Leicestershire County Council

APPENDIX B

Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA guidance, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your Departmental Equalities Group or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
Name of policy being assessed:	Integrated commissioning of mental health resilience and recovery hubs
Department and section:	Adults & Communities Strategic Planning & Commissioning
Name of lead officer/ job title and others completing this assessment:	Alison Maullin, Strategic Planning and Commissioning Officer
Contact telephone numbers:	0116 3055604
Name of officer/s responsible for implementing this policy:	Amanda Price – Interim Head of Service, Strategic Commissioning and Market Development
Date EHRIA assessment started:	20/06/2016
Date EHRIA assessment completed:	09/01/2017

Section 1: Defining the policy

Section 1: Defining the policy
You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

1	What is new or changed in this policy? *What has changed and why?* **The County Council and CCGs currently each commission separate services for mental health recovery. It is proposed that future services be jointly commissioned, with a locality model and a greater focus on building resilience and community support for people with mental health difficulties (and their carers).** **For the County Council, this means reinvestment of currently funded services into a different service model. The new service model will be a partnership between commissioners, service providers and people who use services, to embed the ideas and principles of recovery into local communities and ways of working[1]. This will make services fit for the future and support people to build a satisfying and fulfilling life beyond illness[2] (without necessarily eliminating all the symptoms of that illness).** **The proposals have been developed following public consultation by the Clinical Commissioning Collaborative in 2015, and a series of stakeholder workshops between July 2015 and May 2016. They have also been informed by views emerging from the County Council's "Making It Real" workstream, and the mental health focus group convened in June 2016. The statutory partners and stakeholders have been supported in this work through facilitation by ImROC[3] (Implementing Recovery through Organisational Change) a programme that is a new approach to helping people with mental health problems.** **The final proposals will be shaped by the outcomes of public consultation planned for July – September 2016.**
2	Does this relate to any other policy within your department, the Council or with other partner organisations? *If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.* **The Adult Social Care Strategy 2016-2020 outlines the vision and strategic direction of social care support over the next four years.** **The Medium term Financial Strategy 2016-2020 sets out the financial targets required for the council to achieve a balanced budget. It includes a targeted**

[1] http://www.imroc.org/wp-content/uploads/8Supporting-recovery-quality-and-outcomes-briefing-final-for-website-3-March.pdf
[2] http://www.rcpsych.ac.uk/pdf/recovery%20is%20for%20all.pdf
[3] http://www.imroc.org/about-us/

	savings requirement of £150,000 per annum from 2017 onwards. **The Better Care Together five year Strategic Plan sets out the aims for health and social care to jointly deliver change in order to improve services through strengthening primary, community and voluntary sector care to deliver integrated support and ensure more people are supported at home or in the community.**
3	Who are the people/ groups (target groups) affected and what is the intended change or outcome for them? **The greatest impact will be upon people with mental health conditions who are currently users of mental health drop ins, inreach support and peer support services. These are provided for people over the age of 18 with a diagnosed mental health condition (there is no upper age limit, but there are separate services for people with a diagnosis of dementia).** **The current provision has been the subject of a strategic review, which concluded that there is insufficient monitoring data to determine whether or not the service achieved the required outcomes. It is clear however that the service is not operating to its funded anticipated capacity and that numbers of people using the service have fallen since the model was reconfigured in 2014. Future services will be provided in collaboration with health in order to to strengthen preventative approaches within wider mental health services, develop local recovery networks and to minimise duplication across the sector. This will involve reinvestment of health funding into the new model, that is currently used to commission a range of support from voluntary sector providers. This will provide an opportunity to increase capacity whilst managing demand in a joined-up and cost-effective way which will achieve value for money. This will help to ensure that timely support is available for those who need it, whilst supporting resilience and recovery and avoiding dependence on statutory provision.**
4	Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? **(Please tick and explain how)**

	Yes	**No**	**How?**
Eliminate unlawful discrimination, harassment and victimisation	x		**The consultation will be open to all and equal consideration will be given to all responses. The consultation will help to gain insight into any areas where discrimination could be occurring.**
Advance equality of opportunity between different groups	x		**The commissioning proposals aim to offer more equitable access to resilience and recovery support services through a locality model which is flexible to respond to local need, including support for any cohort with identified protected characteristics.**

	Foster good relations between different groups	x		**The proposals outline a community-based model which relies upon the development of "Hubs", and upon local partners and stakeholders working together to promote community relationships and mutual support.**

Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

Section 2: Equality and Human Rights Impact Assessment Screening
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

Section 2 **A: Research and Consultation**			
5.	Have the target groups been consulted about the following? a) their current needs and aspirations and what is important to them; b) any potential impact of this change on them (positive and negative, intended and unintended); c) potential barriers they may face	**Yes**	**No***
			x
			x
			x
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?		**x**
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	**x**	
8.	*If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary.		
	A report will go to Cabinet on 18th July to seek permission for a 9 week public consultation (25th July – 25th September) to establish people's views on the proposed joint commissioning and its potential impact upon them.		

	This will be done jointly under the "Better Care together" banner, to include the 3 local CCGs (Leicester City, East Leicestershire and Rutland, and West Leicestershire) and the 3 local authorities (Leicester city, Leicestershire County, and Rutland). The results will be separately analysed so that each local authority can understand the outcomes from its own area. **This joint consultation exercise will build upon what has already been learned from the Clinical Commissioning Collaborative's consultation exercise in the summer of 2015, and subsequent stakeholder workshops between July 2015 and May 2016. These activities concluded that locality based resilience and recovery services are preferred and can offer the best opportunity to strengthen preventative approaches within wider mental health services, develop local recovery networks and to minimise duplication across the sector.** **The public consultation will be open to the general public and will be promoted through partner organisations to seek as wide a response as possible. There will also be targeted engagement activity through presentations and visits to stakeholder groups (eg mental health drop-ins, carers groups) to ensure that people who may be most affected have every opportunity to understand and respond to the proposals.**

Section 2 **B: Monitoring Impact**			
9.	Are there systems set up to:	**Yes**	**No**
	a) monitor impact (positive and negative, intended and unintended) for different groups;	**x**	
	b) enable open feedback and suggestions from different communities	**x**	
Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.			

Section 2
C: Potential Impact

10. Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers.

	Yes	**No**	**Comments**
Age	**x**		**Proposals for future commissioning relate to all adults over 18. Leicestershire JSNA 2015 highlights the increasing numbers of people**

				over 65 with common mental health disorders.
	Disability	**x**		**The proposals relate to the provision of community recovery services for adults with mental health needs. It will be important to examine the proposed model with stakeholders, particularly users of the service and their carers, in order to judge, as far as is possible, its fitness to improve both engagement and outcomes.**
	Gender Reassignment		**x**	**Ongoing monitoring of future services will be required to ensure that services are accessible and inclusive, and have appropriate links to specialist services.**
	Marriage and Civil Partnership		**x**	**As above**
	Pregnancy and Maternity	**x**		**Locality based support can identify people at risk and navigate mothers to more specialist support for mental health conditions arising from pregnancy or childbirth.**
	Race	**x**		**It is proposed that new services will focus on achieving personal outcomes, and recognised that the local model of delivery may require adjustment to do so (eg targeted information work)**
	Religion or Belief	**x**		**Locality hubs should be better placed to address the cultural needs of local communities**
	Sex	**x**		**Men are less likely to access mental health support, therefore there will be a requirement to proactively target resilience initiatives at men aged 15-49 (highest rates of suicide)**
	Sexual Orientation		**x**	**Ongoing monitoring of future services will be required to ensure that services are accessible and inclusive, and**

				have appropriate links to specialist services.
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	**x**		**The proposed locality model is intended to achieve much closer involvement with local communities and facilitate access to support for people who may face additional barriers to recovery. The proposed support will be available to carers of people with mental health difficulties, and will support parity of esteem of mental and physical health problems through an holistic approach to wellbeing.**
	Community Cohesion	**x**		**The proposals require making best use of community resources and networks and should therefore promote community cohesion.**

11.

Are the human rights of individuals potentially affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)**

Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]

	Yes	**No**	**Comments**
Part 1: The Convention- Rights and Freedoms			
Article 2: Right to life		**x**	
Article 3: Right not to be tortured or treated in an inhuman or degrading way	**x**		**A requirement of the proposals is to promote mental health awareness and thereby reduce stigma.**
Article 4: Right not to be subjected to slavery/ forced labour		**x**	
Article 5: Right to liberty and security		**x**	
Article 6: Right to a fair trial		**x**	
Article 7: No punishment without law		**x**	

	Article 8: Right to respect for private and family life	**X**		**The proposals aim to support people to recover and remain living independently in their community, and for their carers to be able to make informed choices.**
	Article 9: Right to freedom of thought, conscience and religion		**x**	
	Article 10: Right to freedom of expression		**x**	
	Article 11: Right to freedom of assembly and association		**x**	
	Article 12: Right to marry		**x**	
	Article 14: Right not to be discriminated against	**x**		**The commissioning intentions aim to ensure equity of access and provision to all.**
	Part 2: The First Protocol			
	Article 1: Protection of property/ peaceful enjoyment		**x**	
	Article 2: Right to education		**x**	
	Article 3: Right to free elections		**x**	

Section 2
D: Decision

		Yes	**No**	**Unknown**
12.	Is there evidence or any other reason to suggest that: a) this policy could have a different affect or adverse impact on any section of the community;		**x**	
	b) any section of the community may face barriers in benefiting from the proposal		**x**	

13.	Based on the answers to the questions above, what is the likely impact of this policy			
	No Impact ☐	Positive Impact **x**	Neutral Impact ☐	Negative Impact or Impact Unknown ☐

Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.

14.	Is an EHRIA report required? **A full EHRIA report and action plan will be produced, in recognition that this is a proposed change to current services and impacts should therefore be assessed in detail and addressed appropriately.**	Yes [x]	No [ ]

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report is required, continue to Section 3 on Page 7 of this document to complete.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to Section 4 on Page 14 of this document to complete.

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think thoroughly about the impact of this policy and to critically examine whether it is likely to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

Section 3
A: Research and Consultation

When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

15.	Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you now explored the following and what does this information/data tell you about each of the diverse groups? a) current needs and aspirations and what is important to individuals and community groups (including human rights); b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights); c) likely barriers that individuals and community groups may face (including human rights)

A full public consultation exercise was carried out from 03rd October to 04th December 2016. Across Leicester, Leicestershire and Rutland there were 25 engagement events which were attended by 450 people, and a consultation questionnaire (available online or as a paper copy) was completed by 299 people, of whom 199 were service users or carers. Seventy percent (70%) of respondents were female, 77% were aged between 35 and 75 years, and 28% were of Asian, Black or Dual heritage. (Full consultation demographic analysis attached as Appendix A.)

The key themes which emerged from this consultation were endorsement of the proposed model and its constituent parts, ie information, advice and navigation, and community recovery support. People welcomed the proposed locality model, but felt that to have only 4 "hubs" in Leicestershire would cause difficulties for some people in

accessing support. This may be in part due to a misconception about hubs being a single physical place to access services – whilst there may be one physical hub in a given area, the intention is that this should not be the only place that services can be accessed, but that they should be provided in a variety of settings and locations to meet identified need.

Some concerns were expressed by "specialist" groups and service providers about the apparent lack of dedicated support. They felt that this could result in language and cultural barriers for specific groups of people. This was also linked to a more general fear of change and the potential impact this might have on people's mental health.

The information gathered as part of this process, will be used to inform the service specification and the procurement method statements, including a revised model in direct response to the consultation. In Leicestershire the proposal is that there should now be 7 hubs, matched to district council boundaries, and that funding allocations must reflect the specific issues around rurality in Melton and Harborough districts. It is further proposed that the same model and service specification will be used in Leicester City (2 hubs) and in Rutland County (1 hub), and that all these services will be fully procured through a single tendering exercise.

In Leicestershire, the key differences for users of services will be the "see and solve" approach for issues that can be dealt with immediately, or which would be better resolved by another agency (when a referral can be made). The Information, Advice and Navigation elements will provide information and support to access appropriate advice about all issues that impact upon mental health recovery, although the service would not be expected to be experts in all of the relevant areas (eg housing, benefits), but rather to ensure people access the right expertise and networks. It is intended that the Community Recovery Support service will be for people with more complex and enduring mental health issues, with a requirement for active engagement in recovery by people, through development of a personal recovery plan and monitoring of progress. Current services do not require this, and many of the current groups operate mainly as a social activity – it is hoped that these groups can be supported to operate independently of the Recovery and Resilience service, through links to local community support and resources.

16.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?

Each person eligible for the service will be supported to identify the areas where they need support and their personal aspirations, and to develop an individual recovery support plan.

The contract management process will oversee the delivery of service outcomes which will include how individual outcomes will be delivered and if they are not, the evidence as to why.

There will be a required regular review process for each individual eligible for the Community Recovery Support element of the service, that will check progress against individual outcomes including needs and aspirations. Providers will be responsible for

undertaking these at minimum 6-weekly intervals, using a simple tool that will be provided by the commissioners which will illustrate individual progress.

Monitoring of the other elements of the service will be through designated means including exit and satisfaction questions/questionnaires appropriate to the level of service provided in each case.

Ongoing assessment of impact will be monitored and managed by business as usual activity and the contract management process. Providers will be required to submit monitoring data on a quarterly basis, and to attend a group quarterly meeting with commissioners to share good practice, discuss any issues and identify areas for further development.

When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.

17.	Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you further consulted with those affected on the likely impact and what does this consultation tell you about each of the diverse groups?
See response in paragraph 15.	
18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
	No – however, ongoing involvement and communication will be essential to managing the impact of change, and will be part of the transition planning process.

Section 3
B: Recognised Impact

19. Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are likely be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.

	Comments
Age	Service provision will continue to be available to all adults over 18 seeking support in relation to functional mental health issues (ie not dementia). It is recognised that there is an expected increase in the numbers of people aged over 65 with depression, and

		service providers may need targeted activity to address this.
	Disability	Service providers will be required to ensure that services are accessible to people with any kind of disability, but direct support will be focused on people whose primary diagnosis is a functional mental illness.
	Gender Reassignment	Current monitoring data and returns from consultation indicate that some users of current service are gender reassigned, and it is acknowledged that there is an increased risk of mental health issues associated with gender reassignment. Future service provision will seek to be accessible to this group.
	Marriage and Civil Partnership	There is no evidence of any specific issues relating to marriage or civil partnership, but future services will seek to improve outcomes for all customers, whatever their relationship status.
	Pregnancy and Maternity	It is possible that some individuals who access the service may be pregnant or caring for a baby. The proposed new model is designed to be better able to respond to individual circumstances and desired outcomes, and should therefore constitute an improved service offer for this group.
	Race	Current information about service usage indicates a low rate of service usage by people from BME communities. The change to a locality model will encourage a focus on specific communities and their different support needs and the best ways to meet those needs, including for newly emerging communities.
	Religion or Belief	The majority of users of current services do not give information about religion or belief, however there is no evidence to suggest inequalities arising from religion or belief. The future model of service will encourage providers to engage with local communities, including faith communities, to better meet the needs of particular groups of people.
	Sex	Consultation responses reflect the usage of service locally, ie 70% female and 30% male. This reflects national findings that men are less likely to access mental health support and therefore the new services will be required to be proactive in developing initiatives targeted at men.
	Sexual Orientation	The proposed new model is designed to be better able to respond to individual

		circumstances and desired outcomes, and should therefore constitute an improved service offer for this group.
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	It is intended that access to services will be improved through the proposed locality model, with better engagement with local services and resources to support recovery and support people to be as independent as possible. Carers will be able to access information, advice and navigation elements of the service and will be recognised as partners in the recovery process. Issues of deprivation, which may lead to an increase in mental health difficulties, have been recognised when calculating proposed budget allocations so that additional resources are available for the most deprived areas. It has also included recognition of the issues in rural areas where resources may be sparse and more difficult to access. Integration and partnerships with health services will contribute to addressing health inequalities.
	Community Cohesion	It is anticipated that the proposed model will support greater community cohesion. Services will be provided in community settings and will be expected to engage and participate in local networks and resources that support wellbeing.

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
	Part 1: The Convention- Rights and Freedoms	
	Article 2: Right to life	
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	Situating these services in local community settings and requiring them to be part of local community networks will help reduce stigma and greater understanding of mental health

		issues.
	Article 4: Right not to be subjected to slavery/ forced labour	
	Article 5: Right to liberty and security	
	Article 6: Right to a fair trial	
	Article 7: No punishment without law	
	Article 8: Right to respect for private and family life	The proposed model focuses on individual outcomes, supporting what is most important to the individual including privacy and their family life.
	Article 9: Right to freedom of thought, conscience and religion	
	Article 10: Right to freedom of expression	
	Article 11: Right to freedom of assembly and association	
	Article 12: Right to marry	
	Article 14: Right not to be discriminated against	Local networking will increase understanding of mental health issues and reduce stigma, thereby helping to prevent discrimination.
	Part 2: The First Protocol	
	Article 1: Protection of property/ peaceful enjoyment	
	Article 2: Right to education	
	Article 3: Right to free elections	

Section 3
C: Mitigating and Assessing the Impact

Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.

21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.

There is no adverse impact anticipated however it is important to recognise that any change, if not managed well, can itself result in negative impact. The importance of managing this process, including positive communication and involvement will be essential to ensure any of the groups affected, regardless of equalities, are not adversely affected.

N.B.

i) If you have identified adverse impact or discrimination that is illegal, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is justifiable or legitimate, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

22.	Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination. a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why

As mentioned above the transition and decommissioning process will be tailored to ensure people get the right information and support to help them deal with any of the changes that occur as result of this commissioning.

The proposed commissioning aims at maximising people's independence through a progressive model of support, making them less reliant on formal support.

Section 3
D: Making a decision

23.	Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

The new model of mental health resilience and recovery support will continue to assist Leicestershire County Council to meet the responsibilities in relation to equality; diversity, community cohesion and human rights by ensuring people are supported in line with our Adult Social Care Strategy.

Section 3

E: Monitoring, evaluation & review of your policy	
24.	Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact? Any changes to people's individual support resulting from decommissioning and recommissioning will be managed through planned transition processes to ensure any negative impact to the user is minimised and/ or mitigated.
25.	How will the recommendations of this assessment be built into wider planning and review processes? *e.g. policy reviews, annual plans and use of performance management systems* Any recommendations from this assessment will be built into relevant wider processes as part of the introduction of more strategic relationships between contracted providers, the council and other key stakeholders through a continuous cycle of improvement and development.

Section 3:
F: Equality and human rights improvement plan

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

Equality Objective	Action	Target	Officer Responsible	By when
Ensure people currently accessing mental health drop-in services are supported well through the changes that are being implemented	Dedicated resources are available to support this process.	Transition to new service is seamless and people feel informed and supported to make choices. Needs are identified early enough to support service development to meet needs, through informal review with each person using current services.	Tbc (pending Departmental restructure).	October 2017
Eligible individuals are supported to maximise their resilience and independence	Formal implementation of progression and recovery	All eligible individuals have a Recovery Plan and there is regular monitoring of progress	Contract Compliance	Ongoing throughout the life of the contract
Improve availability and suitability of local services	Commissioning approach works in partnership with providers to ensure they can respond to requirements of eligible	Better strategic relationships with providers increase quality, flexibility and responsiveness.	Strategic Compliance and Associated Management	Ongoing throughout the life of the contract.

	population locally	Improvement in service quality and capability		
Promote continuity and competency of care staff in service delivery to maintain and improve the quality of care provided	Embed and ensure delivery of outcomes within contract. Evaluate procedures for supporting users through change	Minimise the incidence of staff turnover in accordance with the wishes of services users, as stated in engagement events. Providers will be expected to support this through the provision of good working conditions, training and supervision. Promote good standards of care provision by ensuring that National Living and Minimum Wage levels are reflected in hourly rates paid to providers.	Market Development (procurement) and Compliance	Procurement and throughout the lifetime of the contract.
Improve collection and analysis of monitoring data in relation to service users.	Provision of dedicated recovery monitoring tools and data collection methodology. Compliance team to use data to identify any issues/ changes or trends of access for protected groups,	Ensure that services remain inclusive across protected groups. Consistent data collection and analysis to understand performance. Providers will be required to submit monitoring data on a quarterly basis, and	Strategic Commissioning/ Compliance Team	Ongoing throughout the lifetime of the contract.

		to attend a group quarterly meeting with commissioners to share good practice, discuss any issues and identify areas for further development.		
Ensure that services are accessible to and used by currently under-represented groups	Procurement tests how providers will work to engage under-represented groups and make services accessible to them.	Evidence of activity to engage with specific under-represented groups (eg LGBT, younger men). Improved monitoring data related to all protected characteristics.	Strategic Commissioning/ Compliance Team	Procurement and throughout the lifetime of the contract.

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to louisa.jordan@leics.gov.uk, Members Secretariat, in the Chief Executive's department for publishing.

Section 4
A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening [x]

Equality and Human Rights Assessment Report [x]

1st Authorised Signature (EHRIA Lead Officer):

Date: 12/01/2017

2nd Authorised Signature (DEG Chair): …

Date: 16/01/2017

Appendix A: Demographics of Consultation Oct-Dec 2016

Mental Health Resilience and Recovery Hubs							
Consultation Response Demographics							
Gender							
Female	210	70%		Only one person identified themselves as having changed gender since birth.			
Male	89	30%					
	299			3 people were pregnant.			
Age Profile							
Age 16-24	9	3%					
Age 25 - 34	28	9%					
Age 35 - 59	139	46%					
Age 60 - 75	94	31%					
Age 76+	8	3%					
Not answered/prefer not to say	21	7%					
	299						
Ethnic Origin							
White (British, European and other)	193	65%					
Asian/Asian british	70	23%		Of these, 16 were men			
Black/Black British	10	3%		Of these, only 4 were men			
Dual Heritage	5	2%					
Other	2	1%					
Not answered/prefer not to say	19	6%					
	299						
Relationship status							
Married/civil partnership	114	38%					
Partnered/living with partner	25	8%					
Separated, divorced, single or widowed	105	35%					
Not answered/prefer not to say	55	18%					
	299						
Disability	104	35%		People identifying themselves as having a disability, of whom 54 have a physical disability			
Poor health	48	16%		Self identified as in poor health			