

Blackpool Council - Equality Impact Assessment Record Form from March 2007

Department: Adult Social Care & Housing

Team or Service Area Leading Assessment: Title of Service: Strategic Commissioning

Proposals to alter a service

Date of proposals: March 2009

Team: Strategic Commissioning

Lead Officer: Liz Turner

STEP 1 - IDENTIFYING THE PURPOSE OR AIMS

1. What type of policy, service or function is this?

Existing New/ proposed Changing/ updated

2. What is the aim and purpose of the policy, service or function?

The aim of the service is to provide a range of day services for adults with mental health problems.

3. Please outline any proposals being considered.

The model of day service provision needs to include a range of core functions:

- Provide opportunities for social contact and support
- Support people to retain or develop social roles, relationships and existing social/leisure activities that they value
- Provide safe and secure day time support for people with serious and complex problems
- Provide support to people progressing through the process of recovery

These functions will be provided through three levels of service:

- 1. Level one – drop-in facilities**
 - The service will provide an environment which promotes social contact. There will be an opportunity for people to interact with others in an informal setting, assisting people in gaining confidence, motivating to re-engage in activities and providing access to peer support. There will be advice, support and up-to-date information available on social and leisure activities.
- 2. Level two – sessional/group activities**
 - This service will be available to people who are engaging with mental health services within primary and secondary care. The service will facilitate a range of group activities and specific therapeutic sessions, which will provide focused support to meet a range of needs. The

service will operate to flexible hours and will respond to a variety of presenting needs.

3. Level three – structured day service

- The service will be for people with complex and enduring mental health problems who are receiving a relatively high level of support on an ongoing basis. People who access this service will have an identified need for structured day care to prevent relapse and aid recovery. The service will provide more intensive support to people with more complex needs. The focus of the service will be to provide a safe environment, in which a range of therapeutic activities can be offered.

4. Why are the proposals being made - for what reason?

The proposals are being made to ensure that services are modernised and developed in order to better meet the needs of individuals with mental health problems. Its aim is to provide improved and more individually tailored services.

The review reflects the national agenda around social inclusion, and intends to incorporate person-centred and recovery-focused practices in order to enable people experiencing mental health difficulties to recover, and have a meaningful life playing a full and active part in their communities.

The service is for adults living in Blackpool who have experienced, currently experience and may experience in the future mental health difficulties.

5. What outcomes do we want to achieve

The service provision should:

- Promote recovery
- Focus on community participation
- Reduce social isolation
- Offer opportunities for people with mental health problems to provide support to each other and to run their own services
- Maximise choice and self-determination
- Meet the needs of diverse groups
- Ensure that services are accessible to people who are more seriously disabled by their mental health problems
- Involve users and carers
- Increase diversity of provision
- Improve cross-sector working
- Promote Health
- Support individuals to access employment opportunities

For service users outcomes would include:

- Increased opportunities provided for social contact and support
- People supported to retain social roles, relationships and social/leisure and employment activities that they value
- People are supported to develop new social roles, relationships and mainstream social/leisure and employment opportunities of their choosing
- Opportunities provided for people with mental health problems to run their

own services

6. Who is the policy; service or function intended to help/ benefit?

The service is intended to benefit adults with mental health problems who are known or have been known to mental health services and their carers or who may need services in the future.

7. Who are the main stakeholders/ customers/ communities of interest?

- Adults with mental health problems
- Organisations working in a voluntary or professional capacity with adults with mental health problems
 - Blackpool Council
 - NHS Blackpool
 - Voluntary service providers
 - Community organisations
 - Independent sector providers
 - Lancashire Care Foundation Trust
- Carers
- Blackpool residents
- Current service providers
- Elected members

8. Does the policy, service or function have any existing aims in relation to equality, social inclusion or community cohesion?

The proposed model of care will focus on providing services which promote social inclusion and individuals will be supported to connect with and access mainstream community activities wherever possible. The work of the service is based on the principles and values of Blackpool Council's Comprehensive Equality Policy. The service will react to any issues that need to be considered surrounding equality and diversity and its approach to planning and practice is one that will promote choice and user involvement.

9. How is the resulting service or function delivered/ administered?

A tendering exercise will be undertaken in order to select a provider(s) for the new service. The work of the service will be evaluated and monitored through the Council's Strategic Commissioning Division. A performance management framework will be developed with the provider(s) and it is the intention that the contract will be outcome driven with the aim of supporting the development of greater independence and recovery of service users.

STEP 2 - CONSIDERING EXISTING INFORMATION AND WHAT THIS TELLS YOU

10. Please summarise the main data/ research and performance management information in the box below.

Data/ information			
<p>Services currently commissioned by the Authority include two contracts with voluntary sector organisations. At the present time there are approximately 164 people accessing the current day service provision. Out of these 84 attend the Provider A service and 80 Provider B service. These figures have been broken down below in terms of gender.</p>			
Gender			
CENTRE	FEMALE	MALE	TOTAL
Provider A	38	46	84
Provider B	30	50	80
TOTAL	68	96	164
Research or comparative information			
<p>The National Service Framework for Mental Health (DoH 1999) indicates that health and social services should :</p> <ul style="list-style-type: none"> ▪ Promote mental health for all, working with individuals and communities ▪ Combat discrimination against individuals and groups with mental health problems and promote their social inclusion <p>From segregation to inclusion : Commissioning guidance on day services for people with mental health problems (DoH 2006) highlights key principles for refocusing day services including:</p> <ul style="list-style-type: none"> ▪ Meet the needs of diverse groups : address the needs of different groups within the population, especially those who have historically been poorly served, being mindful of the need to provide services that are sensitive to age, gender, ethnicity, religion, sexuality and disability and explicitly meeting those needs in their design. <p>Supporting Women into the Mainstream (DoH 2006) provides details on commissioning day services for women.</p>			
Key findings of consultation and feedback			
<p>A consultation exercise with stakeholders was undertaken with the help of the national Care Services Improvement Partnership. A number of meetings were held with stakeholders. There were also questionnaires for those people unable to make the meetings. There were four stakeholder groups, carers, referrers, service users not using services and those currently using services.</p>			

There was broad desire for a drop in service which has open access. People had an issue with services that time restrictions. People wanted a variety of services and to be able to make a choice. There were requests for people to be taught life skills eg cooking cleaning, managing money,etc. The environment in which services are provided was seen as important. There were requests for a central information resource. There were concerns about stigma and how this is being challenged.

There were concerns and issues that relate to age, around restrictions and provision of appropriate services. Carers in particular are concerned about the lack of services for over 65s.

There were several comments from referrers about young people not wanting existing services and this is of particular concern in terms of the new service being developed.

Following the consultation exercise the proposed service model was developed with service users and was agreed by the Mental Health Joint Commissioning Group.

11. What are the impacts or effects for communities?

<i>Race or ethnicity</i>
<p>There is no identified differential impact or effects on this group. The service specification will provide for information to be accessible and available in a variety of formats and languages. Service delivery is based on an holistic assessment of individual needs and will therefore take into account needs arising out of race.</p>
<i>Gender and Trans</i>
<p>There is no identified differential impact or effects on this group. The service would take a flexible approach to group activities dependent on need and tailor it to suit for example single sex or mixed sex groups could be catered for. Service delivery is based on an holistic assessment of individual needs and will therefore take into account needs arising out of gender.</p>
<i>Age</i>
<p>Where a person is referred by a Mental Health professional they will ordinarily be between the ages of 18 and 65. However, the Service may be considered appropriate for individuals between the ages of 16 and 18 or over the age of 65. Each case will be considered individually and will be subject to the needs of the service user, the service available and the service environment.</p>
<i>Disability</i>

There is no identified differential impact or effects on this group.

Service delivery is based on an holistic assessment of individual needs and will therefore take into account needs arising from any frailty or disability. All chosen venues for day service delivery would need to be DDA compliant.

Religion or belief/ faith communities

There is no identified differential impact or effects on this group.

The 2007 Mental Health Foundation report 'Keeping the Faith' gave some key recommendations regarding the link between mental health and faith. It should be recognised that spirituality needs to be considered as part of a whole-person approach to the care and treatment of an individual. Service users should, therefore, be asked about their spiritual and religious needs. Service users' spiritual needs and the wider mental health implications of a spiritual perspective to service users' mental health should be considered. For example, a user with mental health problems which they attribute to religion may not benefit from having further religious-based interventions.

Services will be tailored to meet individual needs as identified with the service user during the course of the holistic assessment and part of this assessment may require further research into social norms associated with particular beliefs or religions with services adjusted accordingly.

Lesbian, gay, bisexual people

There is no identified differential impact or effects on this group.

Service delivery is based on holistic assessment of individual needs and will therefore take into account needs arising from sexuality.

Other socially excluded communities or groups

Services will be tailored to meet individual needs as identified with the service user during the course of holistic assessment and part of this assessment may require further research into social norms associated with particular communities or groups.

Relationships between or within communities

It is important that individuals with mental health problems are encouraged to integrate within the community in order that the stigma attached to mental health problems is reduced.

The location of such day services is an important consideration that needs to be taken into account.

12. What do you know about how the proposals will impact on different communities?

The new services will not negatively impact on different communities but should improve access to day time support through the availability of a drop-in service available to individuals without an assessed need and through improved access to information.

STEP 3 - ASSESSING THE IMPACT

13. Is there any evidence of higher or lower take-up by any group or community, and if so, how is this explained?

No evidence available.

14. Does the geography or demography of service users reveal anything?

Service users may live in the North or South of the Borough. The intention is to continue to provide services from locations which are accessible and close to transport links.

15. Do any rules or requirements prevent any groups or communities from using or accessing the service?

People will need to have current or previous contact with mental health services in order to access the drop-in facility (level 1). The sessional and structured day services (levels 2 and 3) will be available to people who have been assessed by a mental health professional and have a care plan detailing support their support needs.

16. Does the way a service is delivered/ or the policy create any additional barriers for any groups of disabled people? (DDA duties arising out of DDA 1995)

No additional barriers have been created for any groups of disabled people.

17. Does the way a service is delivered/ or the policy create any additional barriers for any other groups or communities, for example, due to limited income or because of the time during the week or day when the service is available? E.g. women, cultural reasons.

The policy has not created any additional barriers for any other groups or communities. The Steering Group overseeing the tendering process will be aware of the need to carefully consider opening hours when developing the service and to be mindful of the opening hours of the current service providers so as not to restrict access or create any additional barriers.

Under the Council's fairer charging policy some individuals with assessed needs who are accessing day services may be liable to contribute towards the cost of their care. However, the amount paid by the service user towards the cost of their care will be subject to a financial assessment of income. The Council's charging policy takes into account the ability of each individual to contribute towards the cost of the services they receive. People subject to section 117 of the Mental Health Act 1983 are not liable to pay.

18. Do any of these limitations amount to unlawful discrimination?

Yes No

If yes, please explain (referring to relevant legislation) in the box below

19. If No, do they amount to a differential impact, which should be addressed?

Yes No

If yes, please give details in the boxes below.

20. If the impact or effects are adverse for any community or group, can they be defended in order to provide equality for another community under legislation or policy?

Yes No

Please give details below.

Not applicable

21. Do you have enough information to make a judgement?

Yes No

If no, what information do you require, about which communities?

22. Is it possible to get the information quickly and easily or is it recommended that the collection of such data be included as an action for the action plan that will be developed? Please detail below.

Generally day services often fail to meet the needs of the diverse populations that they serve. In particular they fail to meet the needs of, and be under-used by, people from minority ethnic communities, women, younger people and older people and they may not provide services that are sensitive to religion, sexuality and disability.

Need to include in the action plan the requirement as part the new service specification the need to collect more information regarding age, gender, sexuality, disability, ethnicity, religion and other socially excluded groups.

STEP 4 - DEALING WITH ADVERSE OR UNLAWFUL IMPACT

23. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

The service will be monitored to ensure that any adverse or unlawful impact is identified and minimised.

24. What would be needed to be able to do this? Are the resources likely to be available?

Contract monitoring process
Mental Health LIT team includes service users and carer representatives.

25. What other support or changes would be necessary to carry out these actions?

STEP 5 - CONSULTING THOSE AFFECTED FOR THEIR VIEWS

26. Please outline the steps taken to test out your findings and possible courses of action below.

A consultation exercise with stakeholders was undertaken with the help of

the national Care Services Improvement Partnership. A number of meetings were held with stakeholders . There were also questionnaires for those people unable to make the meetings. There were four stakeholder groups, carers, referrers, service users not using services and those currently using services.

The first focus of the consultation was on the parts of current day services that people felt were good things that they didn't want to lose.
The second focus was trying to look at any parts of current day services that were not liked and could perhaps be removed.
The third focus was on people trying to identify new ideas for day services or to think of things that were missing from current day services.
The final focus was just an opportunity for people to make any other comments, raise any issues or ask questions.

27. What feedback or responses have you received to the findings and possible courses of action? Please give details below.

People were strong on their current services, especially in the day centres, identifying their own purpose for attending and the main benefits for themselves. They were not good at identifying anything that wasn't so good, perhaps feeling a need to defend their service.
People were better at identifying improvements to services, although many of their comments related to extending current services either in respect of opening times or additional materials/activities.

28. If you have not been able to carry out any consultation, please indicate below how you intend to test out your findings and recommended actions.

29. If you are impact assessing some proposals, what steps have been taken to ensure that stakeholders have been able to voice their opinions on the proposals or the need for change?

Stakeholders have been involved in developing the proposals through a

process of ongoing consultation.

STEP 6 - ACTION PLANNING

Please outline your proposed action plan below.

Issues/ adverse impact identified	Proposed action/ objectives to deal with adverse impact	Targets/Measure	Timeframe	Responsibility	Indicate whether agreed
Need to ensure that all chosen venues for delivery of day services are DDA compliant	Service specification will require that all chosen venues for delivery of day services are DDA compliant	Included in service specification	April/May 2009	Mental Health Tender Steering Group	
Need to ensure that all information is accessible to all groups	Service specification will require information to be available in a variety of formats and languages	Requirement that evidence is provided that information is accessible	April/May 2009	Mental Health Tender Steering Group	
Need to include requirement to collect equality data	Service Specification will require information to be collected regarding age, gender, ethnicity, sexuality, disability, religion and other socially excluded groups	Output measure in service specification	April/May 2009	Mental Health Tender Steering Group	
				(type to expand box)	

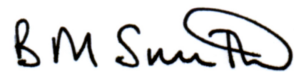
STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW

Please outline your arrangements for future monitoring and review below.

Agreed action	Monitoring arrangements	Timeframe	Responsibility	Added to Service Plan etc.
The provider(s) will supply information about the breakdown of people who access the service	Integrated Contracts Team and Commissioning Manager	Quarterly	Integrated Contracts Team and Commissioning Manager	
The provider will supply evidence regarding the accessibility of information	Integrated Contracts Team and Commissioning Manager	Quarterly	Integrated Contracts Team and Commissioning Manager	

Date completed: 30.04.2009

Signed:



Name: B. Smith

Position: Assistant Director