SECTION 75 AGREEMENT EQUALITY ANALYSIS

Draft of 7January 2013

Question 1	What is the scope and intended outcomes of the activity being assessed; in terms of both the Council's organisation and staffing, and services to the community?

- Working in partnership with North East London Foundation Trust (NELFT) to provide improved integrated health and social care services for the population of Havering.
- The Council and NELFT currently work in partnership to provide integrated mental health services in Havering. The intention is to extend this partnership for another 3 years and to enter into an Overarching Section 75 Agreement to enable the development of further integrated health and social care services
- The aim is to improve the experience of the local community when they need to access mental health and other health and social care services in Havering.

Question 2	Which individuals and groups are likely to be affected by the activity?

- This activity will potentially affect all 9 of the protected groups and individuals because of their socio-economic status as mental health issues and health and social care needs can affect any member of the community.

The table below identifies the protected characteristics and the (sub-) groups within each of them.

Protected characteristics	Protected groups and sub-groups
Age	When looking at age, consideration should be given to children and young people, older people and carers.
Disability	When looking at disability, consideration should be given to people with different types of impairments: physical, learning, aural or sensory, visible and non-visible impairment. Consideration should also be given to: Deaf people, disabled workers, as well as people with HIV, people with mental health needs and people with drug and alcohol problems.

Protected characteristics	Protected groups and sub-groups
Gender	When looking at gender, consideration should be given to girls and women, boys and men, married people, civil partners, part-time workers, carers (both children and elder care), parents (mothers and fathers), in particular lone parents and parents on low incomes.
Gender reassignment/ identity	When looking at gender reassignment, consideration should be given to transgender people, transsexual people and transvestites.
Marriage and Civil Partnership	When looking at marriage and civil partnership, consideration should be given not only to married people, but also to civil partners.
Pregnancy and Maternity	When looking at pregnancy and maternity, consideration should be given to pregnant women, breastfeeding mothers, part-time workers, women with caring responsibilities, women who are lone parents and parents on low incomes.
Race/ ethnicity	When looking at race, apart from the common ethnic groups, consideration should also be given to Gypsy, Roma and Irish Travellers communities, people of other nationalities outside Britain who reside here, refugees and asylum seekers.
Religion or belief	When looking at religion, as a minimum consideration should be given to the most common religious groups (Christian, Muslim, Hindu, Jews, Sikh, Buddhist) and people with no religion or philosophical belief(s).
Sexual orientation	When looking at sexual orientation, consideration should be given to heterosexual and bisexual men and women, lesbians/gay women and gay men.
Socio-economic groups	When looking at socio-economic groups, consideration should be given to homeless people, carers, vulnerable children, families and adults, parents (mothers and fathers), particularly lone parents and parents on low income, disabled and part-time workers.

Question 3	**What data/information do you have about the people with 'protected characteristics'** *(age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation)* or **other socio-economic disadvantage** *(e.g. disabled and part-time workers, low income and/or lone parents (mothers and fathers), looked-after children, other vulnerable children, families and adults)* **among these individuals and groups? What information do you have about how they will be affected by the activity? Will you be seeking further information in order to assess the equalities impact of the activity? How is this information being used to influence decisions on the activity?**

- Mental health issues and health and social care needs can have a particular impact on all the groups with protected characteristics and those with socio-economic disadvantage.
- The most vulnerable and disadvantaged groups (e.g. disabled and part-time workers, low income and/or lone mothers and fathers, looked-after children, other vulnerable children, families and adults) in our community face particular pressures and strains which can result in a particular need for care and support.

SCALE OF THE LOCAL ISSUE

- We know a great deal about the local incidence of mental health issues in Havering and this information is used to inform commissioning decisions and to set priorities for the integrated mental health services within the Borough.
- Information from the Indices of Multiple Deprivation (2007) combines information about prescription rates for mood and anxiety disorders, suicide rates, hospital episodes and health benefits data to give an indication of the overall mental health of the community.
- Around 23,200 people in Havering are estimated to have a common mental health disorder. Common mental health disorders cause emotional distress and interfere with daily functioning, but do not usually affect insight or cognition. This includes depression, anxiety disorders, and obsessive compulsive disorder.
- 43% of those claiming incapacity benefit in Havering have a mental health issue.
- Neurotic disorders and mixed anxiety with depression are estimated to be the most widespread common mental health problems among Havering residents
- GPs maintain mental health registers of people with more serious illness (schizophrenia, bipolar disorder, and other psychoses). In 2010/11 there were more than 1500 people in Havering on these disease registers.
- 6,249 people aged 18 and above were in contact with NHS specialist mental health services in 2011. These services include not only in-patient services, but also services provided in the community or through outpatient clinics.
- In 2011 it was more common for people in Havering receiving treatment for severe mental health problems to be in stable accommodation than the average in England and London (93% in Havering are in stable accommodation compared with 73% London and 67% England), Locally this

represents a huge improvement on previous years and is due, in part, to the success of the current Partnership Agreement.

- In 2011 around 7%).of people in Havering receiving treatment for severe mental health problems were in employment.
- Information based on the national psychiatric morbidity survey suggests that residents of Gooshays, Heaton and Romford Town are most likely to experience common mental health problems for example depression and anxiety disorders. Residents of these wards are also predicted to be most likely to suffer from severe mental illnesses that may require hospital treatment for example. schizophrenia and affective (mood) disorders (MINI and NPMS Needs Indices Data; Glover, Arts and Wooff, 2004).
- It is estimated that in Havering, there are more than 600 people with Borderline Personality Disorder, nearly 600 people with Psychotic Disorder and around 500 people with Antisocial Personality Disorder (PANSI, 2010).
- Predicted future population growth means that the number of adults (aged 18-64) experiencing each of these psychological conditions is expected to increase by 6% in the next 10 years in Havering (PANSI, 2010). Not everyone with these mental health issues wants or seeks help, and some may have already received treatment, so the estimated numbers of those with mental health issues are likely to be higher than the demand for services (NEPHO, 2008).

- Hospital admissions for self harm were higher for Havering in 2011 (159 per 100,000 population) than for London average (128);

OLDER PEOPLE

- Mental health issues are particularly important for the older people in Havering and with an ageing population it is forecast that the numbers of people affected will increase in the coming years.
- It is estimated that 3,760 older people have depression, which is predicted to increase to 4,146 by 2020 (source: JSNA 2011/12)
- It is estimated that around 3,050 people in Havering (aged 65+) currently have dementia
- This is predicted to rise to 4,691 by 2030, with Havering having a greater number of residents with dementia than the majority of other London Boroughs
- The recorded number of people with dementia in Havering is significantly lower than the expected number, suggesting that more than 2,000 local people are living with undiagnosed dementia
- Around 60 people in Havering are estimated to be affected by early onset dementia (age 30-64)
- It is estimated that around 63% of those with late onset dementia live in private homes in the community, and around 37% live in residential care homes

GAPS

- LBH is currently seeking to update it's knowledge base by carrying out a brief service user consultation (questionnaire), targeting patients linked into service user groups, current day opportunities, patients receiving services at Community Recovery Teams, and linking back through carers groups to other patients. This questionnaire will gather an opportunity sample of demographic data such as gender and ethnicity, location and severity proxy (FACS banding information).

• The results will feed into new commissioning intentions during the life of this Agreement.

Question 4	If no data and information is available about the groups likely to be affected by the activity, how would you inform your EA? Will you be considering carrying out some consultation to inform your EA?
• The data available above shows we know this client group and the service user consultation will increase and update our knowledge.	

Question 5	Based on the collected data and information, what will be the likely impact of the activity on individuals and groups with protected characteristics or other socio-economic disadvantage?
• The proposal to extend the current Agreement will ensure that there is no adverse impact on the groups and individuals identified. The new Agreement will set targets to improve services and so it is intended there will be a positive impact on all groups and individuals. The proposal to extend the scope of integrated health and social care services will also have a positive impact on the groups and individuals	

Question 6	What is the potential impact on arrangements for safeguarding children or safeguarding vulnerable adults?
• The proposal will continue and extend the partnership working between the Council and NELFT and has the potential for strengthening the arrangements for safeguarding vulnerable adults and will have close links with the arrangements for safeguarding children.	

Question 7	If any negative impact is identified, is there a way of eliminating or minimising it to reasonable level? If not, how can the negative impact be justified?
• No adverse impact identified	

Question 8	How will the activity help the Council fulfil its legal duty to advance equality of opportunity in the way services are provided?
• The proposal will improve the access to services for people with mental health or heath and social care services for the identified groups and individuals and is therefore a positive step in advancing equality of opportunity.	

Question 9	What actions will you be taking in order to maximise positive impact and minimise negative impact from the activity?
• Performance Monitoring as set out in next section • formal consultation on the impact of the Agreement with service users and	

carers during the course of the Agreement

Question 10	Once implemented, how often do you intend to monitor the actual impact of the activity?

- The draft Agreement includes a Performance Management Framework which sets out how the operation of the Section 75 Agreement will be monitored. There will be an Annual Plan setting targets for outcomes; quarterly monitoring of performance against this Plan by the Partnership Steering Group and a review every year in order to formulate the Annual Plan for the next year.
- The implementation of the Agreement will be overseen by the Mental Health Partnership Board which will report on progress to the new Health and Wellbeing Board.

SIGN OFF AND PUBLICATION

When completed, the Equality Analysis needs to be signed off by the Head of Service. Once signed off, it should be forwarded to the Directorate Equality Analysis Web administrator to publish it on the council's website.

HEAD OF SERVICE **Name: Joe Coogan**

Date: **Signature:**