KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

Directorate: Social Care, Health and Wellbeing

Name of policy, procedure, project or service

Community Mental Health and Wellbeing Service
(Voluntary Sector Grants)

What is being assessed?
Impact of commissioning of core offer of community based mental health and wellbeing services.

Responsible Owner/ Senior Officer

Emma Hanson: Head of Service Strategic Commissioning, Community Support
Mark Lobban, Direct Strategic Commissioning, SCHW

Date of Initial Screening
14th March 2014

Date of Full EqIA :
1st April 2014

Version	Author	Date	Comment
V0.1	Sue Scamell	14/03/14	
V0.2	Sam Sheppard	20/03/14	
V0.3	Sue Scamell	25/03/14	
V0.4	Sam Sheppard	01/04/14	Updated based on comments from and discussion with Clive Lever (Equalities Officer)
V0.5	Sam Sheppard	04/04/14	Updated based on comments from Clive Lever (Equalities Officer)
V0.6	Sam Sheppard	08/04/14	Updated based on comments from Clive Lever (Equalities Officer)
VO.7	Sue Scamell	01/03/15	Revised after engagement events
V.08	Laura Robinson	02/03/15	Revised after proof reading and adding Signature of approval
V0.09	Sue Scamell	01/07/15	Revised after Public Consultation
V0.10	Sue Scamell	19/01/16	Post Contract award

Screening Grid

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equality for this group? YES/NO - Explain how good practice can promote equality
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age	Yes Depression in older people affects up to 25% of the population and up to 40% of those living in care homes	Unknown	Unknown	a) Yes internal action is required Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services supporting them. All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. B)Yes – additional assessment is required Mental health services support individual 18-64 years old. Separate services are commissioned for people 65+. Additional assessment is required to determine how many older people (50+) are currently	Yes. This proposal will improve the breadth of service commissioned which will include well being services, primary care services and services for people with enduring mental health needs. Yes. This redesign process will provide a standardised service with specifications for all elements of the service. Funding and therefore access will be more equitable rather than being based on historical funding patterns. The service will be commissioned for adults, however, within the contract it will be specified that services delivered will be age appropriate and accessible to meet the needs of different ages including those transitioning from children's mental health services. Core offer for older people will also be

				accessing these services in order that services can be designed for a range of age groups, but also to understand the implication for older peoples services from people transitioning in and to ensure that services within the older people's core offer meet the needs of people with mental health issues. Young people transitioning from children's mental health services will need to be an integral part of the new service. This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	commissioned that will reflect specific needs for older people, such as social isolation. Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis. .
Disability	Yes - Individuals with disabilities are more likely to experience hate crime which can lead to mental health issues.	High	High	a) Yes – internal action is required Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services supporting them All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Contracts will stipulate that all services will meet the needs of those who use them, regardless of any disability they may have.	Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs. Funding and therefore access will be more equitable rather than being based on historical funding patterns. The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which people with disabilities are accessing the service. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing

				Consultation and engagement activities related to the changes in services / provision will be inclusive including: • Ensuring events are accessible to wheelchair users and individuals with physical impairments. • Use of easy read version of all documentation and information. • Translator services and / or hearing loops will be available for those requiring them. • Appropriate support / materials for those with sight impairments b) Yes – further assessment is required The number of individuals with learning disabilities accessing mental health services is unknown as people with a learning disability tend to access services specifically for people with a learning disability rather than the general population. However, a portion of people accessing current mental health services do have mild learning disabilities. This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	services and informing commissioning proposals, including whether specific groups / services are required for people with a learning disability and / or mental health issue are required. Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.
Gender	Yes – Females are more likely to experience mental health issue, for example,	High	High	a) Yes – internal action is required Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating. Core offer will include re-	Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and

	depression. Young men are a high risk group for mental health issues. Males are more likely to have autism which can involve anxiety reactions to change. Males with mental health issues have difference in life expectancy of 14 years and females 6 years in comparison with average life expectancy.			commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services supporting them All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Contracts will stipulate that all services will cater for the differing needs of male and female service users. b) Yes – further assessment is required Figures represent the occurrence of mental health issues within the Kent population, but the exact proportion of men and women accessing current services is unknown due to historic lack of equalities monitoring by voluntary sector providers. Additional assessment will be conducted alongside engagement and consultation activities and the EqIA updated to reflect findings.	services for people with enduring mental health needs. Funding and therefore access will be more equitable rather than being based on historical funding patterns. The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which people of both genders are accessing services. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals. Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.
Gender identity	Yes: People on the gender assignment path are more likely to be victims of hate crime which can lead to mental health issues.	Unknown	Unknown	a) Yes – internal action is required Give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services	Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs. Funding and therefore access will be

				supporting them All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Contracts will stipulate that services will be sensitive to the needs of transgender people Consultation and engagement activities will be inclusive. b) Yes – further assessment is required The number of individuals on the gender reassignment pathway is unknown, due to lack of equalities monitoring by providers, but also as this is a sensitive topic that individuals may not wish to disclose. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on prevalence rates. This assessment will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	more equitable rather than being based on historical funding patterns. By ensuring the services are inclusive individuals may choose to disclose this information and access services that have been perceived as not inclusive in the past. Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on the number of people believed to be on this pathway. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services. Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.
Race	Yes Racially motivated hate crimes can lead to mental health issues.	Unknown	Unknown	a) Yes – internal action is required Ensure that people with English as a second language or minimal English have accessible information in written form and when engagement events are held.	Promotion of inclusive services may encourage people to access services. Yes. This proposal will improve and standardise the breadth of service commissioned by including well being

	Immigrants may experience social isolation / depression as result of being away from social networks in a new country.			Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them. All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Contracts will stipulate that services meet the diverse cultural needs of those who use them. b) Yes – further assessment is required The racial profile of people accessing current services is unknown due to lack of equalities monitoring by providers. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information. This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	services, primary care services and services for people with enduring mental health needs. Funding and therefore access will be more equitable rather than being based on historical funding patterns. By ensuring the services are inclusive individuals may choose to disclose this information and access services that have been perceived as not inclusive in the past. Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on demographic information. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services. Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.
Religion or belief	Yes – people of different religious beliefs can experience hate crime and	Unknown	Unknown	a) Yes – internal action is required Yes – give maximum notice to current service	Yes. This proposal will improve and standardise the breadth of service commissioned by including well being

	discrimination leading to mental health issues. In addition, different religions may have differing attitudes towards mental health that impact on social and familial support systems.			providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them. All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Contracts will stipulate that services are inclusive and meet the religious beliefs' of those who use them. b) Yes – further assessment is required The religious profile of people accessing current services is unknown due to lack of equalities monitoring by providers. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information. This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	services, primary care services and services for people with enduring mental health needs. Funding and therefore access will be more equitable rather than being based on historical funding patterns. By ensuring the services are inclusive individuals may choose to access services that have been perceived as not inclusive in the past. Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on demographic information. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services. Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.
Sexual orientation	Yes – LGBT individuals may experience mental health issues due to hate crime,	Unknown	Unknown	a) Yes – internal action is required Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core	Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring

	discrimination or attitudes within families that impact social and familial support systems. This may be especially true for older LGBT people who may also be socially isolated due to age and where raised when it was illegal.			offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them. All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Contracts will stipulate that services meet the needs of those who use them. Consultation and engagement activities will be inclusive. b) Yes – further assessment is required 9450 people in Kent are estimated to be LGBT however, the number of individuals accessing mental health services is unknown due to lack of equalities information by current providers and also because individuals may choose not to disclose this information. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information. This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	mental health needs. Funding and therefore access will be more equitable rather than being based on historical funding patterns. By ensuring the services are inclusive individuals may choose to disclose this information and access services that have been perceived as not inclusive in the past The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which LGBT people are accessing the service This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals. Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.
Pregnancy and	Yes	Unknown	Unknown	a) Yes – internal action is required	Yes. This proposal will improve and standardise the breadth of service

maternity	Women have a higher prevalence for most mental health issues Post natal depression related to pregnancy and maternity affects 10-15% mothers in Kent. Some mental health issues only affect people who are pregnant.			Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them. All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. . b) Yes – further assessment is required The number of pregnant women and mothers accessing the current services is unknown. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information and occurrence rates of post-natal depression. This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	commissioned by including well being services, primary care services and services for people with enduring mental health needs. Funding and therefore access will be more equitable rather than being based on historical funding patterns. The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which expectant and new mothers are accessing the service This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals. Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.
Marriage and Civil Partnerships	Yes Mental health issues can cause relationship breakdown, and relationship breakdown can cause	Unknown	Unknown	a) Yes – internal action is required Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable	Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs.

	mental health issues. Individuals caring for a partner with mental health issues can also be impacted and develop their own mental health issues.			services and will aim for continuity so vulnerable adults are not left services supporting them. All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Contracts will stipulate that services are inclusive. Consultation and engagement activities will be inclusive. b) Yes – further assessment is required The number of individuals entering into mental health services due to relationship issues is unknown. Similarly the impact of mental health on relationship breakdown in unknown. Additional assessment may give some indication of this. This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	Funding and therefore access will be more equitable rather than being based on historical funding patterns. The service will be inclusive. Performance monitoring using outcomes will enable providers and commissioners to further understand the impact of mental health on relationship breakdown and how services can prevent this, informing the delivery of current and future services. Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.
Carer's responsibilities	Yes Mental health issues related to being a carer for one or more dependent.	Low	High	a) Yes – internal action is required Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so	Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs.

				vulnerable adults are not left services supporting them. All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Contracts will stipulate that services are inclusive. Consultation and engagement activities will be inclusive. b) Yes – further assessment is required Carers may be impacted in two ways: by being unable to access services that support their own mental health needs and by losing the respite that they receive during the time when the people they care for are accessing services. Carers support services are commissioned separately to provide respite and short breaks for individuals caring for people with mental health issues. However, the number of carers accessing services to meet their own mental health needs separately from that support is unknown. Further assessment to understand this impact will be conducted alongside engagement and consultation activities and the EqIA updated to	Funding and therefore access will be more equitable rather than being based on historical funding patterns. The service will be inclusive and performance monitoring will enable commissioners to determine in more detail who is accessing the services, for what reason and with what outcomes. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals. Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.

				reflect information.	

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Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

State rating & reasons

Medium, If this proposal is implemented, namely moving the mental health services from grants to contracts, then it is likely that some service users may experience a change in provider. This will be dependent on who is awarded the contract and transition plans will be developed. Service users will have an equitable service with the same services being defined by an outcome specification and will be provided across Kent. A greater range of services will be provided as part of the core offer which will support individuals to maintain their mental well being. This will include existing services but will expand to include the following

- Primary care service (services that are provided by the general practitioner)

This will represent a significant improvement for service users as it will prevent entry into secondary care (services that are provided by specialist mental health services).

Context

Adult Social Care, Mental Health and Public Health currently spend £4.9 million on community based services for people with mental health issues between the ages of 17-64 years. These are for services within Kent. These services aim to promote health and wellbeing, enabling people to live independently in their own homes and communities. These services are currently provided by the voluntary sector and funded through grants awarded on an annual basis. Because grants are awarded on an annual basis they do not provide stability for these organisations to make longer term investment in services

The Clinical Commissioning groups contribute £1 million towards these grants through a section 256 agreement.

The purpose of commissioning a core offer of mental health services is to ensure that the right community services and support are in place for people with mental health issues, providing a range of universal services to both

people in primary care, as well as secondary care, which promote wellbeing, social inclusion, equity of service and independence across Kent.

There is no additional funding for this programme. This means that current grants will need to be ended in order to fund the new core offer services.

Officers from Public Health and Social Care, Health and Wellbeing – Strategic Commissioning have asked for permission to commission and procure the core offer, moving from grant funding to a contract for mental health community services in conjunction with Public Health and the 7 CCG's. This will see the development of four strategic partners across Kent. These will cover

- Thanet and South Kent Coast CCG's
- Canterbury and Ashford CCG's
- West Kent CCG's
- Dartford Gravesham and Swanley and Swale CCG's

Aims and Objectives

Current grants are historical funding arrangements. Funding has not historically been awarded based on levels of mental health need or deprivation indicators. This has resulted in an inequity of investment and access to services across the county.

For the first time, the core offer will allocate funding based on an assessment of levels of mental health activity and levels of deprivation. This could lead to a positive outcome for people with protected characteristics.

It is intended that a proportion of services currently procured through grants will be included in the contracted core offer. This will include the following

- Informal Community Services
- Employment services
- Primary care service
- Peer Brokerage
- Primary care community link workers
- Service user expenses

Moving to a contracted service will achieve a consistent range of service provision and quality designed to promote health and wellbeing and support individuals, their carers and communities to become more resilient and find solutions and support within their community. It will also address historical inequities.

Beneficiaries

The beneficiaries of this approach will be anyone who experiences mental health and wellbeing issues, or has a mental health problem and indirectly, their families as there may be evidence to suggest that people living with someone with certain mental health issues could be more likely to experience mental health issues themselves. People will be able to access a range of services in the community to meet their needs.

The voluntary sector, as moving to a contract for services, rather than grant funding on a yearly basis provides financial security and sustainability. This model enables the voluntary sector to provide services which are free to access.

Kent County Council (Public Health and Adult Social Care) as the transformed services will prevent people entering into secondary care unnecessarily and requiring large support packages. Further procurement processes will ensure that quality services are delivered which represent value for money. This new model proposed will reduce the number of providers to four strategic partners meaning that KCC will be able to performance manage these contracts closely.

Clinical Commissioning Groups (CCG's) will benefit. As above the core offer will reduce reliance on secondary services – preventing people entering into them but also providing a comprehensive package of services that enables individuals to exit secondary care when appropriate.

Information and Data (source: Mental Health Joint Needs Assessment December 2013)

Mental ill health represents up to 23% of the total burden of ill health in the UK and is the largest single cause of disability. The impact of mental health on peoples wider lives can affect their educational attainment, employment, housing, family relationships and therefore there are wider costs of mental health problems than just health related costs. Costs to the individuals, their families and their communities in lost potential are essentially incalculable.

<u>Economic implications</u>:

- In secondary care, 11% of the annual health budget is spent on mental health.
- Nationally more than £2 billion is spent annually on social care for people with mental health problems. It is estimated that the cost of treating mental health problems could double over the next 20 years.
- Detailed estimates suggest the overall calculable cost of mental health problems in England to be around £105 billion and around £30 billion of this estimate is work related (sickness absence and reduced productivity.)
- There are also large costs associated with the impact on the criminal justice system and also the housing system and particularly on homelessness services.

- One of the largest areas of cost is the benefit system. The most common reason for incapacity benefit claims is mental health; with 43% of the 2.6 million people on long-term health-related benefits have a mental or behavioural disorder as their primary condition.

Life Course

Mental health problems can begin very early in life, often earlier than other causes of disability. There are also connections between mental health problems in childhood and in young adulthood.

- One in ten children aged between 5 and 16 years have a mental health problem.
- Over half of people with a lifetime mental health disorder at the age of 26 will have met the diagnostic criteria first by the age of 14.
- Mental wellbeing during pregnancy and the antenatal period can have an impact on the wellbeing of the child, so is an important time within the life course. One in ten new mothers experience postnatal depression.
- During adulthood, mental health can impact upon people's ability to maintain employment, housing and secure family relationships.
- Depression in older people affects up to 25% of the population and up to 40% of those living in care homes.

In Kent there are a number of population groups that are transitory and mobile, which will make them vulnerable to mental health problems due to lack of awareness of services that are available to support them. These include:

- Immigrant populations
- Military and ex military
- Gypsies and travellers
- Children leaving Care
- Offenders in the community
- Homeless people

Ethnicity

The 2011 Census shows us that the White ethnic group is the largest group both within Kent and nationally. Just under 1.4 million Kent's residents are from the White ethnic group which accounts 93.7% of the total population. This is a higher proportion than the national figure of 85.4% and the South East figure of 90.7%.

The remaining 92,638 residents of Kent belong to other four broad ethnic groups which we have identified as the Black Minority Ethnic (BME) group. This equates to 6.3% of the total population. This is a lower proportion than the national figure of 14.6% and the regional figure of 9.3%. The most ethnically diverse areas of Kent are located in the north of the county within

the districts of Gravesham (17.5%), Dartford (12.9%) and Medway (10.6%). 7.4% of the Gravesham population are from an Indian background. Dartford has the highest proportion of those from a Black African or Caribbean background.

Information regarding the occurrence of mental health issues within these different ethnic groups is not available.

Further current providers do not routinely record detailed demographic information regarding their clients, so it is difficult to determine whether to portion of individuals accessing services represent ethnicity patterns within the whole population.

Deprivation

Major risk factors for mental health problems are poverty, poor education, unemployment, social isolation and major life events. Socially excluded and deprived people are at a higher risk of developing mental health problems. A review of large scale studies of mental health problems undertaken by Social Exclusion Unit of the Cabinet Office in 2004, reported that such problems are more common among people who are unemployed, have fewer educational qualifications, have been looked after or accommodated, are on a low income or have a low standard of living.

It is likely that some people with protected characteristics are more likely to fall into these groups. For example, disabled people may be less likely to be in employment that non-disabled people, putting them at risk of experiencing mental issues related to both unemployment and, for example, hate crime.

The main reasons for the link between deprivation and mental health risk are;

- Increased risk of major traumatic life events and stressors
- Poorer coping strategies leading to poorer resilience
- Feelings of shame and inferiority and exclusion resulting from social comparison

Unemployment in particular is a well-established risk factor for mental ill-health (while returning to or getting work is a well-recognized protective factor). Unemployment is associated with greater health care use and higher death rates. The association also works in the opposite direction; that is, mental ill-health is a significant predictor of unemployment, and in its wake, of debt or impoverishment.

Mental health in Kent

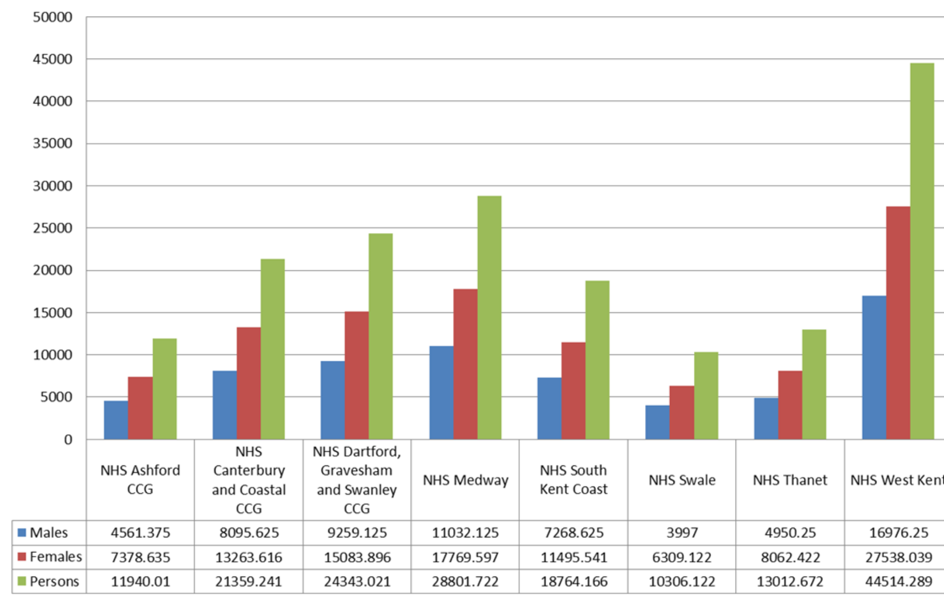
The over and under representation of particular groups and communities in mental health services reveals a lot about the status of different groups within our society, and provides a useful indicator of social exclusion, and cultural understandings of mental health.

Table 1: Illustrating the estimates of numbers of people at risk of having mental health conditions amongst some of the vulnerable groups in Kent

Table x % at risk of mental health problems		**Estimated number with mental health problems in Kent**
Asylum seekers & refugees	50%	16
Gypsies and travellers	35%	3,500 or 1639
People who are lesbian, gay or bi-sexual	39.4%	9,450
People with a learning disability	25%	1125
Those with severe or profound hearing impairment	33.3%	3000
Marital status: separated	23.3%	7643
Marital status: divorced	27.1%	30,600
Adult survivors of childhood sexual abuse*	12.4%*	13,290
Released prisoners	90%	4387
Carers	18%	25,000
Sufferers of Hate Crime	60%	742
Adolescents leaving Care to live independently	80%	144

Due to the current nature of funding, it is however, unknown how many of these groups are accessing current mental health services. The new contract provides a new opportunity to monitor this and gain a better understanding of who is accessing mental health services and whether these figures represent the numbers of people with risk factors that we would expect to see accessing the services based on prevalence rates within the general population

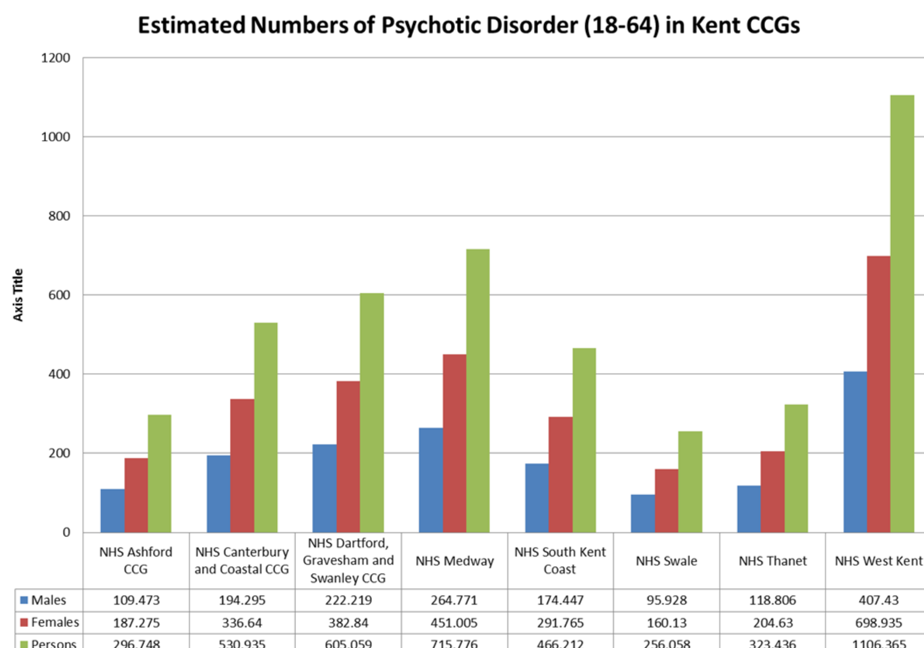
Chart 1: Illustrating the estimated numbers of people with a common mental health disorder across Kent's CCG's aged 18 – 64 years.



(Source APMS 2007)

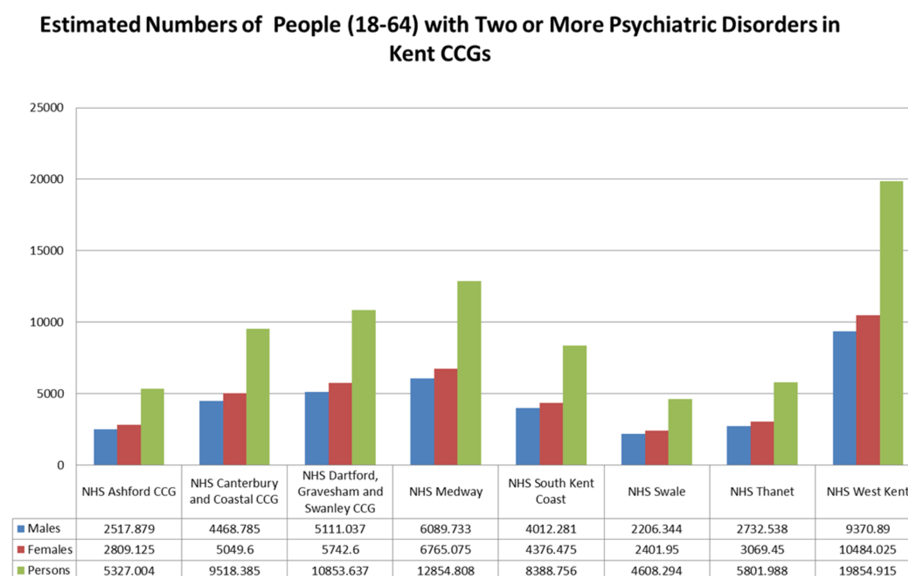
The highest numbers are in NHS West Kent CCG area with over 44, 500 people. The smallest numbers are in NHS Swale CCG area with 10,306

<u>Chart 2: Illustrating the estimated numbers of people aged 18 – 64 in Kent CCG areas with psychotic disorders</u>



The highest number of people can be found in West Kent CCG area with 1,106 people, of which 698 are females and 407 are males.

Chart 3: Illustrating the estimated numbers of people with two or more psychiatric disorders across Kent CCG's.



	NHS Ashford CCG	NHS Canterbury and Coastal CCG	NHS Dartford, Gravesham and Swanley CCG	NHS Medway	NHS South Kent Coast	NHS Swale	NHS Thanet	NHS West Kent
Males	2517.879	4468.785	5111.037	6089.733	4012.281	2206.344	2732.538	9370.89
Females	2809.125	5049.6	5742.6	6765.075	4376.475	2401.95	3069.45	10484.025
Persons	5327.004	9518.385	10853.637	12854.808	8388.756	4608.294	5801.988	19854.915

West Kent CCG has the highest number with over 19,854.

Public Consultation

A public consultation ran from 23rd March 2015 – 30th April 2015 through an online questionnaire on kent.gov.uk. hard copy and easy read versions of the questionnaire were made available.

A total of 335 responses were received, 238 from members of the public and 97 from professionals.

Response Profile

The figure below provides a summary of the profile of those responding to the consultation.

Target / Equality Groups	*Numbers*	*% of respondents*
Men	84	35%
Under 20 years	9	4%
Under 25 years	14	6%
Over 60	43	18%
Minority Ethnic groups	16	7%
English as a second language	5	2%
People with a disability	64	27%
Lesbian,gay & transgender people	16	7%
Separated/Divorced/Widowed People	54	23%
Single People	74	31%

Reactions To The Proposals

Respondents were asked ‘To what extent do you agree or disagree with the proposal for KCC and the CCG’s in Kent to end the current grant-funded projects and work together to commission more joined up support for community emotional wellbeing, mental health and recovery?. Overall, a larger proportion of those responding supported the proposal (47%) than were against it (26%) Respondents said

Support is currently disjointed and overlapping and not using resources effectively to deliver outcomes.”

“…The current set up is too much of a patchwork. Each organisation puts up its own fence and people fall between them…”

“Because it makes sense to work in a more holistic manner…”

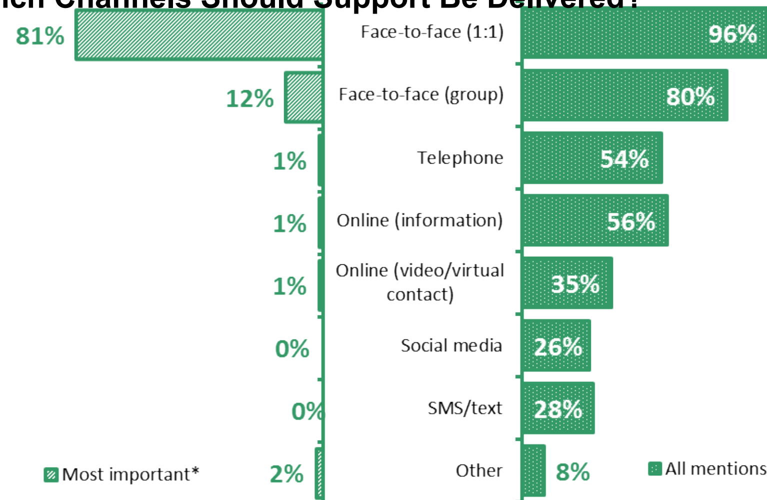
“A joined up approach stops duplication of services and provides better value for money to commissioners and better quality services to service users and their carers.”

“The more joined up the services…the better for the patient.”

"Joint commissioning should bring reduced costs and make services more equitable across the County."

Service Delivery Channels

Those responding to the consultation were also asked for their opinions on the channels through which they felt that emotional wellbeing and mental health recovery support should be delivered.



There are also clear differences of opinion between men and women. Face-to-face support is popular across both genders, but the male members of the public responding to this consultation are less likely to be open to telephone, online information/websites and virtual contact than their female counterparts. For example, 53% of the female members of the public responding to the consultation feltl that telephone delivery should be used compared with just 31% of the men, whilst 35% of the women supported virtual contact (e.g Facetime, Skype, online meeting rooms) compared with just 17% of the men.

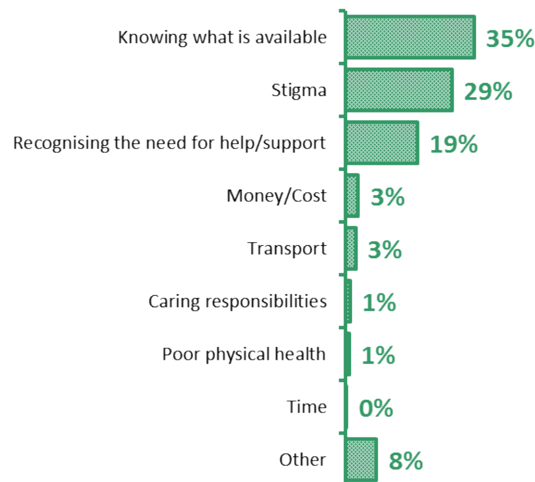
From the questionnaire there suggestion of some differences by age group, with online delivery less popular amongst older people. Whilst differences are not all statistically significant due to low base sizes in some age groups, this seems to apply to all forms of online delivery. For example, just 12% of members of the public aged over 60 responding to the consultation support virtual contact, increasing to 31% amongst those aged 26-60, and 6 of the 14 young people (aged 25 or under) responding. There are no differences evident for telephone, with levels of support similar across all age groups for this channel.

Barriers to Accessing Support

Those responding to the consultation were also asked what they felt the main thing was that prevents people from accessing emotional wellbeing or mental health

support. Respondents were directed to select just one of a number of potential barriers.

Main Barriers to Accessing Emotional Wellbeing or Mental Health Support



Amongst those responding to the consultation, the feeling is that the key barriers to accessing support are knowing what support is available, stigma and people not recognising that they need help and support. In this respect, there appears to be broad agreement between professionals and members of the public

Current Service Users

Grant funded services provided through the voluntary sector currently support approximately 15,353 people with mental health issues in Kent. As outlined below:

- Informal community services 7,447
- Employment services 1,947
- User participation 5,819
- Peer brokerage 140

However, as noted above a further breakdown of these individuals into protected characteristics is unavailable. The new performance monitoring framework will address this issue.

Involvement and Engagement

A significant amount of engagement with service users, carers, current providers and future providers to co-produce the core offer for mental health and wellbeing services: These have included:

- Initial Insight gathering from the public by Activ Mobs
- 2 market engagement events East and West Kent

- 2 strategic partner events
- Scoping meeting with 6 providers to explore the strategic partner model
- 4 delivery network events
- Service user forum consultation
- 6 week public consultation on Kent.gov.uk
- Best Practice session with Informal Community Support services
- Engagement and Networking event regarding the specifications, KPI's and networking
- Consultation on the specifications through the Mental health Action Groups (MHAG's)

Because funding for the core offer will come from ending current grant arrangements, initial reviews of voluntary sector services have taken place. Some current grant funded services fall outside of the scope of the core offer. These grants will continue to be awarded.

This EqIA assesses the impact of ending the remainder of the grants – those where the services will be re-commissioned under the core offer.

Ending the grants will be done in accordance with Kent Compact and will involve a minimum of:

- 3 month consultation period with the voluntary sector (providers and service users)
- a 3 month notice period following completion of consultation. (All grants affected by the new contract have been given 1 years notice of termination.)

Adverse Impact:

Ending grants could potentially have a negative impact on both the individuals accessing the services and the providers themselves. If organisations become unviable due to the withdrawal of funding, their services may end. In order to understand this, financial analysis will be completed on existing providers to understand the financial viability of organisations that lose funding. Service users may be required to switch providers. This may create anxiety for them. However, equitable services will be provided and direct payments will be considered for individuals who do not want to switch providers so long as those providers remain viable organisations.

Positive Impact:

Commissioning a core offer of universal services will provide equity of services across the county that is currently missing. Including primary care into the model will enable more cohesion between primary and community based services, avoiding unnecessary admission into secondary care and allowing for a structured discharge from secondary care where appropriate.

In addition, commissioning a suite of services that is comparable with existing provision means that individuals will be able to access services that are already support them to remain independent. These new services may look radically different as KCC will be commissioning for outcomes rather than outputs.

Moving to longer term contracts will provide sustainability for the providers and services, moving away from annual funding that create uncertainty.

JUDGEMENT

Option 1 – Screening Sufficient NO

Justification:

Option 2 – Internal Action Required YES

Option 3 – Full Impact Assessment YES

Action Plan

See below

Monitoring and Review

New contracts will be monitored and reviewed. This will include the monitoring of individuals using the services in order gauge whether the service is reaching the groups we would expect it to in sufficient numbers. This will enable commissioners to understand whether things get better or worse as a result of the changes.

Equality and Diversity Team Comments

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Signed:
Name: Emma Hanson
Job Title: Head of Commissioning – Community Support
Date:

DMT Member

Signed:

Name: Mark Lobban
Job Title: Director of Commissioning
Date: 2.3.15

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Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
All	Current service users may lose a service which supports them to be independent	Minimum 6 months notice to end existing grants Mobilisation plans in place with Strategic Partners	Voluntary sector organisations and people accessing services have time to prepare for end of funding Individual can continue to access the same providers if they choose to – reducing disruption if the service is able to continue without KCC/CCG funding	S Scamell	March 2016	None – this is within existing programmed work Mobilisation workgroup including Commissioners and service user panel
All	Current service users may lose a service which supports them to be independent	Commissioning of equitable and existing services within the new service (including actions below)	Individuals will receive improved outcomes from the new services	Sue Scamell	April - 2016	The current value of the Community Mental Health and Wellbeing service is £5.964 million this includes monies from

						Public Health and the Clinical Commissioning Groups
All	Current Grant funding is inequitable	Mapping of mental health activity and deprivation levels across Kent	Ensure that financial investment reflects the level of need so services meet demand	Sue Scamell / Jess Mookherjee	April – Sept 2014	None – this is within existing programmed work Completed Sep 2014
All	Services may be perceived as not being inclusive and people may be reluctant to use them because of this.	Writing contracts / service specifications that stipulate services must be inclusive, adhere to equality legislation, and meet the needs of those with mental health issues	Services will be inclusive and no one will experience barriers – real or perceived – to accessing them	Sue Scamell / Heather Randle / Clare Maynard	April – Dec 2016	None – this is within existing programmed work Completed Nov 2015
All	Impact on those with protected characteristics is largely unknown due to lack of performance monitoring on equalities within existing services	Developing a performance monitoring framework that captures equalities information, as well as information regarding outputs and outcomes.	Increased understanding of whether the services are reaching those who need them in comparison to demographic and statistical information.	Sue Scamell / Heather Randle	April 2016	None – this is within existing programmed work Completed Nov 2015 This will be monitored through year 1 of the contract and changes made if

						required
	Individuals may experience a change in provider	Transition / implementation plan	Individuals whose provider may change will experience continuity of services and minimal anxiety and disruption	Sue Scamell / Heather Randle	Jan – March 2016	None – this is within existing programmed work
Disability Race Religion / belief	Individuals with English as a secondary language, poor literacy levels or low cognitive levels may be unable to participate meaningfully in engagement and consultation events	Use of easy read material Use of consultation material available in different languages Specific support for individuals where needed	All individuals will be able to participate meaningfully in engagement and consultation events and understand proposed changes	Sue Scamell Heather Randle	March – June 2015	Unknown – additional cost may be incurred from engagement events and use of materials Completed
All	Impact on those with protected characteristics is largely unknown due to lack of performance monitoring on equalities within existing services	Additional assessment to be completed as part of consultation and engagement phases and EqIA updated	Information will be used in contract monitoring and future commissioning by identify where there is unmet need, under	Sue Scamell /	Reviewed March 2015 Review undertaken following results of public consultation	Unknown – additional cost may be incurred from engagement events and use of materials Ongoing

			performance, barriers to inclusion and address these issues		From 1st April 2016 all providers will capture data and report back to KCC through the SP	