KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

Directorate: Social Care, Health and Wellbeing

Name of policy, procedure, project or service
Community Emotional Wellbeing, Mental Health and Recovery
(Voluntary Sector Grants)

What is being assessed?
Impact of commissioning of core offer of community based mental health and wellbeing services.

Responsible Owner/ Senior Officer
Emma Hanson: Head of Service Strategic Commissioning, Community Support
Mark Lobban, Direct Strategic Commissioning, SCHW

Date of Initial Screening
14th March 2014

Date of Full EqIA :
1st April 2014

<table>
<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Date</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>V0.1</td>
<td>Sue Scamell</td>
<td>14/03/14</td>
<td></td>
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<tr>
<td>V0.2</td>
<td>Sam Sheppard</td>
<td>20/03/14</td>
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<tr>
<td>V0.3</td>
<td>Sue Scamell</td>
<td>25/03/14</td>
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<tr>
<td>V0.4</td>
<td>Sam Sheppard</td>
<td>01/04/14</td>
<td>Updated based on comments from and discussion with Clive Lever (Equalities Officer)</td>
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<tr>
<td>V0.5</td>
<td>Sam Sheppard</td>
<td>04/04/14</td>
<td>Updated based on comments</td>
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<tr>
<td>Version</td>
<td>Author</td>
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<td>V0.6</td>
<td>Sam Sheppard</td>
<td>08/04/14</td>
<td>Updated based on comments from Clive Lever (Equalities Officer)</td>
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<tr>
<td>VO.7</td>
<td>Sue Scamell</td>
<td>01/03/15</td>
<td>Revised after engagement events</td>
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<tr>
<td>V.08</td>
<td>Laura Robinson</td>
<td>02/03/15</td>
<td>Revised after proof reading and adding Signature of approval</td>
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</tbody>
</table>
Screening Grid

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?</th>
<th>Assessment of potential impact</th>
<th>Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?</th>
<th>Could this policy, procedure, project or service promote equality for this group? YES/NO - Explain how good practice can promote equality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Yes Depression in older people affects up to 25% of the population and up to 40% of those living in care homes</td>
<td>Unknown</td>
<td>a) Yes internal action is required Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services supporting them. All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. B) Yes – additional assessment is required</td>
<td>Yes This proposal will improve the breadth of service commissioned which will include well being services, primary care services and services for people with enduring mental health needs. Yes. This redesign process will provide a standardised service with specifications for all elements of the service. Funding and therefore access will be more equitable rather than being based on historical funding patterns. The service will be commissioned for adults, however, within the contract it will be specified that services delivered</td>
</tr>
</tbody>
</table>
Mental health services support individual 18-64 years old. Separate services are commissioned for people 65+. Additional assessment is required to determine how many older people (50+) are currently accessing these services in order that services can be designed for a range of age groups, but also to understand the implication for older people's services from people transitioning in and to ensure that services within the older people's core offer meet the needs of people with mental health issues.

Young people transitioning from children's mental health services will need to be an integral part of the new service.

This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.

| Disability | Yes - Individuals with disabilities are more likely to experience hate crime which can lead to mental health issues. | High | High | a) Yes – internal action is required | Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services | Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs. |
supporting them

All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.

Contracts will stipulate that all services will meet the needs of those who use them, regardless of any disability they may have.

Consultation and engagement activities related to the changes in services / provision will be inclusive including:

- Ensuring events are accessible to wheelchair users and individuals with physical impairments.
- Use of easy read version of all documentation and information.
- Translator services and / or hearing loops will be available for those requiring them.
- Appropriate support / materials for those with sight impairments

b) Yes – further assessment is required

Funding and therefore access will be more equitable rather than being based on historical funding patterns.

The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which people with disabilities are accessing the service. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals, including whether specific groups / services are required for people with a learning disability and / or mental health issue are required.

Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.
The number of individuals with learning disabilities accessing mental health services is unknown as people with a learning disability tend to access services specifically for people with a learning disability rather than the general population. However, a portion of people accessing current mental health services do have mild learning disabilities.

This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.

| Gender | Yes –
Females are more likely to experience mental health issue, for example, depression.
Young men are a high risk group for mental health issues.
Males are more likely to have autism which can involve anxiety reactions to change.
Males with mental health | High | High | a) Yes – internal action is required
Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services supporting them
All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.
Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs.
Funding and therefore access will be more equitable rather than being based on historical funding patterns.
The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which people of both genders are accessing services. This will be used
### Gender identity

<table>
<thead>
<tr>
<th>Gender identity</th>
<th>Yes:</th>
<th>Unknown</th>
<th>Unknown</th>
<th>a) Yes – internal action is required</th>
<th>b) Yes – further assessment is required</th>
<th>c) Yes – internal action is required</th>
</tr>
</thead>
<tbody>
<tr>
<td>People on the gender assignment path are more likely to be victims of hate crime which can lead to mental health issues.</td>
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<tr>
<td>Give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left without services supporting them.</td>
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<tr>
<td>All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation.</td>
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<tr>
<td>Funding and therefore access will be more equitable rather than being based on historical funding patterns.</td>
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<tr>
<td>By ensuring the services are inclusive individuals may choose to disclose this information and access services that</td>
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</table>

Contracts will stipulate that all services will cater for the differing needs of male and female service users.

- b) Yes – further assessment is required

Figures represent the occurrence of mental health issues within the Kent population, but the exact proportion of men and women accessing current services is unknown due to historic lack of equalities monitoring by voluntary sector providers. Additional assessment will be conducted alongside engagement and consultation activities and the EqIA updated to reflect findings.

Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.

In order to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.

Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs.

By ensuring the services are inclusive individuals may choose to disclose this information and access services that
and the ability to meet the needs of individuals with protected characteristics.

Contracts will stipulate that services will be sensitive to the needs of transgender people.

Consultation and engagement activities will be inclusive.

b) Yes – further assessment is required

The number of individuals on the gender reassignment pathway is unknown, due to lack of equalities monitoring by providers, but also as this is a sensitive topic that individuals may not wish to disclose. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on prevalence rates.

This assessment will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.

have been perceived as not inclusive in the past.

Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on the number of people believed to be on this pathway. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services.

Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.

<table>
<thead>
<tr>
<th>Race</th>
<th>Yes</th>
<th>Unknown</th>
<th>a) Yes – internal action is required</th>
<th>Promotion of inclusive services may encourage people to access services.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Racially motivated hate crimes can lead to mental health issues.</td>
<td>Unknown</td>
<td>Ensure that people with English as a second language or minimal English have accessible information in written form and when engagement events are held.</td>
<td>Yes. This proposal will improve and standardise the breadth of service commissioned by including well being</td>
</tr>
</tbody>
</table>
| **Immigrants may experience social isolation / depression as result of being away from social networks in a new country.** | **Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them.**

All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.

Contracts will stipulate that services meet the diverse cultural needs of those who use them.

b) Yes – further assessment is required

The racial profile of people accessing current services is unknown due to lack of equalities monitoring by providers. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information.

This will be conducted alongside engagement services, primary care services and services for people with enduring mental health needs.

Funding and therefore access will be more equitable rather than being based on historical funding patterns.

By ensuring the services are inclusive individuals may choose to disclose this information and access services that have been perceived as not inclusive in the past.

Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on demographic information. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services.

Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the
Religion or belief | Yes – people of different religious beliefs can experience hate crime and discrimination leading to mental health issues. In addition, different religions may have differing attitudes towards mental health that impact on social and familial support systems. | Unknown | Unknown | a) Yes – internal action is required
Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them.

All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.

Contracts will stipulate that services are inclusive and meet the religious beliefs’ of those who use them.

b) Yes – further assessment is required
The religious profile of people accessing current services is unknown due to lack of equalities monitoring by providers. Additional assessment is needed to determine whether need to access secondary or tertiary care.

Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs.

Funding and therefore access will be more equitable rather than being based on historical funding patterns.

By ensuring the services are inclusive individuals may choose to access services that have been perceived as not inclusive in the past.

Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on demographic information. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services.
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| Sexual orientation | Yes – LGBT individuals may experience mental health issues due to hate crime, discrimination or attitudes within families that impact social and familial support systems. This may be especially true for older LGBT people who may also be socially isolated due to age and where raised when it was illegal. | Unknown | Unknown | a) Yes – internal action is required

- Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them.

- All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.

- Contracts will stipulate that services meet the needs of those who use them.

- Consultation and engagement activities will be inclusive. | Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.

- Funding and therefore access will be more equitable rather than being based on historical funding patterns.

- By ensuring the services are inclusive individuals may choose to disclose this information and access services that have been perceived as not inclusive in the past.

- The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which LGBT people are accessing the service. This will be used to implement changes within the }
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<table>
<thead>
<tr>
<th>Pregnancy and maternity</th>
<th>Yes</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women have a higher prevalence for most mental health issues</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Post natal depression related to pregnancy and maternity affects 10-15% mothers in Kent.</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Some mental health issues only affect people who are pregnant.</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

b) Yes – further assessment is required

9450 people in Kent are estimated to be LGBT however, the number of individuals accessing mental health services is unknown due to lack of equalities information by current providers and also because individuals may choose not to disclose this information. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information.

This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.

| Proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals. |
| Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care. |

Yes. This proposal will improve and standardise the breadth of service commissioned by including wellbeing services, primary care services and services for people with enduring mental health needs.

Funding and therefore access will be more equitable rather than being based on historical funding patterns.

The service will be inclusive and performance monitoring will enable commissioners to determine the levels
and the ability to meet the needs of individuals with protected characteristics.

b) Yes – further assessment is required

The number of pregnant women and mothers accessing the current services is unknown. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information and occurrence rates of post-natal depression.

This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.

<table>
<thead>
<tr>
<th>Marriage and Civil Partnerships</th>
<th>Unknown</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Yes – internal action is required</td>
<td>Yes</td>
<td>Mental health issues can cause relationship breakdown, and relationship breakdown can cause mental health issues.</td>
</tr>
<tr>
<td>Yes – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare. Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them.</td>
<td>Unknown</td>
<td>Core offer will include re-commissioning of equitable services and will aim for continuity so vulnerable adults are not left services supporting them.</td>
</tr>
<tr>
<td>All commissioned services will be open to all individuals with mental health and wellbeing</td>
<td>Yes. This proposal will improve and standardise the breadth of service commissioned by including well being services, primary care services and services for people with enduring mental health needs.</td>
<td>Funding and therefore access will be more equitable rather than being based on historical funding patterns.</td>
</tr>
<tr>
<td>The service will be inclusive.</td>
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</table>

at which expectant and new mothers are accessing the service. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.

Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.
1st March 2015

<table>
<thead>
<tr>
<th>Carer’s responsibilities</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>a)</td>
<td>YES – internal action is required</td>
</tr>
<tr>
<td>Mental health issues related to being a carer for one or more dependent.</td>
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<tr>
<td></td>
<td>YES – give maximum notice to current service providers (minimum 6 months) of grants terminating in order for them to prepare.</td>
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<tr>
<td>Core offer will include re-commissioning of equitable services and will aim for continuity so</td>
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<tr>
<td>Performance monitoring using outcomes will enable providers and commissioners to further understand the impact of mental health on relationship breakdown and how services can prevent this, informing the delivery of current and future services.</td>
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<tr>
<td>Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.</td>
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</tbody>
</table>
vulnerable adults are not left services supporting them.

All commissioned services will be open to all individuals with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics.

Contracts will stipulate that services are inclusive.

Consultation and engagement activities will be inclusive.

b) Yes – further assessment is required

Carers may be impacted in two ways: by being unable to access services that support their own mental health needs and by losing the respite that they receive during the time when the people they care for are accessing services.

Carers support services are commissioned separately to provide respite and short breaks for individuals caring for people with mental health issues. However, the number of carers accessing services to meet their own mental health needs will be monitored.

Funding and therefore access will be more equitable rather than being based on historical funding patterns.

The service will be inclusive and performance monitoring will enable commissioners to determine in more detail who is accessing the services, for what reason and with what outcomes. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.

Inclusion of primary care into the core offer will provide an opportunity for people to access support at an earlier stage in their diagnosis, preventing the need to access secondary or tertiary care.
health needs separately from that support is unknown.

Further assessment to understand this impact will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.
### Part 1: INITIAL SCREENING

**Proportionality** - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

<table>
<thead>
<tr>
<th>Low</th>
<th>Medium</th>
<th>High</th>
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</thead>
<tbody>
<tr>
<td>Low relevance or Insufficient information/evidence to make a judgement.</td>
<td>Medium relevance or Insufficient information/evidence to make a judgement.</td>
<td>High relevance to equality, /likely to have adverse impact on protected groups</td>
</tr>
</tbody>
</table>

**State rating & reasons**

**Medium**, If this proposal is implemented, namely moving the mental health services from grants to contracts, then it is likely that some service users may experience a change in provider. This will be dependent on who is awarded the contract and transition plans will be developed. Service users will have an equitable service with the same services being defined by an outcome specification and will be provided across Kent. A greater range of services will be provided as part of the core offer which will support individuals to maintain their mental well being. This will include existing services but will expand to include the following

- Primary care service (services that are provided by the general practitioner)

This will represent a significant improvement for service users as it will prevent entry into secondary care (services that are provided by specialist mental health services).

**Context**

Adult Social Care, Mental Health and Public Health currently spend £4.9 million on community based services for people with mental health issues between the ages of 17-64 years. These are for services within Kent. These services aim to promote health and wellbeing, enabling people to live independently in their own homes and communities. These services are currently provided by the voluntary sector and funded through grants awarded on an annual basis. Because grants are awarded on an annual basis they do not provide stability for these organisations to make longer term investment in services.

The Clinical Commissioning groups contribute £1 million towards these grants through a section 256 agreement.
The purpose of commissioning a core offer of mental health services is to ensure that the right community services and support are in place for people with mental health issues, providing a range of universal services to both people in primary care, as well as secondary care, which promote wellbeing, social inclusion, equity of service and independence across Kent.

There is no additional funding for this programme. This means that current grants will need to be ended in order to fund the new core offer services.

Officers from Public Health and Social Care, Health and Wellbeing – Strategic Commissioning have asked for permission to commission and procure the core offer, moving from grant funding to a contract for mental health community services in conjunction with Public Health and the 7 CCG’s. This will see the development of four strategic partners across Kent. These will cover

- Thanet and South Kent Coast CCG’s
- Canterbury and Ashford CCG’s
- West Kent CCG’s
- Dartford Gravesham and Swanley and Swale CCG’s

**Aims and Objectives**

Current grants are historical funding arrangements. Funding has not historically been awarded based on levels of mental health need or deprivation indicators. This has resulted in an inequity of investment and access to services across the county.

For the first time, the core offer will allocate funding based on an assessment of levels of mental health activity and levels of deprivation. This could lead to a positive outcome for people with protected characteristics.

It is intended that a proportion of services currently procured through grants will be included in the contracted core offer. This will include the following

- Informal Community Services
- Employment services
- Primary care service
- Peer Brokerage
- Primary care community link workers
- Service user expenses
Moving to a contracted service will achieve a consistent range of service provision and quality designed to promote health and wellbeing and support individuals, their carers and communities to become more resilient and find solutions and support within their community. It will also address historical inequities.

**Beneficiaries**

The beneficiaries of this approach will be anyone who experiences mental health and wellbeing issues, or has a mental health problem and indirectly, their families as there may be evidence to suggest that people living with someone with certain mental health issues could be more likely to experience mental health issues themselves. People will be able to access a range of services in the community to meet their needs.

The voluntary sector, as moving to a contract for services, rather than grant funding on a yearly basis provides financial security and sustainability. This model enables the voluntary sector to provide services which are free to access.

Kent County Council (Public Health and Adult Social Care) as the transformed services will prevent people entering into secondary care unnecessarily and requiring large support packages. Further procurement processes will ensure that quality services are delivered which represent value for money. This new model proposed will reduce the number of providers to four strategic partners meaning that KCC will be able to performance manage these contracts closely.

Clinical Commissioning Groups (CCG’s) will benefit. As above the core offer will reduce reliance on secondary services – preventing people entering into them but also providing a comprehensive package of services that enables individuals to exit secondary care when appropriate.

**Information and Data** (source: Mental Health Joint Needs Assessment December 2013)

Mental ill health represents up to 23% of the total burden of ill health in the UK and is the largest single cause of disability. The impact of mental health on peoples wider lives can affect their educational attainment, employment, housing, family relationships and therefore there are wider costs of mental health problems than just health related costs. Costs to the individuals, their families and their communities in lost potential are essentially incalculable.
Economic implications:

- In secondary care, 11% of the annual health budget is spent on mental health.
- Nationally more than £2 billion is spent annually on social care for people with mental health problems. It is estimated that the cost of treating mental health problems could double over the next 20 years.
- Detailed estimates suggest the overall calculable cost of mental health problems in England to be around £105 billion and around £30 billion of this estimate is work related (sickness absence and reduced productivity.)
- There are also large costs associated with the impact on the criminal justice system and also the housing system and particularly on homelessness services.
- One of the largest areas of cost is the benefit system. The most common reason for incapacity benefit claims is mental health; with 43% of the 2.6 million people on long-term health-related benefits have a mental or behavioural disorder as their primary condition.

Life Course

Mental health problems can begin very early in life, often earlier than other causes of disability. There are also connections between mental health problems in childhood and in young adulthood.

- One in ten children aged between 5 and 16 years have a mental health problem.
- Over half of people with a lifetime mental health disorder at the age of 26 will have met the diagnostic criteria first by the age of 14.
- Mental wellbeing during pregnancy and the antenatal period can have an impact on the wellbeing of the child, so is an important time within the life course. One in ten new mothers experience postnatal depression.
- During adulthood, mental health can impact upon people’s ability to maintain employment, housing and secure family relationships.
- Depression in older people affects up to 25% of the population and up to 40% of those living in care homes.

In Kent there are a number of population groups that are transitory and mobile, which will make them vulnerable to mental health problems due to lack of awareness of services that are available to support them. These include:
Ethnicity

The 2011 Census shows us that the White ethnic group is the largest group both within Kent and nationally. Just under 1.4 million Kent’s residents are from the White ethnic group which accounts 93.7% of the total population. This is a higher proportion than the national figure of 85.4% and the South East figure of 90.7%.

The remaining 92,638 residents of Kent belong to other four broad ethnic groups which we have identified as the Black Minority Ethnic (BME) group. This equates to 6.3% of the total population. This is a lower proportion than the national figure of 14.6% and the regional figure of 9.3%. The most ethnically diverse areas of Kent are located in the north of the county within the districts of Gravesham (17.5%), Dartford (12.9%) and Medway (10.6%). 7.4% of the Gravesham population are from an Indian background. Dartford has the highest proportion of those from a Black African or Caribbean background.

Information regarding the occurrence of mental health issues within these different ethnic groups is not available.

Further current providers do not routinely record detailed demographic information regarding their clients, so it is difficult to determine whether to portion of individuals accessing services represent ethnicity patterns within the whole population.

Deprivation

Major risk factors for mental health problems are poverty, poor education, unemployment, social isolation and major life events. Socially excluded and deprived people are at a higher risk of developing mental health problems. A review of large scale studies of mental health problems undertaken by Social Exclusion Unit of the Cabinet Office in 2004, reported that such problems are more common among people who are unemployed, have fewer educational
qualifications, have been looked after or accommodated, are on a low income or have a low standard of living.

It is likely that some people with protected characteristics are more likely to fall into these groups. For example, disabled people may be less likely to be in employment that non-disabled people, putting them at risk of experiencing mental issues related to both unemployment and, for example, hate crime.

The main reasons for the link between deprivation and mental health risk are;

- Increased risk of major traumatic life events and stressors
- Poorer coping strategies leading to poorer resilience
- Feelings of shame and inferiority and exclusion resulting from social comparison

Unemployment in particular is a well-established risk factor for mental ill-health (while returning to or getting work is a well-recognized protective factor). Unemployment is associated with greater health care use and higher death rates. The association also works in the opposite direction; that is, mental ill-health is a significant predictor of unemployment, and in its wake, of debt or impoverishment.

Mental health in Kent

The over and under representation of particular groups and communities in mental health services reveals a lot about the status of different groups within our society, and provides a useful indicator of social exclusion, and cultural understandings of mental health.

Table 1: Illustrating the estimates of numbers of people at risk of having mental health conditions amongst some of the vulnerable groups in Kent

<table>
<thead>
<tr>
<th>Table x % at risk of mental health problems</th>
<th>Estimated number with mental health problems in Kent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asylum seekers &amp; refugees</td>
<td>50%</td>
</tr>
<tr>
<td>Gypsies and travellers</td>
<td>35%</td>
</tr>
<tr>
<td>People who are lesbian, gay or bi-sexual</td>
<td>39.4%</td>
</tr>
<tr>
<td>People with a learning disability</td>
<td>25%</td>
</tr>
<tr>
<td>Those with severe or</td>
<td>33.3%</td>
</tr>
<tr>
<td></td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>3,500 or 1639</td>
</tr>
<tr>
<td></td>
<td>9,450</td>
</tr>
<tr>
<td></td>
<td>1125</td>
</tr>
<tr>
<td></td>
<td>3000</td>
</tr>
</tbody>
</table>
Due to the current nature of funding, it is however, unknown how many of these groups are accessing current mental health services. The new contract provides a new opportunity to monitor this and gain a better understanding of who is accessing mental health services and whether these figures represent the numbers of people with risk factors that we would expect to see accessing the services based on prevalence rates within the general population.

Chart 1: Illustrating the estimated numbers of people with a common mental health disorder across Kent’s CCG’s aged 18 – 64 years.
The highest numbers are in NHS West Kent CCG area with over 44,500 people. The smallest numbers are in NHS Swale CCG area with 10,306.

Chart 2: Illustrating the estimated numbers of people aged 18 – 64 in Kent CCG areas with psychotic disorders

The highest number of people can be found in West Kent CCG area with 1,106 people, of which 698 are females and 407 are males.
Chart 3: Illustrating the estimated numbers of people with two or more psychiatric disorders across Kent CCG’s.

West Kent CCG has the highest number with over 19,854.

Current Service Users

Grant funded services provided through the voluntary sector currently support approximately 15,353 people with mental health issues in Kent. As outlined below:

- Informal community services 7,447
- Employment services 1,947
- User participation 5,819
- Peer brokerage 140

However, as noted above a further breakdown of these individuals into protected characteristics is unavailable. The new performance monitoring framework will address this issue.
**Involvement and Engagement**

A significant amount of engagement with service users, carers, current providers and future providers to co-produce the core offer for mental health and wellbeing services: These have included:

- 2 market engagement events East and West Kent
- 2 strategic partner events
- 4 delivery network events

A further public consultation will be undertaken during March 2015, the results of which will feed into the EqIA.

Because funding for the core offer will come from ending current grant arrangements, initial reviews of voluntary sector services have taken place. Some current grant funded services fall outside of the scope of the core offer. These grants will continue to be awarded.

This EqIA assesses the impact of ending the remainder of the grants – those where the services will be re-commissioned under the core offer.

Ending the grants will be done in accordance with Kent Compact and will involve a minimum of:

- 3 month consultation period with the voluntary sector (providers and service users)
- a 3 month notice period following completion of consultation

**Adverse Impact:**

Ending grants could potentially have a negative impact on both the individuals accessing the services and the providers themselves. If organisations become unviable due to the withdrawal of funding, their services may end. In order to understand this, financial analysis will be completed on existing providers to understand the financial viability of organisations that lose funding. Service users may be required to switch providers. This may create anxiety for them. However, equitable services will be provided and direct payments can be considered for individuals who do not want to switch providers so long as those providers remain viable organisations.
Positive Impact:

Commissioning a core offer of universal services will provide equity of services across the county that is currently missing. Including primary care into the model will enable more cohesion between primary and community based services, avoiding unnecessary admission into secondary care and allowing for a structured discharge from secondary care where appropriate.

In addition, commissioning a suite of services that is comparable with existing provision means that individuals will be able to access services that are already support them to remain independent.

Moving to longer term contracts will provide sustainability for the providers and services, moving away from annual funding that create uncertainty.

JUDGEMENT

Option 1 – Screening Sufficient  NO

Justification:

Option 2 – Internal Action Required  YES

Option 3 – Full Impact Assessment  YES

Action Plan

See below

Monitoring and Review

New contracts will be monitored and reviewed. This will include the monitoring of individuals using the services in order gauge whether the service is reaching the groups we would expect it to in sufficient numbers. This will enable commissioners to understand whether things get better or worse as a result of the changes.

Equality and Diversity Team Comments
Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Signed: [Signature]
Name: Emma Hanson
Job Title: Head of Commissioning – Community Support
Date:

DMT Member

Signed: [Signature]
Name: Mark Lobban
Job Title: Director of Commissioning
Date: 2.3.15
**Equality Impact Assessment Action Plan**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Issues identified</th>
<th>Action to be taken</th>
<th>Expected outcomes</th>
<th>Owner</th>
<th>Timescale</th>
<th>Cost implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Current service users may lose a service which supports them to be independent</td>
<td>Minimum 6 months notice to end existing grants</td>
<td>Voluntary sector organisations and people accessing services have time to prepare for end of funding</td>
<td>S Sheppard / Care co coordinators / Financial assessment officers / direct payments team</td>
<td>March 2015</td>
<td>None – this is within existing programmed work</td>
</tr>
<tr>
<td>All</td>
<td>Current service users may lose a service which supports them to be independent</td>
<td>Commissioning of equitable and existing services within the core offer (including actions below)</td>
<td>Individuals will receive improved outcomes from the new services although the level and type of support they currently receive will remain the</td>
<td>Sue Scamell</td>
<td>April - October 2015</td>
<td>The current value of the core offer is £3.68 million this includes monies from Public Health and the Clinical Commissioning Groups</td>
</tr>
<tr>
<td>All</td>
<td>Current funding is inequitable</td>
<td>Mapping of mental health activity and deprivation levels across Kent</td>
<td>Ensure that financial investment reflects the level of need so services meet demand</td>
<td>Sue Scamell / Jess Mookherjee</td>
<td>April – Sept 2014</td>
<td>None – this is within existing programmed work</td>
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<tr>
<td>All</td>
<td>Services may be perceived as not being inclusive and people may be reluctant to use them because of this.</td>
<td>Writing contracts / service specifications that stipulate services must be inclusive, adhere to equality legislation, and meet the needs of those with mental health issues</td>
<td>Services will be inclusive and no one will experience barriers – real or perceived – to accessing them</td>
<td>Sue Scamell / Heather Randle / Clare Maynard</td>
<td>April – June 2015</td>
<td>None – this is within existing programmed work</td>
</tr>
<tr>
<td>All</td>
<td>Impact on those with protected characteristics is largely unknown due to lack of performance monitoring on equalities within existing services</td>
<td>Developing a performance monitoring framework that captures equalities information, as well as information regarding outputs and outcomes.</td>
<td>Increased understanding of whether the services are reaching those who need them in comparison to demographic and statistical information</td>
<td>Sue Scamell / Heather Randle</td>
<td>April – June 2015</td>
<td>None – this is within existing programmed work</td>
</tr>
<tr>
<td>Disability</td>
<td>Race</td>
<td>Religion / belief</td>
<td>Impact on those with protected characteristics is largely unknown due to lack of performance</td>
<td>Information will be used in contract monitoring and future commissioning</td>
<td>Additional assessment to be completed as part of consultation and engagement phases and EqIA updated</td>
<td>Additional cost may be incurred from engagement events and use of materials</td>
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</tr>
<tr>
<td>Individuals may experience a change in provider</td>
<td>Transition / implementation plan</td>
<td>Transition / implementation plan</td>
<td>Individuals whose provider may change will experience continuity of services and minimal anxiety and disruption</td>
<td>Sue Scamell / Heather Randle</td>
<td>October – December 2015</td>
<td>None – this is within existing programmed work</td>
</tr>
<tr>
<td>Individuals with English as a secondary language, poor literacy levels or low cognitive levels may be unable to participate meaningfully in engagement and consultation events</td>
<td>Use of easy read material</td>
<td>Use of consultation material available in different languages</td>
<td>Specific support for individuals where needed</td>
<td>Sue Scamell / Heather Randle</td>
<td>March – June 2015</td>
<td>Additional cost may be incurred from engagement events and use of materials</td>
</tr>
</tbody>
</table>
1st March 2015

| monitoring on equalities within existing services | by identify where there is unmet need, under performance, barriers to inclusion and address these issues | results of public consultation | of materials |