Appendix 4

Equality Impact Assessment

Stockton-on-Tees
BOROUGH COUNCIL

Section One: About the Strategy / Policy / Function

Service Group CESC	Service Adult Services	Section Adult Mental Health	Lead Officer For EIA Julie Nixon
Support Officer(s) Peter Mennear		**EIA Completion Date** 18 July 2013	
1) Name of policy / function	Efficiency, Improvement and Transformation (EIT) Review of Adult Mental Health Services		
2) Is this new or existing?	Existing policies and service delivery - the review proposes changes to the way in which Adult Mental Health Social Care Services are delivered, and is part of the Council's overall EIT programme that is examining all Council services. The review has been undertaken by the Adult Services and Health Select Committee, supported by a project team. An EIA was considered by Committee and Cabinet when the proposals for change were agreed in principle in February 2013. This version has been updated to include the results of the 12-week consultation process which followed agreement of the proposals in principle in May.		
3) What is the overall aim(s) of the policy / function?	[NB. This section describes the aims and proposals of the review] The EIT review is examining adult mental health social care services for working age adults. The review was undertaken to identify options for future strategy, policy and service delivery that will deliver efficiency savings and improve outcomes for clients in receipt of services, whilst ensuring maximum inclusion in line with personalisation. This EIA has been completed as part of the development of options and principles of future service delivery, and includes the results of a 12-week period of public consultation. The results of the consultation and the EIA are to be used by the Select Committee in order to inform its final recommendations, which will then be submitted to the Council's Cabinet for a final decision. The review is proposing the following recommendations, which include a number of changes to the provision of adult mental health services for clients of Stockton Council: 1. service users and carers should be involved in the design of the new services proposed in this report, and be supported throughout the transition period; 2. providers including the voluntary sector should be engaged and supported to develop services that		

	meet the assessed needs of service users and attract personal budgets.
	3. the provision of information, advice, and signposting services for service users be improved to enable them to identify appropriate services, and this should include working with existing advice and signposting services;
	4. support to service users in taking personal budgets to access services that meet their assessed needs should be strengthened, and consideration be given to temporary additional resources in this area as part of the implementation plan;
	5. the Council should support development of alternative provision of day time activities in the third sector / independent sector, invest in Community Bridge Building as a key intervention and support service for adult mental health service users subject to a successful outcome to the pilot, and cease providing the in-house day services provided at Norton Road and Ware Street (the Links Unit);
	6. alternative options for rehabilitation, respite and short break services be developed to enable a more flexible approach to service provision and achieve better value for money, and that the in-house respite and rehabilitation beds at Ware Street be ceased;
	7. a) the community support service specification and eligibility criteria be revised so that it becomes a short term intensive support service based on the recovery model (up to a maximum period of 12 weeks); b) the current in-house community support service be re-configured in order to meet the needs of the revised specification, and that any ongoing assessed needs beyond the 12-week period, are met through commissioned services or personal budgets;
	8. the Council should ensure that the service user and carer involvement functions are embedded into the wider adult social care arrangements for involvement and consultation, and cease provision of the dedicated service user and carer involvement posts.
	9. the Council should appoint a Mental Health Member champion in order to raise awareness of mental health issues across the Local Authority and with partners.
4) What are the objectives of the policy / function?	[NB. This section describes the existing policies/services] The services under review include: day services, rehabilitation, respite, the community support function, user and carer involvement, and commissioned 24hr residential care. In-house services are provided at 70 Norton Road (day services), and Ware Street Resource Centre (out of hours day services, rehabilitation, and respite services). People with a mental health needs may or may not be eligible for community care services. This will depend on their level of need following an assessment process. The NHS and Community Care Act 1990 sets out the need to ensure that people live safely in the

community.   It identifies that Councils with social care responsibilities should assess the needs of people and arrange provision of community care services to meet these needs. This can include arranging the provision of residential accommodation for persons with a mental disorder, or to prevent mental disorder. Guidance on eligibility criteria was renewed in 2010 and is now called 'Prioritising Need in the context of Putting People First' (previously called 'Fair Access to Care Services' - FACS).

S.117 Mental Health Act 1983 places a duty on local authorities with social services functions, together with certain health bodies, to provide after-care services for mentally disordered patients who have ceased to be detained under S.3 Mental Health Act 1983 or certain hospital orders.

Assessment is based upon the risk factors associated with autonomy, health and safety, managing daily routines, and involvement in family and community life. Clients may be placed in one of four bands of need: Low, Moderate, Substantial, or Critical.

Councils are able to set their own level of eligibility criteria; Stockton Council's was amended as of 1 April 2011. Only clients who are assessed as having Substantial or Critical needs will be eligible for community care services.   However the new guidance makes clear that appropriate signposting and information services, universal community services that are open to all, and targeted community services, should be in place for those not eligible for social care, but who will need some form of access to support and activities to prevent them from deteriorating to the point at which they will become eligible for community care services.

If a client is assessed as having eligible needs a care package would be put in place tailored to their individual needs. Clients receive an initial 6-week review of the care package, followed by an annual review of their care or more often if needs change frequently.

Assessment in adult mental health services is undertaken by the Access Team which includes social work, nurse and consultant input. Those with eligible needs are referred to either the Affective Disorder or Psychosis Teams for their care planning and ongoing care management. Care managers are qualified mental health practitioners and could be social workers, occupational therapists, nurses, or medical staff, dependent on the individual case.

The previous National Service Framework set out guidance to reduce the use of in-patient beds and increased care in the community. The white paper 'Our Health, Our Care, Our Say' increased the focus on providing both NHS and local authority services on a more flexible basis, with focus on individual needs and care closer to home. Generally speaking, services over the previous ten years have included a reduction in the amount of day centre type provision, and more focus on the community-based social inclusion model.

Current Government policy guidance from the Department of Health is set out in "No Health without Mental Health". It is a cross-government mental health outcomes strategy for people of all ages (Dept. of Health 2011). The commitments in the strategy include the following:

a)   improve the mental health and well-being of the population
b)   keep people well
c)   ensure that more people with mental health problems regain a full quality of life as soon as possible.

Personalisation is increasingly important for mental health social care services, and the Government has demanding targets for the take up of personal budgets.

In Stockton the Local Authority lead the Mental Health Strategy Group which brings together commissioners, operational staff, health staff and other stakeholders to implement both the strategy and best practise recommendations of the Department of Health. Within other best practise models, Stockton Council are promoting the use of the Mental Health Recovery Star Model, this is being included in contract specifications and is recognised as a good practice example in support planning for Reablement.

When providing, and proposing changes to, services the local authority must have due regard to the general equality duty under s.149 of the Equality Act 2010. The Act replaces the Race, Gender, and Disability duties, and came into force on 5 April 2011. The Act extends protected characteristic status to the following: age, disability, sex, gender reassignment, pregnancy and maternity, race, religion and belief, sexual orientation, and marriage and civil partnership.

The Act requires the local authority (and other providers of publicly funded services) to, in the exercise of its functions, have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

Having 'due regard' means consciously thinking about the 3 aims of the Equality Duty as part of the process of decision making. This means that consideration of equality issues must influence the decisions reached by public bodies including the development and review of policy, service delivery, and commissioning and procurement.

Having due regard to the need to advance equality of opportunity involves:

	- removing or minimising disadvantages suffered by people due to their protected characteristics; - taking steps to meet the needs of people from protected groups where these are different from the needs of other people; - encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low. The duty is continuing one and 'due regard' must be given before and at the time a particular decision is being considered which may affect people with protected characteristics. In addition to any or all of the other protected characteristics, people eligible for adult mental health services are covered by the Act as a protected group due to their disability.
5) Who implements this policy / function within Stockton-on-Tees and how?	The services under review are the responsibility of Stockton-on-Tees Council. They are part of the Integrated Mental Health Service which is managed by Tees, Esk and Wear Valleys NHS Foundation Trust under a partnership agreement with the Council. The care management function is also part of the Integrated Service. Stockton Borough Council has a charging policy for non-residential clients, and charging policy for use of Ware Street beds. The assessments are carried out by staff in the Client Financial Services section within CESC Adult Services. It is important to note that any client that is classed as S.117 (Clients that have been detained under Section 3 of the Mental Health Act) do not pay contributions for any services that they receive following their detention.
6) Are there any partner agencies involved in the delivery of this policy / function? If so, whom?	TEWV NHS Foundation Trust manages the delivery of in-house services as outlined above, and provide the specialist health services that may be accessed by this client group (nb. the health services are not the responsibility of the Council). A number of residential placements are commissioned from external providers, and these placements are both in and out of the Borough.
7) Are other services affected by this policy / function? If yes which are they?	Some clients who are currently in adult services have previously been in receipt of children's services, which are also provided by CESC. Children from 14 years are supported through the transition process. Housing Services are responsible for housing policy and strategy for the Borough which includes developing independent living options for people with mental health needs where appropriate, and the provision of advice through the Housing Options service. Responsibility for a number of Public Health services transferred to the Local Authority in April 2013. These services include the promotion of mental health, the prevention of mental ill-health, and suicide

	prevention.

Data Review and Analysis

The data analysis should be used to identify who are the actual and potential customers for this policy. And any significant findings across the diversity strands i.e. any data that shows a difference or tells a story about the strand

NATIONALLY COLLECTED DATA e.g. Census 2001, Labour Force Survey etc.
Please list significant findings for age, disability, faith/belief, gender, race, sexual orientation and community cohesion.

Stockton-on-Tees has a population of 191,621 and the working age population (18-64) is 119,384 (Census 2011).
29,951 are aged 65+ (Census 2011), and this is projected to increase by 62% by 2029 (JSNA - Joint Strategic Needs Assessment 2010).

Less than 5% of the population is from the BME community, and the majority of the BME community is of Pakistani heritage.

The causes of mental disorder are extremely complex and include physical, social, environmental and psychological issues. It is widely accepted that 1 in 4 people will experience mental health problems however estimating the prevalence of mental health problems is not straightforward and relies upon estimates and modelling from a range of national studies such as the National Psychiatric Morbidity Survey. The estimates are that at any one time, 16% of adults aged 16-74 have a neurotic disorder such as depression, anxiety, panic disorder, phobias and obsessive compulsive disorders which translates as 1 person in 6. In 2011-12, 17.3% of the Stockton population had depression compared to England average of 11.7%. More serious psychotic disorders are much less common, affecting approximately 4 per 1000 adults aged 16-64.

Mental health conditions are strongly associated with socio-economic deprivation and the connection between rates of mental illness and other factors such as poverty, unemployment and social isolation is well established. Employment opportunities for people with mental health problems in Stockton are very limited and of those long term unemployed claiming incapacity benefit, two thirds have a mental health problem.

Mental health needs in Stockton are higher than the national average and the promotion and development of good mental health is essential to the human, social and economic development of the borough. Whilst the development of high quality mental health services is an important part of delivering this agenda, the potential to promote good mental health lies with a number of agencies such as those responsible for housing, regeneration, social care, employment, leisure and health. (All data from Stockton-on-Tees JSNA 2013)

The term mental health problem is used widely and covers a wide range of problems which affect the individual's ability to cope with their daily life. It also acknowledges that a problem is not necessarily an illness. Mental disorder is a clinically recognised disorder or disability of the

mind.

LOCALLY COLLECTED DATA e.g. IPSOS MORI Household Survey, BVPIs, Viewpoint
Please list significant findings for age, disability, faith/belief, gender, race sexual orientation and community cohesion

n/a

SERVICE AREA COLLECTED DATA e.g. Comments and Complaints, User Surveys, Evaluation Forms.
Please list significant findings for age, disability, faith/belief, gender, race sexual orientation and community cohesion

The demographic breakdown of the client group is as follows:

Age Group	18-29	30-39	40-49	50-59	60-69	70-79
Percentage	8%	13%	22%	31%	21%	5%

Ethnicity	White British	Asian	African	Other	Info not available
Percentage	94%	2%	1%	1%	3%

Gender	Male	Female
Percentage	49%	51%

Additional disabilities	Yes	No
Percentage	1%	99%

(Three people had mobility problems and one was hard of hearing.)

Stage one consultation was undertaken to gather service user and carer views on current services. The results of this were used to develop the proposals for change. The full results of stage one can be found via:

http://www.egenda.stockton.gov.uk/aksstockton/users/public/admin/kab10.pl?cmte=&operation=DETAIL&cdr_id=D130015&phase=two&arc=&meet=

Following Cabinet approval of the proposals in principle, they were put forward for 12-week public consultation that took place between 18 March and 7June 2013. The summary results are include in the main report and this EIA, and the detailed results are available at:
http://www.egenda.stockton.gov.uk/aksstockton/users/public/admin/kab14.pl?operation=SUBMIT&meet=33&cmte=AHS&grpid=public&arc=71

The following were consulted: a range of interested parties including: services users, families and carers including young carers, service providers including SBC staff, interest groups, and the wider public.

Overall the approach included:
- A consultation document including a survey which was posted to all service users and carers and made available to stakeholders. 105 responses were received;

- All service users and carers were informed of the opportunity to discuss the review and consultation with their care managers in a 1:1 setting;

- A dedicated webpage was created on the SBC website, including a link to the survey and copy of the consultation document;

- Awareness raising via Stockton News and press releases;

- Six public, facilitated consultation events were held in Stockton, Thornaby, Billingham and Yarm;

- Briefings for SBC staff, Members, trades union, and local MPs;

- A briefing was circulated to the following organisations with an offer of attendance where appropriate: Renaissance Board and Area Partnerships, Parish and Town Councils, Health and Wellbeing Board and Partnership, Hartlepool and Stockton-on-Tees CCG, Tees, Esk and Wear Valleys NHS Foundation Trust's Stockton Constituency Governors, Catalyst, BME and Faith Networks, and Disability Advisory Group. The information was re-circulated to the BME Network on request. All requests to attend a meeting were met;

- The following groups/sessions were attended: Central Area Partnership, Northern Area Partnership, Over 50s Assembly, Carers Group at Ideal House, a session with carers organised by George Hardwick Foundation, the Mental Health Patient and Public Involvement Group, the independent voluntary group SURGE, and young carers support group Eastern Ravens.

- Stockton LINk were involved in discussions on the planning of the consultation prior to the transition to Healthwatch. In advance of the transition in April 2013, Healthwatch Stockton were made aware of the consultation and chose to carry out a parallel consultation exercise. A report was subsequently developed in partnership with MIND – who in the course of the consultation - spoke to 43 users and carers (including representatives from Norton Road, Ware Street, New Horizons, and SURGE).

A brief summary of the main issues is as follows:

- Overall there was support for an increase in choice, focus on recovery and more flexible services, but it is clear that a number of current users of Ware Street and Norton Road do not wish to see any change;

- A key issue is the recognised need for more support for clients to effectively access and use personal budgets. It is evident there is work to do by commissioners to further stimulate provider interest in personal budgets, increasing the range of services available locally in the community and ensuring these are sustainable;

- The survey showed generally positive responses to most proposals, however slightly more people disagreed than agreed with the proposal to change the nature of community support. A number of people were concerned that at the end of the twelve week period they would no longer have support.

- At the public and stakeholder events, there was discussion about the need to raise awareness of personal budgets and the help that some would need to use them, support for existing services from current service users, emphasis on the importance of friendship groups/social interaction, and the benefits of greater choice and independence.

- The Healthwatch report presents a number of negative responses to the individual proposals, with limited understanding of personal budgets amongst service users and staff who were interviewed. These comments are made by existing users of services (and their carers) and reflect their concerns about proposed changes to services. The report contains a number of suggested recommendations for Stockton Council.

- A common theme was the need for greater communication with regard to future services and a request for involvement of service users and carers in the design of services.

The survey was a significant part of the consultation and the following information provides the breakdown of the survey respondents:

105 responses were received in total. 72 were from service users, 23 from carers/supporters, and 10 from other interested persons. For some of those stating that they were 'other interested person' the following descriptions were provided: someone with mental health issues but not a service user, someone that is registered with the George Hardwick Foundation, CAB volunteer, ex-service user, social workers, legal adviser, student, carer, psychiatric nurse, TEWV support worker, Stockton resident.

Age range	Percentage of Respondents	No. of respondents
0 – 19 years	0	0
20 – 29 years	10.7%	9
30 – 39 years	12.0%	10
40 – 49 years	25.0%	21
50 – 59 years	34.5%	29
60 – 69 years	15.5%	13
70 – 79 years	2.4%	2
80+	0	0

Prefer not to say   0
Total Response   84
No response   21

Ethnicity	Percentage of Respondents	No. of respondents
White: English/Welsh/Scottish/Northern Irish/British	98.8%	81
White: Gypsy or Irish Traveller	1.2%	1
Any other background	0.0%	0
Prefer not to say	0.0%	0
Other (please specify)		1
Total responses		82
No response		23

The respondent selecting 'other' chose several options

Nationality	No. of respondents
United Kingdom / British	51
English	20
No response	34

Gender	Percentage of Respondents	No. of respondents
Male	51.3%	39
Female	46.1%	35
Prefer not to say	2.6%	2
Total responses		76
No response		29

Do you consider yourself to be a person with a disability as described by the Equality Act 2010?	Percentage of Respondents	No. of respondents
Yes	66.2%	49
No	23.0%	17
Prefer not to say	10.8%	8

Total responses		74
No response		31

Marital Status	Percentage of Respondents	No. of respondents
Single	46.3%	37
Married	28.8%	23
Civil Partnership	1.3%	1
Living with partner	8.8%	7
Separated	0.0%	0
Divorced	12.5%	10
Widow	0.0%	0
Widower	1.3%	1
Civil widow	0.0%	0
Civil widower	0.0%	0
Prefer not to say	1.3%	1
Total responses		80
No response		25

Service in UK Armed Forces	Percentage of Respondents	No. of respondents
I am currently serving in the UK Armed Forces (including Territorial Army)	28.6%	2
I previously served in the UK Armed Forces (including Territorial Army)	42.9%	3
Prefer not to say	28.6%	2
Total responses		7
No response		98

Stage 2 Scoring the Policy

Now that you have all the information available you can move onto scoring the policy for impact:

	Does it reduce discrimination?		Does it or is it likely to promote equality of opportunity?		Does it promote good relations between these groups?		Does it encourage participation in public life and access to council services?		Does it promote positive attitudes and images to different groups?		Total Score for strand
Age	2	☐	2	☐	2	☐	2	☐	2	☐	10
Disability	2	☐	3	☐	2	☐	3	☐	2	☐	12
Faith/Belief	2	☒	2	☒	2	☒	2	☒	2	☒	10
Gender	2	☐	2	☐	2	☐	2	☐	2	☐	10
Race	2	☐	2	☐	2	☐	2	☐	2	☐	10
Sexual Orientation	2	☒	2	☒	2	☒	2	☒	2	☒	10
Community Cohesion	2	☐	3	☐	2	☐	3	☐	2	☐	12
									Total Score		74

Scoring System:

- Score 3 if the policy has a positive effect
- Score 2 if the policy has a neutral effect
- Score 1 if the policy has a negative effect
- If a score has been awarded due to lack of data rather than anticipated effect please indicate by using **the check box**

Evidencing the Score - Positive impact scores (3) should be evidenced in the table below. This is not a repeat of the data in the review and analysis section but a demonstration of how the policy or strategy is having a positive impact. For example, if there is a specific section in a document that sets out what you are trying to achieve, please reference here.

Score being evidenced	Reference / Source / Justification for the score
Positive scores for Disability and Community Cohesion in relation to 'promotion of equality of opportunity' and 'encourage participation in public life and access to council services'.	The proposals for day time activities seek to increase opportunities for increased integration in the community for adult mental health service users, in line with the approach to personalisation and the recovery model. Personalisation provides the opportunity to consider an individual's strengths and preferences when designing a package to meet their assessed needs. A more personalised community based approach to services would be an alternative to service users entering 'traditional' building-based services for substantial periods of time, and assist with the recovery model approach which has the ultimate aim of seeing people rehabilitated and self-reliant. Proposals to increase service users choice and control of their lives, could see an increase in attendance at a range of universal/community based local public services (for example leisure facilities) funded through personal budgets, along with other voluntary and independent sector-based sources of support. The Community Bridge Building service continues to be assessed for its suitability for mental health services, and if fully rolled out would provide additional support to service users as they access mainstream services, including volunteering and leisure opportunities. The proposals also aim to develop more choice in relation to short break services as an alternative to traditional respite care. Following the consultation, it is clear that in-house services, although utilised by only a few of the client group as a whole, have a number of users that are closely attached to the services. Discussion of proposed changes may cause disruption to their care and friendship groups, and this risk will need to be mitigated through ongoing engagement and appropriate care management.

Equality Impact Assessment Summary

Name of policy / function	Efficiency, Improvement and Transformation (EIT) Review of Adult Mental Health Services	
Service Group CESC	**Service** Adult Services	**Lead Officer For EIA** Julie Nixon
Support Officer(s) Peter Mennear	**EIA Completion Date** 18 July 2013	

Action Plan:

This action plan highlights that will address the issues highlighted in the Equalities Impact Assessment. Longer term issues will be developed into actions within the relevant Service Improvement Plan. They will also be included in the Disability, Gender and Race Action plans that form part of the Council's Single Equality Scheme

Objective -		
Key Actions	**Who is responsible?**	**Timescale**
A key outcome of the review is a recommendation to ensure that service users and carers are closely engaged and supported in the design and delivery of new services. This is to ensure that service users are supported in the transition process. This will include existing service users who during the consultation process stated that they would find it difficult to access alternative services and may become isolated. There will be no changes to individual client circumstances without appropriate re-assessment and care planning. A key recommendation of the review is to support people to understand and use personal budgets, and this will include providing information on the range of services that are available to them. Additional support to enable access to community services will be provided through initiatives including the Community Bridge Building model.	Adult Programme Implementation Project Team	6-12 months and ongoing

Stage 3 Publication and Monitoring	Published Score
Date of Publication 18 July 2013 Date Set for Review	**74**