

Equality Impact Assessment: Commissioning

Title of service to be commissioned	Mosaic
Name of directorate	Adult Health, Social Care and Housing
Name and role of officers completing the EIA	Sarah Aitken, Contracts & Commissioning Officer, Voluntary Grants Sarah Shatwell, Commissioning Manager, Social Care Transformation Andrea Morland, Joint Commissioning Manager Mental Health Paul Bolton, Equalities Support Officer
Date of assessment	Monday 7 th December 2009 (Amended & updated Monday 8 th February 2010)

An Equality Impact Assessment is a process of systematically analysing a new commissioning intention or existing service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when conducting an Equalities Impact Assessment (EIA) on Commissioning decisions and new services. It is intended that this is used as a working document throughout the EIA process, with a final version including the action plan section being published on the Council's and NHS Bath and North East Somerset's websites.

1.	Identify the aims of the policy or service and how it is implemented.	
	Key questions	Answers / Notes
1.1	<p>Briefly describe purpose of the commissioned service including;</p> <ul style="list-style-type: none"> ● How the service is delivered ● If responsibility for the decision and the service implementation is shared with other departments or organisations ● Intended outcomes 	<p>To provide support to people in the BME community with mental ill health, some of whom are under the care programme approach. The service is currently delivered in house by a full time Community Development Worker (CDW) and 2 part time Support Workers (SW) with managerial and administration support.</p> <p>However, management took the decision to leave both the SW posts effectively vacant for the entire 2009/10 commissioning year. This was mainly due to the uncertainty about the continuation of the service after it had been discredited by the actions of one of the previous support workers, and knowing that the SLA had already been extended, pending re-commissioning. This understaffing has lead to the service not achieving its intended outcomes and placing strain on other internally delivered services, mainly Community Options.</p> <p>Commissioners within Adult Health, Social Care and Housing now hold full responsibility for the development and implementation of the contract and wish to re-commission to allow for innovation in service delivery ideally from the third sector.</p>

		Current Outcomes: To promote independence and choice for individuals from the Black and Minority Ethnic Community. To improve their confidence, self esteem, communication and social skills. To promote the issue of mental health amongst the wide Black and Minority Ethnic Community in the Bath and North East Somerset Area
1.2	<p>Provide brief details of the scope of the service being reviewed, for example:</p> <ul style="list-style-type: none"> ● Is it a new service being tendered or the re-tender of an existing one? ● Is it a national requirement?. ● How much room for review is there? 	<p>Our objective now is to commission a new service in 2010 which will meet the support needs of the client group and collect user feedback on how future services could be developed. A full commissioning process is long overdue due to the financial, equality and quality issues surrounding the current service. This is recognised by current service users who await a comprehensive service that to date they have not received.</p> <p>The intention is to retain the CDW role within the council, and the part time CDW post currently delivered by BREC. CDW work is currently a statutory requirement and a strategic priority in B&NES as outlined in the Single Equalities Scheme as part of Delivering Race Equality in mental health.</p> <p>This will mean that the CDW roles will complement the work of the Mosaic service once it is commissioned, and that the important development work for these communities will be distinct from the support aspect delivered by Mosaic. The CDW roles will have more focussed outcomes to ensure that this happens.</p>
1.3	Do the aims of this Service link to or conflict with any other service within the NHS?	There is a link in aspirations and outcomes with the National Service Framework for mental health and for all partners who work to achieve its objectives. There are no specific service links or conflicts.

2. Consideration of available data, research and information

Monitoring data and other information can assist in commissioning fair and equal services. Please consider the availability of the following as potential evidence:

- Demographic data and other statistics, including census findings, equalities mapping data and Joint Needs assessment
- Recent research findings and needs assessment
- Results from recent consultation or surveys
- Service user monitoring data (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from relevant groups or agencies, for example trade unions and voluntary and community organisations
- Analysis of records of enquiries about existing service provision, or complaints or compliments about them
- Recommendations of external inspections or audit reports

	Key questions	Data, research and information that you can refer to
2.1	Who are your stakeholder equalities groups or organisations?	<p>Mosaic service user group, external organisations (BREC, Bath Mind, BEMSCA), In-house teams (Mosaic, Community Options), internal Equalities team.</p> <p>It will be our intention to work with these interested parties and seek opinion on the content and objectives of the new specification.</p>
2.2	What methods have you used to engage with under represented groups?	Not applicable as this stage in the decision making process is about commissioning an alternative supplier to deliver a better, more accountable, service. The intention is that consultation will take place with both service users and the wider voluntary

		sector to inform the new service specification as the first stage in the commissioning process.
2.3	What is the equalities profile of people who are using the service?	20 current service users all with mental health issues and all from BME communities. 50% Female, 50% Male. Age: 18-30 (5%) 31-50(65%)51-65(20%)65+(10%)
2.4	What other data do you have to identify the needs of service users or staff? (e.g results of customer satisfaction surveys, results of previous consultations)	There is a recent Mosaic service user feedback questionnaire which indicates the value of the service for local people. Also information from DRE strategy. On commissioning a new service, the intention is to incorporate data collection as part of outcomes to better understand what services (specifically health related) are required and to form better services in the future.
2.5	Are there any gaps in the data, research or information that is available?	Gaps in equalities information including limited detail on the BME profile of service users, sexual orientation and religious/faith background. Limited understanding of the particular needs of the BME community or what the communities identify as their priorities for support/ activities . This would assist in establishing meaningful future outcomes for the service and will form part of the objectives for the new service provider.
2.6	If you are planning to undertake any consultation in the future, how will you include equalities considerations?	Service users will be including in meetings to discuss the future of the service and involved in the production of the specification. Meetings to take place 25/01/10 and 10/02/10. Stakeholders identified above will also be encouraged to provide feedback on and develop the specification prior to publication.

3. Assessment of impact			
	Based upon any data you have analysed, or the results of consultation or research, use the spaces below to list how the service or policy: <ul style="list-style-type: none"> • Meets any particular needs of each of the six equalities groups or helps promote equality in some way. • Could have a negative or adverse impact for each of the six equalities groups 		
		Examples of what the service has done to promote equality	Examples of potential negative or adverse impact and what steps have been or could be taken to address this
3.1	Gender – identify the impact/potential impact of the service on women, men and transgender people	50% male, 50% female	Potential to offer support tailored to specific gender issues or signpost to specialist agencies /services for BME women. This will be encouraged in the new service specification.
3.2	Disability - identify the impact/potential impact of the service on disabled people (ensure consideration of a range of impairments including both physical and mental impairments)	All service users have mental health issues (20), 12 of which are under CPA. Service targets needs of mental ill health. Also need to find out about other disabilities, access needs, etc. (10% of service users have additional physical disabilities)	Potential to better serve the needs of clients by joining up health services and ensuring services are fully accessible.
3.3	Age – identify the impact/potential impact of the service on different age groups	Age: 18-30 (5%) 31-50(65%) 51-65(20%)65+(10%)	Potential positive effect of changing the current services is to encourage support to the 18- 30 age group who currently seem underrepresented in the existing group (5%).

3.4	Race – identify the impact/potential impact of the service on different black and minority ethnic groups	Service targets BME groups.	There is a need for further data to establish service user profile by race. Data gathering will form a part of the new service specification. Potential positive impact on communities which are underrepresented by the current service. Need to better understand barriers to accessing the service, support needs including needs for translation interpreting services, etc. Role of the service as prevention to reduce potential hospital admissions as admissions are more prevalent for BME groups
3.5	Sexual orientation - identify the impact/potential impact of the service on lesbians, gay, bisexual & heterosexual people	Unknown	Need to include in equalities monitoring Positive impact will be that closer links will be created with support orgs. This will be encouraged in the future service specification.
3.6	Religion/belief – identify the impact/potential impact of the service on people of different religious/faith groups and also upon those with no religion.	Unknown	Need to include in equalities monitoring Potential positive impact will be that closer links will be created with support orgs/ community groups. This will be encouraged in the future service specification.
3.7	Socio-economically disadvantaged – identify the impact on people who are disadvantaged due to factors like family background,	5% in paid employment 10% in voluntary work Acknowledgement that the majority	Potential to improve people’s economic/ employment status. Future service specification will

	educational attainment, neighbourhood, employment status can influence life chances	of services users fit this category	encourage signposting to relevant organisations for specific employment support.
3.8	Rural communities – identify the impact / potential impact of the service on people living in rural communities	90% of service users are from Bath. 5% Keynsham 5% Norton Radstock Acknowledge rural racism and rural isolation – BME communities moving out to housing and associated economic factors	Potential to incorporate greater levels of outreach work to rural communities. New service specification will specify support throughout Bath and North East Somerset.

4.	Human Rights		
	Are there any issues relayed specifically to Human Rights in service provision? ie mental capacity / infection control	Evidence shows that higher proportion of BME service users get sectioned. Human Rights around detention and right not to be discriminated against. The service specification will reflect this context and detail how the service supports and monitors this issue with mental health teams directly involved. Advocacy service run by Bath Mind is directly concerned with mental capacity. This service has no support activities that have a direct bearing on issues that adversely affect an individual's human rights.	

5. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into the commissioning planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	How will these be incorporated into the commissioning process or included in the contract schedule?	Officer responsible	By when
Insufficient data on needs of existing and potential client groups	Collate information and market analysis on B&NES population data	By developing a service specification that incorporates feedback from service users, encourages data collection about the needs of the community and gives objectives to achieve them.	SA (SS/AM)	20/01/10
Insufficient data on needs of existing and potential client groups	Consultation with user groups and stakeholder organisations, including gaining better understanding role of other in house teams (i.e. Community Options)	By developing a service specification that incorporates feedback from service users, encourages data collection about the needs of the community and gives objectives to achieve them.	SA (SS/AM)	20/01/10
Ensure commissioning process is fair, transparent and reaches BME community groups	Design service specification and plan the tendering process.	Equalities considerations will be embedded at each stage of the commissioning process. Service user feedback will be incorporated in to the new service specification. Ensure	SA (SS/AM)	20/01/10

		stakeholders have the opportunity to provide feedback on the specification once drafted.		
Lack of definition of CDW roles	Clearly define CDW roles in relation to DRE/ New Horizons and needs of community. Identify specific outcomes related to the role	To develop a service specification that better meets the needs of the community and has specific equalities outcomes	SA (SS/AM)	20/01/10

6.. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Director or their nominated officer.

The EIA should be included in the papers to Committee and Board alongside the Commissioning proposal.

Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by:

(Jane Shayler, Divisional Director, Adult Care, Housing & Health)



Date: 17/02/2010