

Equality Impact Assessment(EIA)
Status of Strategy
Initial EIA February 2015

Strategy	Sefton Mental Health A Strategic Plan for Sefton 2015-2020 Draft V19
Directorate and Cabinet Member (portfolio)	
Name and titles of Lead Officer	
Contact Details	
Names and titles of officers involved in completing this EIA	Robert Brennan, BME CDW Worker, Sefton CVS, Equalities Team
Partners involved with the EIA where jointly done	Sefton CVS
Date EIA completed	11 th February 2015
Date EIA signed off or agreed by Head of Service and/ or Cabinet member	
Name of Head of Service and/or Cabinet member signing off EIA	

1. Purpose and brief aims of the strategy.

The Sefton health and wellbeing board (SHWB) brings together Sefton Councillors from (Sefton Metropolitan Borough Council) GPs (members off the Clinical Commissioning Group) senior managers (from the Council, CCGs and NHS England) and a representative of Health watch Sefton.

Improving the mental health and wellbeing of Sefton's population has been prioritised by SHWB and runs across all six objectives of the Sefton health and wellbeing strategy 2013-2018 (Sefton council 2013)

Providing a joint mental health and wellbeing strategy (JMHS) is one of the key duties of the Sefton health and wellbeing board and will make a difference to the people of Sefton. The Sefton (JMHS) strategy sets out the strategic mission and associated outcomes for the borough with regard to health and wellbeing.

The SHWB will look to influence people and organisations in Sefton to deliver the objectives identified in the strategy. The SHWB will continue to jointly commission effective and accessible mental health services and projects in order to deliver on the six key objectives.

The Equalities Impact Assessment (EIA) assesses the impact of the final version of the Sefton Mental Health strategic plan for Sefton 2015-2020 which once approved and published by the Health and wellbeing board will be available at the Health and wellbeing board website at:

www.sefton.gov.uk/Public-health/health-and-wellbeing-board.

Key Objectives:

- Ensure all children have a positive start in life
- Support people early to prevent and treat avoidable illnesses and reduce inequalities in health
- Support older people and those with long term conditions and disabilities to remain independent and in their own homes
- Promote positive mental health and wellbeing
- Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing
- Build capacity and resilience to empower and strengthen communities

After five years:

- Improved mental health and wellbeing of the population
- People and communities know how to keep well and are able to take responsibility for their wellbeing
- Early intervention is in place to prevent long lasting conditions
- Parity of esteem between mental and physical health services
- Accessible and effective services
- Local needs are reflected through consultation, engagement and co-production

2. ASSESS LIKELY IMPACT

Under the Public Sector Equality Duty, we have to pay “due” regard to: “Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations”, particularly in relation to those people with protected characteristics.

Protected Characteristics

Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

Disability

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment

The process of transitioning from one gender to another.

Marriage and civil partnership

In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between same-sex couples. [1] This will also be true in Scotland when the relevant legislation is brought into force. [2]

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex

A man or a woman.

Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

[1] Section 1, Marriage (Same Sex Couples) Act 2013.

[2] Marriage and Civil Partnership (Scotland) Act 2014.

Equality and Human Rights Commission (EHRC)

Last Updated: 09 Jun 2014

www.equalityhumanrights.com

Area of impact	Impact	Impact Level	Data Explanation and Evidence
Age	Positive	High	<p>The strategy has a focus on all Sefton residents, from young to old. There is also a particular focus on Early Years outcomes, including assistance to families to promote a best start in life.</p> <p>The strategy recognises the increase of children and young people with complex needs health inequalities and will ensure that all Sefton children have a positive start in life.</p> <p>The strategy acknowledges the rate of Sefton children and young people (CPY) admitted to hospital as a result of a mental health problem in 2012/13 was similar to the England average. However the number of Sefton (CPY) under 18 who are admitted to hospital as a result of self-harm had increased in 2012/13 when compared with figures from 2009/10, figures which are significantly higher than the England Average.</p> <p>The strategy will seek to achieve a reduction in hospital admissions and prevalence of self harm through early intervention and promotion of positive mental health. The strategy will challenge and combat stigma which remains a barrier to treatment for (CPY) and other protected strands notably BME.</p> <p>The strategy further recognises the growing older population in Sefton and will respond to the potential impacts on health and wellbeing which will be achieved through the prevention of avoidable illnesses and supporting older people to remain in their own home.</p> <p>It is currently predicted that there are over 6828 Sefton people over the age of 65 suffering with some</p>

Area of impact	Impact	Impact Level	Data Explanation and Evidence
Race	Positive	High	<p>form of depression .Sefton has a higher prevalence of adults with dementia in the UK. Dementia can affect adults of any age but it is most common in older people. The strategy supports and links into the Dementia action alliance supporting more dementia friendly communities and legislative changes .e.g. The Care Act and local authority fair access to care.</p> <p>There is clear evidence that people from Black and ethnic minorities (BME) (including migrant communities) are over represented in mental health services and three times more likely to be detained in hospital than white British counterparts.</p> <p>BME communities also have a range of specific health and wellbeing needs. The highest birth rates in Sefton for 2012/13 were amongst the migrant Latvian/Polish communities.</p> <p>BME people are more likely to suffer poor housing, lack of employment and financial hardship and less likely to access psychological therapies.</p> <p>The strategy recognises inequalities within mental this group and meets with the Government priorities for change ‘closing the gap’ and ‘No health without mental health’ agenda.</p> <p>There is no evidence within the strategy of any consultation with the BME community and this action plan can be</p>

Area of impact	Impact	Impact Level	Data Explanation and Evidence
Disability	Positive	High	<p>achieved through existing BME networks operating within Sefton.</p> <p>People with disabilities e.g. physical impairments and sensory loss are just as likely to experience mental health problems as the general population and may be even more likely to need and use mental health services.</p> <p>Disabled people suffer higher rates of poverty, unemployment and isolation than the general population and more likely to experience long term mental health problems.</p> <p>There is also increasing acknowledgment that long term mental health problems are correlated with conditions such as heart disease and diabetes.</p> <p>The strategy has a strong focus on helping and supporting disabled persons and improving access to services.</p> <p>The strategy talks about improving equality of access to services and is particularly specific in its mention of mental wellbeing and helping and supporting those with learning to remain in their own homes.</p> <p>Evidence suggests that providing support to people at or close to home for long hours can increase stress and anxiety leading to poor mental health and wellbeing.</p>

Area of impact	Impact	Impact Level	Data Explanation and Evidence
Sex	Positive	High	<p>The strategy recognises support for carers ensuring that people get the services that they need and which they feel is right for them.</p> <p>There is no evidence within the strategy of any consultation with members of the disabled community and/or their carers and this action plan can be achieved through existing disabled/carer networks operating within Sefton.</p> <p>The strategy has a strong focus on pregnancy/maternity issues and early years The strategy will also help those experiencing domestic abuse which can affect both men and women. It is clear that domestic violence has a significant impact on children and young people (CPY) and their current and future mental health and wellbeing ensuring that all children have a positive start in life.</p>
Religion and belief	Positive	Low	<p>The strategy does not impact on religion and belief specifically but it is anticipated that the impact would be negative.</p> <p>Those of a particular religion or belief may find themselves fitting other protected characteristics such as age, race, disability etc.</p> <p>There is no evidence within the strategy of any consultation with the Faith community and this action plan can be achieved through existing</p>

Area of impact	Impact	Impact Level	Data Explanation and Evidence
Sexual orientation	Positive	High	<p>Faith networks operating within Sefton.</p> <p>The strategy recognises higher levels of mental health problems, suicide and self-harm within the Lesbian, Gay, Bisexual (LGB) community, members of whom may find themselves fitting within other protected characteristics e.g. disability, age and BME.</p> <p>A survey by Stonewall reported homophobic bullying in schools as a major cause of mental health problems within 46% of respondents with 27% of all (LGB) young people having attempted to take their own lives.</p> <p>The percentage of suicide attempts and suicidal ideation significantly increased for (LGB) black, minority ethnic and disabled people. The strategy aims to address the health inequalities and promotion of positive mental wellbeing, however mental health services need to change their approach to understand and meet the needs of (LGB) people in Sefton. Monitoring the impact of the strategy for particular disadvantaged groups is essential.</p> <p>There is no evidence within the strategy of any consultation with the (LGB) community and this action plan can be achieved through existing LGB networks operating within Sefton.</p>

Area of impact	Impact	Impact Level	Data Explanation and Evidence
Marriage and Civil Partnership	Positive	Low	<p>As with religion and belief the strategy does not impact on marriage and civil partnership but it is further expected that the impact would be negative.</p> <p>Married people and those within a civil partnership may similarly find themselves fitting other protected characteristics such as age, race, disability etc.</p>
Gender re-assignment	Positive	High	<p>Similarly to sexual orientation trans people may also find themselves fitting within other protected characteristics. Trans people may or may not choose to alter their bodies hormonally and/or surgically, known as gender reassignment. Gender reassignment and sexual orientation are not the same. Transgender is an umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. In all stages of transgender there can be isolation, hiding and secrets which can lead to mental health problems.</p> <p>Transgender adults are much more likely to have suicidal thoughts and suicidal ideation has been reported in 50% of trans adults. The strategy likewise would have a positive impact on trans people in particular community resilience for those who are transitioning and visible in the community and subject to hate crime.</p>

Area of impact	Impact	Impact Level	Data Explanation and Evidence
			<p>There is no evidence of consultation with trans people in Sefton and this further action plan can similarly be achieved through working with trans networks operating within Sefton.</p>

3. CONSULTATION

From 2013- 2015 a programme of consultation, engagement and development has taken place.

This consultation, engagement and development process has been directed at Sefton's third sector providers, independent and private sector agencies and other professionals who work in health and wellbeing.

A wider determinants mental health good practice workshop is planned for xxxxxxxxxxxxxxx

NB: The consultation process should be part of the evidence set. Gaps in evidence should be identified and filled where possible. Lack of data is not a reason for not assessing impact (Equality and Human Rights Commission EHRC) guidance'.

4. ACTION PLANNING

Demonstrate how the consultation has been utilised in the strategy and/or state why this has not been the case.

Further consultation with hard to reach/hidden groups

5. MONITORING ARRANGEMENTS

The Sefton Health and wellbeing board to monitor the progress of the outcomes which it is recommended be done annually.

Recommended review date **February 2016**

6. PUBLISH THE EIA

Advice, Guidance and Direct support is available from the:

- See the Equality and Human Rights Commission's guide to equality duties and decision-making:

[Using the equality duties to make fair financial decisions – A guide for decision-makers](#)

- Public sector duties: www.equalityhumanrights.com/public.sector.duty
- Sefton CVS, Equalities Team