Equality Impact Assessment: Project – Service Review

This EIA is undertaken as part of the Pre-Consultation Business Case for the development and improvement of mental health services across the Leicester, Leicestershire and Rutland (LLR) STP.

The broad thrust of these changes is to improve individuals access to the services they require. Considering the impact of such changes on the population of Leicestershire is deemed paramount in delivering excellent services that are accessible to all and meet the needs of staff, patients, service users and others.

This initial assessment will be updated throughout the course of the formal consultation and once proposals have been approved, it will be monitored regularly to ensure the intended outcomes are achieved.

STEP 2 EVIDENCE GATHERING

Name(s) and role(s) of person completing this assessment:

Name: Donna Schell prepared on behalf of John Edwards (Associate Director for Transformation, Leicestershire Partnership NHS Trust)
Job Title: Senior Consultant
Organisation: North of England Commissioning Support Unit

Title of the service/project or policy: LLR Urgent and Emergency Mental Health Care pathway and Community Mental Health services - Pre-Consultation Business Case

Existing ☐ New / Proposed ☐ Changed ☒

What are the intended outcomes of this policy/service/process? (Include outline of objectives and aims:

Step up to Great Mental Health is the Leicester, Leicestershire and Rutland (LLR) STP programme designed to improve mental health services in the region. The programme has four key elements, two of which are covered in their Pre-Consultation Business Case which focusses on improvement and investment plans to improve its **Urgent and Emergency Mental Health Care pathway** and strengthen the integration of its **Community Mental Health services**.

Who will the project/service/policy/decision impact?

(Consider the actual and potential impact)

- **Consultants ☒**
- **Nurses ☒**
- **Doctors ☒**
- **Staff ☒**
- **Service User / Patients ☒**

- **Others, please specify** The developments are likely to impact the local population of Leicestershire who will personally use, or support others in the use, of mental health services. This includes the impact upon carers.

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance, legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	The PCBC appendices references population data from the ONS Office for National Statistics 2019 mid-year estimate and Census 2011 data which has been used to triangulate a selection of protected characteristics against AMH services usage across LLR. Further information capture and data analysis is recommended to broaden understanding from all groups and monitor changes in profile over time. Engagement workshops have generated a wealth of feedback to date on service provision and the intention is to build upon this further throughout the full consultation programme in 2021

STEP 3: FULL EQUALITY IMPACT ASSESSMENT

LLR supports the use of the ***Advancing Mental Health Equality Resource Tool*** in advancing mental health equality across its localities and therefore promotes it as a tool for use in planning the full consultation programme.

Advancing Mental Health Equality Resource

Vision

Identifying and reducing health inequalities in access, experience and outcomes is essential to the delivery of high quality, mental health care. The aim of the AMHE resource is to ensure that all mental health care, and mental health promotion, is responsive to the strengths and needs of each individual and community's identity and culture. Not only are there moral, legal and economic imperatives for advancing equality, but learning and collaborating with all sections of society provides a valuable opportunity to innovate and enhance the way we provide care.
Simply put, there is no quality without equality.

Foreword

Addressing health inequalities has been a priority in mental health for years, as highlighted in the Five Year Forward View for Mental Health and the NHS Long Term Plan. In light of the COVID-19 pandemic, it has become more important than ever. The virus and its social and economic impacts are disproportionately impacting specific groups, including black, Asian and minority ethnic (BAME) communities. While government investigates the causes of this, NHS England and NHS Improvement are committed to supporting local health systems to better address inequalities in access, experience and outcomes of mental healthcare.

Furthermore, the Black Lives Matter movement has brought racial inequality to the forefront of everyone's minds, globally, and its momentum gives us the opportunity to challenge past and ongoing injustices and drive forward with greater pace and conviction. There is no doubt that as a sector we need to do more to better protect and support our staff and patients from BAME backgrounds, and we fully believe that the NHS should be a leader in the fight against

inequalities. We need to do all in our power to make sure we continue to advance equalities within mental health service delivery.

Tackling inequalities, especially racism, is vital, emotive and challenging. It requires leaders, organisations and individuals to understand their own biases, beliefs and behaviours. It requires every component of the systems we operate within to acknowledge the stark reality of inequality. We will only tackle inequalities by understanding people's experience of them and acting to change.

The NHS is determined to be part of the solution. We launched the NHS Race and Health Observatory in June 2020, a new independent centre to stimulate understanding and action. In the mental health sector, our work to develop, test and roll out the Patient and Carer Race Equality Framework (PCREF) to improve access, experience and outcomes for BAME communities is gathering momentum.

This advancing mental health equalities strategy summarises the core actions that NHS England and NHS Improvement will take to bridge the gaps for communities fairing worse than others in mental health services.

LLR Overview and Context

The LLR STP plans, as part of its Step Up to Great Mental Health programme, to improve mental health services across its constituent population of 1.1m people. The Pre-Consultation Business Case [PCBC] details proposals in relation to improving its Urgent and Emergency Mental Health Care and strengthening the integration of its community Mental Health services.

The PCBC acknowledges that the population across LLR is diverse in terms of ethnicity, deprivation and health need and as with other parts of the UK that this profile is constantly changing. All proposals will acknowledge this ongoing change and be 'futureproofed' in their design so as to enable further adjustments. Engaging key partners in the design to further advance proposals and ultimately influence models of delivery are deemed paramount.

Given the contrast and the relevance to service proposals, the PCBC describes the population differences across the three local authority areas. [Ref. Chapter 2]. In summary:

Leicester City is the most ethnically diverse in the LLR STP with a higher proportion of Asian Indians, Other Asians and Black British citizens. The City has a higher than national average proportion of people whose main language is not English and a higher proportion of Muslims, Sikhs and Hindus. Leicester is one of the most deprived local authorities in England with children from low-income families and high unemployment; this profile aligns with poor health behaviours and outcomes. The JSNA mental health profile draws out a number of areas in which Leicester is worse than the national average.

In contrast, Leicestershire with its combination of urban and rural areas, is weighted towards an increasing number of older adults with a considerable proportion being over 65+ age bands. [Ch2, P14]. The majority of the population belong to white ethnic groups with the large proportion describing themselves as Christian. Leicestershire houses 47 recognised gypsy and traveller sites. In 2021, it will also have a prison population of circa 2400. Whilst not particularly deprived, there are some pockets of significant deprivation for a small proportion of the population. The JSNA summary highlights the gap between the overall employment rate and those in contact with MH services. The health of those in Leicestershire are generally better than the national

average. The main challenge for MH services relates to fragmentation, the way in which services are delivered and long waits for certain services.

Rutland, as the smallest population of circa 40,000 people and largely male, is rural and sparsely populated with two army barracks accounting for over 2000 people and a prison for circa 840 male prisoners. Rutland houses a larger than national average number of older adults, many of whom live alone. The majority of the population classify themselves as white with English as their main language. [Ch2 Pages 18]

Engagement [Ch 4 page 33] to date has provided invaluable perceptions from relevant parties across Leicestershire and beyond. The feedback from service users and others summarises their experience of long wait times, both in accessing services and being transferred between services; services not being available locally and difficulty in accessing the right service. Experience is described as fragmented and disjointed where service users are required to repeat their 'story' multiple times. The perceptions of those from any of the nine protected characteristic groups where available, is described later however there is a desire to use the formal consultation plan to better inform this. The ultimate aim being to educate and influence delivery and experience from their unique perspectives.

The LLR offer in the meantime, is underpinned by feedback to date alongside National plans, frameworks and strategies that in themselves describe a range of issues all common in Leicestershire.

Essentially early support that aids prevention; simplifying the response to crisis and its capacity to offer treatments; integrating services; working with the voluntary sector; reducing reliance on the A&E services, the Criminal Justice system and secondary MH services and combining teams across services to respond to changing needs of vulnerable groups so as to reduce inequalities is central to our offer.

Closer working between the NHS and the Voluntary and Community Sector lies at the heart of the Step up to Great Mental Health. Engaging the local population, its representatives and people with lived experience is seen as a priority in the co-production of sustainable proposals. This framework is being co-produced with VCSE, PCN, MH providers, district council and patient representatives.

The PCBC describes how plans are intended to meet the diverse needs across local authorities and explore differing vehicles of delivery to promote equality of access, experience and outcome across all of LLR.

The Equality Act 2010 covers nine 'protected characteristics' on the grounds upon which discrimination and barriers to access is unlawful. The impact (or potential impact) the proposed outcomes will have on the following protected groups are detailed at the time of reporting as:

Age
A person belonging to a particular age

https://www.equalityhumanrights.com/en/advice-and-guidance/age-discrimination

The **LLR population profile** relating to this protected characteristic shows that a significant proportion of service users of Adult Mental Health Services across LLR were in their twenties and thirties although people of all ages were represented. Compared to the population of Leicester, Leicestershire, and Rutland (Office for National Statistics 2019 mid-year estimate), amongst users of Adult Mental Health Services overall there were overrepresentations of people in their late teens, twenties, thirties, seventies and above. The profile of each of the Local Authorities indicate that the

younger population reside in the City with the older population in more rural locations. Rutland is largely an older population above the age of 65 years.

A full breakdown of the Age Profile of Users of Adult Mental Health Services can be found in the appendix on LLR Demographics, sourced from the Office for National Statistics 2019 mid-year estimate in relation to age of those using LLR Mental Health services.

Current State

The PCBC details a number of current or intended provisions that should benefit and/or positively impact this particular protected characteristic group:

- The PCBC describes adult services [over the age of 18 years], however acknowledges there is more work to do on designing an offer with a specific focus on those 18-25 year olds', so as to optimise their long-term mental health outcomes.
- There are planned dedicated services for older people in urban and rural settings where they predominate. There are plans also to develop a more rounded dementia support service, bringing together the In-reach Dementia team and the Unscheduled Care Older People's teams with a commitment to provide a service with extended hours and increased medical input.
- To ensure the equity of service for patients of all ages, the integration of Assertive Outreach will include MHSOP community teams, retaining dedicated older peoples' teams in the integrated community MH service model.
- Plans are underway to further develop a step up/ step down model to support patients and their carers' with both functional and organic illness, within their own home/care home, across extended hours 7 days a week.
- Methods of communication have been carefully considered to ensure they reach all age groups. Engagement programmes include but are not limited to a digital offer, offers are adapted to meet different aged groups. MSOP delivery through multi-mode delivery – physical, digital and localised addressing age specific
- There will be specialist staff training for recognising the differing needs of treating all ages
- There are plans to strengthen employment services for working age adults to increase their chances of gaining and retaining employment.

Additional areas to consider or address during consultation and implementation include:

- The method of implementation and ability to iterate and evolve the offer will be important to ensure the benefits are realised. The proposed offer if correctly implemented should meet todays and future needs for the LLR population but the means by which this is delivered is crucial to success.
- Ensuring 18-25 year old group has got the service offers to meet their specific needs
- Delays in delivering change to meet inequalities that are present in current services.

Recommendations to achieve intended benefits/impacts and mitigations:

- Consult more widely with stakeholders from this particular protected group as part of the full consultation programme
- Identify any additional 'characteristic specific' considerations and needs for potential action such as:
    - Staff of all ages have equal access to recruitment, personal development, promotion and retention across all services. Whilst this practice is nowadays more common-place, providers should recognise the value of a diverse employee profiles in respect of age and other characteristics as an asset for any service.

- Training for staff on the ageing process and how this can affect function, physical limitations and cognition is imperative to ensure providers can alleviate potential obstacles to full engagement of services. Some training of a similar nature can often be useful to extend to carers.
- Delivering training in age-appropriate methods and facilities to suit staff of all ages a further consideration.
- Diverse methods of communication recommended. A diverse range of age-appropriate communications in alternative formats is good practice. Use of modern technology to enable better access and engagement across all age bands. Online information, hard copy material in locations frequented by users, easy access cards for quick reference, creative use of social media. Technology not the sole means of communication. Information to be in various formats including large size print and evidenced based easy read options for those with partial sight.
- Those from deprived circumstances may be impacted by limited access to technology; providing public facilities to enable those from deprived communities to access information and services may be beneficial.
- Physical premises are to be designed so as to enable safe and easy access for older people.
- Considerations for the stigma of accessing mental health services should be made for those from a younger population and those from certain cultures such as BAME groups who are apprehensive about confidentiality. Promoting good mental health in universities and other settings frequented by other ages useful.

- Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

Disability

A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination

Feedback from stakeholders throughout the four-stage engagement process suggest that easy access, equal say and convenience for service users are high priorities. Whilst the **LLR population profile** relating to this protected characteristic may be limited there is a desire to use the full consultation to gain a more indicative profile of needs across LLR. In the meantime, there are multiple sources of guidance online that can guide service providers

Current State

The PCBC details a number of intended provisions that should benefit and/or positively impact this particular protected characteristic group:

- Serious mental illness, LD and Autism are most pertinent to the design of services throughout the PCBC.
- Provision of a permanent Central Access Point [CAP] providing a range of technologies to improve access and opportunity for those with disabilities e.g., those with sight and hearing disabilities.
- Physical health and mental health services will be aligned within eight locations to aid joined-up working and collaboration.
- Provision of community based and home-based services to aid accessibility
- The Accessible Information Standard is a tool being used to guide information design and delivery.
- Physical mobility limitations are known to effect engagement and access to treatment centres so wheelchair access, low level amenities and other facilities will be considered as part of locating services.

Additional areas to consider or address during consultation and implementation include:

- Overlooking certain disabilities that are prevalent in LLR or not fully appreciating the specific needs those people may have.

Recommendations to achieve intended benefits/impacts and mitigations:

- Consult more widely with stakeholders from this particular protected group as part of the full consultation programme
- Identify any additional 'characteristic specific' considerations and needs for potential action such as:
    - People with Autism or Autistic Spectrum Disorders have particular environmental needs to feel safe and access treatment. They also struggle with change and this requires full consideration as part of the consultation programme.
    - Those with Learning Disabilities require consideration for methods of communication and engagement due to their limited intellectual functioning.
    - Staff with disabilities providing services have equal access to recruitment, personal development, promotion and retention. Whilst this practice is nowadays more common-place services, services should recognise the value of a diverse employee profiles in respect of disability and other characteristics as an asset for any service.
    - Staff training considers the needs of people with a disability and/or sensory need such as accessibility considerations, venues, travel, parking etc.
    - Steps are taken to make reasonable adjustments to ensure processes/practices set out are 'accessible to

all'

- Appropriate methods of communication to be carefully considered for people with a disability or sensory need. Documentation to be available in alternative formats as required, such as evidenced based easy read, large font, audio and BSL interpretation.
- Websites accessible for all and there is a process in place/information available to users/on website stating how people can access information in alternative formats if required.
- The Accessible Information Standard been considered. https://www.england.nhs.uk/ourwork/accessibleinfo/
- Environmental facilities for people with disabilities provided such as access ramps/ Hearing Loops/ Interpreter Referral System/ partnership working/British Sign Language (BSL) interpretation/personal assistance if required.
- Independent living equipment is available.

- Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

Gender reassignment (including transgender) and Gender Identity

Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self-perception.

https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination

This can feature as a more common problem amongst those with MH problems and those in crisis than initially thought. Whilst the **LLR population profile** relating to this protected characteristic is limited there is a commitment to further exploration so as to gain a more indicative profile of needs. It is acknowledged that further education amongst staff groups and the wider population is of value and younger ages, 18-25 year olds that are contemplating reassignment are a particular focus group. It can be assumed that confidentiality and privacy feature highly among their priorities.

Current State

The PCBC details a number of intended provisions that should benefit and/or positively impact this particular protected characteristic group:

- There is work underway to adjust environments to accommodate those that require more privacy and non-judgmental access to facilities such as changing rooms and cloakrooms.
- Acknowledgment that we need to work with VCS more to fully understand this area of need.

Additional areas to consider or address during consultation and implementation include:

- Action relating to this is overlooked due to other areas being better understood
- Insufficient engagement of interest groups and communities to ensure services are suitable and trusted for their needs

Recommendations to achieve intended benefits/impacts and mitigations:

- Consult more widely with stakeholders from this particular protected group as part of the full consultation programme
- Identify any additional 'characteristic specific' considerations and needs for potential action such as:
    - Arrangements have been made to assess what the user's preferences are.
    - Engage with focus group of younger people for further advice
    - Appropriate facilities have been made available with physical adjustments being made where necessary
    - Service provides adequate safeguards for confidentiality and this is promoted widely
    - Staff trained on appropriate language/pronouns? [see useful terminology website for info: https://www.transgendertrend.com/transgender-terminology/]
    - Equality of opportunity in relation to health care for individuals irrespective of their gender.
    - Staff with this characteristic have equal access to recruitment, personal development, promotion and retention across all services.

- Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

Marriage and civil partnership

Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters

https://www.equalityhumanrights.com/en/advice-and-guidance/marriage-and-civil-partnership-discrimination

Feedback from stakeholders throughout the four-stage engagement process suggests that users want information on their choices and information not just for them but their partners and/or carers too. Confidentiality and consent feature importantly in what information is disclosed to other parties. Carers responsibilities of course feature significantly in those that are married or in civil partnerships as it is often partners that fulfil that role.

Current State

The PCBC details a number of intended provisions that should benefit and/or positively impact this particular protected characteristic group:

- There is acknowledgment that married couples, civil partners, and others, many of whom are also primary carers should be included in assessment and treatment services providing the appropriate consent of individuals has been sought.
- Ease of access and multiple locations for accessing facilities will be more accommodating for single parent families

Additional areas to consider or address during consultation and implementation include:

- Marital and Civil Partners are often also carers and these multiple roles require sensitivity and consideration.
- Overlooking need to have clarity regarding confidentiality in respect of other parties and consent protocols.

- Need to acknowledge that some people from cultures such as Asian community may not want partners to be aware of their accessing services.

Recommendations to achieve intended benefits/impacts and mitigations:

- Consult more widely with stakeholders from this particular protected group as part of the full consultation programme
- Identify any additional 'characteristic specific' considerations and needs for potential action such as:
    - Involving the whole family in care where appropriate
    - All procedures treating both single and married and civil partnerships equally
    - Whether married or in a civil partnership, staff have equal access to recruitment, personal development, promotion and retention.
    - Single parent families have challenges in accessing treatment whilst being the primary carer for children.
- Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context.

There is acknowledgment that perinatal services are high priority, both nationally and locally. Significant investment is planned for the next two years.

Current State

The PCBC details a number of intended provisions that should benefit and/or positively impact this particular protected characteristic group:

- There is a strategy and national programme to sustain and expand specialist perinatal mental health services for women with moderate to severe perinatal mental health difficulties. LLR plan to invest in our Perinatal service over the course of the next two years to ensure women have access to specialist community care from pre-conception to 24 months after birth with increased availability of evidence-based psychological therapies. Their partners will be able to access an assessment for their mental health and signposting to support as required.
- The LLR Specialist Community Perinatal services was expanded during 2018/19 with many benefits. Plans are underway to integrate the current perinatal hub and spoke services alongside other community MH services for further benefits, enabling one planned pathway and avoiding unnecessary duplication.
- We will develop Maternal Outreach Clinics which address the service provision gap for women who have, or are, experiencing trauma and loss in relation to their maternity experience. The service will work closely with the existing perinatal team, medical psychology and maternity. The combined service approach to this proposal will ensure that the skill mix will enable a specialist service to be developed which addresses the gap.

Additional areas to consider or address during consultation and implementation include:

- Ensuring that the positive plans referred to above are implemented with good guidance on how and what is on offer, that treatment is timely, facilities are available for babies, safety and security feature highly, good information is available early enough.
- Ensuring continuity of care in situ, for those already in receipt of services to avoid disruption

Recommendations to achieve intended benefits/impacts and mitigations:

- Consult more widely with stakeholders from this particular protected group as part of the full consultation programme
- Identify any additional 'characteristic specific' considerations and needs for potential action such as:
    - There is equality of opportunity in relation to health care for women irrespective of whether they are pregnant or on maternity leave.
    - Treatment centres provide safe and secure environments for pregnant women.
    - In employment settings, women who are pregnant or on maternity leave, having equal access to opportunities, recruitment, personal development, promotion and retention. Corporate policies do not discriminate against staff that are currently pregnant or on maternity leave. Workplaces are safe for pregnant mothers. There are parent and baby facilities available where required. Flexible working arrangements are in place. Training schedules should take into consideration part time working arrangements for staff as well as for those with caring responsibilities.
- Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

Race

It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

https://www.equalityhumanrights.com/en/advice-and-guidance/race-discrimination

The **LLR population profile** relating to this protected characteristic shows that compared to levels of representation in the local area population, Asian British and Chinese people were underrepresented amongst users of Adult Mental Health Services, particularly in terms of users of Community and Urgent Care Mental Health Services. Meanwhile, Black British people were overrepresented amongst users of Inpatient Mental Health Services. This is an ever - hanging profile and is a strong influencer of what good Mental Health services need to look like.

A full breakdown of the Ethnicity Profile of Users of Adult Mental Health Services can be found at appendix X, sourced from the Census 2011 in relation to ethnicity of those using LLR Mental Health services.

Feedback from stakeholders throughout the four-stage engagement process suggests that helpful information being available, users understanding their choices, language barriers being removed, feature highly on their requirements.

Current State

The PCBC details a number of intended provisions that should benefit and/or positively impact this particular protected characteristic group:

- To reflect the contrast across LLR authorities, plans for localisation and partnership aim to create locally tailored ways of delivering that reflect the needs of a variety of cultural backgrounds

- We plan to work with more/smaller VCS partners to co-produce and expand our crisis café offer across LLR such as working with Aadhar and African Caribbean Centre to target BAME Communities, New Dawn/New Day and Women's Aid Leicester for Domestic Violence and family groups.
- We will join up and integrate services to support the most vulnerable people in the community, providing consistency and resilience to services used by the homeless, people in the criminal justice system and custody suites. We will bring together our Liaison Diversion, Homeless and PAVE (Pro-active, Vulnerability Engagement) teams.
- We will build on work that is underway to invest further to ensure that services are working for all our communities and, in particular, that service users from BAME backgrounds have equality of access and outcomes.
- There are targeted approaches to those in travelling communities with a focus on developing trust and engaging in pathways for vulnerable groups.

Additional areas to consider or address during consultation and implementation include:

- Cultural challenges accessing services can be influential for example some Black men may not access services in a timely way and need earlier engagement.
- Some cultures such as Polish, Caribbean and Asian may find it unacceptable to join up in combined locations such as crisis cafes.
- BAME women are likely to have issues in accessing treatment confidentially and not wanting her family to know

Recommendations to achieve intended benefits/impacts and mitigations:

- Consult more widely with stakeholders from the many cultural groups across LLR as part of the full consultation programme
- Identify any additional 'characteristic specific' considerations and needs for potential action such as:
  - There is the provision of an interpreter for people whose first language is not English?
  - Written communication and the use of language particularly jargon or colloquialisms etc. is reduced to a minimum
  - Written and verbal communication is available in alternative languages, and made clear to the user
  - Support for accessing service can be offered to respect cultural needs
  - Cultural issues are taken into consideration such as mixed gender activities, hygiene, clothing, and physical activities.
  - Diversity training on cultural issues in respect of accessing, experience and outcomes of treatment required to be universal amongst all providers.
  - Employment of people that reflect the local community/locality
  - Services will be fully accessible for the diverse local population.t
- Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

Religion or Belief

Religion is defined as a particular system of faith and worship, but belief includes religious and philosophical beliefs including lack of belief (e.g., Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

https://www.equalityhumanrights.com/en/advice-and-guidance/religion-or-belief-discrimination

Feedback from stakeholders throughout the four-stage engagement process suggests respect for choice and differing ways of delivering treatments is of importance.

Current State

The PCBC details provisions that should benefit and/or positively impact this particular protected characteristic group:

- Work is underway with institutions around faith with the objective of better understanding diverse needs and exploring local solutions.

Additional areas to consider or address during consultation and implementation include:

- The interaction between people of differing religious beliefs can be complicated by their own perceptions and expectations and this can deter engagement of individuals, so community facilities such as crisis cafes sometimes present challenges.

Recommendations to achieve intended benefits/impacts and mitigations:

- Consult more widely with stakeholders from different religious groups as part of the full consultation programme
- Identify additional 'characteristic specific' considerations and needs for potential action such as:
    - Facilities to enable people to honour their religious beliefs whilst accessing services such as prayer rooms and private spaces. Applicable to service users and staff alike.
    - Staff gender is taken into consideration when caring for patients of the opposite sex
    - Dietary requirements are available
    - Physical spaces that reflect choice and privacy
    - There is respect for dress codes
    - There is respect for requests from staff to have time off for religious festivals, holidays and strategies.
    - There is respect for differing religious beliefs and their impact upon treatment choices.
- Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

Sex/Gender
A man or a woman.

https://www.equalityhumanrights.com/en/advice-and-guidance/sex-discrimination

The **LLR population profile** relating to this protected characteristic shows that overall, women were overrepresented amongst users of Adult Mental Health Services, particularly in terms of users of Community and Urgent Care Mental Health Services. However, men and women were proportionately represented amongst users of Inpatient Mental Health Services, with men overrepresented amongst these services users specifically in younger age bands (twenties and thirties). **Feedback** from stakeholders suggests choice and accessing gender specific treatments is of benefit. Single gender groups can attract people who otherwise would not engage.

A full breakdown of the Gender Profile of Users of Adult Mental Health Services can be found at the appendix on Demographics, sourced from the Office for National Statistics 2019 mid-year estimate in relation to the gender of those using LLR Adult Mental Health services.

Current State

The PCBC details a number of intended provisions that should benefit and/or positively impact this particular protected characteristic group:

- Plans underway to provide more Trauma informed care and Post-Traumatic Stress Disorder services, working with the source of presenting diagnoses.
- Digital offers and means known to attract Men to access services to be encouraged. There is an acknowledgement that men respond better to different communication styles and to digitally delivered assessment and treatment protocols. Men are less likely to engage and up about MH issues and require assurances about confidentiality.
- Work to be undertaken to create more male orientated activities to provide more balanced choices with those for women.
- Employment and mental health acknowledged as important aspect of mental health in men – this is to be explored further in terms of the offer.
- Women better respond to the talking therapies.

Additional areas to consider or address during consultation and implementation include:

- Women can feel vulnerable in the presence of men due to past histories in relationships and potential histories of abuse, therefore Women-only services are required.
- Women from ethnic minorities may have additional issues in accessing services due to family cultural beliefs and need for confidentiality.

Recommendations to achieve intended benefits/impacts and mitigations:

- Consult more widely with stakeholders representing this particular protected group as part of the full consultation programme
- Identify any additional 'characteristic specific' considerations and needs for potential action such as:
    - Ensuring neither men nor women fair less or receive less favourable treatment as a result of this service development.
    - Given it is known that men do not access health services as much as women, location becomes an important factor in engaging and 'reaching' men to engage with treatment.
    - Due to a number of factors, men and women may wish to use the service in different ways, such as

times, locations, flexibility, child-care facilities. These factors are to be taken into consideration.
    - Same sex accommodation or amenities are available where required, such as the provision of single sex facilities, toilets, treatment rooms.
- Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination
NHS Employers guide: https://www.nhsemployers.org/your-workforce/plan/diversity-and-inclusion/policy-and-guidance/sexual-orientation
https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/

This is an extremely fast changing area to maintain up to date knowledge of, therefore important to invest in staff so they are up to speed with implications and current terminology. A group at risk of isolation if overlooked

Current State

The PCBC details a number of intended provisions that should benefit and/or positively impact this particular protected characteristic group:

- Respect for individuality and choice inherent values of service developments and as such the needs of this population are no different in their entitlement for non-judgemental and indiscriminatory care and treatment. However better understanding the implications and solutions as part of the whole system offer is acknowledged as an unmet need.

Additional areas to consider or address during consultation and implementation include:

- Engagement and Trust and sustaining engagement an issue
- LGBT community can appear reticent about generic services, so it is valuable to engage with particular representative support groups and potentially deliver through these groups, who have greater success at reaching and engaging their respective communities.

Recommendations to achieve intended benefits/impacts and mitigations:

- Consult more widely with stakeholders from these particular protected groups as part of the full consultation programme
- Identify any additional 'characteristic specific' considerations and needs for potential action such as:
    - Processes in place to ensure confidentiality about an individual's sexuality
    - Service/policy use of language respects Lesbian, Gay and Bisexual (LGB) people
    - LGB people can disclose their sexual orientation to their health provider without fear of prejudice
    - Staff have awareness training relating to sexual orientation
    - Staff from this group have equal access to recruitment, personal development, promotion and retention.

- Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

Carers

A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

The population profile of carers supporting those accessing mental health services across LLR is broad. LLR acknowledges the need to better understand and incorporate their unique needs in these developments. Marital and Civil partners feature highly as prime carers and their dual role needs sensitivity and special consideration. **Feedback** from stakeholders suggests that looking after carers is integral to providing successful care and treatment for service users.

Current State

The PCBC details a number of intended provisions that should benefit and/or positively impact this particular protected characteristic group:

- Underpinning the new pathways will be a full suite of guidance and tools available to service users, their families **and** carers, and to other health professionals.
- Websites and other platforms that seek to support people with different aspects of their mental health is planned.
- Self-help guidance and tools are being developed
- Voluntary groups representing carers are to be consulted.

Additional areas to consider or address during consultation and implementation include:

- Carers have the potential to be overlooked, capturing their opinions and knowledge is crucial
- Carers may too suffer from MH issues directly or indirectly related to the care they are expected to provide.

Recommendations to achieve intended benefits/impacts and mitigations:

- Consult more widely with stakeholders from Carer groups, as part of the full consultation programme
- Identify any additional 'characteristic specific' considerations and needs for potential action such as:
  - Carers can add value to formulating plans and treatment needs. Their own needs must be taken into consideration alongside the service user.
  - Consideration for escorting service users to facilities to access treatment.
  - Mindful of confidentiality and data protection, Carers have access to privileged information and can be useful resources for approaching older people and engaging successfully them.
  - Carers groups can be good sources of advice in respect of particular needs and ways to enhance experiences and outcome.
  - Services avoid incurring unnecessary extra costs (e.g., car parking)
  - Venues are accessible
  - When employing carers, consider any scheduling of training to take into consideration part time working arrangements for staff as well as their caring responsibilities and there is equal access to recruitment, personal development, promotion and retention. Consideration to the time of meetings and/or

interviews is taken into account for caring responsibilities. Flexible working is available.

- Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

Other identified groups relating to Health Inequalities
such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.
(Health inequalities have been defined as "Differences in health status or in the distribution of health determinants between different population groups."
Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)

The **LLR population profile** includes other groups such as those from the armed forces, the travelling communities and Veterans; the importance of reaching these groups is acknowledged as requiring special consideration and creative solutions. Those from lower socio-economic groups, predominantly White British in the city have reduced health outcomes that require better and sustained engagement. Some actions are underway to help such groups, but it is acknowledged that there is more to do.

Current State

The PCBC details a number of intended provisions that should benefit and/or positively impact this particular protected characteristic group:

- LLR has some notable armed forces communities in thriving and poor communities. Joint working with armed forces underway in some locations.
- Veterans are to be considered as a group with specialist needs and peer support workers for Veterans are to be considered.
- The interrelationship between good physical health with good mental health is an opportunity to be further promoted.
- Travelling communities acknowledged as requiring a unique solution regarding initial and sustained engagement

Additional areas to consider or address during consultation and implementation include:

- Acknowledged that deprived communities can have limitations in accessing equipment and technology; digital poverty is an issue yet to be resolved; exploration needed to resolve this issue
- Travel constraints limit access – need to bring services 'to' people

Recommendations to achieve intended benefits/impacts and mitigations:

- Consult more widely with stakeholder groups where possible as part of the full consultation programme
- Identify any additional 'characteristic specific' considerations and needs for potential action such as:
  - Consideration has been given to the effect that costs will have on accessing a service
  - Engaging those who are homeless and have no permanent address.
  - The level of health education within the group to be been considered when determining solutions.

- Consideration has been given to determine what health inequalities exist in relation to people's work.

- Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

STEP 4: ENGAGEMENT AND INVOLVEMENT

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

Guidance Notes

- List the stakeholders engaged
- What was their feedback?
- List changes/improvements made as a result of their feedback
- List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.

Consultation to date on PCBC

LLR have conducted a phased approach to engagement over a four-stage engagement/development process over the last three years. Initially more than 1,000 people contributed their comments and suggestions to set the overarching principles. Service users, carers, staff and partner organisations built on the overarching principles in four separate one-week workshops to develop high-level pathways for mental health and learning disability services. Detailed design via 74 workshops with service users, carers, staff and partners then focussed on what services should look like, how they should run and the resources they need. The resulting features were then published in a draft document in April 2019. A future state vision was then tested against nationally mandated models, data analysis, best practice, learning from other Trusts, an external review of Psychological services, and the availability of workforce and investment.

In November 2020, LLR ran two clinical workshops to identify key implementation issues with two of the main changes within our community service offer. One focused on the future Step Up/Step Down approach and the second on how the four main therapy teams will be brought together to offer a more integrated MDT approach. The workshops identified training requirements, protocols that need to be developed and pre-change reviews that will be required for some patients.

We acknowledge that whilst aspiring to be fully inclusive, we have not reached all communities yet and now need the support of VS partners to assist with the full consultation. Feedback received and responses are included in the full PCBC.

Consultation to date on EIA

In December 2020, a select group of representatives from stakeholder groups was invited to inform the initial draft of an EIA to accompany the PCBC. These comments have been included in this version.

If no engagement has taken place, please state why:

STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the proposed developments?
☒ Verbal – meetings ☐ Verbal - Telephone ☐ Written – Letter ☒ Written – Leaflets/guidance booklets ☒ Written - Email ☒ Internet/website ☒ Intranet page ☒ Other The full consultation programme is under development and no methods of communication have yet been ruled out, so the above methods selected as likely tools. The **AMHE resource tool** referred to earlier is likely to be used for guidance on community engagement

STEP 6: ACCESSIBLE INFORMATION STANDARD CHECK

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf

Tick to confirm LLR have considered that there is an agreed process needed for:
☒ Asking people if they have any information or communication needs and find out how to meet their needs. ☒ Recording those needs clearly and in a set way. ☒ Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs. ☒Sharing information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission/facilities to do so. ☒ Have processes in place, that ensure people receive information which they can access, understand and receive communication support if they need it.
If any of the above have not been considered, please state the reason: Acknowledged that there is more work to be done to ensure all processes are embedded into practice.

STEP 7: RECOMMENDATIONS TO INFORM ACTION PLAN

Considering the potential impacts highlighted and in order to respond to the recommendations against each of the protected characteristic groups, the following actions and way forward are deemed most appropriate:

1. Use the AMHE resource tool to inform the engagement and full consultation programme.
2. Consult more widely with stakeholders from these particular protected groups as part of the full consultation programme and refer to the actual or potential impact detailed in the body of this assessment report.
3. Identify all relevant stakeholder groups to be engaged with to satisfy 2 above.
4. Identify any additional 'characteristic specific' considerations and needs for potential action, referring to the recommendations offered in the body of this assessment.
5. Create an action plan for each protected group and determine key experts that can inform and monitor developments and progress and inform an evaluation.
6. Monitor potentially negative impacts, risks and their mitigations throughout the course of the implementation programme and evaluation.

GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
John Edwards	**Associate Director of Transformation**	**11 January 2021**

Presented to (Appropriate Committee)	**Publication Date**
Click here to enter text.	