PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

This form:

- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title			
Equality Analysis title: Adult Services Mental Health community service model – commissioning approach 2022			
Date of Equality Analysis (EA): 16 August 2022			
Directorate: Adult Care Housing and Public Health	Service area: Strategic Commissioning		
Lead Manager: Jacqueline Clark	Contact number: 22358		
Is this a:			
Strategy / Policy X Service / Function Other			
If other, please specify			

2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance			
Name	Organisation	Role (eg service user, managers, service specialist)	
Jacqueline Clark	Rotherham MBC	Head of Prevention and Early Intervention – Strategic Commissioning	
Jo Bell	Rotherham MBC	Strategic Commissioning Manager, Prevention and Early Intervention	
Jo Fellows	Rotherham MBC	Strategic Commissioning Officer, Prevention and Early Intervention	

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known) This may include a group/s identified by a protected characteristic, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

A Flexible Purchasing System (FPS) is to be established to procure a range of community services and specialist provision which reflect the principles of the mental health recovery model.

The services to be procured are to support people with mental ill health. A mental health condition is considered a disability (and therefore protected by the Equality Act) if it has a long term (at least 12 months or more) effect on day-to-day activities.

The majority of people who receive these services will reside in Rotherham, with a smaller number of people eligible to receive support placed in care and support services located outside of the borough.

Currently, the provision available is limited in choice and does not promote mental health recovery or offer support to people to transition to supported or independent living. Arrangements made with providers are a result of what's available rather than presented as a choice of strengths based personalised social care options which meet specified standards at agreed prices.

What equality information is available? (Include any engagement undertaken)

- Data available on 'Insight', the Adult Care management system.
- Joint Strategic Needs Assessment data.
- Information gained through the co-production surveys and discussions to also be fed in.

Information from external sources (referenced in Part A):

- Mental health statistics | Mental Health Foundation
- Mental health statistics · MHFA England

- Mental health: population factors GOV.UK (www.gov.uk)
- Learning Disability and Mental Health Mental Health Research | Mencap
- Latest suicide data | Suicide facts and figures | Samaritans
- <u>Projecting Older People Population Information System (poppi.org.uk)</u>
- Projecting Adult Needs and Service Information System (pansi.org.uk)
- Adult Care, Housing and Public Health Market Position Statement: RMBC Adult Care Market and Demand
- Severe Mental Illness OHID (phe.org.uk)
- Key data: mental health | Men's Health Forum (menshealthforum.org.uk)

Are there any gaps in the information that you are aware of?

All available data has been reviewed.

Further data to come from the co-production work will be taken account of.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

The incumbent service providers will be required to routinely collect/collate specific data around the protected characteristics of people accessing the services. Trend data will enable service providers to consider demand and gaps in delivering the service to people with protected characteristics.

Engagement	Co-production events carried out/planned as below:			
undertaken with customers. (date		Activity / host organisation	Date	Target audience
and group(s) consulted and key findings)		Online survey - Rotherham and Barnsley MIND	July/Aug 2022	MIND service users accessing formal and informal services living in the community (up to 100)
	2	Face to face sessions – Rotherham and Barnsley MIND	August 2022	MIND service users accessing formal and informal services living in the community (up to 80)
	3	Face to face session – Rotherham and Barnsley MIND and RMBC Commissioning	10 August 2022	MIND staff (therapists) x 6
	4	Face to face discussions –	August 2022	People receiving acute service

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	Absolut				provision (up to	
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	5 Rother		3 and		RMBC residents	S
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	questio				accessing forma	ai
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		nam and			services living in	n
		ey MIND		0000	the community	
	6 Market		9 Sept	2022	Providers –	
	engage				specifically	
	event –	RMBC			supported living	
					providers, socia	1
					landlords and	
					developers	
	 The purpose of the co-production events is to explore views, thoughts and experiences around: Access: how easy is it for people (service users and professionals) to find out what support is available? Information: how and where do people find information Delays: importance of getting help in time Services: positive and negative experiences of mental health services in Rotherham, what do we need more of what's missing?, alternatives to traditional forms of support?, support needed to live independently?, support following a stay in hospital? The Mental Health Recovery Framework model and the service provision needed to support this. Key themes emerging to date (no. 3): Currently there are limited options available Strong support for more supported living, floating support the flexible use of hours for home care support, step up /step down support. Need for greater information sharing amongst profession 		rs and able? ormation? f mental ed more of?, ns of y?, support el and the ing support, t, step up			
	and training across pathways. d) Importance of managed peer support groups as			as		
		entative s		_	_	
	e) Diffic	ulty reach	ning out	to BAM	E groups.	
Engagement	Activity	C	Date	Target	audience	
undertaken with	Hybrid ses	sion – 1	0	Staff (practitioners/	
staff (date and	RDASH/RI	MBC A	August	profes	sionals)	
group(s)consulted	Mental Hea	alth 2	2022	suppo	rting people	
and key findings)	Team/Brok	kerage		living v	with mental ill	
	Support Se	ervice		health	and who are	
				access	sing formal	
				service	es living in the	
				comm	unity x 8	

 Key findings: as above: a, b, c plus: Importance of understanding the client group and their needs, to ensure the right service is put in place. Training standards to be made clear to providers. Training needed more widely for staff on services available / pathways.

4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)

How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) see glossary on page 14 of the Equality Screening and Analysis Guidance)

Areas of possible impact	Impact	Level of impact
Age	Positive	Medium
Disability	Positive	High
Sex	Neutral	-
Gender Reassignment	Neutral	-
Race	Positive	Low
Religion	Neutral	-
Sexual Orientation	Positive	Low
Civil Partnerships and	Neutral	-
Marriage		
Pregnancy and Maternity	Neutral	-

Narrative:

The services to be procured via the FPS are to support people with mental ill health. A mental health condition is considered a disability (and therefore protected by the Equality Act) if it has a long term (at least 12 months or more) effect on day-to-day activities. The main benefit will therefore be a positive, high-level impact for people with disabilities.

As outlined in Part A, we know that there are specific groups who experience higher prevalence of mental health problems: BAME, learning disabilities, physical disabilities, LGBTQI+.

The establishment of the FPS will develop the range of community services and specialist provision which reflect the principles of the mental health recovery model. People will be able to transition to supported or independent living if that is the best option for them.

This will benefit all age groups as there will be alternative forms of support available other than the traditional options of residential / nursing care homes. There are currently a high proportion of people living in residential care who are below the state retirement age.

Providers who we engage with will be expected to routinely collect/collate specific data around protected characteristics. Commissioners can continue to map this against the Rotherham population to see where there may be gaps. The new FPS will comprise of a number of separate lots. Each lot will specify a community service with the principle of mental health recovery at its core. Where it is identified that provision is needed to meet specific protected characteristics, the FPS will be flexible enough to accommodate this.

Does your Policy/Service present any problems or barriers to communities or Groups?

No, the service proposed increases choice and options.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

Yes, as identified above. In particular, the service proposed will have a high level, positive impact for people with mental ill health.

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another) N/A

Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

5. Summary of findings and Equality Analysis Action Plan

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic - See page 11 of the Equality Screening and Analysis guidance

Title of analysis: Equality Analysis – Adult Services Mental Health community service model – commissioning approach 2022

Directorate and service area: Adult Care, Housing and Public Health

Lead Manager: Jacqueline Clark

Summary of findings:

The services to be procured will provide support to people with a mental health disability, a protected characteristic under the Equality Act 2010 (a mental health condition is considered a disability if it has a long term (at least 12 months or more) effect on day-to-day activities). This Flexible Purchasing System aims to increase the range and choice of services, so will have a positive impact on current and future service users.

There is evidence to show that people with other protected characteristics, namely: physical health conditions, learning disabilities, BAME groups, LGBTQI+, age and gender – particularly when combined with other protected characteristics experience higher prevalence of mental health problems. Relating to age, we also know that currently there are a high proportion of people under 67 in residential / nursing care.

Our initial review of services has found that:

- There is a reliance on services which lack the mental health recovery approach.
- There is a lack of cost-effective alternatives available to traditional forms of support for people with complex needs i.e long and short term supported housing, floating support services, preventative services.

The co-production consultation to date (still ongoing) has highlighted the following in relation to equality and diversity:

- Importance of understanding the client group and their needs, to ensure the right service is put in place.
- Pathways between services and organisations need to be strengthened, including with the Voluntary and Community Sector, to ensure service users get the right support at the right time.
- Prevention and early intervention services are particularly important; ensuring professionals know what's out there, be able to identify appropriate services and know how to refer.
- Increasing the range of services which reflect the principles of the mental health recovery model, will improve outcomes for service users.

The proposed Flexible Purchasing System will enable us to procure a range of community services which reflect the principles of the mental health recovery model.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Design, commission and procure a FPS which addresses the key findings of the service review, reflects co-production feedback and the issues identified in the Equality Screening Assessment (part A)	All protected characteristic groups. Main focus on mental health disability.	Tender opportunity presented to the market Nov 2022

*A = Age, D= Disability, S = Sex, GR Gender Reassignment, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage. C= Carers, O= other groups

6. Governance, ownership and app	roval		
Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.			
Name	Job title	Date	
Ian Spicer	Strategic Director – Adult Care, Housing and Public Health	24 August 2022	
Councillor David Roche	Cabinet Member for Adult Social Care and Health	20 September 2022	

7. Publishing

The Equality Analysis will act as evidence that due regard to equality and diversity has been given.

If this Equality Analysis relates to a **Cabinet**, **key delegated officer decision**, **Council**, **other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy should also be sent to <u>equality@rotherham.gov.uk</u> For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date Equality Analysis completed	22 August 2022
Report title and date	Commissioning of community services – mental health recovery model
Date report sent for publication	03/10/2022
Date Equality Analysis sent to Performance,	23 August 2022
Intelligence and Improvement	
equality@rotherham.gov.uk	