

Equality, Diversity, Cohesion and Integration Impact Assessment



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration. In all appropriate instances we will need to carry out an equality, diversity, and cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

Directorate: Public Health	Service area: Public Mental Health
Lead person: Catherine Ward	Contact number: 07712214810
Date of the equality, diversity, cohesion and integration impact assessment: On going from July 2016 to November 2017	

1. Title: Procurement of the Mentally Healthy Leeds service *Final name to be determined and agreed.
Is this a:
<input type="checkbox"/> Strategy /Policy <input checked="" type="checkbox"/> Service / Function <input type="checkbox"/> Other
If other, please specify

2. Members of the assessment team:

Name	Organisation	Role on assessment team e.g. service user, manager of service, specialist
Catherine Ward	LCC	Health Improvement Principal (Public Mental Health)
Kate Daly	LCC	Public Health Contracts Officer

3. Summary of strategy, policy, service or function that was assessed:

With the central Government cuts to the Council's public health grant, there was a need to review all the public mental health spend ensuring all public mental health (PMH) services and interventions meet the populations' needs, address health inequalities and provide value for money .

The commissioned services delivering the public mental health agenda are being transformed by this procurement. The current contracts were commissioned over 10 years ago and therefore are based on historic requirements and needs. The current interim contracts are due to expire in March 2018 and cannot be continued in the long term. These contracts have had a reduction in funding in line with all other contracts across the public health service.

Currently the two Touchstone contracts deliver work across Leeds targeting BAME communities with poor mental health, promoting good mental health, and challenging stigma and discrimination. They also deliver activity which improves the overall health and well-being of people with mental health problems or those at risk of mental health problems from BAME communities through a community development led approach.

The current contract aims are to:

- Address the lack of access of BAME communities to more appropriate and responsive services whilst also building capacity and increasing community engagement with services.
- Address health inequalities amongst people living in the most deprived neighbourhoods across Leeds that is, those which fall into the lowest 10% nationally.

These services have been reviewed and a new service model developed to focus on mental health inequality within local communities and the core public mental health prevention agenda. The new Mentally Healthy Leeds procurement re-prioritises funding and focus to include Mindful Employer, suicide prevention and stigma and discrimination work.

The overall aim of the new Mentally Healthy Leeds service is to contribute to reducing health inequalities by focusing on wider determinants that can affect resilience and impact negatively on mental health. The new service will take an asset based development approach within at risk communities to help build community capital and capacity, and strengthen individual mental resilience. Good engagement with at risk groups is crucial, and targeted work within communities will be integral to deliver the intended outcomes. The secondary focus will contribute to the broader protecting health within wider communities agenda and will link to the local evidence base including the mental health needs assessment (MHNA 2017) findings.

The service review and the development of a new service specification for Mentally Healthy Leeds has been undertaken with consultation with partners in the city including commissioners and providers.

The procurement for Mentally Healthy Leeds commenced in July 2017 and the closing date for tenders to be submitted was 20th September 2017. Two tender submissions were received from the market and subject to an evaluation of both quality and financial aspects.

The new service is due to commence on 1st April 2018 and run until 31st March 2021, with the option to extend for a further 24 months. The total estimated value of the service was £297,050 per annum.

4. Scope of the equality, diversity, cohesion and integration impact assessment
(complete - 4a. if you are assessing a strategy, policy or plan and 4b. if you are assessing a service, function or event)

4a. Strategy, policy or plan
(please tick the appropriate box below)

The vision and themes, objectives or outcomes	<input type="checkbox"/>
The vision and themes, objectives or outcomes and the supporting guidance	<input type="checkbox"/>
A specific section within the strategy, policy or plan	<input type="checkbox"/>
Please provide detail:	

4b. Service, function, event
please tick the appropriate box below

The whole service (including service provision and employment)	<input type="checkbox"/>
A specific part of the service (including service provision or employment or a specific section of the service)	<input type="checkbox"/>
Procuring of a service (by contract or grant)	<input checked="" type="checkbox"/>
Please provide detail: The procuring of a new “Mentally Healthy Leeds Service” in line with the Council’s Contract Procurement Rules.	

5. Fact finding – what do we already know

Make a note here of all information you will be using to carry out this assessment. This could include: previous consultation, involvement, research, results from perception surveys, equality monitoring and customer/ staff feedback.

(priority should be given to equality, diversity, cohesion and integration related information)

The public mental health budget has been reduced as a consequence of the recent Central Government cuts to local authority public health grant cuts. The 2 existing contracts delivering this agenda have both had their funding reduced as consequence of these cuts and the new Mentally Healthy Leeds service is being procured with a reduced funding envelope.

The two Touchstone contracts are very long-standing contracts, which were transferred to the local authority when Public Health transferred from the NHS into the Council in April 2013. This means that Public Health hold considerable performance information relating to the contracts and the services that they deliver, including the localities that they work in and details of service users with their equality characteristics.

The current CDW contract has been in place for 10 years, and has delivered successful public mental health interventions and awareness raising aimed at BAME populations in Leeds. They have undertaken a range of research about public mental health and BAME communities which will be reviewed as part of this procurement.

Due to the long-standing partnership approach to contract management, the provider has a good, open and honest relationship with the Public Health contract manager and commissioner. This will continue during the transition between the existing and new services.

There has been a significant amount of research undertaken within the city on mental health on risk factors, the populations most affected by poor mental health and suicide. These include the Suicide Audit and the Mental Health Needs Assessment.

Are there any gaps in equality and diversity information

Please provide detail:

Over the last 10 years, Public Health have built on equality and diversity information for vulnerable groups including BAME population. The Council has and are continuing to do build this information in partnership across the city.

The Mental Health Needs Assessment for Leeds (MHNA) 2017 has helped to identify needs for certain populations particularly around access to statutory services for some at risk groups and the importance protective factors play in maintaining good mental health. To support the recommendations of the MHNA, workshops are being held in November and December 2017 to take the work forward particularly around BME access to mental health services and unmet need addressing any current gaps in knowledge.

Action required:

- Contract managers and current commissioner to have one to one discussions with the provider (both in regard to the existing and new contracts)
- Contract managers to continue to liaise with other Council officers about the new service and its integration with existing services.
- Commissioners across the city will be made aware of old contracts expiring and the scope of the new service specification. For NHS Commissioners they will need to understand and consider the new service and its priorities which includes a community development focus and less around Mental Health Care Service access.
- Contract manager will develop new performance framework with the provider to include the monitoring of equality characteristics as part of the quarterly performance management of new services.

6. Wider involvement – have you involved groups of people who are most likely to be affected or interested

Yes

No

Please provide detail:

Public Health have worked with the current provider throughout service review and procurement project. An example of service user engagement is when the commissioner attended and presented at the service's 10 year Celebration Event workshop in 2016 and engaged service users around the current service and looked back at the work undertaken in the last 10 years. The Commissioner also explained the need to move to a new service model and its new focus.

Leeds Involving people have also been kept up to date of the concept of Mentally Healthy Leeds and encouraged to comment on the draft Specification alongside partners from the mental health partnership board (MHPB), Community Mental Health Redesign group etc.

Action required:

Public Health to work with NHS Commissioners / providers of mental health care to understand the need to continue to engage with BME communities who are at risk of poor mental health and for them to identify how they engage with the community around access and need now that the new service will have a focus on more upstream activity.

7. Who may be affected by this activity?

please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

Equality characteristics

- | | | |
|---|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Carers | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Gender reassignment | <input checked="" type="checkbox"/> Race | <input checked="" type="checkbox"/> Religion or Belief |
| <input type="checkbox"/> Sex (male or female) | <input type="checkbox"/> Sexual orientation | |
| <input checked="" type="checkbox"/> Other | | |

(Other can include – marriage and civil partnership, pregnancy and maternity, and those areas that impact on or relate to equality: tackling poverty and improving health and well-being)

Please specify

Poverty is a key risk factor for poor mental health and the new service will be targeted at populations living within the 10% most deprived LSOAs

Stakeholders

- | | | |
|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Services users | <input type="checkbox"/> Employees | <input type="checkbox"/> Trade Unions |
| <input checked="" type="checkbox"/> Partners | <input type="checkbox"/> Members | <input type="checkbox"/> Suppliers |
| <input type="checkbox"/> Other please specify | | |

Potential barriers.

- | | |
|--|---|
| <input type="checkbox"/> Built environment | <input checked="" type="checkbox"/> Location of premises and services |
| <input type="checkbox"/> Information and communication | <input type="checkbox"/> Customer care |
| <input type="checkbox"/> Timing | <input type="checkbox"/> Stereotypes and assumptions |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Consultation and involvement |
| <input type="checkbox"/> Financial exclusion | <input type="checkbox"/> Employment and training |
| <input type="checkbox"/> specific barriers to the strategy, policy, services or function | |

Please specify

The service must carefully select venues in order to ensure they are accessible to the target populations.

8. Positive and negative impact
Think about what you are assessing (scope), the fact finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers

8a. Positive impact:

This new service promotes protective factors around mental health so is much more upstream focussed. The service specification details the service requirements in detail.

The service will have a wider reach and target other at risk groups will be prioritised and identified i.e. young women at risk of self-harm.

The focus of work around the most deprived communities will provide opportunities for people from different backgrounds to come together in groups and build community capacity.

Peer support, co-production and volunteering are key features of the service specification, and service users will be crucial to the development of the service to ensure it meets specific community needs and is accessible to target populations.

Action required:

In the mobilisation period, the focus of the new service must be shared and understood with partners and potential users of the new service through a comprehensive communications and engagement strategy.

During the contract, equalities information will be collected on volunteers and peer supporters to ensure that the service is representative of the communities it is targeted at.

8b. Negative impact:

Some NHS commissioners/providers may wish to continue to assume that the new service may still meet the needs around access to mental health care for BME communities and expect the specialism of the current provider to meet this need.

Some groups that have historically been aimed at a single BME community may be opened out to a wider population, particularly around common themes such as problem gambling.

Action required:

Public Health to work closely with commissioners and providers as to who / how this potential gap for mental health care services could be met.

The service must work with existing service users to ensure they are comfortable with changes to the membership of the group.

9. Will this activity promote strong and positive relationships between the groups/communities identified?

Yes No

Please provide detail:
 The service model describes the approach and function which includes promoting strong and positive relationships between the groups/ communities identified and at risk of poor mental health. This work will be undertaken with community development at its core approach.

Action required:
 To ensure mobilisation period is effective and commissioner to ensure smooth processes in place. To consult with a range of potential services users and undertake insight within populations of interest to design groups and activities that appeal to a wide range of people and do not present barriers to participation.

10. Does this activity bring groups/communities into increased contact with each other? (e.g. in schools, neighbourhood, workplace)

Yes No

Please provide detail:
 This activity is a requirement of the service specification – building on community assets and social capital

The specification requires place based work – within 10% most deprived communities – that will bring people from different backgrounds together through activities that builds community capital such as gardening and social groups.

The service will also deliver awareness raising activity within a range workforces, encouraging people to think about their own mental wellbeing and if comfortable, talk to others to reduce stigma around mental health.

Action required:
 Ensure mobilisation plan is effective, well planned and carried out.

Also ensure the right focus for the insight work is agreed and taken forward.

Embed co-production within the service to ensure that a range of voices contribute to its design, and that target communities are actively encouraged to participate in delivery.

Target employers with a diverse workforce who live within target communities.

11. Could this activity be perceived as benefiting one group at the expense of another? (e.g. where your activity/decision is aimed at adults could it have an impact on children and young people)

Yes

No

Please provide detail:

We will prioritise evidence based need with the new provider using robust local data and focussed insight.

Action required:

The commissioner and provider will use MHNA to help identify the scope and focus of insight, which is a requirement of the service specification.

12. Equality, diversity, cohesion and integration action plan

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

Action	Timescale	Measure	Lead person
In the mobilisation period the focus of the new service must be shared and understood with partners and potential users of the new service	Mobilisation period of the new service	Partners i.e. other commissioners clearly identify how they promote and support the function of the service Minutes and actions from MHPB Communication with Leeds Involving People	Catherine Ward
To work closely with commissioners and providers as to who / how this potential gap for mental health care services could be met.	Ongoing. Started in July 2017 and will need to continue for first year of the commencement of the new service.	Minutes / actions of meetings i.e. MHPB	Catherine Ward
To ensure mobilisation period is effective and commissioner / contract manager to ensure smooth processes in place	January – April 2018	Key milestones and commissioner / contract manager meeting notes	Catherine Ward / Kate Sibson

Action	Timescale	Measure	Lead person
As above – ensure mobilisation period is effective. Also ensure the right focus for the insight work is agreed and taken forward.	January – April 2018	Key milestones and commissioner / contract manager meeting notes	Catherine / Kate Sibson
Use MHNA to help identify scope of Insight focus	January 2018 – ongoing	Insight focussed agreed as service specification with focus on most vulnerable group / at risk of poor mental health	Catherine Ward
The service model describes the approach and function which includes promoting strong and positive relationships between the groups/ communities identified and at risk of poor mental health. This work will be undertaken with community development at its core	Ongoing for the length of the service	KPI and quarterly reporting	Kate Sibson / Kate Daly

13. Governance, ownership and approval

State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment

Name	Job Title	Date
Catherine Ward	Emotional Health and Wellbeing Lead – Health Improvement Principal	17 th November 2017
Date impact assessment completed		

14. Monitoring progress for equality, diversity, cohesion and integration actions (please tick)

- As part of Service Planning performance monitoring
- As part of Project monitoring
- Update report will be agreed and provided to the appropriate board
Please specify which board
- Other (please specify)

15. Publishing

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions** or a **Significant Operational Decision**.

A copy of this equality impact assessment should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality impact assessments that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached assessment was sent:

For Executive Board or Full Council – sent to Governance Services	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	Date sent:
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent: