

Equality Impact Assessments - equality through public services



Our approach

Equality impact assessments (EIAs) are our chosen way for working out the effect our policies, practices or activities (the word activity will be used throughout this form as an umbrella term) might have on different groups before we reach any decisions or take action. They are an important service improvement tool, making sure that our services are as effective as they can be for everyone Camden serves. They also help to prevent us from taking action that might have outcomes we did not intend.

It is essential that you start to think about the EIA process before you develop any new activity or make changes to an existing activity. This is because the EIA needs to be integral to service improvement rather than an 'add-on'. If equality analysis is done at the end of a process it will often be too late for changes to be made.

If a staff restructure or organisational change is identified as necessary following the review of an activity then an EIA needs to be completed for **both** stages of the process, i.e. one when the activity is reviewed and one when the restructure or organisational change is undertaken .

Please read the council's EIA guidance, ['Equality impact assessments – equality through public services, a step-by-step guide'](#), before beginning the EIA process.

Stage one - what is being analysed and who is responsible for the equality impact assessment?

This section should be completed to help you plan how you will analyse an activity.

Name of the activity being analysed	Mental Health Day Opportunities
Service and directorate responsible	Strategic Planning and Joint Commissioning Housing and Adult Social Care
Names and posts of staff undertaking the assessment	Gareth Jones, Commissioning Officer Lone Tonsgaard, Strategic Commissioner Mental Health
Date assessment completed	25/02/2013 (updated 25/02/2013)
Name of person responsible for sign off of the EIA	Angela Neblett Head of Strategy and Commissioning, Mental Health, Substance Misuse and Learning Disabilities

Stage two - planning your equality analysis

This section of the form should be completed when you are developing your proposals for assessing the activity.

The information you will need to collect should be proportionate to the activity that you are looking at. A small change in policy, for example, does not need to be supported by the same amount of evidence and analysis as a major change in service provision.

Outline the activity being assessed

This Equality Impact Assessment (EIA) is in relation to the remodelling of mental health day opportunities. This included a public consultation which took place from 6 November 2012 – 8 February 2013. This EIA therefore relates to a Council Service / Function Review.

Mental health day opportunities are currently provided by a consortium of providers led by Mind in Camden with Holy Cross Centre Trust and the Volunteer Centre Camden. They operate from three sites strategically located across the Borough. This block contract commenced in October 2007 and expired in September 2010. Waivers have since been granted and the current contract expires on March 31st 2013 with an option to extend for a further twelve months until March 31st 2014.

As part of the drive¹ to modernise adult social care and replace traditional care services with more individual options, it is the aim that mental health day opportunities are developed to provide increased choice and flexibility for the individual (Better Care Choices). As agreed by Cabinet in April 2011 the provision will be focused on meeting the needs of customers who are assessed as having substantial or critical risk to their independence under the Fair Access to Care Services (FACS) criteria.

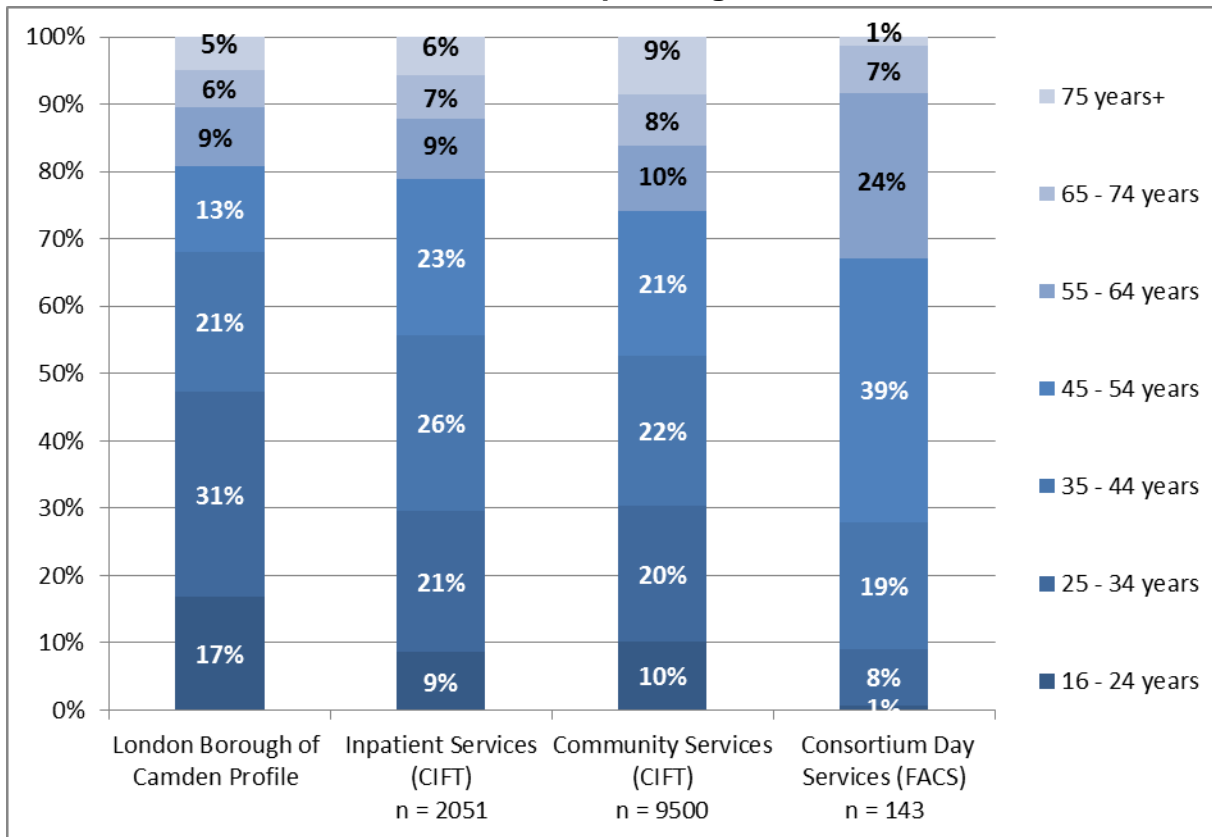
This review will affect current Camden residents who are users of mental health day services, as well as those users of other mental health services who may potentially need to use these services in the future. Current staff are also affected by this review, as are those professionals and agencies that refer people to these services.

The current national and local mental health strategy takes a two-fold aim of improving the mental health and wellbeing of the population as well as improving the outcomes for all people with mental health problems through delivering high quality services that are equally accessible to all.

It is Camden's vision that people with mental health problems are able to enjoy a good quality of life, remain independent and in control, be included as members of society and realise their potential for recovery. This vision has been tested and confirmed in a number of ways in the last two years and has helped shape the review and the proposed models for future delivery

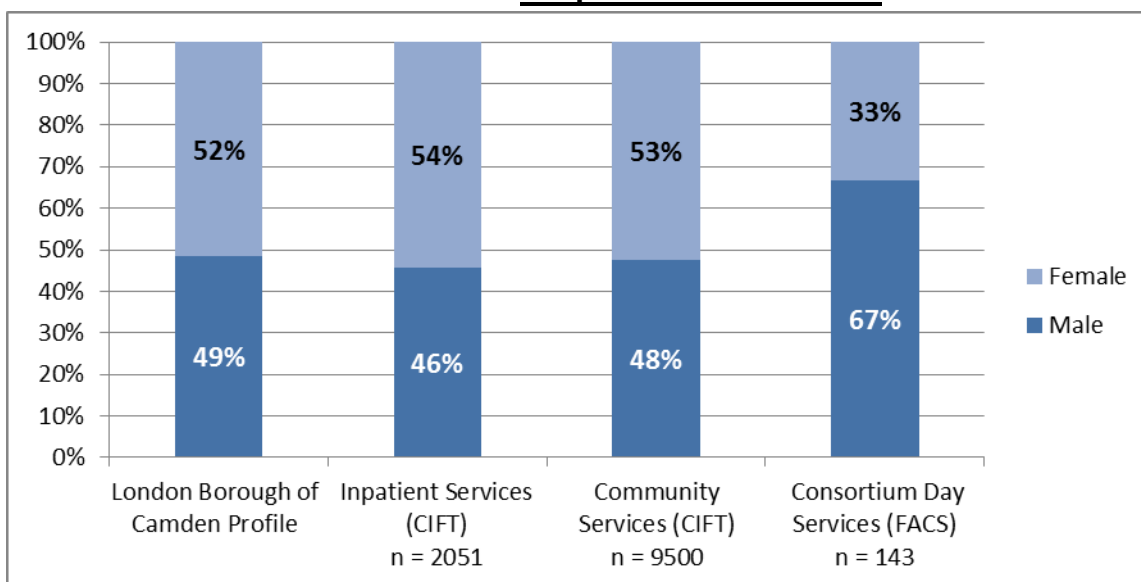
¹ <http://camden-essentials.lbcamden.net/ccm/navigation/who-and-where/housing-and-adult-social-care/adult-social-care/better-care-choices---personalising-social-care/>

Graph 1: Age Profile



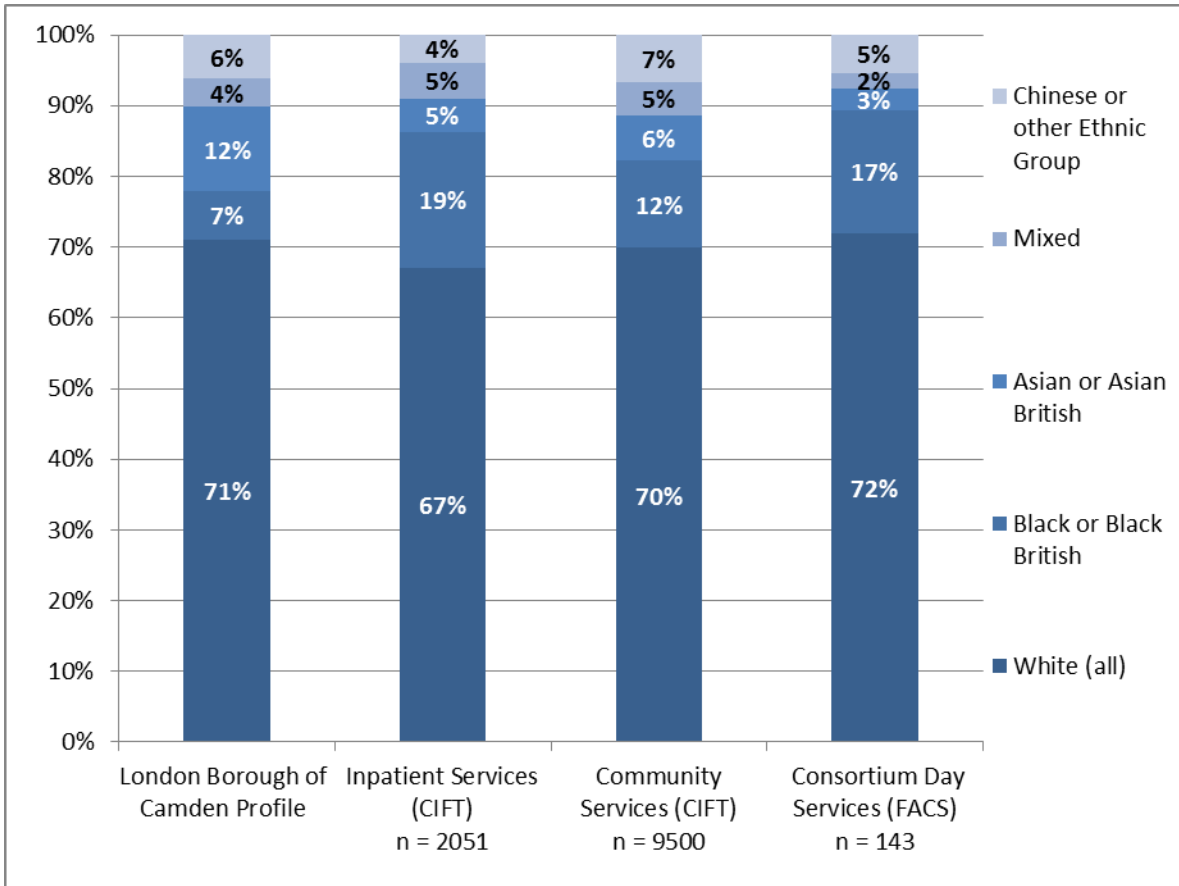
- The graph above shows that the proportion of eligible younger adults in the current day services is lower than the overall population in Camden and the population using other mental health services.
- People in the age categories 45 – 54 years and 55 – 64 years represent the largest cohort of those attending the day services. This is significantly higher than the profile of the overall borough population and those using other mental health day services.

Graph 2: Gender Profile



- As can be seen from the graph above women are currently significantly underrepresented in day services.

Graph 3: Ethnicity Profile



- Community mental health and day services are mainly accessed by people of White background, which mirrors the population profile for Camden.
- People from Black and Black British communities are overrepresented in inpatient and day services compared to the borough profile and community mental health services.
- People from Asian and Asian British communities are underrepresented in all mental health services, including day services.

Information is not routinely collected for the consortium day services via contract monitoring regarding gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief and sexual orientation.

Summary

The data shows that the day services are mainly used by middle-aged men from a White background. Younger adults, women and those from Asian communities are underrepresented in the current day service provision.

National drivers and guidelines

In completing this EIA officers considered relevant national policy drivers and guidelines. These were also taken into consideration when developing the consultation and the consultation options

and are briefly summarised below:

*From segregation to inclusion: Commissioning guidance on day services for people with mental health problems (National Inclusion Programme, NIMHE, CSIP 2006)*². This acknowledges that in recent times some (day) services have moved towards a greater focus on community integration and some innovative ways of assisting people to access mainstream opportunities, however many retain a more traditional focus:

- Day services often remain largely building based;
- Those who do not wish to adopt the identity of 'mental patient' especially younger people and those who have more recently developed mental health problems, reject the idea of attending a segregated day facility; and
- With some exceptions day services often fail to meet the needs of the diverse populations that they service. In particular they may fail to meet the needs of, and be under used by, people from different minority ethnic communities.

Delivering Race Equality In Mental Health Care (Department of Health, January 2005) set a five year action plan for reducing inequalities in Black and Minority Ethnic patients' access to, experience of, and outcomes from mental health services. This programme is based on three 'building blocks' that remodelled Mental Health Day Opportunities in Camden will support:

1. More appropriate and responsive services;
2. Community engagement; and
3. Better information.

No Health without Mental Health: a cross - government mental health strategy for people of all ages (Department of Health, February 2011) sets out six shared objectives to improve the mental health and well-being of the nation, and to improve outcomes for people with mental health problems through high quality services:

1. More people will have good mental health;
2. More people with mental health problems will recover;
3. More people with mental health problems will have good physical health;
4. More people will have a positive experience of care and support;
5. Fewer people will suffer avoidable harm;
6. Fewer people will experience stigma and discrimination.

Furthermore the Implementation Framework (Department of Health, July 2012) supporting this strategy sets a requirement that public services improve equality and tackle inequality - a key principle throughout the framework is the recognition of, and provision for, groups protected by the Equality Act 2010 (In terms of accessible, acceptable and appropriate services).

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131061

Consultation and engagement

In April 2011, following a public consultation, Cabinet agreed to reduce the budget for mental health day opportunities by 30% by ensuring services are focused on those with FACS eligible needs. As part of this it was agreed the following steps be taken to support implementation:

Ensure that all current users of mental health day opportunities are assessed under the FACS criteria

All service users registered (and accessing the service in the previous six months) with the Consortium were offered individual reviews under FACS to determine future eligibility and establish on-going support needs. These assessments took place between August 2011 and March 2012 and showed that around 150 individuals are at any time eligible and wish to continue using a day service provided by the consortium to meet their needs. This is much less than the 700 the current service model has been designed to support.

Establish a project board involving customer and provider sub-groups exploring the future model and specification for day opportunity provision in the borough.

A project board and sub-groups were established and devised a work stream to collate the views of customers using mental health day opportunities. 100 customers who use mental health day opportunities took part in this exercise and helped identify what outcomes those services should deliver in the future:

- Services should continue to focus on recovery, social inclusion promotion of independence and preventing isolation;
- Services should be varied for different customers, for example in terms of structure and intensity;
- Customers want to mix and match activities and develop packages of support options that best meets individual needs;
- Customers should be able to dip in or out of services as much or as little as they like depending on how they feel and their needs at that time;
- Transition between day and training and employment services should be smoother.

Develop an appropriate framework for providing some targeted preventative services within the budget available to meet the needs of those who are not currently eligible under FACS

The models considered during the mental health day opportunities public consultation included an element of targeted prevention that is accessible to all, including those who have not received an assessment of eligibility and those who are not eligible under the FACS criteria.

Explore the further use of co-production and time banking in relation to day opportunities for adult mental health.

The options presented in the mental health day opportunities public consultation included signposting to free and universal services, such as time banking.

To explore the potential for co-location of some services and functions.

The assessments of those accessing the current day services showed that the centres are under occupied (there were less eligible people than the three centres are designed to accommodate). It is therefore not viable to operate from three sites and two of the three proposals within the

consultation would be delivered from one site.

In addition Camden is also building a new community resource on the current Greenwood Place site in Kentish Town. The new resource offers significant opportunities to improve equality and diversity among service users in the borough, particularly through increasing opportunities for people from BMER (Black, Minority Ethnic and Refugee) communities to access services and provides opportunities for groups who currently have no provision in the borough. The proposal includes a shared space that could have for instance, an art studio, music room, physiotherapy room, multi-sensory room, training rooms and meeting rooms. The building would also include dedicated private space for people with more specialist needs, including people with mental health problems.

Camden has recently collaboratively commissioned mental health training and employment services with Islington. This provides a more integrated and flexible care pathway delivering improved outcomes for people with mental health problems wanting to access training and employment.

Have you identified any information gaps?

The information and data regarding service users accessing mental health day services have been taken from the standard quarterly monitoring reports submitted to the Council. This does not allow for a more a detailed breakdown of the use of this service by all the different protected groups e.g. by disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief and sexual orientation.

Stage three - analysing your equality information and assessing the impact

This section of the EIA should be completed when you are reviewing this activity and considering different options for future delivery.

Analysing the evidence outlined above, could the activity have a negative or positive impact on protected groups?

The impacts of remodelling mental health day opportunities are lawful as the Council will be fulfilling its statutory obligations to provide a social care service to people with critical and substantial needs under FACS. The proposed service models would not be discriminatory. Officers are aware that further work needs to be done in relation to some of the protected groups - disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief and sexual orientation. It is believed that there will be no disproportionate impact on any of the equality groups.

It is acknowledged that the remodelling exercise may raise concerns for some service users irrespective of their protected characteristics. There may be a reluctance or anxiety about any future change and a concern about not being able to attend the same centre and access the same services as they do now.

The proposals need to be seen within the context of the Councils agreed policy (April 2011) that recognises the need to focus resources where necessary on those with critical and substantial needs and the anticipated impact of current and future financial pressures. The Council is committed to delivering more choice and opportunity to adult social care customers through the Better Care Choices programme.

This will mean that some service users who currently access mental health day services at the Consortium will not be eligible under the FACS criteria and therefore not entitled to a personal budget. To mitigate this officers included a time-limited preventative element within one of the proposed future models for delivery to enable service users to learn or relearn skills they may have lost and support their self-management.

Transitional arrangements are being developed and implemented with the current provider, for example via time banking and training and employment support, to support existing long term users who are not FACS eligible. It should also be noted that people who are not FACS eligible but still wish to attend mental health day opportunities at the Consortium can still do so if they choose to pay for this service themselves ('self-funding').

It is expected that personalisation will increase the diversity of mental health day opportunities on offer and by doing so better help meet the diverse needs of the different (protected) groups. This will improve access for those groups who are currently underrepresented in day services; women, young people and those from Asian communities.

Equality impact summary

Please use this grid to summarise the impacts outlined above.

Protected group	Summarise any possible negative impacts that have been identified for each protected group and the impact of this for the development of the activity	Summarise any positive impacts or potential opportunities to advance equality or foster good relations for each protected group
Age	This EIA has confirmed that service users will not be disproportionately and negatively impacted upon because of their age.	Personalisation is expected to increase access to day opportunities for young adults.
Disability	Data regarding disability is not routinely collected from the Consortium day services as part of contract monitoring. We expect to rectify this in the future.	People will be able to purchase support packages that better meet individual and complex needs.
Gender reassignment	Data regarding gender reassignment is not routinely collected from the Consortium day services as part of contract monitoring. We expect to rectify this in the future.	Personalisation will provide greater choice and control and it is therefore expected the impact for this protected group will be positive.
Marriage and civil partnership	Data regarding marriage and civil partnership is not routinely collected from the Consortium day services as part of contract monitoring. We expect to rectify this in the future.	No positive impacts have been identified specifically for this protected group.
Pregnancy and maternity	Data regarding pregnancy and maternity is not routinely collected from the Consortium day services as part of contract monitoring. We expect to rectify this in the future.	Personalisation will provide greater choice and control and it is therefore expected the impact for this protected group will be positive.
Race	This EIA has confirmed that service users will not be disproportionately and negatively	The impact will be positive as it aims to increase accessibility and encourage service take up from people in the borough's Asian communities who do not access mental health day centers well. This is because of the greater

	impacted upon because of their race.	choice and control available via personal budgets.
Religion or belief	Data regarding religion or belief is not routinely collected from the Consortium Day Services as part of contract monitoring. We expect to rectify this in the future.	Personalisation will provide greater choice and control and it is therefore expected the impact for this protected group will be positive.
Sex	This EIA has confirmed that service users will not be disproportionately and negatively impacted upon because of their sex.	The impact will be positive as it aims to increase accessibility and encourage service take up from women who do not access mental health day centers well. This is because of the greater choice and control available via personal budgets.
Sexual orientation	Data regard sexual orientation is not routinely collected from the Consortium Day Services as part of contract monitoring. We expect to rectify this in the future.	It is thought that the impact of the proposals will be positive as it will enable people to better meet individual needs via a personal budget.

Stage four - planning for improvement

This section of the form should be completed when you are developing plans for the future delivery of the activity.

The actions identified below can also be included in your service plan to help mainstreaming and for performance management purposes. They should also be included in any decision making reports relating to the activity you are analysing. You may find it helpful to document the actions in an [action plan](#).

What actions have been identified:

- to mitigate against or minimise any negative impacts?
- to advance equality, and therefore improve the activity?

Officers will ensure that as part of the future service model for mental health day opportunities, information and data by all the different protected groups – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation – will be routinely collected as part of contract management.

The mental health day opportunities consultation from 6 November 2012 to 8 February 2013 and included:

- A document outlining the proposed changes
- A questionnaire asking people for their opinions on the proposals and the impact they would have on their lives
- Online access to the document and questionnaire
- Four public meetings and three separate meetings for customers attending each of the mental health day centres
- Outreach work with community organisations and staff representing customers with mental health needs and diverse communities in Camden
- Direct contact with Camden's mental health commissioners at the affected day centres

Translations and accessible formats of the consultation document were offered on request and people with communication needs were offered support to take part in meetings.

Full details of the consultation process and the feedback received can be found in the Consultation Report.


The consultation feedback will be summarised in a report going to cabinet for decision on 10 April 2013.

Officers will carry on reviewing the impacts through continuing engagement with service users and other stakeholders through this process.

Any changes for service users future needs and any impact of the proposed changes will be captured and managed via case management / care coordinators who, through individual risk assessments and care plan reviews, will work with the individuals to understand and address these accordingly.

Stage five - outcome of the EIA

Use this stage to record the outcome of the EIA. An EIA has four possible outcomes.

Outcome of analysis	Description	Select as applicable
Continue the activity	The EIA shows no potential for discrimination and all appropriate opportunities to advance equality and foster good relations have been taken	
Change the activity	The EIA identified the need to make changes to the activity to ensure it does not discriminate and/ or that all appropriate opportunities to advance equality and /or foster good relations have been taken. These changes are included in the planning for improvement section of this form.	
Justify and continue the activity without changes	The EIA has identified discrimination and / or missed opportunities to advance equality and / or foster good relations but it is still reasonable to continue the activity. Outline the reasons for this and the information used to reach this decision in the box below.	
Stop the activity	The EIA shows unlawful discrimination.	
<p>Reasons for continuing with an activity when negative impacts or missed opportunities to advance equality have been identified.</p> <p style="text-align: center;">Not Applicable</p>		

Stage six - review, sign off and publication

Review

Your EIA will have helped you to anticipate and address the activity's likely effect on different protected groups. However the actual effect will only be known once it is introduced. You may find you need to revise the activity if negative effects do occur. Equality analysis is an ongoing process that does not end once an activity has been agreed or implemented.


Please state here when the activity will be reviewed, and how this will be done, for example through the service planning process, when the service is next procured etc. This will help you to determine whether or not it is having its intended effects. You do not necessarily need to repeat the equality analysis, but you should review the findings of the EIA, consider the mitigating steps and identify additional actions if necessary.

For restructures or organisational change a review should take place once the restructure has been completed. In addition to the areas identified above your review should include an evaluation of how the staff profile after the organisational change compares to Camden's profile, the division profile and the staff profile prior to the change. Your HR change adviser will provide you with the necessary data.

Date when EIA will be reviewed: February 2013

Sign off

The EIA must be quality assured within the directorate before sign-off by the service head /AD.

Quality assured by:	 Kalpna Chauhan Performance and Service Improvement Manager
Quality assured by OD for organisational change / restructures:	
Signed off by:	
Date:	
Comments (If any)	

Publication

If the activity will be subject to a Cabinet decision, the EIA must be submitted to committee services along with the relevant Cabinet report. Your EIA should also be published on Camden Data. All EIAs should now be uploaded to the [SharePoint site](#).