

## Equality Impact Assessment (EIA) Report

This form should be completed for each Equality Impact Assessment on a new or existing function, a reduction or closure of service, any policy, procedure, strategy, plan or project which has been screened and found relevant to equality.

**Please refer to the 'EIA Report Form Guidance' while completing this form. If you need further support please contact [acesstoservices@swansea.gov.uk](mailto:acesstoservices@swansea.gov.uk).**

<b>Where do you work?</b>
Service Area:Adult Services Mental Health
Directorate:People

**(a) This EIA is being completed for a...**

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(b) Please name and describe below...**

The Mental Health Commissioning Strategy sets out our strategic commissioning intention based upon the vision for adult social services and the set of coproduced outcomes for people with mental health needs, sitting within the context of Sustainable Swansea.

It seeks to understand the current and future demand for care and support and explores the strengths and weakness of current provision in meeting need and delivering outcomes.

It is strong on user and carer voice and aims to support co-productive approaches. There is an action plan with priority areas for change to deliver outcomes and re-model provision and to make efficiencies.

EIA screening will be completed on each priority areas for change.

**(c) It was initially screened for relevance to Equality and Diversity on...January 2016**

**(d) It was found to be relevant to...**

Children/young people (0-18) .....	<input checked="" type="checkbox"/>	Religion or (non-)belief.....	<input checked="" type="checkbox"/>
Any other age group (18+).....	<input checked="" type="checkbox"/>	Sex.....	<input checked="" type="checkbox"/>
Disability .....	<input checked="" type="checkbox"/>	Sexual orientation .....	<input checked="" type="checkbox"/>
Gender reassignment .....	<input checked="" type="checkbox"/>	Welsh language .....	<input checked="" type="checkbox"/>
Marriage & civil partnership .....	<input checked="" type="checkbox"/>	Poverty/social exclusion.....	<input checked="" type="checkbox"/>
Pregnancy and maternity.....	<input checked="" type="checkbox"/>	Carers (inc. young carers) .....	<input checked="" type="checkbox"/>
Race .....	<input checked="" type="checkbox"/>	Community cohesion .....	<input checked="" type="checkbox"/>

**(e) Lead Officer**

**Name:** Anita Evans

**Job title:** Planning Development & Performance Officer Supporting People Team

**Date (19/02/2018):**

**(f) Approved by Head of Service**

**Name:** Alex Williams

**Date (19/02/2018):**

## Section 1 – Aims (See guidance):

Briefly describe the aims of the initiative:

### What are the aims?

To develop a Commissioning Strategy for People with Mental Health Issues to ensure we meet our obligations

Mental Health Act 1983 (revised 2007).

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Mental Health (Wales) Measure 2010.

Social Services and Wellbeing Act 2014

Wellbeing of Future Generations (Wales) Act 2015.

and work alongside citizens to deliver services and support which will deliver wellbeing outcomes whilst, at the same time, delivering the Sustainable Swansea agenda.

The Commissioning Strategy will establish the basis for the delivery of the National Wellbeing Outcomes and it will outline the structures, processes and actions that will support a co-productive approach to service planning and delivery.

It is hoped that this co-productive approach will ensure the Commissioning Strategy works as intended

### Who has responsibility?

Head of Adult Services, People Directorate

The implementation of the Commissioning Strategy will be the responsibility of the Mental Health Commissioning Group co-chaired by Mark Campisi, Principal Officer, and Peter Field, Principal Officer, Commissioning, Prevention and Wellbeing.

### Who are the stakeholders?

- Members of the public 1 in 4 citizens will have a mental health issue at some point in their life and this will be relevant to citizens and their carer's.
- Key areas of the Local Authority such as Adult Services, Child & Family, Housing, Poverty & Prevention and other areas.
- ABMU Health Board -

## Section 2 - Information about Service Users (See guidance):

Please tick what information you know about your service users and provide details/evidence of how this information is collected.

Children/young people (0-18) .....	<input type="checkbox"/>	Carers (inc. young carers) .....	<input checked="" type="checkbox"/>
Any other age group (18+).....	<input checked="" type="checkbox"/>	Race.....	<input checked="" type="checkbox"/>
Disability .....	<input type="checkbox"/>	Religion or (non-)belief.....	<input checked="" type="checkbox"/>
Gender reassignment .....	<input type="checkbox"/>	Sex.....	<input checked="" type="checkbox"/>
Marriage & civil partnership .....	<input checked="" type="checkbox"/>	Sexual orientation .....	<input type="checkbox"/>
Pregnancy and maternity .....	<input type="checkbox"/>	Welsh language .....	<input checked="" type="checkbox"/>

**What information do you know about your service users and how is this information collected?**

The Mental Health Strategy contains a summary of the population needs assessment on the projected prevalence of mental health issues in the adult population of Swansea.

The Council has some information on the protected characteristics of those who's care is managed by the Community Mental Health Team with the Paris system reporting for **1320 individuals on the 1.3.2017:**

The average age was 47 year old.

622 female (47%), 698 male (52%).

8 individuals (0.6%) gave a positive response for Welsh as the main language.

Ethnicity 442 (33%) were as not recorded/not known/blank.

878 (66%) had an expressed ethnicity.

**Of the 878 who had expressed an Ethnicity:**

786 expressed as White British.

34 expressed as White, other than White British including 2 White European, 4 White Irish

7 Asian Bangladeshi

2 Asian Indian

2 Asian Pakistani

4 Any other Asian background

2 Arab

1 Chinese

4 Black British African

1 Black British Caribbean

1 Mixed Black White Caribbean

3 Any other black background

7Any other mixed back ground

Of 1320 people 26 expressed a Religion

42 expressed they had "none".

**Any Actions Required?**

- Ensure the new Adults Service Practice Framework for social care staff has a section about all protected characteristics in the context of person centred support and in relation to informing commissioning decisions.
- Ensure the new Wales Community Care Information System (CCIS) is able to collect monitoring data on all protected characteristics on our services users in a usable format that is GDPR compliant.

**Section 3 - Impact on Protected Characteristics (See guidance):**

**Please consider the possible impact on the different protected characteristics. This could be based on service user information, data, consultation and research or professional experience (e.g. comments and complaints).**

	Positive	Negative	Neutral	Needs further investigation
Children/young people (0-18) →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other age group (18+) →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability	→	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or (non-)belief	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual orientation	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Welsh language	→	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carers (inc. young carers)	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Thinking about your answers above, please explain in detail why this is the case.**

**Needs Further Investigation:**

We know that it is likely that people from **Black and Minority Ethnic groups (BME)** are underrepresented as users of our services. We need to explore how we can improve our knowledge and understanding of the needs of these groups.

**Carers**

We also know from our engagement that the needs of carers need to be better understood and addressed in light of the Social Services and Wellbeing Act.

**Sex & Sexual Orientation**

From the population needs assessment males are more likely to commit suicide. Engagement data implies males may be less likely to participate in engagement on mental health issues. Further work needs to be undertaken to create suitable opportunities for males with mental health issues to contribute insight to service development.

Further engagement work needs to be undertaken to ensure the insight of LGBT groups.

**Neutral**

Services will continue to be provided taking appropriate account of these characteristics protected by the Equality Act, and providing specific responses to ensure that gender, Welsh language and religious beliefs are acknowledged and positively addressed. During the development of this strategy consultation and engagement has not brought up any issues relating to these characteristics.

People with mental health issues may have multiple protected characteristics based on the national statistic that 1 in 4 people will experience a mental health issue at some point in their life.

**Positive**

Given we have co-produced our strategy directly based on what people have told us we envisage the strategy will have a positive impacts for a range of protected characteristics for those areas for change identified.

For example the coproduction engagement events were attended by a range of carers and carers representative groups who identified the priority areas for change to review our understanding and commissioning of:

- respite in a mental health context
- Support in crisis for people with mental health issues and their carers.

These are now included in the strategy and developing each of these priority areas for change will present a further opportunity for coproduction on implementing change and this will have a further EIA screening.

This demonstrates the development of the strategy will have a positive impact.

**What consultation and engagement has been undertaken (e.g. with the public and/or members of protected groups) to support your view? Please provide details below.**

The priority areas for change in the strategy were developed through the following coproduction activities:

- January 2016 event at Einon Centre included a wide range of representation with approx 150 individuals attending including carers and people using services. The event aims were to gather insight on what mattered to people and what did good look like. It also undertook a Strength Weakness, Opportunities and Threats and their view on what our priorities should be which was summarised as follows and used to inform the strategy:

### **Emerging Mental Health Priorities**

- Address stigma & lack of awareness/understanding of mental health issues amongst universal services and general population
  - Focus on how to promote and maintain good mental health.
  - Ensure there is a recovery model assessment and practice framework based on the principles of recovery that everyone has agreed to, is embedded and everyone works towards.
  - Ensure investment to expand the accessibility and capacity of service in the community to balance the closure of acute beds
  - Establish a clear offer of Information Advice and Assistance (IAA) delivering preventative and early interventions services for those not formally care managed via strategic collaboration between ABMUHB and CCS around shared and joint responsibilities within the Act around prevention/universal services
  - Ensure transition arrangements from childhood into younger adulthood and into old age are smooth and responses are age appropriate at all stages.
  - Eliminate any delays in accessing services due to CCS/ABMU delay in agreeing funding responsibilities.
  - Ensure accessible and responsive “Crisis” support services are available that prevent breakdown of caring relationships, suicide & hospitalisation.
  - Ensure there is an appropriate model of care & support at home for people with mental health needs which is not dominated by the traditional domiciliary care model.
  - Improve awareness of employers of Mental Health and improve support models to assist recovery and getting back to work,
  - Develop sustainability supported living models.
  - Develop response across all 4 tiers for substance misuse, which co-occurs with mental health.
- 
- A smaller coproduction group was formed of about 25 people who met who use and provide mental health services and their carer’s. The group scrutinised the detail output from the above and considered whether all the issues were covered and was there anything missing on the 9<sup>th</sup> May 2016. Their additional comments were incorporated into the draft strategy.

- The group also produced a set of mental health specific outcomes on the 12<sup>th</sup> September 2016. These outcomes are within the strategy.

The above input was used to produce the priority areas for change and some areas of the actions were also developed.

A public consultation on the draft strategy was incorporated with the budget consultation. A total of 158 online responses to Question 9 were received; *“If you have any comments on the strategies or you think there is anything we have missed”*.

The responses were analysed and have been grouped into themes to take into consideration. The themes are summarised as follows with an associated response to the issues where required.

For Mental Health there was a call for more investment in services for young people receiving support, including those with additional learning needs (ALN), and Autistic Spectrum Disorders to support them when they become adults and where applicable require support from Adult Services. Dementia should be a bigger priority. Again, addressing of this will form part of the implementation plan and the Council is working to develop specific strategies for Autism and Dementia.

Some comments were specific to models of care and support. There was some concern about the use of telecare replacing human contact for older people and a need to monitor any introduction carefully. For Direct payments, there was a concern that money was being used as it should not e.g. that is was paying relatives to care and was perceived as fraudulent. However, legally a Direct Payment can be used to employ a relative to deliver assessed care and support needs subject to the required checks and monitoring by the Council.

Some felt there should be more focus preparing people with specific support needs for work readiness in order to increase income. This was in conjunction with concerns about welfare reform and the impact of decisions. The Mental Health Draft strategy already identified this as an area for development specific to the needs of those with Mental Health issues.

There was a call for increased availability for flexible accommodation for vulnerable people.

There was support for more funding to be prioritised to meet need and improve services for vulnerable individuals along with concerns that any cuts would have an impact on these groups including Hospital discharge.

There was a range of comments on how the Council works together with stakeholders. There was an expectation that the general public and those who will use the services will be involved in coproducing changes and outcomes will be better for it. There was a desire to understand the financial constraints to do this. Improvement in working with Health around planning and integrated delivery is needed but there is concern that too many partnership structures are distracting resources from service delivery. There needs to be more cross Council working to achieve Social Service responsibilities, with Housing having a more integrated role in meeting social care needs. There also need to be more work with neighbouring Local Authorities.

There were some comments on how welfare reform and poverty and homelessness were issues not covered in strategies in detail but affected these groups. Some noted homeless people in general were not included as a group or other vulnerable people. By way of response, cross Directorate working does exist in these areas and a specific example is the development of the new Homelessness Strategy in which the needs with physical disabilities and mental ill health will be considered.

There were a range of comments in relation to the accessibility of the public consultation exercise itself.

The protected characteristics of the are listed below:

Area	Detail	Number	%
Gender	Male	63	39%
	Female	89	55%
	Blank	12	7%
Gender	gender the same as assigned from birth	162	99%
	Blank	1	1%
Age	16-25	3	2%
	26-35	29	18%
	36-45	54	33%
	46-55	26	16%
	56-65	30	18%
	66-75	18	11%
	76-85	1	1%
	over 85	1	1%
	Not say	1	1%
Nationality	Would you describe yourself as.....British	89	55%
	Welsh	66	40%
	English	6	4%
	Irish	5	3%
	Scottish	1	1%
	Non British	1	1%
	Other European	1	1%
	Western European	1	1%
Ethnicity	White British	23	14%
	Asian or Asian British Bangladesh	5	3%
	Asian or Asian British Indian	5	3%
	Asian or Asian British Pakistan	5	3%
	Mixed White & Caribbean	5	3%
	European	1	1%
	Mixed European	6	4%
	White other European	1	1%
Religion	Christian	67	41%
	Muslim	10	6%



	No Religion	73	45%
	Spiritual	5	3%
	Wiccan	5	3%
Actively Practising	Yes	54	33%
Sexual Orientation	Bisexual	1	1%
	Gay/Lesbian	1	1%
	Heterosexual	141	87%
	Other	5	3%
	Not Say	6	4%
	Transgender	5	3%
	Why do you need to know	6	4%
Welsh	Understand Spoken	10	6%
	Speak Welsh	16	10%
	Read Welsh	11	7%
	Write Welsh	11	7%
	Learning Welsh	10	6%
	None	120	74%
Language	English	151	93%
	Welsh	11	7%
	French	1	1%
	Other European	1	1%
	Spanish/Japanese	1	1%
Do you have a long Standing Illness, Disability or infirmity?	Yes	52	32%
Does this illness/infirmity limit your activities	Yes	42	26%

The responses emphasise the importance within Social Services and the wider Council of resourcing the coproduction process with citizens who may require support to participate coproduction activity to shape services going forward to deliver their outcomes.

Some comments identified issues which will need to be incorporated into the EIAs for some of the options appraisal process within certain activity areas within the action plans e.g. for development of Assistive Technology.

**Any actions required (to mitigate adverse impact or to address identified gaps in knowledge).**

- Ensure younger people, men and LGBT groups with mental health are reached and including in further coproduction work on all priority area for change
- Ensure specific responses highlighted the importance of addressing access issues in Council

consultations such as large print, audio, easy read.

- Social Services and the wider Council to consider the resourcing for effective coproduction with citizens who may require support to participate coproduction activity to shape services going forward to deliver their outcomes.
- Ensure EIAs for Assistive Technology consider age and mental health issues as the view was it might be less appropriate for these groups.
- Future engagement on priority areas for change will be co-productive.

## Section 4 - Other Impacts:

Please consider how the initiative might address the following issues.

You could base this on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

<b>Foster good relations between different groups</b>	<b>Advance equality of opportunity between different groups</b>
<b>Elimination of discrimination, harassment and victimisation</b>	<b>Reduction of social exclusion and poverty</b>

**(Please see the specific Section 4 Guidance for definitions on the above)**

**Please explain any possible impact on each of the above.**

A number of the strategy and action plan priorities cover the above four areas. E.g.

The strategy and action plan identifies the priority to challenge and eliminate stigma experienced by individuals with mental health issues from the wider community and general professional people deal with in their daily life. We know this from the individuals who took part in the coproduction group with Mental Health stating they still experience this in Swansea. There is substantial feedback nationally the people with mental health feel the impact of stigma and are reluctant to talk about mental health issues.

The strategy and action plan has identified areas where people with mental health issues want action to support them to access opportunities e.g. accessing suitable work opportunities. We know this because this information was given to us through the coproduction exercise. Many related this need because of the impact of welfare reform e.g. Personal Independence Payments review process.

**What work have you already done to improve any of the above?**

Adults Services, Poverty & Prevention within the People directorate have already starting to make these links to the Swansea Working Programme looking at how people with mental health needs are supported to become work ready and return to work.

**Is the initiative likely to impact on Community Cohesion? Please provide details.**

Success in delivering the action plan areas for improvement are likely to have a positive impact on community cohesion e.g. eliminating stigma, providing recovery focused care & support and improve mental wellbeing.

**How will the initiative meet the needs of Welsh speakers and learners?**

We will comply with the strategic framework for Welsh Language services in Health and Social Care "More than Just words" where patients should be offered a service in Welsh without having to ask for it. (The active offer). Existing commissioned services will be reviewed against these standards and the active offer will be built into procurement of services.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

As priority areas for action are taken forward we will ensure further work is undertaken to ensure representation from

- Carers of people with mental health issues
- BME communities
- LGBT community
- Men
- Younger people under 25
- People with physical and sensory access issues

**Section 5 - United Nations Convention on the Rights of the Child (UNCRC):**

**In this section, we need to consider whether the initiative has any direct or indirect impact on children. Many initiatives have an indirect impact on children and you will need to consider whether the impact is positive or negative in relation to both children's rights and their best interests**

Please visit <http://staffnet/eia> to read the UNCRC guidance before completing this section.

**Will the initiative have any impact (direct or indirect) on children and young people? If not, please briefly explain your answer and proceed to Section 6.**

As an issue. The action plan seeks to address this in conjunction with key partners in health.

This strategy is for Adults but improving outcomes for adults should have a positive impact on children. Estimates suggest that between 50% and 66% of parents with a serious mental health issue live with one or more children under 18. That amounts to about 17,000 children and young people in the UK. For instance, parents with a serious mental health issue are more likely to live in poverty.

**Is the initiative designed / planned in the best interests of children and young people? Please explain your answer.**

*Best interests of the child (Article 3): The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.*

Transition from Child Mental Health Services was identified as an area to improve. The issues being that eligibility criteria in Child MH does not equate to continued eligibility in adult services. Smother transition and age appropriate services was an issue. The action plan seeks to address this in conjunction with key partners in health.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

- Improving the use of information to inform commissioning is an area identified in the strategy with colleagues in the People Directorate and Health

**Section 6 - Monitoring arrangements:**

**Please explain the arrangements in place (or those which will be put in place) to monitor this initiative:**

**Monitoring arrangements:**

- Monitoring responsibility will be assigned to the Swansea Mental Health Commissioning Group which will advise the Head of Adults Services.
- The Head of Adult Services and the Principal Officer of Mental Health & Commissioning Prevention & Wellbeing will be the links to the Western Bay Mental Health Commissioning Board.
- Evaluation of the implementation of the strategy is an area, which can possibly be co-produced, and this will be explored with the coproduction group.

**Actions:**

- Monitoring strategy implementation and EIA impacts will be a standard agenda item for the MH Commissioning Group.

**Section 7 – Outcomes:**

Having completed sections 1-5, please indicate which of the outcomes listed below applies to your initiative (refer to the guidance for further information on this section).

- |   |                                     |
|---|-------------------------------------|
| Outcome 1: Continue the initiative – no concern                   | <input checked="" type="checkbox"/> |
| Outcome 2: Adjust the initiative – low level of concern           | <input type="checkbox"/>            |
| Outcome 3: Justify the initiative – moderate level of concern     | <input type="checkbox"/>            |
| Outcome 4: Stop and refer the initiative – high level of concern. | <input type="checkbox"/>            |

**For outcome 3**, please provide the justification below:

**For outcome 4**, detail the next steps / areas of concern below and refer to your Head of Service / Director for further advice:

**Section 8 - Publication arrangements:**

**On completion, please follow this 3-step procedure:**

1. **Send this EIA report and action plan to the Access to Services Team for feedback and approval – [accesstoservices@swansea.gov.uk](mailto:accesstoservices@swansea.gov.uk)**
2. **Make any necessary amendments/additions.**
3. **Provide the final version of this report to the team for publication, including email approval of the EIA from your Head of Service. The EIA will be published on the Council’s website - this is a legal requirement.**

## Action Plan:

Objective - What are we going to do and why?	Who will be responsible for seeing it is done?	When will it be done by?	Outcome - How will we know we have achieved our objective?	Progress
Public consultation on the draft strategy is completed.	Head of Adult Services	February 2018	Further insight and comment are received and amendments are made to the draft	Completed.
Improvements in the collection of data collection and collations to report on the protected characteristics of people with mental health issues. This would be improved by raising awareness of the purpose of gathering information from citizens.	Head of Adult Services through the leads for Adult Services Framework development and performance and information.	In line with the development of the Adult services practice framework and development to the WCCIS	Gaps in insight from groups with protected characteristic are no longer present.  All required reports are easily available about the protected characteristic of Social Care Service users.	
Improving the gathering and use of information on Mental Health of parents and young people to inform commissioning is an area identified in the strategy and the impact on children & young people.	Head of Adult Services through the leads for Adult Services Framework development and performance and information.  Mental Health Commissioning Group liaison with Child & Family Services.		The Mental Health Strategy implementation demonstrates a close working relationship with child & family services around prevention and early intervention work.	

Undertake specific engagement with following groups for priority action areas: <ul style="list-style-type: none"> <li>• Carers</li> <li>• BME</li> <li>• LGBT group</li> <li>• Men</li> <li>• Young People under 25</li> </ul>	Planning & Coproduction role	June 2018	Insight from and specific needs of LGBT/BME/Carers/Men & Young People groups are reflected in the development of the priority areas for action	
Monitoring strategy implementation and EIA impacts will be a standard agenda item for the MH Commissioning Group.	Mental Health Commissioning Group Jointly chaired by Principle Officer Mental Health & Principal Officer Prevention Wellbeing & Commissioning.	Ongoing quarterly meetings receive progress updates	Any impacts are identified to governance structure as draft priority areas are developed.	
Include review of the More than Just Words - Active offer will be in place in all service provision as part of the service assessment and procurement of services.		March 2019	Active Offer is in place in all mental health services	

**\* Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely).**