

For more information about the equality impact assessment process in commissioning, please see the EIA Guidance 2018 located in **Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA.**

## Equality Impact Assessment (EIA) - Service Specification

Please briefly describe the service

### Adult & Older Adult Overarching Service Specification

We have made some amendments to the suite of service specifications that come under Adult & Older Adult Mental Health Services. The amendments relate to the names of the services and creating an overarching spec to have a full description and criteria etc. that covers all services; and then an Annex for each service;

- Mental Health Liaison Service
- Adult Community Mental Health Service
- Older People's Community Mental Health Service
- Early Intervention in Psychosis Service
- Complex Intervention Service (Personality Disorder, Hull)
- Memory Assessment & Treatment Service (Hull)
- Memory Assessment & Post Diagnostic Support (East Riding)
- Intensive Community Rehabilitation & Recovery Service
- Positive Assets: The Recovery College Employment Service (Hull)
- Perinatal Mental Health

There has been no significant change to the actual specification or the delivery model of the services. Previous specifications were named specific 'Clusters' due to the payment mechanism that was being introduced in mental health services; unfortunately this did not come to fruition and a name for a service is not fitting with a 'Cluster' which are mental health specific in terms of levels of severity the higher the number cluster.

	These have been replaced with service names; which is absolutely appropriate.
<b>Name &amp; roles of person / people completing the EIA:</b>	Toni Yel, Head of Integrated Commissioning
<b>Date of assessment:</b>	October 2018 - 11.10.19
<b>Who will be affected by this service / who will be the key beneficiaries?</b>	The key beneficiaries of the service are people who have a mental health problem and their carers.
What <b>data sources</b> do you have about the population, disaggregated by protected characteristic that is relevant to this service specification? (e.g. research, clinical insight, monitoring data, complaints, engagement feedback etc.)	SystmOne Primary Care Module, Office of National Statistics, Health and Lifestyle (prevalence) survey for Adults in Hull and The General Register Office.
<b>Needs and issues</b>	
What does this data tell you about the needs or issues affecting people from different protected characteristic groups, relevant to this service?	
<b>General issues</b>	<p>NHS Hull Clinical Commissioning Group (CCG) population (people registered with a Hull GP practice) is approximately 301,000 people (Dec 2018). The resident population of Hull is approximately 260,000. NHS Hull CCG and Kingston upon Hull City Council boundaries are co-terminus. Life expectancy in Hull is lower than UK average (77 yrs for men and 80 yrs for women). The percentage of people aged 65+ yrs out of the total population is currently estimated 15% but is expected to increase to 19% by 2030.</p> <p>Many of the wider determinants of mental health, long term unemployment, offending, addiction, smoking, obesity, deprivation, violent crime, statutory homelessness, and children in poverty are worse in Hull than its surrounding areas. (Public Health England Profile 2016). Recently published data specifically for Hull indicates lower than expected number of adults in contact with mental health services who are in paid work or have settled accommodation. It is estimated by 2030 there will be approximately 50,900 people aged 65+ year living in Hull and that 3 in 100 of them will be aged 90+ years. In Hull data (as at February 2019) informs that there are 2, 154 people with a dementia diagnosis which gives a diagnosis rate of 77.1%. The estimated prevalence for Hull is 2,793 meaning that we potentially have 639 people in the city undiagnosed.</p>
<b>Race</b>	<p>This service is available to all regardless of race and no evidence has been found identifying particular inequalities on the grounds of race or nationality for this service</p> <p>Note: Most requested languages in primary care in 2018: Polish (40% of all requests), followed by Arabic (17%), Romanian (9%), Russian (6%), Kurdish (5%), Farsi (3%).</p> <p>The Joint Commissioning Panel for Mental Health has published Guidance for Commissioners of Mental Health Services for people from black and minority ethnic communities. This guide describes what 'good' mental health services for people from Black and Minority Ethnic communities look like. This guide focuses on services for working age adults. However, it could also be interpreted for commissioning specialist mental health services, such as</p>

CAMHS, secure psychiatric care, and services for older adults.

**Disability**

The local Health & Lifestyle Survey 2016 suggests that 24.0% of the population of Hull have an illness or which limits daily activities. Adult disability type by number of people in Hull by age group (Source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information – 2012 estimates)

Disability Type	Number of peopl
Learning Disability (Age 18 – 64):	4,078
Learning Disability (Age 65 and over):	762
Physical Disability – Moderate (Age 18 – 64):	12,222
Physical Disability – Serious (Age 18 – 64):	3,491
Visual Impairment (Age 18 – 64):	108
Visual Impairment (Age 65 and over):	3,263
Hearing Impairment – Moderate or Severe (Age 18 – 64):	5,765
Hearing Impairment – Moderate or Severe (Age 65 and over):	15,707
Hearing Impairment – Profound (Age 18 – 64):	49
Hearing Impairment – Profound (Age 65 and over):	402

**Gender / Sex**

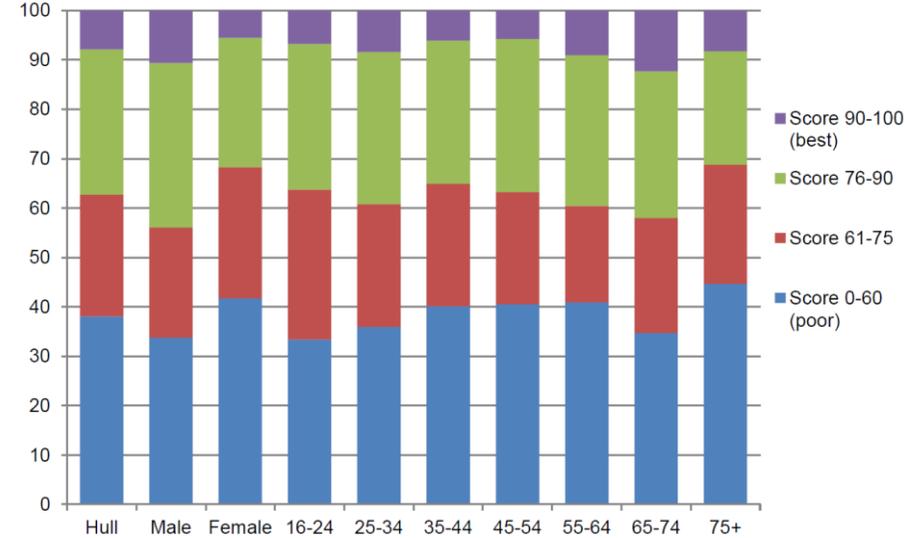
The 2016 estimates for Hull identify that the male population is 148,103 individuals and for the female population is 144,934 individuals.

**Hull’s Healthy Lifestyle Survey 2014 – Mental Health**

The average Mental Health Index was 67.3 and was slightly higher for men (69.9) compared to women (65.2). The

highest scores denoting the best mental health were for those aged 65-74 years followed by those aged 16-24 and 25-34 years, and those aged 35-44 and 45-54 years had the lowest (worst) average scores, however, the differences in the average scores were not particularly large (only 5 points on a 100 point scale). Arbitrarily, a score of 0-60 was used to denote relatively poor mental health, and 38.1% of the survey responders had such a score (33.8% of men and 41.7% of women) as illustrated in Figure 40.

**Figure 40: Mental Health Index (overall, and by gender and age)**



Around a third or just over had a score of 0-60 for those aged 16-34 years and 65-74 years, and the highest percentage having a 0-60 score was among those aged 75+ years.

**Gender reassignment**

We currently have no information in regards to those that are in secondary mental health services in relation to gender reassignment. Gender reassignment service is commissioned via NHS England and psychological support is part of the package of care. That is not to say that we will not have some people in the services that have undergone gender reassignment receiving secondary mental health services, but this information has not been a requirement from the provider in the current contracting information.

**Sexual orientation**

There are no statistics for how many LGBT+ people live within Hull. However, the Office of National Statistics in 2017 estimates that 4.2% of the national population identify as LGBT+. No evidence was found identifying particular issues or inequalities linked to sexual orientation

**Religion or belief**

According to the Hull Data Observatory the majority of the population is of Christian belief – 54.9% No evidence found

identifying particular issues or inequalities linked to religion or belief

**Age**

**Kingston Upon Hull Data Observatory 2018**

Total Population 2018 260645

Males 2018	131329
Females 2018	129316
Aged 15 - 19 (No) 2018	13950
Aged 20 - 24 (No) 2018	21824
Aged 25 - 29 (No) 2018	23017
Aged 30 - 34 (No) 2018	19994
Aged 35 - 39 (No) 2018	16854
Aged 40 - 44 (No) 2018	14542
Aged 45 - 49 (No) 2018	16103
Aged 50 - 54 (No) 2018	16762
Aged 55 - 59 (No) 2018	15991
Aged 60 - 64 (No) 2018	13313
Aged 65 - 69 (No) 2018	11707
Aged 70 -74 (No) 2018	10326
Aged 75 - 79 (No) 2018	6888
Aged 80 - 84 (No) 2018	5439
Aged 85 - 89 (No) 2018	3141
Aged 90 + (No) 2018	1496

The local ageing population increases demand on a number of specialties, with ever growing waiting time and demand for management of conditions that have been initially dealt with within services outside of Primary Care. The services are offered to anyone over the age of 18, with no upper age limit. The reason for the lower age limit is that we commission specific services for children with mental health needs and this is up to the age of 18 years, with transition protocols in place.

**Pregnancy and maternity**

JSNA 2014 shows the fertility rate in Hull is now aligned with the national rate.

**Marriage or civil partnership**

There have been 125 recorded civil partnership formations in Hull between 2008 and 2017.

**Any other relevant groups** (e.g. carers, veterans, asylum seekers and refugees, socio-economic disadvantage)

Kingston Upon Hull Data Observatory

- 12% of households in Hull are in fuel poverty
- 27.4% of children under 16 live in poverty
- 34,500 families (including 59,800 children) receive Child Benefit.
- 25,500 families (including 42,900 children) receive Tax Credits
- 8,400 families (including 16,300 children) are out of work.
- Breast cancer in England is less common in females living in the most deprived areas

<p><b>How has engagement informed your service specification?</b></p>	<p>We have undertaken engagement work in 2018/19 in terms of the Adult Community Mental Health Service and how people felt it was working/delivering and this involved stakeholder groups with;</p> <ul style="list-style-type: none"> <li>Commissioners</li> <li>Local Authorities</li> <li>GPs</li> <li>Staff</li> <li>Patients and carers</li> </ul> <p>This is a larger piece of work that has led to a successful bid for transformation monies from NHS England for a full scale development project in how the Community Mental Health Service is transformed into something more accessible that provides an integrated approach with the LA and Primary Care Networks and IAPT services. This will be commencing in the coming months, which will mean a new service specification being developed for the CMHT provision which we anticipate will be in 2 years' time.</p> <p>There have been no changes to the service delivery of any of the other services apart from Memory Assessment Service (separate EQIA) and Positive Assets (separate EQIA). The changes in this specification are putting an overarching description in one place with service annexes for each service.</p>
<p><b>How has engagement reached out to groups representing a diverse range of protected characteristics?</b></p>	<p>We have specifically reached out to those people involved in CMHT but no other services as no changes have been made to service provisions. Humber FT as a provider under contract with the CCG provide monthly quality reports and are required to undertake regular service feedback, report on complaints, comments and compliments across all services.</p>
<p><b>What has been put in place to ensure the accessibility and acceptability of the service design?</b></p>	<p>The service is available to anyone who is suffering from mental health problems and aged over 18yrs.</p>
<p><b>How does service design reflect the insight gained through engagement (of different population groups)?</b></p>	<p>As mentioned above there have been no fundamental changes to service provision or delivery. Work has commenced regarding the full redesign and transformation of the Community Mental Health Teams and we have undertaken some insight work in 2018 to inform and support this. The engagement will continue and service users will be part of the groups going forward to work on the new model.</p>
<p><b>Has your equality analysis identified any specific outcomes that need to be incorporated into the service specification (beyond what is required in the standard contract)?</b></p>	<p>Nothing identified.</p>
<p><b>How will you feedback to the groups you have engaged about service design?</b></p>	<p>Work is beginning in the area of full transformation of CMHT service which is one area that is included in this overarching spec. This will include all stakeholders, patients, carers and public.</p>

## Follow up actions

Action required	By whom?	By when?
CMHT Transformation engagement to include a focus on access and experience from an equality & inclusion perspective	Humber FT, NHS Hull CCG	December 2020

## Signoff

<b>Signed off by:</b> <b>Name &amp; Role</b>	Mike Napier, Associate Director of Corporate Affairs 	<b>Date:</b>	13.12.19
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