

Equality Analysis Evidence Document					
Title: What are you completing an Equality Analysis on?					
Wiltshire Council & Wiltshire CCG Joint Mental Health and Wellbeing Strategy					
Why are you completing the Equality Analysis? (please tick any that apply)					
Proposed New Policy or Service	New Strategy		MTFS (Medium Term Financial Strategy)		Service Review
Version Control					
Version control number	1.1	Date	30/03/2015	Reason for review (if appropriate)	This new Strategy provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting mental health and wellbeing and supporting people with mental health problems and their carers over the next 7 years.
Risk Rating Score (use Equalities Risk Matrix and guidance) **If the Risk Score is 1 or 2, an Impact Assessment does NOT have to be completed. Please check with equalities@wiltshire.gov.uk for advice				Inherent risk score on proposal	3 (Low Risk)
				Residual risk score after mitigating actions have been identified	N/a
Section 1 – Description of what is being analysed					
<p>The Joint Mental Health and Wellbeing Strategy for Wiltshire will enable us to take a holistic and prioritised approach towards the aim of creating environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. This new strategy aims to identify a shared vision, strategic objectives and priority actions to help Wiltshire Council, Wiltshire CCG and its partners to create an environment that will ensure:</p> <ul style="list-style-type: none"> • More people will have good mental health • More people with mental health problems will recover • More people with mental health problems will have good physical health • More people will have a positive experience of care and support • Fewer people will suffer avoidable harm • Fewer people will experience stigma and discrimination <p>The Strategy will guide the way in which key partners work together to respond and meet Wiltshire's mental health and wellbeing priorities and develop services for the future to provide equity of access for all. Within the strategy we have identified 6 key areas of activity with their own objectives and high level actions:</p> <ol style="list-style-type: none"> 1. Prevention and early intervention (including mental wellbeing for expectant and new mothers) 2. Promoting emotional well-being & tackling stigma & discrimination 3. Personalised, recovery based, services 					

4. Effective and efficient use of resources
5. Closer engagement and involvement with service users, families and carers
6. Integrated working between statutory services with wider community and voluntary involvement

Through implementation of this strategy we aim to put communities and individuals (both those accessing mental health services and those who don't) at the heart the mental health and wellbeing system in Wiltshire. Mental health is 'everybody's business'. Change on the scale outlined in the strategy cannot be delivered by organisations working alone. The strategy reiterates our commitment to working together with individuals, families, employers, educators, communities and the public, private and voluntary sectors to promote better mental health and to drive transformation.

Section 2A – People or communities that are currently **targeted or **could be affected** by any change (please take note of the Protected Characteristics listed in the action table).**

All of the protected groups as defined by the Equality Act 2010 could be impacted by the Mental Health and Wellbeing Strategy. The protected characteristics that are most likely to be affected are: Age, Disability, Race, Sex and Other, including Military status, rurality, low skilled workers, low income and long term unemployed, those with long-term health conditions. There is an acknowledgement in the Strategy of a need to improve our understanding of access to mental health services by people from different socio-economic and ethnic groups. Access to data locally needs improving in order to further this understanding and we have an action in the strategy under the Prevention and Early Intervention key area of activity to:

“Further develop the evidence base around mental health in Wiltshire to improve our understanding and inform service development (for example to gain a better understanding of excess mortality for people aged under 65 with psychosis). “

We will use improved data to examine differences in rates of mental ill health (including admission etc) and differences by protected characteristic group and by geography. National data shows that there is higher prevalence in certain groups such as Black African Caribbean men and Gypsy Travellers who generally have poorer health outcomes. These pieces of work will help us to understand differences in the kind of services/locations people might access and in how to deliver prevention messages suitable for particular groups.

The Equality Act 2010 places a duty on the Council to promote Equality of Opportunity, Good Relations and Eliminate Unlawful Discrimination. The Joint Mental Health and Wellbeing Strategy and the implementation plan which sits beneath it is fundamentally designed to promote equality of access to all groups. Therefore, it may be possible that the outcomes of the Strategy will affect sections of the community in different ways by specifically targeting particular groups of individuals to overcome disadvantage and inequality.

Section 2B – People who are **delivering the policy or service that are **targeted** or **could be affected** (i.e. staff, commissioned organisations, contractors)**

The services covered by the strategy are largely commissioned services under the commission jurisdiction of either the CCG or Adult Social Care within the Council. There is a Mental Health Joint Commissioning Board (reporting to the overall Health Joint Commissioning Board) who makes decisions about commissioned services and the terms of contracts etc. Mental Health services in the county are delivered by a number of providers and a full list of current services are included as an appendix to the strategy. The commissioners are responsible for ensuring that the contracts are delivered as specified and are achieving the agreed outcomes.

There is a proposal to set up a multi-agency partnership board to drive forward and monitor progress against the aims of the strategy. It is intended that this group will additionally offer

opportunity for service users and other individuals to be involved.

Section 3 – The underpinning evidence and data used for the analysis (Attach documents where appropriate)

Prompts:

- What data do you collect about your customers/staff?
- What local, regional and national research is there that you could use?
- How do your Governance documents (Terms of Reference, operating procedures) reflect the need to consider the Public Sector Equality Duty?
- What are the issues that you or your partners or stakeholders already know about?
- What engagement, involvement and consultation work have you done? How was this carried out, with whom? Whose voices are missing? What does this tell you about potential take-up and satisfaction with existing services?
- Are there any gaps in your knowledge? If so, do you need to identify how you will collect data to fill the gap (feed this into the action table if necessary)

The data collected by service providers about customers include age, sex, employment status, disability.

The level of need in Wiltshire was considered in production of this strategy. The Wiltshire Joint Strategic Assessment (JSA) provides information on the current and future health and wellbeing needs of people in Wiltshire.

In addition to the JSA there is also a Joint Strategic Assessment for Health and Wellbeing. The assessment for 2012/13 provides a summary of the current and future health and wellbeing needs of people in Wiltshire. Section 5 of the JSA for Health and Wellbeing focuses on the burden of ill health in relation to mental health and neurological disorders. It estimates that (based on the study Adult Psychiatric Morbidity in England 2007) approximately 60,000 adults in Wiltshire have a common mental disorder (CMD). Some specific areas for consideration are additionally highlighted:

- Serious mental illness; psychosis and affective psychosis: Psychoses can be serious and debilitating conditions, associated with high rates of suicide. The Quality Outcome Framework 2010/11 mental health register which includes people with schizophrenia, bipolar affective disorder and other psychoses included 3,090 people in Wiltshire (0.7% of registered population).
- Suicide rates in the South West rose by 24% between 2007 and 2009. In England overall there was a rise of 10% over the same period. Between 2006 and 2009, there were 205 deaths in Wiltshire that were given a verdict of suicide or injury undetermined.
- Between 2002 and 2009 the South West saw a rise of 73% admission for self-harm, particularly in women aged 15-24, against a national rise of 49% over the same period. Wiltshire has a statistically significantly higher directly standardised rate for emergency hospital admissions for self-harm compared to England. 'Self-harm' includes a range of behaviours including self-cutting and poisoning. Self-harm is often thought to be a way of managing distress and involves differing degrees of risk to life and suicidal intent.

The methodology for the production of the strategy also included :

- Taking into account key messages from international and national organisations such as the World Health Organisation, Department of Health, Royal Colleges, national reports including those from national mental health charities
- Considering our own strategic direction over the next five years
- Stakeholder engagement with a wide variety of local professionals and partners who work within the field of mental health
- Service user engagement via the Wiltshire Service User Network (WSUN).

***Section 4 – Conclusions** drawn about the impact of the proposed change or new service/policy

Prompts:

- What actions do you plan to take as a result of this equality analysis? Please state them and also feed these into the action table
- Be clear and specific about the impacts for each Protected Characteristic group (where relevant)
- Can you also identify positive actions which promote equality of opportunity and foster good relations between groups of people as well as adverse impacts?
- What are the implications for Procurement/Commissioning arrangements that may be happening as a result of your work?
- Do you plan to include equalities aspects into any service agreements and if so, how do you plan to manage these through the life of the service?
- If you have found that the policy or service change might have an adverse impact on a particular group of people and are **not** taking action to mitigate against this, you will need to fully justify your decision and evidence it in this section

The Council has a duty to promote equality of opportunity, promote good relations, promote positive attitudes and eliminate unlawful discrimination. An Equality Impact Assessment has been undertaken for the Mental Health and Wellbeing Strategy. The Priorities and high level actions contained in the strategy have provided the overall strategic direction for the development of an implementation plan

The strategy aims to ensure services will be delivered with due regard to Equalities legislation and that people with mental illness will have equitable access to services according to need.

It has been identified that more work is required to obtain and analyse equalities related data to help us to understand the both the distribution of mental ill health and who is/is not accessing services in Wiltshire. This has been included as an action in the implementation plan

The additional insight that could be gained from such information would help us to ensure that the services we are providing are indeed accessible to all. Without this data and understanding, there is a risk that services are not being accessed by certain minority or geographical groups.

The strategic objectives and priorities have most relevance to the Council's equality duties to promote equality of opportunity, and eliminate unlawful discrimination. A negative impact on any of the protected groups as defined by the Equality Act 2010 is unlikely and the Strategy is intended to have a positive impact.

Adverse impact

Age

The strategy holds no adverse impact for different age groups.

Disability

The strategy holds no adverse impact for people with a disability. However it is acknowledged that in development of services, care needs to be taken to ensure equity of access for people with disabilities.

Ethnicity

The strategy holds no adverse impact for people from different ethnic groups. However, effort will be made to reach different ethnic groups by targeted public health messages regarding wellbeing and offering translation for any of the information/newsletters.

Gender reassignment

The strategy holds no adverse impact for people who have had, or are undergoing, gender reassignment.

Religion or belief

The strategy holds no adverse impact for people of different religions or beliefs.

Sex

The strategy holds no adverse impact for individuals who are female or male.

Marriage and civil partnership

The strategy holds no adverse impact for individuals who are married or in a civil partnership.

Pregnancy and Maternity

The strategy holds no adverse impact for individuals who are pregnant or taking maternity leave.

Sexual Orientation

The strategy holds no adverse impact for people of different sexual orientations.

Socio-economic groups

The strategy holds no adverse impact for people from different socio-economic groups.

Specific communities/groups of people in need of additional support will be targeted.

The delivery of the strategy centres around partnership involvement. If within the partnership arena, considerations are made to procure a contracted service, this will be subject to the relevant equalities and procurement guidelines and relevant strategy.

***Section 5 – How will the outcomes from this equality analysis be monitored, reviewed and communicated?**

Prompts:

- Do you need to design performance measures that identify the impact (outcomes) of your policy/strategy/change of service on different protected characteristic groups?
- What stakeholder groups and arrangements for monitoring do you have in place? Is equality a standing agenda item at meetings?
- Who will be the lead officer responsible for ensuring actions that have been identified are monitored and reviewed?
- How will you publish and communicate the outcomes from this equality analysis?
- How will you integrate the outcomes from this equality analysis in any relevant Strategies/Polices?

The Equality Impact Assessment document is a working document which will be updated at various stages of the implementation phase of the strategy. Each version will be version controlled to demonstrate the development in the process and evidence the due regard to the Public Sector Equality Duty.

The implementation of any recommendations as a result of this Impact Assessment will be monitored by the multi-agency steering group which is being set up and by the Mental Health Joint Commissioning Board. The steering group will remain vigilant and alert to new evidence suggesting that discrimination or other prohibited conduct is, or could be, occurring and take appropriate action to prevent this from happening.

Progress against this strategy will be monitored by the same process using use a variety of quantitative and qualitative methods and these will focus on achieving positive outcomes for service users, patients and communities. This will include utilising established performance and outcomes frameworks and service user and patient feedback.

Outcomes of monitoring will be provided to the Lead Equalities Officer at Wiltshire Council who has been consulted in the completion of this Impact Assessment.

***Copy and paste sections 4 & 5 into any Committee, CLT or Briefing papers as a way of summarising the equality impacts where indicated**

Version 1.1 Completed by:		Karen Spence, Public Health Specialist. Public Health and Public Protection
Date		30/03/2015
Version 1.1 Signed off by:		Frances Chinemana, Associate Director Public Health and Public Protection
Date		
Version 1.0 reviewed by:		Sarah Dicker, Corporate Support Manager, Corporate Office
Review date:		29/4/15
For Corporate Equality Use only	Compliance sign off date:	29/4/15
	Published on internet date:	

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