Equality Impact Assessment

on

Wellbeing Pathway for Mental Health
(To Include Talking Therapies / IAPT)

The Focus of the Impact Assessment is the impact of the proposed new mental health pathways and the newly designed mental health system on different groups, their families and carers. This report focuses on the **Wellbeing Pathway**, which will provide a range of social and psychological intervention at Primary Care level. This is being commissioned first within the Bristol Modernising Mental Health Programme.

A separate report focuses on the Equality Impacts of Modernising Mental Health Programme as a whole.

Please send comments on this Equality Impact Assessment by email to: mental.health@bristol.nhs.uk

or by post to:

Modernising Mental Health Project Team
EIA Consultation Response
NHS Bristol
South Plaza
Marlborough Street
Bristol
BS1 3NX

Deadline for comments 30th June 2012

Name of the service/ function being assessed:	***Wellbeing Pathway*** ***(Including IAPT)***	Date EIA completed:	***Published for comment 1st May 2012***
Directorate:	***Commissioning***	EIA lead:	***Christina Gray***
		Sponsor:	***Louise Tranmer***

1. Is this a new or existing service?	New	x	Existing	x
. Is this a provided or a commissioned service?	Provided		Commissioned	x
Is this EIA part of a service review, change, reconfiguration or decommissioning?	Service Review		Service Change	x

3. The EIA panel :

- Christina Gray: Associate Director of Public Health – lead for Equality and Inclusion (Managing the EIA on behalf Louise Tranmer and Maya Bimson)
- David Harris: Senior Equality Advisor NHS Bristol
- Nigel Roderick Equality and Engagement Officer NHS SGlos
- Maz Edwards Equality and Engagement Officer NHS North Somerset
- Marvin Rees : Programme Manager Delivering Race Equality in Mental Health
- Michail Sanidas: Senior Equality Officer NHS South West
- Lesley Russ: Public Health Specialist Learning Disability and Autism
- Clive Gray: Senior Health Promotion Specialist: Chair Sexual Orientation and Health Group
- Ian Holding: Traveller Officer BCC
- Annie Crocker: Community Development Worker Gypsy Travellers
- Sian Jones: Commissioner Long Term Conditions
- Emma Moody: Commissioner older people and dementia
- Anne James: Equality Officer City Council
- Tony Jones: Public Involvement Manager NHS Bristol
- Catherine Wevill: Commissioning Manager MH and LD BCC
- Barbara Brown: Equality Officer Fire Service
- Mohammed Elsharif: Community Health Develo0pment Manager – Inner City
- Judith Taylor: Community Health Development Manager - North

4. Methodology: Research was undertaken to provide an initial analysis of likely impacts. An expert panel was convened to undertake the initial assessment of impact.

Due to the commercial sensitivities of the project the panel did not contain any provider or potential provider representatives. Members of the panel commented o the initial analysis and participated in a workshop on 12th January 2012 to look in detail at the proposed new model for mental health services in Bristol. This involved assessing each pathway individually and the system as a whole, considering likely impacts in relation to:

- Age
- Disability – vision, hearing, LD, autism, carers by association & physical and MH
- Gender reassignment
- Marriage & Civil partnership
- Pregnancy & Maternity
- Race, Nationality, Ethnicity
- Religious Belief
- Sex - Men & Women
- Sexual Orientation

This document is being published on 1st May 2012 and comments are invited for a six week period. During this time thee conclusions from this Equality Impact Assessment will be further tested at a stakeholder event being hosted by VOSCUR.

5. Introduction and Background Information

At its meeting on the 23rd November the Board of NHS Bristol decided to tender for a new locally accountable, city wide mental health service for Bristol from April 2013. Modernising Mental Health for Bristol is a two year

Impact Assessment

6. What is the main aim of this proposal and what outcomes will it achieve? (Please summarise)	The decision by the NHS Bristol board to re-tender followed a report on modernising mental health services in Bristol which gathered evidence from clinicians, service users, GPs, carers and other stakeholders during a 3 month long process of engagement from July – September 2011. The experience of those who participated in the engagement events (almost 1,000 participants over 40 events) showed clearly that mental health services could be improved in the city. The report showed that Bristol, as a large and multi-cultural city, has specific needs which the Board did not feel were being met by the current service provision. The re-commissioning will be for the majority of secondary care mental health services in Bristol, currently provided by Avon and Wiltshire Partnership NHS Trust. The new service will aims to be more Bristol focussed and to flexibly respond to the differing needs of individuals and localities across the city. It aims to provide easier access to services, emphasise prevention and early intervention and ensure greater partnership and interface working. A new set of pathways have been developed which consist of: ○ A new crisis and home treatment pathway with an increased emphasis on alternatives to admission through enhanced crisis services, crisis houses and respite care ○ A new primary care based support and recovery service ○ A new IAPT plus, psychological therapy service ○ A planned step down from long term rehab beds into supported living ○ A separate pathway for dementia care The new model will include: • A young people's transition pathway (c16-25) building on and expanding the Early Intervention Teams to offer early intervention not just in psychosis but in all serious conditions for vulnerable young people • Multiple points of access, including a walk in facility and referral routes from community groups • A clinical assessment and allocation service to triage referrals between services and providers with clear referrals systems, good information for service users and systems which measure and seek to avoid service users being "bounced" between services **Mental Health Services** will be commissioned in several 'bundles' of activity **Wellbeing and IAPT services** will be a separate bundle and will be commissioned first, through one block contract which will manage entry and assessment and through AQP for social and psychological therapies. Any Qualified Provider rules. This means that individuals can access accredited services which will be paid for on an 'per use' basis- rather than funded as a block contract.

7. What is known about service users/ beneficiaries with regards to equality or inequality?	**Men and Women** tend to have different profiles in terms of the pattern and manifestation, and response to mental ill health. National reports provide evidence that **Lesbian, Gay, bisexual and trans** people are overrepresented in secondary mental health services. **BME communities** are over-represented in parts of secondary Mental Health services which require either the use of detention under the Mental Health Act or in-patient treatment. At the same time, there has also been evidence to suggest that people from BME communities are frequently under-represented within community services which have a preventative function. **Transgendered people** are more likely to experience mental health problems and addiction than the general population. Whilst the evidence base is very thin, key service access issues are considered to be: the lack of understanding of gender identity and transgender health issues and a lack of respect from health professionals towards trans people. **Disabled people** and people with long term conditions are more at risk of developing Mental Health problems than the general population and particularly in respect of depression and anxiety. People with impairments, Mental Health or physical/both, are also more prone to experiencing social exclusion, and fair badly on socio economic indicators. People with **learning difficulty** and those on the autistic spectrum are also disadvantaged when accessing MH services. **Deaf people** experience extreme exclusion, and are overrepresented in secondary mental health services. British Sign Language (BSL) is the first language used by many Deaf people, who can have low levels of literacy and find English difficult to comprehend. **Discriminated and excluded groups**, such as Gypsy Travellers, homeless people and people with chaotic lifestyles, need strong community engagement, relationship building and assertive	Count me in census Population census data A Picture of Health report (NHS Bristol - Public Health, 2011) 'Untold problems: a review of the essential issues in the mental health of men and boys' (Wilkins, 2010) Adult Psychiatric Morbidity Survey (NHS Information Centre 2009) Death By Indifference (Mencap, 2007) Population Mental Health Needs Assessment for Bristol (2011) Effective Involvement in Health Services (Bristol Mind 2009)

	outreach **Maternal mental health** is known to have a big impact on children and families and to be a key determinant in lifelong mental health.	
8. What is known about groups who are currently under or over represented in service provision?	**Over representation** in mental health services is an indicator of discrimination, and for the need to focus on social and population domains, in addition to mental health services and systems. Over represented groups include Deaf people, particular Black and minority ethnic groups and Gay and Lesbian people. **Under representation** in secondary mental health services is an indicator of exclusion and attention needs to be paid to outreach, relation building and access. Underrepresented groups in mental health services include Gypsy Traveller people and some minority ethnic groups. There is evidence that all equality groups are currently underrepresented in the Bristol IAPT services. This is explained partly by mental health being strongly intertwined with identity, different expectations and needs, not easily met by a single service offer; and partly by issues of access, both physical and language.	
9. What are the likely known or additional health needs that need to be considered for particular groups?	Gender sensitive services needed, focussed on the known different needs of men and women. Culturally competent, diverse mental health services needed, which recognise and are sensitive to different understandings, belief systems and taboos which surround mental health in different communities. There are strong links between mental health and discrimination and identity. The years of 14 – 30 are particularly significant and important in the development of individual and social identities.	Population Mental Health Needs Assessment for Bristol (2011)
10. What is known about the staff group with regards to equality or inequality?	This will be a new service, however some staff would be Tupe'd in to the new service from existing providers. Attention will need to be paid to ensuring diversity within the new workforce.	*AWP 2010 – 11 Annual report*

	The Bristol population is 11% Black and minority ethnic (excluding non British white groups, such as Polish and Romanian), 17% Black and minority ethnic including non British white groups. Almost 30% of all Bristol Primary School children are from BME groups.	
11. Can you identify any aspects of the proposal, including how it will be delivered or accessed, which could inadvertently contribute to inequality?	If the service is not sufficiently diverse and person centred. If links between community resources and services are not clearly defined. If there is an over emphasise on a clinical / medical model. If language, cultural and access are insufficiently resourced. AQP offers the potential to deliver diversity of provision, however, where this means the withdrawal of existing block contracts, or if community providers in receipt of block contracts cannot become AQP, this could potentially have negative impact on the sustainability of community organisations and / or diversity of provision.	
12. What different needs, experiences or attitudes are particular communities or groups likely to have in relation to this proposal?	Different Community groups have contributed through an extensive engagement process. The table below presents a summary of key themes*:* ○ A **locally accountable Bristol structure**. Services should have a local structure to better focus on the specific needs of Bristol. This may be further split into localities within Bristol. ○ **Greater partnership and interface working** with social care, voluntary and community organisations and primary care in both the provision and commissioning of services. ○ **Clearer and easier access to services**. Especially in crisis services and the first contacts with services. Avoiding people being bounced back or between services. Referral routes to reach beyond GPs and to include the community and voluntary sector. ○ **Crisis services, which are responsive** and meet demand. Locally based crisis resolution and home treatment teams with faster response times, better targeted admission criteria and adequately resourced to meet demand including the needs of older adults. More comprehensive crisis house provision and respite care. ○ **Open and responsive organisational culture**. Stakeholders want providers that are open and inclusive. They also want a culture that is influenced by the grass roots and demonstrates a consistent responsiveness to the needs of service users and carers. ○ **Cultural competency skills for staff**. Recognising and being able to work with Bristol's diversity. ○ **Dementia to be distinct from functional mental health** services across the whole pathway and strongly linked to physical healthcare and social care. ○ **Targeted interventions for younger (c14-25)** To ensure needs do not become lost in the transition between child and adolescent services and adult services. ○ **The default position should be prevention and early intervention** An emphasis on promotion, prevention, early intervention, recovery/resilience.	

ASSESSMENT OF IMPACT

1. THE WHOLE SYSTEM

Key themes have been identified which apply across the whole system and are deemed likely to have a strong impact on all of the protected groups . These themes are access**, communication across organisational interfaces, staff attitude and awareness and financial pressures creating risk to achieving equitable delivery.**

Positive Impacts

- Re- commissioning of the whole system provides an opportunity to build staff attitude and awareness about equality and diversity and a holistic, person centred approach into the specification and outcomes of the contract, leading to a positive impact.
- The proposed new system was generally felt by the panel to indicate greater diversity of service and likely to result in improved access.
- A positive impact is likely from the increased diversity of provider.

Negative Impacts

- There is scope for the impacts on access and staff awareness to be to be negative.
- More diversity of provision will create more interfaces, and more potential risk of service users 'falling between' bits of the system and of variation in standards. .
- The panel were mindful of the current financial climate, and that there is a risk that the short term costs of ensuring access, recruiting and retaining culturally competent staff and promoting person centred working may put delivery at risk.

Action to mitigate potential negative impacts across the whole system:

- Use of both interpreters and technology to ensure Deaf access through BSL, text phone and other means of communication.
- Access for visual impairment will require publicity, information and resources to be available in audio format
- People with learning disability will require information in easy English
- Services need to be available in different languages
- All staff, across the system, will need to have a high level of person centred, cultural competency and an understanding of the importance of language, access and communication.
- The means by which interpreting and culturally appropriate services are accessed needs to be understood and easily accessible to all staff.
- Specifications and outcome frameworks will need to address the complexity and diversity of individual and cultural identity, the interrelationship between physical and mental health and which takes a person centred approach with a personalised personal action plan designed with and for the individual and their support network including links into general physical health services, social and practical support
- There needs to be a clear system of networking and communication between services and pathways, and community groups
- The panel felt it would be essential to demonstrate both the cost benefits and the social benefits which such investments would bring, through, for example, quicker recovery and the mapping of different costs such as SU's coming through Police cost more than coming through community group for example. It was felt that clustering and PbR may help clarify capacity, demand and budgets – however unless there is a premium for access, it is unclear how these costs will be met.

2. WELLBEING PATHWAY / IAPT PATHWAY

Positive Impacts

- It was felt that procurement through AQP did provide a real opportunity to provide diversity of provision, improved access.
- It was was also felt that AQP had the potential to achieve maximum value, and mitigate the cost risks, though, for example having qualified providers who provide multi lingual / BSL / LD accessible therapies or interventions tailored for needs of specific groups, such as men / women, age appropriate, gay and lesbian friendly etc.

Negative Impacts

- The positive impacts identified above will only be realised if sufficiently diverse providers are registered and sufficiently diverse therapies and interventions are available. Counselling model accessible enough for people who wouldn't normally use? i.e. doesn't work for those with LD (cognitive differences) – different pathways tailored but based on same model
- Currently many local groups provide psychological and social support, some are funded by NHS or Local Authority. Some are funded independently. What will the impact be on these groups? Will they be able to be providers? There needs to be investment in local groups to protect local expertise.
- Seeking providers with technical expertise, such as video counselling

Questions

- Is there current data about current BME/ethnic users usage? In future equality uptake needs to be monitored to equity visible.
- People who are suffering severe MH problems – can they access wellbeing therapies?
- Social interventions, practical supports, music & drama therapies – are these in other specified pathways? Would they be better/easy accessed here?
- Swindon social care model, adapted to IAPT?

Actions to Mitigate of possible negative impact on Wellbeing Pathway

- Undertake active recruitment of qualified providers, make sure that there are providers who can meet specific access and cultural needs
- Publicise the service, and how it can be accessed to communities
- Make sure that GPs and community contact points understand how to refer people to the service
- Monitor referrals and uptake in terms of equality characteristics
- Put in place a system which enables local organisations to move from block contracts to AQP
- Have a wide range of therapies available by AQP, in many different locations
- Continuously assess impact of the programme on local organisations
- Agree outcome measures and measures of impact with users of the services

Action Plan

15. What action needs to be taken to address potential inequalities/promote equality and when?

Issue Identified	Action to be taken	Expected Outcome	Officer Responsible	Deadline	Progress
Impact of AQP	Put in place a system which enables local organisations to move from block contracts to AQP	Action achieved	Programme Manager	Prior to tendering	
	Have a wide range of therapies available by AQP, in many different locations	Action Achieved	Programme Manager	Prior to tendering	
	Undertake active recruitment of qualified providers, make sure that there are providers who can meet specific access and cultural needs.	Action Achieved – links to section below on access.	Procurement Manager	Prior to tendering	
	Continuously assess impact of the programme on local organisations.	Monitoring system established	Programme Manager/ Commissioning Manager		
Equal access for sensory impairment Equal language access	Use of both interpreters and technology to ensure Deaf access through BSL, text phone and other means of communication.	Within specification and across providers	Programme Manager		
	Access for visual impairment will require publicity, information and resources to be	Within specification and across providers	Programme Manager		

	available in audio format.				
	People with learning disability will require information in easy English.	Within specification and across providers	Programme Manager		
	Services need to be available in different languages.	Within specification and across providers	Programme Manager		
Diversity and cultural competency of staff	All staff, across the system, will need to have a high level of person centred, cultural competency and an understanding of the importance of language, access and communication.	Include in specification and contract and test through procurement	Programme Manager / Procurement Manager		
	The means by which interpreting and culturally appropriate services are accessed needs to be understood and easily accessible to all staff.	Include in sp4ecification and contract and test through procurement	Programme Manager / Procurement Manager		
Diversity and cultural competency of provision	Specifications and outcome frameworks will need to address the complexity and diversity of individual and cultural identity, the interrelationship between physical and mental health and which takes a person centred approach with a personalised personal action plan designed with and for	Include in specifications and outcome frameworks	Programme Manager		

	the individual and their support network including links into general physical health services, social and practical support.				
Communication between organisations / managing interfaces	There needs to be a clear system of networking and communication between services and pathways, and community groups	Include in specifications and outcome frameworks.	Programme Manager / Procurement Manager		
	Publicise the service, and how it can be accessed to communities	Include in specifications and outcome frameworks	Programme Manager		
	Make sure that GPs and community contact points understand how to refer people to the service	Include in specifications and outcome frameworks	Programme Manager / Procurement Manager		
Evidence and Effectiveness – making sure the service delivers	The panel felt it would be essential to demonstrate both the cost benefits and the social benefits which such investments would bring, through, for example, quicker recovery and the mapping of different costs such as SU's coming through Police cost more than coming	Include in specifications and outcome frameworks	Programme Manager / Procurement Manager		

	through community group for example. It was felt that clustering and PbR may help clarify capacity, demand and budgets – however unless there is a premium for access, it is unclear how these costs will be met.				
	Monitor referrals and uptake in terms of equality characteristics	Include in specifications and outcome frameworks and require as service monitoring	Programme Manager / Commissioner		
	Agree outcome measures and measures of impact with users of the services	Include in specifications and outcome frameworks and require as service monitoring	Programme Manager / Commissioner		