

## Due Regard Statement

<p>Person(s) responsible for completing this statement</p> <p>Karl Gluck – Outcome Manager</p> <p>Bilkis Bhula – Commissioning Officer</p>	<p><b>Date statement started: November 2013</b></p> <p><b>Date statement completed: 20<sup>th</sup> February 2013</b></p>
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### Name of the policy, service, strategy, procedure or function: (indicate whether new or revised)

Mental Health Wellbeing Service

### Briefly describe its aims and expected outcomes

An open tender process is planned for the 'Wellbeing Service' in March 2013; a targeted consultation with stakeholders on the proposed model for future wellbeing services in Gloucestershire took place during January and February 2013.

A review of the mental health day services began in 2008 to modernise the service in Gloucestershire as a result of national and local evidence demonstrating day centres provide little scope for meeting individual aspirations. By developing a 'Wellbeing Service' the overall aim of the service is to:

- improve outcomes for service users who experience mental health and wellbeing issues
- promote their recovery
- provide more choice and control to service users

- promote social inclusion and community wellbeing
- promote and enable greater involvement in mainstream activities within the local community

A commissioning plan was developed and regular consultation with service users, carers and staff have taken place. As part of the review independent consultants, Trinova undertook an in-depth evaluation of provision with a report produced in January 2011 which included a number of recommendations to re-structure the service. These included:

- early intervention
- improving the quality and accessibility of services
- incorporating a county-wide Community Bridge Builder service (delivered by a third sector provider)
- development of a peer support and a volunteer programme

In April 2012 an 18 month contract was awarded to Axis Consortium (a voluntary sector consortium) through a single tender negotiation. 'Independence Trust' is the lead provider, within the consortium. The contract finishes at the end of September 2013 with a new contract due to start on 1<sup>st</sup> October 2013.

As part of the ongoing development of the wellbeing service to facilitate participation and promote inclusion, we have begun to consult with existing services users, volunteers and staff. We have taken a targeted approach to engage with service users who do not currently use the service such as black and minority ethnic communities. The consultation has highlighted a need to create greater awareness of mental health within communities to remove the stigma, greater awareness of what services are available and how they can be accessed, to also work with providers and professionals who refer to services.

As the contract comes to an end, it is envisaged that continued consultation will further develop a more equitable access to provision which reflect the demography of local communities and better meet the needs of service users and ensures they have a greater input in their own care pathways and also how services are run.

## **Gathering the evidence base**

List the main sources of data, research and other sources of evidence, including full references, used to determine the impact of your work on each of the protected groups. If there are gaps in evidence, state what you will do to close them in the Action plan at the end of this document.

	<p align="center"><b>Service user Data (if applicable)</b></p> <p><b>If service user data is not available, use the action plan below to identify how service user data will be collated in the future.</b></p>	<p align="center"><b>Other (for example, local demographic data, research, ONS, partner data, officer knowledge)</b></p>																																								
<b>All</b>	<p>The service is a universal service accessible to anyone with mental health issues who currently meets the Gloucestershire 'fair access to care services' criteria' of critical or substantial needs. The current contract requires the provider to maintain records of the demographic profile of service users, assessments completed, outcomes of recovery plans and service usage. The most up-to-date monitoring report records a total of 553 referrals during 2012.</p>	<p>Specialist mental health services refer clients to the service; therefore these agencies will have client data.</p>																																								
<b>Age</b>	<p>The monitoring report for new referrals during 2012 by the current provider reports that of those who disclosed their ages:</p> <p>51% of service users are aged between 30-49 33% of service users are aged between 50-69 13% of service users are under 30 3% of service users are over 70</p> <p>Those requiring support related to illness such as Dementia are currently being reviewed and a transition plan for existing service users (including remaining with current provider) using individual budgets.</p> <p>The new contract will require the provider to work in partnership with young people's mental health services to better support transition into adults services but also to engage with younger people about their needs.</p> <p>In addition the new contract will require increased networking with groups such as the Autism Network to</p>	<p>The latest ONS estimate suggests that the County population was 593,500 at June 2010.</p> <table border="1" data-bbox="1182 759 2045 1110"> <thead> <tr> <th></th> <th>Total population (mid-2010)</th> <th>% 0-19</th> <th>% 20-64</th> <th>% 65+</th> </tr> </thead> <tbody> <tr> <td>Gloucestershire</td> <td>593,527</td> <td>23.4</td> <td>57.8</td> <td>18.8</td> </tr> <tr> <td>Cheltenham</td> <td>115,263</td> <td>23.4</td> <td>59.2</td> <td>17.4</td> </tr> <tr> <td>Cotswold</td> <td>83,538</td> <td>22.0</td> <td>55.9</td> <td>22.1</td> </tr> <tr> <td>Forest of Dean</td> <td>82,879</td> <td>23.0</td> <td>56.7</td> <td>20.3</td> </tr> <tr> <td>Gloucester</td> <td>118,440</td> <td>25.3</td> <td>59.6</td> <td>15.2</td> </tr> <tr> <td>Stroud</td> <td>111,717</td> <td>23.7</td> <td>56.8</td> <td>19.5</td> </tr> <tr> <td>Tewkesbury</td> <td>81,690</td> <td>22.3</td> <td>57.5</td> <td>20.2</td> </tr> </tbody> </table>		Total population (mid-2010)	% 0-19	% 20-64	% 65+	Gloucestershire	593,527	23.4	57.8	18.8	Cheltenham	115,263	23.4	59.2	17.4	Cotswold	83,538	22.0	55.9	22.1	Forest of Dean	82,879	23.0	56.7	20.3	Gloucester	118,440	25.3	59.6	15.2	Stroud	111,717	23.7	56.8	19.5	Tewkesbury	81,690	22.3	57.5	20.2
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	support parents/carers and young people with autism who currently do not access the services.	
<b>Disability</b>	<p>Mental health and well-being can encompass a wide spectrum of issues, the reasons and affects vary from person to person. These issues can itself be disabling for the person experiencing mental health problems. Life chances such as access to employment/education, control etc are important factors influencing the mental health of people with disabilities. A large part of ongoing improvements to the service is to increase resilience through improved community intervention.</p> <p>Those on the autism spectrum have been identified as a group who are currently not engaging with provision.</p>	<p>The Equality and Human Rights Commission defines someone with a disability in the context of assessing equality as those 'if s/he has a physical or mental impairment which as a substantial and long-term adverse effect on that person's ability to carry out normal day to day activities'.</p> <p>We are currently waiting for results from census 2011. However the 2001 census data reports 85,000 people across the County reporting a limiting long-term illness (LLTI) which is approx 15.4% of the total population. The incidence of limiting long-term illness is highly linked to old age. Nearly 56% of people aged 75+ had a LLTI compared to 16% among the 45-59's.</p>
<b>Sex</b>	<p>Monitoring data of referrals during 2012 shows women are the largest group of service users at 53%.</p> <p>However in the Cheltenham district almost 60% of the service users are men.</p>	<p>The overall gender split of Gloucestershire population is slightly skewed towards female – 49.1% male and 50.9% female, which mirrors the gender distribution in the UK and which may be the reason for higher numbers of women accessing the service.</p> <p>Depression, anxiety, self harm and attempted suicide are more prevalent in women while completed suicide is more prevalent in men.</p> <p>Women are much more vulnerable to poverty and unemployment and are more likely to suffer domestic violence, rape and child abuse. While drug and alcohol abuse, crime and violence are much more prevalent among men.</p> <p>It is also estimated that among the single-parent households with dependent children, which are estimated at around 15,000 in Gloucestershire, about 88% are headed by a woman and 12% by a man.</p>

<p><b>Race (including Gypsy &amp; Traveller)</b></p>	<p>The current provider has supplied ethnicity data for referrals during 2012 for 301 service users.</p> <ul style="list-style-type: none"> <li>83% White British</li> <li>13% client declined to give data</li> <li>2% Any other white background</li> <li>1% White Irish</li> <li>1% Pakistani</li> <li>1% any other ethnic group</li> <li>1% White and black Caribbean</li> </ul> <p>Consultation undertaken during January 2013 with Black and Ethnic Minority communities has raised issues of lack of awareness within the community of the service. Possible issues with professionals who refer service users to the service.</p> <p>The new contract will require a greater degree of performance reporting relating to engaging diverse communities and ensuring the provide greater demographic reporting of their service users.</p>	<p>The latest data from the ONS on ethnic population suggest that the number of people in Gloucestershire from a Black and Ethnic Minority (BME) origin was around 36,700 in mid-2009, representing 6.2% of the county population. Almost one in four of these were Asian or Asian British (39%). The largest numbers of the county BME population were in Gloucester (11,300) and Cheltenham (9,100).</p> <p>Gypsy and Travellers Census 2001 identifies a total of 2,400 households in the County were living in a caravan, other mobile or temporary structure, representing about 0.97% of all households in the County at the time. The figures, however, do not distinguish between travellers and non-travellers.</p> <p>New statistics from the ONS concerning the number of gypsy and traveller caravans in the county suggest that on the latest count, the total number of gypsy and traveller caravans (including authorised and unauthorised) was 395 as at January 2011, with Tewkesbury accounting for two-thirds (261). There is no data with regard to the number of residents living in these caravans.</p>
<p><b>Gender reassignment</b></p>	<p>The service is inclusive for all and the impact this particular group would be neutral. Re-structuring of the service has included supporting those with anxiety/depression to receive early intervention in conjunction with Primary Mental Health service. It is recognised that those undergoing gender reassignment often experience a mental health problems as a result of their experience. Currently no monitoring data is requested on the profile of this group.</p>	<p>There is no definitive data or official estimates of the number of people with gender reassignment or the number of transgendered people in Gloucestershire as 'publicly collected data on transgendered people is virtually non-existent'. However, the Equality and Human Rights Commission official website quotes a Home Office funded study which suggest that between 300,000 and 500,000 adults in the UK are experiencing some degree of gender variance, and therefore could face inequality as a result. The figures are equivalent to 0.6% - 1% of the UK adult population. (Source: Equality and Human Rights Commission). Applying the same proportions to the Gloucestershire adult population, the number of transgendered people in the county could be estimated at between 2,800 and 4,700.</p>

<b>Marriage &amp; civil partnership</b>	<p>The service is inclusive for all. The service does not currently provide relationship counselling as part of the menu of services. This can be developed by providers as a service which can be additional to the contracted service.</p>	<p><b><u>Marriage</u></b> Information based on GCC local projection model which incorporates official (DCLG) data on marriage trends suggests that cohabitations are increasingly common across all ages and this trend is expected to continue. By contrast, the number of marriages has become static and is predicted to remain so in the near future. The number of lone parents is predicted to rise slightly.</p> <p><b><u>Civil Partnership</u></b> The annual number of formations ranged from 60 to 70, and the total number of formations was 191 during the period 2008-2010. (Source: ONS)</p>
<b>Pregnancy &amp; maternity</b>	<p>The service is inclusive for all and the impact on this particular group would be neutral. Good mental health is clearly an important aspect in pregnancy, infancy and early childhood.</p> <p>The current service has been broadened to include prevention which should enable the service to offer social support during pregnancy and the postnatal period.</p>	<p>There were around 6,900 pregnancies in Gloucestershire in 2010, slightly higher than the average of 6,500-6,700 in previous years. The largest numbers of pregnancies fall into the 30-34 and 25-29 age groups, continuing the trend of later motherhood. These are also the ages when woman employment rate is at one of its highest, 77.5%.</p> <p>More than a quarter of county pregnancies in Gloucester, where the under-18 teenage pregnancy rate was also the highest (14.2 per 1000) in the county.</p>
<b>Religion or Belief</b>	<p>The service is inclusive of anyone's religious beliefs or culture. Quarter 3 reported on service users religious beliefs of those who chose to disclose as:</p> <ul style="list-style-type: none"> <li>10% No religion</li> <li>5% Christian</li> <li>4% Church of England</li> <li>3% Roman Catholic</li> <li>2% Catholic: not Roman Catholic</li> <li>1% Atheist</li> <li>1% Buddhist</li> <li>1% Jehovah's Witness</li> <li>1% Salvation Army</li> </ul>	<p>The only reliable data available on people's religion in the county is taken from the Census 2001. Data for 2011 census is due shortly. However 2001 census data suggest that Christianity was the most common religion in Gloucestershire (75.9%), followed by 'no religion' (15.0%) and Muslim (.0.6%).</p> <p>The recent ethnic trends suggest that the fastest growing ethnic groups in Gloucestershire between 2001 and 2009 were 'White-other White' (up by 7,400 people, most likely to be from Eastern Europe) and 'Indian/Indian British' (up by 4,800). This would suggest that the proportions of people in Gloucestershire districts whose religion is Christian, Muslim and Hindu may have increased since 2001.</p>

<b>Sexual Orientation</b>	The service is inclusive, and we anticipate this is more likely to be positive impact for this group. However data on service user'ssexual orientation is not requested currently by commissioners.	<p>There is no definitive data on sexual orientation among the local population. Previous estimates by the Government Treasury, and quoted by Stonewall, suggest that around 5-7% of the adult population (aged 16+) are gay, lesbian or bisexual. This would translate into between 24,000 and 34,000 adults in Gloucestershire. However, a more recent estimate from the ONS Integrated Household Survey put it at 1.9%. This would equate to around 9,200 adults in the County.</p> <p>Compared to heterosexual people, gay, lesbian and bisexual people are found to be more likely to be younger (16-44), male, white, have no religion, better qualified and have managerial/professional occupations. (Source: Integrated Household Survey, ONS, September 2010)</p>

	<b>Workforce data</b> <b>If employees are affected by your 'project' please outline the profile of the workforce affected below.</b>
<b>All</b>	<p>The service is a commissioned service, managed by an independent provider. Therefore data relating to the workforce is not applicable.</p> <p>As part of the invitation to tender we will be asking bidders whether they have an equality and diversity policy, how they intend to engage particular communities who are currently hard to engage such as black and minority ethnic communities.</p> <p>We will also be asking bidders to provide information on discrimination claims made in the past three years.</p>

<b>Age</b>	N/A
<b>Disability</b>	N/A
<b>Sex</b>	N/A
<b>Race (including Gypsy &amp; Traveller)</b>	N/A
<b>Gender reassignment</b>	N/A
<b>Marriage &amp; civil partnership</b>	N/A
<b>Pregnancy &amp; maternity</b>	N/A
<b>Religion or Belief</b>	N/A
<b>Sexual Orientation</b>	N/A

### **Consultation and engagement**

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List all types of consultation that has taken place during the development of this activity. Include on-line consultations, events, meetings with stakeholders, community events, employee consultation exercises etc

Between December 2012 – February 2013 we undertook a number of consultations, meetings and visits with

- Existing service users
- Black and minority ethnic communities
- Young people known to mental health services
- Those on the autism spectrum
- Carers of those with mental health issues including young carers
- Existing staff and volunteers i.e., what's working/not working etc

The feedback from the various means of dialogue have informed the business case of the Wellbeing Service and the future specification.

Our consultation included the following questions:

- What knowledge do they have of the 'Wellbeing' service currently provided by Axis Consortium, which include:
  - opportunities to meet other clients/service users (also called 'Safe Space')
  - opportunities for 1:1 support ()
  - opportunities to access activities in the community such as volunteering
  - community Bridge Building
- What other wider knowledge of mental health provision in the county do they have?
- What, if any services/support they are currently accessing – does it include provision by Axis Consortium?
- What type of support or help has most helped in their recovery?
- What information and advice do they need to have access to in the future?
- What type of support would best help them achieve what they want to achieve?
- Do they feel this support is available to them?

## Equality analysis: What the evidence shows

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. In the next section you will be required to document how you will mitigate any negative impacts.

Useful questions to consider:

Do policy outcomes and service take-up differ between people with different protected characteristics?

What are the key findings of your engagement?

If there is a greater impact on one group, is that consistent with the policy aims?

If the policy has negative impacts on people with particular characteristics, what steps can be taken to mitigate these effects?

Does any part of the policy discriminate unlawfully?

Will the policy deliver practical benefits for certain groups?

Does the policy miss opportunities to advance equality of opportunity and foster good relations?

Do other policies need to change to enable this policy to be effective?

What are the impacts to the workforce?

Briefly outline your main findings that relate to the Council's commitment to: **Eliminate discrimination (consider potential for indirect discrimination) Advance equality of opportunity Promote good relations. This can include challenges and opportunities.**

***Note: If you are assessing a number of options, you should consider the opportunities and challenges of EACH option.***

Protected group	Challenge or opportunity
All	Delivers benefits for all groups as the service is a universal service, however improved analysis of service users, engagement with community based organisations, mental health specialist services and promotion will ensure all groups are able to access provision.
Age(A)	Service is an adult's service; access by a wide age group of service users. Consultation with parents and carers of children currently accessing mental health services will help to improve transition into adult service for this group of service users.

<b>Disability (D)</b>	Currently have no monitoring data on whether service users have any physical impairment. Data will be requested from the Primary Mental Health Team to help analyse whether service users with physical impairment are referred to the service. In addition the provider of the contract will be required to collect demographic data on disability.
<b>Sex (S)</b>	The service benefits both genders; the provider will be required to provide data by localities which will help Commissioners better analyse service users.
<b>Race (including Gypsy &amp; Traveller)(R)</b>	<p>Trinova undertook an in-depth evaluation of provision with a report produced in 2009. This report is available upon request.</p> <p>The report identified that there is a need to reach out to black and minority ethnic communities and other groups under-represented within local mental health care. The new contract specification requires the provider to better engage and regular reporting of progress to community organisations as part of improving service provision to these communities.</p>
<b>Gender reassignment(GR)</b>	The current contract does not request monitoring data relating to service users experiencing Gender reassignment. Recording of data relating to this area will be included in the new contract.
<b>Marriage &amp; civil partnership (MCP)</b>	The current contract does not request monitoring data relating to marriage and civil partnership of service users. Recording of data relating to this area will be included in the contract.
<b>Pregnancy &amp; maternity (PM)</b>	The current contract does not request monitoring data relating to pregnancy and maternity. Recording of data relating to this area will be included in the contract.
<b>Religion and/or Belief (RAOB)</b>	The current provider has begun to provide limited data relating to religion/beliefs of those service users who are new referrals to the service. We will continue to request this data

	as part of the new contract.
<b>Sexual Orientation(SO)</b>	Although the current provider is required to provide this data as part of the contract, the data has not been supplied. The requirement will be discussed at the monitoring review meeting.
<b>Carers</b>	<p>Consultation with carers and young carers took place during January and February 2013. In addition we will be liaising with other consultation undertaken by Commissioners as part of different contracts including Public Health.</p> <p>The new contract requires the provider to support carers through signposting them to appropriate services which cater for their needs but also to engage carers in monitoring and evaluating the service users care plan, where appropriate.</p>

**Strengthening actions: Outline what actions have been identified to mitigate the key findings identified above by protected group.**

<b>Potential/ actual impact</b>	<b>Protected group (s) affected</b>	<b>Proposed mitigating action(s)</b>	<b>Accountability</b>	<b>Timeframe</b>
Improved participation by underrepresented groups	BME Young people Autism Spectrum Carers	Organise consultation meetings with groups identified in the consultation and engagement section  Through the contract specification	Karl Gluck	Consultation events December 2012 – February 2013. Further ongoing consultation as part of development of contract to be

		<ul style="list-style-type: none"> <li>Working in partnership with community providers</li> <li>contract monitoring requirements</li> </ul>		planned.
Improved demographic data	Disability GR MCP PM	Build on current demographic data on equalities pages, Maiden and South West Observatory to measure impact and outcome of service	Karl Gluck	Continual improvement of data to measure progress of service throughout the lifetime of the contract
Improved service user data	Age Ethnicity Religion	Part of the new contract Terms and Conditions	Karl Gluck	1 <sup>st</sup> October 2013

## Monitoring and Review

Action	Accountability	Timeframe
Continued joint working with Primary Mental Health Service	Karl Gluck	Ongoing
Meeting with Axis Consortium (current provider)	Karl Gluck	Ongoing – September 2013
Meeting with provider of new contract	Karl Gluck	August 2013 – ongoing timeframe of contract

## Sign off and Scrutiny

Signed off as complete by:  <b>Karl Gluck</b>	Date: 21/2/13
Senior level sign off:   <b>Margaret Willcox</b>	Date: 27/2/13
<b>Name of relevant Portfolio Holder/Cabinet Member:</b>  <b>I confirm that I have examined sufficient information and understood the potential impact of the proposal. I am in agreement with the proposed mitigating actions and confirm that I have had due regard to the needs set out in section 149 of the Equality Act 2010.</b>	
<b>Signed by Portfolio Holder/Cabinet Member:</b>   <b>Cllr Antonia Noble</b>	Date: 27.2.13
<b>Assessment published alongside cabinet report:</b>	Date: 27.2.13