • Elimination of inefficiency and waste. • Service innovation. • Reliability and responsiveness. • Accelerating adoption and diffusion of innovation and care pathway improvement. • Preventing people dying prematurely. • Enhancing quality of life. • Helping people recover from episodes of ill health or following injury.
4. Equality	In order to answer section C and G4 the groups that need consideration are (use the links for more information): • **Age**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/age-discrimination • **Disability**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/disability-discrimination • **Gender reassignment**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/gender-reassignment-discrimination • **Pregnancy and maternity**: https://www.equalityhumanrights.com/en/our-work/managing-pregnancy-and-maternity-workplace • **Race**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/race-discrimination • **Religion or belief**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/religion-or-belief-discrimination • **Sex**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sex-discrimination • **Sexual orientation**: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sexual-orientation-discrimination

	Other groups would include, but not be limited to, people who are: • Carers. • Homeless. • Living in poverty. • Asylum seekers / refugees. • In stigmatised occupations (e.g. sex workers). • Problem substance use. • Geographically isolated (e.g. rural). • People surviving abuse.
8. Safeguarding	• Will this impact on the duty to safeguard children, young people, and adults at risk? • Will this have an impact on Human Rights – for example any increased restrictions on their liberty?
9. Workforce	• Staffing levels. • Morale. • Workload. • Sustainability of service due to workforce changes (Attach key documents where appropriate).
10. Health Inequalities	• Health status, for example, life expectancy. • access to care, for example, availability of given services. • behavioural risks to health, for example, smoking rates. • wider determinants of health, for example, quality of housing.
11. Sustainability	See: https://www.bma.org.uk/media/3464/bma-climate-change-and-sustainability-paper-october-2020.pdf Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS. Also consider; technology, pharmaceuticals, transport, supply/purchasing, waste, building / sites, and impact of carbon emissions. Visit Greener NHS for more info: https://www.england.nhs.uk/greenernhs/
12. Other	• Publicity / reputation. • Percentage over / under performance against existing budget. • Finance including claims.