1. Proposal Summary Information

<table>
<thead>
<tr>
<th>EAA Title</th>
<th>Improving Mental Health - supporting people with common mental health needs and serious and long term mental health needs in their recovery, and promoting mental wellbeing for all.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe the proposal?</td>
<td>Proposed change to commissioning services currently provided through grant funding.</td>
</tr>
</tbody>
</table>

1. What is the proposal looking to achieve? Who will be affected?

Ealing’s Mental Health and Wellbeing Strategy for adults was launched in July 2017. The Strategy was developed alongside people from statutory mental health services, voluntary and community sector organisations and people with lived experience of mental health needs. It reflects the North West London Sustainability and Transformation Plan, focusing on three Delivery Areas within the plan:

- Radically upgrading prevention and wellbeing for the whole population
- Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions
- A new model of care for people with serious and long term mental health needs, including engagement and support for carers, support for employment, support 24/7 and adherence to the Crisis Care Concordat

The Strategy for Ealing aims to achieve five outcomes:

Outcome 1 - Prevention and Wellbeing for the whole population: including reducing stigma and social isolation; identifying mental health needs earlier; addressing the links between physical and mental health; suicide prevention
Outcome 2 - Better outcomes and support for people with common mental health needs: including those with long term physical health conditions; better access to primary care
Outcome 3 - New model of care for people with serious and long term mental health needs: including crisis response; community based support; primary care; early intervention; carer support.
Outcome 4 - Working better together: health, social care, housing, police and communities; adults and children; substance misuse, alcohol and mental health; learning disabilities and mental health; criminal justice
Outcome 5 - Reaching all our communities: geographical; age; BAME; LGBT; class. Equality of access and treatment; reducing suicide; reducing restraint; carers support

Within each area there is an action plan which explains how we will achieve the outcomes.

The specific proposal is to commission community sector services to achieve these aims, starting from April 2019. There are currently several services which are grant-aided and which contribute to these aims. Residents affected will be people with mental health needs, and the whole population in terms of wellbeing. The proposal is intended to improve access to mental health services for all, and to support with maintaining and improving mental health and wellbeing. Carers of those living with mental health needs will also benefit through a clear and joined up range of services available in the community.

This proposal links to the rest of the proposal for funding voluntary and community sector services and support in Ealing. Many of the other areas will promote and improve mental health and wellbeing through addressing issues such as loneliness and isolation.
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There are some potential benefits to grant funding, which is seen as being more flexible. However, community mental health services are an essential part of the way that all mental health services are being transformed. It is these services which will allow for the delivery of NHS improvements and change to meet the needs of residents in the future. As such, the security and oversight provided through commissioning is seen as important for this area of service.

2. What will the impact of your proposals be?

This area of work has been funded through grants. By moving services to being commissioned, the impact will be for support services to be provided through a whole community approach. Commissioning will involve specifying a range of needs to be met in Ealing:

- ‘Wrap around’ of community support, addressing needs of those with serious and long term mental health needs for practical, emotional, social and peer support.
- Accessible talking treatments for common mental health conditions such as depression and anxiety
- Support and information for accessing crisis services when needed
- Support to find and maintain employment, training and leisure opportunities

It is intended that the commissioning process will identify needs, what matters most to people, and where there are gaps. The proposal is that the services will work towards achieving the aims of the Ealing Mental Health Strategy 2017-22. The Joint Strategic Needs Assessment (JSNA) will also be used to inform commissioning decisions for this part of the service.

Commissioning will provide organisations with greater security and enhanced ability to work together to meet the needs of people in Ealing. However, a commissioning process will include the potential for competition between providers, and if this occurs there will be organisations which lose business as well as those who gain. Small organisations which have been dependent on grant funding could potentially become unviable without this support, and may be unable to compete with larger organisations bidding for contracts.

Strong mitigation for this is transparency – the process being consulted on and shared early. Organisations will have time to work together to develop partnerships and consider how best they can work to contribute to the mental health and wellbeing of Ealing residents, and will have the opportunity to work closely with commissioners on developing these proposals. The small grants proposal (outlined separately) may be an option for small scale projects. If consultation identifies further impact on the sector, this will be taken into account when deciding how to proceed. The current providers are long established and robust organisations supported by a variety of funding streams.

2. Impact on Groups having a Protected Characteristic

<table>
<thead>
<tr>
<th>AGE</th>
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<tbody>
<tr>
<td>Positive Impact</td>
</tr>
<tr>
<td>Describe the Impact</td>
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</table>

The whole community approach to commissioning will facilitate ensuring access for older people, who use mental health support less than younger people, despite research showing they have higher rates of depression and anxiety. Voluntary and community sector organisations can provide flexible and
accessible services which are less stigmatising than statutory services can appear to be. They can also provide services in settings such as neighbourhood centres where people are already taking part with other activities. Commissioning these services facilitates a joined up approach, making services more available to people who do not usually seek out mental health support – including older people.

Younger people moving towards adulthood can also find themselves less able to find the support they need when services provided through education and children’s services end. Services available through statutory provision are less for adults, so it is essential that support is provided to support young people through transition. Commissioning voluntary sector support will allow us to make sure this area is covered appropriately.

Alternatives and mitigating actions which have been considered in order to reduce negative effect:

The change to commissioning these services is proposed, and feedback from the consultation will inform the final decision. If there are impacts which people raise and which we have not considered, these will be part of the decision-making process.

DISABILITY

Positive impact

Describe the Impact

Serious and long term mental health needs can be seen as a disability, impacting on people’s engagement and participation in community and social life, in the workplace and in leisure activities. The proposal to commission mental health support in communities will improve access to ordinary activities and opportunities for this group of people, by ensuring that support is fully integrated with other community services.

People with physical disabilities and sensory impairment have higher levels of mental ill health than the population as a whole. A joined up approach in community support will better address the needs of the whole person. Commissioning the support will provide more security for services so they will be able to plan better for the future and make physical changes to premises if needed.

People with learning disabilities are also much more likely to have mental health needs – approximately 40% of people diagnosed with a learning disability are also diagnosed with a mental health problem, as compared to 10% of the population as a whole. Commissioning community mental health support will allow for better planning of services to meet the needs of this group, and better oversight to ensure that they are not disadvantaged.

Alternatives and mitigating actions which have been considered in order to reduce negative effect:

The change to commissioning these services is proposed, and feedback from the consultation will inform the final decision. If there are impacts which people raise and which we have not considered, these will be part of the decision-making process.

GENDER REASSIGNMENT

Neutral or positive impact

Describe the Impact

Commissioned mental health services will allow commissioners to address the needs of those who have changed or are changing their gender and to monitor the way services are provided to these groups of people. As with several of the other groups with protected characteristics under the
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Equalities Act 2010, national research indicates that this group of people are more likely to have mental health needs.

<table>
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**RACE**

**Positive impact**

Describe the Impact

Ealing is an ethnically diverse borough, with 51% of people belonging to Black and Minority Ethnic (BAME) groups. BAME groups living in the UK are more likely to be diagnosed with mental health problems than the population as a whole so the prevalence could be expected to be higher. Some groups have been identified by the Mental Health Foundation:

- Irish people living in the UK have higher hospital admission rates for mental health problems than other ethnic groups. In particular they have higher rates of depression and alcohol problems and are at greater risk of suicide.
- African-Caribbean people living in the UK have lower rates of common mental health needs than other ethnic groups but are more likely to be diagnosed with serious and long term mental health needs. African Caribbean people are more likely to enter mental health services via the courts or the police.
- Suicide rates are low among Asian men and older people, but high in young Asian women compared with other ethnic groups. Indian men have a high rate of alcohol-related problems.
- Among Asian and Chinese ethnic groups it is thought that mental health problems are often unrecognised or left undiagnosed, partly due to stigma associated with mental health within some communities.

Some communities report that services can be inappropriate for their cultural needs. Commissioning community mental health support will have a positive impact by specifying the need for services to be accessible and appropriate for all of Ealing’s residents. Commissioning will also provide improved oversight of how services perform in terms of reaching all our communities.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

The change to commissioning these services is proposed, and feedback from the consultation will inform the final decision. If there are impacts which people raise and which we have not considered, these will be part of the decision-making process.

**RELIGION & BELIEF**

**Positive impact**

Describe the Impact

Grant aiding small voluntary organisations to provide appropriate services

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

The change to commissioning these services is proposed, and feedback from the consultation will inform the final decision. If there are impacts which people raise and which we have not considered, these will be part of the decision-making process.

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**effect:**
The change to commissioning these services is proposed, and feedback from the consultation will inform the final decision. If there are impacts which people raise and which we have not considered, these will be part of the decision-making process.

### SEX

**Positive or neutral impact**

**Describe the Impact**
Commissioning mental health services will allow for people’s mental health needs as related to their sex to be specified as part of what is provided. Current services include those which provide sex specific services, for example responding to mental health needs related to violence against women. Commissioning these services will provide greater security for these aspects of their work.

Currently men are under-represented in talking treatments, and commissioning the service would allow for specifying and monitoring impact of work to address this.

Men are more likely to complete suicide and Ealing’s Suicide Prevention Strategy and Action Plan endorses making services more accessible so that men can receive help earlier. Commissioning mental health services in the community can address this specific need.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**
The change to commissioning these services is proposed, and feedback from the consultation will inform the final decision. If there are impacts which people raise and which we have not considered, these will be part of the decision-making process.

### SEXUAL ORIENTATION

**Positive impact**

**Describe the Impact**
People who do not identify as heterosexual have a higher incidence of mental health problems. As with other groups with protected characteristics under the Equalities Act these groups may experience discrimination, and this can be reflected in service provision. Commissioning services will facilitate improving non-discriminatory practice and monitoring of this. It will allow for planning and development of services to better meet needs of people who do not identify as heterosexual, including those who identify as lesbian, gay or bisexual.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**
The change to commissioning these services is proposed, and feedback from the consultation will inform the final decision. If there are impacts which people raise and which we have not considered, these will be part of the decision-making process.

### PREGNANCY & MATERNITY

**Neutral impact**

**Describe the Impact**
Changing from grant funding to commissioning will not impact on this group.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

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**effect:**
The change to commissioning these services is proposed, and feedback from the consultation will inform the final decision. If there are impacts which people raise and which we have not considered, these will be part of the decision-making process.

### MARRIAGE & CIVIL PARTNERSHIP

**Neutral impact**

**Describe the Impact**
Changing from grant funding to commissioning will not impact on this group.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**
The change to commissioning these services is proposed, and feedback from the consultation will inform the final decision. If there are impacts which people raise and which we have not considered, these will be part of the decision-making process.

### 3. Impact on other key areas

#### CARERS

**Positive impact**

**Describe the Impact**
As outlined above, the anticipated impact of commissioning community mental health services will be that they are more secure and that services will be able to be better designed and planned to meet the needs of people in Ealing. The impact on carers will be positive as those they care for will have more joined up and appropriate support available to them outside of hospital and earlier help to prevent crisis. Services can also be designed to support carers as well as people with mental health needs where appropriate, and can be facilitated to link to the Carers Support Service already provided in Ealing.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**
The change to commissioning these services is proposed, and feedback from the consultation will inform the final decision. If there are impacts which people raise and which we have not considered, these will be part of the decision-making process.

#### HEALTH

**Positive impact**

**Describe the Impact**
As outlined above, the impact on mental health and wellbeing in Ealing will be positive. Services which can support people when needed, and which can promote and maintain mental health, can be designed, run and monitored to ensure they are high quality and meet people’s needs. The positive mental health outcomes for people who are helped early and before they reach crisis, and who are supported in their own communities, are well known. The physical health outcomes for people who have their mental health needs addressed are also considerable.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**
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The change to commissioning these services is proposed, and feedback from the consultation will inform the final decision. If there are impacts which people raise and which we have not considered, these will be part of the decision-making process.

4. Human Rights

4a. Does your proposal impact on Human Rights as defined by the Human Rights Act 1998?
   - Yes ☐ No ☐ x

4b. Does your proposal impact on the rights of children as defined by the UN Convention on the Rights of the Child?
   - Yes ☐ No ☐ x

4c. Does your proposal impact on the rights of persons with disabilities as defined by the UN Convention on the rights of persons with disabilities?
   - Yes ☐ No ☐ x

5. Conclusion

The overall impact of the change from grant funding to commissioning of mental health services in communities is anticipated as being positive. The process of commissioning will facilitate working closely with all communities to specify the way services should be delivered, and will allow organisations and groups to work together and to plan in a more secure environment over a longer timescale. Closer monitoring and working with commissioners will provide opportunities for improving the way needs are met and the reach of services to our diverse communities.

5a. What evidence, data sources and intelligence did you use to assess the potential impact/effect of your proposal? Please note the systems/processes you used to collect the data that has helped inform your proposal. Please list the file paths and/or relevant web links to the information you have described.

The Mental Health chapter of Ealing's Joint Strategic Needs Assessment (JSNA) is being reviewed and updated. Although the whole chapter has not yet been published, the data has been sourced and has been used to assess the impact of these changes on the groups described above. National data has been drawn from the Mental Health Foundation.
### 5. Action Planning

<table>
<thead>
<tr>
<th>Action</th>
<th>Outcomes</th>
<th>Success Measures</th>
<th>Timescales/ Milestones</th>
<th>Lead Officer (Contact Details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This draft EAA will be further refined with regard to adverse impacts and any further mitigating measures taking into account the consultation responses</td>
<td>More accurate assessment of impact.</td>
<td>Any further measures to reduce the adverse impact</td>
<td>May 2018</td>
<td></td>
</tr>
<tr>
<td>Produce detailed criteria/specifications for the funding priority</td>
<td>Revised criteria/specification</td>
<td>Grant criteria / contract specifications</td>
<td>May 2018</td>
<td></td>
</tr>
<tr>
<td>The final EAA will be submitted to Cabinet for consideration at its meeting in June 2018 before final decisions are made</td>
<td>Review by Cabinet on the adverse impact and mitigation measures.</td>
<td>Any further measures to reduce the adverse impact</td>
<td>June 2018</td>
<td></td>
</tr>
<tr>
<td>Assessment of applications which will take account of the extent to which applicants can advance equality of opportunity, promote community cohesion and participation in public life</td>
<td>More accurate assessment of impact</td>
<td>Any further measures to reduce the adverse impact</td>
<td>November 2018</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Comments:**

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