Recommissioning of Community Connections Services

Did you use the EIA Screening Tool?

No

1. Explaining the matter being assessed

The purpose of this EIA is to examine the effects of recommissioning via competitive tender the Community Connections services which support people with mental health needs in Surrey.

Community Connections are universal access services that support people with mental health needs to stay well in their communities through social connections and networks, contributing to system priorities around early intervention and prevention. They are an integral part of the pathway for people who experience mental health problems, often bridging the gap between primary mental health care and secondary mental health care.

The intention is to award contracts for the services with effect from 1 April 2024.

Existing provision

Community Connections services provide support and opportunities for individuals with mental health needs to achieve their full potential, through participation in social, leisure, sports, art, education, and employment, within their local community. Support is delivered in both group and one-to-one settings in line with the individual's needs.

Mary Frances Trust, Catalyst and Richmond Fellowship have delivered the Community Connections services in association in partnership (both formal sub-contracting and informal) with a range of similar organisations in Surrey to deliver support both on a one-to-one basis, in groups and via training.

All offers of support begin with an initial assessment to determine what the individual would like to focus on. The level of individual support may range from a one-off conversation to regular appointments (time-limited). Support through groups, activities and courses is ongoing, for as long as someone needs it. Where appropriate, an individual's progress is measured using a 'Recovery Star' outcome measurement tool.

Community connections services provide opportunities to benefit from the following, either in person or virtually:

- One-to-one Support – person-centred support, information and advice
- Support Groups – for example: Depression, Bipolar, Eating Disorder, Hoarding, Anxiety, carers.
- Social – for example: drop-ins, cafés, peer support, events.

- Interest Groups – for example: art, gardening, cooking, singing.
- Courses and Training – for example: Mindfulness, Confidence Building, Assertiveness.
- General Wellbeing – for example: Walking, Football, Zumba, Pilates, Yoga.
- Education and Volunteering Support – for example: IT skills, volunteering opportunities

Impacts of the service for people using it

Approximately 70% of people leave the services following a successful intervention, with a general upward trajectory since 2017.

Funding

Community Connections – *Currently funded by SCC/ICSs/BCF*. In total, this equates to c£2 million per annum.

Mental Health prevalence in Surrey

Surrey's Joint Strategic Needs Assessment (JSNA) gives a full breakdown of the determinants of mental health for the population. The key messages are:

- National research shows there is considerably higher prevalence of mental health problems among the general population than the number of people receiving treatment – often the stigma around mental health makes it harder for people to seek help.
- Overall, Common Mental Health needs in Surrey are relatively lower than across England as a whole.
- Levels of Severe Mental Illness are lower in Surrey as compared with England as a whole.
- Given the low comparative prevalence of common mental disorders in Surrey, it is surprising that the suicide rate is only marginally lower that that observed nationally.
- Surrey has a similar rate of emergency admission for neurosis as England as a whole, but higher rates of admission for schizophrenia and bipolar disorder.
- There is national research to suggest that deprivation has a negative impact on mental health and that is also the case in Surrey. The most deprived 10% of the population of Surrey have a 28% higher average prevalence of Serious Mental Illness than the most affluent 10%.

The Centre for Mental Health has a factsheet explaining health inequalities. It states that:

"Some groups of people have far poorer mental health than others, often reflecting social disadvantage. In many cases, those same groups of people have less access to effective and relevant support for their mental health. And when they do get support, their experiences and outcomes are often poorer, in some circumstances causing harm. This 'triple barrier' of mental health inequality affects large numbers of people from different sections of the population."

This results in:

- Men and women from African-Caribbean communities in the UK have higher rates of post-traumatic stress disorder and suicide risk and are more likely to be diagnosed with schizophrenia. (Khan et al, 2017)
- People who identify as LGBT+ have higher rates of common mental health problems and lower wellbeing than heterosexual people, and the gap is greater for older adults (over 55 years) and those under 35 than during middle age (Semlyen et al, 2016)
- Young people with a learning disability are three times more likely than those without a learning disability to have a mental health problem (Lavis et al, 2019).
- 80% of adults with autism (Lever and Geurts, 2016) have at least one mental health condition (Autistica evidence to the Commission).

Access

The factsheet also highlights that access to services is a problem for these same groups:

"As with the determinants of mental health, access to mental health support is not equally distributed across the population. Groups facing particularly high levels of poor mental health also, paradoxically, often experience the greatest difficulty in accessing services."

The vision outlined above can be summarised (as it is in the Health and Wellbeing Strategy) with the aspiration that **we want to reduce health inequalities, so no-one is left behind**. These services focus on doing that for people with mental health issues.

There are a number of specific outcomes for these services, which were co-produced at the outset of the original Community Connections contract and ratified and developed following a programme of engagement with service users, carers and professionals during 2022.

Services commissioned through this proposal will be required to deliver the following:

- Reduce health inequalities so no one is left behind
- Give people a better network of support so they don't feel alone
- Help people feel more independent
- Improve peoples' feelings of self-worth and confidence
- Help people feel positive about the support they receive
- Contribute to people recovering from a period of ill health
- Improve peoples' overall mental wellbeing.

The approach to equality, diversity and inclusion

Tackling inequality so no one is left behind is our guiding principle.

The Council has a legal responsibility under the Equality Act 2010, and aims to eliminate discrimination, increase equality of opportunity and foster good relations between people from all groups protected by law.

To do this, among other things, we will proactively look for potential discrimination and work with residents and partners to co-design services, so they are inclusive, accessible and fair. We will also ensure all contractors providing goods and services on our behalf share our commitment.

Commissioners will hold regular meetings with providers to review performance against contract.

Performance data will be recorded and reviewed to show service levels are achieved and compliance with performance outcomes and measures.

As Commissioner, SCC is developing a new approach to quality assurance for Mental Health Services. It is intended that evidence of positive outcomes will be gathered through this approach by, for example:

- Checking that staff, volunteers, and peer supporters are appropriately trained and that services have an inclusive approach to recruitment, so that their staff broadly reflect the client group they serve.
- Reviewing compliments and complaints.
- Ensuring that required policies (see 'Terms and Conditions') are in place and up to date.
- Looking at The Provider(s) internal audit processes that ensure quality.
- Looking at how service user feedback has been recorded, reviewed and used to improve and shape the service.
- Ensuring the Providers have the relevant governance, compliance and risk management practices are in place.
- Ensuring effective governance is in place for safeguarding.

Community Vision

In the Community Vision for Surrey in 2030, Surrey County Council has outlined its ambition for all residents. The most relevant ambitions for this recommission are that:

- Everyone benefits from education, skills and employment opportunities that help them succeed.
- Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing.
- Everyone gets the health and social care support and information they need at the right time and place.

Community Connections and the associated services have a critical role in ensuring Surrey residents have access to this information and support.

In 2019, the Surrey Health and Wellbeing Board (made up of senior managers from health and social care) published a 10 year Health and Wellbeing Strategy, which was subsequently updated in 2022. The priorities from this strategy are:

- **Priority One**: Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being.
- **Priority Two:** Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being
- **Priority three:** Supporting people to reach their potential by addressing the wider determinants of health.

Outcomes identified within those priorities are supported by these services and service outcomes link either directly or indirectly to them. For example:

- **Priority One outcome –** "people are supported to live well independently" (MH Citizen's Advice)
- **Priority Two outcome –** "Isolation is prevented and those that feel isolated are supported" (Community Connections)
- **Priority Three outcome –** "People access training and employment opportunities within a sustainable economy" (Employment Support service)

Within mental health specifically, in May 2021, the Mental Health Partnership Board produced a report entitled "*Emotional wellbeing and mental health in Surrey: A review of outcomes, experiences and services*. The key recommendations from this report that inform this recommission are:

- Focus on a more preventative and early help approach
- Focus on a shared, co-produced vision for emotional wellbeing and mental health
- Focus on resilience, early support and helping people understand and access it
- Focus on better joined-up work at the local community level

Where the Impacts will apply

The Services operate county wide and this will continue.

Assessment Team for the EIA

The Assessment team included:

- Jane Bremner
- Surrey County Council
- Lead Commissioner Mental Health, SCC

- David Wimblett
- Surrey County Council
- Lead Commissioning Manager Mental Health, SCC

- Jo Cranfield
- Surrey County Council
- Commissioning Manager Mental Health, SCC

- Stuart Deacon
- Surrey County Council
- Project Officer

- Stephen Murphy
- Surrey Heartlands ICB
- Head of Mental Health Commissioning

- Natalie Assender
- Surrey Heartlands ICB
- Commissioning Manager

- Neil Manrai
- Surrey Heartlands ICB
- Commissioning Manager

- Emily Patullo
- Commissioning Manager Frimley Health and Care ICS
- Commissioning Manager

- Immy Markwick
- Surrey Coalition of Disabled People/Independent Mental Health Network
- Mental Health Lead

We have also sought input from our Mental Health Reference Group which comprises the Commissioners recorded above, senior staff of the services being recommissioned and people with lived experience of mental health issues and of the services.

How we have gathered evidence on the impact of our proposals

- The mental health and wellbeing chapter of the JNSA
- Quarterly contract monitoring data from the services
- Peer review evaluations produced by each service to inform the recommissioning
- Project Group
- Recommissioning Reference Group comprising commissioners from each commissioning body, lead service providers, SCC Finance, SCC procurement, SCC Operations, The Surrey Independent Mental Health Network, and people with lived experience of the services.

- Market Position Statement (includes population health management data from Surrey Care Record)

Engagement programme

In order to gain a clear picture of how people experience the services, we used both quantitative and qualitative methodologies to capture people's views and perceptions.

We ran a series of discussion events, facilitated by the ASC Mental Health Commissioning Team and the local Community Connections providers, to capture views around four key aspects of service provision:

- What is working (or has worked) for you about the service/s you have used?
- How would you like to see the service/s improve going forward?
- What has been your experience with virtual provision?
- Have you had experience of transitioning between Community Connection services and how was this for you?

Three face to face sessions were held at different locations and one virtual session during the evening. 19 people who had used services in the past 2 years took part in these sessions.

Commissioners also attended 3 Community Connections peer support groups to reach people who might have struggled to attend the more structured engagement sessions. 18 people were engaged through these sessions, so that the number of face to face discussions totalled 37.

An online survey for people who had used services was designed by the SCC Mental Health Commissioning Team in consultation with the Reference Group. There was also a separate professionals survey for those who worked with or for the providers of the services. The surveys were disseminated via providers own networks including direct email to their client lists posting on social media and their own regular newsletters. SCC circulated the survey to key partners, including SABP, Surrey Minority Ethnic Forum, the Independent Mental Health Network and Action for Carers.

The survey was live between 27 June and 18 July 2022. A total of 76 adults took part in the survey – 36 completed the service user and carer survey and 40 completed the professionals survey.

Overall, through the survey and face to face engagement sessions, we have received input from 113 people to inform plans for the recommissioning of the services and the longer-term agenda for their work during the new contracts.

2. Service Users / Residents

Age, including younger and older people

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The Office for National Statistics (ONS) project the population of Surrey to increase and become older over time – the expectation is that this will increase the level of mental health need in the relevant population.

The Joint Strategic Needs Assessment (JNSA) expects the proportion of the population of Surrey aged over 65 will increase from 18.6 % (220,413) in 2016 to 25.4 % (332,613) in 2041.

Whilst the services are being commissioned to substantially enhance potential for recovery and wellbeing for adults from age 18, we have specified that the Community Connections services will not exclude individuals who are 16-18 years, or 65 years or over provided the service can substantially enhance their potential for recovery and social inclusion, and no other service is available that is acceptable to the individual.

Service monitoring data shows that people younger than 18 and older than 65 do contact and make use of the services.

Current usage of some of the services, while broadly comparable to the overall population, leans more to younger age groups in Surrey. 78% of clients were aged 26 – 64, only 7% over 65.

Evidence from our consultation with services shows that in some cases people in certain age groups (especially 41 – 64) struggle to get online and access services which are delivered in that way. Services have reported that some people struggle to get on line and rely on friends, family or neighbours IT skills to do this. Also, there has been evidence some older people have struggled to understand how to use online platforms.

We understand that people who work or who have caring responsibilities can find it difficult to attend activities during the daytimes.

Potential positive impacts:

- The specifications for services will require that support is offered (either directly or through partnership with other organisations) to younger adults (18-25) and older adults (65+).
- There will be a requirement to offer some sessions run outside the working week, which should make access easier for people who are of working age or have family or other caring responsibilities.
- Specific activities have been offered aimed at younger demographics, particularly for younger people transitioning to adult mental health services.

- Older people (and not only older people) may not use IT – having services which are accessible in person may suit these people better than remote support. It is intended that here should always be a non-digital option available.
- Virtual service offers may be better for people of any age who struggle to leave their homes, have responsibilities which mean they are not available during daytimes or who have issues with mobility or otherwise with travelling for a service.

Potential negative impacts:

- We have no evidence of negative impact on people of different ages as a result of the proposed recommissioning of services.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

The service specifications will require providers to operate in full compliance with the Equality Act 2010 and that providers will be regularly monitored.

Performance data relating to the age of people using the services will be collected and analysed over the life of the contract to understand gaps or barriers to access and work with providers to respond appropriately.

The service specification will contain the following provision:

The Service will be provided to adults with self-defined mental health needs resident in Surrey.

- *The service is universal and open access i.e. not dependent on eligibility to Adult Social Care or secondary mental health services*

- *The service will not exclude individuals who are 16-18 years, or 65 years or over provided the service can substantially enhance their potential for recovery and social inclusion, and no other service is available that is acceptable to the individual*

Services will work to ensure that virtual service offers are linked to offer people a face to face service where appropriate for their needs – there will be no default to online services.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

Supported Independent Living for people with Mental Health needs

Surrey Mental Health Improvement Plan (MHIP) focusses upon Early Intervention and Prevention, Bouncing and Access, Crisis and Flow and Enablers (including workforce, digital, culture).

Mental Health Investment Fund - focussing on early prevention and intervention.

Any negative impacts that cannot be mitigated?

None identified

Disability

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The Equality Act 2010 says you have a disability if you have a physical or mental impairment that has a substantial, adverse and long-term effect on your ability to carry our normal day to day activities. This means that having a mental health condition can itself be a disability.

It is also the case that people with physical, sensory or learning disabilities can be affected disproportionally by mental health problems such as anxiety and depression.

Poor mental health can lead to unhealthy lifestyles and increased risk-taking behaviours that impact on physical health. Surrey has slightly higher excess mortality rate for adults with serious mental illness.

The services being commissioned for community connections are specifically for people who want to promote their mental wellbeing or receive help on their self-defined recovery journey. We are aware of the link between physical and mental health and the services identify people with additional physical health needs so they can provide appropriate support/self-help resources to enable people to be aware of and to manage their physical health.

Long-term conditions and physical illness

In comparison to England, Surrey has a statistically considerably lower percentage of the population (13.8% vs. 17.3%) who are limited by a long-term sickness or disability (2021 census). The overall proportion reporting a health problem that limited their day-to-day activities has remained broadly the same over the last two censuses.

People with Learning Disabilities

In Surrey there are:

- 647 of 16 -17year olds with learning disabilities and 98 with autism
- 21,400 adults 18 + with learning disabilities and 8,921 with autism – of whom 4510 adults with learning disability and 2014 with autism are over 65 (JNSA)

People with learning disabilities are at a high risk of developing a mental health need. It is estimated that between 25% and 40% of people with a learning disability have a mental health need. Factors such as medical condition, social circumstances, loss of control, poor communication and lack of opportunities can often cause poor mental health.

Potential positive impacts:

- As described above, having a mental health need may be understood in itself as having a form of disability. The services being commissioned have been developed to support mental well-being and recovery and on that basis assist people with a mental health related disability to achieve their full part in society.

People who have used the service have in their feedback identified a wide range of benefits for them, including:

- Service provided consistency and ‘one constant’ in a life full of uncertainty and change.
- Coping skills for self-care have significantly decreased the number of serious mental health crises and incidents requiring hospitalisation.
- Support to attend groups for people who have high levels of anxiety have resulted in new social connections.
- Staff providing a service that is transparent, patient, consistent and non-judgmental creates a recovery space for people who have struggled to engage with other services in the past.
- Significant reduction in A&E attendances
- Attending groups creates routine following significant life change (ie, redundancy, stress-related work leave, bereavement).
- Returning to physical activity has increased motivation, improved overall health and well-being, and decreased number of depressive episodes.
- Peer support from attending groups decreases isolation and builds an individual’s own, sustainable social network.
- Engaging with creative activities improves self-esteem.
- Support to volunteer helps develop a sense of purpose and routine.

Other positive Impacts are:

- Services are designed to support people with mental health needs. Where someone has both a mental health need and another form of disability, the providers can make reasonable adjustments to ensure the individual can access support for their mental health and where appropriate, refer the person for help from another agency for any other needs.

- All venues used are accessible.

- Providers have worked with Surrey Coalition of Disabled People to work on factoring advocacy into service provision.

Potential negative impacts:

None anticipated.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

The service specifications state that the service shall be fully compliant with The Equality Act 2010. We also ask for equalities information in the proposed performance monitoring so we can be assured that we are advancing equal opportunities and there is no discrimination.

- The specifications and contracts for the services will specifically provide that providers of services need to be compliant with the NHS accessible information standard.

- Venues used by services are required to be accessible, information and support resources are provided in various formats and activities can be tailored to meet specific needs.

- Service staff and volunteers receive training in equality and diversity awareness.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

Supported Independent Living for people with Mental Health needs

Surrey Mental Health Improvement Plan (MHIP) focusses upon Early Intervention and Prevention, Bouncing and Access, Crisis and Flow and Enablers (including workforce, digital, culture).

Mental Health Investment Fund - focussing on early prevention and intervention.

Any negative impacts that cannot be mitigated?

None known

Gender reassignment

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The information available on numbers of people in this category is sourced from the 2021 census, which for the first time asked those responding to indicate their gender identity.

The question was voluntary and was only asked of people aged 16 years and over. People were asked *"Is the gender you identify with the same as your sex registered at birth?",* and had the option of selecting either "Yes", or selecting "No" and writing in their gender identity.

A total of 918,205 residents (94.42%) answered "Yes", indicating that their gender identity was the same as their sex registered at birth.

A total of 3,628 residents of Surrey (0.37%) answered "No", indicating that their gender identity was different from their sex registered at birth. Within this group:

- 1,361 (0.14%) answered "No" but did not provide a write-in response
- 731 (0.08%) identified as a trans man
- 756 (0.08%) identified as a trans woman
- 495 (0.05%) identified as non-binary
- 287 (0.03%) wrote in a different gender identity

The general evidence base shows that people who are transgender are at higher risk of mental disorder, suicidal ideation, drug and alcohol use, deliberate self-harm and more likely to report psychological distress. They are also more vulnerable to certain factors that increase risk, for example being bullied, discrimination and verbal assault and social isolation.

Potential positive impacts:

- Encouraging self-referral to support services enables people who have undergone/ are undergoing gender reassignment to have more control over what support they access and how.

- Public awareness campaigns delivered by these services to reduce stigma for people affected by this characteristic could lead to earlier access to services. A number of providers have been partners within End Stigma Surrey (Previously Time to Change, which provides advice and information about Mental Health and offers support to people with many backgrounds. The Outline (Surrey LBTQ+ helpline) is delivered through one of the existing Community Connections Providers (Catalyst) which runs awareness campaigns through its website.

Potential negative impacts:

There is no evidence that the proposals to recommission the services will disproportionately impact this group.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

The service specifications state that the service shall be fully compliant with The Equality Act 2010 and providers will be monitored on a quarterly basis.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

Supported Independent Living for people with Mental Health needs

Surrey Mental Health Improvement Plan (MHIP) focusses upon Early Intervention and Prevention, Bouncing and Access, Crisis and Flow and Enablers (including workforce, digital, culture).

Mental Health Investment Fund - focussing on early prevention and intervention.

Any negative impacts that cannot be mitigated?

There is no evidence that the proposals to recommission the services will disproportionately impact this group.

Pregnancy and maternity

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Around 20% of women are affected by mental health problems at some point during pregnancy or the first year after childbirth. Depression and anxiety are the most common mental health problems during pregnancy, and also affect 15%–20% of women in the first year after childbirth. Postpartum psychosis affects between 1 and 2 in 1,000 women who have given birth. Women with a history of mental health problems before becoming pregnant are at increased risk of certain mental health conditions during pregnancy and the year after childbirth. Women with pre-existing bipolar type 1 disorder are at particular risk, but post-partum psychosis can occur in women with no previous history of mental health problems.

The risk factors (such as domestic abuse, teenage pregnancy, stillbirth and infant mortality rates) and the rate of mental health problems in the Surrey population, are at a lower level than the national average and so we would not expect to see a higher level of maternal mental health problems than the national average.

Potential positive impacts:

- Community connections providers have in the past run courses for expecting or new parents in association with SABP. These services are accessed through self-referral and on that basis might be easier to access than NHS perinatal services.

- The open and accessible nature of the services may be a support to women (or men) at a time when they may feel isolated at home with a young baby – isolation is a major risk factor for Post-Natal Depression.

- Services will be mindful of the needs of parents with children and work to make appropriate arrangements for parents with mental health support needs.

Potential negative impacts:

- We know that Community Connections services sometimes use venues which are not suitable to have children in.
- Suitable venues will be sourced if the need arises

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

Required compliance with the Equality Act and regular service performance monitoring.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

Supported Independent Living for people with Mental Health needs

Surrey Mental Health Improvement Plan (MHIP) focusses upon Early Intervention and Prevention, Bouncing and Access, Crisis and Flow and Enablers (including workforce, digital, culture).

Mental Health Investment Fund - focussing on early prevention and intervention.

Any negative impacts that cannot be mitigated?

None identified.

Race, ethnic or national origin, colour or nationality

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Rates of mental health are known to vary by ethnicity. Data shows that black males are more likely to be diagnosed with a psychotic disorder; Asian females are more likely to be diagnosed with a common mental health disorder and white females and other mixed and multiple ethnic groups are more likely to experience suicidal thoughts.

The majority of the Surrey adult population (76.6%) reported their ethnic group as “White British” in the 2021 Census. Other white ethnic groups; “Irish, “Gypsy or Irish Traveller” and “Other White” (7.4%), then “Indian” (2.9%) followed by Pakistani (1.5%).

On this basis, the JSNA concluded that Surrey is likely to have more ethnic groups suffering with mental health issues.

Within Surrey, Woking is the most diverse local authority and North West Surrey is the most diverse Integrated Care Board area (ICB) and Guildford & Waverley is the least diverse.

Specific peer reviews carried out by services in preparation for recommissioning during 2022 indicate that the cohort of those currently attending services broadly matches the ethnic breakdown of Surrey as a whole (although not all those attending chose to identify their ethnicity and there are therefore a larger contingent of people of unknown ethnicity than for the overall population).

Within that overall pattern there are specific variations for certain groups and certain services. For example, fewer gypsy, Roma, Traveller and Nepalese people have been accessing Community Connections services.

People from various ethnic minority communities may fear or distrust services or be influenced by stigmas around mental health conditions and treatment.

Potential positive impacts:

- Enabling self-referral to universal services, peer support and self-management courses, meaning services are more accessible for people from BME communities who may fear or distrust traditional services or be influenced by stigmas around mental health conditions and treatment.

- Having local community-based services such as these can enable sessions which are more specifically tailored to the needs of specific populations in Surrey.

- Community Connections services have historically had valuable links with Surrey Minority Ethnic Forum to assist in developing service offers and impacts for the relevant populations over the life of the contracts – the commissioners will encourage this to continue.

- Specific sessions for ethnic minority groups have been delivered in Camberley and Woking and providers work with Surrey Minority Ethnic Forum to understand how to engage with different ethnic groups.

- Mary Frances Trust has offered language support workshops to improve skills and confidence for those who don't have English as a first language.

Potential negative impacts:

- We have no evidence of negative impact on people of different ethnicities as a result of the proposed recommissioning of services.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

Supported Independent Living for people with Mental Health needs

Surrey Mental Health Improvement Plan (MHIP) focusses upon Early Intervention and Prevention, Bouncing and Access, Crisis and Flow and Enablers (including workforce, digital, culture).

Mental Health Investment Fund - focussing on early prevention and intervention.

Any negative impacts that cannot be mitigated?

None identified.

Religion or belief, including lack of belief

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The 2021 Census asked people to state their religion. The question was voluntary and "no religion" was one of the options available.

Christianity is the largest religion in Surrey with 603,072 people (50.1% of the population).. Within the Non-Christian religions, Muslim was the largest group with 38,138 people (3.2%) followed by Hindu with 23,742 people (2.0%).

36.6% of the population reported they had "no religion" and 6.3% did not answer the religion question.

Services are open to people of any faith or none and usage is monitored

Potential positive impacts:

- Self-referral to universal services, peer support and self-management courses - meaning people from different faiths potentially have more control over the services and support they access.

Potential negative impacts:

- Community Connections services have run a number of services based in Church venues – this might discourage people affiliated with non-Christian religions from feeling able to participate in these sessions. If this is the case, then alternative venues will be sourced.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

Monitoring of services on equality outcomes leading to services that are accessible and acceptable to all (depending on target group). Monitor the access to groups to in certain venues.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

Supported Independent Living for people with Mental Health needs

Surrey Mental Health Improvement Plan (MHIP) focusses upon Early Intervention and Prevention, Bouncing and Access, Crisis and Flow and Enablers (including workforce, digital, culture).

Mental Health Investment Fund - focussing on early prevention and intervention.

Any negative impacts that cannot be mitigated?

There is no evidence that the proposals to recommission the services will disproportionately impact this group.

Sex

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Mental health issues affect both men and women, but there are differences between men's and women's mental health.

In England in 2014, one in six adults had a common mental health problem: about one in five women and one in eight men. From 2000 to 2014, rates of common mental health problems in England steadily increased in women and remained largely stable in men.

In 2018, there were 6,507 suicides registered in the UK, and in 2019, there were 5,691 suicides registered in England and Wales:

Of these, three-quarters were among men, which has been the case since the mid-1990s

Three times as many men as women die by suicide.

Men aged 40 to 49 have the highest suicide rates in the UK.

Men report lower levels of life satisfaction than women according to the government's national wellbeing survey.

Men are less likely to access psychological therapies than women: only 36% of referrals to NHS talking therapies are for men.

Women between the ages of 16 and 24 are almost three times as likely (26%) to experience a common mental health issue as males of the same age (9%).

Women are twice as likely to be diagnosed with anxiety as men.

25.7% of women and 9.7% of men aged 16 to 24 report having self-harmed at some point in their life.

Women and girls' mental health

According to mentalhealth.org.uk 2017 report on mental health of women and girls:

Women are three times more likely than men to experience common mental health problems. In 1993, they were twice as likely

Rates of self-harm among young women have tripled since 1993

Women are more than three times as likely to experience eating disorders than men

Young women are three times more likely than young men to experience post- traumatic stress disorder

Young women are more likely to experience anxiety related conditions than any other group

The JSNA tells us that in Surrey rates of common mental disorders are higher in women than men; suicide rates are significantly higher in men than women and men are less likely to consult their GP about a mental health problem.

The peer review reports produced by services in 2022 indicate that compared to the gender breakdown of Surrey, women were slightly more likely than men to access the services (e.g. with respect to Community Connections, 44% of clients were male and 56% female, as compared to 49% and 51% in the Surrey population).

Potential positive impacts:

- The services are intended to allow people to seek early intervention and support for mental health conditions plus opportunities for self-referral to universal services, peer support and self-management courses. The capacity for self- referral and the open, individualised nature of the support available should facilitate the services responding to the needs of people of either sex.

- Services have run gender specific sessions to encourage men in particular to seek support and to facilitate peer support for both men and women.

Potential negative impacts:

- We have no evidence of negative impacts on either male or female residents as a result of the proposed recommissioning of services.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

Supported Independent Living for people with Mental Health needs

Surrey Mental Health Improvement Plan (MHIP) focusses upon Early Intervention and Prevention, Bouncing and Access, Crisis and Flow and Enablers (including workforce, digital, culture).

Mental Health Investment Fund - focussing on early prevention and intervention.

Any negative impacts that cannot be mitigated?

There is no evidence that the proposals to recommission the services will disproportionately impact this group.

Sexual orientation

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The 2021 Census asked people to record their sexual orientation for the first time. The overall number of residents of Surrey who identified with an LGB+ orientation (representing all sexual orientations apart from heterosexual and straight) was 24,122, which represented 2.48 per cent of the population aged 16 years and over.

People who identify as LGBTQ+ have higher rates of common mental problems - including depression and anxiety and lower wellbeing - than heterosexual people; and the gap is greater for older adults (over 55 years) and those under 35, than during middle age.

A report by Stonewall (2018), identified a large number of people who identify as LGBTQ have experienced depression, anxiety, had suicidal thoughts or even attempted to take their own life in the last year. Participants explained how experiences of discrimination and harassment in day-to-day life, rejection from one's family and friends and being subjected to hate crimes and incidents had a negative impact on them. The sense of 'otherness' can leave trans young adults particularly vulnerable to depression and suicidal thoughts (Royal College of Nursing and PHE, 2015).

- 52% of people who identify as LGBT people said they've experienced depression.
- 13% of people who identify as LGBT aged 18-24 said they've attempted to take their own life.
- 46% of trans people have thought about taking their own life in the last year, 31% of LGBT people who aren't trans said the same.
- 41% of people who identify as non-binary said they harmed themselves compared to 20% of LGBT women and 12% of LGBT men.
- One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, 6% of LGBT people (including 20% of trans people) have witnessed these remarks.

The 2019 ONS annual population survey found 1.6% of people in the South-East identified as gay or lesbian, 1.3% bisexual, 1.4% responded other and 2.8% answered don't know or declined to answer. This is a similar picture to what was seen nationally. This survey focuses on sexuality rather than gender identity. Locally a survey is being developed to better understand the needs and experiences of LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and other identities) people in Surrey.

Data from Stonewall report 'LGBT in Britain' (2018) states that '52% of LGBT people experienced depression in the last year; in the last year alone three in five have suffered from anxiety, far exceeding estimates for the general population. And our findings show that poor mental health is also higher among LGBT people who are young, Black, Asian or minority ethnic, disabled or from a socio-economically deprived background.

Potential positive impacts:

- Opportunities for self-referral to universal services, peer support and self-management courses may result in improved access to, and experience of services for, lesbian, gay, bisexual (LGBT) and transgender people.

- Community Connections services have an established record of providing groups/sessions specifically for LGBT people and close links with Pride in Surrey.

Potential negative impacts:

- We have no evidence of negative impacts on these groups as a result of the proposed recommissioning of services.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

Service staff are trained in equality and diversity awareness.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

Supported Independent Living for people with Mental Health needs

Surrey Mental Health Improvement Plan (MHIP) focusses upon Early Intervention and Prevention, Bouncing and Access, Crisis and Flow and Enablers (including workforce, digital, culture).

Mental Health Investment Fund - focussing on early prevention and intervention.

Carers protected by association

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The 2021 census recorded that Surrey has a slightly lower percentage of unpaid carers than England 8%% vs 8.8%%. Surrey has higher expected numbers of carers of people with a Learning Disability than in other parts of the country, due to a historic, disproportionately high LD population.

The 2021 Census records that 90,492 people in Surrey were providing unpaid care.

Carers support organisations (jointly funded by Adult Social Care and ICBs), reported helping over 28,000 carers during the year 2015/16.

Surrey has a significantly higher percentage of carers of clients with mental health problems receiving community services – advice or information (although PHE express some concerns about the quality of this data).

The national Carers Strategy 2010 says, 'there is a good evidence base on the problems that may be associated with caring responsibilities including mental and physical health problems, social isolation and lowered social functioning, and increased mortality as a result of mental or emotional distress, especially in more elderly carers.'

In 2014, a British Journal of Psychiatry report found that 25% of a sample of 1,883 people who identified themselves as 'caregivers' had poorer mental health and higher psychiatric symptom scores than 'non-caregivers'. They also said that 'There was an observable decline in mental health above 10 [hours] per week. A twofold increase in psychiatric symptom scores in the clinical range was recorded in those providing care for more than 20 [hours] per week.'

A 2014 Royal College of General Practitioners (RCGP) report states that 40% of carers experience psychological distress or depression.

In the 2014-15 statutory Adult Social Care Survey of Carers of Carers who are known to Adult Social Care teams in Surrey, 53% (496 individuals) reported 'feeling depressed'. Note that it is estimated in an Office for National Statistics (ONS) Psychiatric Morbidity report that 8-12% of the population experience depression in any year, showing how much higher this is in the carer population.

There is no robust local data on the prevalence of disability amongst carers. However, in the GP Patient Survey 2019 carers were more likely than non-carers to report a long-term mental health condition (20% of 16 to 34-year-old carers compared to 12% of non-carers the same age)

The Carers UK State of Caring Survey (2018) found that 87 % of carers believed caring had a negative impact on their mental health.

Supporting carers own needs

Providers will be required in service specifications to identify and support carers who present with mental health needs and identify people who may not be aware that they can receive support as a carer.

Areas for development regarding carers

In 2022, local research by Healthwatch identified that carers of people with mental health needs often feel excluded from plans relating to the support the person they care for receives, especially during a crisis.

Community Connections providers will be requested to respond to this by asking service users at the outset of support for consent to involve and share information with their carers (where appropriate) around, for example, crisis support plans.

Potential positive impacts:

- We know Carers access Community Connections services for their own mental health. As part of this recommissioning we are writing into our contractual documentation expectations that the services should be inclusive of carers and identify people who may not be aware that they can receive support as a carer

- Increased opportunities for self-referral to universal services, peer support and self-management courses available at a variety of locations throughout Surrey and online may result in improved access to and experience of services for carers.

- People with caring responsibilities will be referred as appropriate to services for carers e.g., Action for Carers and the Place based Carers Hubs, for advice and information relating to their own needs and services that can complete carers' assessments.

- People with caring responsibilities can find it hard to attend activities held during the daytime. Online, evening and weekend services may be more accessible for these people. This has been recognised and specifications therefore updated to recognise need for support outside usual working hours.

Potential negative impacts:

- We have no evidence of negative impacts on these groups as a result of the proposed recommissioning of services.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

None required.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

The Surrey Carers Strategy (2021)

Supported Independent Living for people with Mental Health needs

Surrey Mental Health Improvement Plan (MHIP) focusses upon Early Intervention and Prevention, Bouncing and Access, Crisis and Flow and Enablers (including workforce, digital, culture).

Mental Health Investment Fund - focussing on early prevention and intervention.

Any negative impacts that cannot be mitigated?

There is no evidence that the proposals to recommission the services will disproportionately impact this group.

Socio-economic issues

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Economic Deprivation

Overall Surrey has significantly lower deprivation than England, both for overall IMD score 9.4 vs 21.8 (2015) and for the population living in areas defined as being in the 20% most deprived areas in England 0.4% vs 20.2% (2014).

However, there are pockets of deprivation in certain locations in the county. There are established links between mental health and material deprivation.

Unemployment

Surrey has a significantly lower percentage of people in long term unemployment than England 0.09% vs 0.37% 2016.

Potential positive impacts (general):

- The proposals involve the commissioning of a comprehensive network of services across Surrey – individual building based services cannot be everywhere but services will be offered at multiple locations and online – to make accessing services more possible for people who may find transport expensive.

- The services are universal and open access - there is no charge or access cost.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

Supported Independent Living for people with Mental Health needs

Surrey Mental Health Improvement Plan (MHIP) focusses upon Early Intervention and Prevention, Bouncing and Access, Crisis and Flow and Enablers (including workforce, digital, culture).

Mental Health Investment Fund - focussing on early prevention and intervention.

Any negative impacts that cannot be mitigated?

There is no evidence that the proposals to recommission the services will disproportionately impact this group.

Vulnerable Groups (Members of armed forces/veterans, homeless people, people with drug or alcohol problems, people in prison/on probation, migrants/refugees/asylum seekers, people with long term health conditions, older people in care homes, Gypsy, Roma and Traveller communities)

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Victims of Domestic Abuse

Surrey has a significantly lower rate of domestic abuse incidents per 1000 population recorded by the police, than England 15.5 vs 20.4.

Within Surrey – Elmbridge, Guildford, Reigate & Banstead and Spelthorne have the highest rates of Domestic Violence Incidents (although this could be due to better reporting in these areas and different population sizes).

Veterans

There are significant problems estimating the size of the veteran population (due to differently perceived definitions of veterans and no single reliable data source). According to estimated national data, veterans make up approximately 9% of the population. Surrey County Council's Mental Health Public Value Review (2012) estimated that approximately 6% of Surrey's 16-64 residents are veterans/ current army personnel. The Surrey Health Needs Assessment of the Armed Forces Community (2013) estimated the number of veteran households in 2010 as 94,784 and the number of veterans born post 1960 as 34,467. There is no more recent data. National prevalence estimates (in previous Mental Health JSNA) shows that common mental health disorders are the highest among veterans 19.7%, then alcohol misuse 13% then Post Traumatic Stress Disorder 4%.

People in Criminal Justice System

Data from the Prisons reform trust shows that prisoners have much higher rates of self-harm, anxiety, depression, symptoms indicative of psychosis and attempted suicides compared to the general public (3-7 times higher for different mental health issues)

Surrey has a significantly lower rate of first-time offender rate (per 100 000 population) than England 191.3 vs 242.4.

Surrey-I reports that in September 2019 Surrey had 2697 people in prison.

Data shows the expected percentages and numbers of female and male prisoners in Surrey with mental health conditions – respectively for 2016. For both female and male prisoners, the highest number (in descending order) have personality disorders, then anxiety and depression, attempted suicide, then symptoms indicative of psychosis. Female prisoners have three times as high levels of previous psychiatric admission before they entered prison than males.

Drugs/alcohol problems

Estimates cited in the JNSA for the 16+ population show that the overall prevalence of increasing/higher risk drinking in Surrey is similar to England. Whilst similar, these estimates suggest that more than one in four adults who drink alcohol in Surrey, do so above the recommended levels.

Alcohol-related hospital admissions in Surrey have risen by 24% since 2009/10. This upward trend is evident across the Surrey and Sussex area and the country as a whole.

In Surrey, there is limited data on the prevalence of alcohol misuse and mental health issues, however 18% of clients in treatment for alcohol misuse in 2012-13 were reported as having a dual diagnosis.

Public Health England data also shows that Surrey has a similar percentage of people in contact with mental health services when they access services for substance misuse to England.

This contract includes a dormant lot for Public Health. Emerging opportunities will therefore easily be able to be aligned to initial service offer

Asylum seekers

The JNSA notes that Surrey is not a dispersal area for asylum seekers therefore there is no data on the number of asylum seekers in Surrey. However, on average nine unaccompanied and former unaccompanied children are placed in Surrey every month.

High levels of mental health need are reported in this group.

Homeless people

Surrey has a significantly lower level of statutory homelessness acceptances per 1,000 households than England (2015/6).

Surrey has a significantly lower level of statutory homelessness households in temporary accommodation per 1,000 households than England (3.1) with Surrey's data too low to report.

Among all the Surrey boroughs, Spelthorne (2.8 per 1,000 households) had the highest rates of statutory homelessness, higher than 7 of the Surrey boroughs but similar to the England average. Runnymede, Woking and Reigate and Banstead are also in the top three compared to other Surrey boroughs.

Most councils in Surrey have seen a rise in homeless applications. There were 983 homeless applications in Surrey in 2013-14, which increased by 11% (to 1088) in 2014 -15. An increase of 12% was projected by the end of March 2016. The highest number of applications were received in Reigate & Banstead, Spelthorne, then Epsom & Ewell. The sharp rise in homelessness has also led to a shortage of temporary accommodation within the County and some homeless people are now being placed in bed and breakfast accommodation outside of Surrey, which means they can become disconnected from their health, care and support services. The housing JSNA chapter shows that mental health issues are overtaking substance and alcohol issues in this group.

Research has shown that the impact of homelessness is the most profound amongst rough sleepers. A report issued by CRISIS and Sheffield University has shown that rough sleepers have a significantly lower life expectancy (average age at death of just 47 years for men and 43 years for women), and are nine times more likely to die by suicide.

Gypsy, Roma, Traveller communities

There are estimated to be around 10,000 Gypsy Roma and Travellers living in Surrey.

It is understood that people from these communities may find it more difficult than the rest of the population to access primary care due to their mobile lifestyle. There is a need for cultural sensitivity for people from communities where the concept or term mental health can be resisted (such that people might feel affected by 'nerves' but not be anxiety or depression).

Potential positive impacts:

- Services as commissioned will be aware that people from these groups may have Mental Health needs as a result and would be open to them as any other group.

- Over the duration of the contracts, Commissioners and services will work to identify emerging or unaddressed needs for individuals and communities and consider ways in which services can most appropriately engage with them.

- All staff, volunteers and peer supporters are trained in equality awareness.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

Services required to operate in compliance with Equality Act 2010 and regular performance monitoring.

3. Staff

These are commissioned services. There is thus no impact upon Surrey County Council staff with protected characteristics.

4. Recommendation

Based your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation below.

- **Outcome One: No major change to the policy/service/function required.** This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken
- **Outcome Two: Adjust the policy/service/function** to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
- **Outcome Three: Continue the policy/service/function** despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are:
    - Sufficient plans to stop or minimise the negative impact
    - Mitigating actions for any remaining negative impacts plans to monitor the actual impact.
- **Outcome Four: Stop and rethink the policy** when the EIA shows actual or potential unlawful discrimination. (For guidance on what is unlawful discrimination, refer to the Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act concerning employment, goods and services and equal pay).

Recommended outcome:

- **Outcome One: No major change to the policy/service/function required.** This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken

Explanation:

Services have a function of supporting the mental health and recovery journey of people with mental health needs of diverse backgrounds and experience. We are recommissioning them on the basis of their history of successful support for people with mental health needs.

The overall objective of the recommissioning is to help reduce health inequalities in Surrey, and this service will contribute to that by supporting people with mental health needs and their carers and helping prevent an escalation in their mental health condition or crisis.

Every individual will get something different from the services. Overall, service and individual outcomes will be evidenced in the following ways, through which equality of outcomes and

service effectiveness in supporting vulnerable and disadvantaged people can be tracked and actively managed during the contracts:

- People accessing the service broadly reflects the demography of the local community. This includes people with protected characteristics as identified in the Equality Act 2010. It also includes carers, people who may have a dual diagnosis, people who have autism and people with physical, sensory, or learning disabilities in addition to their mental health need.
- Providers are compliant with the NHS accessible information standard.
- Staff, volunteers, and peer supporters are appropriately trained, managed and supported.
- Number of peoples discharged from services with personal outcomes achieved
- Number of people who are signposted to a more appropriate service.
- Case studies of good practice.
- Client satisfaction questionnaires
- Other qualitative feedback from services users and staff
- Evidence that service users have the opportunity to improve and shape the services.

5. Action plan and monitoring arrangements

Item	Action/Item	Person Actioning	Target Completion Date
	Service specifications to include requirements to be fully compliant with the Equality Act 2010. Services to be required to be compliant with the NHS Accessible Information Standard Performance data will be collected and analysed over the life of the contract to understand gaps or barriers to access and work with providers to respond appropriately. Services will work to ensure that virtual service offers are linked to offer people a face to face service where appropriate for their needs – there will be no default to online services. Venues used by services are required to be accessible, information and support resources are provided in various formats and activities can be tailored to meet specific needs. Services will be mindful of the needs of parents with children and work to make appropriate arrangements for parents with mental health support needs. Service staff and volunteers receive training in Equality and Diversity awareness. Providers will be required in service specifications to identify and support carers who present with mental health needs and identify people who may not be aware that they can receive support as a carer. Community Connections providers to ask service users at the outset of support for consent to involve and share information with their carers (where appropriate) around (for example) crisis support plans.	ASC and NHS Mental Health Commissioners	Life of the contracts

6a. Version control

Version Number	Purpose/Change	Author	Date
1	Draft of EIA	S Deacon	September 2022
2	Revised draft with input from service management	S Deacon	October 2022
3	Revised draft with changes from EIA team	S Deacon	October 2022
4	Revised draft following initial review	S Deacon	March 2023
5	Revised draft following confirmation of scope – to include Community Connections services only	S Deacon	April 2023
6	Revised draft with updates to data	S Deacon	April 2023
7	Final comments on behalf of ASC Directorate Equalities Group	S Deacon	18 May 2023

The above provides historical data about each update made to the Equality Impact Assessment.

Please include the name of the author, date and notes about changes made – so that you can refer to what changes have been made throughout this iterative process.

For further information, please see the EIA Guidance document on version control.

6b. Approval

Secure approval from the appropriate level of management based on nature of issue and scale of change being assessed.

Approved by	Date approved
Jon Lillistone, Head of Service	10 November 2022
Kathryn Pyper, Chair of the Directorate Equality Group	18 May 2023

Publish:
It is recommended that all EIAs are published on Surrey County Council's website.

6c. EIA Team

Name	Job Title	Organisation	Team Role
Jane Bremner	Lead Commissioner Mental Health	SCC	Commentary
David Wimblett	Lead Commissioning Manager Mental Health	SCC	Commentary
Jo Cranfield	Commissioning Manager	SCC	Drafting
Stuart Deacon	Project Officer	SCC	Drafting
Stephen Murphy	Head of Mental Health Commissioning	Surrey Heartlands ICB	Commentary
Neil Manrai	Commissioning Manager	Surrey Heartlands ICB	Commentary
Natalie Assender	Commissioning Manager	Surrey Heartlands ICB	Commentary
Emily Patullo	Commissioning Manager	Frimley Health and Care ICS	Commentary

Name	Job Title	Organisation	Team Role
Immy Markwick		Surrey Independent Mental Health Network	Commentary

If you would like this information in large print, Braille, on CD or in another language please contact us on:

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