

## Appendix 3

### 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	
<b>Equality Analysis title:</b> Mental Health Review	
<b>Date of Equality Analysis (EA):</b> 21/08/23	
<b>Directorate:</b> Adult Care Adult Care, Housing & Public Health	<b>Service area:</b> Adult Care and Integration
<b>Lead Manager:</b> Andrew Wells	<b>Contact number:</b> <a href="mailto:andrew.wells@rotherham.gov.uk">andrew.wells@rotherham.gov.uk</a>
<b>Is this a:</b>	
<input type="checkbox"/> <b>Strategy / Policy</b>	<input checked="" type="checkbox"/> <b>Service / Function</b>
<input type="checkbox"/> <b>Other</b>	
<b>If other, please specify:</b>	

**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)
Claire Green	Rotherham Council	Programme Manager
Marie Staves	Rotherham Council	Strategic Lead
Andrew Wells	Rotherham Council	Head of Service

**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, other groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

Reviewing the Mental Health Pathway and the Mental Health Community Support Service aims to raise the social care profile and thereby support people with mental ill-health, their families, and carers to access early support to prevent escalation of need and crisis. By introducing social care interventions to key parts of the pathway, outcomes for people with mental-ill health and their support networks, including professionals and partners will improve.

The Council is publicly consulting on a mental health enablement offer, as a potential early solution for people that present with a level of unmet social care need or as a possible step-down option from crisis care, supporting people to successfully integrate back into the community. Coproduction activity will specifically involve people with mental ill-health, their carers, key delivery partners, and services that provide support to people with mental-ill health.

Data profile: Insight (derived from LAS) September 2023.

Out of a total 3,579 people accessing services via Adult Care and Integration, 400 people have a primary support reason of mental health. 248 people (62%) are aged between 18-64 years and 152 people (38%) are aged 65 years and over. 51% of people are female and 49% male. A large proportion, 88% of people, are not married.

Out of 400 people, 85% recorded their ethnicity as white British, 1.48% stated 'other white background', 1.48% Pakistani, 0.7% identify as 'other Asian background' and 0.49 black African. 8% of people preferred not to answer or did not record their ethnicity.

Over three quarters of people (318 people, 78%) did not declare a religion. The next highest response was 14% of people selected the Church of England, 1.97% Roman Catholic and 1.72% reported no religion.

In relation to sexual orientation, of the 400 people with a primary support reason of mental health, 126 (31%) answered 'don't know', 66% of respondents did not record an answer, 0.5% responded Gay/Lesbian, and 0.7% Heterosexual/Straight.

Of the 400 people, 127 (31%) have a carer.

The table below shows the types of social care services that people access.

Service Group	Number of People
Day care / Day Opportunities	5
Direct Payment	31
Homecare / Community Support	73
Managed Direct Payment	167
Nursing Care	31
Other	12
Residential Care	104
Supported Living	20

42% of people access a managed direct payment, 26% access residential care and 18% homecare / community support. The least number of people access day care / day opportunities.

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

Data regarding people with a care and support need and their carers is captured on the Adult Care LAS system. However, people with care and support needs may be accessing this support privately or informally so may not be known to adult social care and, therefore, will not be reflected in the figures and narrative in this report. It is essential that the mental health pathway and service model is easily accessible and available to all residents to ensure people can access support when they need it.

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

Some people with care and support needs or carers may not be known to adult social care. This could be through choice or not being eligible for care and support services due to the level of presenting needs.

Interventions provided to people from some Council employed staff that are based in health-led teams, are not recorded on LAS.

There is a number of self-funders in Rotherham (figure unknown which is a national gap in data and not just a local issue). In addition, the data in relation to Gender Reassignment, Pregnancy and Maternity have not been captured within the adult case management system (LAS).

It is therefore important that implementation of the pathway and model scopes and considers improved data recording and performance reporting processes and practices.

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

There will be equitable access to the offer.

Adult social care is currently developing feedback mechanisms for residents which will launch in 2024. This will ensure people can feedback any issues or concerns.

People accessing adult social care, carers and their families also have the option to make a formal complaint regarding the quality of the care or pertaining to issues with systems and processes through the Council's complaints process.

For more serious concerns, Safeguarding and Whistle Blowing policy and procedures are in place and fully adhered to.

**Engagement undertaken with customers.**

**Date and group(s) consulted and key findings**

Drop-in sessions were held with **existing customers and carers** on 6<sup>th</sup>, 11<sup>th</sup>, 13<sup>th</sup> September 2023 at Wellgate Court.

During the sessions, one to ones were offered, as well as telephone contact and postal questionnaires on request. 58 people engaged, of which 36 people responded via questionnaire.

People that use the service currently, including carers and family members rated the following enablement support types the most:

1. Support to gain or regain independence using an individual's own strengths (97%)
2. Support to prevent a mental health crisis (92%)
3. Support building confidence and self-esteem and connecting to social networks (83%).

The least favoured support types amongst those in receipt of the current service were 'maintaining employment' (19%), 'access to volunteering or employment opportunities' (39%) and 'access to education and training' (42%). It should be noted that the proportion of people selecting these support types was still relatively high – the lowest proportion representing one fifth of people.

100% of people said that a building base is either 'very important' or 'quite important' and 94% of people favoured a consistent building base compared to around 33% of people preferring to access support from different places in the community. 36% of people would like to access support from their own home.

Amongst those accessing the service currently, 53% of people would like the future offer to be available 7 days a week. 69% of people said that they would like future support to be available in the evenings.

83% of people said that the building base should be in a central location and close to other amenities. 81% fed back that building should have a kitchen/somewhere to eat and drink. A significant proportion, 78% of people, would like a building to have a communal space and 72% think it should be on a bus route. It was recognised by three quarters of people that the building should be accessible for any physical or sensory disabilities.

	<p>In relation to enablement approaches, working with someone that understands the individual and access to information, advice and guidance were the most highly rated at 78%, followed by 75% of people valuing flexible support, which is tailored to their needs. A high proportion of people (69%) value peer support in a group setting.</p> <p>A public, <b>online consultation</b> was live from 7<sup>th</sup> August to 1<sup>st</sup> October. 61 people responded.</p> <p>26 people with mental ill-health/care and support needs, carers and family members responded. The top three highest support needs identified by this cohort were:</p> <ol style="list-style-type: none"> <li>1. Support to prevent a mental health crisis (77%)</li> <li>2. Support after a mental health crisis (73%)</li> <li>3. Support to manage long term conditions (72%).</li> </ol> <p>It is important to note that online there was a high response rate to most support types, with over 50% of people selecting 18 out of the 21 support types, indicating the need for a varied offer to meet need.</p> <p>92% of professionals agreed that enablement could support to prevent crisis, and 82% agreed that it could support recovery from crisis. 88% of people indicated that support with self-neglect and hoarding would be a valuable enablement support type. Whilst this was identified by a lower proportion of people with care and support needs, carers, and family, however 50% reflects a significant proportion.</p> <p>The third most selected support type by professionals was 'coping strategies' at 84%.</p> <p>In terms of approaches to providing enablement, there was some difference amongst people with living experience that responded online compared to those in receipt of the current service. Particularly, 73% of people online fed back 'having a mentor to support an individual to achieve their goals' would be a valuable enablement approach, compared to only 50% of people that use the service currently. 'Providing flexible support tailored to an individuals' needs' scored highly, with this being the most selected response across all people with living experience at 76%, followed by 74% of people agreeing that 'working with someone that understands the individual' is important. 70% of people identified 'access to information advice and guidance' as a valuable enablement approach.</p> <p>Overall, 50% of people with living experience thought that 'identifying personal goals and having a 12-week plan to achieve these' was a valuable enablement approach, whereas almost three quarters (72%) of professionals fed back that this would be a valuable enablement approach.</p>
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	<p>88% of professionals agreed with people with living experience, family and carers that providing flexible support tailored to an individuals' needs would be most valued from an enablement service. Access to information, advice and guidance was the next most selected option by professionals at 84%, followed by 76% of professionals valuing 'connections to other support'.</p> <p>The enablement approach least favoured by both professionals and people with living experience was 'taking part in support sessions in an individual's own home'. It is worth noting that although this approach received the lowest response rate across all cohorts, significant proportions of people, 43% with living experience and 48% of professionals, value this as an effective method of delivering enablement.</p> <p>93% of people with living experience think that a building base is 'very' or 'quite' important and 88% of professionals agree. Similar proportions of people fed back that enablement support should be available from different buildings and places within in the community - 40% of professionals, compared to 35% of people with living experience. The least favoured option across all groups was digital and online support, with 12% of all respondents choosing this option.</p> <p>In relation to the availability of enablement, 92% of professionals fed back that support in the evenings should be offered. There was much higher interest for evening support amongst people with living experience that responded online - 84% compared to 65% of people accessing the current service offer. Equally, a higher proportion of people with living experience responding online, 64%, believe that enablement should be offered 7 days a week, compared to 53% of people accessing the current service offer.</p>
<p><b>Engagement undertaken with staff.</b></p> <p><b>Date and group(s) consulted and key findings.</b></p>	<p>19<sup>th</sup> May; 14<sup>th</sup> June and 31<sup>st</sup> July 2023 Statutory and non-statutory partners; 23<sup>rd</sup> August 2023 Adult Care Mental Health Team; 24<sup>th</sup> August 2023 Adult Care, Housing and Public Health Directorate; 7<sup>th</sup> September 2023 Voluntary Action Rotherham Mental Health Alliance (VCSE).</p> <p>Feedback from all sessions was analysed and the emerging themes were identified:</p> <ul style="list-style-type: none"> <li>• <b>Approaches</b> (102 comments) – holistic, person-centred care and support which is strengths-based, personalised, and focussed on recovery. Collaborative, enabling and blended approaches, along with effective triage to support people to navigate the health and care system and access specialist services. Community-based, proportionate interventions, providing early solutions for people to prevent care and support needs from worsening. Using data and feedback to shape service and inform decisions.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Pathway</b> (70 comments) – one consolidated pathway with clear remits, criteria and roles and responsibilities, to ensure the right response first time. Access to a variety of options to meet the varying aspects and severity of mental-ill health.</li> <li>• <b>Quality</b> (54 comments) – safe, accessible, and timely access to information, advice, guidance, and support, that is well communicated across the borough. A knowledgeable, skilled, and experienced workforce that are caring and share a common understanding of pathway and approaches, including the use of appropriate language.</li> </ul>
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#### 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)

The mental health pathway and Community Mental Health Support Service is available to all appropriate groups regardless of their Age, Gender/reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Sex and Sexual orientation.

Data is available for people aged 18 and over known to the Council that are receiving adult social care support and unpaid carers. Data is captured on the Adult Care case management system (LAS).

The consultation will directly impact upon those with mental ill-health and people were supported to contribute via promotion of the online questionnaire, including easy-read versions, via post, opportunities for one-to-one sessions including face-to-face and via telephone. People were supported to participate through use of scribes.

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

There may be a lack of knowledge or understanding about the purpose and intent of the review is and therefore communication will use Plain English to ensure people can access information.

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

Identification of core principles to shape the pathway and service model, including the following approaches:

- Personalised
- Self-directed
- Strengths and asset-based

- Wellbeing and recovery-focussed
- Prevention and early intervention
- Collaboration with partners – co-location and integration.

Delivery of statutory functions.

The revised pathway and service model has been shaped by consultation feedback. This should promote inclusivity and positive relationships with the council, and lead to improved outcomes for people.

**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)

The Mental Health Community Support Service model has been designed on feedback gathered from the community, including people that use services and it is hoped that informed changes to delivery will be recognised by the community, and people benefit through fair and improved access to support.

Implementation of the service will include a communication plan to strengthen awareness across Rotherham Place and its partners of what social care support is offered to people with mental ill-health, their families, and carers and how to access it.

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.

<b>Title of analysis:</b> Mental Health Review
<b>Directorate and service area:</b> Adult Care, Housing and Public Health, Adult Care and Integration
<b>Lead Manager:</b> Andrew Wells
<b>Summary of findings:</b>
The equality analysis has been completed to ensure that residents across the borough including those with care and support needs, their families and unpaid carers can access the Mental Health Community Support Service.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Information about the consultation and service will be made available in other formats and languages as requested to ensure accessibility	D, C	Ongoing

**\*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 approval

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
Adult Care, Housing and Public Health DLT	Directorate Leadership Team	17 October 2023
SLT	Senior Leadership Team	31 October 2023
Cllr Roche	Cabinet Member for Adult Social Care & Health	
Ian Spicer	Strategic Director, Adult Care, Housing & Public Health	

## 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 [equality@rotherham.gov.uk](mailto:equality@rotherham.gov.uk) For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

<b>Date Equality Analysis completed</b>	9 October 2023
<b>Report title and date</b>	Mental Health Review
<b>Date report sent for publication</b>	4 December 2023
<b>Date Equality Analysis sent to Performance, Intelligence and Improvement</b> <a href="mailto:equality@rotherham.gov.uk">equality@rotherham.gov.uk</a>	