

Appendix 3

PART A - Initial Equality Screening Assessment

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.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title	
Title: Adult Services Mental Health community service model – commissioning approach 2022	
Directorate: Adult Care, Housing and Public Health	Service area: Strategic Commissioning
Lead person: Jacqueline Clark	Contact: 22358
Is this a:	
<input type="checkbox"/> Strategy / Policy	<input checked="" type="checkbox"/> Service / Function
<input type="checkbox"/> Other	
If other, please specify	

2. Please provide a brief description of what you are screening
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. This framework will bring quality and costs under a single set of standards to allow the Council to purchase more specified care and support services for individuals.
<u>Background</u> Mental health care and support services are necessary to meet all the Council's

statutory requirements under the Care Act 2014, the Mental Capacity Act 2005, the Mental Health Act 2007 and the Health and Social Care Act 2012. The types of services people with mental ill health require may include:

- community outreach to enable people with mental ill health to live independently in their own home.
- Supported living, designed specifically to enable people to live as independently as possible.
- Crisis intervention support.
- Residential and nursing care home provision.

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.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about 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.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?	x	
Could the proposal affect service users?	x	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	x	
Have there been or likely to be any public concerns regarding the proposal?		x
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?	x	

Could the proposal affect the Council's workforce or employment practices?		X
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If you have answered no to all the questions above, please explain the reason

The service(s) will be commissioned from external organisations and therefore no internal staff are affected.
 To note: the services to be developed will aim to support the strength-based ethos aligned to professional practice of practitioners employed in Adult Care and Integration, and the principles of the Social Care Act 2012 and the Health and Care Act 2022 which underpin workforce activity across Health and Social Care.

If you have answered **no** to all the questions above, please complete **sections 5 and 6**.

If you have answered **yes** to any of the above please complete **section 4**.

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made.

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

- **How have you considered equality and diversity?**

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.

All future providers will be required to comply with all statutory requirements relating to the Equality Act 2010 and discrimination against any individual or group of people will be seen as a breach of contract.

Equality and Diversity is a standing agenda item at partnership (contract) meetings. Providers routinely collect/collate specific data around protected characteristics of service users.

We know that there are specific groups who experience higher prevalence of mental health problems ^{1 2 3 4 5}:

¹ [Mental health statistics | Mental Health Foundation](#)
² [Mental health statistics - MHFA England](#)
³ [Mental health: population factors - GOV.UK \(www.gov.uk\)](#)
⁴ [Learning Disability and Mental Health - Mental Health Research | Mencap](#)

BAME groups

- Black men are more likely to have experienced a psychotic disorder in the last year than White men.
- Black people are four more times likely to be detained under the Mental Health Act than White people.
- Older South Asian women are an at-risk group for suicide.
- Refugees and asylum seekers are more likely to experience mental health problems than the general population.

Learning disabilities

- Evidence and research suggests that mental health problems may be higher in people with a learning disability than in those without a learning disability.
- Some studies suggest the rate of mental health problems in people with a learning disability is double that of the general population.

LGBTIQ+

- LGBTIQ+ people are at higher risk of experiencing poor mental health.
- A study carried out in 2020, found that: half of LGBTIQ+ people had experienced depression, one in eight aged 18 to 24 had attempted to end their life; and almost half of trans people had thought about taking their life.

Physical health conditions

- People with a physical disability or physical health problem are more likely to experience a mental health problem, while people with a mental health problem are more likely to experience a physical health problem.
- More than 15 million people – 30% of the UK population, live with one or more long-term conditions, and more than 4 million of these people will also have a mental health problem.
- Of people with severe symptoms of mental health problems, 37.6% also have a long-term physical condition.

Sex

- Men aged 45-49 have the highest suicide rate in England.
- Women between the ages of 16 and 24 are almost three times as likely (26%) to experience a common mental health issue as males of the same age (9%).

Age

- Current service provision by age (this shows the number of people under 67 years and 67 and above) for people living with mental ill health in Rotherham can be seen in table 1 below. This shows a high proportion of people aged under 67 in residential / nursing care.

Unpaid carers

- Looking after a family member can have a significant impact on carers' own mental health problems; 71% of carers have poor physical or mental health.

Rotherham population^{6 7 8 9}:

- The population is 264,984 (2020 mid-year population estimate).
- By 2030, the total population size for Rotherham is estimated to be 277,500. Data projections show the largest increases are expected to be in the 35-44, 65-69 and

⁵ [Latest suicide data | Suicide facts and figures | Samaritans](#)

⁶ [Homepage – Rotherham Data Hub](#)

⁷ [Projecting Older People Population Information System \(poppi.org.uk\)](#)

⁸ [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](#)

⁹ IPC: Integrating Health and Social Care – Rotherham Case Study (July 2018)

- 80+ age groups.
- Rotherham people live longer with ill-health and/or disability than the England average.
- Age structure is slightly older than the national average.
- Rotherham is becoming more ethnically diverse. The Pakistani and Slovak Roma communities have above average proportions.
- Rotherham has significantly higher than average deprivation, unemployment and long-term unemployment.

Mental health - the picture in Rotherham ^{10 11 12}

- The population in Rotherham estimated to have a common mental health disorder is 25,300 in 2022 for people aged 18-64. ONS predict this to increase to 25,590 by 2032.
- 18.6% of the population aged 16 and over are living with a common mental health disorder (2017).
- 11.6% of the population aged 65 and over are living with a common mental health disorder (2017).
- The estimated prevalence of common mental health disorders for Rotherham (2017), is higher than that for Yorkshire and the Humber and England for both those aged 16 and over and those aged 65 and over.
- The suicide rate in Rotherham is 13.2 per 100,000, which is higher than that for England (10.4) and for Yorkshire and the Humber (12.5).
- Premature mortality in adults with severe mental illness is higher in Rotherham at 121.6 per 100,000, compared to England (103.6) and for Yorkshire and the Humber (108.8).

The below table provides a snapshot of data from Insight (June 2022) which shows the number of people supported with eligible mental health needs under the Care Act 2014. This shows 325 people in total of which 220 are below the state pensionable age of 67 years.

TABLE 1 – service provision for people with a primary need of mental health (June 2022)

Service Type	Numbers of people accessing service type			Comment
	Under 67 years	+ 67 years	%	
Care Home	55	56	35%	Specialised
Home Care	29	23	16%	Non-specialised
Direct Payment	120	25	44%	People are purchasing non-specialised provision
Supported Living	7	1	3%	Specialised/majority out of Borough

¹⁰ [Adult Care, Housing and Public Health Market Position Statement: RMBC Adult Care Market and Demand](#)

¹¹ [Homepage – Rotherham Data Hub](#)

¹² [Severe Mental Illness - OHID \(phe.org.uk\)](#)

specialised				
Community Support	5		1%	Non-specialised
Extra Care	4		1%	Non-specialised
Total	220	105		

Barriers in accessing services / treatment inequalities ^{13 14 15}

- Research shows that BAME people can face barriers to getting help, including: not recognising they have a mental illness because mental health was stigmatised or never talked about in their community; not knowing that help is available or where to go to get it; language barriers; turning to friends or family rather than professional support, not feeling listened to or understood by professionals; White professionals not understanding their experiences of racism or discrimination.
- Assessments to detect mental health problems in people with a learning disability are not always well developed. Presenting symptoms may be attributed to the person's learning disability rather than the true problem.
- Around one in eight LGBTQI+ people have experienced unequal treatment; one in seven have avoided treatment for fear of discrimination.
- Men are significantly less likely to access psychological therapies than women.
- Young people aged 16-24 are less likely to receive mental health treatment than any other age group.

Co-production

Co-production events are planned as follows:

Activity / host organisation	Date	Target audience
Online survey - Rotherham and Barnsley MIND	July/August 2022	MIND service users accessing formal and informal services living in the community (up to 100)
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)
Face to face session – Rotherham and Barnsley MIND and RMBC Commissioning	10 August 2022	MIND staff (therapists) x 6
Face to face discussions – Absolute Advocacy	August 2022	People receiving acute service provision (up to 20)
Hybrid session – RDASH/RMBC Mental Health Team/Brokerage Support Service	10 August 2022	Practitioners/professionals supporting people living with mental ill health and who are accessing formal services living in the community x 8
Rotherham Show; key questions to collect views – Rotherham and Barnsley MIND	3 and 4 September 2022	RMBC residents / people accessing formal and informal services living in the community

¹³ [Mental health statistics | Mental Health Foundation](#)

¹⁴ [Learning Disability and Mental Health - Mental Health Research | Mencap](#)

¹⁵ [Key data: mental health | Men's Health Forum \(menshealthforum.org.uk\)](#)

Market engagement event – RMBC	9 September 2022	Potential providers
<p>Co-production events will explore views, thoughts and experiences around:</p> <ul style="list-style-type: none"> - 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? <p>This information will help to support the development of the service specification, to be underpinned by the Mental Health Recovery Framework.</p>		
<ul style="list-style-type: none"> • Key findings <p>The services to be procured will provide support to people with mental ill health, 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 (FPS) aims to increase the range and choice of services, so will have a positive impact on current and future service users.</p> <p>The commissioning activity being undertaken aims to harness the opportunities which exist in the wider care and support market to increase choice, improve outcomes for people living with mental ill health in Rotherham and deliver a range of service provision arranged under a FPS. The 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. Commissioning activity associated with each lot will take place over an extensive period to ensure a range of appropriate services are available which are co-produced with people accessing services and professionals.</p> <p>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.</p> <p>Our initial review of services has found that:</p> <ul style="list-style-type: none"> - 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. <p>The co-production consultation to date has highlighted the following in relation to equality and diversity:</p> <ul style="list-style-type: none"> - 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 		

<p>with the Voluntary and Community Sector, to ensure service users get the right support at the right time.</p> <ul style="list-style-type: none"> - 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. 	
<p>• Actions</p> <p>The intention is to develop a Flexible Purchasing System (FPS) to procure a range of community services which reflect the principles of the Mental Health Recovery Framework to develop specialist provision in the Rotherham market.</p> <p>The co-production consultation will enable us to gain insight into the views and desired outcomes of people who use mental health services. For example; positive and negative experiences, what they feel is missing / we need more of, what they want to see in a supported living service. The survey will have an equality and diversity section; this will enable us to identify any specific trends.</p> <p>The service specification will need to take account of the above to ensure that all communities can access the services and that no protected characteristic group is being unintentionally excluded or disadvantaged.</p>	
Date to scope and plan your Equality Analysis:	August 2022
Date to complete your Equality Analysis:	19 August 2022
Lead person for your Equality Analysis (Include name and job title):	Jacqueline Clark – Head of Prevention and Early Intervention – Strategic Commissioning – Adult Care Housing and Public Health

5. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening:

Name	Job title	Date
Ian Spicer	Strategic Director - Adult Care, Housing and Public Health	23 August 2022

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening 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 of **all** screenings should also be sent to 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.

Date screening completed	22 August 2022
Report title and date	Commissioning of community services - mental health recovery model.
If relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision – report date and date sent for publication	03/10/2022
Date screening sent to Performance, Intelligence and Improvement	22 August 2022