



**KENT COUNTY COUNCIL  
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

**Directorate:** Social Care, Health and Wellbeing

**Name of policy, procedure, project or service**

Mental Health Services- Promoting Independence Service

**What is being assessed?**

The potential impact of aligning the Housing Related Support (HRS) service and the mental health Supporting Independence Service (SIS) to commission a new service that supports independence and recovery.

**Responsible Owner/ Senior Officer**

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

**Date of Initial Screening**

13<sup>th</sup> January 2016

**Date of Full EqIA:**

<b>Version</b>	<b>Author</b>	<b>Date</b>	<b>Comment</b>
V0.1	Laura Pearce & Martin Field	13/01/2017	
V0.2	A Agyepong	20/01/2017	Comments for review
V0.3	Laura Pearce	25/01/2017	Following comments and further advice
V.04	A Agyepong	26/01/2017	Comments for review
V0.5	L Pearce	27/01/17	Following comments and additional information
V0.6	L Pearce	02/02/2017	Added Kent data
V0.7	E Hanson	02/02/2017	
	A Agyepong	03/02/2017	Comments



## 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 <b>HIGH/MEDIUM</b> <b>LOW/NONE</b> 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	No- We know that Mental Health can affect people of any age, however our data shows that it is primarily people of middle age that use our services.	Medium	Low	<p>a) Yes</p> <p>The service will be open to all individuals assessed as requiring support 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.</p> <p>Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.</p>	<p>Yes-The service will open to all individuals with an assessed need regardless of age.</p> <p>The new service will be tailored to the individual to receive the type of support they need when they want it. This means that type of support will be age appropriate for the individual rather than a one size fits all blanket support approach</p>



				<p>b) Yes there is a need to collect additional data from current users and providers of the service through the public consultation to ensure that the new service is also fit for purpose for the younger and older age groups.</p>	
<p><b>Disability</b></p>	<p>Yes- individuals with a disability are more likely to suffer from mental health conditions</p>	<p>Medium</p>	<p>Low</p>	<p>a) Yes</p> <p>The service will be open to all individuals assessed as requiring support 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.</p> <p>Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.</p> <p>b) Yes there is a need to collect additional data from current users and providers of the service through the public consultation and engagement as we are unsure of the</p>	<p>Yes-The service will open to all individuals with an assessed need regardless of disability.</p> <p>The new service will be tailored to the individual to receive the type of support they need when they want it and in a form appropriate for them.</p> <p>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</p>



				numbers of clients with a mental health issue who also have a disability and what impacts the change of service might have.	accessing services and informing commissioning proposals.
<b>Gender</b>	Yes- we understand that there are a range of gender specific conditions that can have an impact on mental health- such as post natal depression, pregnancy and birth related psychosis and domestic violence. We also know that middle age men are vulnerable to suffering from poor mental health.	Medium	Low	<p>a) Yes</p> <p>The service will be open to all individuals assessed as requiring support 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.</p> <p>Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.</p> <p>b) Yes, we know that currently 2/3rds of current clients are male and so we need to ensure that we are also engaging with female client groups to capture their experiences and views. We will aim to</p>	<p>Yes-The service will open to all individuals with an assessed need regardless of gender.</p> <p>The new service will be tailored to the individual to receive the type of support they need when they want it and in a form appropriate for them.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to monitor the gender breakdown. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.</p>



				capture these during consultation and engagement and update the EqIA upon collection of data.	
<b>Gender identity</b>	Yes- transgender individuals are vulnerable to mental health issues?	medium	unknown	<p>A)-Yes The service will be open to all individuals assessed as requiring support 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.</p> <p>Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.</p> <p>b) Yes – The number of individuals on the gender reassignment pathway is unknown, due to lack of equalities monitoring, 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</p>	<p>Yes-The service will open to all individuals with an assessed need regardless of gender identity.</p> <p>The new service will be tailored to the individual to receive the type of support they need when they want it and in a form appropriate for them.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to monitor the gender identity (subject to client disclosure) breakdown. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.</p>



				<p>rates.</p> <p>This assessment will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	
<p><b>Race</b></p>	<p>Yes</p> <p>Yes</p> <p>Racially motivated hate crimes can lead to mental health issues.</p> <p>Some BME communities may experience social isolation / depression as result of being away from social networks in a new country.</p>	<p>medium</p>	<p>unknown</p>	<p>A)-Yes</p> <p>The service will be open to all individuals assessed as requiring support 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.</p> <p>Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.</p> <p>B) Yes – further assessment is required</p> <p>The racial profile of people accessing current services is unknown due to lack of equalities monitoring. Additional</p>	<p>Yes-The service will open to all individuals with an assessed need regardless of Race.</p> <p>The new service will be tailored to the individual to receive the type of support they need when they want it and in a form appropriate for them.</p> <p>The service will be inclusive and performance monitoring will enable commissioners to monitor demographic data. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.</p>



				<p>assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information.</p> <p>This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	
<p><b>Religion or belief</b></p>	<p>Yes – people of different religious beliefs can experience hate crime and discrimination leading to mental health issues. In addition, different religions may also have differing attitudes towards mental health</p>	<p>medium</p>	<p>unknown</p>	<p>A)-Yes The service will be open to all individuals assessed as requiring support 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.</p> <p>Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.</p> <p>a) Yes – further assessment is required</p>	<p>Yes-The service will open to all individuals with an assessed need regardless of Religion or belief.</p> <p>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.</p>



				<p>The religious profile of people accessing current services is unknown due to lack of equalities monitoring. 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.</p> <p>This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	
<b>Sexual orientation</b>	Yes	Medium	Low	<p>A)-Yes The service will be open to all individuals assessed as requiring support 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.</p> <p>Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.</p>	<p>Yes-The service will open to all individuals with an assessed need regardless of sexual orientation.</p> <p>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</p>





				<p>b) Yes 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.</p> <p>This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.</p>	<p>underperformance and break down barriers that prevent people accessing services.</p>
<b>Pregnancy and maternity</b>	n/a				
<b>Marriage and Civil Partnerships</b>	n/a				
<b>Carer's responsibilities</b>	Yes- mental health issues can be exacerbated or brought on due to caring	Medium	Low	A)-Yes The service will be open to all individuals	Yes-The service will open to all individuals with an assessed need regardless of carer's



	responsibilities		<p>assessed as requiring support 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.</p> <p>Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.</p> <p>B) yes – further assessment is required</p> <p>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.</p> <p>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.</p>	<p>responsibilities.</p> <p>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.</p>
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				Further assessment to understand this impact will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	
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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

## 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

State rating & reasons

**Medium**, if this proposal is implemented, namely commissioning a new service, then it is likely that some users of mental health services may experience a change in provider. This will be dependent on who is awarded the contracts and transition plans will be developed. People will have an equitable service with the same services being defined by an outcome specification and will be provided across Kent. The fundamental aim of the service will be to provide flexible, responsive care which can adapt to the needs of the individual in order to support their journey to independence and mental wellbeing.

### Context

The current supporting independence service (SIS) and Housing related support (HRS) service contracts are coming to an end in October 2017. This has provided us with an opportunity to align the two services and commission a new service which better meets the need of the individual.

The SIS service currently:

- Enables people to live independent lives in the community it is provided for people with Mental health issues
- People can chose how and when they are supported, giving choice and control over the type of care and support received
- SIS can be purchased on a one to one basis or for two or more people as a shared service. In either case SIS will be delivered in the person's home or within the community, as required



The HRS service currently:

- Aims to end social exclusion and enable vulnerable people to maintain or to achieve independence avoiding institutional care and statutory services such as hospitals, prison or a life on the streets
- Equally it aims to help people in institutional care to move to a more independent and stable home in the community
- The programme was delivered under the auspices of the Local Government Act 2000 section 93 following a court ruling in 1997 that housing benefit could no longer be used to fund care and support

The setup of the current contract means that an individual generally receives a set level of support which can only be changed following a formal review process. The person will continue to receive the assessed level of support regardless of whether the needs change during this period. Research has shown that peoples mental health needs can be subject to unpredictable fluctuations. The fundamental aim of the new contract is to enable the provider to respond to fluctuations in the level of support required according to individual need.

### **Aims and Objectives**

To Recommission a service that;

- Promotes and maintains independence
- Enables people to have choice and control
- Supports the move to most suitable accommodation... wherever possible own tenancy in the community
- Avoids duplication, waste and confusion
- Identifies and fixes gaps in pathways
- Enables KCC to work more strategically with providers
- Develops a better range of housing options as outlined in *KCC's Accommodation Strategy*
- Provides the right support where and when it is needed
- Allows for greater flexibility to Increase/decrease support to meet fluctuating needs



## **Beneficiaries**

The service will benefit anyone who experiences mental health and wellbeing issues.

Families and carers may also benefit from people's needs being met in a more responsive way.

Kent County Council and NHS England as the transformed service will ensure that independence is maximised and support is delivered where and when it's needed reducing the likelihood of people needing more intense interventions.

Robust procurement processes will ensure that quality services are delivered which represent value for money.

## **Kent data**

The total population of Kent (excluding Medway) is estimated to be 1,524,700 people.

Of all of the local authority districts in Kent, Maidstone has the largest population with 164,500 people. Dartford has the smallest population with 103,900 people.

## **Age**

Kent has a smaller proportion of middle aged people compared to England, particularly in the age group 20-44 years. •Kent has an older age profile than the national average with greater proportions of people aged 45+ years than England.

## **Disability**

Using the broadest definition (2011 Census) 257,038 residents in Kent (17.6%) have a health problem or disability which limits their day-to-day activities

Personal Independent payment (PIP) was introduced to replace DLA for working age people in Spring 2013 and began to be phased in in Kent in July 2013

7.9% of the population in Kent are claiming a disability benefit - Disability Living Allowance (DLA), Personal Independence Payment (PIP) or Attendance Allowance (AA) - equivalent to 121,001 claimants



A higher proportion of women (7.4%) claim disability benefits in Kent than men (6.7%)

A physical disability or health condition is the most common reason for a claim for a disability benefit. This accounted for 72.4 % of all claims in Kent

A higher proportion of people aged 65 and over (19.1%) claim disability benefits than those aged 16-64 (5.5%) or those aged 15 and under (4.2%)

Thanet district has the highest proportion of disability benefit claimants in the county with 11.5% of the resident population DLA/PIP or AA

The employment rate for people who are disabled in Kent is 53.3%. This is lower than the employment rate for people without a disability which is 79.9% in Kent.

Tonbridge & Malling district has the highest employment rate for people with a disability (75.2%)

### **Ethnicity-**

Kent is the largest non-metropolitan local authority area in England with a resident population of 1,463,740 people as at 2011 Census. This figure excludes the Medway Council area.

The largest ethnic group in Kent is White. 93.7% of residents belong to this ethnic group whilst the remaining 6.3% of residents are from a Black Minority Ethnic (BME) group.

Almost three quarters of Kent residents follow a religion. 915,200 people are Christian which equates to 62.5% of the total population. (See page 9 for details)

Just over 9% of Kent residents were not born within the UK.

2.5% of households in Kent do not have anyone who speaks English as their main language living there.





## **Gender-**

There are slightly more female residents than male residents in Kent. 51% (777,300 people) residents are female and 49% (747,400) male. This pattern is seen in all of Kent's local authority districts.

However, the male to female ratio changes with age. On the whole there tends to be more males than there are females up to the age of 29 years. Beyond this age, there are more females than males, although the exact age at which there become more females than males does vary between each local authority district.

## **Mental Health Information and Data** (source: Mental Health Joint Needs Assessment, June 2015)

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.

### Economic implications:

- 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.



## Age

Mental health issues can impact anyone at any time in their life:

- 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
- Gypsy Roma Traveller community
- 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.

### 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 than 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

(Source: Mental Health Joint Needs Assessment, June 2015)

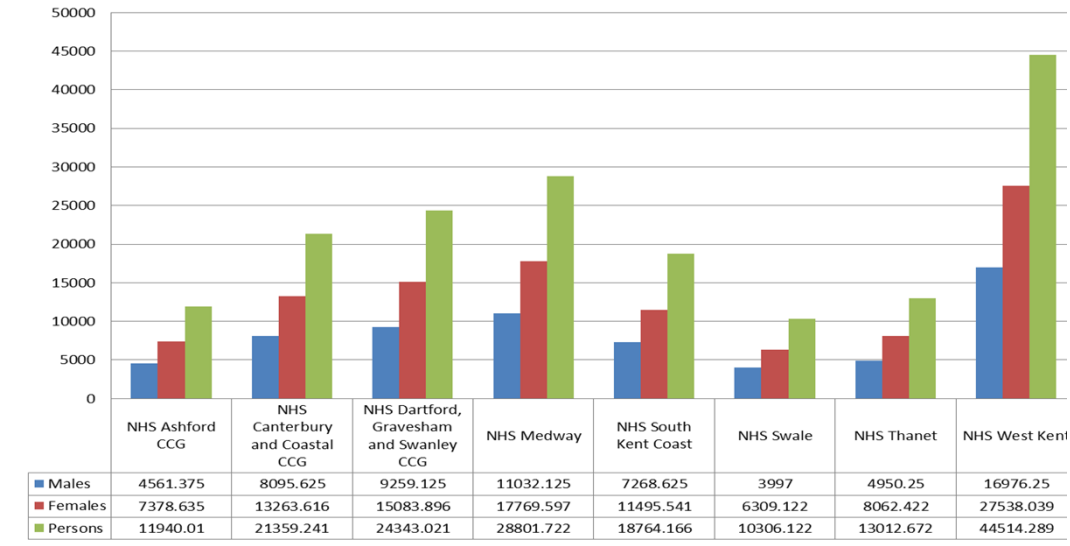
<b>Table 1 % <u>at risk</u> of mental health problems</b>		<b>Estimated number <u>with</u> mental health problems in Kent</b>
Asylum seekers & refugees	50%	16
Gypsy Roma and Traveller communities	35%	3,500 or 1639
People who are lesbian, gay or bi-sexual	39.4%	9,450
People with a learning disability	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 monitoring it is however, unknown how many of these groups are accessing current mental health services.

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

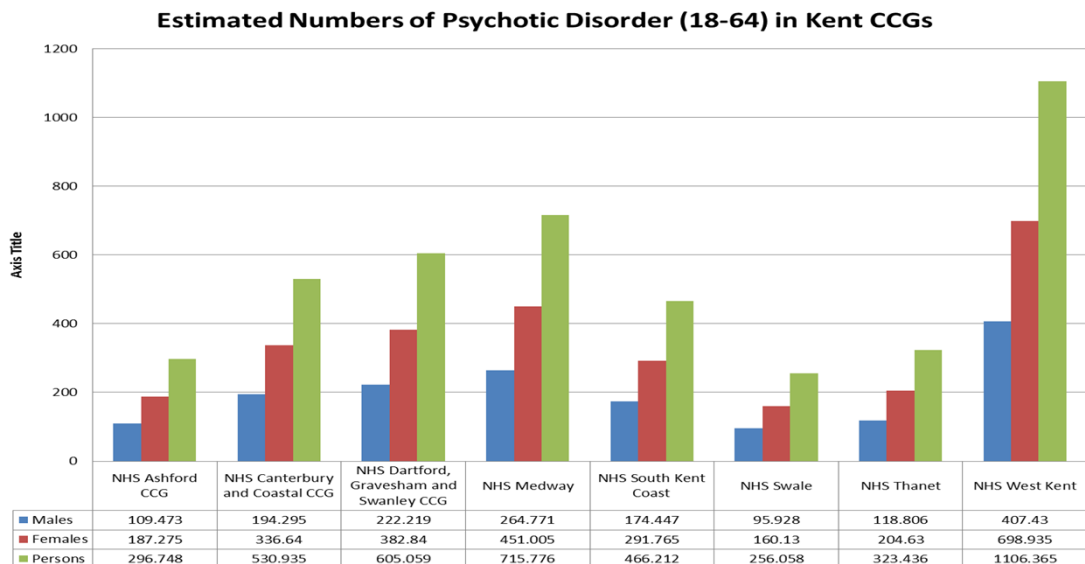


**Estimated Numbers of Common Mental Health Disorder for Adults (18-64) in Kent CCGs**



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

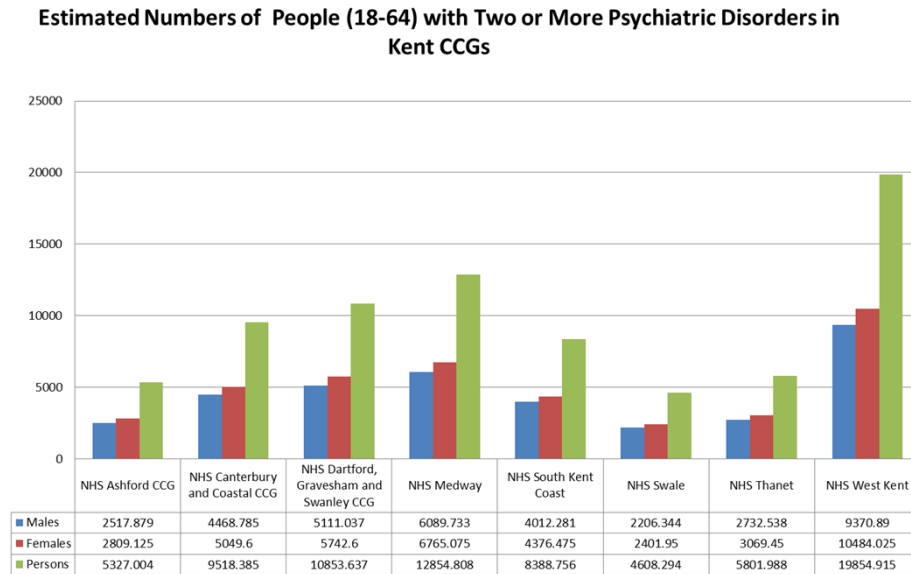
Chart 2: Illustrating the estimated numbers of people aged 18 – 64 in Kent CCG areas with psychotic disorders



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 male



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



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

### **Public Consultation**

A public consultation will commence on 10<sup>th</sup> February 2017 and close on 24<sup>th</sup> March 2017. We are looking to seek the views and opinions of current users of mental health services and providers and future users of mental health services and providers on the proposed new service model.

### **Involvement and Engagement**

Engagement with users of mental health services, carers, current providers and future providers to co-produce the service has begun.

We began this journey by holding a workshop that was open to all those interested in mental health services in order to understand what works and what doesn't, and what we should do differently. We have also talked to people with lived experience of these services in the following ways:



- Visited a supported accommodation units across Kent to talk to residents about their journeys, experiences and ideas about what we could do better.
- Asked an independent social enterprise organisation, ActivMob to conduct interviews with people who are using or have used services.

We also held a series of workshops with providers of these services so they could actively be involved in helping shape what the new model will be:

- Helping people to achieve their outcomes- 12<sup>th</sup> December 2106
- Partnership and New Ways of working - 14<sup>th</sup> December 2016
- Paying for outcomes- 24<sup>th</sup> January 2017

### **What we have heard**

People have told us they want a new service that:

- Enables them to have choice and control
- Treats them with dignity and respect
- Promotes their wellbeing and supports their recovery
- Helps them to remain independent
- Supports them in the most suitable accommodation... wherever possible their own home in the community
- Makes life easier of them, avoids duplication and confusion
- Provides the right support where and when it is needed
- Allows for greater flexibility of support to meet their changing needs

Providers have told us:

- There is much more they can do to support people to be independent and well
- That the way we contract at the moment means they cannot innovate and deliver what people really want
- That we need to trust them to do the right thing
- That we need to work with them as partners
- We need to move away from time and task models and commission for outcomes







## Action Plan

See below

## Monitoring and Review

New contracts will be regularly monitored and reviewed. This will include regular assessments of individuals receiving the service as well as a robust programme of contract management.

## 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: 06.02.2017



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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 users of mental health service may experience a change in provider	Mobilisation plans in place with and continuity of service will be maintained to minimise anxiety	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 through a direct payment	E Hanson	October 2107	None – this is within existing programmed work  Mobilisation workgroup including Commissioners and users of mental health services panel
All	Current mental health spend is inequitable across the county and we do not currently have the data to map against protected characteristic	Mapping of mental health activity and deprivation levels across Kent (to include protected characteristics)	Ensure that financial investment reflects the level of need so services meet demand	E Hanson	October 2018 as we collect data under the new contract	None – this is within existing programmed work
All	Impact on protected	Developing a	Increased	E Hanson	October 2017	None – this is



	characteristics is largely unknown due to lack of performance monitoring on equalities within existing services	performance monitoring framework that captures equalities information, as well as information regarding outputs and outcomes.	understanding of whether the services are reaching those who need them in comparison to demographic and statistical information.			within existing programmed work
All	Availability of up to date demographic data	Work with relevant parties to obtain most recent information	Ensure that all parties are accurately represented at the time of new contract	E Hanson	October 2017	
All	Ask providers for data/ trends that they may have with regard to accessing HRS/SIS by different PC's	Consultation				
	Speak to people (by PC's) to test out their experience of HRS/SIS	Consultation				
Disability	Individuals with	Use of easy read	All individuals	E Hanson	February 2017	Unknown –



<p>Race Religion / belief</p>	<p>English as a secondary language, poor literacy levels or low cognitive levels may be unable to participate meaningfully in engagement and consultation events</p>	<p>material  Use of consultation material available in different languages if requested  Specific support for individuals where needed</p>	<p>will be able to participate meaningfully in engagement and consultation events and understand proposed changes</p>			<p>additional cost may be incurred from engagement events and use of materials</p>
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