

APPENDIX 2

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, 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: Adult Social Care (ASC)	Service area: In-house Mental Health Day Services
Lead person: Debbie Ramskill and Tim O'Shea	Contact number: 0113 3957242
Date of the equality, diversity, cohesion and integration impact assessment: July 2012 reviewed December 2012	

1. Title: In-house Mental Health Day Services Transformation
Is this a:
<input type="checkbox"/> Strategy <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Service <input type="checkbox"/> Function <input type="checkbox"/> Other
Is this:
<input type="checkbox"/> New/ proposed <input checked="" type="checkbox"/> Already exists and is being reviewed <input type="checkbox"/> Is changing
(Please tick one of the above)

2. Members of the assessment team:

Name	Organisation	Role on assessment team e.g. service user, manager of service, specialist
Debbie Ramskill	LCC – ASC	Head of Service - Mental Health
Sinead Cregan	LCC – ASC	Adult Commissioning Manager
Norman Forsyth	City wide service user involvement	Service user
Ellen Mitchell	Stocks Hill service user	Service user
Kuldeep Bajwa	LCC – ASC	Consultation and Involvement Officer

<p>3. Summary of strategy, policy, service or function that was assessed:</p> <p>This Equality, Diversity, Cohesion and Integration (EDCI impact assessment) seeks to analyse the impact of the proposed transformation of Leeds ASC's in house mental health day services on all of the equality characteristics. The EDCI impact assessment will consider all the relevant equality characteristics, looking at factual data collected by Leeds ASC, NHS Leeds, Leeds and York Partnerships NHS Foundation Trust (specialist mental health trust) and voluntary sector organisations.</p> <p>The assessment will also take into account comments, opinions and views from a range of stakeholders including service users, elected members, Health services, ASC staff and management teams and other service providers. These views have been collected from the in house consultation events and external consultation with voluntary organisations.</p> <p>This information from the consultation (has been analysed by the assessment team to provide an evidence base of potential impacts and identifies actions that may be taken to mitigate against these impacts.</p>
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<p>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)</p>
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<p>4a. Strategy, policy or plan (please tick the appropriate box below)</p>	
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"/>
<p>Please provide detail:</p>	

<p>4b. Service, function, event please tick the appropriate box below</p>	
The whole service (including service provision and employment)	<input checked="" type="checkbox"/>
A specific part of the service (including service provision or employment or a specific section of	<input type="checkbox"/>

the service)	
Procuring of a service (by contract or grant) (please see equality assurance in procurement)	<input type="checkbox"/>
<p>Please provide detail:</p> <p>Leeds City Council like many other public sector organisations is facing a significant financial challenge as a result of the Government's spending review and a reduction in grants, which is without precedent in recent times. In addition to the substantial reduction in Government funding, the Council also faces significant cost pressures which will also need to be taken into account in setting budgets for the next four years.</p> <p>It is therefore imperative that we ensure that any services provided are both effective in terms of the resources required to provide the services, and efficient in terms of producing high quality outcomes for as wide a range of the population of Leeds that require them. Specifically those adults with a long term or enduring mental health need.</p> <p>Formal consultation was undertaken from September – December 2012 for all service users and a range of stakeholders.</p> <div style="text-align: center;">  Consultation report.docx </div> <p>The proposals were built from the feedback received from service users during the reviews/consultations undertaken from July – November 2011. This information is available to view.</p> <p>Mental Health Recovery Service, which was verified by the Mental Health Advisory Board, will offer:</p> <ul style="list-style-type: none"> • Peer support/Safe spaces • Staff led recovery groups • User led recovery groups • One to one work • Signposting to other services • Support pathways through acute services <p>The Mental Health Recovery Service will be designed to support service users to progress along a path towards achieving recovery as determined by their mental health need.</p>	

The proposal to the asset bases are set out as follows:

- Lovell Park to become a mental health hub and be a welcoming, multi-purpose space where co-working and hosting with other organisations takes place. It would offer office and social space, a place for user and staff-led groups and one to one support. The service would also host the signposting and information service for the city.
- Stocks Hill has options in relation to sharing the building with other organisations given the outcome of a recent condition survey which identified an overall satisfactory building assessment. Interest has currently been shown by Leeds Community Healthcare, Learning Disability Community Support Service and Children's Services. Stocks Hill will be responsible for delivering the proposed Mental Health Recovery Service in this area of the city. DOSTI will continue to be offered non-chargeable accommodation within the building that will satisfy the needs of the service users and not impact on the quality of the service. ASC will also support DOSTI to find a solution in relation to the crèche facility relocating to a more suitable venue.
- The Vale has less potential given the recent condition survey which highlighted the need for substantial investment of £280k to ensure the building would have a ten year lifespan. An alternative location for the service in the South of the city has been pursued and a viable alternative has been found. The alternative is a Leeds City Council building at Tunstall Road Community Centre, currently used by the Employment Skills Service who operate a Job Shop and Employment Service. This team are due to relocate to Dewsbury Road in March 2013. The building is off the Dewsbury Road in a multi-cultural area with good access to transport and amenities.
- The Vale day centre also supports New Leaf and the Horticultural Group. New Leaf is a Community Interest Company (registered with Companies House). It offers direct employment and volunteering opportunities for people with mental health needs which results in people gaining valuable skills and experience. By working with New Leaf people have stability and are enabled to build their confidence. This contributes to their recovery and empowerment. The Horticultural Group is a small nursery run by people with mental health needs. The project grows plants and vegetables for indoors and the outdoors. The group provides physical and mental stimulation and an opportunity to socialise with others whilst gardening. The members of these groups have expressed a wish to continue to be based with the service if it were to move to new premises. The new premises at Tunstall Road can accommodate both these groups and will be supported by the same staff team.
- The Council have been approached by South Leeds Health for All (SLHA), a voluntary sector organisation, in relation to expressing an interest in The Vale building as a possible Community Asset Transfer. As a way of promoting partnership working, SLHA offered to apply for funding to refurbish the building and invite The Vale service users to continue receiving a service from ASC within half of the building. This offer was declined by the current users of The Vale and their preferred option was to either remain at the building as sole

occupiers or move to Tunstall Road.

It is proposed that those service users who do not have FACS eligible needs and currently attend the day centres will continue to be provided with a service though support will be delivered in different ways (e.g. peer support groups, staff led recovery groups). At the point in time of implementing the Mental Health Recovery Service all new referrals will be managed in the following way:

- Referrals for people with non FACS eligible needs will be sign posted to appropriate voluntary sector services or the ASC in-house Community Alternatives Team (CAT).
- Referrals for people who have FACS eligible needs will initially be offered a service at one of the three ASC in-house Mental Health Recovery Services with the view to moving on to independence.

It is proposed that service users are supported to recover and for them not to become dependent on services. To encourage this, it is proposed that where a service user exits the service and becomes unwell again within a twelve month period, the individual can make contact with the last service they attended. Where the timescale is above twelve months an individual would be required to be referred back to the joint day service panel.

Whilst staff will be required to work in different ways, but encouragingly in ways which they are already beginning to embrace, the current cohort of staff will not be at risk through these transformation changes.

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)

From the formal consultation several potential barriers to accessing services were identified:

- Language; one group of women said they were not able to discuss their mental health state with their GP due to the language barrier, therefore not getting the diagnosis from their GP, missing out on a service that could support them. The language barrier restricted them receiving any other service even within the voluntary sector, and as such is a considerable obstacle to accessing the Mental Health Recovery Service.
- Cultural issues need to be addressed, staff having more training around diversity to understand what the issues are.
- Individuals may have difficulty in travelling due to disability, depression and lack of motivation, or just plain difficulty in getting to one of the sites proposed
- The service will need to ensure that there is a wide enough range of support groups

to meet the needs of the various and diverse communities in the city.

- Recovery model needs to be promoted in ways that takes account of the anxiety expressed by some service users.

The EDCI impact assessment takes full account of National and Local policies:

A Mental Health Strategy was launched on 2 February 2011: No Health without Mental Health. The strategy outlines how an emphasis on early intervention and prevention will help tackle the underlying causes of mental ill-health. The themes within the strategy are central to 'A Vision for Adult Social Care,' 2010, which sets out a new agenda for ASC in England, where services are more personalised, more preventative and more focused on delivering the best outcomes for the people who use them. The messages set out within these reports are central to the philosophy and objectives of the proposed Mental Health Recovery Service for Leeds.

More locally within ASC, 'Better Lives' for People in Leeds themes have been devised to reflect and develop the Council blueprint through creating the means by which people in Leeds can live 'Better Lives' than they do now. The vehicles for delivery of this ambition are the Better Lives themes through enterprise; housing, care and support and integration. The mental health transformation programme fits under the housing, care and support theme.

The primary aim of this transformation programme is to deliver a recovery model aimed at keeping people well and offering a more varied choice of service provision. The service will work with each person to understand what keeps them well. It will strive to make sure that the service user is at the heart of developing their own support plan, working towards building a fulfilling life, wishes, aspirations and goals.

It takes into full account the findings from the previous consultation in Leeds:

- Leeds City Council In House Mental Health Day Service Monitoring Report 2011
- Mental Health and Wellbeing in Leeds – An Assessment of Need in the Adult Population (May 2011)

The cost of mental health problems to the economy is considerable and has a wider impact. The rising cost reflects a larger older population which means more people with dementia; there is also an increase in self harm and suicide in some groups.

The causes of mental ill health are extremely complex; physical, social, environmental and psychological causes all play a part in this. Problems are unevenly distributed across the population and having mental ill health further widens pre-existing inequities. The impact of mental health has a wide ranging and long lasting effect.

Mental health problems are common. Around one in four adults suffer from a common mental health problem such as anxiety or depression. Nationally 29% of women and 17% of men will suffer some form of mental health problem during their lives; 1 in 4 women and 1 in 10 men will experience an episode of a depressive illness; self harm prevalence stands at 400 per 100,000 populations. One in ten mothers suffers from post natal depression. Lesbian, gay and bisexual people are more likely to experience mental health problems than heterosexual people, with bisexual people, who are also more likely to experience mental health problems than lesbian and gay people. Mental ill health occupies approximately one third of GP time. Ninety per cent of people with common mental health problems are managed entirely within primary care.

A large focus on this is in relation to recovery - the recovery model aims to help people with mental health problems to look beyond mere survival and existence. It encourages them to move forward, set new goals and do things and develop relationships that give their lives meaning.

The recovery model requires a change of approach on the part of both the service users and staff in the way that recovery is seen, working with the whole person, the potential for development, focusing on the positive of what the person can do and achieve.

A large part of the problems experienced by people with mental health needs is the associated stigma and discrimination which stops them from seeking help and support, people then feel isolated and stuck. The recovery model addresses those issues and encourages the individual to take control and make changes in their life.

The Council currently provides three traditional building based day services:

Service	Ward
Lovell Park, Wintoun Street, LS7 1DA	Hyde Park & Woodhouse
Stocks Hill, Chapel Lane, Armley, LS12 8DJ	Armley
The Vale, Church Street, Hunslet, LS10 2AY	City & Hunslet

There is also CAT which has evolved over the past 15 years and works city wide, predominately in community settings offering a range of activities. These activities include a walking group, a range of sporting activities, social and therapeutic groups, self-help and drop-ins. The CAT staff team are based in each of the day centres described above and have recently begun to work much more closely with the day centres to offer a greater variety of choice to service users.

Below is a table describing the average attendance at each of the day centres and CAT (figures from December 2012):

Service	Service users on register	Average daily attendance
Lovell Park	118	22
Stocks Hill	124	25
The Vale	152	28
CAT	350	Contact with 60 service users

Lovell Park, Stocks Hill and The Vale have historically allocated 60 places each day; however the current average daily attendance is 25 people. In addition to this, staff support

and engage with service users using other methods such as telephone, e-mail, text and letters and visits.

Current service users will continue to be offered a service after the implementation of the new service model. Overall current service users accept the need to change and will be offered the opportunity to fully participate in the implementation of the Mental Health Recovery Service model.

In terms of funding ASC currently invest 1.5m in the mental health voluntary sector services and 1.4m to the in-house mental health services.

The Mental Health Advisory Board was set up in March 2011 and as part of the constitution a co-chair role was created to be filled by a service user representative. ASC is committed to promoting co-production as a means to delivering effective change. Co-production has ensured that the proposed Mental Health Recovery Service has been developed fully with service users and stakeholders. In terms of the agenda, the group have had discussions around the mental health pathway, services in Leeds and models provided in other Local Authorities.

The Progress Group (service user representatives) has been set up with reps from each of the three day centres and CAT. This group meet with senior managers on a regular basis to discuss both service development and design. The Progress Group sits directly under the Advisory Board.

Monitoring data is as follows:

Gender breakdown of referrals accepted:

Male	53%
Female	47%

The gender breakdown of people subject to CPA in the city for all ages is:

Male	43%
Female	57%

Ethnic Origin breakdown

Asian	26	3%
Black	16	2%
Mixed white/black Caribbean	9	1%
Mixed white/asian	1	
Traveller	1	
White British	505	63%
White Irish	11	1.5%
White other	11	1.5%
Not answered	206	26%
Did not wish to state	17	2%

BME communities currently make up 10.8% of the Leeds population. We know that some ethnic groups are over-represented in acute mental health services so would possibly expect the percentage of people from BME communities accessing our services to be higher

than the population average for Leeds, however, there are specifically commissioned mental health services for BME communities and we assume that this explains why we do not see a higher percentage of this population accessing the service.

Both the Irish and Eastern European communities do not currently receive any funding through mental health monies unlike the other BME services, therefore the needs of these communities have not been assessed. Please see action plan.

Religion breakdown

Buddhist	8	1%
Christian	208	26%
Hindu	1	
Jewish	2	0.5%
Muslim	24	3%
Sikh	3	0.5%
Other	28	3%
None	219	27%
Not answered	293	36%
Did not wish to state	17	2%

Sexual Orientation breakdown

Heterosexual	464	70%
Lesbian	11	2%
Gay	7	1%
Bisexual	9	1%
Other	0	0%
Did not wish to state	132	20%
Not asked	39	6%

Leeds mental health needs assessment estimated that approximately 10% of the Leeds population are lesbian, gay or bisexual. The annual monitoring data above falls significantly short of this however as 26% either were not asked or were unwilling to state it is likely that the figure is an under representation.

Age breakdown

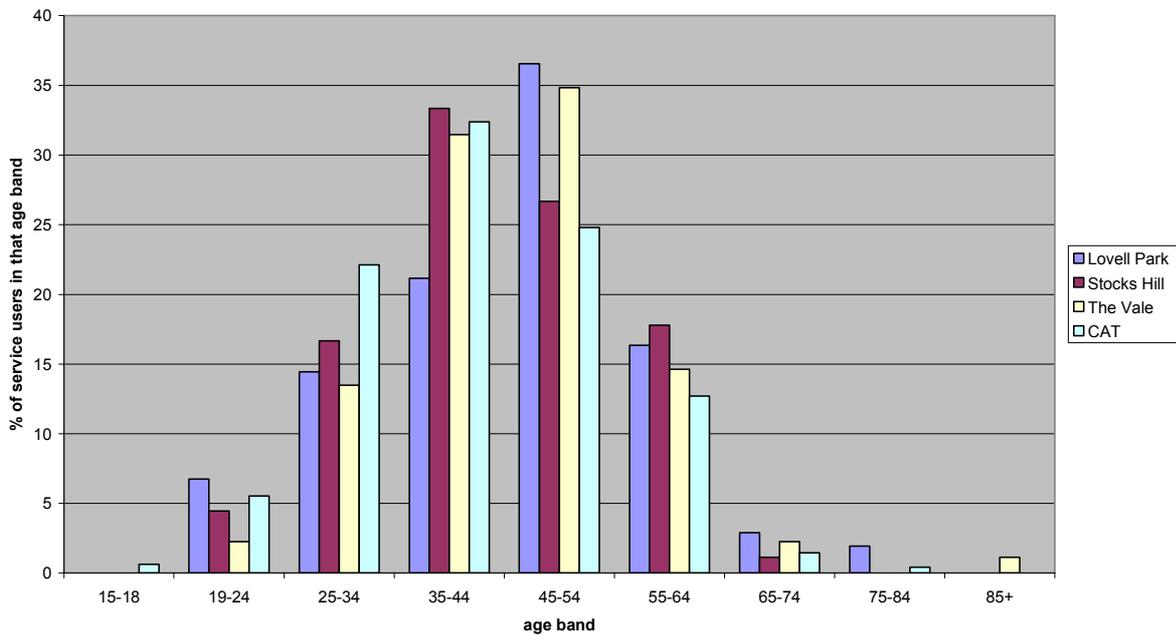
The age breakdown of referrals is:

Age Profile	Lovell Park	Stocks Hill	The Vale	CAT
15-18				3
19-24	7	4	2	27
25-34	15	15	12	108
35-44	22	30	28	158
45-54	38	24	31	121
55-64	17	16	13	62
65-74	3	1	2	7
75-84	2			2
85+			1	

These figures as a percentage of referrals are shown in the following graph, it can be seen

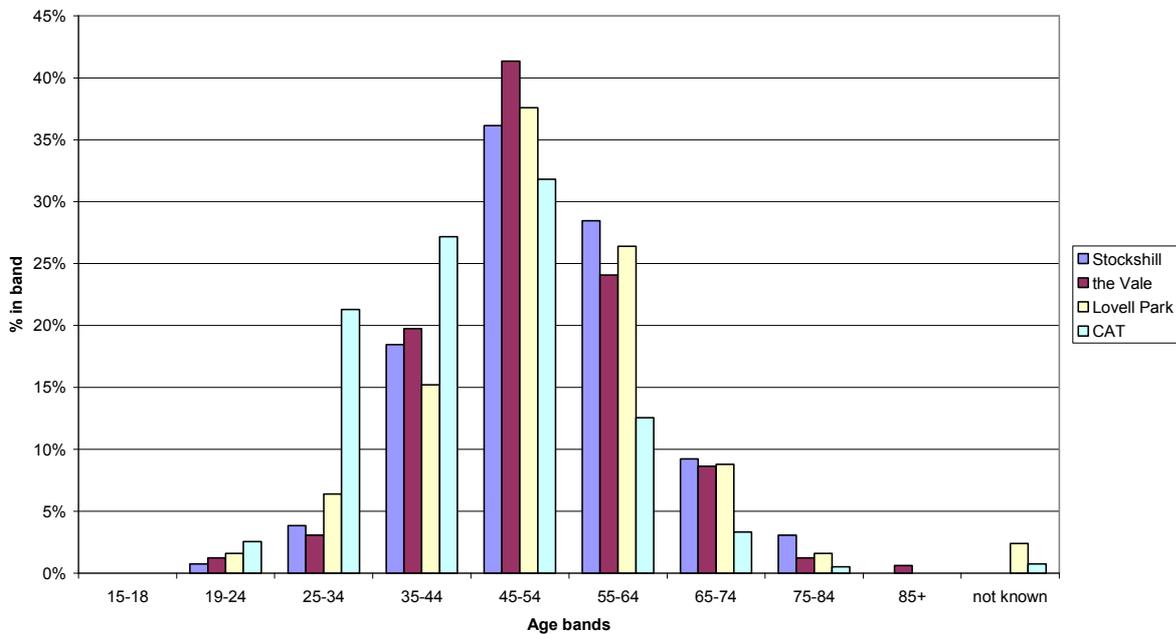
that over 60% of referrals are in the 35-54 age range. 30-35% of the Leeds population subject to CPA are over 65, and less than 5% of service users fall into this category. However the day service historically was designed to target working age adults.

Age profile of referrals as a % of all service users



These can be compared to the data for all service users:

Age of all service users as a % of users of each service



There is a clear indication that the level of engagement with under 35s accessing the buildings bases is low, however this should improve at the point when the ASC Mental Health Recovery Service is implemented. The voluntary sector day service provision also has a lower level of take up in under 35 age brackets.

Carers information

ASC commissions the Mental Health Carers Support Service and Carers Leeds who have capacity to support several thousand carers on an annual basis.

ASC also commissions respite services for carers, whereby they can access up to eight hours of respite per week.

In order to aid recovery it is acknowledged that having a circle of support, which may include carers, has a valuable and significant impact.

Are there any gaps in equality and diversity information

Please provide detail:

To monitor equality data across each service in relation to service users accessing the service to ensure equity of access and identify any unintended barriers to service access in line with the voluntary sector mental health contracts

Action required:

See action plan

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

Yes

No

Please provide detail:

Involvement through holding presentation sessions and workshops with in house service users and voluntary sector service users including involvement with groups and individuals who are not able to access services e.g.

- Younger people with mental health needs
- Carers and young carers
- Specific groups – Asian women, BME groups that are over represented in mental health services.
- The hard to reach group of people who do not use mental health services
- Non users of current in-house and voluntary sector mental health services
- Those people who are both FACS eligible and are accessing acute health services

Action required:

To include within the consultation schedule

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

(for example – marriage and civil partnership, pregnancy and maternity, social class, income, unemployment, residential location or family background, education or skills level)

Please specify: income, unemployment, family background, education or skills level

Stakeholders

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Services users | <input checked="" type="checkbox"/> Employees | <input checked="" type="checkbox"/> Trade Unions |
| <input checked="" type="checkbox"/> Partners | <input checked="" type="checkbox"/> Members | <input checked="" 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 checked="" type="checkbox"/> Information and communication | <input type="checkbox"/> Customer care |
| <input type="checkbox"/> Timing | <input checked="" type="checkbox"/> Stereotypes and assumptions |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Consultation and involvement |
| <input type="checkbox"/> specific barriers to the strategy, policy, services or function | |

Please specify

Language and cultural understanding in some hard to reach community groups
Restricted use of services due to public transport costs and/or other incidental costs.

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:

Leeds ASC commissioners have worked to ensure that there is a major shift in the way that mental health services are provided. Below are the key themes that they believe will offer a quality recovery and wellbeing approach. It is also important to note that service users have stated that these are important for promoting and increasing up the quality of the service.

- § Recovery focussed
- § Information and Access
- § Peer Support
- § Employment
- § Creative Solutions
- § BME Communities

Services will be:

- § Welcoming
- § Respectful
- § Person Centred
- § Innovative
- § Challenging
- § Passionate
- § Aspiring/Inspiring

Action required:

To ensure that the proposed Mental Health Recovery Service is working in this way
To ensure that service users are fully involved in service delivery and design and implementation of the Mental Health Recovery Service
To ensure that the service fully evidences good practice and positive outcomes
To ensure that services are fully inclusive
Set up cross working groups to write service specifications

8b. Negative impact:

The assets and environments are not fully socially inclusive
Change can be difficult for some people
Cost – charging policy not applied consistently with Adult Social Care
Stereotypes and assumptions
Gaps in continuity of support
Culturally diverse groups may remain under represented
Language barriers continue to operate.

The service cannot operate effectively due to reductions in the physical space available. "Recovery" becomes associated with discharge and withdrawal of services.
Action required:
See action plan

9. Will this activity promote strong and positive relationships between the groups/communities identified?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please provide detail:
Action required:

10. Does this activity bring groups/communities into increased contact with each other (e.g. in schools, neighbourhood, workplace)?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please provide detail:
Partnership working with other providers and co-location with other organisations. Development of wider/new support networks as people move through the service. Greater use of mainstream community facilities as the recovery model is developed.
Action required:

11. Could this activity be perceived as benefiting one group at the expense of another?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please provide detail:
Action required:

Equality monitoring of demographic data to be included within the performance data information. Promotion of service to include culturally and ethnically diverse groups

Outcome

As a result of both the Equality, Diversity, Cohesion and Integration Assessment and monitoring information it is identified that:

Mental Health Recovery Model:

A large proportion of the current service users feel that the proposed model will meet their needs. Person centred support planning; improved cultural awareness through training and a flexible and creative response to individual (or group) needs, will ensure better outcomes for a wider demographic.

All current service users will continue to be offered a service in the future.

The current, familiar staff will continue to offer support

DOSTI will continue to be offered non-chargeable accommodation within Stocks Hill that will satisfy the needs of the service users and not impact on the quality of the service. ASC will also support DOSTI to find a solution in relation to the crèche facility relocating to a more suitable venue.

Both New Leaf and the Horticultural Group will re-locate from The Vale to Tunstall Road where the same familiar staff team will offer support.

For future actions please see action plan below.

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	Review
A programme of consultation and involvement of all stakeholders is all inclusive	September – December 2012	A wide range of service users and stakeholders have received the information in relation to the proposals and they have an opportunity to give their feedback	Head of Service	Completed
Ensure all service users have a comprehensive support and risk management plan (outcomes star) that describes the service they receive and the desired outcomes	By February 2013	All service users have an Outcomes Star support plan	Head of Service	
Equality monitoring of demographic data to inform the changes required	By February 2013	Equality monitoring is included within the performance data information	Development workers	
Ensure the services provide qualitative and quantitative information to ensure it is delivering positive outcomes for service users	On going	Robust information is provided to evidence outcomes	Head of Service	
Programme of training for staff in relation to the new ways of working in relation to ethnicity, disability and sexuality	By August 2013	Trained workforce	Principal Service Managers	

Action	Timescale	Measure	Lead person	Review
Using the proposed themes of the new service model, write the service specifications to articulate what each theme will offer including all the equality strand	By April 2013	The service has clear specifications in relation to the Mental Health Recovery Service	Commissioning	
Ensure service users are offered the opportunity to fully participate in the implementation of the Mental Health Recovery Services.	From April 2013	Service users feel fully involved in the changes. Regular forums to discuss implementation and identify any gaps in or barriers to the provision. Direct discussion with service users and their carers. Consultation with existing committees (Encompass and Progress group)	Head of Service	
Ensure the number of referrals from BME communities reflect the Leeds diverse population, given that in some areas there is over representation in mental health services.	On-going	The number of BME referrals are at least 11% reflecting the overall profile within Leeds	Head of Service	
Develop contacts with GP's serving specific populations and develop language lists with them. Ensure that publicity is available in different formats and languages.	By Sept 2013	Knowledge is widely distributed	Development Workers	
Ensure that staff provide and deliver excellent and equitable services by making sure that these reflect the needs of the	On-going	The service provides appropriate services to meet individuals needs	Head of Service	

Action	Timescale	Measure	Lead person	Review
communities which they are seeking to serve				
To explore the use of social media such as Twitter and Facebook	By July 2013	To monitor the impact of the use of social media has on new referrals	Commissioning	
Develop support to use public transport such as a buddying scheme	By October 2013	Service users have the confidence and support to use public transport	Staff teams	
Develop a range of peer support groups diverse enough to meet the cultural needs of different communities, including BME, LGBT and physically impaired groups.	By December 2013	A wide range of peer support groups are available which maximise the coverage across equality strands and other groups with specific requirements	Head of Service	
Explore the needs and support for those communities such as the Irish and Eastern European communities who don't get any funding through mental health monies.	By July 2013	There are no gaps in service provision across mental health services in Leeds	Commissioning	

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
Debbie Ramskill & Tim O'Shea Mental Health Advisory Board	Head of Service	December 2012

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

Date sent to Equality Team	January 2013
Date published	January 2013