

Initial Equality Impact Assessment – Service Change.

The initial equality impact assessment is a quick and easy screening process.

It will help you to identify those changes to services which require a full EIA by looking at:

- negative, positive or no impact on any of the equality groups
- opportunity to promote equality for the equality groups

Any questions at anytime please call Clare O'Connor on ext 7816.

PLEASE NOTE THE BOXES CAN BE EXPANDED TO ALLOW FOR MORE INFORMATION TO BE ADDED.

Department	Adult Social Services
Service	Mental Health Resource Centres
People involved	Susan Hasler Winter, (Mental Health Lead for DASS) & Sarah Rushton (Commissioning Officer)

1. What are the aims of the service and what changes are being proposed?

The service aims to provide support to people with mental health problems to help to achieve and sustain their recovery and independence.

Proposed changes

Two voluntary organisations, Family Action and Together, currently deliver services under contracts which were last let by the Council in 2006. A third voluntary organisation, Tooting Neighbourhood Centre, runs a small BME project under a minor voluntary sector contract with the Council which is reviewed and renewed annually. This is called The Hope Project. These services all provide support for working age adults with mental health problems.

The current contracts are due to expire on 31st March 2013.

In line with national and local policy for Personalisation, services are becoming responsive to the growing number of service users using personal budgets to meet their eligible needs. The Council is committed to have 100% of service users on a personal budget by 2013. Resources must therefore be re-aligned to facilitate this objective, allowing an increasing number of personal budgets to be spent on a much wider range of opportunities than those currently provided under the block contracts.

It should be noted that 100% of an individual's personal budget is subject to an assessed contribution (excluding service users receiving after care under S117 of the Mental Health Act 1982). This earlier change to the Charging Policy has impacted on this service user group and will continue to do so

going forward and has therefore influenced the changes being proposed.

The proposed changes reflect the need to free up resources whilst recognising an ongoing need for a smaller service which is open access and non chargeable. The Council (in partnership with health) proposes in future to block commission a 'core' service which would offer short term re-ablement support and ad hoc support via a small drop in service. The service would also support Self Directed Support and help people with ongoing social care needs to access ongoing support through a personal budget.

The proposed change affects three service providers directly and up to 420 current and past service users.

It is likely that only one provider will win the tender to deliver the block contract in future although they may subcontract part of the provision thereafter to run the drop in element of the service which could include The Hope Project.

Existing service users who would prefer to use their personal budget to stay with their existing provider may find the process of service change unsettling. This would be especially so if the current providers do not win the contract and/or develop a sustainable business model from 2013 based on individually commissioned services.

There is an opportunity for the current contractor/s to develop services in response to demand generated by personal budgets with any future variation to their services the result of feedback from service users. Providers will need to consider the stability of their income streams in an environment where block contracting arrangements with commissioners are replaced by spot contracting arrangements with individuals.

In advance of retendering the contract, the outline service specification for the core service has been redesigned and service users, carers and providers have been asked for their feedback during a six week consultation period ending in mid May. The redesigned specification attempts to improve outcomes for those people who may only need short term interventions and/or a brokerage service to ensure their personal budget is effectively organised in accordance with individual's aims and aspirations and better focussed on individual needs.

The existing services are largely accessed via referral from secondary services but have up to 20% open access (ie: people can be referred by their GP without having to prove eligibility for services via FACS). The newly specified service has retained the capacity for open access for a period of six weeks.

There is also a commitment within the new service specification to support an open access drop in service for irregular attendances, for those service users who may benefit from ad hoc support but not have not been assessed for eligibility for social care funding via a personal budget.

2. What is the rationale behind these changes?

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives and any support that they might need.

Mental Health Day services have been undergoing modernisation since 2006/7 moving from a maintenance model which can increase dependence on services to a recovery model which emphasises social inclusion.

Drivers include:

- The Personalisation Agenda – Putting People First (Department of Health, 2007);
- Redesigning Mental Health Day Services & From Segregation to Inclusion: Where are We Now? (CSIP, 2005 & 2008)
- Wandsworth Council's commitment to have 100% of service users on personal budgets by 2013;
- No Health without Mental Health (Department of Health, 2011) with its emphasis on prevention and early intervention to promote wellbeing;
- Wandsworth Council's Fairer Charging Policy amended in 2011 and now applicable to all service users including mental health 'day' service users;
- Feedback from consultation with service users, carers and providers;
- Experience of delivering a pilot re-ablement programme which is achieving positive outcomes (Together's Your Way service).

3. What information do you have on the service and the potential impact of your service change in relation to the following?

	<p>List information you have. Do not put what the information shows you</p> <p>Information includes number of people using the service, customer satisfaction, feedback on service, results of consultation</p>
Race	<p>Monitoring information is returned quarterly with ethnicity, gender, age and disability data and this will continue with the new contract. Under/over representation issues will be built in to the monitoring framework.</p> <p>Service providers are required to operate within the Equalities Act and demonstrate through their completion of the prequalifying questionnaire their compliance with the legislation.</p>
Gender	See above

Disability	See above
Age	See above
Faith	Data not currently collected, but service providers are required to operate within the Equalities Act and demonstrate through their completion of the prequalifying questionnaire their compliance with the legislation
Sexual Orientation	Data not currently collected but service providers are required to operate within the Equalities Act and demonstrate through their completion of the prequalifying questionnaire their compliance with the legislation

4. Thinking about each group below please list the impact that the service change will have.

	<u>Positive</u> impacts of service change	Possible <u>negative</u> impacts of service change
Race	<p>Referrals to the mental health service will be made by Community Mental Health Teams, GPs and other mental health professionals. Given the overrepresentation of BME service users in secondary mental health services, the service will need to be responsive to the specific needs of BME service users.</p> <p>Recent monitoring information reports that the Hope project is made up of 77% BME service users (31 people registered as at 31st December 2011) with, on average, 15 people attending each session.</p> <p>Family Action is supporting 43% BME service users, and Together 47%.</p> <p>Any significant changes will be picked up during quarterly monitoring and tackled promptly.</p>	<p>The new model relies on there being an effective way to access Self Directed Support without delay in order to provide ongoing support for those service users who have longer term support needs. If the process takes longer than six weeks then service users may experience a break in their support whilst they await confirmation of any financial contribution which could be detrimental to their mental health.</p> <p>Should the Hope Project not continue to operate beyond 2013, the large proportion of BME service users could find there is not a specialist alternative to meet their needs.</p>
Gender	Recent data tells us that women made up 48% of the	

	<p>Family Action Service, and 53% of the Together service. Women currently make up only 26% of the Hope Project membership.</p> <p>The drop in Mental Health Service will be advised to take action to tackle any ongoing underrepresentation of women through targeted publicity and this will be monitored quarterly.</p>	
Disability	<p>Up to 200 people with mental health problems are expected to be referred each year to the core service.</p> <p>The Service Specification will be finalised following consultation and will reflect latest best practice for supporting service users with mental health problems.</p> <p>Provision has been made within the budget for up to 220 people to access Direct Payments in future to fund alternative means of support for meeting their eligible needs.</p>	<p>Any change in provider will potentially unsettle service users and have a negative impact on carers. It will be necessary for existing service providers and Care Coordinators to work closely with service users to ensure Support Plans are in place and service users understand their options and have had the opportunity to make choices about any support they might access in future to make any transition as smooth as possible.</p>
Age	All people of working age are eligible for support from the service.	
Faith	No issues identified via routine contract monitoring and service user involvement. Any issues identified under contract monitoring of new contracts will be addressed promptly.	
Sexual orientation	No issues identified via routine contract monitoring and service user involvement. Any issues identified under contract monitoring of new contracts will be addressed promptly.	

5. Is a full EIA required? Yes/~~No~~.

The following questions should help you decide if a full EIA is required. As a guide if you are a frontline service where the impact is unclear or negative you will need to conduct a full EIA. You are unsure call Clear O'Connor on ext 7816.

- Is the service a frontline service? Yes/~~No~~
- Is it clear what impact the service change will have on all the equality groups? Yes/~~No~~.
- Overall will the change have a negative impact on any of the equality groups? Yes/No.

Comments - Please give the rationale here for not undertaking a full EIA

6. Through the initial EIA have you identified any actions that needed to be implemented to improve access to the service or monitoring of the service? (please list)
<p>The proposed service change is the subject of a six week consultation exercise which includes wide circulation of a booklet and feedback form, a public meeting and a provider meeting. The consultation closes in mid May and issues and concerns will directly feed in to the full EIA.</p> <p>The proposed service change shows that there may be a negative impact on existing service users if the current providers do not continue to operate after their block contract expires and if the market does not develop services in response to demand generated via personal budgets.</p> <p>The service model will work only if those that are identified as having ongoing support needs have access to the full SDS process to assess their eligibility and entitlement to social care funding in a timely manner so that the support plan can be actioned without unnecessary breaks in service provision. To ensure this happens, ongoing close cooperation is essential between the Social Work Assessment and Review Team based at South West London and St George's Mental Health Trust and the current providers. The Review Team will need to ensure that all eligible service users have support plans in place by April 2013. The current service providers need to have been able to assess their business viability going forward, ideally three months before the end of the current contract period.</p> <p>If the current providers fail to win the new contract and/or conclude that they cannot continue to offer services on an individually commissioned basis then service users and carers may experience the loss of a highly valued service and relationships with staff which they may find unsettling. This possibility will need careful management by social work staff to ensure any unavoidable transition to alternative services is managed effectively.</p> <p>There are already alternative local options for service users, such as</p>

Wandsworth Mind, The Lane Community, Roehampton Activity Centre and the specialist arts organisation, Sound Minds, however all these services are reliant on individual service user contributions (mainly though not exclusively through Direct Payments) and their survival depends on them maintaining sufficient income to continue operate. Their circumstances require regular monitoring and action to address any difficulties which are the responsibility of the Council to remedy.

With regard to the core contract, the tendered service includes contractual clauses 48.1, 48.2 and 48.3 which are reported against annually to demonstrate compliance with the Equality Act 2010 and all other statutory provision relating to discrimination in employment or service provision.

The tendered service will, through the new contract specification, require the provider to take in to account the high proportion of BME service users and continue to supply adequate specialist provision.

Monitoring officers will ensure that publicity for the services is monitored to ensure it is explicitly welcoming of service users of all protected characteristics.

The potential for providers to record additional data about service users' Faith and Sexual Orientation will be explored when the contract is awarded to monitor take up of services.

Any variation in the service user profile will be tracked through quarterly monitoring and any issues of under representation will be addressed promptly.

Signed: Sarah Rushton

Date 23rd April 2012

Approved by:

(all initial EIAs to be approved by Clare O'Connor)