

Equality Analysis Form

Subject of equality analysis	Mental Health – commissioning priority area	
Type		Tick
	Policy	
	Strategy	X
	Business case	
	Commissioning service redesign	
	Contract / Procurement	
	Event / consultation	
Owner	Name:	Andrea Butcher
	Job Title:	Head of Strategy & Delivery – Mental Health & Learning Disability
Date	December 2015	
Assessment Summary	<p>NHS Doncaster CCG’s Governing Body re-confirmed in November 2015 that Mental Health remains a priority and subject to an outcome based delivery plan focussing on crisis care and specialist care initially, and then moving on to primary and inpatient services. This assessment aims to consider, at a high level, mental health inequalities, so that these can be taken into account within specific commissioning activities – for which separate equality analyses will be conducted as appropriate.</p>	
Stakeholders		Tick
	Staff	
	General public	X
	Service users	X
	Partners	X
	Providers	X
Data collection and consultation	<p><u>Local data:</u></p> <p>NHS Doncaster CCG’s Governing Body re-confirmed in November 2015 that Mental Health remains a priority area and subject to an outcome based delivery plan focussing on crisis care and specialist care initially, and then moving on to primary and inpatient services.</p> <p>The refreshed Health & Wellbeing Board Strategy confirms the strategic vision to “Improve the mental health and well-being of the</p>	

people of Doncaster” which ensures a focus is put on preventive services and the promotion of well-being for people of all ages (children & young people to older adult), access to effective services and promote sustained recovery. Since the Government set out its intention for improvement to mental health services as outlined in ‘No Health without Mental Health’ published in 2011, there have been a number of mental health policies and initiatives, all of which call for more inclusive and responsive mental health services. Doncaster’s Health & Wellbeing Board has identified mental health as one of its areas of focus and will seek to continue to deliver the national objectives and has been working in partnership with agencies to do so. In particular, Doncaster has been working to deliver the recommendations of a Mental Health Review which took place at the beginning of 2014 to enhance mental health crisis response services and ensuring that people in crisis get the right care at the right time.

- In response to the National Crisis Care Concordat, Doncaster submitted the Crisis Care Concordat Action Plan to the national team which was delivered by 31 March 2015 deadline.
- Completion of the modernisation of the Crisis Care Pathway redesign which will deliver an ageless crisis response service for Children & Young People, Adults and older Adults by October 2015.
- Where other areas have seen cuts in budgets for mental health, Doncaster has invested development monies.
- Doncaster Health & Social Care Community are working alongside Public Health to develop responsive services that meet the needs of people who are in emotional distress due to life impacts such as access to debt management, housing support, job coaching and support.
- Development of a perinatal mental health service which provides joint services between mental health and antenatal service for women who have a history of mental illness ensuring that the right care is provided in the most suitable setting.

The next steps noted in the refreshed Health & Wellbeing Strategy are to:

- Continue to implement the recommendations of the Mental Health Review and by doing so, support the delivery of the National Mental Health Agenda
- Continue the development and implementation of the Mental Health Development Programme and pathway redesigns – 3 year development programme (currently in year one)
- Crisis and acute care pathway
- Secondary Care & Community Teams (Personality Disorder, Perinatal Mental Health, Eating Disorders, Attention Deficit Hyperactivity Disorder)
- Collaborate with Public Health to ensure that the Joint Strategic

Needs Assessment has a strong focus on mental health and physical wellbeing

- Implement the local Crisis Care Concordat Action Plan with regular progress reports to the Health & Wellbeing Board

There are a range of local providers of mental health services in Doncaster including the NHS, the voluntary sector and the private sector.

The main local NHS provider in Doncaster is Rotherham Doncaster & South Humber NHS Foundation Trust (RDaSH) and the Trust provides:

- Improving Access to Psychological Therapies provided by a team of psychological wellbeing practitioners, cognitive behavioural therapists and counsellors. A Talking Shop in Doncaster provides drop-in advice and psychological therapy which gives people the opportunity to browse information on mental health issues and gain knowledge about the therapies offered. Information at the shop includes prevention and self-help literature, computer-based intervention programmes, as well as an opportunity for a short initial consultation with a health professional if necessary.
- Children & Young People's Mental Health Services working with children and young people to help them cope when they are feeling sad, worried or troubled and has a single point of access 24/7.
- Adult Mental Health Services including inpatient and community support, and Early Intervention in Psychosis Services. There is also a locked male rehabilitation and recovery unit providing a specialist assessment, treatment and rehabilitation service for adult males with enduring mental health issues detained under the Mental Health Act.
- Older People's Mental Health Services for adults aged over 65 who are functionally mentally ill including both inpatient and community mental health services and a single point of access.
- Learning Disability Services including Assessment and Treatment Services, Clinical Psychology and Counselling Services, Day Services, Community Homes and a Community Health Team.
- Drug and Alcohol Services for Adults and a separate service for Young People as part of the Project 3 Young People's Health and Wellbeing Service.
- Memory Services including memory assessments.

At its inception in April 2013, NHS Doncaster Clinical Commissioning Group (CCG) identified Mental Health as one of its main clinical priority areas and has invested time and resource in delivery plans to support system transformation. During 2014/15 the CCG commissioned an independent review of local mental health services, providing the CCG with a much fuller

understanding of care pathways within mental health services. During 2015/16 the CCG has been actioning the recommendations, which are in line with Government guidance and include new ways of helping people in crisis and in-patient care. This has led to the establishment of a joint Programme Management Office with our main mental health services provider, Rotherham Doncaster & South Humber NHS Foundation Trust (RDaSH). Delivery plans for 2015/16 also focus on redesign of the mental health crisis care pathway with a new crisis single point of contact launched in October 2015, and the next priority is reviewing the care pathway for primary care mental health.

Over the next 12 months the CCG will be developing a Commissioning for Quality & Innovation scheme (CQUIN) that will operate across Mental and Physical Health, which will encourage providers to work with each individual and to address their specified needs. This will take into account the protected characteristics of the target population the provider is working with, and support provider development of a locality facing model across all services.

Providers routinely collect data relating to a patient's gender, age and ethnicity, but do not routinely collect and report on all of the protected characteristics. Information can only be collected when patients present to services, and if they consent to share this information, and therefore there is an acknowledged gap between our expected prevalence of mental ill-health in the identified groups and the patients who are accessing services.

National data:

Mental health is how someone is feeling in their mind. Good mental health is about feeling good about your life and being able to cope with problems when they happen. Good mental health can be termed "mental well-being". A mental health problem is a problem with someone's mind that makes it difficult for them to live a normal life and can affect the way people think, feel and behave. There are many different mental health problems. People may experience symptoms that are common to two or more diagnoses, or they may experience the symptoms of more than one mental health problem at once. They may last for a short time or a long time.

The World Health Organisation in 2014 concluded that mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live. Social inequalities are associated with increased risk of many common mental disorders. Their research identified that taking action to improve the conditions of daily life from before

birth, during early childhood, at school age, during family building and working ages, and at older ages provides opportunities both to improve population mental health and to reduce the risk of those mental disorders that are associated with social inequalities. They advised that action needs to be universal across the whole of society, and proportionate to need in order to level the social gradient in health outcomes.

In March 2015 NHS England launched a Taskforce to develop a five-year strategy to improve mental health outcomes across the NHS. The Taskforce took a co-production approach involving people with experience of mental health problems, carers, professionals, providers, voluntary organisations and the component parts of the NHS. In summary, three clear themes have emerged from the engagement: prevention, access and quality. The importance of integrating care and support was also identified as a critical factor to the successful delivery of equitable access and improved outcomes. The need to prioritise equality, particularly for black, Asian and minority ethnic groups, and older and younger people, also came out strongly across each of these themes.

Commissioners of mental health services aim to adopt a universal approach to commissioning mental health services that are free from discrimination and equitable for all. This, however, may not be the reality faced by different groups within our society, as some groups are known to face barriers or experience inequalities in their access, experience and outcomes to healthcare services. The national evidence for mental health inequalities linked to equality characteristics points to the need for services to be creative and diverse in their approach towards providing a service offer which is adaptable and culturally sensitive to different needs. The key areas for consideration with regard to this are captured below:

- **Prevention of mental health problems and tackling stigma:** This aspect of care features highly in the priorities of individuals and organisations including the importance of challenging stigma in various care settings and higher levels of stigma within particular communities, such as within black, Asian and minority ethnic groups.
- **Community assets:** Working with community and voluntary sector organisations, including faith-based organisations, could help to equip people with knowledge and skills to understand and manage their own mental health and that of those close to them.
- **Broader determinants:** Importance has been placed upon the broader determinants of good mental health and mental health problems, such as good quality housing, debt, poverty, employment, education, and access to green space.

- **Targeted support:** Targeted support may be needed for people who currently may have worse access and outcomes, such as some black, Asian and minority ethnic communities, children and young people, older people, carers, Lesbian, Gay, Bisexual and Transgender (LGBT) people and people living with multiple needs such as disability and long-term physical health conditions.
- **Equality:** People accessing mental health services told the Mental Health Taskforce that they want to be treated as an equal, to be taken seriously and to be treated by staff who are positive about the future. They want professionals to have a better understanding of the psycho-social causes of mental health problems, as well as the symptoms, particularly for people with complex needs. They want professionals to treat 'the person, not the diagnosis'.

The latest Public Health England Community Mental Health Profile 2014 for Doncaster highlights a lower than average incidence / diagnosis of mental health conditions and people being in touch with local mental health services compared to higher than average expected local prevalence. However it should be noted the national figures date from 2012/13 and therefore do not reflect the current picture.

Links:

- <http://www.england.nhs.uk/mentalhealth/taskforce/>
- <http://www.mind.org.uk/>
- <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/b/bme-communities/>
- Mental Health Foundation publication "Mental health & inequalities"
- The fundamental facts: the latest facts and figures on mental health, Mental Health Foundation, 2007
- Mental Health Network factsheet: Key facts and trends in mental health, 2014
- Joint Commissioning Panel for Mental Health – Guidance for commissioners of mental health services for people from black and minority ethnic communities (July 2014)
- The impact of spirituality upon mental health: A review of the literature, Mental Health Foundation

Data by protected characteristic:

Age

- It is estimated that 1 in 10 children and young people aged 5-16 have a clinically diagnosed mental health condition, and children/adolescents with poor mental health have relatively worse prospects throughout their adult life.

- Depression affects 1 in 5 people over the age of 65 living in the community and 2 in 5 living in care homes.

Disability

- People with a mental illness are almost twice as likely to die from coronary heart disease as the general population, four times more likely to die from respiratory disease, and are at a higher risk of being overweight or obese.
- Around 30 per cent of those suffering from a long-term physical health condition also have a mental health problem.

Gender

- Women are approximately 75% more likely than men to report having recently suffered from depression, and around 60% more likely to report an anxiety disorder.
- Men are more likely to report substance misuse disorders – around two and a half times more frequently than women – and to be subject to detention or community treatment order – two thirds of whom are male.

Race/Ethnicity

- The Count Me In censuses, published annually up to 2011 by the Care Quality Commission, consistently highlighted that rates of admission and detentions were higher for Black African, Black Caribbean and Black Other groups than for the rest of the population. In general, people from black and minority ethnic groups living in the UK are:
 - more likely to be diagnosed with mental health problems
 - more likely to be diagnosed and admitted to hospital
 - more likely to experience a poor outcome from treatment
 - more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health
- Different ethnic groups have different rates and experiences of mental health problems, reflecting their different cultural and socio-economic contexts and access to culturally appropriate treatments.
- The Joint Commissioning Panel for Mental Health (July 2014) has published guidance for commissioners of mental health services for people from black and minority ethnic communities which includes ten key messages for commissioners including 1) equitable access, experience & outcomes, 2) understanding ethnic inequalities in mental health, 3) implementing measures to reduce ethnic inequalities in mental health, 4) Health & Wellbeing Boards and CCGs developing local strategies for improving mental wellbeing amongst BME communities, 5) targeted investment in public mental health interventions, 6) involving BME service users, carers, and members of BME communities, 7) ensuring service providers collect equality data and act upon outcomes, 8) create more integrated, accessible

and flexible care pathways, 9) cultural competencies of mental health services, 10) developing strategies to reduce coercive care.

Religion & Belief

- There is not a significant amount of research on religion and mental health, but on the balance studies have demonstrated positive associations between the religiosity and mental health.

Sexual Orientation

- Stonewall's 2011 Gay and Bisexual Men's Health Survey identified that 22 per cent of gay and bisexual men were experiencing moderate to severe levels of depression.
- Stonewall's Prescription for Change Lesbian and bisexual women's health check 2008 identified that three quarters (74%) of lesbian and bisexual women said they felt anxious or nervous. This increased to 78% of bisexual women and 81% of black and minority ethnic lesbian and bisexual women.

Gender reassignment

- In September 2012 a Trans Mental Health and Emotional Wellbeing Study was published in a partnership including Sheffield Hallam University indicating transgender issues impacted upon mental health. Issues identified included high rates of current and previously diagnosed mental ill health and potentially undiagnosed mental health conditions, self-harm and suicidal ideation, problems with work and homelessness, and an improvement in mental health as a result of transitioning.

Social Inclusion / Community Cohesion

- Prisoners have particularly high levels of mental health problems.
- 30-50% of homeless rough sleepers experience mental health problems and about 70% misuse drugs.
- People who provide substantial amounts of care to relatives are twice as likely to have a mental health problem as the general population.
- Two thirds of refugees have experienced anxiety and depression, which may often be linked to war, imprisonment, torture or oppression in their home countries, and/or social isolation, language difficulties and discrimination in their new country.

Consultation:

A full consultation exercise was undertaken in 2014 which informed the Mental Health development programme. Service users and carers have been involved in numerous work streams

	during the consultation period.			
Protected characteristic	Positive	Neutral	Negative	Negative: What are the risks? Positive: What are the benefits / opportunities?
Age	X			The delivery plan recognises all age pathways
Disability	X			The delivery plan recognises that a range of co-morbidities, both physical and learning disabilities.
Gender	X			The plan is inclusive of gender and recognises for gender specific service responses
Race	X			The delivery plan aims to target communications, raise awareness and reduce stigma into black and minority ethnic communities via community engagement channels.
Religion & Belief		X		Although there is no obvious religious dimension to mental health, the plan locally seeks to continue to develop opportunities to build on the work with faith communities within Doncaster.
Sexual Orientation		X		It has been identified that people may be unwilling to declare their sexuality on presentation. However, where it is disclosed it is recorded.
Gender reassignment	X			The plan is inclusive of gender and recognises for gender specific service responses
Pregnancy & Maternity	X			The plan incorporates a need for Psychiatric Liaison and is inclusive of pregnant mothers

Marriage & Civil Partnership			X	
Social Inclusion / Community Cohesion	X			The plan identifies a need for peer support, advocacy and access to training and employment. It also recognises the need for the development of personal control via personal budgets.

Conclusion & Recommendations including any resulting action plan	<p>Potential equality impact has been identified across a range of protected characteristics, with the greatest impact on:</p> <ul style="list-style-type: none"> • Age • Disability • Race • Religion <p><u>Action plan:</u></p> <ol style="list-style-type: none"> 1. Further engagement with faith groups. 2. A focus on disability gives us an opportunity to link to learning disability services – a priority for the Doncaster Health & Wellbeing Board. 3. A greater focus on green light working to ensure collaborative pathways for people with dual needs (MH and LD). 4. A focus on race gives us the opportunity to consider targeting mental health communications in culturally sensitive ways into black and minority ethnic communities via community engagement channels. 5. Developing a robust data set which identifies the ethnicity of people diagnosed with mental health on GP registers. 6. Continue to work with RDASH to identify patient experience of mental health services across protected characteristic groups. 7. Undertake engagement to establish why people across the protected characteristics may be not accessing services. 8. Commissioners and providers of health and care services to fully consider those groups with protected characteristics who are at greatest risk of developing and
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	are living with mental ill health in their population, when commissioning and providing services.
Review date	July 2017