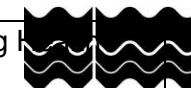


Title of Project/Service/Policy	Mental Health Community Outreach Service (Eastbourne)
Team/Department	Older People's Directly Provided Services
Directorate	Adult Social Care & Health
Provide a comprehensive description of your Project (Service/Policy, etc.) including its Purpose and Scope	<p>Summary of changes to original proposal</p> <p>This Equality Impact Assessment (EqIA) was initially completed for the original proposal which was to discontinue the ASCH direct provision of mental health community outreach services and consider providing this support via a range of existing, universal community and bed-based services, including: occupational therapy teams, community mental health teams, the carer's breaks team, Milton Grange Mental Health beds and the Joint Community Re-ablement Team (JCR).</p> <p>The consultation processes have resulted in the original proposal being amended. The proposal now being put forward to Cabinet is to cease the Mental Health Community Outreach service and to provide an equivalent service through developments specifically in the JCR service and Milton Grange Mental Health Intermediate Care beds. Due to the relatively small number of people served by the Mental Health Community Outreach service, capacity of this service model is not expected to be an issue and the new service configuration will be able to offer an almost like-for-like service.</p> <p>The main risks of going ahead with the new proposal are:</p> <ul style="list-style-type: none"> • The alternative options for adults normally accessing the mental health outreach service do not meet the needs of those people accessing this service • Services that usually refer to the Mental Health Community Outreach service are not aware of the alternative provision, for example JCR and how to refer into those services • Increase in demand for those alternative services <p>If the new proposal is agreed the risks will be mitigated by:</p> <ul style="list-style-type: none"> • Conducting research with current mental health community outreach stakeholders to establish what would be beneficial to be added to the current JCR and Milton Grange mental health beds offer, identify any service gaps, and what is required of the future offer. This will include evaluating the skills, development, and training of staff. • Revising the access criteria for JCR and Milton Grange mental health beds • Establish a clear, new referral pathway for JCR and Milton Grange mental health intermediate care beds



- Implementing a communication and engagement strategy for referral services including Health and Social Care Connect (HSCC)

Background and original proposal

The Mental Health Community Outreach service is based at Milton Grange in Eastbourne and offers a range of therapeutic interventions to people living in the community who have a mental health need. It is a short-term service, operating seven days a week. It offers support for up to four weeks to a maximum of 15 people at any one time. The service has seven members of staff, who are employed by the Council.

People are typically referred to the service by the Council's Health and Social Care Connect contact centre, or by health professionals such as GPs and community nurses. They can also be referred to the service by other adult social care teams.

The service offers therapeutic interventions to people with mental health needs living in the community. This includes older people with depression and/or anxiety, mild cognitive impairment, and dementia. The team can refer people into bedded care when necessary, for example if someone is in crisis.

The staff carry out home visits to people, where they carry out assessments on topics such as mobility, equipment, mental health, and wellbeing. Through support planning, they then help people to identify ways of completing everyday tasks that they may be finding challenging due to their mental health needs. The service also provides support and advice for carers.

The aim of the service is to:

- promote faster recovery from illness,
- support people to get home from hospital,
- prevent unnecessary hospital or care home admissions,
- maximise independent living at home,
- provide support for carers and allow them to continue in their caring role,
- identify any care and support needs the adult has through a range of assessments, and
- support people to access and engage with other community support and activities.

The service supported 118 people between April 2023 and March 2024.

What is being proposed:

It is proposed that we stop providing the Mental Health Community Outreach Service in its current form. People already using the service would not be affected by the change due to short-term nature of the



service. If the proposal were agreed, we would stop accepting new referrals from February 2025. The service would cease from April 2025.

There would still be mental health support available to this group of people provided by other Adult Social Care teams. As an alternative, people would be able to access other services provided via the JCR service and the Milton Grange Mental Health Intermediate Care beds.

Why we are proposing this saving:

While we recognise the importance of this service, the budget pressures we face mean that we have to make difficult decisions about how we spend our money. The support provided by the outreach service is or could be available from other teams and therefore the proposal has a less adverse impact than other savings options.

As the original proposal included significant changes to services, there was a public consultation on the service area starting on 3rd October 2024 and running for eight weeks until 28th November 2024. The results will be presented, alongside this Equality Impact Assessment, to the Council's Cabinet in February 2025.

As above the consultation processes have informed amendments to the original proposal for the Mental Health Community Outreach service.

1. Update on previous EqlAs and outcomes of previous actions (if applicable)

What actions did you plan last time? (List them from the previous EqlA)	What improved as a result? What outcomes have these actions achieved?	What <u>further</u> actions do you need to take? (add these to the Action Plan below)
There are no relevant actions from the previous EqlA assessment.		

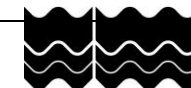
2. Review of information, equality analysis and potential actions

Consider the actual or potential impact of your project (service, or policy) against each of the equality characteristics.

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations															
Age	<p>Census Data According to the 2021 Census, the greatest growth occurred in the 70-74 age category, which increased by 46.6% compared to a national average of 36.8%. The proportion of the population of East Sussex aged 65 and over now stands at 26.1%, up from 22.7% in 2011. Proportion of Population by age range (%):</p> <table border="1"> <thead> <tr> <th></th> <th>0-19</th> <th>20-44</th> <th>45-64</th> <th>65+</th> </tr> </thead> <tbody> <tr> <td>East Sussex</td> <td>21</td> <td>25</td> <td>28</td> <td>26</td> </tr> <tr> <td>England</td> <td>23</td> <td>33</td> <td>26</td> <td>18</td> </tr> </tbody> </table> <p>Service Data Of 114 adults who left the service between April 2023 and March 2024, the majority were older people aged 65+: 21.1% were aged 18-64 13.2% were aged 65-74 30.7% were aged 75-84 and 35.1% were aged 85+.</p> <p>National data</p>		0-19	20-44	45-64	65+	East Sussex	21	25	28	26	England	23	33	26	18	<p>November 2024 public consultation:</p> <ul style="list-style-type: none"> Of the 48 respondents to the consultation, 24 people shared their age with us. The most common age of respondents were between 35-54 (22%) and 60+ (25%). Most respondents disagree with the proposal to close the service, seeing it as a vital lifeline, and no one agreed with the proposal. People said the proposal would be particularly detrimental to older people or those with dementia and without the service people and their family and carers 	<p>The originally proposed change may have had a negative impact on older people by offering a different service model.</p> <p>Mental health is a key priority for older people, but can be disregarded due to individual and systemic ageism.</p> <p>With evidence that older people are already presenting to social care with more urgent requests for care due to mental health, closure of the community outreach service could potentially increase/or compound existing mental health needs.</p> <p>Older people are more likely to be digitally excluded. It is important that any information about service changes and alternative provision is accessible and provided in a range of formats.</p>	<p>The amended proposals provide for an almost like-for-like service with the only change of it being offered by JCR and Milton Grange beds, rather than the Community Outreach Team. This mitigates the impact for older people.</p> <p>We will conduct research with current mental health community outreach stakeholders to establish what would be beneficial to be added to the current JCR and Milton Grange mental health beds offer, identify any service gaps, and what is required of the future offer. This will include evaluating the skills, development, and training of staff.</p> <p>We will revise the access criteria for JCR and Milton Grange mental health beds</p> <p>We will establish a clear, new referral pathway for</p>
	0-19	20-44	45-64	65+															
East Sussex	21	25	28	26															
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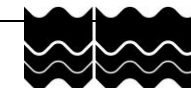
	<p><u>According to Age UK</u>, three out of ten people aged 65 to 74 and two-thirds of those aged 75 and over are not online.</p> <p>There is also a link to social disadvantage. For example, while only 15 per cent of people aged 65 to 74 in socio-economic group AB do not use the internet, this rises to 45 per cent in group DE.</p> <p>The Office of National Statistics (ONS) records the proportion of non-internet users as halving between 2011 and 2018, down from 20% of adults to 10%. of those who are classed as non-internet users, 55% come from adults aged over 75, and 24% of those aged 65 to 74.</p> <p>According to the Centre for Ageing Better, our older population is more diverse than ever before (in terms of ethnicity and sexual orientation). With increasing diversity among our older population, we are likely to see inequality grow.</p> <p>Disadvantage accumulates across the life course. The gaps in health and wealth between the richest and poorest become greater with age and are actually larger</p>	<p>would become more isolated, not knowing where else to turn for support.</p> <p>One respondent stated: "Elderly people are isolated enough and this has a huge impact on their mental health, scrapping this service would mean a deterioration of the most vulnerable."</p>		<p>JCR and MIND mental health care beds</p> <p>We will implement a communication and engagement strategy for referral services including Health and Social Care Connect (HSCC)</p> <p>If proposals go ahead, we will link with the Information, Guidance and Feedback team to ensure information on service options is provided in a range of formats and channels.</p>
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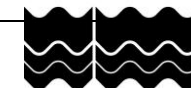
within older age groups than they are between generations. The poorest people live shorter lives and live many more years in bad health. Women, disabled people, carers, self-employed people, and people from some minority ethnic backgrounds are more likely to be living in poverty.

According to the [DWP](#), almost one in five pensioners in the UK were living in relative poverty in 2023 (19% before housing costs and 16% after housing costs) and pensioners in material deprivation increased to 8%, its highest level since 2016.

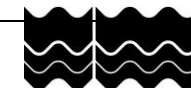
Research indicates that psychological wellbeing and health are more closely linked at older ages than in the general population. In other words, mental health is a priority for older people's quality of life. But it can also affect other issues, including physical health, which means that failing to prioritise mental health carries a heavy cost for both individuals and society. At the same time, the mental health of older people has been overshadowed by ageism: older people's mental health needs have been disregarded, at both an



	<p>individual level and in the development of health and care systems (Age UK, 2024).</p> <p>Age-specific barriers to accessing mental health support include physical limitations to mobility, including living with frailty, reduced access to means of transport, isolation and digital exclusion (Age UK, 2024).</p> <p>People aged 65 and over are presenting with more severe and urgent needs. In 2021/2022, Directors of Social Services reported a significant increase in urgent requests for care due to mental health (Nuffield Trust, 2023).</p>			
Disability	<p>Census Data: In the 2021 census, 20.3% of East Sussex residents were living with a long-term physical or mental health condition or impairment that affected their ability to carry out day-to-day activities in 2021, the same proportion as in 2011 (compares to 18% for England & Wales). 34.8% of households in East Sussex had at least one member identifying as disabled under the Equality Act in 2021.</p>	<p>November 2024 Consultation responses raised concerns about the following potential impacts of removing this service:</p> <ul style="list-style-type: none"> • Poorer mental health • Isolation • A risk of suicide • More people in crisis • Untreated mental health leading to more substance misuse • Poorer physical health 	<p>The proposed change will have a negative impact on disabled people.</p> <p>People are living with disabilities for longer and poor mental health can exacerbate physical health conditions – having one increases the risk of the other.</p> <p>It is important that any information about service changes and alternative provision is accessible to people with sensory</p>	<p>The above mitigations will apply for all protected characteristics.</p>



	<p>Service data:</p> <p>Of 114 adults who left the service between April 2023 and March 2024, primary support reasons were as follows:</p> <p>Mental Health Support: 23.7% Physical Support: 28.1% Sensory Support: 0.9% Social Support (including substance misuse support): 5.3% Support with memory and cognition: 41.2% Not recorded: 0.9%</p> <p>Diagnosed health conditions were not recorded for 15.8% of adults. Of those that were recorded, 54.4% had a mental health condition including dementia, 27.2% had a long-term physical condition, 12.3% had a long-term neurological condition, 4.4% had sensory impairment (note that adults can have multiple health conditions so the percentage will add up to more than 100).</p> <p>National data:</p> <p>As the UK population is ageing, people are living with physical and</p>	<ul style="list-style-type: none"> • Cuts target vulnerable people • Detrimental to people with Dementia in particular • Detrimental to people with mental illness in particular <p>15.9% of respondents to the consultation shared that they had a physical or mental health condition or illness lasting or expected to last 12 months or more. (40.9% did not answer this question).</p> <p>Health professionals felt that without the service people would become less independent and at increased risk of harm, which will increase demand on other services.</p> <p>There is concern regarding what other sources of mental health support people will access, especially with high waiting times for other mental health services and proposed closure of the Council's day services for older people.</p>	<p>impairment and provided in a range of formats.</p>	
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neurodegenerative conditions for longer. Mental and physical health problems have complex interactions among older people: having one increases the risks of the other, and poor mental health exacerbates physical health problems. This is compounded for those with neurodegenerative conditions, or those who are misdiagnosed (for example with dementia instead of depression, or vice versa). The mental health of this population is therefore increasingly important for health and care services to address effectively ([Age UK, 2024](#)).

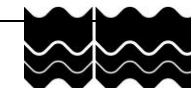
According to a report by [Sussex Community Foundation](#), disabled people are more likely to live in areas of Sussex that are ranked as highly deprived. 27% of all people in Sussex living in the most deprived 10% of areas in the country had a disability, compared with 14% of those living in the least deprived areas.

Wealden Citizens Advice told us:
“The ability to conduct home visits is essential to these clients. The current waiting times for client's to be seen under this existing service are really good, if this ceases then there will be added demand and longer waiting times from other services. Those with Mental Health issues have crisis periods and need to be seen in a timely fashion and not have long waits for the help that they need.”

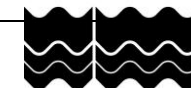
One respondent told us:
“Over the years these services have gotten smaller and smaller and less accessible and closing this service is just another closure of vital support for those already vulnerable individuals. This could lead to more reliance with their GP - But these services are limited in what they can provide if no medical need is present. It will increase the isolation of many individuals with mental health.”



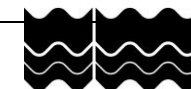
<p>Gender reassignment</p>	<p>Census data:</p> <p>1640 residents declared their gender identity was different to that assigned at birth which is 0.4% of the population.</p> <p>Service data:</p> <p>Most adults who left the service between April 2023 and March 2024 identified as either male or female. 0.9% of adults identified as an 'other' gender. There is no specific data on adults who identify as trans.</p> <p>Local data:</p> <p>The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+)¹ Comprehensive Needs Assessment estimates that there may be 5,572 Trans and Gender Diverse (TGD) people (1% of the population) living in East Sussex</p>	<p>Of the people who responded to the public consultation, none told us that they had a different gender identity to the sex registered at birth.</p> <p>There were no comments raised in consultation responses specifically focused on gender reassignment.</p>	<p>It is not possible to determine whether any adults identify as trans as we have no specific data on this. However, the needs of trans people, who already face significant barriers and inequalities in social care services, should be noted.</p>	<p>The above mitigations will apply for all protected characteristics.</p>
<p>Pregnancy and maternity</p>	<p>No one affected by this protected characteristic uses this service.</p>	<p>No respondents to the public consultation stated that they were pregnant or had given birth in the last 12 months.</p>	<p>N/A</p>	<p>The above mitigations will apply for all protected characteristics.</p>
<p>Race (ethnicity) Including migrants, refugees, and asylum seekers</p>	<p>Census data</p> <p>88.3% of usual residents of East Sussex said that they belonged to the White:</p>	<p>25 of the 44 respondents to the public consultation shared their ethnicity. Of these- 22 were White: English, Welsh, Scottish,</p>	<p>We know from service data that a small number of adults are from ethnic minorities, however it is not possible to make an</p>	<p>The above mitigations will apply for all protected characteristics.</p>



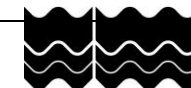
	<p>English, Welsh, Scottish, Northern Irish or British ethnic group. Ethnic minority groups including white minority groups (Irish, Gypsy or Irish Traveller, Roma, Other White) make up 11.7% of usual residents in East Sussex. This compares to 18.8% in England.</p> <p>Service data</p> <p>Of 114 adults who left the service between April 2023 and March 2024, 78.9% were White British, 10.5% were White – any other background, 0.9% were Asian/Asian British, 0.9% were Black/Black British, and 1.8% were Mixed.</p> <p>Ethnicity was not obtained for 7% of adults.</p> <p>National data</p> <p>There is evidence that some groups of people in later life have a higher risk of mental health difficulties than others, including Those from minoritised communities and immigrants (and those living in poverty) (Age UK, 2024).</p> <p>According to Sussex Community Foundation, people from Non-White ethnic groups are also</p>	<p>Northern Irish or British. 1 white- Austrian, 1 white-European and 1 Asian or Asian British Chinese. 19 respondents did not share this information with us.</p> <p>No comments specifically related to ethnicity were made on responses to the public consultation.</p>	<p>accurate assessment of the total number, as data has not been obtained from 7% of adults.</p> <p>There is national evidence that ethnic minority older people (who are also more likely to be living in poverty and to have poor health) are at higher risk of mental health difficulties. Consideration should be given to the needs of ethnic minority people who may be particularly impacted by the cumulative impact of reductions to council services.</p>	
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	disproportionately likely to reside in more deprived areas of Sussex, with 14.4% living in the most deprived 10% of areas, compared with 6.6% of people in the least deprived areas 10% of areas in England.			
Religion or belief	<p>Census data:</p> <p>In 2021, 45.9% (250,330) of usual residents of East Sussex identified as Christian, down from 59.9% (315,650) in 2011. The second most common religion in East Sussex after Christianity is Islam. The proportion of the population stating they were Muslim increased from 0.8% of the usual resident population (4,200) in 2011 to 1.1% (6,190) in 2021. This is low compared to both the South East Regional and the English national averages, with 3.3% of residents in the South East specified their religion as Islam, and 6.7% across the whole of England.</p> <p>Service data:</p> <p>Of 114 adults who left the service between April 2023 and March 2024, 37.7% were Christian, 18.4% had no</p>	<p>25 of the 44 respondents to the public consultation shared their religion or belief. Of these, 14 do not have a religion, 7 identified as Christian, 2 as Buddhist 1 as Jewish and 1 as other.</p> <p>No comments specifically related to religion or belief were made on responses to the public consultation.</p>	No specific impacts are identified at this time.	The above mitigations will apply for all protected characteristics.



	religion, 0.9% were Hindu and 2.6% were an 'other' religion. 40.4% of adults did not state or refused to disclose their religion.			
Sex	<p>Census data: Of the population of East Sussex, 299,064 (52%) are female and 270,788 (48%) are male.</p> <p>Service data: Of 114 adults discharged from the service between April 2023 and March 2024, 56.1% were female, 43% were male and 0.9% were recorded as 'other'.</p>	<p>34.09% of respondents to the public consultation were female, 25% were male and 40.91% declined to answer this question.</p> <p>One view was given that the proposal to cut this service is detrimental to women carers in particular, however no further clarification was added to this statement.</p>	Men and women equally access this service and there is no disproportionate impact.	The above mitigations will apply for all protected characteristics.
Sexual orientation	<p>Census data: According to the 2021 Census 3.3% of East Sussex residents declared themselves as LGB+.</p> <p>Service data: Of 114 people who left the service over the last 12 months, sexual orientation was not recorded for 39.5% of adults.</p> <p>53.5% were heterosexual, 1.8% were unsure, 1.8% were an 'other' sexual orientation and 3.5% preferred not to say.</p>	<p>52.27% of respondents to the public consultation identified as 'straight'/heterosexual. 4.55% of respondents were Gay or Lesbian, 2.27% were Bisexual and 40.91% did not respond to this question.</p> <p>No comments specifically related to sexual orientation were made on responses to the public consultation.</p>	It is not possible to assess the number of LGBQ+ people accessing day services given gaps in data. However, older LGBQ+ people face significant barriers and inequalities when engaging with social care services and this should be considered when putting mitigations in place.	The above mitigations will apply for all protected characteristics.



Local data:

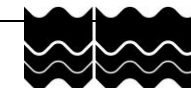
The 2021 East Sussex LGBTQI+ Comprehensive Needs Assessment estimates that there may be between 17,273 and 39,004 LGB+ people living in East Sussex (between 3.1% and 7% of the population)

In adults, the GP patient survey found that mental health condition prevalence was significantly higher in LGB+ people (41%), compared to heterosexual people (11%), especially in bisexual people (56%).

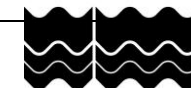
National data:

The [University of Kent Circle Project](#) highlights that older LGBTQ+ people have lived through discriminatory policies and laws that have severely impacted their confidence in public services and led to trauma, stress, and internalised stigma, which may have significant health implications. Because of this, there is an increased need for explicit LGBTQ+ inclusive services to signal people are safe to be themselves.

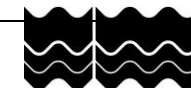
LGBTQ+ people may also have other increased risk factors for mental health issues, such as dementia and depression. These risk



	factors include stress, social isolation, loneliness, HIV, and addiction.			
Marriage and civil partnership	<p>Census data: According to 2021 census data for East Sussex:</p> <ul style="list-style-type: none"> • Single 29% • Married 46.5% • Civil Partnership 0.4% • Divorced 11% • Widowed 8% <p>Service data: Of 114 adults discharged from the service between April 2023 and March 2024, marital status was not recorded for 47.4% of adults.</p> <p>17.5% were widowed, 14.9% were married, 9.6% were divorced, 7.9% were single, 0.9% were civil partnered, 0.9% were separated and 0.9% did not disclose their marital status.</p>	This information was not collected as part of the public consultation, and no mention of marriage and civil partnership was made by respondents.	No specific impacts are identified at this time.	The above mitigations will apply for all protected characteristics.
Armed Forces	No one affected by this protected characteristic uses this service.	1 respondent to the public consultation answered that they were either serving or have previously served in the UK Armed Forces. 23 respondents answered 'no', and the remaining 20 people did not answer this question.	No specific impacts are identified at this time.	The above mitigations will apply for all protected characteristics.



		<p>Responses to the question 'Are you in a household or family where someone is currently or was previously serving in the UK Armed Forces?' were the same as above.</p> <p>No comments were made by respondents regarding the impact on people from this protected characteristic.</p>		
<p>Impacts on community cohesion</p>		<p>The November 2024 Public Consultation raised concerns about the following potential impacts:</p> <ul style="list-style-type: none"> Closing the service would increase pressure and costs elsewhere in the system, both for the Council and for other organisations who support this group of people, such as hospital dementia services. People said there aren't alternative services that could offer similar support if it closed. The universal services that people would use instead tend to have much longer waiting times for appointments. 	<p>The public consultation has raised concerns about proposals impacting on the most vulnerable in society, and the potential knock-on effect on other services if the original proposals were to go ahead.</p>	<p>The above mitigations will apply for all protected characteristics.</p>

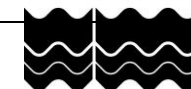


Healthwatch East Sussex told us: “The proposed changes may restrict people’s access to essential prevention and support services, which in turn may negatively impact their mental and physical wellbeing, place pressure on other services and potentially have cost implications in the longer-term.”

NHS Sussex told us:

“There could however be wider indirect system impact as this service is valued by the hospital dementia services. Reductions to, or cessation of this service could compound patient flow and delayed discharges.”

One respondent told us: “By providing this level of support, we can often reduce or avoid the need for 1-1 care and prevent transitions to more costly placements. The closure of this service could, therefore, lead to an increased reliance on less cost-effective alternatives, such as bedded inpatient units, placing additional pressure on the already

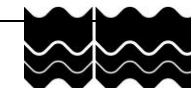


		<p>bursting healthcare system.”</p> <p>Another respondent told us: “At a time when poor mental health is common across ages and backgrounds, cutting vital services like this one will only increase anxiety and isolation for those who need and rely on the service. Again, the most vulnerable in society are paying the price of local and national financial difficulties.”</p>		
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Additional categories

(identified locally as potentially causing / worsening inequality)

Characteristic	What do you know?	What do people tell you?	What does this mean?	What can you do?
Rurality	<p>Census data: 74% of the population in East Sussex lives in an urban area with the remaining 26% living in a rural area (2021 census).</p> <p>Service data: Of 114 adults who left the service between April 2023 and March 2024, 11.4% lived in a rural area.</p>	<p>The November 2024 public consultation had responses from people living in all parts of the county, although the majority were from Eastbourne, Hastings and Rother (all 11%).</p> <p>We are not able to infer from the information gathered how many people from rural areas responded and no comments in the consultation were directly related to rurality, however some comments highlighted the importance of an</p>	<p>There may be a negative impact on people living in rural areas.</p> <p>Older people living in rural areas may find it harder to access alternative services</p>	<p>The above mitigations will apply for all protected characteristics.</p> <p>JCR operate in the community so would not require people to travel to the service.</p>

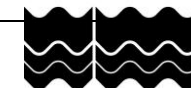


outreach service visiting people in their homes.

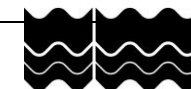
The service is praised for its accessibility and responsiveness, with people particularly valuing the fact it offers home visits. They said it prevents people's support needs increasing or becoming more complex.

Wealden Citizens Advice told us: "The ability to conduct home visits is essential to these clients. The current waiting times for client's to been seen under this existing service are really good, if this ceases then there will be added demand and longer waiting times from other services. Those with Mental Health issues have crisis periods and need to be seen in a timely fashion and not have long waits for the help that they need."

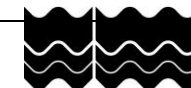
One respondent told us: "The advice given [by the service] was invaluable and because it was outreach, it was something which was easily accessed for very difficult to acquire advice."



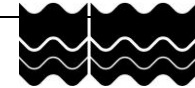
		Another told us: "Many people are just not capable of accessing services because they cannot leave their homes for various reasons. Statutory services are already stretched when it comes to providing Mental Health services."		
Carers	<p>Local data: There are over 10,000 persons claiming CA in East Sussex. (Source DWP Feb 2020) Care for the Carers estimates that there are 69,241 unpaid carers in East Sussex. It is difficult to know the actual number of carers because so many carers are hidden.</p> <p>According to a report by Care for the Carers on experiences of caring in East Sussex, 99% of carers feel stressed. 96% feel that their wellbeing has been affected as a result of the caring role. 94% are feeling alone or isolated. 92% report impact on their physical health. 83% are affected financially. 42% of carers want to, but can't access respite.</p> <p>Key challenges faced by carers include struggle to access services; stress,</p>	<p>10 people (22.73%) who responded to the public consultation told us that they look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age.</p> <p>Concerns were raised in response to the public consultation about the increased burden on family members and carers if these proposals go ahead.</p>	The proposed changes may have a negative impact on carers.	<p>The above mitigations will apply for all protected characteristics.</p> <p>The revised proposals to offer a near equivalent service, simply provided by other Older People's Directly Provided Services teams, means that there will continue to be a range of service options for adults and carers.</p>



	<p>burn out and severe impact on mental health - reaching services at the point of crises. Carers say that the ability to take time out from their caring role is crucial, but access to respite care remains very low.</p> <p>National data:</p> <p>Older people with caring responsibilities face an extra strain on mental health (Age UK, 2024).</p>			
<p>Other groups that may be differently affected (including but not only: homeless people, substance users, care leavers – see end note)</p>	<p>Local data:</p> <p>East Sussex is fifth most deprived of 26 County Councils. 13% of people aged 60 plus were living in poverty in 2019 (source Joint Strategic Needs Assessment). 10.3% of households were in fuel poverty in 2019 compared to 9.3 % in England.</p> <p>There is evidence that older people living in poverty and food insecurity are at higher risk of mental health difficulties in later life (Age UK, 2024).</p> <p>Approximately 52.1% of all homeless households in Sussex have severe</p>	<p>One respondent to the public survey told us that they felt this proposal would be detrimental to those with a drug and/or alcohol dependency.</p> <p>Several comments in the public consultation raised concerns about these proposals leading to more people in mental health crisis- a factor that is closely linked to many people in these groups.</p> <p>One respondent told us: “I fear these individuals will be without an appropriate level of support that meets their needs at a time prior to crisis, I worry that there will not be the services out</p>	<p>There are clear links between poverty, homelessness, disability, and mental health concerns. The mental health needs of people affected by any/all of these issues should be prioritised when considering potential mitigations.</p>	<p>The above mitigations will apply for all protected characteristics.</p>



	<p>physical or mental health needs Sussex Community Foundation (2023).</p> <p>East Sussex has over 1200 refugees from Ukraine staying in the county. Precise data on asylum seekers and refugees is not available however East Sussex currently has six adult asylum seeker hotels, with the majority in Eastbourne.</p> <p>Immigrants, refugees and asylum seekers have higher risks of developing and deteriorating mental health (Age UK, 2024).</p> <p>East Sussex is home to an estimated 2,300 people who use opiates and/or crack. Of these, 53.3% were in treatment at some point in 2021/22 which is above the national average of 46.3% . but it does indicate a possible further 1,050 people using opiates or crack who are not accessing treatment.</p> <p>Service data:</p> <p>Of adults discharged from the service between April 2023 and March 2024, 5.3% were primarily receiving support for social</p>	<p>there for these unique individuals. This could and will result in more reliance on more costly services out there longer term.”</p>		
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support, including
substance misuse support.

Assessment of overall impacts and any further recommendations - include assessment of cumulative impacts (where a change in one service/policy/project may have an impact on another)

Mental health is an important priority for older people, but older people's mental health needs are sometimes disregarded due to ageism.

The public consultation highlighted several potential impacts of this proposal. The top 10 themes were:

- 1) Impact: Poorer mental health (7 comments)
- 2) Views: Equivalent services not available (7)
- 3) Impact: Increased pressure on other services (6)
- 4) Views: Worry about where people will get support instead (6)
- 5) Impact: Isolation (5)
- 6) Impact: People won't get the support they need (5)
- 7) Impact: People at increased risk without service (4)
- 8) Views: Services already limited (4)
- 9) Comment about personal circumstances (3)
- 10) Service: Lifeline to people (3)

In emails and letters received the top identified impacts were:

- Impact: Increased burden on family/carer (2)
- Impact: Increased pressure on other services (2)
- Impact: NHS (2)
- Impact: Poorer access to support (2)
- Impact: Poorer mental health (2)

As a result of the feedback during the consultation on the original proposals, it is now recommended that whilst the current Mental Health Community Outreach Service will be ceased, the same service offer can continue to be provided by JCR and the Milton Grange Health Intermediate Care Beds. If the recommendation is agreed, this will mitigate the impact of ceasing to provide services through the Mental Health Community Outreach service. An equivalent service can be offered by JCR and bedded services at Milton Grange. Given the relatively small number of people seen by the Community Outreach service, and the size of the Council's JCR Teams, incorporating this service will have no material impact on waiting times across any of the services involved.

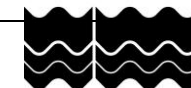
3. List detailed data and/or community feedback that informed your EqlA

Source and type of data (e.g. research, or direct engagement (interviews), responses to questionnaires, etc.)	Date	Gaps in data	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)
Responses to online consultation	16/12/24	There were 44 responses online with an additional 4 emails and letters.	

4. Prioritised Action Plan

NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
Relevant across protected characteristics	If the revised proposal is agreed we will amend and publicise referral pathways so that people who would have been referred to the Community Outreach Mental Health Teams will now be referred to other Older People's Directly Provided Services Teams – JCR and Milton Grange Intermediate beds. This will ensure people continue to have access to the services they need.	Everyone who would have been referred to the Community Mental Health Outreach service will now be referred to the new service providers.	There is no gap in service provision for anyone created by the revised delivery model.	Beginning April 2025
Relevant across protected characteristics	We will consult with current mental health community outreach stakeholders to establish what if anything would be beneficial to be added to the current JCR and Milton Grange mental health beds offer. Noting that these services already work with this group of people and their service specifications overlap.	We do not believe that there are in gaps in service between what can be offered by JCR and the Milton Grange Intermediate Care Mental Health beds and what was previously offered. However we will assure ourselves of this and also seek to enhance the offer where possible, based on stakeholder feedback.	There is no gap in service provision for anyone created by the revised delivery model.	Beginning April 2025
Relevant across protected characteristics	If the proposals go ahead we will evaluate the skills, development, and training needs, if any, of staff in	Given that these services already work with this group of people and their service specifications overlap we do not believe that there are	There is no gap in service provision for anyone created by the revised delivery model.	Beginning April 2025



	JCR and intermediate care beds and provide necessary training,	any additional training needs for staff in JCR and the Milton Grange Intermediate Care Mental Health beds. However we will assure ourselves of this and deliver any necessary additional training.		
Relevant across protected characteristics	Revising the access criteria for JCR and Milton Grange mental health beds	As above, specifications for the services already overlap. We will revise specifications to be clearer and ensure there are no gaps in our offer.	There is no gap in service provision for anyone created by the revised delivery model.	Beginning April 2025
Relevant across protected characteristics	If proposals go ahead, we will link with the Information, Guidance and Feedback team to ensure changes are promoted and communicated in formats which are accessible for all stakeholders	Stakeholders have the required information to make referrals into the service	There is no gap in service provision for anyone created by the revised delivery model.	Beginning April 2025