

## Equality Impact Assessment Form

### screeintip-sectionA

#### 1. Document Control

##### 1. Control Details

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##### 2. Document Amendment Record

Version	Author	Date	Approved
V1	Lisa Lopez	04/08/2023	17/08/23

##### 3. Contributors/Reviewers

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**4. Glossary of Terms**

Term	Description
Reablement	A person-centred approach that promotes and maximises independence and wellbeing. Reablement is usually a short term support service that helps people to learn/relearn how to do daily activities, like cooking meals and paying bills.
Joint Strategic Needs Assessment (JSNA)	A process by which local authorities and Health organisations (such as the Integrated Care Boards) assess the current and future health, care and wellbeing needs of the local community to inform local decision making. JSNAs look at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area.
Integrated Care Board (ICB)	A statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS. ICBs have replaced the previous organisations, clinical commissioning groups (CCGs).
Delayed Transfers of Care (DTOC)	A ‘delayed transfer of care’ occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. This can cause considerable distress and unnecessarily long stays in hospital for patients. DTOCs affects waiting times for NHS care, as they reduce the number of beds available for other patients. This is often referred to as ‘bed-blocking’.
LGBT+	This term is used to refer to lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and many other terms (such as non-binary and pansexual)
Nottinghamshire Healthcare NHS Foundation Trust (NHFT)	Nottinghamshire Healthcare NHS Foundation Trust provides integrated healthcare services, including mental health services, across Nottingham and Nottinghamshire.

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## 2. Assessment

### 1. Brief description of proposal / policy / service being assessed

**Proposal:**

To commission a Mental Health Reablement service which will provide support to some of Nottingham's most vulnerable citizens with mental health needs.

The service will provide support to some of Nottingham's most vulnerable citizens with mental health needs, to enable them to remain independent in the community and to facilitate discharge from psychiatric wards. The proposed service is to provide timely, flexible, intensive, fixed-term support to increase citizens' independence and help them to overcome social, practical, financial and emotional difficulties. The proposed service will support service users to develop coping strategies and the ability to manage periods of problematic mental ill health, directly addressing issues in citizen's lives that impact negatively on their mental health and wellbeing. Each citizen receiving support will have a personalised, strengths-based support plan which aims to promote and maximise independence by utilising support available through this service and other community-based resources, enabling them to live as independently as possible. The service will prevent costs in other services such as health, including emergency health services, facilitate timely discharge from psychiatric wards and reduce the number of Delayed Transfers of Care (DTC).

**Background:**

A Strategic Commissioning Review of the Mental Health Accommodation and Support Pathways took place in 2019/20, which considered both qualitative and quantitative data to inform commissioning of services. The review found inconsistencies in the support citizens were provided with. Due to the lack of a clear pathway, the support offered was often dependent on several factors including the knowledge of the allocated worker and which service was available on the day. A lack of a highly focused, time-limited reablement service was also highlighted and this is a model of support which is available to citizens who utilise other Adult Social Care Pathways. Though other specialist support services were found to work well, analysis highlighted that the length of support offered (maximum two years, on average ten months) may create unnecessary dependency or a delay in being referred into appropriate longer-term support. Because of these factors a Mental Health Reablement service was recommended.

The review was overseen by the Mental Health Board, which is led by Adult Social Care. The Board included the following representatives:

Nottingham City Council specialist mental health social care team representatives  
Nottingham City Council Health and Care Point team representatives  
Nottingham City Council Analysis and Insight team representatives and  
Nottingham City Council Commissioning and Market Development team representatives.

One of the key recommendations of the review was to replace the previous Independent Living Support Service for those with mental health needs, with an enablement service. This will ensure an intensive period of support of three months and help to identify citizens that require longer-term support. It is envisaged that the service will enable citizens to become independent quicker than currently but also identify those that will require longer-term support in a timely manner.

The Mental Health Reablement service was to have been commissioned to commence in 2020. Due to the Council's extremely challenging financial position and the requirement for the Adult Social Care directorate to identify £1.5m savings from commissioned services that year, the contract was never awarded and was taken as a saving to the Adult Social Care budget. This proposal is to re-commission the Mental Health Reablement service to benefit citizens with mental health needs.

## [screentip-sectionC](#)

### 2. Information used to analyse the effects on equality:

The review considered both qualitative and quantitative data to inform future commissioning of services. The information below highlighted equalities issues which are relevant to the commissioning of these services.

**The Mental Health Joint Strategic Needs Assessment (JSNA) 2016** : The JSNA reported the following amongst unmet needs and gaps:

- Citizens find the system of mental health services confusing and difficult to navigate
- Broader understanding of mental health needs and the relationship with physical health needs to be improved at all levels within commissioning and provision
- Black and minority ethnic communities and high-risk groups such as LGBT+ groups, offenders and asylum seekers/refugees may have challenges in terms of accessing mental health services

- Mental health problems are frequently reported amongst individuals who are homeless or at risk of becoming homeless. Work is needed to ensure systems of homelessness prevention and mental health support work together to ensure those in need receive adequate treatment, accommodation and support.

The JSNA also highlighted that:

- Black men are three times more likely to be represented on a psychiatric ward and up to six times more likely to be detained under the Mental Health Act;
- Lesbian, gay, bisexual or transgender adults have a four fold increased risk of suicide;

Recommendations for commissioners from the JSNA are that services being commissioned should ensure the following emphasis:

- Services are understood and accessible to all, including groups within the population who currently find services difficult to use for cultural reasons or because they believe the service will not meet their needs;
- Services have an emphasis on supporting recovery and promoting 'safe' independence;
- Services consider each individual's physical health needs as equally important as their mental health needs;
- Services to raise the profile of outcomes for people with mental health problems as an equality issue by consideration of the requirement to make reasonable adjustments to enable people with enduring mental health problems to benefit.

To ensure that above need identified within the JSNA was still relevant the following analysis was undertaken:

Health data provided by the Greater Nottingham Clinical Partnership. From this information it was identified that Nottingham City has

- An increasing and significantly higher prevalence of citizens with long-term mental health problems
- The data highlights that of those that accessed Nottinghamshire Healthcare NHS Foundation Trust (NHFT) contracted services in 2017/18, 53% were female and 47% were male
- Over a fifth of those accessing NHFT were aged under 25 years with almost half aged between 25 and 59 and the remaining 29% were aged 60 and older
- The proportion of non-White British, Black, Asian and minority ethnic patients in contact with NHFT is lower than might be expected, considering the structure of Nottingham City's population. Black, Asian and minority ethnic patients represent 25% of those in contact with NHFT and 35% of Nottingham City's population. This issue was picked up through consultation. The consultation with providers and frontline workers indicated that culturally for some Black, Asian and minority ethnic group's mental health is seen as a stigma and quite often individuals and families will avoid accessing support. This is then exacerbated by cultural bias, experience of discrimination and stigma and challenges in accessing appropriate services, which may lead to underrepresentation in terms of accessing appropriate support.

Further learning has been gathered through the work of Opportunity Nottingham which is a big lottery funded scheme currently supporting citizens with complex needs. This indicated that a substantial proportion of citizens with mental health needs might also present with drug and alcohol mis-use, victims of physical and or sexual abuse. As part of the Opportunity Nottingham service Awaaz has been commissioned to deliver support for Black, Asian and minority ethnic citizens with mental ill health. The commission of this bespoke Black, Asian and minority ethnic service has increased the number of Black, Asian and minority ethnic citizens engaging with the programme. The programme will be monitoring and evaluating the success of this programme and will feed into future commissioning intentions. Should any equality impacts arise as a result of monitoring and evaluation, this EIA will be updated to reflect these impacts and mitigations.

The following has also been undertaken to ensure a clear understanding of need and service gaps:

- The consultation findings with citizens of the review
- Visits to services and discussion with staff and service users
- A consultation event for providers and frontline staff
- National analytical reports
- Barriers to move on service in relation to the accommodation-based support services with providers
- Case reviews
- Learning from other local authority's pathway.

**Key Messages from this part of the service were that:**

- The current commissioned pathway is operating well, offering an effective short-term support system that is value for money. However, some citizens seem to move on from one short-term provision to another when in reality they require an earlier discharge to independent living or they require longer-term support.
- An enablement provision providing similar types of support as the previous independent living support service would help to provide an early diagnosis of need and therefore appropriate commissioning of services or discharge depending on individual needs. This should help prevent citizens moving from one temporary provision of support to another. It is envisaged that this service will be able to support a greater number of citizens compared to the previous ILSS service, since citizens will receive intensive support for a three-month period but then move on. (The previous service provided an average of ten months of support). As this a new service it is envisaged that it will work closely with the specialist mental health teams, commissioners and contract officers in order to ensure that issues are picked up and mitigated quickly. In the first year of the service, learning will be gathered and any learning may be implemented via contract variation. The focus will be ensuring that needs are met effectively.

- The providers as part of the care plan with individuals ensure that physical health needs as well as mental ill health are picked up in individual care plans
- There is a need to link up other commissioned pathways to ensure expertise is available as and when needed for individuals. For example, the homeless support pathway. A worker has been employed for a twelve-month period as a link worker to identify and support individuals who are in temporary homelessness provision but require specialist mental health support interventions.

### 3. Impacts and Actions:

<a href="#">screentip-sectionD</a>	Could particularly benefit X	May adversely impact X
People from different ethnic groups.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Men	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>
Trans	<input type="checkbox"/>	<input type="checkbox"/>
Disabled people or carers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy/ Maternity	<input type="checkbox"/>	<input type="checkbox"/>
People of different faiths/ beliefs and those with none.	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay or bisexual people.	<input type="checkbox"/>	<input type="checkbox"/>
Older	<input type="checkbox"/>	<input type="checkbox"/>
Younger	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults).	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<p><b><i>These services will support citizens who have substantial mental ill health as defined under the Care Act 2014. These citizens may also fall under the above-protected groups. Please underline the group(s) /issue more adversely affected or which benefits.</i></b></p>		
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<p style="text-align: right;"><a href="#"><u>screeentip-sectionE</u></a></p> <p><b>How different groups could be affected</b> (Summary of impacts)</p>	<p style="text-align: right;"><a href="#"><u>screeentip-sectionF</u></a></p> <p><b>Details of actions to reduce negative or increase positive impact</b> (or why action isn't possible)</p>
<p>Provide details for impacts / benefits on people in different protected groups.</p> <p>Note: the level of detail should be proportionate to the potential impact of the proposal / policy / service. Continue on separate sheet if needed (click and type to delete this note)</p> <p>Benefits of proposal – Citizens</p> <ol style="list-style-type: none"> <li>1. Considering the unmet needs in the JSNA, future specifications will stipulate that providers need to evidence that they will be able to accommodate the needs of different cultures to ensure services are accessible by all.</li> <li>2. Young People – The health data indicates that younger people are presenting with substantial mental ill health. The service specifications will</li> </ol>	<p><b>1 Actions will need to be uploaded on Pentana.</b></p> <p>Continue on separate sheet if needed (click and type to delete this note)</p> <p>Actions:</p> <ol style="list-style-type: none"> <li>1. Final specifications and monitoring requirements amended to address issues related to challenges for groups such as Black, Asian and minority ethnic, women, lesbian, gay or bi-sexual people accessing mental ill health support services. Responsible: commissioning and contracts team.</li> <li>2. Final specifications and monitoring requirements to address issues relating to challenges faced by young</li> </ol>



<p>stipulate that providers evidence how they will meet the needs of younger service users effectively.</p>	<p>people accessing mental ill health support services. Responsible: commissioning and contracts team.</p>
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**4. Outcome(s) of equality impact assessment:**


<input checked="" type="checkbox"/>	No major change needed	<input type="checkbox"/>	Adjust the policy/proposal
<input type="checkbox"/>	Adverse impact but continue	<input type="checkbox"/>	Stop and remove the policy/proposal

**5. Arrangements for future monitoring of equality impact of this proposal / policy / service:**

Quarterly reporting submissions will need to be provided by the provider of the new service, to the contracts team. These will be reviewed together with commissioning and specialist mental health operational practitioners.

Regular monthly meetings with providers, commissioners and mental health operational practitioners to review individual cases as appropriate. Should any equality impacts arise as a result of monitoring and evaluation, this EIA will be updated to reflect these impacts and mitigations.

**6. Approved by (manager signature) and Date sent to equality team for publishing:**

<p><b>Approving Manager: Oliver Bolam - Head of Mental Health &amp; Whole Life Disability</b></p> <p>The assessment must be approved by the manager responsible for the service/proposal. Include a contact tel &amp; email to allow citizen/stakeholder feedback on proposals.</p>	<p><b>Date sent for scrutiny</b> Send document or Link to: <u><a href="mailto:equalityanddiversityteam@nottinghamcity.gov.uk">equalityanddiversityteam@nottinghamcity.gov.uk</a></u></p>
<p><b>SRO Approval:</b></p> 	<p><b>Date of final approval:</b></p> <p><b>17-8-23</b></p>

<p><b>Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:</b></p> <ol style="list-style-type: none"><li>1. Read the guidance and good practice EIA's <u><a href="http://intranet.nottinghamcity.gov.uk/media/1924/simple-guide-to-eia.doc">http://intranet.nottinghamcity.gov.uk/media/1924/simple-guide-to-eia.doc</a></u></li><li>2. Clearly summarised your proposal/ policy/ service to be assessed.</li><li>3. Hyperlinked to the appropriate documents.</li><li>4. Written in clear user-friendly language, free from all jargon (spelling out acronyms).</li><li>5. Included appropriate data.</li><li>6. Consulted the relevant groups or citizens or stated clearly, when this is going to happen.</li><li>7. Clearly cross-referenced your impacts with SMART actions.</li></ol>
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