

Equality Impact Assessment (EIA)

1. Topic of assessment

EIA title	Reduction of spend on adult mental health promotion and anti-stigma services
EIA author	Maya Twardzicki/Martyn Munro

2. Approval

	Name	Date approved
Approved by	Ruth Hutchinson	21/9/17

3. Quality control

Version number	V5	EIA completed	Updated Sept 17
Date saved	05/10/17	EIA published	October 17

4. EIA team

Name	Job title	Organisation	Team role
Helen Harrison	Public Health Principal	Surrey CC	Lead
Martyn Munro	Senior Public Health Lead	Surrey CC	Commissioner
Maya Twardzicki	Public Health Lead	Surrey CC	Commissioner

5. Explaining the matter being assessed

What policy, function or service is being introduced or reviewed?

This Equality Impact Assessment relates to the provision of the adult mental health promotion, prevention (First Steps) and anti-stigma (Time to Change – Surrey) which are currently commissioned by Public Health. These contracts are part of Surrey’s Integrated Commissioning Strategy for Emotional Wellbeing and Mental Health and report up through the Mental Health Partnership Board to the Health and Wellbeing Board. Time to Change – Surrey also is overseen by a multi-agency steering group.

“First Steps” an aspect of Surreys public mental health programme is an evidence based, integrated emotional wellbeing, mental health, for the whole Surrey population and also prioritises areas of higher need and priority groups. It is the first level of the mental health pathway in Surrey: universal access and self-help.

The First Steps mental health promotion service has three key elements:

- A. Developing Capacity to promote mental health, prevent and provide early intervention for mild/common mental health problems among Health and Social Care Providers and the Community
- B. Mental Health Awareness Raising and Anti-Stigma Work in the wider community
- C. Client Intervention: self-help, psycho-education and signposting to relevant services

What proposals are you assessing?

The Surrey Public Health budget is being reduced by 33% from the budget available at the beginning of 2015/16 to the final year of the current Surrey County Council MTFP (2020/21). This reduction is the result of direct cuts made by the Department of Health to the Public Health Grant plus Public Health being required to support other Council activities that contribute towards health outcomes. Further details on the public health budget are described in the attached document.



Partner briefing on public health budget -

Mental health promotion and anti-stigma services make up approximately 1% of the Surrey Public Health budget. This Equality Impact Assessment is concerned with the impact of the savings on people with protected characteristics to be realised in 2017/18 to 2019/20 and the alternative provision that will remain for the public mental health programme.

Mental health Promotion Budget

In 2015/16 the annual budget for Public Health mental health services was £471,245 per year (broken down as follows: * Time to Change Surrey anti stigma campaign - £72,000 * Suicide Prevention Training - £14,375 * First Steps - £384,870). While this was reduced by 15% in 16/17 the current proposal reduces this significantly further to £70,000

The table below shows the values contained in the mental health programme and the reductions made to date – *before* the latest increase in savings required made known in February 2017. .

Budget 2015/16	2016/17 Budget	2017/18 Budget	2018/19 Budget	2019/20 Budget
£471,245	£448,470	£146,000	unknown	unknown
Reduction from 2015/16	£22,775	£378,470	unknown	unknown

Realising the funding reduction

First Steps was provided under contract by Virgin Care and anti-stigma services by the local charity “Let’s Link” – until 31st March 2017 when both contracts come to an end. Suicide prevention training is spot purchased from other external providers and is not subject to the contract end date. To date, in 2016/17 contract savings with Virgin Care were negotiated and amounted to £20,000 and donation of Intellectual Property Rights for the First Steps website and resources including the “first steps booklet” (estimated value £10,000).

In January 2017 Public Health decided not to recommend the award of a further contract for “First Steps” due to the further constraints on the public health budget. Despite this decision it was recognised that alternative means of provision needed to be explored and developed to mitigate where possible this action. These are further explored later in this document. A programme plan has been developed to find alternative opportunities to retain key elements of the “First Steps” service and “Time to Change-Surrey”.

In February 2017 it became clear that the public mental health programme budget would face an increased savings requirement, Further programme plans for 2017/18 are currently being explored and negotiated within Public Health.

Who is affected by the proposals outlined above?

The proposals have the potential to impact:

- All people and their families/partners/carers, who experience common mental health problems - which NICE clinical guidance 123 estimates as approximately 15% of the population at any one time.(approximately 175 000 people in Surrey)
- A larger number of people who experience emotional problems that if not addressed, could develop into mental health problems
- Those experiencing stigma/discrimination. According to the national Stigma Shout Survey - nearly 9/10 people with mental health problems have experienced stigma & discrimination; 53% of carers said they are unable to do the things they want to because of stigma; and many say that being discriminated against can be a bigger burden than the illness itself.

6. Sources of information

Engagement carried out

In 2014, an [integrated commissioning strategy for emotional wellbeing and mental health](#) was developed which has guided our commissioning intentions for provision of the First Steps service. This strategy was co-produced with service users, carers and wider stakeholders.

Provider and service user engagement was undertaken as part of a procurement process and included:

The Independent mental health network (service user and carer voice) represented on the First Steps procurement steering group;

- Mental health meetings and a concept day for professionals and service user stakeholders.
- 2 consultations via Surrey Says – one for professionals and one for the public.
- Feedback from the engagement helped inform the development of the service specification. Service user and carer representatives were on all the procurement evaluation panels and had an equal vote and voice when scoring submissions.

Ongoing Engagement with key mental health and adult social commissioners was also undertaken.

Further engagement is scheduled with stakeholders when the budget available is clarified and options for delivering the public mental health programme are finalised.

Data used

- Integrated commissioning strategy for emotional wellbeing and mental health.
- Adult Mental Health [Joint Strategic Needs Assessment](#) Chapter
- National evidence base on impacts of mental health promotion and anti-stigma campaigns
- Contract performance data

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	None	<p>Key elements of the service currently delivered as a part of “First Steps” will in the main be transferred to Surrey CC, however there is an access function that will not currently transfer which is an office hours telephone contact number including a low threshold assessment and a similar service via email that will end.</p> <p>A reduction in access to the public mental health programme will disproportionately affect those from priority groups.</p>	<p>Monitoring data of the current First Steps service shows that the highest usage is in the 40-50 age group and then 30-40 and 50-60.</p> <p>The pattern of mental health problems changes with increasing age.</p> <ul style="list-style-type: none"> • Among working aged adults, mixed anxiety and depression is the most common mental disorder • Among older people aged 65+ the two most common mental health problems are depression and dementia. Older people are particularly affected by several risk factors for depression: poor physical health; caring responsibilities; loss; and bereavement and isolation (which help explain higher rates of depression among older people rather than depression being an inevitable consequence of getting older).
Disability	None	<p>Key elements of the service currently delivered as a part of “First Steps” will in the main be transferred to Surrey CC, however there is an access function that will not currently transfer which is an office hours telephone contact number including a low</p>	<p>People with 1 long term condition are two to three times more likely to develop depression; people with 3 or more long term conditions are seven times more likely. (Source: JSNA). Increasing evidence suggests that people with disabilities experience poorer levels of health than the general population (WHO 2011 World Report on Disability).</p>

		<p>threshold assessment and a similar service via email that will end.</p> <p>A reduction in access to the public mental health programme will disproportionately affect those from priority groups.</p> <p>People with a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities are a priority group</p>	
Gender reassignment	None	<p>Key elements of the service currently delivered as a part of “First Steps” will in the main be transferred to Surrey CC, however there is an access function that will not currently transfer which is an office hours telephone contact number including a low threshold assessment and a similar service via email that will end.</p> <p>A reduction in access to the public mental health programme will disproportionately affect those from priority groups.</p> <p>Transsexual people are a priority group – people who are proposing to undergo, are undergoing or have undergone the process of changing their sex.</p>	<p>The general evidence base shows that people who transgender are at higher risk of mental disorder, suicidal ideation, drug and alcohol use, deliberate self-harm and more likely to report psychological distress than their heterosexual counterparts. They are also more vulnerable to certain factors that increase risk, for example being bullied, discrimination and verbal assault and social isolation (source: JSNA)</p>
Pregnancy and maternity	None	<p>Key elements of the service currently delivered as a part of “First Steps” will in the main be transferred to Surrey CC, however there is an access</p>	<p>About 10%-20% of women are affected by mental health problems at some point during pregnancy or the first year after childbirth.ⁱ Depression and anxiety are the most</p>

		<p>function that will not currently transfer which is an office hours telephone contact number including a low threshold assessment and a similar service via email that will end.</p> <p>A reduction in access to the public mental health programme will disproportionately affect those from priority groups.</p> <p>Pregnant women and those with young families are a priority group to receive interventions in Psychological Therapies services</p>	<p>common mental health problems during pregnancy, and affect 15–20% of women in the first year after childbirth</p>
Race	None	<p>Key elements of the service currently delivered as a part of “First Steps” will in the main be transferred to Surrey CC, however there is an access function that will not currently transfer which is an office hours telephone contact number including a low threshold assessment and a similar service via email that will end.</p> <p>A reduction in access to the public mental health programme will disproportionately affect those from priority groups.</p> <p>Black and Minority Ethnic population are a priority group as the First Steps service targets this higher risk group.</p>	<p>Different cultures have different experiences of mental health, this may be in part because mental health is viewed and treated differently by different cultures. Stigma and fear can discourage/stop people (people from BME communities in particular) seeking help at an early stage for their mental health problems. This may result in them presenting at a later stage with potentially more severe symptoms (source: JSNA)</p>
Religion and belief	None	<p>No negative impact predicted</p>	

<p>Sex</p>	<p>None</p>	<p>Key elements of the service currently delivered as a part of “First Steps” will in the main be transferred to Surrey CC, however there is an access function that will not currently transfer which is an office hours telephone contact number including a low threshold assessment and a similar service via email that will end.</p> <p>A reduction in access to the public mental health programme will disproportionately effect those from priority groups.</p> <p>Men are a priority group, who are at higher risk of suicide. First Steps targets this higher risk group.</p>	<p>The JSNA tells us that: rates of common mental disorders are higher in women than men; suicide rates are higher in men than women and men are less likely to consult their GP about a mental health problem.</p>
<p>Sexual orientation</p>	<p>None</p>	<p>Key elements of the service currently delivered as a part of “First Steps” will in the main be transferred to Surrey CC, however there is an access function that will not currently transfer which is an office hours telephone contact number including a low threshold assessment and a similar service via email that will end.</p> <p>A reduction in access to the public mental health programme will disproportionately affect those from priority groups.</p> <p>Gay, lesbian, bisexual or Questioning are a priority group. First Steps targets this higher risk group.</p>	<p>The general evidence base shows that people who are lesbian, gay, bisexual and transgender (LGB&T) are at higher risk of mental disorder, suicidal ideation, drug and alcohol use, deliberate self-harm and more likely to report psychological distress than their heterosexual counterparts. They are also more vulnerable to certain factors that increase risk, for example being bullied, discrimination and verbal assault and social isolation (source: JSNA)</p>

<p>Marriage and civil partnerships</p>	<p>None</p>	<p>No negative impact predicted</p>	
<p>Carers (protected by association)</p>	<p>None</p>	<p>Key elements of the service currently delivered as a part of “First Steps” will in the main be transferred to Surrey CC, however there is an access function that will not currently transfer which is an office hours telephone contact number including a low threshold assessment and a similar service via email that will end.</p> <p>A reduction in access to the public mental health programme will disproportionately affect those from priority groups.</p> <p>Carers are a priority group</p> <p>Family members and friends of people with mental health problems – as First Steps target this higher risk group.</p> <p>Families of people with mental health problems have a higher risk of experiencing mental health problems at a later point.</p>	<p>The British Medical Association recognises that caring can have a negative impact on both mental and physical health. Carers are twice as likely to have mental health problems as those they are caring for. Data from the British Household Panel Survey found that carers are more likely to report high levels of psychological distress, including anxiety, depression, loss of confidence and self-esteem, compared to non-carers (source: JSNA)</p>

7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Age	None	None	
Disability	None	None	
Gender reassignment	None	None	
Pregnancy and maternity	None	None	
Race	None	None	
Religion and belief	None	None	
Sex	None	None	
Sexual orientation	None	None	
Marriage and civil partnerships	None	None	
Carers (protected by association)	None	None	

8. Amendments to the proposals

Change	Reason for change
Ensure remaining funding for MH provision is maximised through reductions elsewhere in the PH budget	To ensure resource is available to support prioritised elements of MH provision and mitigate negative effects where possible.

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Impact on partners	Engagement with CCG and SCC Adult Social Care mental health commissioners as part of the service closure and exit strategy, to identify and prioritise alternative methods to deliver key First Steps elements.	Ongoing and discussions held in Jan and Feb 2017	HH, MM, MT
	Engagement with partners via the Mental Health Partnership Board to understand the risks to their organisations of reductions in First Step provision to allow for appropriate action to be implemented.	April Board meeting	HH
Impact on safeguarding	Minimise the impact by ensuring current and future providers helping deliver (similar/some) aspects of the First Steps service adhere to the safeguarding policies.	Ongoing	HR MM
Impact on service delivery	Engagement of key stakeholders and providers in identifying alternative ways to deliver key "First Steps" elements, to minimise impact on service delivery.	Ongoing	MM HR MT
Impact on prevention	Explore opportunities for providing the preventative aspects of service in alternative ways as possible (e.g. website with self-help materials to transfer to Healthy Surrey website)	Ongoing	MM HR MT

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
Reduction in specialist knowledge and skills as a resulting from the closure of the Virgin Care First Steps service	As identified in section 7 all protected characteristics with the exception of "Religion & belief" and "Marriage and civil partnership" have higher needs regarding mental health support. Whilst provision can be met through web based provision and resources available in a greater range of diverse settings. A first line low threshold specialist service will no longer be available.

11. Summary of key impacts and actions

<p>Information and engagement underpinning equalities analysis</p>	<p>Information: JSNA Stakeholders: Partnership organisations Service users and carers/families</p>
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<p>Where protected characteristic groups and higher need groups have been identified to be at risk due to a reduction in access to self-help and support i.e. the closure of the telephone helpline, communication to these groups will be prioritised to raise awareness of those resources available at www.healthysurrey.org.uk</p>
<p>Changes you have made to the proposal as a result of the EIA</p>	<p>The EIA will continue to be updated as we engage further with our partners and will inform our strategy to ensure that we best meet the needs of people who are most vulnerable. This will require a prioritised approach with limited resources, focussing on aspects of the service not provided in any way elsewhere (e.g. suicide prevention training and anti-stigma Time to Change programme)</p> <p>We will work with partners so that: support for self-help be directed through the Healthy Surrey website and Surrey telephone contact centre; support for low level mental health problems will be directed through IAPT services; support for social inclusion and peer support be directed through Community Connections services; support for mental health training/education for both public and staff be directed through SABP Recovery College and local organisations e.g. ESRA, Richmond Fellowship.</p>
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<p>Clear communication channels for service users and partners to signpost to other available services</p> <p>Identify where there is an existing duplication in mental health networks and or opportunities deliver elements of First Steps through existing local authority provision, mental health partnership contracted services or the voluntary sector.</p> <p>See section above</p>
<p>Potential negative impacts that cannot be mitigated</p>	

ⁱ 7. Bauer A, Parsonage M, Knapp M, Lemmi V, Adelaja B. The costs of perinatal mental health problems. London: Centre for Mental Health and London School of Economics, 2014 (cited 2015 Oct 16). Available from:

www.centreformentalhealth.org.uk/costs-of-perinatal-mh-problems