Equality Impact Assessment

Name of the proposal, project or service
Tough budget decisions – adult social care savings **Voluntary and community based mental health support (Commissioning Grants Prospectus)**

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How to use this form

Press F11 to jump from field to field in the form.

There are comments on some questions which you can view by pressing the show/hide pilcrow icon in the tool bar of Word. Some of you may use this to show paragraph and other punctuation marks:

You can delete the comments as you would for normal text, but they will not show up if you print out the form.

Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)

1.1 The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.

1.3 The Public Sector Equality Duty (PSED)

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have "due regard" to the need to

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,
- advance equality of opportunity and foster good relations between those who share a "protected characteristic" and those who do not share that protected characteristic (see below for "protected characteristics"
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

1.5 East Sussex County Council also considers the following additional groups/factors when carry out analysis:

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers
- Rurality

1.6 Advancing equality (the second of the equality aims) involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low

NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision,this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.

- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty

Part 2 – Aims and implementation of the proposal, project or service

2.1 What is being assessed?

a) Proposals to reduce funding for: Commissioning Grants Prospectus 2012 Mental Health Community Support

Services commissioned for mental health through the 2012 Commissioning Grants Prospectus. (October 1st 2012 – Sept 30th 2016)

The specific services are:	No Beneficiaries
Health and Wellbeing Centres – recovery orientated flexible/personalised mental health support in Hastings, Bexhill, Rother, Newhaven and Lewes. And respite for carers	1,712
Health and Wellbeing Centres – recovery orientated flexible/personalised mental health support in Eastbourne. And respite for carers	235
Health and Wellbeing Centres – recovery orientated flexible/personalised mental health support in North Wealden. And respite for carers	137
Health and Wellbeing Centres – recovery orientated flexible/personalised mental health support in South Wealden. And Respite for carers.	128
***Supported Employment** - using Individual Placement and Support (IPS) model enabling independence and recovery.	563
Community Links – mental health support for people within their own community.	458
***Peer Specialist Support** – Enabling people to build plans towards their personal recovery goals, resilience and self-management.	327
***Drop-in centre** - for hard to engage people in St Leonards including homeless, street drinkers and people who may not have a formal mental health diagnosis due to their hectic lifestyles.	566
***Hard to engage** – welfare benefits advice and representation for vulnerable people.	60
***Day support for people with early on-set dementia** and respite for their carers	48
Total beneficiaries	4,234

A reduction in these services will significantly reduce activity levels for social care support and place some provision at significant risk of service closure/decommission (marked with *)

b) What is the main purpose of these services?

Note: The strategic purpose of these services was developed from joint Health and Social Care Quality Outcome Frameworks[1] these policy documents stress the importance of

[1] No Health Without Mental Health-DOH 2010

social inclusion, employment, peer support and the recovery model. They also emphasise the understanding that 'clinical' support is only part of the intervention that help people recover or maintain good levels of mental health and wellbeing.

These services enable an extremely vulnerable group of people to function safely, and as independently as possible within their community particularly ensuring that safeguarding, personal safety and harmful situations are avoided.

These services and community support are also proven to improve physical health and helps to combat significant health inequalities for people with poor mental health, and have a life expectancy of 20years less than the national average.

It is important to emphasise the role of dedicated community support helping people engage with, and access the community around them. Supporting functions such as employment, volunteering, social or leisure help to improve the chances of 'recovery', resilience and other positive outcomes for people with mental health issues and take control of their lives as much as possible.

For many people, the concept of recovery is about staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking[2].

This community provision also strengthens people's ability to live more independently and move away from residential care, as well as reduce the impact on the Community Care Grant by developing services such as Peer Specialist Support.

Community support services for mental health are designed to support people at an early stage if they become unwell. The range of services also support meaningful day activity that enables people to build skills and stay resilient, particularly for people who are in supported accommodation or have moved from residential support into lower supported accommodation.

c) Manager(s) responsible for completing the assessment

Kenny Mackay – Strategic Commissioning Manager

2.2 Who is affected by the proposals and how?

People with a broad range of mental health problems, the total of beneficiaries using these services are around 4,000 people. A recent audit of services showed that there were over 2000 people that were known to SPFT and ESCC linked to current caseloads.

People using these support services are struggling with a range of mental health symptoms, such as anxiety and depression, they will also be presenting with issues such as self harm, psychosis and suicidal thoughts

The savings proposals are impacting the sole budget available for ASC support. This includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships, there are no other ASC budgets to support people with mental health support needs for these social care needs.

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[2] Mental Health Foundation - http://www.mentalhealth.org.uk/help-information/mental-health-a-z/r/recovery/

This also impacts on carers and family members who depend on the support to give them a break from their caring responsibilities.

Some people are in need of mental health services as a result of a combination of factors. Mental health affects a broad range of society, class and is prevalent/co-morbid in many other conditions however it is consistently more prevalent in low socio economic locations across the county (such as Hastings and St Leonards, Wealden and other rural hotspots) In recent monitoring people using this provision who will be affected are:

- People who have a long-term mental health diagnosis and are classed as people with a disability who require support to develop meaningful activities to maintain their mental health.
- People who have eligible social care needs (Care Act) for social support to enable them to live independently in either residential or supported accommodation and who require support to develop meaningful activities to maintain their mental health
- People who are now living in the community (who may <u>not</u> have current eligible needs) but have fluctuating mental health support needs and use these services for support their recovery and remain well.
- People with Learning Disabilities and mental health support needs
- People who also have drug and alcohol support needs and mental health support needs
- Carers – both people who are carers and need support with their mental health, and carers who get a break from their caring responsibilities while people attend services
- People with Autism or Asperger's who also have mental health support needs
- People with long-term conditions or physical/mobility support needs and mental health issues
- 11% of people from BME groups across all the above spectrum of care

Key ways in which people will be affected by the proposals are:

<u>**Wellbeing Centres**</u>

- Less access to early intervention and support with recovery from mental health acute crisis
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring ASC assessment and support plan or support for accommodation and care
- Fewer effective opportunities to build plans towards their personal recovery goals, resilience and self-management.
- Less respite and practical support for carers, including support with their own mental health needs

Employment Support

- People with mental health support needs are already the most disadvantaged care group regarding employment
- Fewer people will be supported into work
- Fewer people will move towards recovery
- Fewer people will be supported to keep their employment if they become unwell
- Higher likelihood of people requiring ASC assessment and support plan for personal support

Community Links

- Fewer people supported for social inclusion support for people so they can develop support networks in their local communities.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring ASC assessment and support plan for personal support

Peer Specialist Service

- Fewer people supported to develop self-management “Recovery” plans that enable people to be self-resilient and reduce impact on front-line services.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring ASC assessment and support plan for personal support

Hard to engage vulnerable people

- Less or no support for homeless, street drinkers and people who may not have a formal mental health diagnosis due to their hectic lifestyles with impact on those individuals and their families and the local community
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring ASC assessment and support plan for personal support

Representation and advice

- Less or no welfare benefits advice and representation for vulnerable people leading to escalating practical problems that will impact further on mental health and resilience to live in the community, more mental health crisis and hardship.

Support for Early Onset Dementia

- Less Day support for people with early on-set dementia and respite for their carers leading to increased stress and isolation for individuals and their families.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring ASC assessment and support plan for personal support

2.3 How will the proposals be put into practice and who is responsible for carrying these out?

Delivering the proposed ASC savings targets by East Sussex Mental Health Joint Commissioning Unit (JCU).

As a result of the consultation and the decision of council members, the JCU will look at resources available and reconsider Health and Social Care priorities linked to an assessment of local needs determine the access/availability of the provision in future.

This may result in the de-commissioning of some provision and the reduction of funding available to others.

For services that may be decommissioned: a 3 month notice period will be served on providers.

Providers will be asked to communicate this to people using the service at that time and work to identify options for them, where appropriate.

Options may include information and advice about alternative services where available, or referral to ASC for assessment and support planning where it seems that the client or their carer may have eligible needs in terms of the Care Act and the well-being principle or require advocacy. For clients of carers who have a current assessment and support plan (which may or may not include the service): a letter will be provided to advise them to contact their social worker for review if they are concerned that their eligible needs may no longer be manageable and they require advice and guidance, advocacy or further support planning.

A large percentage who may be eligible for ASC support but haven't required an assessment due to their needs being met by the current services, will be advised to contact social care and request and assessment along with their carers

2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?

ESCC jointly commission services with CCG's via the East Sussex Mental Health Joint Commissioning Unit.

Other partners include the VCS and social enterprise providers

The Sussex Partnership NHS Trust is the main provider for support services and will experience significant impacts across their client groups. In a recent audit approximately 2000 service users accessing services are also being care managed by clinical mental health teams. There is a strong possibility that a high percentage of these individuals would also be eligible for ASC support. Sussex Partnership and ASC Mental Health operational teams have been informed of the savings proposals consultation and linked to the survey information.

2.5 Are these proposals, affected by legislation, legislative change, service review or strategic planning activity?

This will affect the Local Authorities ability to deliver statutory support required for **section 117** in the **Mental Health Act**

The Mental Health Code of Practice provides a list of examples of services that should be part of an aftercare package. Section 117 aftercare should include outpatient treatment, support from a community psychiatric nurse or other support worker, counselling or therapy, social work, support with employment, accommodation or family relationships, assistance with benefits or managing money, the provision of domiciliary services and the use of day centre and residential facilities.[3]

The proposals are made as part of ESCC's budget planning process, Reconciling Policy, Planning and Resources for 2016-17. The Council and Adult Social Care's statutory duties under the Care Act 2014 will impact these proposals as well. These duties include:

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.
- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).
- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
- **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

The guidance on section 2 of the **Care Act 2014** defines the local authorities' responsibilities for prevention and how this applies to adults. This includes three general approaches,

1. Primary prevention/promoting well- being
2. Secondary prevention/early intervention

[3] Guidance on this can be found in Chapter 27 of the Mental Health Act Code of Practice

3. Delay/ tertiary prevention

The services in this proposal are primarily aligned to **1, 2** and **3** of these general approaches

Other legislation that is relevant to these proposals is The Human Rights Act (see section 4.10)

The proposed saving linked to these services will affect the delivery of the following within the current mental health pathway:

- Care Act 2014. (parity of esteem and carers support)
- Crisis Care Concordat
- East Sussex Better Together
- The Autism Act 2009
- Health & Social Care Joint Strategic Mental Health outcomes Framework Employment support[4]
- Joint Strategic Mental Health outcomes Framework Re: Employment support[5]
- Health & Social Care Joint Strategic Mental Health outcomes Framework Re: Social Inclusion[4]
- Health & Social Care indicator: Number of people with mental health in secure accommodation[4]

2.6 How do people access or how are people referred to the services? Please explain fully.

Services have been designed for universal access. Large amounts of work have been carried out to reduce stigma, so that people are aware of where to get help and access them early. These services have been illustrated within an East Sussex Mental Health Directory as well as 1 Space, marketed to GP's and mental health professionals. It has been designed to inform local people, mental health professionals and their carers what services are available to support people with easy uncomplicated referral processes according to (NICE)[6] good practice guidelines for supporting mental health.

This includes:

- Self-referral, developing self-referral access helps service users feel empowered and in control of their support options, mainly driven by the ASC personalisation agenda.
- GP Referrals, providing support at Primary Care levels so it can be accessed via their GP
- ASC or Health Professional, enabling CPNs or social workers to refer, supports the step down from secondary services and helps people regain control of their life

2.7 If there is a referral method how are people assessed to use services? Please explain fully.

[4] No health without mental health

[5] JSNA - A Review of Employment Support for People with Mental Illness

[6] https://www.nice.org.uk/article/pg1/chapter/1%20introduction%20and%20background

Paper or electronic versions of the referral process are available

People being referred to services by statutory health or social care service would have already received an assessment for their needs. Aspects of those support needs would be shared with the 3rd sector provider pending the support or intervention required.

Whilst using 3rd sector provision the person will undertake monitoring of their wellbeing using different methods. These include Recovery Star[7] and Warwick-Edinburgh Mental Wellbeing Scale (WEMWS)[8] allowing the provision to demonstrate wellbeing outcomes across their provision.

2.8 How, when and where are the services provided? Please explain fully.

Mental Health Wellbeing Centres – There are seven mental health wellbeing hubs designed to support local areas across East Sussex. They are commissioned to deliver support 6 days a week (9.00am-6.00pm) in targeted urbanised areas to maximise access.

- Eastbourne
- Hastings
- Bexhill
- South Wealden (Hailsham)
- North Wealden (Uckfield/Crowborough)
- Lewes
- Newhaven

The Mental Health Strategy redesign created a cultural change from traditional “Mental Health” day centres in 2009. Now known as wellbeing hubs these are accessed without fear of stigma due to the broader offer available, enabling people to ask for help earlier with their mental health issues. This was to enable the breaking down the stigma traditionally associated with mental health conditions.

Centres also facilitate other service provision and clubs in evenings and weekends linking with Health in Mind, alcoholics anonymous, Hearing Voices groups LGBT groups for example. This extends and strengthens the community role and mental health support offer around the wellbeing centre areas.

Employment Service – Have dedicated employment specialists using a specific evidence based model (IPS)[9] linked to ASC and MH teams. They deliver employment as well as employment retention for people who become unwell and at risk of losing their job. They have a dedicated specialist per locality who have identified referral targets and specified key performance outcomes. These are generally delivered 5 days a week, but do support out of hours as required.

Community Links – A dedicated Community Links officer linked to ASC and MH team locations. They deliver social inclusion support for people so they can develop support networks in their local communities. They have a dedicated patch and have referral target and specified key performance outcomes. These are generally delivered 5 days a week, but will support 7 days or

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[7] Mental Health Recovery Star - http://www.outcomesstar.org.uk/mental-health/

[8] WEMWS - http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/

[9] IPS - http://www.centreformentalhealth.org.uk/individual-placement-and-support

out of hours as required. This provision also dedicated **Autism Specialist** who will deliver the above support focusing on people with Autism/Asperger's

Peer Specialist Service – Deliver group and 1-1 support across East Sussex, are generally located around the established wellbeing services. Peer specialists will work with ASC and Heath direct referrals. This is particularly successful when working with people who may be moving from residential care into more independent accommodation. Generally 5 days a week but they also support people outside of this when required.

Drop-in centre for hard to engage people – Based in Hastings, St Leonards it provides a 6 day a week drop-in café style provision. This also engages people to partake in monitoring their health, drug and alcohol interventions and deals with issues such as homelessness homeless, street drinkers. Generally people may not have a formal mental health diagnosis due to their hectic lifestyles. This service raises a substantial amount of safeguarding alerts and works with ASC to ensure vulnerable people are kept as safe as possible. Although it's a fixed hub it delivers support for over 500 people per year, in particularly deprived part of the county.

Advice and Representation – Support for people to be represented due to issues with welfare, employment sanctions or other benefits. This is an appointment service and people are generally referred via ASC or health professionals as well as the community MH services above.

Day support for Early Onset Dementia – Two separate drop-in days available in Bexhill and Eastbourne. This is support for carers as well as 24 service users who are working age and diagnosed/assed with having dementia.

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have **X** marked against them			
	Employee Monitoring Data		Staff Surveys
x	Service User Data	X	Contract/Supplier Monitoring Data
x	Recent Local Consultations	X	Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
x	Complaints		Risk Assessments
	Service User Surveys	X	Research Findings
x	Census Data	X	East Sussex Demographics
	Previous Equality Impact Assessments	X	National Reports
	Other organisations Equality Impact Assessments		Any other evidence

3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

The number of safeguarding events being raised at 1022 is 25% of the overall total of safeguarding events for ASC.

3.2 Are there any potential impacts concerning safeguarding that this assessment should take account of? Please consider any past evidence of safeguarding events or potential risks that could arise.

The following information is based on safeguarding activity undertaken between October 14 and September 15.

Concerns received

The total number of concerns received during this period was 4,023. Mental health accounts for around 25% of those safeguarding concerns

Service area	Team name	Concerns received
ACM	T3 H&R Neighbourhood Support Team	995
	T3 Eb & Sw Neighbourhood Support Team	940
	T3 Ls & Nw Neighbourhood Support Team	371
	T3 Ls & Nw Nst - Duty	167
	T3 Continuing Health Care	124
	T3 District General Hospital	73
	T3 Conquest Hospital	71
	T3 Sussex Downs And Weald Hospital Team	37
	T2a Contact & Assessment Team	15
	Safeguarding Adults At Risk Team	7
	Social Care Direct	4
	Sensory Impairment Reablement Service	2
	T2 Emergency Duty Service	1
	Tier 3 Hastings & Rother	1
ACM Total		**2808**
LD	T3 Ld East	107
	T3 Ld West	75
	T3 Transition	10
LD Total		**192**
MH	Mh Duty And Assessment Team West	455
	Mh Duty And Assessment Team East	289
	T3 Mh Lasars	131
	T3 Mh Recovery East	90
	T3 Mh Ops West - Ebrne	13
	Mh Recovery West	12
	T3 Mh Ops East - H&R	10
	T3 Mh Ops West	9
	T3 Mh Ops East	8
	T3 Mh Ops West - O Valley	6
MH Total		**1023**
Grand Total		**4023**

A recent audit highlights that there are around 2500 people who use these services as part of their care plan or support plans that are care managed by health and social care. The funding impact will result on some of this support being significantly reduced or removed. This risk has not been fully assessed to understand the implications of that on individuals care and support.

People who have a diagnosed mental health condition are at a significant risk of social isolation and loneliness. Access to some day support for some clients is the sole contact that they may have with the outside world. The providers of these services are part of a network of support that delivers watchful support to vulnerable mental health service users and work closely with ATS and Social Care when a safeguarding issue is raised.

The ability to have daily structure or discuss issues/worries enable people to have resilience and manage their personal concerns and importantly monitor and take control of their own mental health. Additionally regular contact with services, help others to monitor people’s wellbeing, appearance and behaviour. This helps to support that they are ok, or pick the signs that people are beginning to struggle or are being neglected.

There will be inevitable risks and impacts for some clients who are no longer able to use or regularly access the community support to function, control and maintain their mental health, particularly people with long-term diagnosed conditions or complex needs.

The **Drop in Centre for hard to engage people (Seaview)** raises a substantial amount of safeguarding concerns and plays an important role in keeping that population of people safe. (see 2.8 above)

The impact of these proposals will reduce the level of support for people with social care needs who are not currently eligible for support due fluctuating mental health. This will affect access when their mental health becomes an issue and they are not able to get the support they require when they need it.

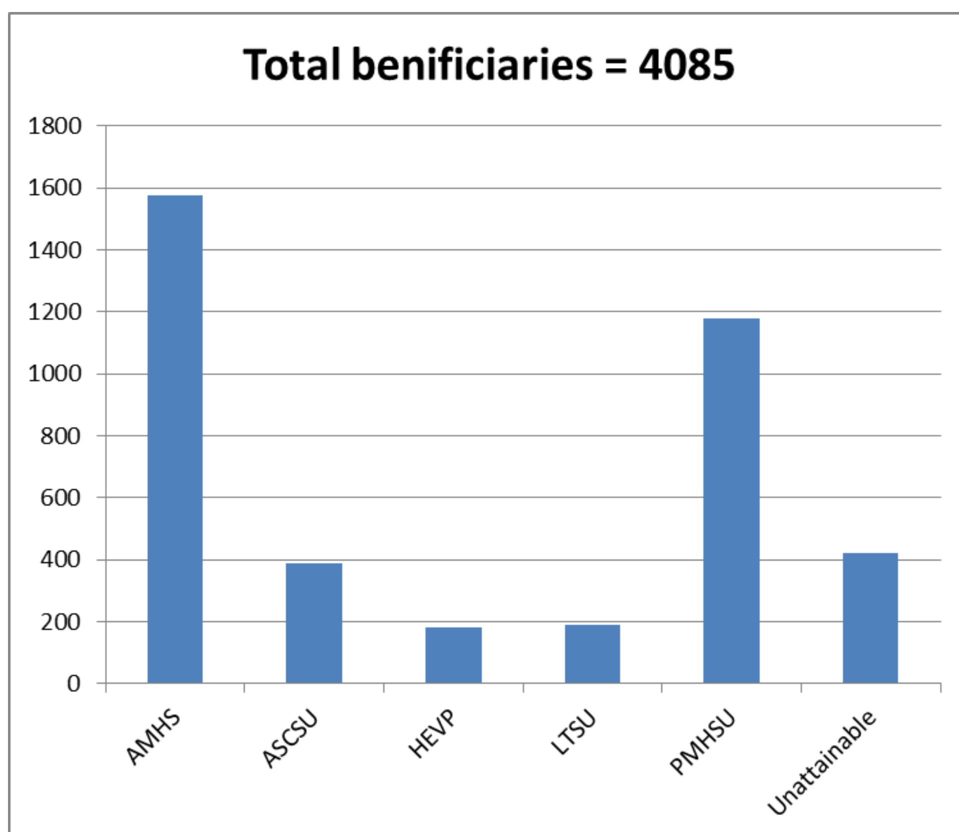
3.4 If you carried out any consultation or research explain what consultation has been carried out.

Full consultation results relating to these proposals can be found in 'Consultation Results: ASC Savings Proposals 2015' Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request.

An audit of clients was carried out in October 2015. This looked at who was the main support provision that was linked to the service users in the contract year 2014-15.

Service users were linked to key service areas dependant on who case managed them or if they had a long term diagnosis.

This highlighted that of the 4085 clients that had accessed services since October 2014 to September 2015, over 2000 had significant care needs that required case management by health or ASC



AMHS - Adult Mental Health Service User – People will have been referred to, or receive their care from SPFT Secondary Mental health Services. They may or may not have an official diagnosis but are currently (or retrospectively, if you are looking at your backlog) care managed either by a CPN other MH professional or SPFT mental health team.

ASCSU - Adult Social Care Service User – People case managed and known only to ASC (Social Workers or Local Authority support) or have been in the past 2 years. It is likely that this person would generally be receiving accommodation support. If they have both ASC and SPFT history, then they should be allocated to the other categories.

HEVP - Hard to Engage Vulnerable People – A person who doesn't have a GP or sits in any other category. This person is likely to be homeless, or significantly difficult to engage with due to chaotic life-style. This person may be involved with drug or alcohol teams but should only be recorded here if they have no involvement with the other categories.

LTSU - Long Term Service User - People who 'were' with SPFT, but have been discharged to primary care (GP) after a period of being supported by secondary services. They may or may not have a diagnosis but are considered to have had significant MH needs due to their involvement with SPFT. (Note: This person should also be classed in this cohort if they have been discharged for up to 2 years).

PMHSU - Primary Mental Health Service User - A person who sits in Primary Care (GP) may have mild to moderate anxiety, depression or other common mental health issues, but not a MH diagnosis. They may be significantly impacting on their GP by accessing frequent appointments but not known or eligible to the previous 3 categories. These service users may have also sat with, or been referred to your services by Health in Mind.

Note: Unattainable Some specific allocation couldn't be carried out as we asked for this to be a retrospective audit of 2014-15. These codes are being collected as part of quarterly review going forward from October 2015. It would be a reasonable assumption to allocate the unattainable as per % of the other information, and that % would contain people who fit into the above criteria. However unattainable numbers have been left as recorded.

Providers have been invited to a meeting that highlighted the impact of the ASC savings proposal on 20th October and follow up meeting on 30th November

Providers will be carrying out their own formal client engagement processes supported by commissioner from ASC. The results are included in the main ASC Consultation report.

All clients will be notified of the ASC savings proposal and consultation around it via the local 3rd sector provider.

Specific service focused consultation events have been carried out at all wellbeing hubs and drop-in centres (x8).

Generic ESCC consultation events are being carried throughout November and December (X8).

The **ASC Inclusion Advisory Group** has given feedback on the proposals (3rd November 2015)

3.5 What does the consultation, research and/or data indicate about the positive or negative impact of the proposals?

Summary of Feedback from Providers

Providers have been asked to model how they would manage the savings proposals

Providers are already under pressure to support the current levels of service users accessing the provision. These proposals will result in the reduction of time that services will be accessible and reduce overall capacity by over 50% and this reduction would have to target people solely linked to social care needs giving clinical need priority.

Providers who recognise someone with social care eligible needs will signpost them for assessment so they can access personal budgets so they can purchase their own care and support. This will enable them to focus provision aimed at people on clinical caseloads

This will affect around 2000 service users and could amount to 700 - 1000 people with possible ASC eligible needs. This doesn't take into account the support required by carers who would be affected due to a reduction or removal of provision in the region of 300 -500 carers.

Inclusion Advisory Group 3rd November 2015

Key points of the discussion:

Concern was expressed about the hardship that will be caused for individuals and their families by these proposals overall especially where services are likely to be removed: sense of being abandoned. There will be a high impact on informal carers and volunteers and some voluntary organisations may not survive. The loss of informal support networks and the workforce, skills and premises and other resources in the voluntary and social enterprise sectors will be hard to replace.

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options are being removed or reduced where there is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

Social isolation is a concern for older people where capacity is being taken out of supported housing and day support services. Likelihood of people needing more hospital care, safeguarding issues and this impact more on people in rural areas.

People on low incomes will also struggle to pay for services or manage to reach services if they live in rural areas.

Intervening when people are in crisis will be distressing for them and their families and costly for ASC and Health services. There will be an increase in people who need social care services and who are eligible for them. It is important not assume that people have family networks who can step in.

Risks

- Risk of removing services that offer early intervention and support choice and control for individuals
- Pushing people into crisis and then needing to meet their needs: this makes a crisis hard to recover from.
- Risk of suicide and self harm
- Higher residential, hospital and crisis intervention costs than support in the community.
- Risk about social isolation and escalating need.
- Risk about carers – ability to meet requirements of the Care Act about health and wellbeing
- Compromises people choice and control.

- Loss of voluntary sector capacity and services
- Big impact on mental health clients -loss of community based services now helping people learn independence and recovery skills
- Loss of buildings and staff- hard to replace once gone
- Hard to source other funds- loss of smaller more vulnerable organisations
- Increased homelessness and mental health issues- particular concerns about young people in need and risk of homelessness from SP reductions.
- Increase in hardship and poverty in rural areas, loss of support, increased social isolation. Increasing cost of living in ES.
- Multiple impact on people with mental health issues.
- Risk of loss of peer support networks and skills.
- Potential increase in suicide and complex problems
- Increase in substance misuse
- Risk about more people being on streets, risk around gender, mental health, mothers and children, rural areas, things that will combine e.g. people on low incomes in rural areas.
- Risk of assumptions about families stepping in and the impact this might have, e.g. on LGBT people and older people.
- Risk to volunteering -volunteers may be impacted by cuts and less able to carry out voluntary work
- Increased charges for voluntary organisations services.- risk to people on low incomes.

Recommendations

1. Organise drop in consultation events for full-time workers. Need to arrange evening sessions.
2. Communicate the changes carefully, precisely and clearly to clients and carers.
3. Inform and advise smaller organisations on how they can access alternative funding to maintain their service, even if not in the same way to help them survive.
4. Advise about becoming social enterprises.
5. Support the capacity of small organisations to draw on funding by encouraging organisations to work together to apply for funding as a larger organisation.
6. Monitor the delivery of the savings and the ESBT programme progress carefully.
7. Monitor the impact of the changes on existing clients and people whose needs escalate.

Public Consultation

The majority of the comments talked about the value of the services in question: the individual, their family and carers, and to the wider community. Many people also said they disagreed with the proposals, with some saying that that people with mental health needs would be disproportionally negatively affected.

‘Mental health seems to have been hit disproportionally hard. What happened to "no health without mental health"?’

‘The cuts appear to disproportionately affect service users with mental health issues e.g HARC / Seaview / Homeworks - these are frontline service provision which cater for some of the most excluded people’

There will be people who become seriously at risk of worsening mental health, with life-threatening result for themselves and a severe impact on other statutory services.

‘People will live in fear more than they already do. Depression and feelings of helplessness will rise. More people will become susceptible to homelessness and exploitation. People will not be able to leave abusive relationships. Deaths will occur as a direct result.’

‘ASC will not be compliant to the Care Act 2014 as there will be no ASC funded provision for mental health community support for people with eligible needs. Let alone preventative provision. There is also stat responsibility for aftercare of 117 that requires ranges of community support. If that need is understood to be delivered by the Com Care Grant then it will out strip the savings within 12 months.
These savings will create further cost pressures for ASC in the near future.’

A multiple impact could be felt, with life a greater likelihood of other services needing to step in e.g. housing, NHS. Isolation will increase and through loss of community support services, leading to further risk.

‘if admitted to hospital because support is not available in community I could lose my home, lose my possessions if I lose my home, lose my independence again, take longer to get well because of this or may not even be able to get into hospital as I do tend to isolate myself when unwell, so who would know I was struggling...’

‘Cutting these services will be more expensive as hospitalisation, sectioning people is far more expensive, and there are not sufficient beds to take in the number of people who need them now, how will they cope when the need is far greater because of removable of the cheaper help that keeps people out of hospital!!!

‘Cutting this service would seriously affect my wellbeing. I use the service 3-4 times a week, and consider it vital. I would become virtually housebound, only going out with my carer.

‘1) I'd be more isolated - which leads to depression 2) My house becomes my prison. 3) Which has a knock on effect on my mental health 4) Which leads me to take an overdose (This 1-4 process from being more isolated to taking an overdose can take place in as little as 20 minutes. If the day centre is cut to 2 days a week and crisis happens on another day, there's no support)’

Community support services are seen as critical for a whole range of people- those with severe mental health needs and complex lives as well as others. They are non-stigmatising and therefore more effective; value for money services; supporting people’s wellbeing; encouraging independent living enabling recovery and supporting people into employment.

‘People with mental illness need somewhere where they feel safe and are with people who understand them. Outside the acute services it is organisations such as Oakleaf who provide this and do a great job. Withdrawing these services will cause a massive set back for care in the community and throw people back onto the acute services.’

‘Wouldn't have an outlet for all the support I need with hearing voices and the depression and the depression and panic attacks I suffer. ‘

‘As someone who was in imminent danger of losing my employment due to difficulties in managing my mental health condition within my work place, I can say without any doubt that the support and guidance given to both me and my employer has meant that I not only remain in employment but I am more productive and reliable member of the work force.’

For Black and minority ethnic people, who are often over-represented in statutory mental health services, community based services are important in preventing escalation and supporting people to get out of hospital settings.

This will impact negatively on black and minority ethnic (BME) people and communities…BME people are over represented already in acute and forensic services and the savings in voluntary sector services that ASC funds will only make this happen even more. At the moment, many people from BME communities depend on the third sector mental health services because of self-referral and all this will be take away from them. Plus added pressure put on health services e.g GPs and A & E. '

"At the moment, many people from BME communities depend on the third sector mental health services because of self-referral and all this will be taken away from them."

Some people have multiple problems including homelessness and for these the loss of a day support service would have even more serious negative impact.

'Recently published Indices of Multiple Deprivation demonstrate the ongoing concentration of multiple complex needs and poverty in and around Central St Leonards. Many individuals with such needs would describe Seaview as a lifeline. This is especially true of those with mental health problems who benefit from the social element and specialist support given at Seaview.

Seaview's recent stats show that the majority of individuals they are now seeing are without accommodation. Again, Seaview's homeless outreach and day-centre services are essential services for some of the most vulnerable members of our community.

Finally, Seaview's premises provide a base for the homeless health service I work with – a place where homeless people can easily access healthcare that they might not otherwise receive.

Cuts to Seaview threaten the mental health of many, and access to re-housing and healthcare for those most vulnerable'

This will also impact on other services such as police and ambulance services as well as local communities.

These (cuts) will have a devastating impact on the individuals affected and will result in substantial extra costs for police, A&E, substance misuse and Mental Health and all other services which will be needed to deal with the problems caused by having chaotic individuals without support. Expect to see increased arrests, more ambulance calls and A&E admissions and demand for more Mental Health Sections, Suicide rates can also be expected to rise, with all the associated costs.

Reducing Seaview opening hours in itself will push problems back onto the streets and anti-social behaviour problems will increase in Hastings and St Leonards, possible closure will leave hundreds of individuals without their only service access point. Local police already know the impact on crime and the local community when Seaview closes for a day, without Seaview there will be no service of last resort.

In the case of the Alzheimer service a number of comments said this is a unique service with nothing else available for those under 65 experiencing early-onset of dementia. The impact on carers will be critical as well.

'It is essential that ESCC understands the vital role carers undertake when caring for Dementia sufferers. Without carers dementia sufferers would have to be cared for by local authorities. The actual cost currently expended by ESCC in supporting dementia sufferers and their carers is

extremely small when compared to the potential costs that would be incurred if carers received no help and could no longer cope with looking after dementia sufferers. Looking after someone who has dementia is extremely tiring, emotionally draining, very stressful and can be isolating and lonely. ESCC needs unpaid carers, you should look after them, they are a valuable asset.'

'In my circumstances it would make me extremely vulnerable. My wife is a school teacher - she would have to give this job up. This would end up costing more money. The Club gives me a feeling of being wanted. Relieves pressure on family. my mental health was bad before I came to the Club but it has improved greatly since I started to attend. This would be cutting a lifeline for me.'

'My daughter loves going to SeaHaven. It's not good for her to spend even more time with her elderly mother, she needs the stimulation she receives at the club - also different faces, and she makes friends there. She would be devastated if this services was no longer available to her. Also, this club caters for the under 65's, the only one I know of.'

In summary, reducing or removing funding would:

- affect the most vulnerable, having a domino effect leaving people with no services and no support for their illness
- Put lives at risk – many comments on the real risk to people's lives and safety
- Increasing social isolation and exclusion as well as quality of life and wellbeing for individuals and families.
- Increase the pressure on family and carers, in some cases meaning they or their careers can't work anymore, leaving more people reliant on benefits
- Remove community resources and buildings
- Increase hospital admissions and pushing people into acute services
- put pressure on other budgets and services

Suggestions include streamlining services instead of cutting them, asking people to pay a contribution, cut management costs and require providers to demonstrate the value of services.

A number of people commented on the importance of giving people as much notice as possible, providing information on alternatives (if they exist) and if possible phasing in any cuts. Transparency is important, as is providing easy access to information for those affected (information sessions suggested). It's also important to work with the NHS to manage any changes, ensure GPs are better at signposting and make sure people still have access to support when they are in crisis. Organisations should also be supported to access other funding sources.

Organisation responses

Recovery partners

The email draws attention to the severe implications of the proposed cut in funding for the service. It provides details on the organisation, which is led and run by people with lived experience of mental health challenges. The proposals would decimate the organisation's preventative services, which are already run on a shoestring. The service saves money for the social care and the NHS by preventing people from becoming more isolated and ill, stopping them needing to use statutory services. It is a low cost service with highly successful outcomes. Everyone who uses the service says they would recommend it to others, with many positive benefits. Most importantly, 26% say the service has saved their lives. The email provides a link

to a petition and also raises the fact that the proposals would see funding for mental health voluntary sector organisations cut by a massive 36%.

Sussex Partnership NHS Foundation Trust

The letter recognises the difficult financial situation and that finding the appropriate balance between priorities is complex. It asks that the impact on local NHS services to deliver safe and effective services is carefully considered before any decision to reduce services is taken. Clinicians and Governors of the organisation have expressed grave concerns about the impact on vulnerable people and their families. As an example, it is estimated that around 50 of 200 people currently supported by the Trust to live in the community could end up in hospital as a result of the cuts across service areas. The letter also raises the issue of delays in transferring people to community care. This is not currently an issue in East Sussex because of access to supported accommodation, but the savings proposals could change that. Those with mental health conditions are one and half times more likely to live in rented housing and mental ill health is frequently a reason cited for tenancy breakdown and housing problems. Availability of local supported housing is therefore crucial for recovery for people with the mental health conditions.

Sussex Oakleaf

The letter raises the detrimental impact the cuts would have on the organisations clients, in addition to the impact of previous savings. It urges the Council to continue funding mental health services at the same level and says the organisation will continue to argue for further investment. Many clients say that A&E would be the only service left to them if funding were withdrawn for the service. Any reduction in mental health funding would have serious and far reaching implications for clients and their carers. It will increase the pressure on NHS services, which is clearly a false economy. Clients have openly discussed self-harming since hearing that the services are at risk.

Hastings and Rother MIND

The response states the organisation’s deep concern over the proposed cuts to mental health community services. It argues that the consultation process is flawed as people are not able to provide their views easily. It also pits organisations against each other. There has been risk assessment on the impact of the proposals on clients and their families. Organisations that provide services would also see a knock-on effect as other projects would suffer too. Removing adult social care funding could undermine the continued receipt of funding from other sources. When acute mental health beds were reduced it was on the basis that community support would provide appropriate, timely and preventative provision. Reducing funding would go back on this agreement and put financial pressure on NHS services. People on Section 117 are entitled to appropriate support in the community and this would be at risk under the proposals. The cut to mental health community services is disproportionate and shows the lack of parity in the way the Council is treating services. The ability of individuals to recover would be hindered and safeguarding would be impeded, probably leading to an increase in negative incidents. Reducing Supporting People funding would have a devastating impact on vulnerable people and their families and carers. It would also push them into more expensive care. Difficult decisions need to be made, but the consultation is not adequate engagement and decisions should be made following appropriate consultation with people who understand the sector.

Full consultation results relating to these proposals can be found in ‘Consultation Results: ASC Savings Proposals 2015’ Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request.

Part 4 – Assessment of impact

4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

Population estimates by age groups as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates): number and percentage

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

There are 314,000 working age people in East Sussex, The impact of community voluntary sector cuts, linked to Supporting People mental health clients and MH community Care Grant and Drug and Alcohol Services, will be disproportionate against working age adults with mental health support needs

For mental health community provision, support is available to working age people aged 18-65. This accounts for over 4000 people

Lack of other social care support, funding or provision will be available in the community to meet the population needs of mental health in working age people including safeguarding, personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships.

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

People of working age with mental health support needs are being affected proportionately higher than other age groups.

d) What are the proposals' impacts on different ages/age groups?

Case study

R is a man in his early 40s who lives with his girlfriend who was due to have their first baby. He has one other child from a previous relationship. He used to work as a bus driver and in a bank and lived in Newhaven.

R was case managed by ATS MH Team and ASC social workers, had longstanding issues with depression and suicide attempts which would result in him being sectioned, conflicts with the police and visits to A&E. He would have been visited once a week by his social worker and regularly had to be assessed under the Care Act. Due to his volatile presentation he was placed in residential care.

By attending a wellbeing centre R was supported to join in social drop-ins and accessed a self help group. He developed a plan to help his recovery journey, this helped him plan what to do and who to contact if he showed signs of becoming unwell he was also helped to find voluntary then paid employment and now lives back at home with his partner and baby.

R said that without the support of wellbeing hubs he seriously doesn't think he would be here today and would have taken his own life. "Helping me see hope in the future and giving me the ability to take control of my condition and how to manage it has literally saved my life"

Community mental health services for people of working age engage with over 4,000 beneficiaries per year. This enables people to be part of mainstream communities, get a job,

have meaningful activity during the day whilst developing recovery plans to help self manage their conditions.

Wellbeing Centres

- Less access to early intervention and support with recovery from mental health acute crisis
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan or support for accommodation and care
- Fewer effective opportunities to build plans towards their personal recovery goals, resilience and self-management.
- Less respite and practical support for carers, including support with their own mental health needs

Employment Support

- People with mental health support needs are already the most disadvantaged care group regarding employment
- Fewer people will be supported into work
- Fewer people will move towards recovery
- Fewer people will be supported to keep their employment if they become unwell
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Community Links

- Fewer people supported for social inclusion support for people so they can develop support networks in their local communities.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Peer Specialist Service

- Fewer people supported to develop self-management “Recovery” plans that enable people to be self-resilient and reduce impact on front-line services.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Hard to engage vulnerable people

- Less or no support for homeless, street drinkers and people who may not have a formal mental health diagnosis due to their hectic lifestyles with impact on those individuals and their families and the local community
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Representation and advice

- Less or no welfare benefits advice and representation for vulnerable people leading to escalating practical problems that will impact further on mental health and resilience to live in the community, more mental health crisis and hardship.

Support for Early Onset Dementia

- Less Day support for people with early on-set dementia and respite for their carers leading to increased stress and isolation for individuals and their families.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Reduction of ASC funding will significantly reduce engagement and access for this age group by approximately 50%.

This will be a significant risk to crisis and acute mental health provision which is already overburdened as well as the risk of people requiring Adult Social Care support due to increases in the mental ill-health due to a rise in eligibility.

e) What actions will be taken to avoid any negative impact or to better advance equality? Meetings have been held with the providers of all services to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. Providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

1. Further support has also offered to assist with providing any additional information/ support if required
2. It is also proposed that ESCC work with current providers and partners so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).
3. Support will be provided to meet the individual’s communication needs during all the above stages.

f) Provide details of the mitigation.

1. Significantly reduced services will continue to be funded by health funding, but may need to make changes to their access and referral criteria to ensure people in the most need of support can access services.

2. ESCC and providers work together to identify clients and their carers who have eligible needs and give advice about contacting their social services team for advice and information about alternative services or ways of meeting their eligible needs. For mental health services this will mean around 4000 people.

3. ESCC and providers work together to identify people who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment.

4. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced, including referral for independent advocacy where that is desired. There is a high risk that this will not be possible for high number of people.

g) How will any mitigation measures be monitored?

Mitigation will be measured as part of the ESCC quality monitoring process on a quarterly basis recording the following details.

- Monitor progress and impact on other services
- informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers
- (Providers/Commissioning Team, during the notice period)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer’s assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

Residents with limiting long-term illness in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

Mental health is experienced by 1 in 4 of the general population 1 in ten will be significantly impacted by their condition and will require additional support. This equates to around 25,000 people across East Sussex.

Approximately 1% Approximately 5,000 of the working age population will require additional specialist support for their mental health.

b) How is this protected characteristic reflected in the reflected in the population of those impacted by the proposals?

Mental health can affect any level of society and social standing. This can affect a person's ability to carry out their normal day to day activities, employment, being a parent or a carer. There are around 4000 people across East Sussex that access care and support from the mental health community and voluntary provision. A recent audit shows that over 2000 of them have significant mental health support needs. These people often have other long-term conditions and physical/sensory impairments or learning difficulties or are carers since vulnerability to poor mental increases with mental health the pressures and demands of everyday life of disabled people and the caring role ads well as other life and medical circumstances . Therefore mental service users are likely to be people who are multiply affected by these proposals.

Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

The savings proposed are affecting **mental health** clients and carers across all the affected services listed in question 2.8. The availability of social and community support for people with mental health needs is being disproportionately affected by these proposals as no other ASC funding remains to deliver this. In addition, through Supporting People budget reductions, mental health services and services to people for whom mental needs are often a factor (e.g. homeless people; vulnerable young people) are also being removed or reduced. Compared with other client groups people with mental health needs of all sorts will have significantly less service provision as a result of these proposals. Current funding will be reduced by circa 80% leaving very small levels of funding support for mental health in the community.

In summary, if the proposals are implemented people with mental health support needs will be proportionately more severely impacted than other ASC clients and carers.. This suggests that there is a disproportionate affect against people with mental health support needs.

The Care Act 2014 introduced the responsibility to deliver parity of esteem for people with mental health issues as compared with physical impairments and carers support. The importance of social inclusion and people being able to access their communities that are linked to mental health support that enables them to do that should not be seen any lesser than the importance of support to other disabled people.

This principle requires services that support mental health such as social and community support and employment support, to be given equal weighting with other services that ensure access to the community for people with physical impairments e.g. mobility aids.

In addition, people with other impairments also experience mental health needs as a result of managing their main condition. These include people with **learning disabilities** and **autism** as well as people with **long-term conditions** and **sensory or physical impairments**.

c) What are the proposals' impacts on people who have a disability?

A was a female 32 and diagnosed with borderline personality disorder. She would frequently self-harm and accessed A&E at least once a week.

A had a hectic lifestyle and abused drugs and alcohol in an attempt to escape her feelings. She was regularly abused by males and was subject of several safeguarding alerts.

MH services didn't have specialist support for A and she found herself being repetedly admitted into mental health crisis and acute services.

She was referred by her social worker to peer support initially she attended drop-in sessions and was part of an environmental project in Lewes. She was given 1-1 support that helped her understand her condition better and she started to learn techniques to support herself and her condition better.

She has now not self-harmed for 6-momths and has not had a crisis in over a year. She said "it was really effective having support from someone who has also experienced mental ill health. I didn't trust social workers or CPN's but as soon as my peer worker met me I knew I could trust her as she knew how I felt and could guide me towards my recovery goals"

Meaningful activities help to develop recovery, social inclusion and self manage and stall well. Activities can include employment, volunteering, education and learning, personal interests, hobbies, and everyday activities. Participating in meaningful activities can help people maintain a sense of purpose and can help people feel engaged and stimulated.

Social isolation and loneliness can alter behaviour, increasing chances of risky habits such as drug-taking, and plays a role in mental disorders such as anxiety and paranoia and is also a known factor in suicide.

Community mental health services for people of working age engage with over 4,000 beneficiaries per year. This enables people to be part of mainstream communities, get a job, have meaningful activity during the day whilst developing recovery plans to help self manage their conditions.

Wellbeing Centres

- Less access to early intervention and support with recovery from mental health acute crisis
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan or support for accommodation and care
- Fewer effective opportunities to build plans towards their personal recovery goals, resilience and self-management.
- Less respite and practical support for carers, including support with their own mental health needs

Employment Support

- People with mental health support needs are already the most disadvantaged care group regarding employment
- Fewer people will be supported into work
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Hard to engage vulnerable people

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Support for Early Onset Dementia

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- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

d) What actions will be taken to avoid any negative impact or to better advance equality?

1. Meetings have been held with the providers of all services to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. Providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate (this took place between 23/10/2015 and 18/12/2015).
2. Further support has also offered to assist with providing any additional information/ support if required
3. It is also proposed that ESCC work with current providers and partners so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).
4. Support will be provided to meet the individual's communication needs during all the above stages.

f) Provide details of the mitigation.

1. Some services will remain at reduced capacity although this will be targeted towards referred from ATS or GP services.

2. Services that continue to be funded may need to make changes to their access and referral criteria to ensure people in the most need of support can access services.

3.ESCC and providers work together to identify clients and their carers who have eligible needs and give advice about contacting their social services team for a social care assessment and personal budget or advice and information about alternative services or ways of meeting their eligible needs.

5. ESCC and providers work together to identify people who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment.
6. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced, including referral for independent advocacy where that is desired.

g) How will any mitigation measures be monitored? How will the effectiveness of mitigation be monitored?

Monitor progress

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

  (Providers/Commissioning Team, during the notice period)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

Population estimates by ethnic groups in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

Population estimates by ethnic groups and gender in 2011 in East Sussex and its districts (source: ONS Census 2011): number

Language Service suppliers report the following languages to be commonly in use in the county (June 2015):

- British Sign Language, Mandarin, Kurdish Sorani, Farsi, Pashto, Czech, Polish, Portuguese, Russian, Bengali, Arabic, Albanian, Lithuanian, Turkish

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Approximately 10% of service users using mental health services will be from people from ethnic backgrounds. This amounts to approximately 350 people. As follows:-

Black or Black British – African	1.4%
Black or Black British – Caribbean	0.6%
White Other	4.6%
White Irish	0.7%
Arab	0.2%
Gypsy Roma & Irish Traveller	0,2%
Other Ethnicity	0.4%
Asian or Asian British – Bangladeshi	0.2%
Asian or Asian British – Indian	0.1%
Asian or Asian British – Other	0.3%
Mixed Heritage	1.3%

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Yes. There will be a reduction of people from black and minority ethnic (BME) backgrounds accessing the services. There is already an over representation of BME people within Acute and inpatient facilities in East Sussex (see paragraph below for number and percentage). This number could increase, due to lack of community support provision, when BME inpatients are transferred to the community (or discharged) from inpatient units. This indicates a greater impact on the basis of minority ethnic identity.

In September 2015, 13.6% (53) people of black and minority ethnic (BME) background were within Acute and inpatient facilities in East Sussex, compared to 8% BME East Sussex population. The White British population was under represented at 85% compared with 92% East Sussex population.

d) What are the proposals' impacts on those who are from different ethnic backgrounds?

Case Study

GG is a young man of 30 years old who is Kurdish and first language is Turkish. On arrival in the UK in 2011, he applied for asylum as a persecuted political refugee. GG experienced long term mental ill health in Turkey, due to abuse and long stretches of living on the streets at a very young age. He has severe depression, self harms and regularly feels suicidal. Initially, GG faced continual barriers to accessing GP and health/mental health services, due to language barriers and not being aware of how the system operates in the UK. He experienced housing and homeless issues for a few weeks (which impacted negatively on his mental health as reminded him of his time on the streets in Turkey). However, because of the support he received he eventually found appropriate accommodation and he has repeatedly said how these services were crucial and saved his life.

When GG feels very down and depressed, he self harms and has suicidal thoughts, so has been eager to participate in activities (which improve his mood) provided by Community Links, St Leonards Your Way and Sussex Oakleaf, all of which were self referrals. Without this support from the well being centres and the BME Mental Health Spirituality and Faith Forum, GG would be self harming on a regular basis and has said he would need significantly increased psychological counselling and extra support from the Assessment & Treatment Service at Cavendish House.

There will be an impact on people of refugee and asylum status who have newly arrived into East Sussex. This is because 65% of people who have experienced persecution and war have high levels of anxiety, depression and some people are diagnosed with Post Traumatic Stress Disorder. However, because of the massive stigma in mental health within some cultures, people prefer to self refer to the well being hubs and community support services, rather than being referred by the GP to the Assessment & Treatment Centre.

Less funds will be available for culturally appropriate services e.g. interpreting, translation of documents, proactive BME engagement which is required to reach out to BME community groups.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Race Equality Mental Health service will advise on how to continue supporting and engage with BME groups. REMHs will also audit cultural competencies and collect BME uptake and other data from providers. REMHS will deliver Cultural Competence training to new staff members.

f) Provide details of any mitigation.

Well being services now deliver crisis support for people in the community which are often more appropriate than statutory services. . BME people are more likely to need crisis mental health care, therefore, it is important to commission third sector providers to provide amore culturally appropriate holistic environment to meet diverse needs, which is all important for recovery.

g) How will any mitigation measures be monitored?

REMHs monitoring and ESCC quarterly monitoring.

Monitor progress

- with informing clients and carers

- and numbers of referrals or independent advocacy or assessment and support planning providers

  (Providers/Commissioning Team, during the notice period)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact

a) How is this protected characteristic reflected in the County /District/Borough?

Population estimates by **gender** as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates): number and percentage

Gender Identity: There is no evidence for gender re-assignment

How is this protected characteristic reflected in the population of those impacted by the proposals?

The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document National LGB&T Partnership Public Health England Department of Health

- There is a lack of data on quality of life among older trans people, however, evidence shows trans people experience high levels of isolation and poor mental health. It is likely that older LGB&T people will experience poorer quality of life than the wider population. Discussion of issues and impact in Sexual Orientation below

b) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Men and women use the services in equal proportions: 49% men, 47% women

c) See LGBT summary in Sexual Orientation below.

d) What is the proposal, project or service's impact on different genders?

See LGBT summary in Sexual Orientation below.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

See LGBT summary in Sexual Orientation below.

f) Provide details of any mitigation.

See LGBT summary in Sexual Orientation below.

g) How will any mitigation measures be monitored?

See LGBT summary in Sexual Orientation below.

4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.

No impact on the basis of this protected characteristic

4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.

No impact on the basis of this protected characteristic

4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.

No impact on the basis of this protected characteristic

4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

Estimates of the UK LGB population generally vary between 5%-7% of the overall population (www.stonewall.org.uk). The Office of National Statistics (ONS) estimate is lower than this, based on responses to surveys. All estimates are subject to the very significant caveat that many LGB and T people are reluctant to 'come out' to policy makers and researchers, seeing little benefit in doing so and fearing discrimination and harassment. In addition, sources such as the census have not collected sexual orientation or gender identity data to date.

b) How is this protected characteristic reflected in the population of those impacted by the proposal?

There are around 470 people who are LGB who access support for their mental health that will be affected by the proposals.

c) Will people with the protected characteristic be more affected by the proposal, than those in the general population who do not share that protected characteristic?

Reduction of the service will impact on people with mental health issues with an increase likelihood of negative impact as a result of LGB sexual orientation and/or transgender identity. This is as a result of greater difficulty for older or younger LGB people in feeling confident that they can 'come out' to medical services and service providers as well as for some less connectedness with family support. This is especially acute in adolescence and later life as general need for emotional support and connectedness arises. This means individuals may not get appropriate support with the whole identity and the circumstances of their lives and become more vulnerable. In addition, the degree of mental health discrimination and homophobic or transphobic discrimination, either direct or indirect (as in simply not being understood and recognised) has a combined impact on lives and well-being. In combination this adds up to an additional level of stress and distress; increased likelihood of mental health problems and suicide which are now well documented. This amounts to additional barriers to receiving effective mental treatment and support.

Overall it is important to ensure a n 'gay and trans friendly ' culture supported by staff in all mental health services that recognises and respects the particular circumstances for individuals. There is a direct parallel with providing ethnically sensitive and culturally appropriate services

Healthy Lives, Healthy People - Mental health issues within lesbian, gay and bisexual (LGB) communities, DoH, 2007 (Briefing 9)

- Lesbian, gay, bisexual and transgender (LGBT) people experience a number of health inequalities which are often unrecognised in health and social care settings. National research suggests that discrimination has a negative impact on the health of LGBT people in terms of lifestyles, mental health and other risks. Many people are reluctant to disclose their sexual orientation to their healthcare worker because they fear discrimination or poor treatment.

The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document National LGB&T Partnership Public Health England Department of Health

- There is substantial evidence of increased prevalence of suicide and self-harm and worse mental health outcomes among LGB&T people deaths linked to serious mental illness are often due to suicide.

d) What is the proposals impact on people with differing sexual orientation?

Case Study

J was a forty year old man who was gay but had struggled emotionally and psychologically all his life due to the fact he hadn't been able to tell his family. This resulted in him having a mental health crisis and being sectioned. As he started to recover he was quickly given 1-1 peer support. He was also given details of a local LGB mental health social group so he could access some social support.

His experience of being around other people that had experiences like his own was able to reassure him that he wasn't weird or unworthy. J then decided to come out to his family, and although it was difficult for him and them also, he felt like a weight had been lifted off his shoulders.

J said, "Without the social group and the advice I got from some of the people there I would have continued to pent up my anxieties and I don't know how much longer I could have gone on"

J still attends the social group fro about 11 months but hasn't needed further support from Clinical or social care services and feels better about himself.

It will reduce overall access for support and reduce the amount of people with differing sexual orientation who will engage with services. This maybe particularly significant as the culture of the well-being hubs enables people to make contact whether or not they are formally diagnosed and referred. In one of the services a self- organised support group for transgender people seeks to give some dedicated support.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

1. Meetings have been held with the providers of all services to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. Providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

2. Further support has also offered to assist with providing any additional information/ support if required

3. It is also proposed that ESCC work with current providers and partners so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation

Some services will remain at reduced capacity.

2. Services that continue to be funded may need to make changes to their access and referral criteria to ensure people in the most need of support can access services.
3. ESCC and providers work together to identify clients and their carers who have eligible needs and give advice about contacting their social services

team for advice and information about alternative services or ways of meeting their eligible needs.

4. ESCC and providers work together to identify people who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment.
5. In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced, including referral for independent advocacy where that is desired.
6. Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

ESCC quarterly monitoring process

Monitor progress

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

  (Providers/Commissioning Team, during the notice period)

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

4.9.1 Rural population

a) How are these groups/factors reflected in the County/District/ Borough?

Population by urban and rural areas in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

b) How is this group/factor reflected in the population of those impacted by the proposal?

Mental health support is delivered across the rural populations of Wealden and Rother. It consists of two fixed wellbeing services in Uckfield and Crowborough and also delivers “pop-up” sessions in Mayfield and 1 session per week in Rye. Employment, Community Links and Peer support have workers who are peripatetic and service those areas of the county and have key performance criteria to ensure they deliver across the areas. The total of beneficiaries supported in “rural” locations is around 500 people.

Removal or reduction of levels of mental health support would be hard to mitigate due to fewer alternative support options and difficulty of travel. Social isolation and loneliness can alter behaviour, increasing chances of indulging in risky habits such as drug-taking, and plays a role in mental disorders such as anxiety and paranoia and is also a known factor in suicide.

Meaningful activities help to develop recovery, social inclusion and self-manage and stay well. Activities can include employment, volunteering, education and learning, personal interests, hobbies, and everyday activities. Participating in meaningful activities can help people maintain a sense of purpose and can help people feel engaged and stimulated.

Social isolation and loneliness can alter behaviour, increasing chances of indulging in risky habits such as drug-taking, and plays a role in mental disorders such as anxiety and paranoia and is also a known factor in suicide.

Wellbeing Centres

- Less access to early intervention and support with recovery from mental health acute crisis
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan or support for accommodation and care
- Fewer effective opportunities to build plans towards their personal recovery goals, resilience and self-management.
- Less respite and practical support for carers, including support with their own mental health needs

Employment Support

- People with mental health support needs are already the most disadvantaged care group regarding employment

- Fewer people will be supported into work
- Fewer people will move towards recovery
- Fewer people will be supported to keep their employment if they become unwell
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Community Links

- Fewer people supported for social inclusion support for people so they can develop support networks in their local communities.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Peer Specialist Service

- Fewer people supported to develop self-management “Recovery” plans that enable people to be self-resilient and reduce impact on front-line services.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Hard to engage vulnerable people

- Less or no support for homeless, street drinkers and people who may not have a formal mental health diagnosis due to their hectic lifestyles with impact on those individuals and their families and the local community
- Less support with recovery and maintenance of good mental health and independent living over the longer-term
- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

Representation and advice

- Less or no welfare benefits advice and representation for vulnerable people leading to escalating practical problems that will impact further on mental health and resilience to live in the community, more mental health crisis and hardship.

Support for Early Onset Dementia

- Less Day support for people with early on-set dementia and respite for their carers leading to increased stress and isolation for individuals and their families.
- Less support with recovery and maintenance of good mental health and independent living over the longer-term

- Higher likelihood of people presenting in crisis requiring high cost ongoing support
- Higher likelihood of people requiring additional FACs eligible requiring ASC assessment and support plan for personal support

c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?

Yes. Access to alternative social, employment or group activity is much harder to access because most activity is delivered in the urbane and central areas.

As such, these proposals greatly effect the mental health, wellbeing and recovery options for the rural communities.

d) What is the proposals' impact on the factor or identified group?

S lives in north Wealden is 50 years old and lives alone as her mother has just died. She became very isolated and stopped going out and caring for herself. She visited her local GP as she wasn't able to sleep at night. The GP suggested she attend a local mental health drop-in support and see if it would help.

Since attending she has now made friendships that extend outside the drop-ins. She attends her local church with friends and is part of an acting group.

She said "without the drop-ins that enabled me to make contact with other human beings I would have continued on a path of loneliness and ill-health. By enabling me to build up my confidence and establish friendships with the people around me has been a saviour"

Reduction of funding will reduce beneficiary numbers by around 50% or approximately 250 people. This impact is larger due to the population numbers associated with rural areas which are much smaller than East Sussex coastal towns.

This will be a reduction of people who are supported to maintain or improve their mental health or avoid crisis

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Unclear due to fewer options available within the rural areas.

f) Provide details of the mitigation.

1. Services that continue to be funded may need to make changes to their access and referral criteria to ensure people in the most need of support can access services.

2ESCC and providers work together to identify clients and their carers who have eligible needs and give advice about contacting their social services team for advice and information about alternative services if available, or ways of meeting their eligible needs although that could be difficult in rural locations.

3ESCC and providers work together to identify people who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral or social care assessment.

4In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced, including referral for independent advocacy where that is desired.

5Support will be provided to meet the individual's communication needs during all the above stages.

g) How will any mitigation measures be monitored?

ESCC quarterly monitoring

Monitor progress

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

  (Providers/Commissioning Team, during the notice period)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

4.9.2 Carers

a) How are these groups/factors reflected in the County/District/ Borough?

Population by provision of unpaid care in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

b) How is this group/factor reflected in the population of those impacted by the proposal?

Around 60,000 people provide unpaid care across East Sussex. Statistics show[10] that around 20% of carers experienced common mental disorders, and this poor mental health was directly related to caring rather than other stressors.

Studies highlight that caring for someone with mental illness is challenging. Mental illness is a fluctuating condition, often misunderstood and stigmatised, and causing considerable emotional distress to carers who in turn are at risk to their own mental health and wellbeing.

Community mental health provision supports around 4000 individuals across East Sussex. Providers have identified someone as a carer if they are responsible for providing or arranging care for someone else who cannot care for themselves, is not paid for their role, and is different from a paid professional like a care worker or home help.

[10] NICE Physical and mental health of carers

Service users often don’t see themselves as carers even in some obvious cases where they are supporting a family member such as their partner, child, parent, sibling or other relative.

The services also support a range of carers who get a break from their role simply due to them being supported in sessions or groups and allows them some time for themselves.

Providers of mental health wellbeing services report that there are around 2500 carers who may be affected by these savings proposals.

c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?

Yes, the impact will predominantly be higher amongst carers who have mental health or are supporting someone with their mental health due to the double correlation of that issue.

This is estimated to be around half of all people who access support with the mental health services

d) What is the proposal impact on the factor or identified group?

BB cared for his daughter who had Bipolar Effective Disorder. This made her very vulnerable and she was regularly abused by males, particularly when she lived alone. BB asked her to move back to the family home so they could support her better and keep her safe. This has help massively for her, however this has been hard work for BB and his wife.

One break that they get is when she attends a local wellbeing service for half a day 3 or 4 times a week. This gives the carers peace of mind as their daughter likes the support and is safe. They are able to get a valuable break from their caring and enables them to sustain their help and support for their daughter. These are very valuable to us. We wouldn’t be able to do this without the short break and she would ultimately come to harm if she was living alone again.

The impact will be:

- Reduced support to people who are carers and need support with their mental health
- Reduced support for carers who get a break from their caring responsibilities while people attend services
- Reduced interventions for carers to access support which enables their development of family or other personal relationships
- Reduced support for carers to engage in work, training, education or volunteering
- Reduced support for carers to maintain their home and living environment
- Reduced support to carry out responsibilities the carer has for a child
- Reduced opportunity to engage in recreational activities

The inability to achieve the basic outcomes listed above could lead to eligible support needs which we have a statutory duty to meet due to the Care Act 2014

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Meetings have been held with the providers of all services to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers.

Providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also offered to assist with providing any additional information/ support if required

It is also proposed that ESCC work with current providers and partners so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation.

1. Services that continue to be funded may need to make changes to their access and referral criteria to ensure people in the most need of support can access services.

2ESCC and providers work together to identify clients and their carers who have eligible needs and give advice about contacting their social services team for advice and information about alternative services if available, or ways of meeting their eligible needs.

3ESCC and providers work together to identify people who may be ASC eligible or not apparently eligible but may be vulnerable and assist them with contacting social care direct to request an ASC review of support plan/referral for social care assessment.

4In addition ESCC and the provider would work with the client and their carer/ family members to discuss ways in which the negative impact could be reduced, including referral for independent advocacy where that is desired.

g) How will any mitigation measures be monitored?

ESCC will monitor progress quarterly

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

  (Providers/Commissioning Team, during the notice period)
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer’s assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

4.9.3 People on low incomes/homelessness

a) How are these groups/factors reflected in the County/District/ Borough?

Households in poverty in 2015 in East Sussex and its districts (source: CACI): number and percentage

b) How is this group/factor reflected in the population of those impacted by the proposal?

Poor mental health is prominent within low income and poverty there are nearly 69,000 households in East Sussex recorded as having household income less than 60% of the national average.

East Sussex (particularly Hastings) has a higher than average homelessness population, for people who are homeless the prevalence of mental health issues could be as high as 75%.

Mental health provision supports people to manage their debt and seek support around housing issues. They also support other co-morbid issues such as long term health problems and drug or alcohol dependency that also co-exist in these cohorts.

The proposed savings will reduce the service availability across the county including within the most deprived wards for people with the biggest health inequalities.

One service (Seaview St Leonards on Sea, Hastings) specifically engages with hard to engage vulnerable people. These can be homeless, unemployed, newly released from prison. More often than not they are known to local police around street drinking and drug and alcohol issues.

The service ensures that people access basic health care and check ups, and also supports people accessing emergency accommodation or enables them to get support from other agencies.

There are wellbeing services that service all the major low, socio economic areas in East Sussex and peripatetic support has KPI that ensures people from those areas are engaged and supported.

c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?

Hastings has a significant number of people who attend services that are specific to homelessness and low income people (approx. 600) and mental health services that support this group will be affected by the proposed savings.

Due to the correlation of poor mental health and low income/homelessness, reduction of the offer of support will impact people more than the general population.

d) What is the proposal impact on the factor or identified group?

Peter is an ex offender with Schizophrenia and has a background of homelessness, drugs and alcohol. Peter attends the drop ins every day and gets a hot meal. He said “ Before I came here I never engaged with mental health services and was always quite unwell due to that. I used to steal to get money for drink and drugs. The help from Seaview has got me to start a drug programme, look after my mental health and I have stopped offending. If I didn’t get this support from Seview I would certainly be back in prison. And I would have been able to self manage my mental health condition”

Peter now volunteers at the drop-in as he wants to give something back to the service that saved his life.

High risk that the savings levels on Seaview (which support 566 people per annum) will be decommissioned. Other services that may offer support in mitigation of that will also be reducing their capacity and offer.

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Meetings have been held with the providers of all services to discuss the potential impact of these proposals both on the provider, their staff, clients and their carers. Providers have agreed to pass on information to clients and their carers and their staff about the ESCC consultation process on the proposals and to encourage all to participate(this is taking place between 23/10/2015 and 18/12/2015).

Further support has also offered to assist with providing any additional information/ support if required

It is also proposed that ESCC work with current providers and partners so that actions can be taken to avoid negative impacts on clients and their carers and better advance equality (see f below).

f) Provide details of the mitigation. People who have eligible needs will be signposted towards a Social care assessment

g) How will any mitigation measures be monitored?

ESCC will monitor progress quarterly

- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

(Providers/Commissioning Team, during the notice period)

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)

4.10 Human rights - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

Articles	
A2	**Right to life (e.g. pain relief, suicide prevention)** this Article is relevant to the EIA as there is an increased risk of suicide if people with mental health needs who are no longer able to access suitable local support
A3	**Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)**
A4	**Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)**
A5	**Right to liberty and security (financial abuse)**
A6 &7	**Rights to a fair trial; and no punishment without law (e.g. staff tribunals)**
A8	**Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)**
A9	**Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)**
A10	**Freedom of expression (whistle-blowing policies)**
A11	**Freedom of assembly and association (e.g. recognition of trade unions)**
A12	**Right to marry and found a family (e.g. fertility, pregnancy)**
Protocols	
P1.A1	**Protection of property (service users property/belongings)**
P1.A2	**Right to education (e.g. access to learning, accessible information)**
P1.A3	**Right to free elections (Elected Members)**

Part 5 – Conclusions and recommendations for decision makers

5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups
- In parallel with considering the PSED the Care Act 2014 introduced the responsibility to deliver parity of esteem for people with mental health issues as compared with physical impairments and carers support. The RPPR proposals are to reduce community support for people with mental health needs by 80%. This will leave a proportionately very small investment for the support of mental health in the community.

5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

<table>
<tr><th>X</th><th>Outcome of impact assessment</th><th>Please explain your answer fully.</th></tr>
<tr><td></td><td>A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.</td><td rowspan="4">There is potential for serious adverse impact on individuals with mental health needs who will become unable to access suitable services and support as a result of the proportion of the budget savings being made through the CGP funded services. A very small proportion of services are currently proposed to retain funding (total ASC funding for currently 4000 users will be £150, 000). A number of this cohort of people have in the last 3 years moved from residential care services into supported accommodation or independent living.. This has been successful due to the support received from these services. There is a high risk that individuals will develop needs that are a risk to themselves and others for example high levels of mental health distress, aggression, and potential for suicide (HRA Right to Life). The quality of life and safety is severely impacted by removing or significantly reducing mental health support services in the community. (C)

In addition there is potential failure to advance equality of opportunity between people with different degrees of need for mental health support because at this time individuals who receive support within their care plan under Section 117 of the Mental Health Act 1983 have not had an assessment of the impact these savings may have on their current support plan/services. (c)

Also potential failure to advance equality of opportunity between people with mental health needs and individuals with other impairments whose day support services are not funded within the voluntary and social enterprise sector. The Care Act 2014 introduced the responsibility to deliver parity of esteem for people with mental health issues as compared with physical impairments and carers support. (c)</td></tr>
<tr><td></td><td>B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.</td></tr>
<tr><td>X</td><td>C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate</td></tr>
<tr><td></td><td>D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it must be removed or changed.</td></tr>
</table>

5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

ESCC will monitor progress quarterly

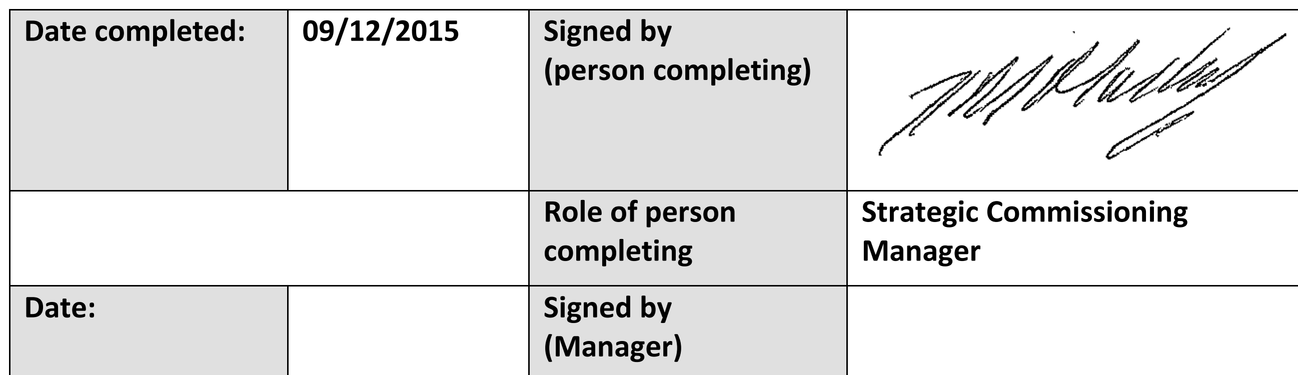
- with informing clients and carers
- and numbers of referrals or independent advocacy or assessment and support planning providers

(Providers/Commissioning Team, during the notice period)

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

5.6 When will the amended proposal, proposal, project or service be reviewed?

January 2017



Date completed:	**09/12/2015**	**Signed by (person completing)**	
		Role of person completing	**Strategic Commissioning Manager**
Date:		**Signed by (Manager)**	

Part 6 – Equality impact assessment action plan

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report. ☐

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Section 117 of the Mental Health Act 1983	Ensure that all service users on s117 are still safely supported as part of their s117 care plan	Martin Robinson & SPFT operational Lead	Jan 2016 – Feb 2016	Operational resource's Unknown Personal budget or other cost risk	Consultation
Assessment of eligible needs and risks for current cohort of clients and carers	Providers identify clients who are eligible and require an ASC assessment.	Kenny Mackay	Jan 2016 – Feb 2016	Operational resources Unknown, personal budgets or other cost risk	RPP&R
Ensuring communication needs are met	Providers to audit communication needs of cohorts	Kenny Mackay	Jan 2016 – Feb 2016	Commissioner report None	RPP&R

Provision of advocacy support	Referral made where required	Nigel Blake Hussey	Jan 2016 – Feb 2016	none	RPP&R
working with providers to model the service based on potential funding	Providers developing different funding models showing reduced capacity of services	Kenny Mackay	November 2015	None Task completed	RPP&R
Monitoring provision of information, referral and signposting during the notice period	Develop KPI to be collected by providers	Kenny Mackay	January 2016	None	EIA
Develop a monitoring process to capture activity with SPFT and providers	Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning) Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this	ASC Performance Team; ESBT Programme	February 2016	None	EIA & RPP&R

	includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team) Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. (ASC PPE/Strategy and Commissioning)				

6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Significant risk to crisis and acute mental health provision which is already overburdened	Financial (For other partners)	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016
More People requiring Adult Social Care assessments and support due to reduction of mental health support	Financial	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016
Higher likelihood of people requiring additional eligible support for accommodation and care					
Less respite and practical support for carers, including support with their own mental health needs	Financial	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016

	Financial	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016
Less funds will be available for culturally appropriate services e.g. interpreting, translation of documents, proactive BME engagement which is required to reach out to BME community groups.	Moral/Financial	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016
Low opportunities for mitigation as the prospectus services represent 100% of MH community provision. And will impact on Community Grant	Moral/financial	Potentially	EIA & Cabinet Report	Kenny Mackay	February 2016