

Equality Impact Assessment Form

[screentip-sectionA](#)

1. Document Control

1. Control Details

Title:	Mental Health Accommodation and Support Pathways
Author (assigned to Pentana):	Rasool Gore (Claire Labdon- West)
Director:	Catherine Underwood, Corporate Director of People Katy Ball, Director of Commissioning and Procurement
Department:	Strategy & Resources
Service Area:	Commissioning and Market Development
Contact details:	rasool.gore@nottinghamcity.gov.uk/claire labdon-west@nottinghamcity.gov.uk
Strategic Budget EIA: Y/N	N
Exempt from publication Y/N	N

2. Document Amendment Record

Version	Author	Date	Approved
V1	Rasool Gore		

3. Contributors/Reviewers

Name	Position	Date

4. Glossary of Terms

Term	Description

[screentip-sectionB](#)

2. Assessment

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

Proposal:

To extend the current mental health supported accommodation and Independent Living Support Service (ILSS) contracts for six months. This will allow for the procurement of:

- a new reablement service. The service will support vulnerable adults with mental ill-health for an average period of three months after which they will be either discharged from social care or move onto appropriate longer term support based on individual need;
- four separate accommodation based Housing Related Support (HRS) services for vulnerable adults with mental ill-health and
- a separate independent support service to support a small (14 per annum) cohort of vulnerable adults with mental ill health who are in forensic provision.

Background:

Nottingham City Council undertook a review of the Mental Health Supported Accommodation Pathway in 2016. At that time, it was decided to extend all current contracts to enable a further review, which has now been undertaken. The review considered the current services within the mental health pathway provision of services. The current services are:

- ILSS (supporting on average 156 citizens per year) with an additional forensic independent service support (14

citizens per year).

- Four separate HRS services (93 units) for vulnerable adults with mental ill health.

These services provide for citizens who have been inpatients in mental health hospital and/or have difficulty maintaining independent living due a decline in their mental health.

The review has been 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.

The review highlighted the following:

- To decommission the independent Living Support Service and replace it with a reablement 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.
- To commission the core part of the four HRS services as is currently as it effectively meets the needs of citizens effectively. The cluster part of the services to be reshaped to ensure that move on of citizens to either independent living or longer-term support happens in a timely fashion. This should ensure that citizens are not stuck in the cluster part of the services.
- To procure the forensic independent support service as is currently. This is a small-bespoke service supporting a group of citizens who social workers often struggle to find appropriate support.

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 (BME) 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 and minority ethnic (BME) patients in contact with NHFT is lower than might be expected, considering the structure of Nottingham City's population. BME 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 BME 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 BME citizens with mental ill health. The commission of this bespoke BME service has increased the number of BME citizens engaging with the programme. The programme will be monitoring and evaluating the success of this programme and will feed into future commissioning intentions.

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

- The consultation findings with citizens of the 2016 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 reablement provision providing similar types of support as the current 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 (566) compared to the current ILSS service which supports on average 156. The rationale behind this is that citizens will receive intensive support for a three-month period but then move on. The current ILSS service provides 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 core part of the supported accommodation based services are working well and requires no change. However, some cluster provision is not as effective at moving citizens on to longer-term support or independent living. As part of the service, specification clear targets will be set against the cluster provision to ensure citizens are not in the accommodation longer than they should be.
- The ILSS forensic support service requires no change as it effectively supports the work of the social work team in supporting this small cohort of citizens with specialist need.
- 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 now stronger routes of referral from the short-term support services into longer-term support services where this need is identified for individuals. This has been a result of closer working relationships between the social work teams and the providers.
- 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.
- In relation to the short-term supported accommodation based services, very few women have accessed the services despite it being mixed provision. The reasons for this is either the service feels they cannot accommodate them safely or the women do not feel safe usually due to physical or sexual assault they may have experienced. This therefore means the options for women are either long-term provision of support (CSE/residential) or short term support Aidan House which is the female complex needs service which struggles to support them appropriately due to their mental ill-health. Senior managers have picked this up and further consideration will be given to understand how this can be developed and funded in the future.
- The decommissioning of the current ILSS service will be managed effectively with social workers working with the current provider of the service to move citizens to the appropriate part of the mental health support pathway. Citizens will be fully

engaged as part of this process.

3. Impacts and Actions:

screentip-sectionD	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). <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.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please underline the group(s) /issue more adversely affected or which benefits.

[screentip-sectionE](#)

How different groups could be affected
(Summary of impacts)

Provide details for impacts / benefits on people in different protected groups.

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)

Benefits of proposal – Citizens

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.
2. Women – Considering a lack of short-term accommodation, based provision for women the service specifications will stipulate that providers need to evidence how they will be able to accommodate the needs of women effectively.

[screentip-sectionF](#)

Details of actions to reduce negative or increase positive impact
(or why action isn't possible)

1 Actions will need to be uploaded on Pentana.

Continue on separate sheet if needed (click and type to delete this note)

Actions:

1. Final specifications and monitoring requirements amended to address issues related to challenges for groups such as BME, women, lesbian, gay or bi-sexual people accessing mental ill health support services. Responsible: commissioning and contracts team.
2. Final specifications and monitoring requirements to address issues relating to challenges faced by women accessing mental ill health support services. Further work will be undertaken to understand how a female only short-term accommodation based service could be funded. Responsible: commissioning and contracts team.

<p>3. Young People – The health data indicates that younger people are presenting with substantial mental ill health. The service specifications will stipulate that providers evidence how they will meet the needs of younger service users effectively.</p>	<p>3. Final specifications and monitoring requirements to address issues relating to challenges faced by young people accessing mental ill health support services. Responsible: commissioning and contracts team.</p>
--	--

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 providers of services 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.

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

<p>Approving Manager: The assessment must be approved by the manager responsible for the service/proposal. Include a contact</p>	<p>Date sent for scrutiny: 10th December 2019 Send document or Link to: equalityanddiversityteam@nottinghamcity.gov.uk</p>
---	--

tel & email to allow citizen/stakeholder feedback on proposals.	
SRO Approval: Oliver Bolam Oliver.bolam@nottinghamcity.gov.uk	Date of final approval: 17th December 2019

Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:

1. Read the guidance and good practice EIA's
<http://intranet.nottinghamcity.gov.uk/media/1924/simple-guide-to-eia.doc>
2. Clearly summarised your proposal/ policy/ service to be assessed.
3. Hyperlinked to the appropriate documents.
4. Written in clear user-friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly, when this is going to happen.
7. Clearly cross-referenced your impacts with SMART actions.