Equality Impact Assessment Form (Page 1 of 2)

Title of EIA/ DDM: Mental Health Supported Accommodation Pathway. Name of Author: Celina Adams
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Service Area: Commissioning Strategic Budget EIA Y
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Proposal:
To extend the current Mental Health Supported Accommodation and Independent Living Support contracts in order to complete Phase 2 of the Strategic Commissioning Review.

Background:
Nottingham City Council has undertaken a review of the Mental Health Supported Accommodation Pathway (MHSAP). The Health and Well Being Board approved this review in July 2016. The services within the pathway provide for citizens who have been inpatients in mental health hospital and/or have difficulty maintaining independent living due to difficulties arising from their mental health. These services include independent living support (ILLS) services including peripatetic 'floating' support offering advice and assistance to assist citizens to sustain independent accommodation. It is proposed that these contracts are extended in order allow for further work and analysis as part of Phase 2.

The MHSAP review undertook phase 1, which focused on the current commissioned pathway. The project team included:

- Nottingham City Council Adult Social Care
- Nottingham City Clinical Commissioning Group (CCG)
- Nottingham Community Voluntary Service
- NHS Trust Foundation
- Opportunity Nottingham
- Current providers
- Service Users

The Mental Health JSNA (2016) reported the following amongst unmet needs and gaps:

- Citizens find the system of mental health services confusing and difficult to navigate.
- Broader understanding of mental health needs and the relationship with physical health needs to be improved at all levels within commissioning and provision.
- Black and minority ethnic (BME) communities and high-risk groups such as LGBT groups, offenders and asylum seekers/refugees may have challenges in terms of accessing mental health services.
- Mental Health problems are frequently reported amongst individuals who are homeless or at risk of becoming homeless. Work is needed to ensure systems of homelessness prevention and mental health support work together to ensure those in need receive adequate treatment, accommodation and support.

The JSNA also highlighted that

- Black men are 3 times more likely to be represented on a psychiatric ward and up to six times more likely to be detained under the Mental Health Act;
- Lesbian, gay, bisexual or transgender adults have a 4-fold increased risk of suicide;

Recommendations for commissioners ensure all commissioned mental health services include:

- Services are understood and accessible to all, including groups within the population who currently find services difficult to use for cultural reasons or because they believe the service will not meet their needs;
- Services have and emphasis on supporting recovery and promoting 'safe' independence;

- Services consider each individuals physical health needs as equally important as their mental health needs;
- Services to raise the profile of outcomes for people with mental health problems as an equality issue by consideration of the requirement to make reasonable adjustments to enable people with enduring mental health problems to benefit.

Although the current Supported Accommodation services are effective in enabling discharge from hospital of people with complex needs, there is a waiting list and half of the service users move from one type of supported accommodation to another. Considering that diagnosis of MH is on the increase, it is therefore recommended that further work is needed to fully understand if and how the MHSAP could be improved in order to best fit with the social care system, NHS treatment services and homelessness provision in the City and thereby improve outcomes for people with complex mental health needs.

Information used to analyse the effects on equality:

Phase 1 was informed by extensive research, analysis and consultation and included:

- Regular meetings of the Analysis team undertaking desktop analysis, research and literature searches.
- Analysis of information provided in monitoring returns from current providers.
- Data presented in the MH JSNA chapter (refreshed in 2016).
- Regular input from Stakeholders represented at Project Team meetings.
- Wider stakeholder's engagement workshops – An initial event held in November 2016 and a follow up event in May 2017 to discuss initial findings of Phase 1.
- Meetings to consult with current providers.
- A 'Barriers to move on' survey completed by current providers.
- Citizen engagement – involving those who are currently using Supported Accommodation or are in the process of moving on from Supported Accommodation.
- Consultation with NHS workforce.
- Consultation with Social Care workforce.
- Consultation with voluntary and community sector representing service for vulnerable adults.

Key messages from the consultation were that:

- The current commissioned pathway is operating well, offering an effective short-term support system that is value for money.
- Diagnosis of secondary Mental Health within Nottingham city is increasing.
- There is a need to consider how the whole system of support works and how better to manage this resource effectively in the future.
- Homeless provision has a high rate of citizens that have mental health needs who are receiving support but who feel that it is not sufficient
- Supported accommodation services are delivering high level of outcomes for around 50%of citizens accessing the pathway.
- Further work is needed with NHS and CCG to consider how capacity across the mental health support pathway can be increased to meet future need.
- A data strategy would enable City Council and NHS CCG to compare care across the pathway in order to provide greater insight on whether the system is working effectively and where further development of resources is required.

In addition to the very specific consultations above, Nottingham City Clinical Commissioning Group (CCG) undertook a range of engagement activity on community adult mental health support services during 2014 and 2015. Key themes included that services should include culturally specific and more specialist services.

	Could particularly benefit X	**May adversely impact X**
People from different ethnic groups.	☒	☐

	December 2017 – December 2018
3. There is an increase in the number of citizens achieving safe independence or have a range of longer-term options across Adult social care, NHS and CCG commissioned services.	3. Development of shared systems – (Eg: dashboard of population being supported and current spends). In order to identify level of complexity of needs in order to understand spend related to needs. Responsible: CCG and Nottingham City Commissioners. Timescale (at date of writing) July 2018 – July 2019
4. Further consultation with Stakeholders will be carried out on recommendations resulting from Phase 2 which will offer the opportunity to comment on or question proposals before specifications are finalised.	4. Final specifications will reflect considerations from the consultation on Phase 2 recommendations. Timescale (at date of writing) August 2019 Contract timescales: Current contract end date: March 2018 Proposed extension end date: March 2020 New contracts proposed to be in place: April 2020

Has consultation been done or planned for this proposal? •Completed ☒ •Planned ☒

Has human rights legislation been considered in this proposal? •Yes ☒ •No ☐

Outcome(s) of equality impact assessment:

•No major change needed ☒ •Adjust the policy/proposal ☐ •Adverse impact but continue ☐

•Stop and remove the policy/proposal ☐

Arrangements for future monitoring of equality impact of this proposal / policy / service:

This assessment to be reviewed as part of Phase 2 of the review (July 2018)

Going forward actions will be monitored as part of:

Monthly and annual service reporting and monitoring submitted by Providers.

Data provided by other internal agencies (eg: Housing Aid, Adult Social Care)

Approved by (manager signature): **Date sent to equality team for publishing:**

Men	☐	☐
Women	☐	☐
Trans	☒	☐
Disabled people or carers.	☒	☐
Pregnancy/ Maternity	☐	☐
People of different faiths/ beliefs and those with none.	☐	☐
Lesbian, gay or bisexual people.	☒	☐
Older	☐	☐
Younger	☐	☐
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, **vulnerable** children/ **adults**). ***Please underline the group(s) /issue more adversely affected or which benefits.***	☐	☐

How different groups could be affected (Summary of impacts)	**screentip-sectionF** **Details of actions to reduce negative or increase positive impact** (or why action isn't possible)
Provide details for impacts / benefits on people in different protected groups. Benefits of proposal – Citizens 1. Considering the unmet needs in the JSNA (see above), future specifications can stipulate that providers need to evidence that they will be able to accommodate the needs of different cultures to ensure services are accessible by all. 2. Individuals who are homeless or at risk of becoming homeless receive adequate treatment, accommodation and support.	Actions: 1. Final specifications and monitoring requirements amended to address issues related to challenges for groups such as BME accessing mental health services. Responsible: Commissioning and Contracts processes. Timescale (at date of writing): August 2019 2. Align Phase 2 of the review with work being undertaken as part of the Adult Social Care Big Ticket programme and related Strategic Reviews - ensuring a method/system that identifies citizens who are in homeless provision but are eligible le for support under NHS or Adult Social Care. Responsible: Commissioners. Timescale:

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Signed:

Final submission: 9th January 2018
Send document or link to:
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Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:

1. Read the guidance and good practice EIA's
   http://gossweb.nottinghamcity.gov.uk/nccextranet/index.aspx?articleid=9770
2. Clearly summarised your proposal/ policy/ service to be assessed.
3. Hyperlinked to the appropriate documents.
4. Written in clear user friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly when this is going to happen.
7. Clearly cross referenced your impacts with SMART actions.