

**Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes**

Title of service change/proposal/Business Case	<b>DEVELOPMENT OF JOINT HEALTH AND SOCIAL CARE LOCALITY BASED MENTAL HEALTH RESILIENCE AND RECOVERY HUBS</b>
Name of department	Strategy and Implementation
Name of lead officer completing this assessment	John Singh, Strategy & Implementation Manager
Date EIA assessment completed	May 2016
Decision maker	
Date decision taken	

<b>EIA sign off on completion:</b>	<b>Signature</b>	<b>Date</b>
Lead officer – John Singh Strategy & Implementation Manager		31 <sup>st</sup> May 2016
Equality Lead – Haseeb Ahmed Equality lead LCCCG		3 <sup>rd</sup> June 2016
Director –Jim Bosworth AD Commissioning and Contracting		

**Please ensure the following:**

- (a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.
- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.

<p><b>1. Setting the context</b> Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users'</p>
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needs continue to be met?

One of the strategic priorities of the Better Care Together Mental Health Work stream is to build resilience and recovery within local communities through:

- Building community capacity – more than simply through statutory funded services
- Maximising the potential of networks - outside of mental health services
- Promoting self-management
- Building hope and optimism – we know people get better & lead rewarding lives - even when living with mental health problems
- Supporting more efficient and less costly approaches across the whole system

To support this Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups and Local Authorities plan to jointly commission a set of locality based mental health Resilience and Recovery Hubs. Their aim will be to break down barriers so that individuals with a range of mental health needs are assisted with and have the tools to live as ordinary LLR citizens. They will listen to local users, foster hope and enable recovery. They will work with the wider community to support LLR to become “mental health friendly” by provide three distinct service elements:

- Mental Health resilience information to the locality population
- Advice and Navigation- for people or carer with multiple issues requiring support from other services ( e.g. welfare rights and housing support
- Community recovery support- helping people to regain confidence by offering support on an individual or peer support basis

The proposal will be funded by reinvesting existing CCG and local authority funding to the local Voluntary and Community sector services providing similar services to proposed hubs. In particular it should be noted CCG grants were inherited from PCT's and this is an opportunity to strategically commission support services jointly with local authorities for the first time. It is expected the majority of service users supported by existing services can be supported by proposed hubs or given advice and navigation to relevant services.

## 2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely to be relevant to the proposal? In this question, consider both the current service and the proposed changes.

	<b>Is this a relevant consideration? What issues could arise?</b>
<p><b>Eliminate unlawful discrimination, harassment and victimisation</b> How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>The aim of the proposed locality hubs is to improve the mental health resilience and recovery of the designated locality population. This includes emerging and disadvantaged and marginalised communities, using a culturally sensitive model which delivers proactive, accessible and co-ordinated socially inclusive support with co-production at the heart of successful service delivery.</p> <p>Hubs providers are expected to be aware of the diversity of local communities and responsive to the profile of need as outlined in the relevant JSNA. See: <a href="https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-and-information/joint-strategic-needs-assessment/">https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-and-information/joint-strategic-needs-assessment/</a></p> <p>Adjustments will be made which will support increased access and minimise barriers.</p>
<p><b>Advance equality of opportunity between different groups</b> How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).</p>	<p>The Five Year Forward View for Mental Health (2016) recognises that “people in <b>marginalised groups</b> are at greater risk, including black, Asian and minority ethnic (BAME) people, lesbian, gay, bisexual and transgender people, disabled people, and people who have had contact with the criminal justice system, among others. BAME households are more likely to live in poorer or over-crowded conditions, increasing the risks of developing mental health problems.</p> <p>People of all ages who have experienced traumatic events, poor housing or</p>

	<p>homelessness, or who have multiple needs such as a learning disability or autism are also at higher risk.</p> <p>The key aim of hubs is to provide responsive locality based mental health resilience and support services, including disadvantaged and marginalised groups with the locality.</p> <p>Information resources will be made available in multiple alternative formats to meet the needs of the local population.</p> <p>The provider will be expected to collect demographic information (including by protected characteristics) on individuals supported by the hub and expected to analyse the data and identify where there is under-representation or take up and be proactive in promoting the service to groups not accessing it.</p>
<p><b>Foster good relations between different groups</b> Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>The proposed locality hub providers will be expected to establish effective relationships and networks with:</p> <ul style="list-style-type: none"> <li>a) local organisations that they receive referrals from</li> <li>b) Organisations they refer people to</li> <li>c) mainstream community (e.g. local businesses, community organisations) with a role in supporting mental health resilience and recovery,</li> </ul> <p>Hub providers will be required to promote awareness among the general population of mental health issues in order to foster good relations between those with mental ill health and those who don't.</p> <p>They will also work with local networks to undertake targeted promotional activities to reach people who are most likely to be experiencing mental health problems or who are at risk of requiring additional support to successfully</p>

	<p>manage their mental health needs (profile of need as outlined in the JSNA).</p> <p>The service should also ensure local information networks actively target carers of people with mental health needs. Approaches for engaging people (e.g. choice of media, specific messages, channels of communication, language, etc.) should be tailored accordingly to extend the awareness and reach of the service.</p>
<p><b>3. Who is affected?</b></p> <p>Outline who could be affected, and how they could be affected by the proposal/service change. Include current patients/ service users and those who could benefit from but do not currently access the service.</p>	
<p>The proposal will be funded by reinvesting existing CCG and local authority funding to the local Voluntary and Community sector services providing similar services to proposed hubs. A review has carried out of 12 mental health services grant funded by the CCG's in 2015. This has identified that 10 are funded to provide services that could either be directly provided by locality hubs or that there are similar services already in place with which the hubs could advice or navigate individuals towards.</p> <p>The locality hubs are expected to support the greatest number of people possible by promoting the self-care aspects of the service. This will enable prioritisation of the available resource to allow provision of support for those in greater need. It will also seek to prevent the escalation of problems for people with less severe needs.</p> <p>The hubs will be expected to proactively service users/ carers from disadvantaged and marginalised groups, in particular new and emerging communities within localities who may have a limited understanding of support services available to them.</p>	
<p><b>4. Information used to inform the equality impact assessment</b></p>	
<p>What <b>data, research, or trend analysis</b> have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.</p>	
<p>Improving mental health outcomes is a priority for the LLR Better Care Together programme. We know mental health has the greatest impact on all ill health in the UK and we know:</p> <ul style="list-style-type: none"> <li>• LLR has high rates of risk factors associated with poor mental health</li> <li>• Diagnosis of common mental health problems in primary care is increasing and reflects expected prevalence</li> <li>• LLR still has high rates of hospital admission for mental health problems</li> </ul>	

A Joint Specific Needs Assessment on Mental Health in Leicester identifies that Mental illness disproportionately impacts on people from minority groups, whilst these groups have difficulty accessing appropriate services. Although Open Mind IAPT has improved access to people from BME and LGBT communities, more work is needed to sustain mental wellbeing, improve access to specialist therapy and reduce detention under the Mental Health Act. Commissioning must also meet the needs of those with learning disability, veterans and carers

An estimated 16-18% of working age adults in Leicestershire & Rutland experiences a common mental health problem (around 135,000 people). Most are self-caring and do not access low level specialist mental health services, such as IAPT. However, there is higher than average demand for treatment for severe and complex mental disorders and rates of recovery are poor.

This suggests that not all people who are self-caring are effectively managing their mental health needs, or accessing appropriate timely. In particular evidence suggests that many people from disadvantaged and/or marginalised groups whose backgrounds suggest high risk of mental illness (such as BME, LGBT, carers, asylum seekers, people with long term conditions), are not accessing statutory services. This suggests a causal link between poor access of existing mental health services, higher rates of emergency complex mental health care and poor outcomes for people with moderate mental disorders.

### 5. Consultation/ Engagement

What **consultation** have you undertaken about the proposal with current patients/ service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

#### Engagement:

Forum /Event	When	Key feedback
3 workshops with local stakeholders develop a local MH Resilience and Recovery Plans.	July-Sept 2015	Wide range of stakeholders from community & voluntary sector across LLR

		attended and gave support for strengthening locality based approaches.
LLR MH Voluntary Sector Partnership Forum (local forum for VSC to discuss current issues and future developments)	Aug 2015 and November 2015	To discuss locality hubs proposals and take feedback. General support for approach but concern about impact on local providers
CCG's Mental Health Learning Disabilities Clinical Forum	March 2016	Strong support for locality based approach indicated working closely with primary and secondary care services
2016 LLR Mental Health Summit - Focused on "Maintaining independence and capacity building - focusing on resilience and recovery at a local level".	11 <sup>th</sup> March 2016	Summit attended by a range of stakeholders, including representatives from disadvantaged and marginalised communities to help develop locality based approaches across the sector.
BCT Mental Health Partnership Board April 2016 Mental health Summit 2016	28 <sup>th</sup> April 2016	Board consisting of statutory and non-statutory partners. Confirmed support for locality based resource hub approach.

Co- commissioning Recovery and Resilience Networks workshops (with Independent facilitation)	4 <sup>th</sup> February 2016 and 18 <sup>th</sup> May 2016	Workshops with current VCS across the sector, including representatives from BME communities, to develop future locality hub service specification	
<p>Feedback from forum and events has informed the development of the locality Resource Hub specification and planned commissioning approach.</p> <p><b>Consultation:</b>  Online consultation August 2015 to get views public's view on mental health services that should be provided by the VSC- 71 response received- see Appendix for more information.  Further consultation on proposals planned summer 2016.</p>			
<b>6. Potential equality Impact</b>			
<p>Based on your understanding of the service area, any specific evidence you may have on patients/ service users and potential service users, and the findings of any consultation / engagement you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal <u>because of their protected characteristic(s)</u>. Describe what the impact is likely to be how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.</p> <p>Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially <u>vulnerable groups</u>, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).</p>			
<b>Protected</b>	<p><b>Impact of proposal:</b>  Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected.  Why is this protected characteristic relevant to the</p>	<p><b>Risk of negative impact:</b>  How likely it that people with this protected characteristic is will be negatively affected?  How great will that impact be on their well-being? What will determine who will be negatively</p>	<p><b>Mitigating actions:</b>  For negative impacts, what mitigating actions can be taken to reduce or remove this impact?  These should be included in the action plan at the end of this EIA.</p>



<b>characteristics</b>	proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	affected?	
<b>Age<sup>1</sup></b>	<p>This service is targeted at adults aged 18 and over. In particular it will need to target resilience and recovery work with working age adult men who are known to be at largest risk of suicide.</p> <p>Further resilience initiatives will be <b>targeted</b> at older people as one in five older people suffer from depression.</p>	No negative impact identified	Not applicable
<b>Disability<sup>2</sup></b>	<p>The proposals are expected to have a positive impact on people with mental health support needs (and their carers) by providing locality based resilience and recovery support services on an outcomes based model.</p> <p>This service will be expected to be aware of the diversity of local communities and responsive to the profile of need. Adjustments</p>	No negative impact identified	Not applicable

<sup>1</sup> Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

<sup>2</sup> Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

	<p>should be made which will support increased access and minimise barriers.</p> <p>Being locality based resource hubs will be able to target information and support disadvantaged and marginalised group, including new and emerging communities within the locality.</p>		
<b>Gender Reassignment<sup>3</sup></b>	<p>The LGB&amp;T companion to the Public Health Outcomes Framework<sup>4</sup> sets out a broad span of research that shows that LGB&amp;T people experience significant health inequalities compared to the wider population from high rates of physical and emotional bullying, and risk of parental rejection and running away in childhood, through significantly higher rates of suicide and self-harm, drug and alcohol use and smoking in adulthood, and social isolation and extreme vulnerability in old</p>	<p>Resource Hub staff and volunteers will need to be appropriately trained, understand the background and experience of individuals in order to provide appropriate support.</p>	<p>Bidders to be required to outline plans to meet needs of disadvantaged and marginalised groups within locality.</p> <p>Be expected to obtain support and training from the LGBT centre or other appropriate organisation</p>

<sup>3</sup> Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

<sup>4</sup> The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document, October 2012 sponsored by National LGB&T Partnership Public Health England Department of Health

	<p>age.</p> <p>It will therefore be important Resource Hubs are accessible to people from LGBT communities and liaise with specialist support services (e.g. LGBT centre) to support accessibility.</p>		
<b>Marriage and Civil Partnership</b>	No direct impact identified	No negative impact identified	Not applicable
<b>Pregnancy and Maternity</b>	One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or first year after childbirth. These locality based services will help support mental health resilience and navigate mothers to more specialist support services if required.	No negative impact identified	Not applicable
<b>Race<sup>5</sup></b>	<p>The service will be expected to have a positive impact as locality hubs should be better placed to address needs to BME and newly emerging communities within the locality.</p> <p>The will in particular be able to undertake targeted information work with communities identified</p>	Although there are a number of BME community and faith organisations within LLR, only a very limited number of Third sector mental health organisation specialise in providing support services to BME communities.	Bidders to be required to outline plans to meet needs of disadvantaged and marginalised groups within locality and work with community and faith groups

<sup>5</sup> Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

	as not engaging with mainstream mental health services.		
<b>Religion or Belief<sup>6</sup></b>	Positive impact expected as locality hubs should be better placed to address cultural needs of local communities.	Although there are a number of BME community and faith organisations within LLR, only a very limited number of Third sector mental health organisation specialise in providing support services to BME communities.	Bidders to be required to outline plans to meet needs of disadvantaged and marginalised groups within locality and work with community and faith groups.
<b>Sex<sup>7</sup></b>	<p>We know from national data that men are less likely to access mental health services and more likely to commit suicide. Suicide rates have steady increased in recent years and is the now leading cause of death for men aged 15-49.</p> <p>Local and national data indicates access to IAPT services indicates women. The service will therefore need to ensure mental health resilience messages proactively target men.</p>	Without proactive targeting men are less likely to engage in mental health support services	<p>Service specification makes clear that target resilience initiatives at this group to support suicide prevention.</p> <p>Monitoring of take-up of service by sex</p>
<b>Sexual Orientation<sup>8</sup></b>	The LGB&T companion to the Public Health Outcomes	Resource Hub staff and volunteers will need to be	Bidders to be required to outline plans to meet needs of

<sup>6</sup> Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

<sup>7</sup> Sex: Indicate whether this has potential impact on either males or females

	<p>Framework<sup>9</sup> sets out a broad span of research that shows that LGB&amp;T people experience significant health inequalities compared to the wider population from high rates of physical and emotional bullying, and risk of parental rejection and running away in childhood, through significantly higher rates of suicide and self-harm, drug and alcohol use and smoking in adulthood, and social isolation and extreme vulnerability in old age.</p> <p>It will therefore be important Resource Hubs are accessible to people from LBG&amp;T communities and liaise with specialist support services (e.g. LBG&amp;T centre) to support accessibility.</p>	<p>appropriately trained, understand the background and experience of individuals in order to provide appropriate support.</p>	<p>disadvantaged and marginalised groups within locality.</p> <p>Be expected to obtain support and training from the LBG&amp;T centre or other appropriate organisation</p>
<p><b>Summarise why the protected characteristics you have commented on, are relevant to the proposal?</b></p> <p>Locality based hubs are better placed to address needs of local communities and to signpost to navigate individuals and carers to relevant support services. Those providing services will need to be sensitive to the needs of those with these particular</p>			

<sup>8</sup> Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LBG&T communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

<sup>9</sup> The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document, October 2012 sponsored by National LBG&T Partnership Public Health England Department of Health

protected characteristics. An expectation that they will provide “equal” services may not actually achieve that outcome. Staff will need to be appropriately trained, understand the background and experience of individuals in order to provide appropriate support.

**Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?**

No direct impact identified in relation to the protected characteristic of marriage or civil partnership

**7. Monitoring Impact**

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

**Performance and activity monitoring:**

The service specification stipulates the need for the provider to collect demographic information on individuals supported by the advice/ navigation and community recovery supports elements of the service.

**Quality monitoring:**

The service specification stipulates the need for the provider to “will demonstrate internal quality monitoring mechanisms that assist in the ongoing delivery of value for money and continuous improvement.

In addition evidence will be required to demonstrate that:

- Support is available right across the locality, including in isolated areas.
- Disadvantaged and marginalised groups are able to access the service.
- The service has promoted mental health awareness across the locality.

- Waiting lists have been managed effectively.
- Stakeholder feedback is taken and acted upon.

### 8. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant delivery plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Equality of access for all protected groups according to their needs and requirements	Build this into the Service Specification and will be part of bids evaluation	JS	May 2016
Service Users from all protected groups have equity of access, a positive experience of the service and recover from crisis/are sign posted to appropriate service	Build into SLA ensuring that data is collected by protected characteristics, analysed and targets set as appropriate	JS	May 2016
Information is provided and communicated in formats and methods which meet disabled people and those whose first language is not English	Build into SLA (to include the Accessible Information Standard requirements)	JS	May 2016

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