

SSA EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate:	Adult Social Care and Public Health
Service Area:	Mental Health Commissioning
Activity Assessment:	Mental Health Commissioning Review
Borough	Richmond
Staff:	Lead: Richard Wiles Head of Commissioning for Public Health, Wellbeing and Service Development
Date approved by Directorate Equality Group (if applicable)	
Date approved by Policy and Review Manager:	30 th August 2023

SUMMARY

Various gaps were identified in the data for mental health service users in respect of some of the protected characteristics. These relate to gender reassignment, marriage/civil partnerships and pregnancy and maternity. Another area where the required intelligence was missing was around the extent to which outcomes were being delivered for different groups of mental health service users. Various measures are proposed within this document to address these data issues.

The overall impact of the review recommendations is assessed as positive and it is important that there is effective monitoring to ensure that the potential benefits are achieved. There is some risk that the recommissioning of services could result in changes to the Council's pool of service providers which have a destabilizing effect on some service users in the short term.

As part of the improvement programme, conditions will need to be created to support providers to acquire the skills to support mental health service users of all protected characteristics.

As part of the service transformation programme, there will be a move away from a 'one size fits all' model of care to one in which there is a variety of provision intended to meet the needs of people with different protected characteristics. An area to be addressed is ensuring that services are culturally appropriate for black and minority ethnic communities. Gaps have also been identified in gender-specific services for women, and tailored provision for the increasing number of older people accessing services.

1. Background

General context

One in four adults in England has a mental health disorder in any given year. It affects people from all walks of life, and anyone can be affected at any point. Understanding the mental health needs of this demographic is therefore vital to ensure that services are configured to meet current and future need. [The Richmond Mental Health Needs Assessment 2022](#) provides detailed information about need at a local level. This EINA, however, relates specifically to Adult Social Care mental health services.

The policy proposal

The mental health commissioning review focused primarily on accommodation-based services and alternatives to accommodation-based provision but acknowledged the need to develop a vision for low threshold and preventative provision and to assess its potential in managing demand for care services. The scope of the review encompassed:

- Current and future demand for adult social care services for people with mental health needs.
- Establishing the required capacity and preferred model of social care
- Joint commissioning arrangements and co-funding of provision.
- Interfaces between services that support people with co-occurring needs e.g., co-occurring substance misuse and mental health needs.
- Investment opportunities to achieve service improvement or savings.
- Setting out a plan for implementing a new service model.

The findings of the review fell into four broad areas:

- There had been insufficient focus on securing new buildings for accommodation-based care, and on monitoring and improving the existing estate;
- The current service model might be described as 'one size fits all', with little differentiation for varying cultures and presentations;
- The approach to service acquisition has been largely responsive, with a very high proportion of services spot purchased, contributing to higher costs than in comparable boroughs;
- Partly because of the number of different services used, there is limited contractual and quality assurance oversight of the provision used.

It is therefore recommended that the Council invests in additional staff resources for the commissioning of social care for mental health needs, initiating a project with the following aims:

- Recommissioning of services, utilising a framework approach, to include a variety of provision, including culturally specific services and 'housing first' approaches, underpinned by a clear commitment to the recovery model;
- Establishing an overview of the premises used and a systematic approach to securing opportunities for renewal and improvement of the estate;
- Centralising the purchasing of services through the Service Acquisition Team and devoting more resources to contract monitoring and quality assurance of mental health provision.

Full details of the findings and recommendations are set out in the report to be considered by the Adult Social Services, Health and Housing Committee on 7th September 2023.

Population Overview

Richmond has the second smallest borough population in London with an estimated 200,705 residents. By 2029 the borough's population is projected to increase by 1% to 213,582. Richmond has one of the highest proportions of those aged 40+ years in London, whereas those aged 20-39 represent a much smaller proportion than would be expected. The borough's population is made up of 51% females and 49% males, and these are projected to increase by 6% and 7%, respectively, by 2029. It is estimated that around 46,700 Richmond residents have a common mental disorder.

Profile of Richmond residents in receipt of social care services for mental health needs 2018 - 2022

Demographics of Adult Social Care Service Users		Year			
		2018/19	2019/20	2020/21	2021/22
Total Service Users		244	235	247	258
Total Service Users by Age	18-24	18	14	12	13
	25-34	28	32	33	44
	35-44	41	34	34	34
	45-54	52	46	55	56
	55-64	65	67	65	50
	65-74	35	38	42	50
	75+	<5	<5	6	11
	Unknown	0	0	0	0

The number of people eligible for support has increased by 14 (6%) over the period and by a further 8 (3.4%) since April 2022. The median age of adults receiving social care for their mental health needs is around 52, and there has been a marked increase over the period in the number of people aged 65 and over receiving support. Slightly more males are supported by Adult Social Care than females. Over the period, there has been a modest increase, from 15% to 18%, in the proportion of people from Black, Asian and minority ethnic groups amongst those receiving support.

2. Evidence gathering & engagement.

a. *What evidence has been used for this assessment? For example, national data, local data via DataRich or DataWand*

Evidence	Source
Population overview	DataRich; ONS census data
Profile of Richmond residents in receipt of social care services for mental health needs. Profile of need Inequalities and Deprivation in Richmond	Richmond Mental Health Needs Assessment 2022
Number of service users of social care mental health services, broken down by age, gender(sex), race, religion, sexual orientation	An analysis by the Business Intelligence Commissioning and Quality Standards Division, Adult Social Services and Public Health

b. *Who have you engaged and consulted with as part of your assessment?*

Engagement and consultation in undertaking the review was overseen by a Project Board whose membership comprises representation of the Commissioning, Business Resources, Operations and Public Health divisions of the Directorate of Adult Social Care and Public Health, NHS representatives from both the Integrated Care Board and the Mental Health Trusts, and two service user representatives.

There has been targeted engagement with the South London Partnership of mental health trusts and with groups responsible for representing service user interests. Presentations have been given to the Richmond Mental Health and Wellbeing Alliance, which brings together the main voluntary and community sector organisations with an interest in mental health.

An Engagement Plan has been developed as a framework for further work in this area and is attached as an appendix to the report to be considered by the Adult Social Services, Health and Housing Committee. The key stakeholders being targeted within the plan are service users, unpaid carers, key staff (both internal/external), service providers, accommodation, the Voluntary and Community Sector as well as accommodation providers.

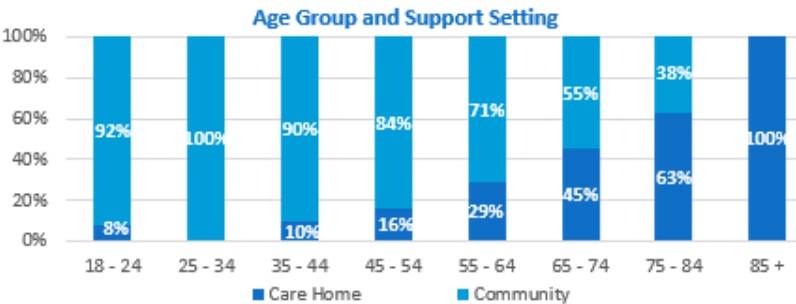
3. Analysis of need and impact

Protected group	Findings			
Age	<p>The following table shows the number and proportion of users of social care services for people with mental health needs, broken down by age, as at 31st March 2022, compared to the proportionate age breakdown of the adult population of Richmond:</p> <table><tr><td></td><td>Service Users</td><td>Population</td></tr></table>		Service Users	Population
	Service Users	Population		

	Number	%	%
18-24	12	5%	7.6%
25-34	40	17%	14.6%
35-44	30	13%	20.3%
45-54	50	22%	20.9%
55-64	45	20%	15.8%
65-74	42	18%	11.3%
75-84	8	4%	6.8%
85+	2	1%	2.7%

It may be noted that the age distribution of people receiving social care services does not differ greatly from the overall borough population, although it is more concentrated in the 45-74 age range.

The following table shows the proportion of service users receiving support in a care home or in a community setting, by age group.



As can be seen, the proportion receiving support in a care home increases with age. This is likely to reflect the fact that, as people advance in age, their physical health begins to deteriorate and the need for support within care homes increases.

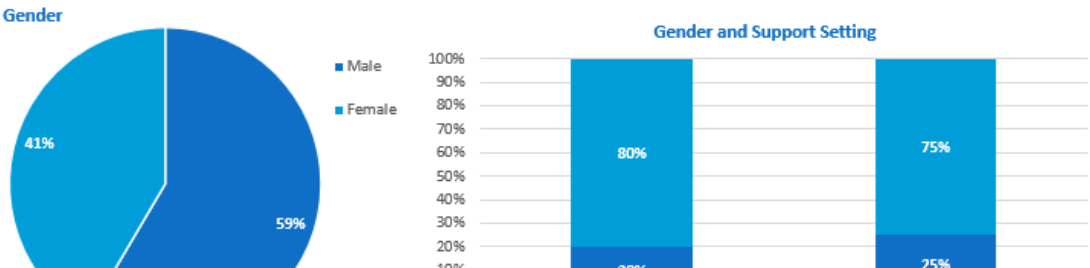
Disability

From the 2021 Census, 12.9% of the population of Richmond report that they are disabled, and 4.8% say that they have a disability that limits their activities a lot. All, or almost all, of the users of mental health social care services would be classed as disabled in respect of their mental health condition. There is, however, no reliable data on the number of users who have additional disabilities, e.g. physical, sensory, or cognitive impairments.

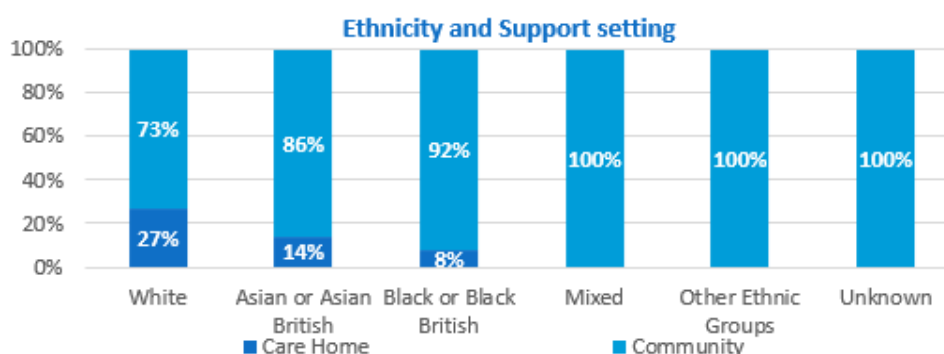
Gender (sex)

The following table and chart show the number and proportion of users of mental health social care by gender and support setting:

Gender	Support Setting					
	Care Home		Community		Total	
	No.	%	No.	%	No.	%
Male	27	20%	107	80%	134	59%
Female	24	25%	71	75%	95	41%
Total	51	22%	178	78%	229	



	<p>Most service users were male, 134 (59%) compared to 95 (41%) female, an over-representation of males compared to the overall Richmond adult population which is 47% male and 53% female.</p> <p>80% of male service users received support in community settings, compared to 75% of females. This suggests that there may be a need to create more opportunities for women to access support in the community, noting that some women may feel safer and better supported in single sex environments.</p>																											
Gender reassignment	In the 2021 census, 0.4% of respondents in Richmond indicated that they had a gender other than that which they were assigned at birth. There are no data available on the proportion of users of mental health social care services who are transgender.																											
Marriage and civil partnership	36% of the Richmond adult population are single, 49% are married or in a civil partnership and 15% are separated, widowed or divorced. However, the marital status of people receiving social care for mental health needs is not routinely recorded and analysed. Accommodation-based services are largely designed around single users and it is likely that people who are married or in a civil partnership are under-represented amongst service users, but there is no hard data to support this assumption.																											
Pregnancy and maternity	There are no reliable figures available locally on the pregnancy/maternity status of the users of social care services for people with mental health needs.																											
Race/ethnicity	<p>The following table shows the number and proportion of users of social care services for people with mental health needs, broken down by ethnicity, as at 31st March 2022, compared to the proportionate ethnic breakdown of the population of Richmond:</p> <table><tr><th rowspan="2">Broad ethnic group</th><th colspan="2">Service Users</th><th>Population</th></tr><tr><th>Number</th><th>%</th><th>%</th></tr><tr><td>Asian or Asian British</td><td>14</td><td>7%</td><td>8.9%</td></tr><tr><td>Black or Black British</td><td>13</td><td>6%</td><td>1.9%</td></tr><tr><td>Mixed</td><td>7</td><td>3%</td><td>5.5%</td></tr><tr><td>White</td><td>176</td><td>82%</td><td>80.5%</td></tr><tr><td>Other ethnic group</td><td>5</td><td>2%</td><td>3.3%</td></tr></table> <p>From this, it can be clearly seen that people of Black or Black British ethnicity are over-represented amongst users of social care services for mental health needs, although this is still a small proportion of the overall user population.</p> <p>The following chart shows the proportion of users of each ethnic grouping who received support in a care home or a community setting.</p>	Broad ethnic group	Service Users		Population	Number	%	%	Asian or Asian British	14	7%	8.9%	Black or Black British	13	6%	1.9%	Mixed	7	3%	5.5%	White	176	82%	80.5%	Other ethnic group	5	2%	3.3%
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It will be noted that the proportion of service users receiving support in a care home is higher in the White population than in other ethnic groups.

There is currently no data available on comparative outcomes from service use for different ethnic groups.

Religion and belief, including non belief

The following table sets out the proportions of the Richmond population who identified themselves by religion in the 2021 census:

No religion	37.9%
Christian	45.3%
Buddhist	0.8%
Hindu	2.1%
Jewish	0.6%
Muslim	4.3%
Sikh	1.0%
Other religion	0.7%
Not answered	7.1%

Religion was not recorded for 85% users of mental health social care services, so that any comparison between service user and population data has very little validity. However, amongst those for whom a religion was recorded, 80% identified a Christian, similar to the 82% in the Richmond population. 25% of service users who identified themselves as Christian received support in a care home, compared to 17% of those who identified as having another religion and 23% of those whose religion was not recorded.

Sexual orientation

The following table summarises responses from Richmond residents to the 2021 Census question on sexual orientation:

Straight or Heterosexual	89.0%
Gay or Lesbian	1.9%
Bisexual	1.2%
All other sexual orientations	0.3%
Not answered	7.6%

Recording of the sexual orientation of users of mental health social care is patchy, with the orientation of 48% being recorded as 'unknown/prefer not to say'. Only 4 service users (3% of those whose sexual orientation was recorded, and 2% of all users) identified as lesbian or gay. Such a small number make it impossible to

	<p>draw any conclusions as to whether support settings or service outcomes differ for LGB service users.</p> <p>As the Mental Health Needs Assessment highlighted, there is strong evidence of a higher than average prevalence of mental disorders amongst the LGB population. It therefore appears possible that the number of LGB service users is under-recorded.</p>
<p>Across groups, e.g. older LGBT service users or Black, Asian & Minority Ethnic young men.</p>	<p>As all service users would be categorized as disabled, those who have other protected characteristics will experience any impacts of the intersection between that characteristic and disability.</p> <p>There is, however, no systematic data on groupings with multiple protected characteristics.</p>
<p>Socio-economic status</p> <p>(to be treated as a protected characteristic under Section 1 of the Equality Act 2010)</p> <p>Include the following groups:</p> <p>Deprivation (measured by the 2019 English Indices of Deprivation)</p> <p>Low-income groups & employment</p> <p>Carers</p> <p>Care experienced people</p>	<p><i>Area Deprivation</i></p> <p>There are very strong links between deprivation and mental health problems. Living in a deprived area, irrespective of individual circumstances, increases the likelihood of suffering poor mental health.</p> <p>On the ONS's deprivation measures, Richmond is one of the least deprived boroughs in London. However, in some areas of the borough almost one-tenth of the households were deprived on 2 or more of the 4 measures of deprivation used. Census define deprivation based on 4 dimensions - employment, education, health and disability and housing. This differs from Index of Multiple Deprivation produced for DLUHC. Richmond had the lowest deprivation (based on ONS measure) in London. Deprivation on ONS measure has decreased in Inner London, London and England since 2011. Local wards with the highest average ONS deprivation score align with the 2019 Indices of Deprivation (IMD) and are Heathfield, Hampton North and Whitton. Wards with lowest ONS deprivation score were St Margaret's and N. Twickenham, East Sheen and Kew.</p> <p><i>Low income and unemployment</i></p> <p>Unemployed people of those in lower income groups have relatively higher risk factors for poor mental wellbeing. This is driven by risk factors such as poverty, high crime rates, poor housing, lower educational attainment stigmatization, discrimination, debt, poor physical health and poor access to services.</p> <p>The Adult Psychiatric Morbidity Survey shows that across the wider population, 34.6% of unemployed women (16-64) and 24.5% of unemployed men had a Common Mental Disorder (CMD), 47.4% of adults (16-64 years) in receipt of some kind of out-of-work benefit had a CMD and 35.1% of adults (16-64 years) in receipt of housing benefit had a CMD.</p> <p>In Richmond it is estimated that there are 657 unemployed women with a CMD and an estimated 956 unemployed men with a CMD. The number of benefit claimants with a CMD is estimated at 1,507.</p> <p><i>Carers</i></p> <p>The 2021 Census found that 7.2% of the Richmond population were providing unpaid care to another person, of whom 2.8% were providing more than 20 hours of care a week. Over 3,000 carers are registered with the Richmond Carers</p>

Single parents	Centre. Data is not currently available on the number of carers providing support to a person with mental health needs.																														
Health inequalities	<p><i>Health Inequalities</i></p> <p>The below table outlines a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. The prevalence of good health is derived from responses to a survey question on general health.</p> <table><tr><td></td><td>Richmond upon Thames</td><td>London</td><td>England</td></tr><tr><td>Healthy life expectancy at birth - Female - All ages</td><td>68.9</td><td>65</td><td>63.9</td></tr><tr><td>Healthy life expectancy at birth - Male - All ages</td><td>70.2</td><td>63.8</td><td>63.1</td></tr><tr><td>Healthy life expectancy at 65 - Female - 65</td><td>11</td><td>11.2</td><td>11.3</td></tr><tr><td>Healthy life expectancy at 65 - Male - 65</td><td>13.3</td><td>10.3</td><td>10.5</td></tr></table> <p>Whilst Richmond residents generally enjoy a longer healthier life expectancy than the average for London and England, it is known that having a severe mental illness can reduce life expectancy by up to 20 years. Thus, the users of social care services for mental health needs are to be considered as disadvantaged in relation to health inequalities.</p> <p><i>Refugees and Asylum seekers</i></p> <p>Richmond is Borough of Sanctuary for those who have been forced to flee their homes. The City of Sanctuary movement is part of a national initiative to create a network of towns and cities throughout the UK that are proud to be places of safety and inclusion for people seeking sanctuary. At the end of 2015 the government made a pledge to resettle 20,000 Syrian nationals over five years, and LB Richmond made a commitment to support this scheme. Between October 2016 and May 2019, Richmond successfully facilitated the resettlement of 32 people in good quality, private rented sector homes and continue to provide intensive and ongoing resettlement support. In July 2021, Richmond's Full Council committed to welcoming British nationals (overseas) living in Hong Kong to resettle in Richmond upon Thames. Current data on those seeking refugee status in Richmond is as follows;</p> <table><tr><td>Scheme</td><td>Richmond</td></tr><tr><td>Syrian (2015-date)</td><td>Six families (32 people)</td></tr><tr><td>Afghan (2021 – date)</td><td>Four families (19 people)</td></tr><tr><td>Ukrainian (2022 – Date)</td><td>765</td></tr><tr><td>Unaccompanied Asylum Seeking Children</td><td>26</td></tr></table> <p>As a result of their experiences, refugees and asylum seekers are considered more likely than the general population to have mental health needs.</p>		Richmond upon Thames	London	England	Healthy life expectancy at birth - Female - All ages	68.9	65	63.9	Healthy life expectancy at birth - Male - All ages	70.2	63.8	63.1	Healthy life expectancy at 65 - Female - 65	11	11.2	11.3	Healthy life expectancy at 65 - Male - 65	13.3	10.3	10.5	Scheme	Richmond	Syrian (2015-date)	Six families (32 people)	Afghan (2021 – date)	Four families (19 people)	Ukrainian (2022 – Date)	765	Unaccompanied Asylum Seeking Children	26
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4. Data gaps

Data gap(s)	How will this be addressed?
Age Clearer information is needed regarding the numbers of young people in Children's	Further conversations will take place between Children's Services and Adult Social Care to strengthen the joint working and planning at both

<p>Services and Transitions who are likely to be eligible for adult social care over the next years, including the type of support that they are likely to need.</p> <p>No data is available to establish whether there are differences in outcome for people of different age groups.</p>	<p>an operational and strategic level. This includes clear data around children and young people likely to need Adult Social Care over the next 10 years which will inform plans for future commissioning.</p> <p>As part of the implementation of the review recommendations, more systematic monitoring of outcomes will be undertaken in a way that allows for the proportions of successful and unsuccessful outcomes to be analysed by protected characteristic.</p>
<p>Disability</p> <p>Further work needs to be done to establish the number of users of mental health social care services with other disabilities e.g., physical, sensory, learning disability, autism, cognitive impairments etc., as well as the services used by this group and service outcomes.</p>	<p>The way data is recorded at an individual level needs to be changed to enable the relevant information to be gathered and analysed. An analysis of historical data at an individual level, e.g. case notes, may also be necessary, including specific identification of instances where a disability has been an impediment to securing an appropriate placement.</p>
<p>Gender</p> <p>Whilst gender is systematically recorded in case records, there is little information on the extent to which positive and negative outcomes may vary by gender.</p>	<p>There is the need to monitor and record positive and negative outcomes e.g., whether a service user moves on in a planned way and attains greater independence, or is evicted, imprisoned or abandons a tenancy, with data analysed by gender, as well as surveys of user experience analysed by gender. This will enable us to track any systematic differences or variations in service user outcomes linked to gender.</p>
<p>Race/ ethnicity</p> <p>Whilst gender is systematically recorded in case records, there is little information on the extent to which positive and negative outcomes may vary by gender.</p>	<p>There is the need to monitor and record positive and negative outcomes e.g., whether a service user moves on in a planned way and attains greater independence, or is evicted, imprisoned or abandons a tenancy, with data analysed by ethnicity, as well as surveys of user experience analysed by ethnicity. This will enable us to track any systematic differences or variations in service user outcomes linked to ethnic group.</p>
<p>Gender reassignment</p> <p>There are no reliable or definitive figures available locally regarding this data. Statistical analysis is unlikely to yield useful results and review of the experience of individuals is more likely to identify barriers to access and adverse impacts on outcomes.</p>	<p>Work needs to be carried out to ensure local data is recorded for all service users.</p> <p>Further analysis will be undertaken to understand the experiences of service users with this protected characteristic and the factors that affect outcomes for this group.</p>
<p>Marriage and Civil Partnership</p> <p>Marriage and civil partnership status cannot be readily extracted for analytical purposes from case records..</p>	<p>Means of systematically extracting this information will be explored. However, understanding the impact of marital and civil</p>

	partnership status on access to and experience of services is considered to be a higher priority.
Maternity and pregnancy Statistical data on maternity and pregnancy cannot be readily extracted from case records.	Understanding of the impact of maternity and pregnancy on access to services and service outcomes will be best understood by identifying and reviewing care pathways for individuals.
Religion and belief, including non-belief A very high proportion of case records omit information on religious belief.	Steps are needed to ensure that this information is collected and recorded more systematically.
Sexual orientation A very high proportion of case records omit information on sexual orientation, and there also indications that LGBTQ+ sexual orientation is under-recorded.	Steps are needed to ensure that this information is collected and recorded more systematically.
Across groups There is no systematic data on groups of users who share particular combinations of protected characteristics.	Consideration will be given to identifying groups with distinct combinations of protected characteristics that may particularly impact on service access and outcomes.
Socio economic status Data on the socio-economic status of service users is not recorded in a format that allows for systematic analysis.	Periodic audit will be undertaken to understand the impact of socioeconomic status on access to services and outcomes for service users.

5. Impact

Protected group	Positive	Negative
Age	The recommissioning of services provides the opportunity to move away from a 'one size fit all' model to include provision that is tailored towards specific age groups. This would include services for young adults (who are a minority within the service user group) as well as provision tailored towards the increasing number of older people, perhaps modelled on extra care services.	Proposals to change provision may cause anxiety for current service users and their carers, and this is likely to be more acute amongst older people who may have been engaged for many years with their current provision. This will be mitigated through user and carer engagement at programme level and individual care planning.
Disability	Many service users may have a learning, physical or sensory disability, a proportion are autistic, and others may have other co-morbidities like substance misuse. The review and subsequent commissioning programme present an opportunity to ensure that service provision is tailored to a range of individual needs and circumstances, and an early priority is	The proposed improvement programme may lead to a change of service provider, service type, changes in staffing and changes in the way that services are delivered. Some people who currently use the services may find the changes cause

	<p>enhancing the capacity of services to meet the needs of people with co-occurring mental health and substance misuse needs.</p> <p>The review of premises used for accommodation-based services will establish the proportion of premises that are accessible for people with physical disabilities and to develop clear targets and a plan for extending disabled access.</p>	<p>distress or anxiety. In mitigation there will be a range of coproduction, communication, and other transitional activities in the runup to any change to manage any negative impact on service users and carers.</p>
Gender (sex)	<p>The improvement programme provides the opportunity to ensure that any gender specific needs are addressed within care and support plans and the suitability of the placement. This would include ensuring appropriate levels of single sex provision as well as measures to ensure that females feel safe when they live in mixed-gender shared accommodation.</p>	<p>There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on gender.</p>
Race/ethnicity	<p>Although absolute numbers are small, people from Black and Black British ethnic groups are over-represented amongst users of mental health social care services. This is part of a wider pattern, the drivers for which are primarily outside the scope of this review, but it highlights the need for preventative interventions that are effective in reaching Black, Asian and minority ethnic groups.</p> <p>The planned recommissioning programme offers an opportunity to assure the cultural competence of support providers and to develop monitoring of outcomes for people from different racial and ethnic groups.</p>	<p>There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their race or ethnicity.</p>
Gender reassignment	<p>The proposed recommissioning of services will include flexibility to secure provision that meets the needs of people who are seeking or have undergone gender reassignment.</p>	<p>There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on gender reassignment.</p>
Marriage and civil partnership	<p>The current portfolio of services is geared almost entirely towards single people, who make up the largest group of service users. For couples, the current configuration of supported living schemes is unsuitable. As part of the recommissioning process, commissioners will support the development of service models that are suitable people maintaining a marital relationship or civil partnership.</p>	<p>There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their marital status.</p>
Pregnancy and maternity	<p>Some accommodation services are not suitable for service users who are pregnant</p>	<p>There is no evidence to suggest that these proposals</p>

	<p>or who have dependent children, and the service user may need to move to alternative provision should they become pregnant.</p> <p>As part of the recommissioning programme, commissioners will ensure the mix of services includes provision suitable for pregnant service users and support to users with dependent children.</p>	will have a disproportionately negative impact on pregnant women or those with dependent children.
Religion and belief, including non-belief	In undertaking the recommissioning of services, ensure that all services are aware and skilled to support people to attend religious services and practice religious customs in accordance with the person's wishes and are ready to help people to challenge and deal with the consequences of discrimination, harassment and victimisation related to their belief. Equally people who do not profess a religion or religious belief should be supported and protected.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their religion and belief.
Sexual orientation	In undertaking the recommissioning of services, ensure that all services are supportive of lesbian, gay and bisexual service users and are committed to challenge and deal with the consequences of discrimination, harassment and victimisation related to their sexual orientation. We will explore the case for provision that is specifically intended for LGBTQ+ service users.	There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their sexual orientation.
Across groups		There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone who has a particular combination of protected characteristics.
Socioeconomic status		There is no evidence to suggest that these proposals will have a disproportionately negative impact on anyone based on their socioeconomic status.

6. Actions

Action	Lead Officer	Deadline
Work with operational teams to achieve better recording of religion and belief and sexual orientation in case records, and undertake individual case studies to better understand the experience of people with different protected characteristics in	MH Commissioning Team	Sept 24

their engagement with social care services for mental health needs.		
We will shape the service offer to better accommodate the needs of Black and other minority ethnic communities and will improve monitoring of outcomes. Our early intervention and prevention work will be better targeted to promote good access to early intervention and prevention services within Black, Asian and minority ethnic communities.	MH Commissioning Team	Sept 24
Include within all re-procurement exercises and tender evaluations an assessment of potential providers' capability to support the Council to deliver against its equalities duties.	Procurement Team	Sept 24
Involve service users and their families in the design of service specifications and the evaluation of tenders by potential providers.	MH Commissioning Team	Ongoing
As part of all re-procurement exercises, undertake consultation with users of the services affected and their families and ensure that individual care planning is undertaken to take account of any impacts of the re-procurement	MH Commissioning Team / Operational social work teams	Ongoing
Introduce outcome monitoring tools as part of our monitoring and evaluation which enables a better understanding/visibility of outcomes being achieved or disparities across all protected characteristics.	MH Commissioning / Quality Assurance Team	Sept 24
Commission bespoke community support services that are age, gender and culturally specific to avoid within group discrimination and/or risk of exploitation.	MH Commissioning Team	March 25
Commission accommodation-based services that are age and gender and culturally specific to avoid within group discrimination and/or risk of exploitation. Consider young adults (under 30) and older adults aged 65+. Ensure that there is gender-specific accommodation provision for women.	MH Commissioning Team	March 25
Commissioned providers will be required to demonstrate that they co-produce with service users through the performance and contracting monitoring schedules.	MH Commissioning Team / Contracted Providers	March 25

7. Consultation

The Commissioning Review was undertaken in consultation with stakeholders, including service users, and the recommendations of the review reflect the findings of that consultation. A detailed engagement plan has been developed, setting out the approach to and timetable for consultation that will be followed in the implementation of the review recommendations.

Each commissioning exercise will include a series of stakeholder engagement activities to ensure the views of a wide range of professionals and experts by experience inform the design of service specifications and the tender evaluation criteria.

The views of service users will be sought through a variety of mechanisms that include but are not limited to online surveys via the Council's corporate website, focus groups and a range of community groups and stakeholder and partnership forums.