

Health Overview and Scrutiny Panel

Thursday, 24th March 2016
at 6.00 pm

MEMBERS' ROOM DOCUMENTS

This meeting is open to the public

Members

Contacts

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MEMBERS' ROOM DOCUMENT

Agendas and papers are now available via the City Council's website

7 **MENTAL HEALTH MATTERS**
(Pages 1 - 22)

Equality Impact Assessment to the above report.

Wednesday, 16 March 2016

SERVICE DIRECTOR, LEGAL AND GOVERNANCE

EQUALITY IMPACT ANALYSIS (EIA) FORM

Policy/Project/Function	Mental Health Matters - consultation on the proposals for mental health services in the city to ensure that those people in Southampton who require mental health support get access to the services they need, when they need it, with the outcomes they deserve.
Date of Analysis	December 2015
Analysis completed by: Name and Department Email and contact details	Katy Bartolomeo, Senior Commissioner (Mental Health & Substance Misuse) Integrated Commissioning Unit Katy.Bartolomeo@southampton.gov.uk
What are the aims or intended outcomes of the Policy/Project or Function?	Commissioned services need to have more recovery focused pathways, promoting increased peer-led support provision, self-directed care, engagement with community resources; improved recovery outcomes including engagement with employment and training; improved capacity of primary care teams to identify and respond to mental health needs, improved response to people experiencing mental health crisis and support to progress through treatment into sustainable and supported self-care, co-production of 0-25 CAMHS team with CAMHS provider.
Are there any other policies related to this as part of the analysis?	Mental Health Matters Engagement Better Care – a Healthy Southampton for all, 5 year strategy Joint Strategic Needs Assessment Southampton CCG Clinical Commissioning 5 year strategy

1. SCREENING

Protected Characteristic	Will this policy have a positive effect? Yes or No	Will this policy have a negative effect? Yes or No	What is the evidence?
Age	Yes		<p>The proposals place a greater emphasis on prevention and early intervention. This will have a positive effect on all, but there is additional evidence that early identification of young people with a first episode psychosis leads to improved outcomes throughout their lives.</p> <p>We have had feedback that there are difficulties with transition between adult and children’s services. The aim is to develop a service which focuses on young people up to the age of 25 and this more closely corresponds with developmental issues and is complimentary to other services. The service will be tailored to the needs of young people of this age focusing on recovery principles. There will be flexibility for young people to access the most appropriate service. The changes, taken together, will ensure services are needs rather than age led.</p> <p>In relation to older people there will be closer alignment with primary care and with services in the</p>

			local area enabling a more holistic service. This will benefit people of all ages but it will particularly benefit older people who often have a number of physical and mental health issues which need to be treated together.
Disability	Yes		<p>There is evidence that people with mental health problems do not have equal access to physical health care including screening. This is why there is a national focus on 'Parity of Esteem'. In this new model services will be more holistic and physical and mental health issues will be treated jointly.</p> <p>As part of the community development work there will be an increased focus on developing services in the community based on community need. Better Care Southampton aims to increase the co-delivery of mental health services in other settings that are more accessible to people.</p>
Marital status/ Civil Partnership			<p>No additional positive or negative impacts identified.</p> <p>Services will be need led and person centred which will ensure any issues of diversity are considered and reasonable adjustments made.</p>
Pregnancy and Maternity	Yes		In line with national guidance; improvements to perinatal mental health services will be made, this will provide better support for women who are at risk of developing mental health problems during

			pregnancy and the first year post pregnancy, as well as support for those considering becoming pregnant.
Race			Services will be need led and person centred which will ensure any issues of diversity are considered and reasonable adjustments made.
Religion or Belief			No additional positive or negative impacts identified. Services will be need led and person centred which will ensure any issues of diversity are considered and reasonable adjustments made.
Sex			No additional positive or negative impacts identified. Services will be need led and person centred which will include any gender specific approaches are addressed. Individuals will be able to request a male or female care co-ordinator
Sexual Orientation			No additional positive or negative impacts identified. Services will be need led and person centred which will ensure any issues of diversity are considered and reasonable adjustments made.
Transgender people			No additional positive or negative impacts identified. Services will be need led and person centred which will ensure any issues of diversity are considered and reasonable adjustments made.

Retain this information for evidence

2. LOCAL POPULATION PROFILE/DEMOGRAPHY

Overall Population Of Southampton	239,428																																												
Age Profile	<table border="1"> <thead> <tr> <th data-bbox="804 523 958 576"></th> <th data-bbox="958 523 1131 576">Total</th> <th data-bbox="1131 523 1346 576">Percentage</th> </tr> </thead> <tbody> <tr> <td data-bbox="804 576 958 628">All ages</td> <td data-bbox="958 576 1131 628">239,428</td> <td data-bbox="1131 576 1346 628"></td> </tr> <tr> <td data-bbox="804 628 958 681">0-4</td> <td data-bbox="958 628 1131 681">15,910</td> <td data-bbox="1131 628 1346 681">6.6</td> </tr> <tr> <td data-bbox="804 681 958 734">5-15</td> <td data-bbox="958 681 1131 734">26,169</td> <td data-bbox="1131 681 1346 734">10.9</td> </tr> <tr> <td data-bbox="804 734 958 786">16-17</td> <td data-bbox="958 734 1131 786">4,974</td> <td data-bbox="1131 734 1346 786">2.1</td> </tr> <tr> <td data-bbox="804 786 958 839">18-24</td> <td data-bbox="958 786 1131 839">40,783</td> <td data-bbox="1131 786 1346 839">17.0</td> </tr> <tr> <td data-bbox="804 839 958 892">25-34</td> <td data-bbox="958 839 1131 892">40,246</td> <td data-bbox="1131 839 1346 892">16.8</td> </tr> <tr> <td data-bbox="804 892 958 944">35-44</td> <td data-bbox="958 892 1131 944">30,068</td> <td data-bbox="1131 892 1346 944">12.6</td> </tr> <tr> <td data-bbox="804 944 958 997">45-54</td> <td data-bbox="958 944 1131 997">27,971</td> <td data-bbox="1131 944 1346 997">11.7</td> </tr> <tr> <td data-bbox="804 997 958 1050">55-64</td> <td data-bbox="958 997 1131 1050">21,586</td> <td data-bbox="1131 997 1346 1050">9.0</td> </tr> <tr> <td data-bbox="804 1050 958 1102">65-74</td> <td data-bbox="958 1050 1131 1102">16,310</td> <td data-bbox="1131 1050 1346 1102">6.8</td> </tr> <tr> <td data-bbox="804 1102 958 1155">75-84</td> <td data-bbox="958 1102 1131 1155">10,643</td> <td data-bbox="1131 1102 1346 1155">4.4</td> </tr> <tr> <td data-bbox="804 1155 958 1208">85-89</td> <td data-bbox="958 1155 1131 1208">3,062</td> <td data-bbox="1131 1155 1346 1208">1.3</td> </tr> <tr> <td data-bbox="804 1208 958 1260">90+</td> <td data-bbox="958 1208 1131 1260">1,706</td> <td data-bbox="1131 1208 1346 1260">0.7</td> </tr> </tbody> </table>				Total	Percentage	All ages	239,428		0-4	15,910	6.6	5-15	26,169	10.9	16-17	4,974	2.1	18-24	40,783	17.0	25-34	40,246	16.8	35-44	30,068	12.6	45-54	27,971	11.7	55-64	21,586	9.0	65-74	16,310	6.8	75-84	10,643	4.4	85-89	3,062	1.3	90+	1,706	0.7
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Disability Profile	38,399																																												

Marital /Civil Partnership Status profile	Marital Status	Number	Percentage
	Single (never married or never registered a same-sex civil partnership)	88,491	45.3
	Married	72,324	37.0
	In a registered same-sex civil partnership	416	0.2
	Separated (but still legally married or still legally in a same-sex civil partnership)	5,141	2.6
	Divorced or formerly in a same-sex civil partnership which is now legally dissolved	17,827	9.1
	Source: Office for National Statistics, 2011 Census		
Pregnancy/Maternity Profile	In 2011 there were 3,520 maternities to Southampton females resulting in 3,550 live births. In 2011/12 47.2% of babies were being fully or partially breastfed at their 6-8 week check.		
Race Profile	Ethnic Group	Number	Percentage
	All people	236,882	
	White (English/Welsh/Scottish/Northern Irish/British)	183,980	77.7
	White (Irish)	1,746	0.7
	White (Gypsy/Irish Traveller)	341	0.1
	White (Other)	17,461	7.4
	Mixed (White and Black Caribbean)	1,678	0.7
	Mixed (White and Black African)	941	0.4
	Mixed (White and Asian)	1,796	0.8
	Mixed (Other Mixed)	1,263	0.5
	Asian/Asian British (Indian)	6,742	2.8
	Asian/Asian British (Pakistani)	3,019	1.3
	Asian/Asian British (Bangladeshi)	1,401	0.6
	Asian/Asian British (Chinese)	3,449	1.5
	Asian/Asian British (Other Asian)	5,281	2.2
	Black/Black British (African)	3,508	1.5
	Black/Black British (Caribbean)	1,132	0.5
	Black/Black British (Other Black)	427	0.2
Other Ethnic Group (Arab)	1,312	0.6	
Other Ethnic Group (Other)	1,405	0.6	

Religion/Belief Profile	<table border="1"> <thead> <tr> <th>Religion</th> <th>Number of people</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>122,018</td> <td>51.5</td> </tr> <tr> <td>Buddhist</td> <td>1,331</td> <td>0.6</td> </tr> <tr> <td>Hindu</td> <td>2,482</td> <td>1.0</td> </tr> <tr> <td>Jewish</td> <td>254</td> <td>0.1</td> </tr> <tr> <td>Muslim</td> <td>9,903</td> <td>4.2</td> </tr> <tr> <td>Sikh</td> <td>3,476</td> <td>1.5</td> </tr> <tr> <td>Other religions</td> <td>1,329</td> <td>0.6</td> </tr> <tr> <td>No religion</td> <td>79,379</td> <td>33.5</td> </tr> <tr> <td>Religion not stated</td> <td>16,710</td> <td>7.1</td> </tr> <tr> <td colspan="3">Source: Office for National Statistics, 2011 Census</td> </tr> </tbody> </table>	Religion	Number of people	Percentage	Christian	122,018	51.5	Buddhist	1,331	0.6	Hindu	2,482	1.0	Jewish	254	0.1	Muslim	9,903	4.2	Sikh	3,476	1.5	Other religions	1,329	0.6	No religion	79,379	33.5	Religion not stated	16,710	7.1	Source: Office for National Statistics, 2011 Census		
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Sex Profile	Male 121,234 Female 118,195																																	
Sexual Orientation Profile	Data from the Integrated Household Survey in 2010/11 found 1% of adults surveyed identified themselves as gay or lesbian and a further 0.5% identified themselves as bisexual. In Southampton this would equate to 1,970 gay or lesbian adults and 990 bisexual adults. The survey found a larger proportion of men stating they were gay (1.3%) compared to women (0.6%).																																	
Transgender Profile	There are no official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000. This equates to an estimated 50 people in Southampton.																																	

3. AVAILABLE EQUALITY DATA AND INFORMATION

<p>Is Equality Information/Data available in relation to the implementation of this Policy/Project/Function?</p> <p>This is internal or external information/data which may indicate how the different Equality Groups may be affected by this policy/project /function</p>	<p>Please Tick;</p> <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Mental Health Matters Complaints/Patient Experience Provider patient Experience Data</p>
<p>List any Consultations which have been undertaken with Service Users, Carers, Public, Employees, Unions in the development and implementation of this Policy/Project/Function</p>	<p>Mental Health Matters Engagement undertaken 30 September 2015 – 16 October 2015, key stakeholders engaged include:</p> <ul style="list-style-type: none"> ▪ Health and Wellbeing Board ▪ GPs across the city ▪ Users of children and adolescent mental health services in Southampton ▪ Users of adult mental health services in Southampton ▪ Carers supporting people who use mental health services in Southampton ▪ Community and voluntary organisations ▪ Members of the Southampton Equality and Diversity Group ▪ GPs across the city ▪ Current service providers, both managers and clinicians ▪ Allied services and domains including staff from; acute hospitals and the urgent care commissioners and clinicians including A&E,

	<p>the criminal justice system, substance misuse services, homelessness services, learning disability services, housing services – including supporting people providers, employment support agencies, student health services and schools and education</p> <p>Feedback was actively sought via the NHS Southampton City CCG website, email correspondence, online surveys, attendance at existing forums and face to face interviews.</p> <p>An online survey was established and for those who could not access the online survey, hard copy, and paper-based surveys were widely circulated. An adapted and simplified version of the online survey was produced to facilitate engagement with young people which helped to achieve a wide range of ages being represented.</p> <p>Service user and carer feedback represented 58% of feedback received from the online survey and paper copy questionnaires completed. Based on the completed responses received 58% of respondents were females, 38% male and 4% preferring not to say. BME prevalence in Southampton is 18.2%, and white British 81.8%. Responses were received BME 9.6%, and white British 76.7%, with 13.7% opting not to provide information. As a result further work will be required to ensure that the consultation reaches a wider representation from BME communities, although those that preferred not to say could include representation from these communities.</p>
<p>Promoting Inclusion and Cohesion: How does this Policy/Project/Function contribute towards</p>	<p>Parity of esteem is defined as making sure that we are just as focused on improving mental as physical health and that patients</p>

the organisations aims to promote Equality, Diversity and Human Rights and Elimination of Discrimination?

with mental health problems don't suffer inequalities, either because of the mental health problem itself or because they then don't get the best care for their physical health problems.

There is strong emphasis within our approach on parity between mental and physical health and we have taken significant steps to address this.

One of our specific goals is Making it Fairer – Tackling Inequalities. This project would enable us to focus services on early intervention and prevention, to address barriers and transition affecting access, issues with current service specifications including some conditions which are currently excluded and better embed recovery into services.

We are committed to listening to local people, gathering their feedback on their experiences of local services and acting upon it. We have developed a systematic and embedded approach to insight gathering and engagement and involvement work via our You Said-We-did Framework.

Co-production approaches to ensure a wide variety of needs and views are taken into account in planning and designing solutions.

4. ASSESSMENT

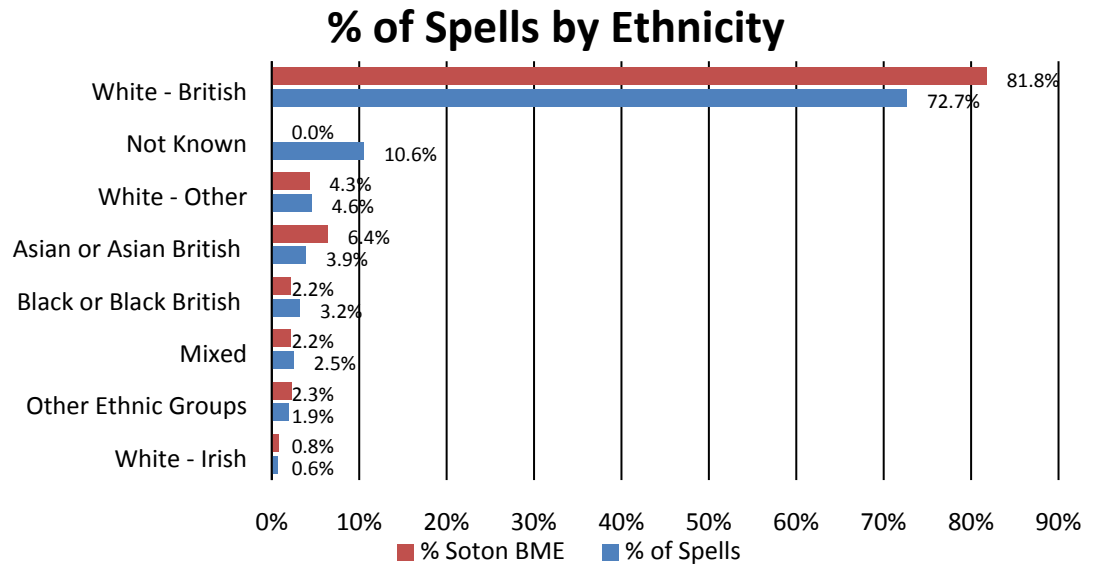
What impact will the implementation of this Policy/Project/Function have on the Equality Groups as defined by the Equality Act 2010?

Equality Groups	No Impact	Positive Impact	Negative Impact	Evidence of impact and /or justification for a <i>Genuine Determining Reason</i> exists
Age		√		<p>This proposal will provide improved support to children and young people with greater emphasis on family orientated work.</p> <p>There is an emphasis on early help which is based on quick routes into assessment so that people receive the right care at the right time.</p> <p>Improvements to waiting times for young people's services will improve.</p> <p>We will ensure the new pathway for 18-25 year olds is known about and understood by the whole system to ensure that information is also readily available at the right time to the right people. This is especially the case for emergency or crisis care, which is also a significant access point for assessment.</p> <p>The focus on holistic assessment and parity of esteem between physical and mental health will improve services for all but will specifically assist older people who tend to have additional conditions and fragilities. This will ensure that assessments cover the whole range of needs and facilitate timely access to appropriate services.</p>
Disability Mental or		√		<p>This proposal will redesign mental health services so that people who require mental health support get access to the services that they need,</p>

Physical or Sensory				<p>when they need it, with the outcomes they deserve.</p> <p>Disability and long term illness is associated with poor mental health. Evidence suggests that people who are Deaf and hard of hearing are more likely to experience mental ill health.</p> <p>The new model will have a strong emphasis on parity of esteem (ensuring that people’s physical and mental health needs are addressed with equal importance) and includes having learning difficulty practitioners embedded within the community teams.</p> <p>Communication, staff training, dignity and respect and the physical environments have been commonly cited as areas for improvement in health settings for people with a disability and there will be an emphasis in ensuring that this forms part of our review.</p>
Marital or Civil Partnership Status		√		<p>No additional factors identified though holistic assessments will focus on any diversity issues which are relevant to need and support planning and where reasonable adjustments are needed.</p>
Pregnancy and Maternity		√		<p>Research by the NSPCC (2013) has highlighted that during pregnancy and after birth, women can be affected by a range of mental health problems. There will be a further investment and enhancement of perinatal mental health services which are expected to have a positive impact on this protected characteristic.</p>
Race All racial groups		√		<p>Data from the final ‘Count me in’ census published by the Care Quality Commission (2011) found ethnic differences in the rate of admission, detention under the mental health act and seclusion had not altered</p>

significantly.

Admission rates remained higher than average among some minority ethnic groups, especially Black and White/Black Mixed groups. In contrast, admission rates remained average or lower than average among the south Asian and Chinese groups. Data from Southampton (see below) on number of admissions reflects this national position and highlights the need to better understand the needs of different minority ethnic groups, engage earlier and increase engagement.



As part of the community development work there will be an increased focus on developing services in the community based on community need. The Better Care Southampton aims to increase the co-delivery of mental health services in other settings that are more accessible to people.

				Assessments will actively address any diversity issues which are relevant to need and support planning and where reasonable adjustments are required.
Religion or Belief All faiths or no faith		√		There is a requirement in all services to address diversity issues including needs in relation to religion and belief which can include a range of needs including gender specific services, diet and location. This will be actively considered in the design and specification of services. All services include monitoring requirements to ensure good access for all communities
Sex Women and Men	√			British men are three times more likely than British women to die by suicide (Samaritans, 2004). It is not felt that Mental Health Matters will impact negatively on this protected characteristic It is acknowledged that women in particular benefit from the opportunity to request a male or female care co-ordinator which is well established in current services and will continue.
Sexual Orientation		√		There is some evidence to suggest that lesbian, gay and bisexual people have an increased risk of suicide (Equality and Human Rights Commission, 2010), which could indicate a greater likelihood of requiring crisis services. Assessments will actively address any diversity issues which are relevant to need and support planning and where reasonable adjustments are required.. Community navigators will be able to support access to alternative, appropriate services such as peer support and by working with other agencies to ensure all purchased and community services are accessible to all communities.
Trans-gender		√		The Equality and Human Rights Commission (2010), found that one in seven transgender people who responded to a survey felt they had been

			<p>adversely treated by healthcare professionals because of their transgender status.</p> <p>Communication, staff training and dignity and respect have been commonly cited as areas for improvement in health settings. There will be an importance on monitoring the impact of any changes for transgender people.</p> <p>Assessments will actively address any diversity issues which are relevant to need and support planning and where reasonable adjustments are required..</p> <p>Community navigators will be able to support access to alternative, appropriate services such as peer support and by working with other agencies to ensure al purchased and community services are accessible to all communities.</p>
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5. ACTION PLANNING

As a result of the assessment what actions are proposed to reduce or remove any risks of adverse/negative outcomes identified for service users, carers, public, employees who share the 9 protected Characteristics of the Equality Act 2010?

Identified Risk	Action Recommended	Completion Date	Review Date	Responsible Manager + Contact details
<p>1. Changes in CAMHS/AMH services for the 18-25 age range</p>	<ul style="list-style-type: none"> ▪ Robust communications plan to ensure relevant stakeholder, agencies and refers are aware of the changes ▪ Continue to engage and consult on changes with service users and carers with different protected characteristics and stakeholders working or representing with service users and carers with different protected characteristics 	Ongoing	Ongoing	Senior Commissioner
		Ongoing	Ongoing	Senior Commissioner
<p>2. Ensure that community venues and</p>	<ul style="list-style-type: none"> ▪ Include requirements in 	Ongoing	Ongoing	Senior Commissioner

<p>services are accessible to everyone with a protected characteristic</p>	<p>service specifications</p> <ul style="list-style-type: none"> ▪ Services will be need led and person centred which will ensure any issues of diversity are considered and reasonable adjustments made ▪ Continue to engage and consult on changes with service users and carers with different protected characteristics and stakeholders working or representing with service users and carers with different protected characteristics 	Ongoing	Ongoing	Senior Commissioner
		Ongoing	Ongoing	Senior Commissioner
<p>3. Ensure that admission rates from BME populations especially Black and White/Black Mixed groups and south Asian and Chinese groups do not move further from the population averages</p>	<ul style="list-style-type: none"> ▪ Admission rates will be monitored across the protected characteristics, and appropriate actions will be set if access moves further from the population averages, with consideration 	Ongoing	Ongoing	Senior Commissioner

	<p>to include a performance measure</p> <ul style="list-style-type: none"> ▪ Services will be need led and person centred which will ensure any issues of diversity are considered and reasonable adjustments made ▪ Continue to engage and consult on changes with service users and carers with different protected characteristics and stakeholders working or representing with service users and carers with different protected characteristics 	Ongoing	Ongoing	Senior Commissioner
		Ongoing	Ongoing	Senior Commissioner
<p>4. Developments in community based services fail to provide accessible options and greater engagement for people with protected characteristic</p>	<ul style="list-style-type: none"> ▪ Services will be need led and person centred which will ensure any issues of diversity are considered and reasonable adjustments made 	Ongoing	Ongoing	Senior Commissioner

	<ul style="list-style-type: none"> Continue to engage and consult on changes with service users and carers with different protected characteristics and stakeholders working or representing with service users and carers with different protected characteristics 	Ongoing	Ongoing	Senior Commissioner
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6. RATING of FINDINGS

Analysis Rating			Green	
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<p>Green If the policy/project/ function does not appear to have any adverse effects on people who share any of the 9 <i>Protected Characteristics</i> then no further actions are recommended at this stage</p>	<p>The policy can be published with the EIA Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	<p>Where the policy/project/ function does not appear to have any adverse effects on people who share any of the 9 <i>Protected Characteristics</i> then no further actions need to be taken at this stage</p>
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7. Summary

Brief Summary/Any Comments:

The EIA has been undertaken by Katy Bartolomeo, Senior Commissioner Mental Health and Substance Misuse, Southampton Integrated Commissioning Unit and has been completed with contribution from the Equality Reference Group.

The EIA found that there would be no negative impact on people protected under the equality act (2010)

To mitigate against any unintended discrimination and to promote and support improved access and a reduction to inequalities, some risks have been identified together with an action plan which it is considered will address those risks.

Responsible Manager

Name	Job Title	E-Mail/ Telephone	Date
Katy Bartolomeo	Senior Commissioner Mental Health and Substance Misuse	Katy.Bartolomeo@southampton.gov.uk	29/01/16

Approval and Sign Off

Name	Job Title	E-Mail/ Telephone	Date
Stephanie Ramsey	Director Quality and Integration	Stephanie.Ramsey@ southamptoncityccg.nhs.uk	04/02/16